



Subject:	<b>Deep Brain Stimulation in patients with therapy-resistant obsessive-compulsive disorder</b>
Type of ruling:	Outcome of Assessment Zvw
Care form:	Specialist Health Care
Date:	9 December 2013
Summary:	<p>In response to a request from the Dutch Association for Psychiatry (NVvP) and new publications about using deep brain stimulation (DBS) to treat therapy-resistant obsessive compulsive disorder (OCD), we have re-assessed whether using DBS to treat OCD complies with established medical science and medical practice. In 2010 DBS did not fulfil this criterion.</p> <p>The Multidisciplinary guidelines for the diagnostics, treatment and support of adult patients with the anxiety disorder, Obsessive Compulsive Disorder (2013), provides an extensive description of the form that treatment of OCD should take. Central to this is a stepped-care model with psychological, psychotherapeutic and medicinal interventions. Point of departure is to start with the least possible invasive method.</p> <p>It seems that one group of patients (non-responders) does not respond or responds insufficiently to the above-mentioned steps of the stepped-care model. The treatment of these non-responders (the indication group for this study) can comprise of invasive (operative) interventions: psycho-surgery and DBS. The outcome of this assessment relates to DBS.</p> <p>DBS involves the surgical placement of electrodes in the brain, and subdermally implanted tunnelled wires connected with a neurostimulator. Small electric impulses can be emitted via these electrodes in specific parts of the brain, thereby temporarily influencing these areas.</p> <p>In the Netherlands this treatment is combined with cognitive behavioural therapy.</p> <p>Treatment with Deep Brain Stimulations fulfils the 'established medical science and medical practice' criterion, as stipulated in the Health Insurance Act, for patients with extremely invalidating therapy-resistant obsessive compulsive disorders with the following characteristics: patients with long-term severe and invalidating OCD (&gt; 5 years), confirmed with a Y-BOCS score of at least 25 to 30 and long-term treatment with medication and cognitive behavioural therapy without satisfactory effect.</p> <p>The literature also shows that a number of conditions must be fulfilled for effective treatment with DBS. For instance, it is important that patients are selected by an experienced, independent, multi-disciplinary team and that the treatment is carried out in specialised centres. Another necessary</p>

	<p>condition for any necessary adjustments and more effective application is to follow the clinical results by making sure they are recorded in a scientifically responsible fashion.</p> <p>Guarantees are needed in order to realise a responsible and effective treatment in relation to determining the indication and using DBS in cases of OCD. The treatment of OCD has been incorporated into the <i>Multidisciplinary guidelines for the diagnostics, treatment and support of adult patients with the anxiety disorder, Obsessive Compulsive Disorder</i> (2013). These guidelines, and the supplementary, practical vademecum provided by the NVvP, <i>Implementing Deep Brain Stimulation for Obsessive Compulsive Disorder in the Netherlands</i> (November 2013) form an elaboration of these guarantees.</p>
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*The original text of this **Outcome of Assessment** of CVZ was in Dutch. Although great care was taken in translating the text from Dutch to English, the translation may nevertheless have resulted in discrepancies. Rights may only be derived on the basis of the Dutch version of CVZ's Outcome of Assessment.*

*Furthermore, CVZ points out that only the summary of this report was translated. A proper understanding of all relevant considerations and facts would require familiarity with the Dutch version of this report, including all appendices.*