

שיבא
תל השומר



לב
השרון
המרכז הרפואי לבריאות הנפש
מסונף לפקולטה לרפואה ע"ש סאקלר אוניברסיטת תל-אביב
מקצוענות עם נשמה

הניסיון המקומי

קוצב וגאלי לטיפול בדיכאון עמיד

Follow-up of 14 cases in Israel up to 24 months

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14 VNS for DTD cases in Israel



Patients' population characteristics

Number of patients	N= 14
Female/Male	57% / 43%
Age	Mean = 51.2
Duration of disease (years)	18.1
Number of failed treatments	12
Psychiatric hospitalizations before VNS	53%
Suicidality before VNS	38.5%
Past treatment with ECT	100%
Past treatment with Esketamine	50%
MADRS average score (at baseline)	38.43

* 5 additional patients underwent transplantation; data is not yet available

Case presentation I

- 52 years old female
- Diagnosis: bipolar disorder, mainly depression
- Maintenance ECT, intolerance for the treatments.
- Referred for VNS, MADRS score was 19.
- Lost to follow-up
- 6m: emergency meeting with family MADRS- 38
- Extensive treatment, psychological Tx,
- 12 m- MADRS- 19, 18 m MADRS= 11
- 24m remission!!! MADRS= 5

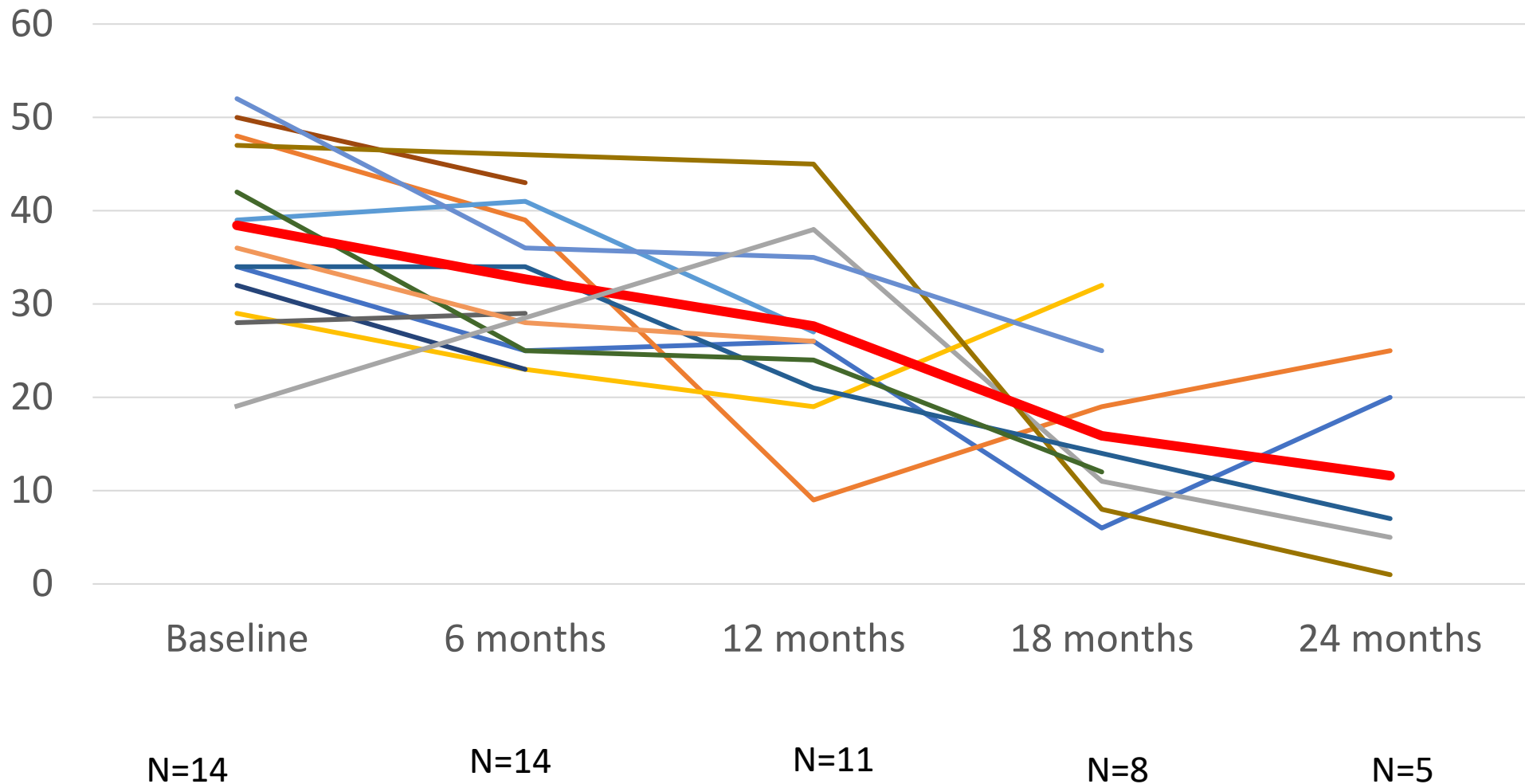
Case presentation II

- 51 years old male
- Primary diagnosis: BPD (rapid cycling)
- Between 2017-2021 11 hospitalizations – for total of 3 years
 - Severe suicidal ideations
 - Acute manic episodes (including many compulsory admissions)
 - Severe depression
- Three full ECT courses with minimal and short lived improvement
- Cognitive deterioration/ side effects (schizoaffective? Epilepsy?)
- QIDS 36 (3), MADRS 50 - August 2020 (no improvement in first 6-9 months)
- QIDS 1 (0), MADRS 3- April 2023
- Since June 2021- stable, no hospitalizations, rehabilitation program

Case presentation III

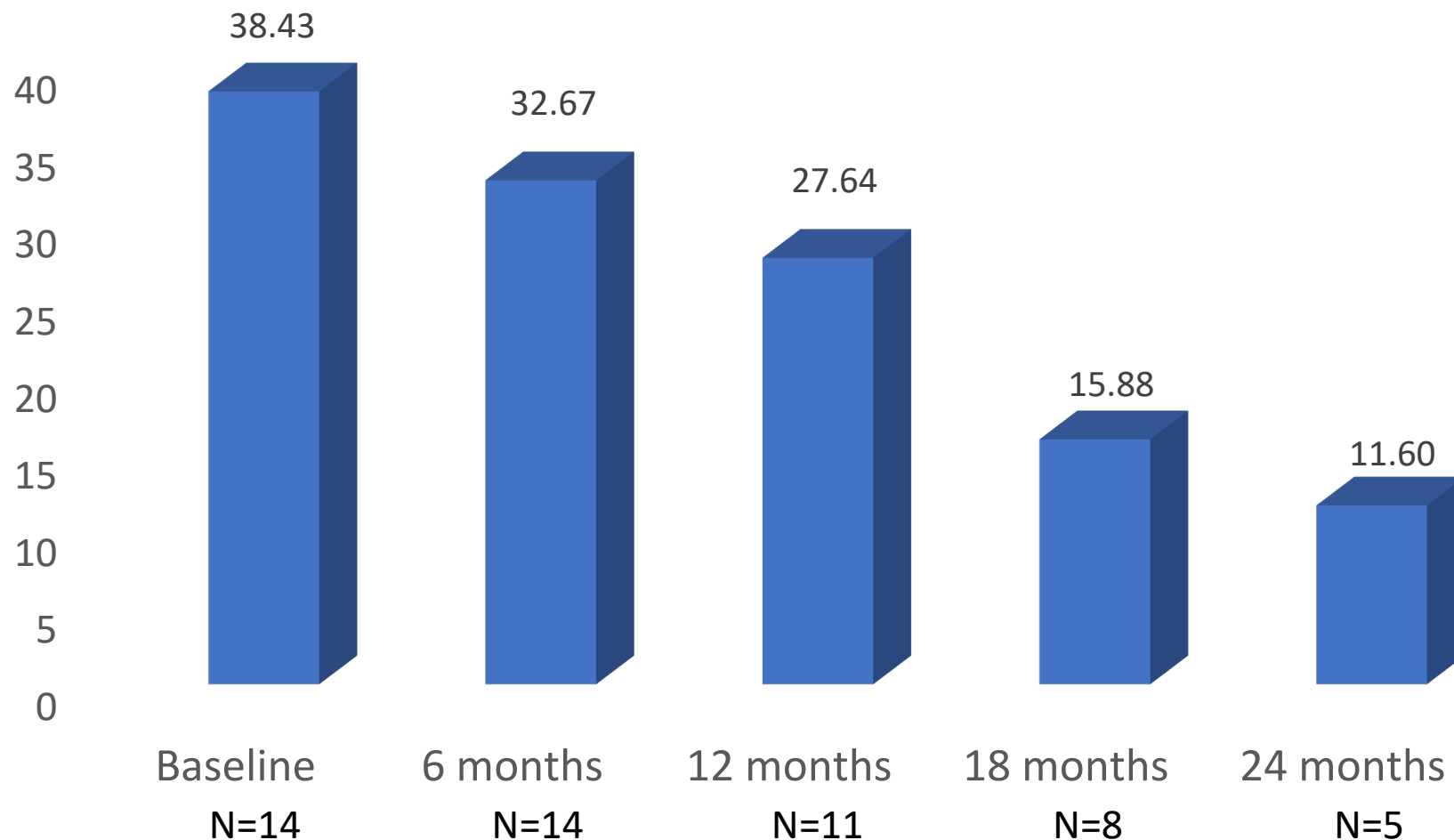
- 37 years old male
- Primary diagnosis: chronic unipolar depression
- After his masters worked for three years (until 2014)
- Major deterioration in all function aspects since
- Inpatient hospitalization for one week to reassess primary diagnosis
- Some improvement between 6-9 months
- Farther major improvement >12 months, following psychological tx with focus on traumatic experience (MADRS 33>>14)

MADRS Score – Raw Data & Average



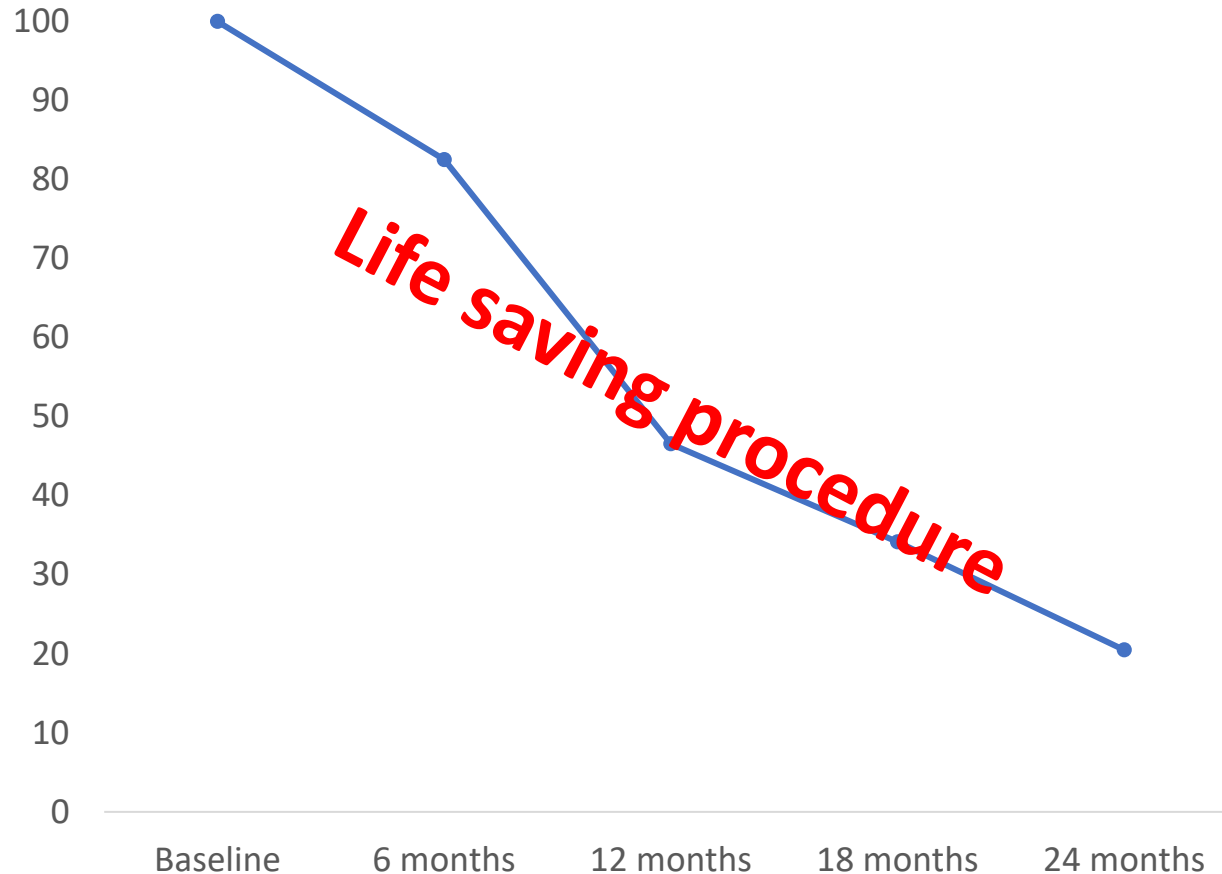
A decrease of 70% from 38.43 to 11.60 on MADRS score at 24 months

Mean MADRS Score



A decrease of 70% from 38.43 to 11.60 on MADRS score at 24 months

Suicidality – Percentage from baseline



Patient N'	Baseline	6 months	12 months	18 months	24 months	MADRS/QIDS
1	2		2	<u>0</u>	<u>1</u>	MADRS
2	6	4	<u>0</u>		2	
3	0		1	<u>0</u>	<u>0</u>	
4	4	<u>0</u>	1	4		
5	4	4	2			
6	3	3	1			
7	4	2				
8	4	4				
9	4	3				
10	3	3	1	<u>0</u>	<u>0</u>	QIDS
11	1	1	<u>0</u>	<u>0</u>	<u>0</u>	
12	1	<u>0</u>	1	<u>0</u>		
13	3	3	3	3		
14	2	2	3			

Change in suicidal symptoms across time

*The results are presented as percentages from baseline due to the use of two different questionnaires

Conclusions



- Safety: dysphagia, hoarseness
- Limitation: no control group, small sample
- Extremely Difficult-To-Treat patients, this procedure is often suggested as last resort
- Concomitant drug changes, psychological treatments, social interventions.
- An impressive improvement in mean MADRS score in severe DTD patients
- An impressive improvement in suicidality scores.
- VNS is an effective tool in the psychiatrist's toolbox in difficult-to-treat depression patients

Current challenges:



- It's a bathtub rather than a shower – limitation of capacity
- Should be part of neurostimulation unit/TRD clinic (protected time)
- TRD- very heterogenic condition
- An important tool for patients with severe bipolar disorder that fail to achieve long lasting stability.
- Caution: comorbid AXIS II condition An impressive improvement in suicidality scores.
- Somatic patients and tolerance issues.