



# **Brain Stimulation: Chapter 20. Deep brain stimulation for Tourette syndrome (Handbook of Clinical Neurology)**

*V. Visser-Vandewalle, J. Kuhn*

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## **Brain Stimulation: Chapter 20. Deep brain stimulation for Tourette syndrome (Handbook of Clinical Neurology) V. Visser-Vandewalle, J. Kuhn**

Tourette syndrome is a neuropsychiatric disorder characterized by motor and vocal tics, often associated with behavioral disorders, with typical onset in early childhood. In most patients, the symptoms decrease spontaneously when adulthood is reached, or can be treated with behavioral therapy or medication. Only a small proportion of patients are candidates for surgical treatment. In 1999, thalamic deep brain stimulation (DBS) was introduced for intractable Tourette syndrome. Since then, a diversity of targets have been used, located mainly at the level of the medial part of the thalamus, in the globus pallidus internus (anteromedial limbic and posteroventrolateral motor part), the globus pallidus externus, and the internal capsule/nucleus accumbens. The pathophysiology of Tourette syndrome is still a matter of considerable debate. Current knowledge of cortical–basal ganglia–thalamocortical circuits provides explanations for the beneficial effects of DBS on tics. Inclusion and exclusion criteria have been formulated to identify good candidates for DBS. Because of the small number of patients, there is a strong need for multicenter double-blind trials with standard protocols.

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