



# NEWS RELEASE

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## FIFTH BLACK DOG INSTITUTE LECTURE DEEP BRAIN STIMULATION FOR DEPRESSION: A (CAUTIOUS) RADICAL APPROACH

An international leader in mood disorders is advocating wider use of deep brain stimulation (DBS) for treatment of adults with major depression. Delivering the 2009 Black Dog Institute International Lecture in Sydney last night, Professor Sidney H Kennedy, Professor of Psychiatry at the University of Toronto, said that Australia and New South Wales had taken a rather puritanical point of view of surgery for treatment of mood disorders. (He was referring to the 2007 Mental Health Act amendment which prevents psychosurgery being undertaken in NSW.)

Professor Kennedy told a full house of health professionals, including psychiatrists, psychologists and neurologists, that DBS had been used with great success in the treatment of Parkinson's Disease, with some 30,000 to 40,000 people world-wide receiving the treatment.

DBS is a surgical treatment involving the implantation of a medical device involving a pacemaker, which sends electrical impulses to specific parts of the brain. DBS in select brain regions has provided remarkable therapeutic benefits for otherwise treatment-resistant medical conditions, such as chronic pain, Parkinson's Disease, epilepsy, tremor and dystonias.

While further research is necessary on the use of DBS for depression, Professor Kennedy said results of trials to date had been very promising for patients with treatment-resistant depression, most commonly melancholic depression. "The use of DBS for the treatment of depression is presently where we were with Parkinson's Disease in the mid- 90's," said Professor Kennedy. He said that DBS had been originally developed as a treatment for pain. Now, in the majority of cases, it is used for Parkinson's Disease. He said trials had been conducted using DBS treatment directed at various areas of the brain related to depression. "In one trial, four out of six patients showed very marked improvement," said Professor Kennedy. "There was improvement in all areas of functioning, thus providing good reason to employ DBS to alleviate depression that has been unresponsive to all interventions, including electroconvulsive therapy (ECT)." In another trial, 9 out of 20 people achieved a remission while the majority of adverse events were mild. After the treatment there is increased blood flow to relevant cerebral areas. People usually require lower doses of medications or their cessation.

Professor Kennedy said that for ethical reasons it was important at this time that DBS treatment for depression is limited to adults. It was also important, he said, that patients committed to long-term management and that it was a team effort from the family, with shared decision-making with relatives.

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