

RATIONALE, TREATMENT OPTIONS, AND RESULTS IN THE SURGICAL TREATMENT OF  
OBSESSIVE-COMPULSIVE DISORDER (OCD) AND OBSESSIVE-COMPULSIVE SPECTRUM DISORDER  
(OCSO)

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Recent developments in the treatment of intractable obsessive-compulsive disorder have included introduction of anterior capsular and/or sub-caudate stimulation with deep brain electrodes. Preliminary results from several institutions have been encouraging. Furthermore, case reports of deep brain stimulation for the treatment of intractable and debilitating obsessive-compulsive spectrum disorder are appearing with increasing regularity.

It has become increasingly clear that there exists a family of disorders that are linked by phenomenological features of obsessive thinking and compulsive behavior, their common responsiveness to pharmacological treatment, and in some cases shared neurobiological abnormalities. These conditions include body dysmorphic disorder, anorexia nervosa, certain impulse control disorders such as trichotillomania, and Tourette's syndrome. In many instances, obsessive-compulsive spectrum disorders are intractable to present treatment protocols.

We present our experience with deep brain stimulation for the treatment of intractable obsessive-compulsive disorder and an example of obsessive-compulsive spectrum disorder with chronic self-mutilation. We believe that there exists a substantial patient population that might benefit from surgical intervention. We also acknowledge the inherent ethical and social dangers involved in this therapeutic enterprise. However, previous clinical experience with lesion techniques and the advent of reversible surgical interventions using deep brain stimulation, along with the frequency of intractability in patients with the various disorders comprising obsessive-compulsive spectrum disorder, suggest that the neurosurgical community should prepare criteria for the development of clinical experience and guidelines for investigating the use of deep brain stimulation in obsessive-compulsive spectrum disorder.

The author will present clinical experience in his institution and outline a proposed clinical algorithm for deep brain stimulation in obsessive-compulsive spectrum disorder.