

From TS-Pathophysiology to Treatment – and Back: What Neuromodulation Tells Us About Tic Disorders

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19.11.2024

PRESENTED AT ESSTS MEETINGS ATHENS 2025



Conflicts of Interests

- No Industry Conflicts

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Neuromodulation – a Fourth Treatment Pillar in Neuropsychiatry



Psychotherapy



Pharmacotherapy



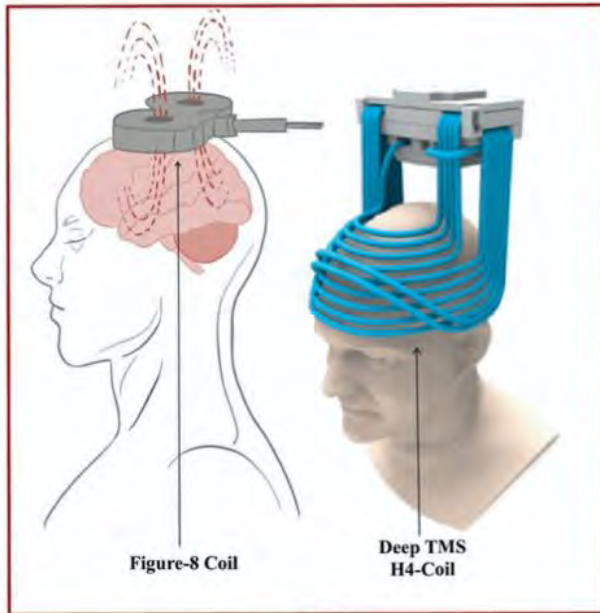
Psychosocial Interventions



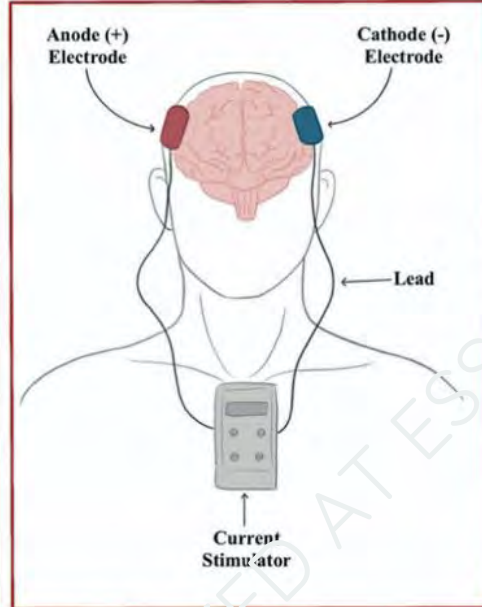
Neuromodulation

Different Ways of Stimulating Brains

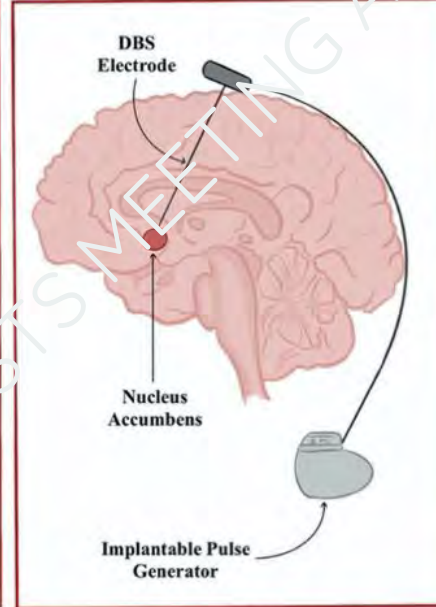
Transcranial Magnetic Stimulation (TMS)



Transcranial Electric Stimulation (TES)



Deep Brain Stimulation (DBS)



Median Nerve Stimulation (MNS)



Metha et al., Neuropsychopharmacology 2023

Henry et al., Neuromodulation 2024

So far, Deep Brain Stimulation is the Only Neuromodulation Strategy in TS-Guidelines

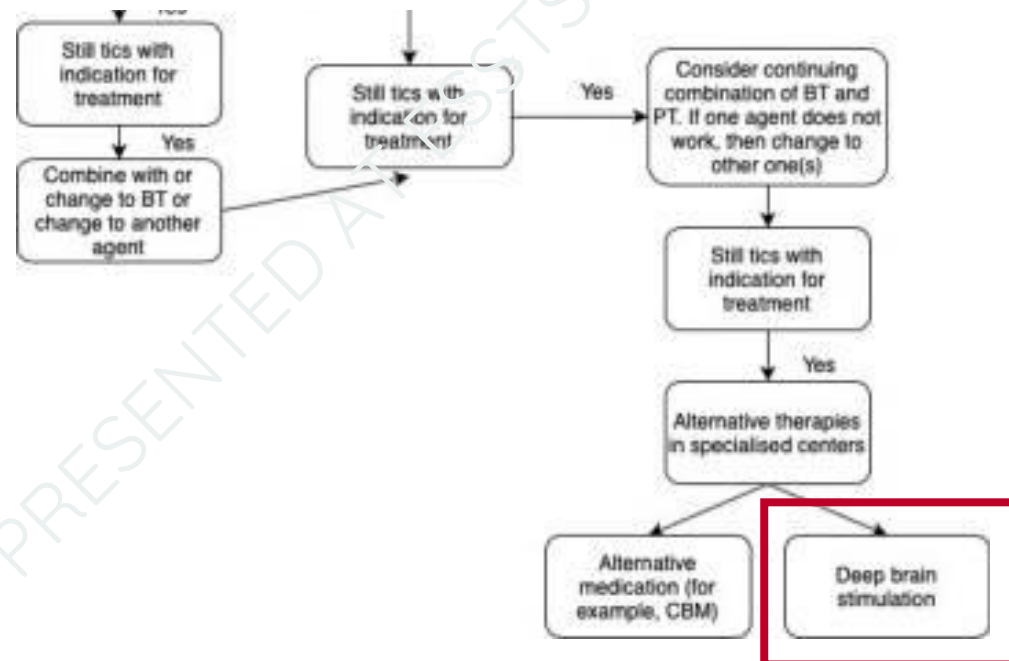
European Child & Adolescent Psychiatry (2022) 31:377–382
<https://doi.org/10.1007/s00787-021-01832-4>

REVIEW



European clinical guidelines for Tourette syndrome and other tic disorders: summary statement

Kirsten R. Müller-Vahl¹ · Natalia Szejko^{2,3,4} · Cara Verdellen^{5,11} · Veit Roessner⁶ · Pieter J. Hoekstra⁷ · Andreas Hartmann⁸ · Danielle C. Cath^{9,10}



Deep Brain Stimulation

Who qualifies for DBS?

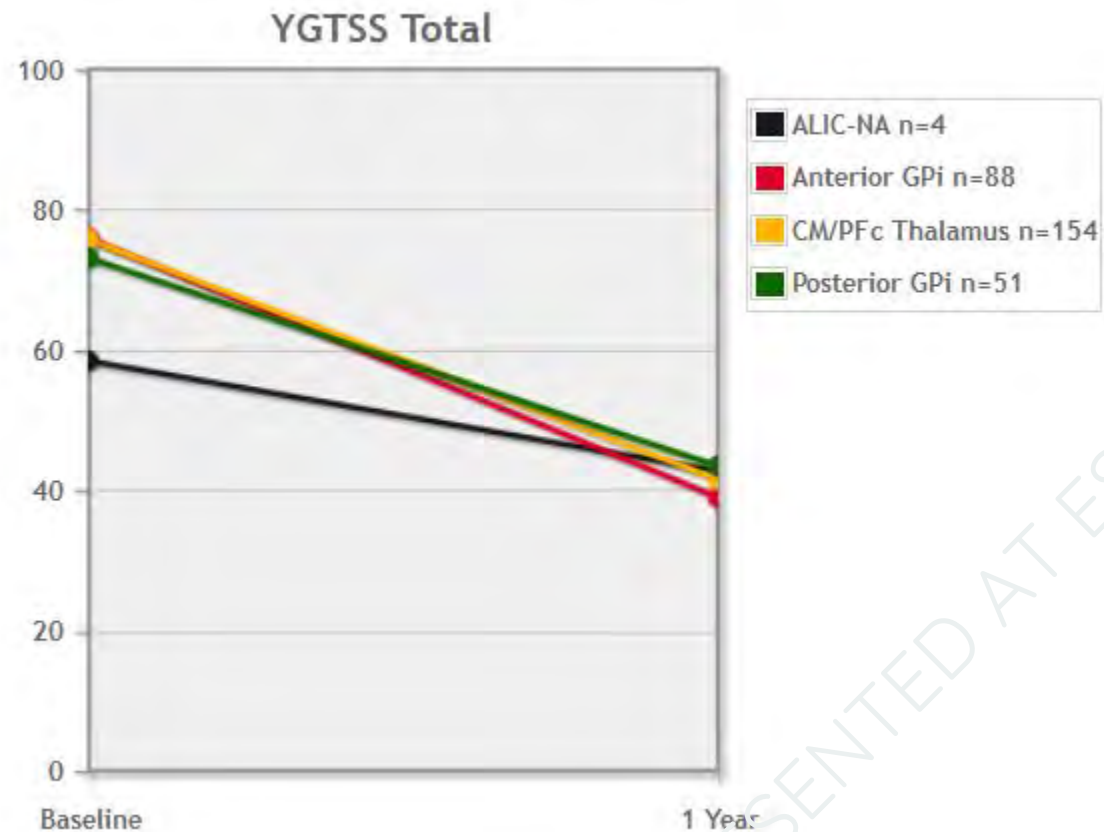
1. Primary tic disorder
2. A functional tic-like disorder must be excluded
3. Primary goal: tic reduction
4. Significant impairment of quality of life (e.g. severe, self-injurious tics)
5. Resistant to established conservative treatments (CBT and pharmacotherapy)
6. No age minimum, but spontaneous remission must be considered
7. Multidisciplinary center including psychiatry & neurology

European Child & Adolescent Psychiatry (2022) 31:443–461
<https://doi.org/10.1007/s00787-021-01881-9>

REVIEW

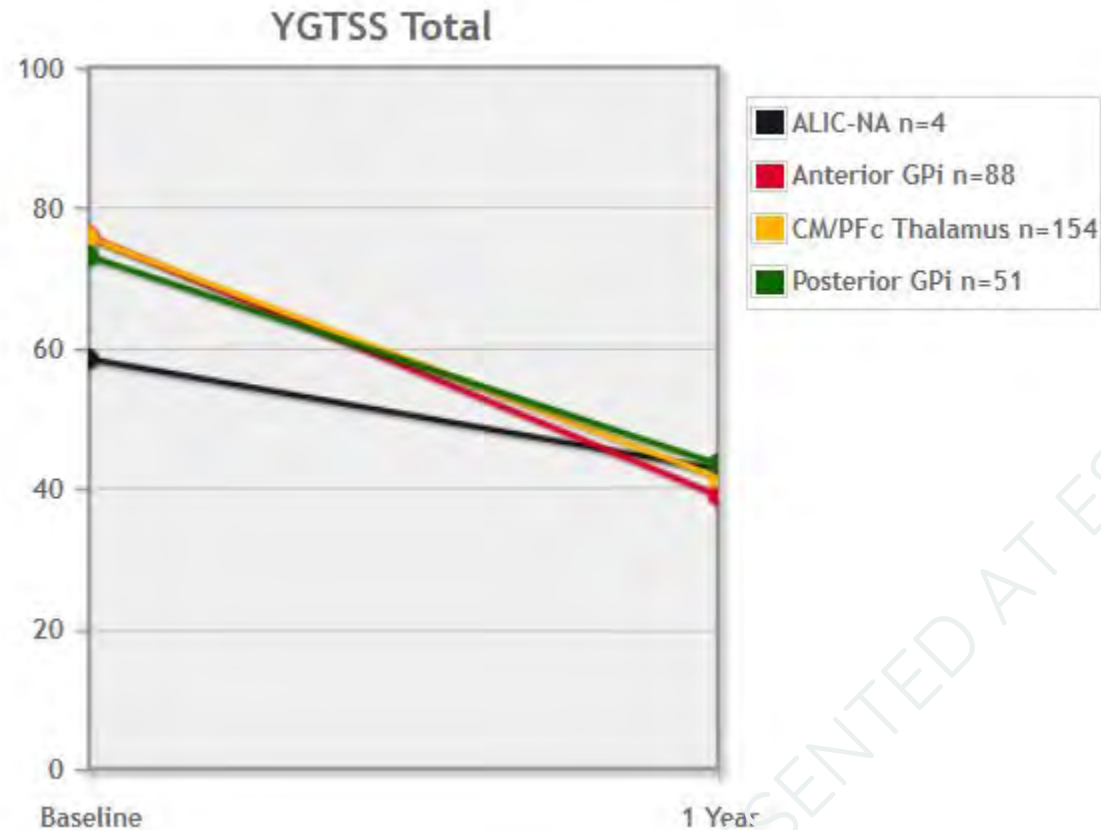
European clinical guidelines for Tourette syndrome and other tic disorders—version 2.0. Part IV: deep brain stimulation

Registry, Long-Term Data and RCTs support efficacy of DBS for Tourette Syndrome

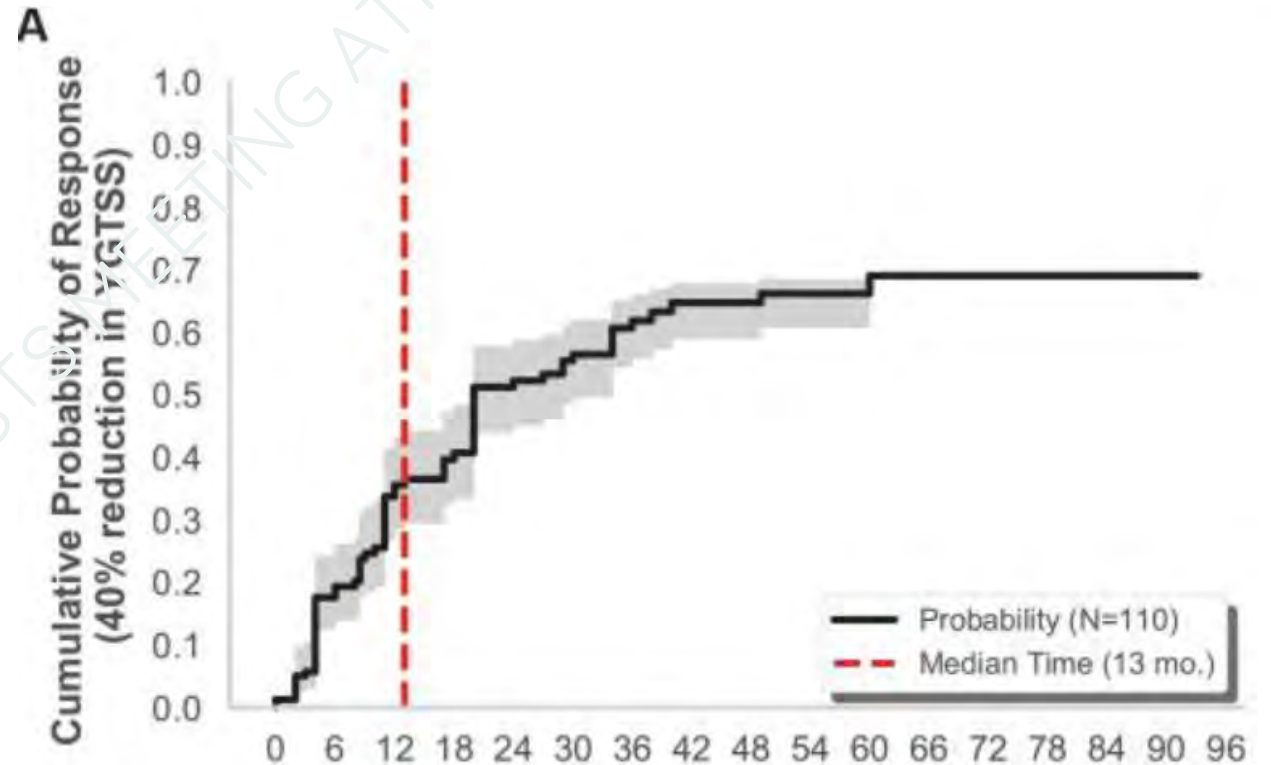


<https://tourettedeepbrainstimulationregistry.ese.uflhealth.org/>

Registry, Long-Term Data and RCTs support efficacy of DBS for Tourette Syndrome



<https://tourettedeepbrainstimulationregistry.ese.uflhealth.org/>



Johnson et al., JNNP 2019

Long-Term Data and RCTs support efficacy of DBS for Tourette Syndrome

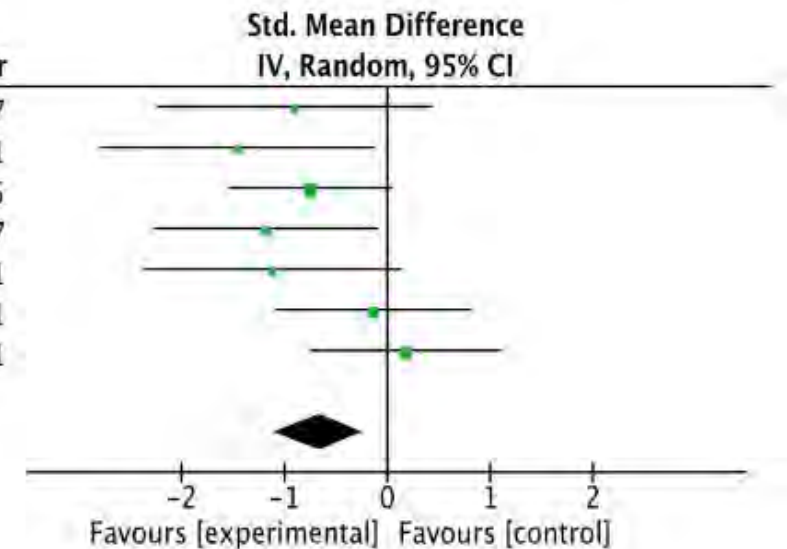


Dr. Laura Wehmeyer PhD

Study or Subgroup	Experimental			Control			Weight	Std. Mean Difference		Year
	Mean	SD	Total	Mean	SD	Total		IV, Random, 95% CI	95% CI	
Maciunas et al. (Tha)	34.8	6.4	5	40.6	5.2	5	9.5%	-0.90	[-2.24, 0.44]	2007
Ackermans et al. (Tha)	25.6	12.8	6	41.1	5.4	6	9.5%	-1.46	[-2.79, -0.12]	2011
Kefalopoulou et al. (Gpi)	34.4	8.5	13	40	5.7	13	22.3%	-0.75	[-1.55, 0.05]	2015
Welter et al. (Gpi)	32	7.13	7	39	4.13	9	13.5%	-1.18	[-2.27, -0.08]	2017
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Müller-Vahl et al. (Gpi)	33.33	9.49	9	34.78	10.6	8	16.9%	-0.14	[-1.09, 0.82]	2021
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Total (95% CI)			56			55	100.0%	-0.66	[-1.10, -0.22]	

Heterogeneity: $\tau^2 = 0.06$; $\chi^2 = 7.15$, $df = 6$ ($P = 0.31$); $I^2 = 16\%$

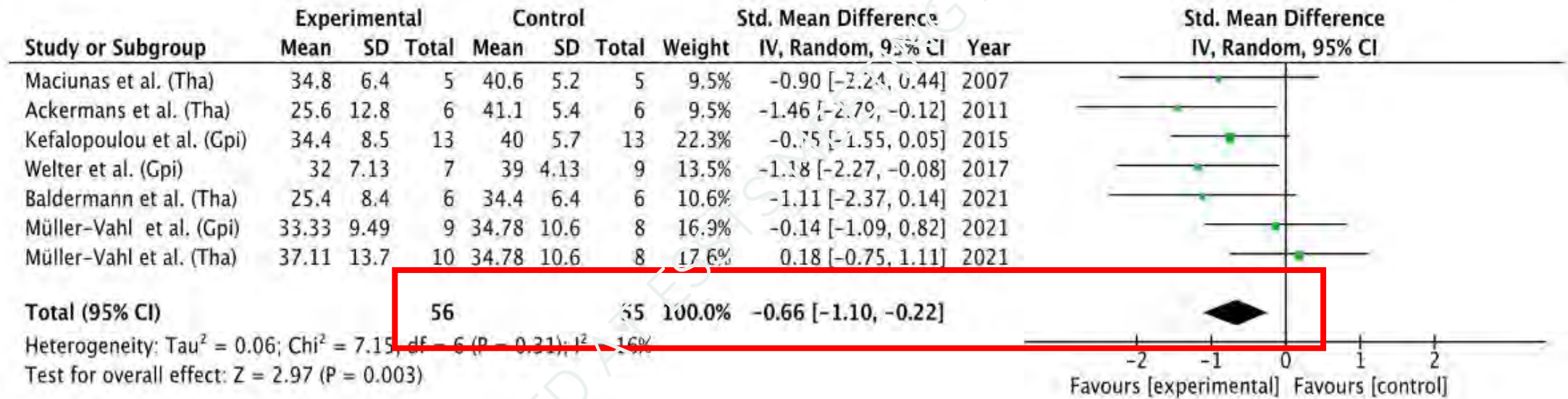
Test for overall effect: $Z = 2.97$ ($P = 0.003$)



Long-Term Data and RCTs support efficacy of DBS for Tourette Syndrome



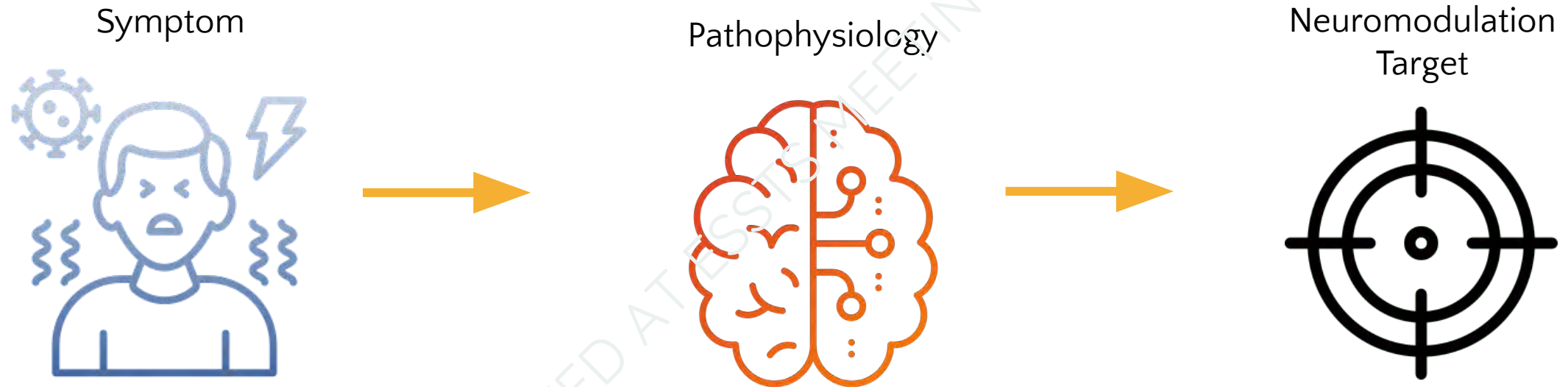
Dr. Laura Wehmeyer PhD



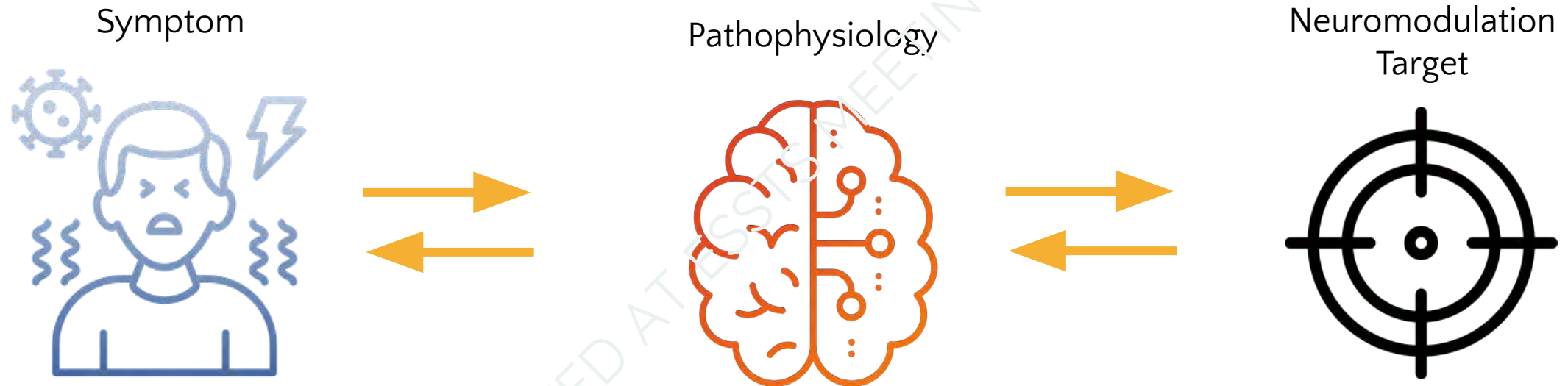
What Can Neuromodulation Tell Us About Pathophysiology?



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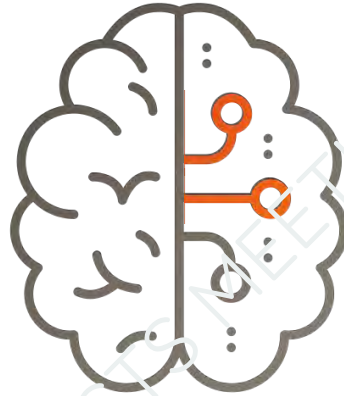


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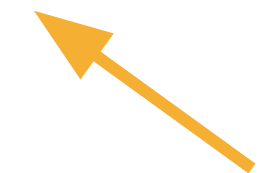
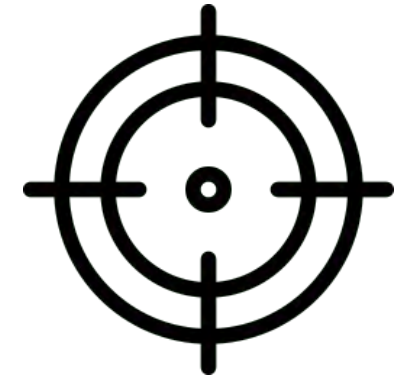
Symptoms Improve



Brain Circuit 1



Neuromodulation
Target



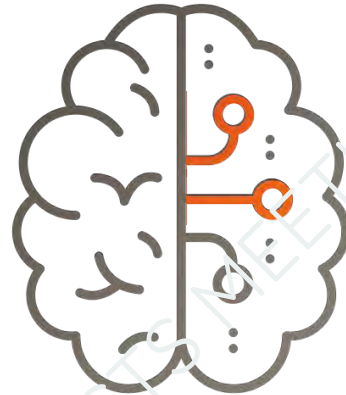
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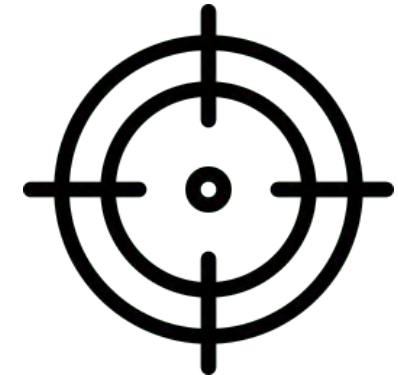
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Brain Circuit 1



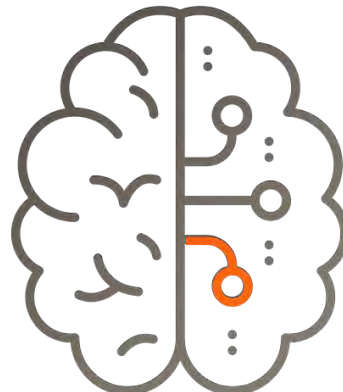
Neuromodulation Target



Symptoms Don't Improve



Brain Circuit 2

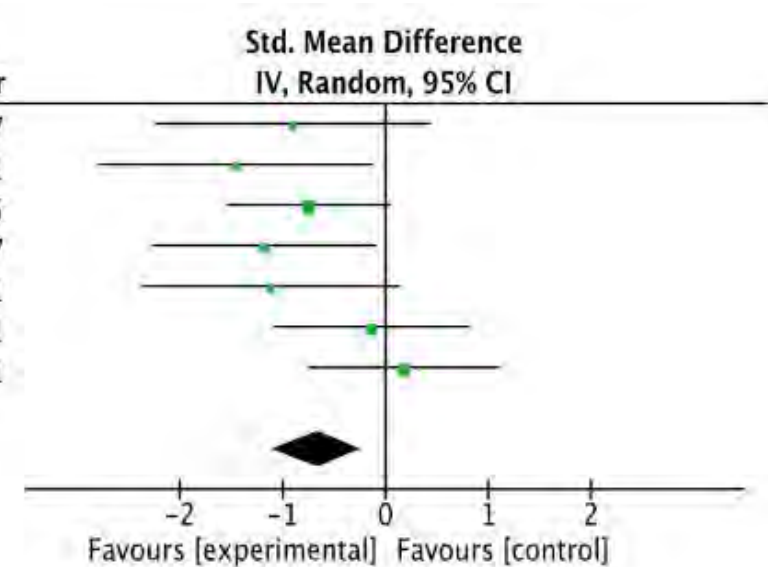


Long-Term Data and RCTs support efficacy of DBS for Tourette Syndrome



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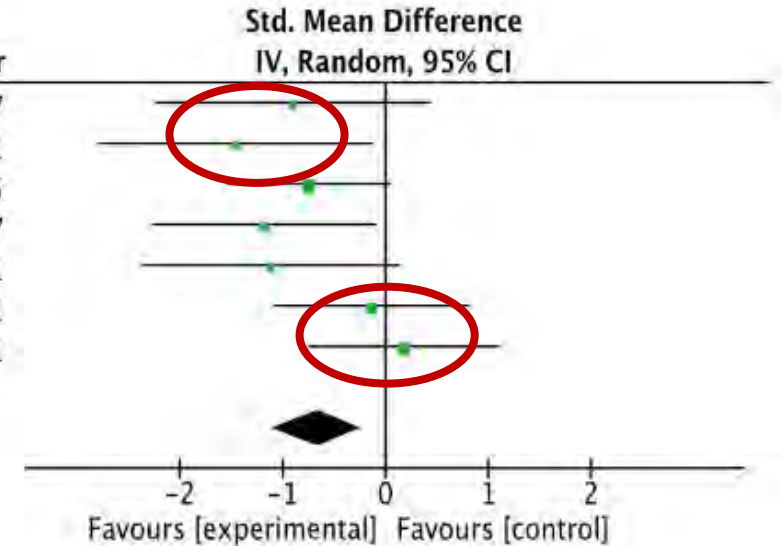
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Can Differences in Outcome be Explained By the Individual Target Region or Network

Kerstin
Müller-Vahl



Natalia
Szejko



Joachim
Krauss



Hannover

Cologne

Milan

Jens
Kuhn



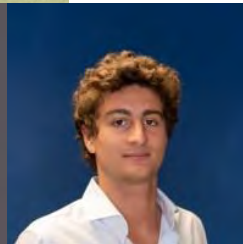
Veerle
Visser-Vandewalle



Domenico
Servello



Tommaso
Galbiati



Can Differences in Outcome be Explained By the Individual Target Region or Network



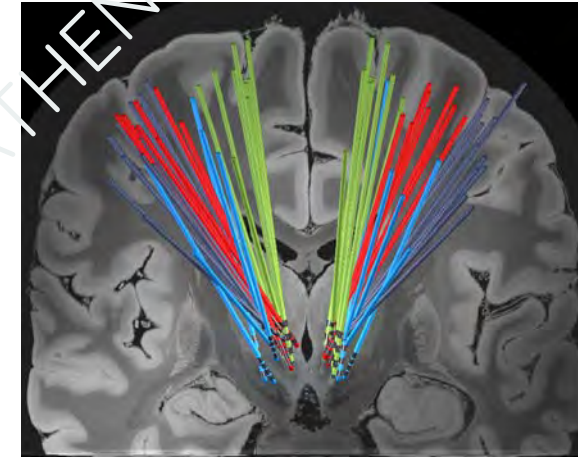
Kerstin Müller-Vahl



Natalia Szejko



Joachim Krauss



DBS outcome across three centers (N = 37)

Jens Kuhn



Veerle Visser-Vandewalle

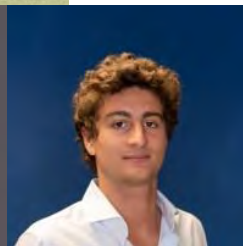


Milan

Domenico Servello



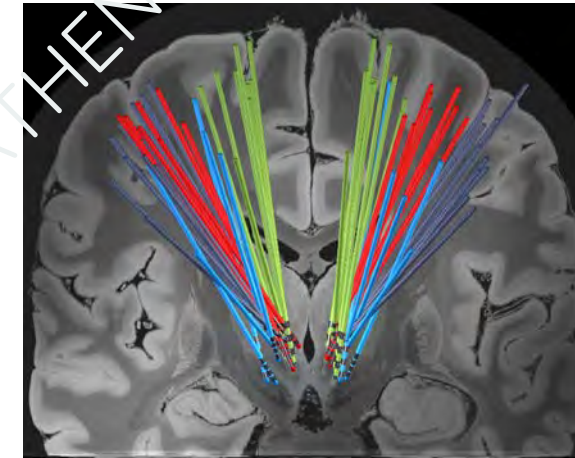
Tommaso Galbiati



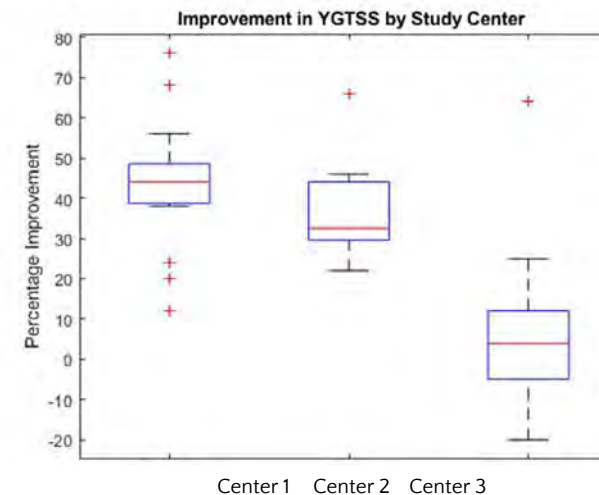
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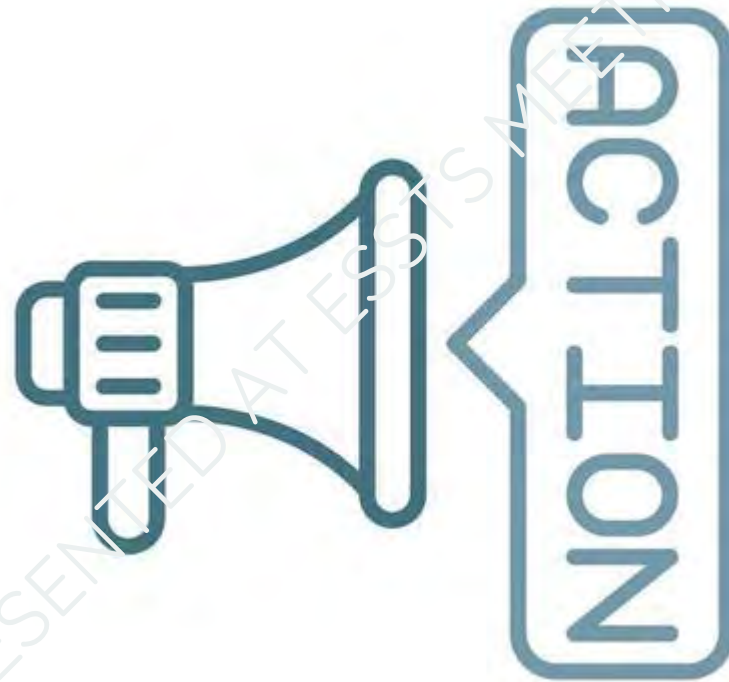
Veerle Visser-Vandewalle

Domenico Servello

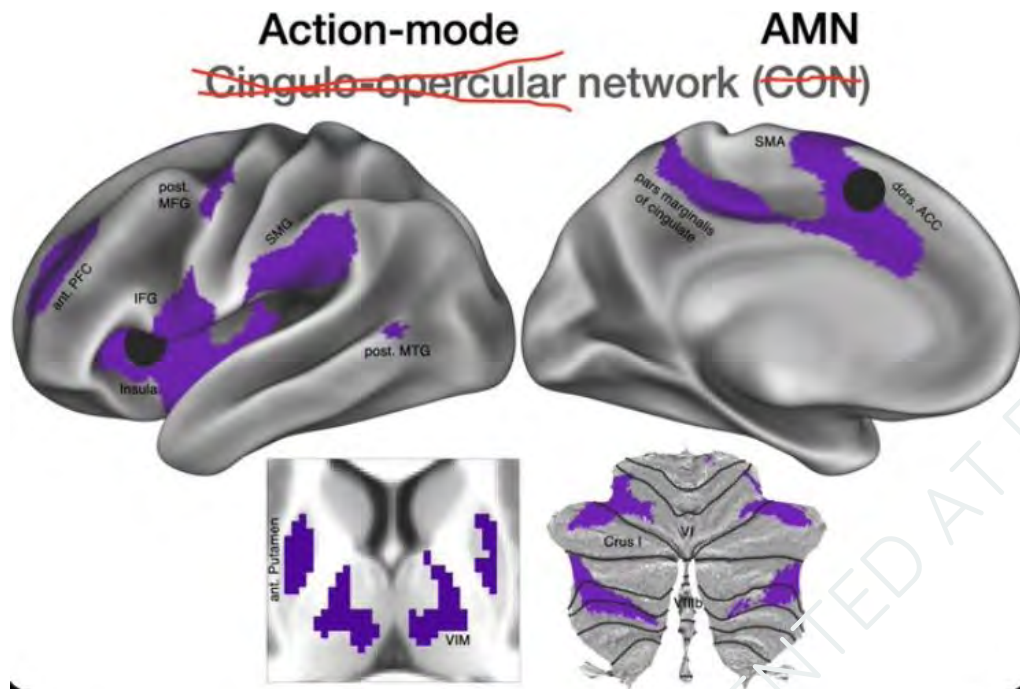
Tommaso Galbiati

Action-Related Brain Networks

Excuse

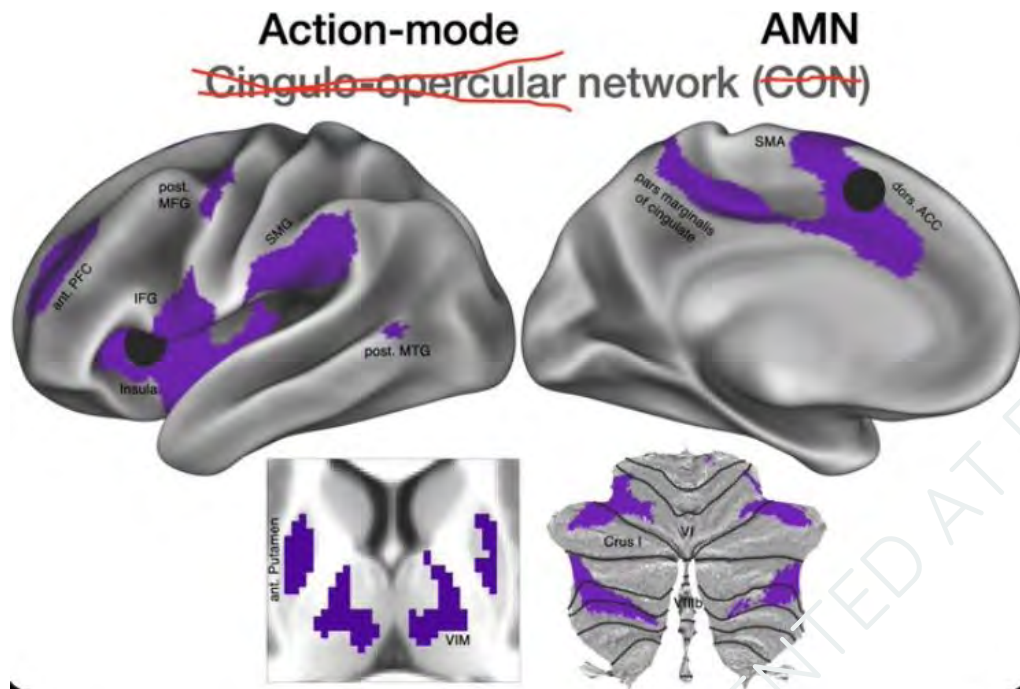


The Cinculo-Opercular, or Action-Mode-Network



Dosenbach et al., Nat Rev Neurosc 20254

The Cinculo-Opercular, or Action-Mode-Network



The Action-Mode Network is active during ...

- Pain
- Errors
- Hunger
- Action Plans
- Heightened Attention

Dosenbach et al., Nat Rev Neurosc 20254

A new Action Network: The Somato-Cognitive Action Network (SCAN)

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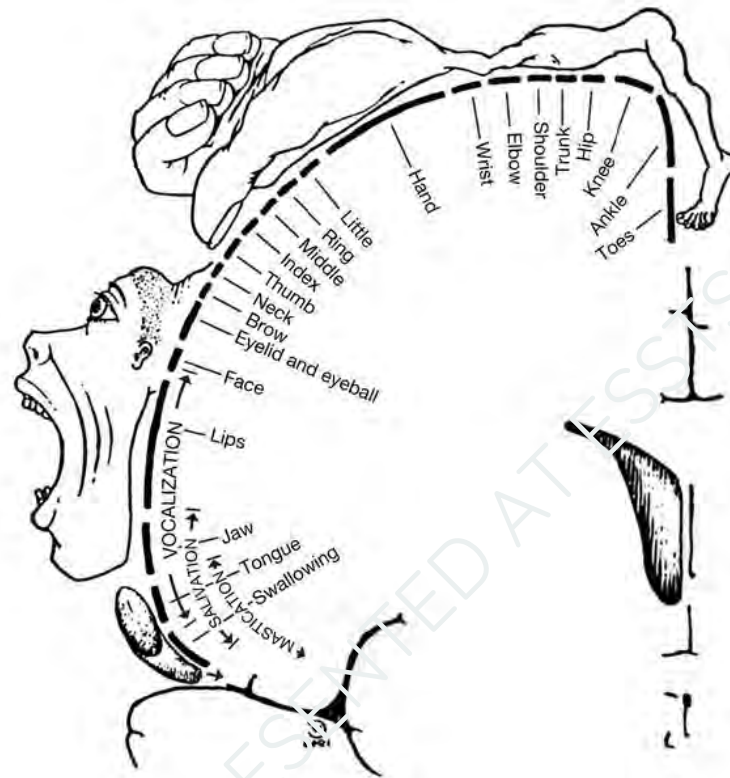
Article | [Open access](#) | Published: 19 April 2023

A somato-cognitive action network alternates with effector regions in motor cortex

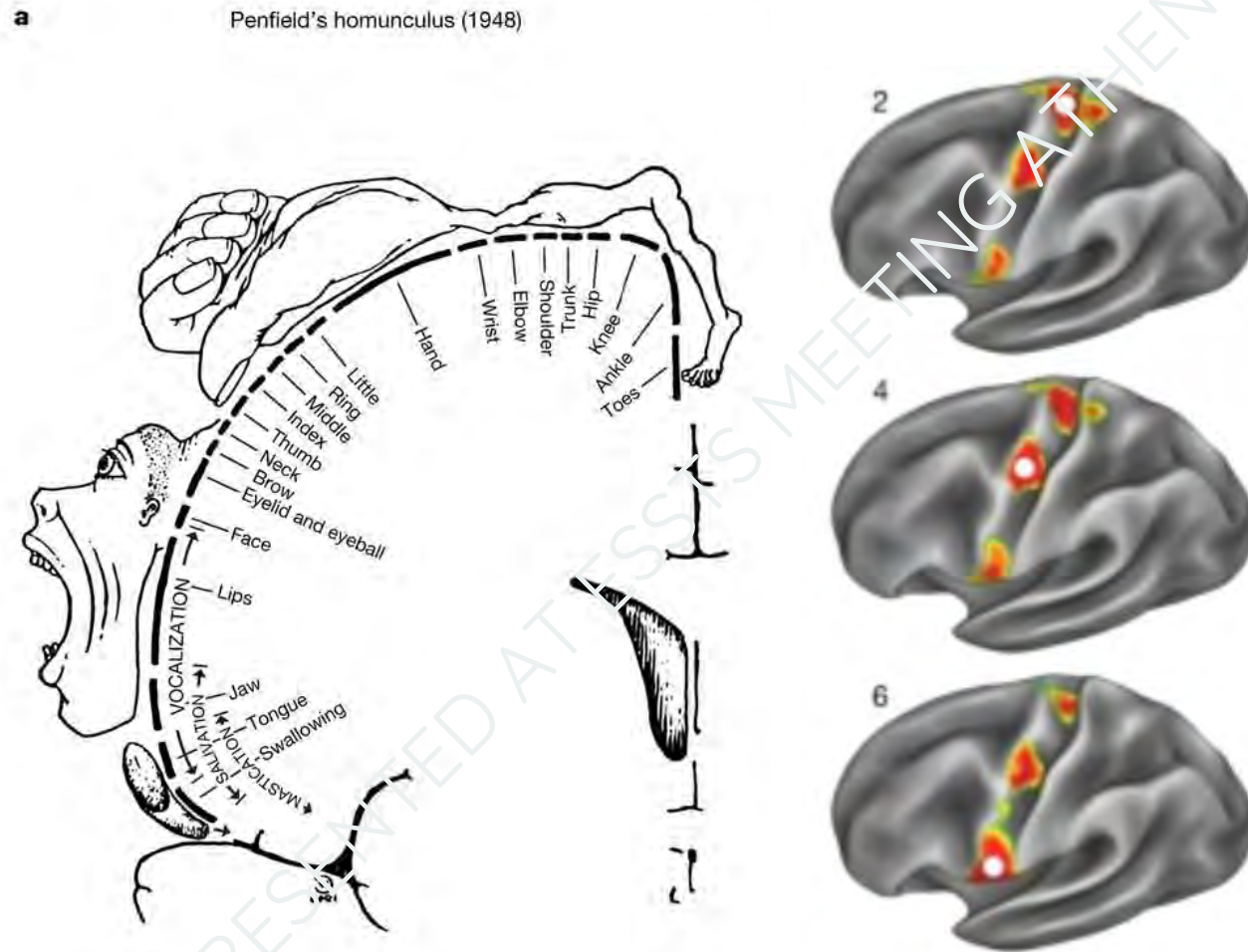
[Evan M. Gordon](#) , [Roselyne J. Chauvin](#), [Andrew N. Van](#), [Aishwarya Rajesh](#), [Ashley Nielsen](#),

A new Action Network: The Somato-Cognitive Action Network (SCAN)

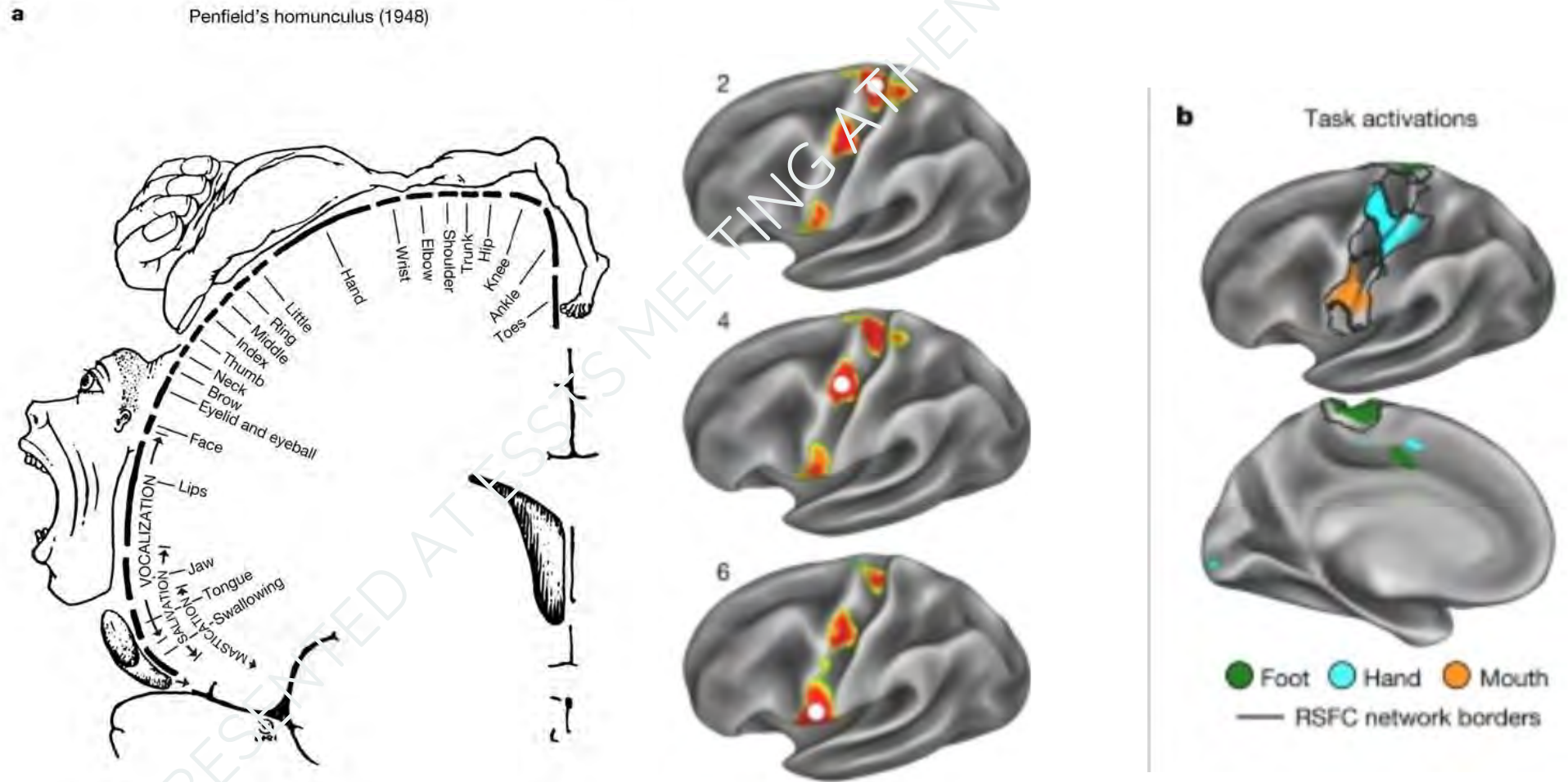
a Penfield's homunculus (1948)



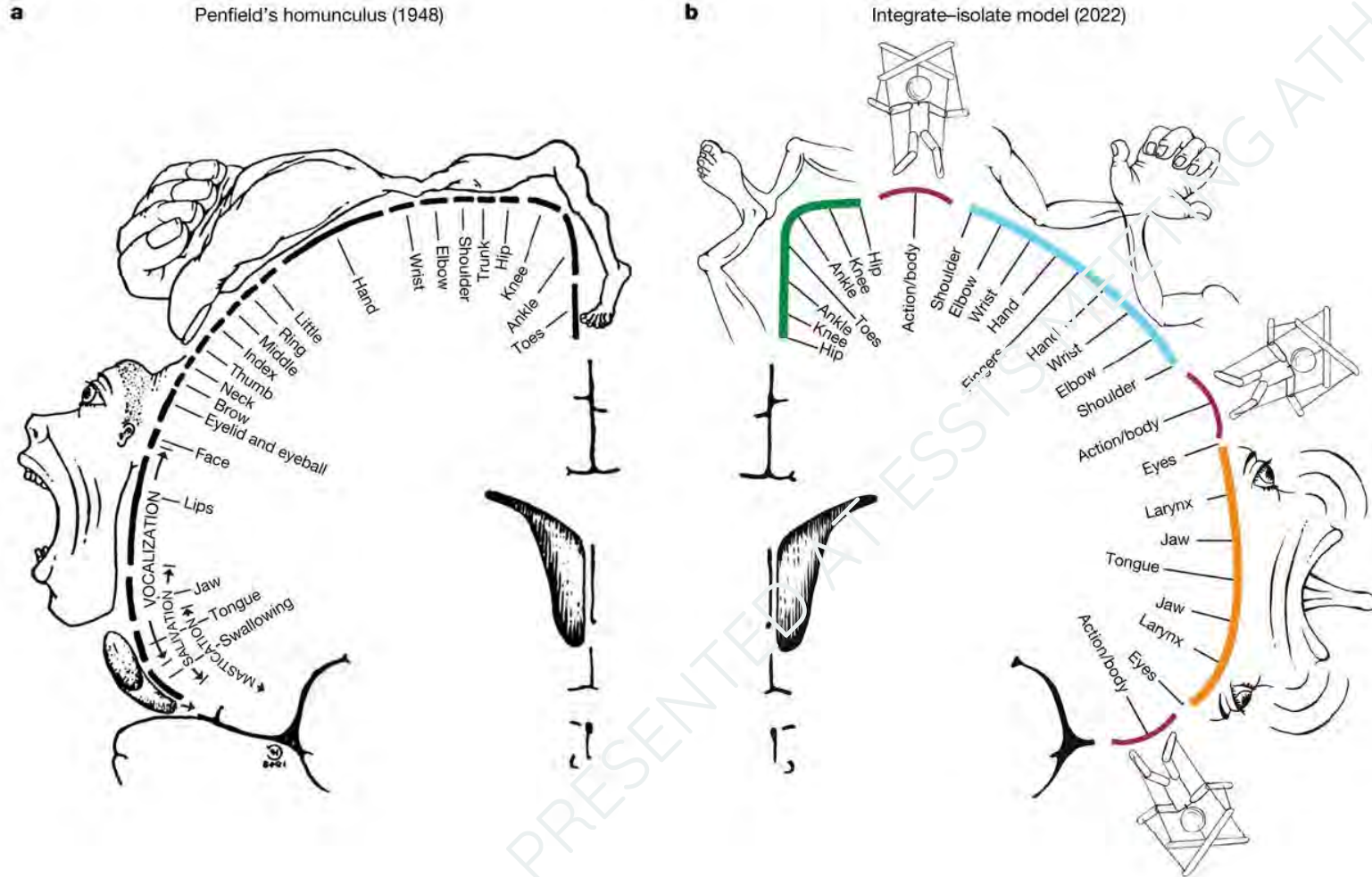
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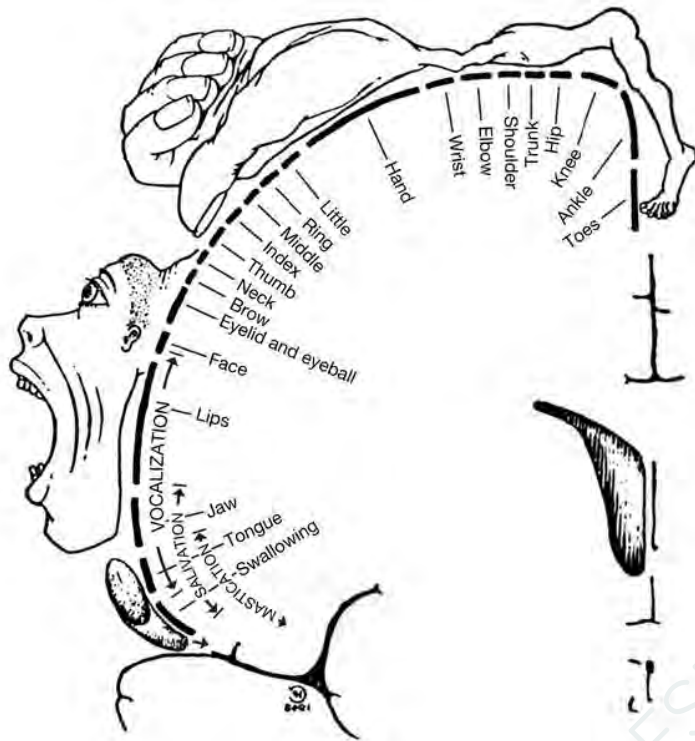


The Somato-Cognitive Action Network (SCAN) complements the Action-Mode Network

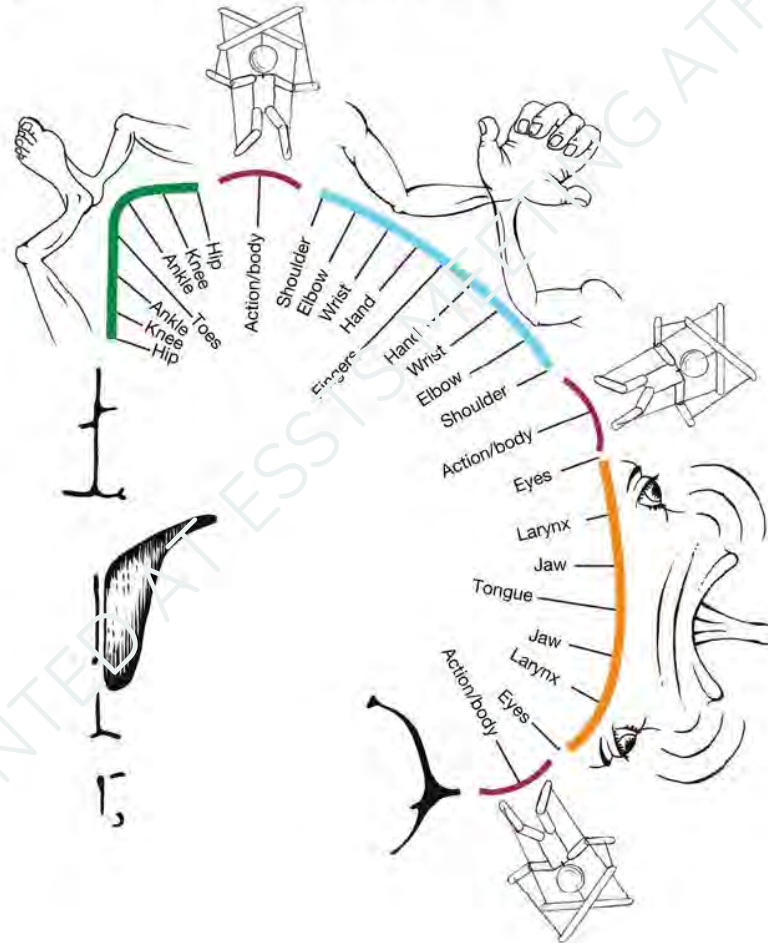


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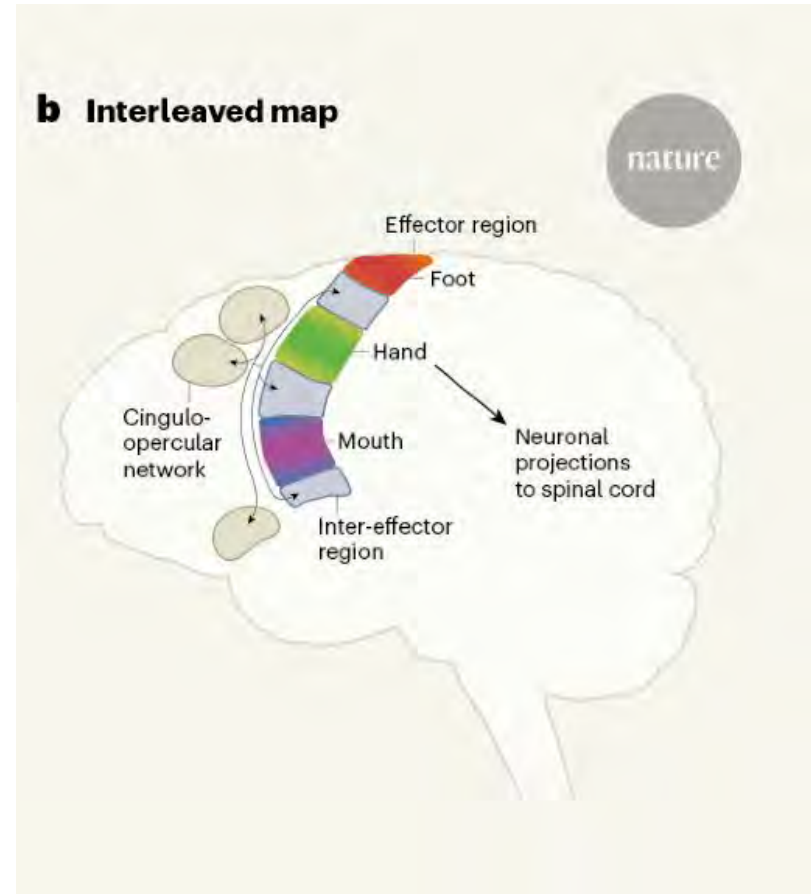
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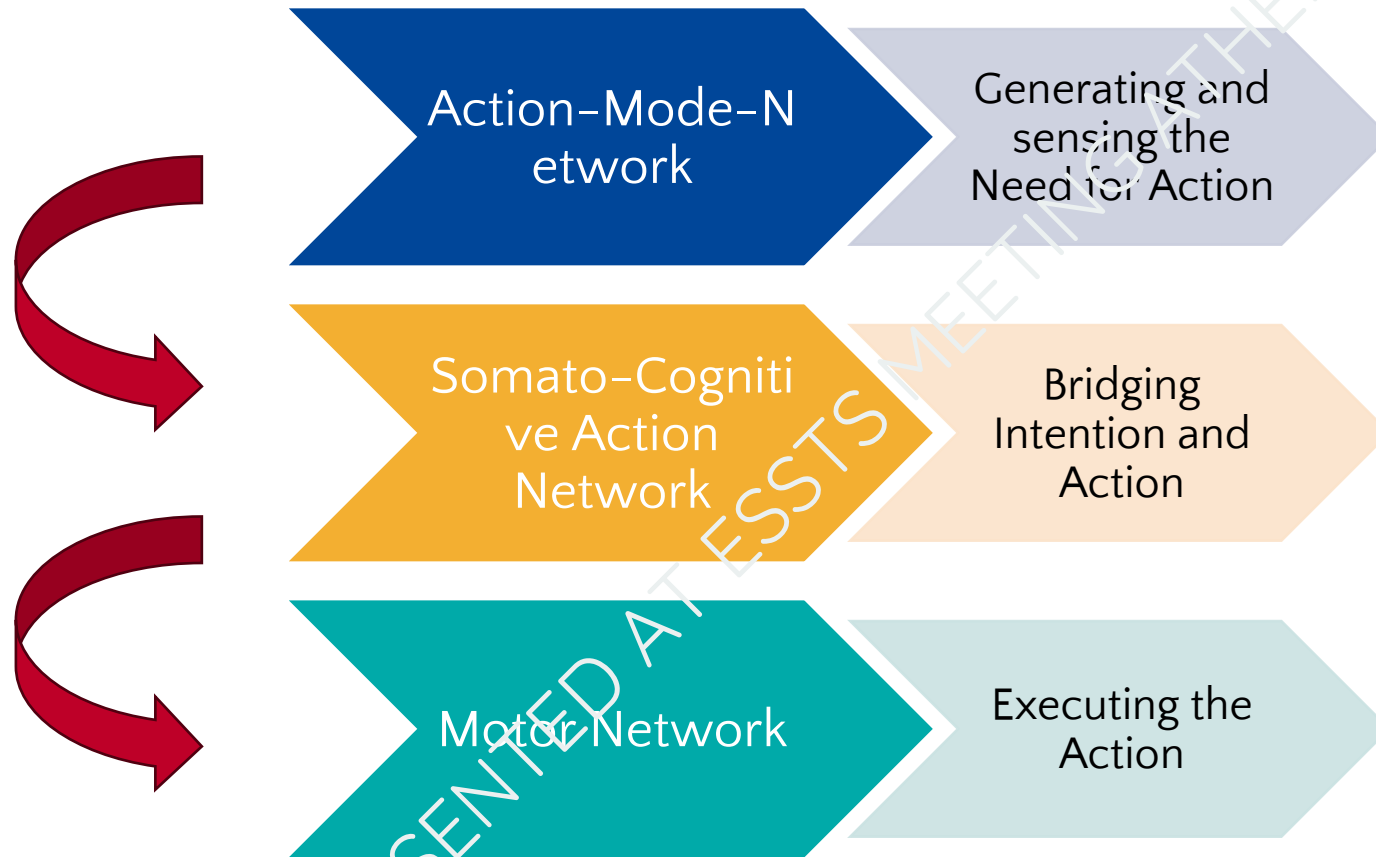
b Integrate-isolate model (2022)



b Interleaved map



Summary: The Cascade of Action through Brain Networks



Adapted from D'Andrea et al., bioRxiv 2023

Are these Action-Networks Important for Tics?

Evan Gordon @gordonneuro · Oct 28, 2022

Outside of M1, the inter-effector regions are most strongly connected to regions in medial prefrontal cortex (pre-SMA, dACC), dorsal posterior putamen, centromedial thalamus, and cerebellum (anterior lobule and vermis).

2 6 67

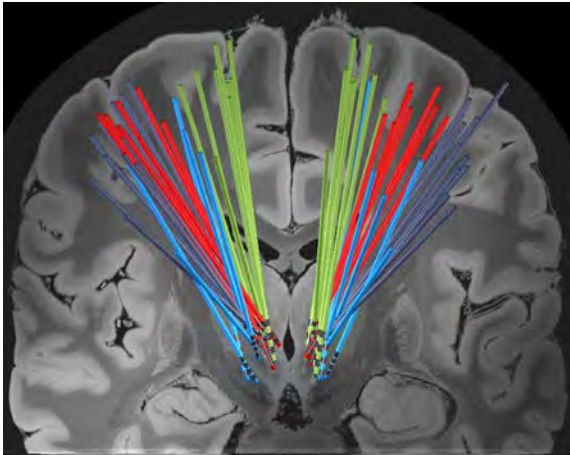
Juan Carlos Baldermann @BaldermannJC · Oct 30, 2022

Very interesting... we stimulate the cm nucleus in patients with tic disorders and sma/insula/cingulate connectivity correlates with efficacy. Would be cool to check how this inter-effector network relates to deep brain stimulation of the cm

2

Does Connectivity of Brain Stimulation with Functional Action Networks Explain Outcomes?

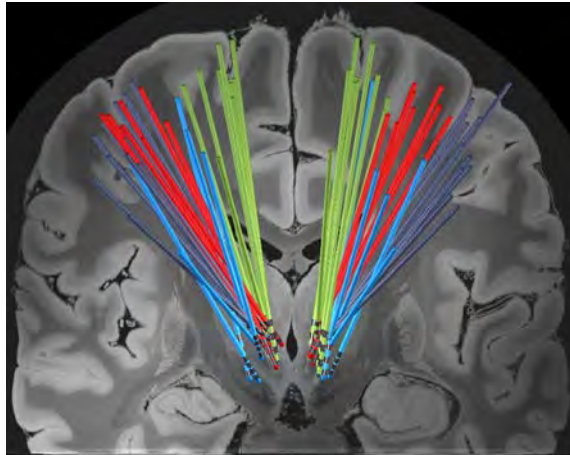
Reconstruction of DBS
Electrodes in Common Space



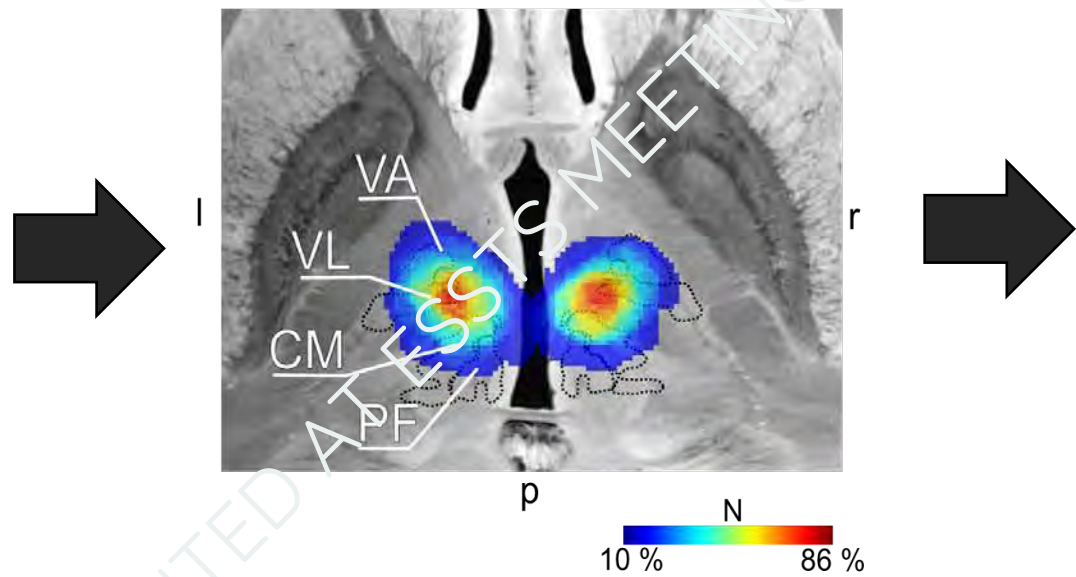
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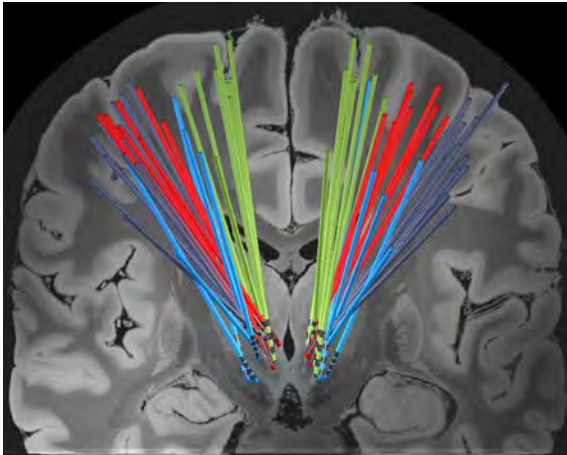


Modelling Stimulation Sites
a

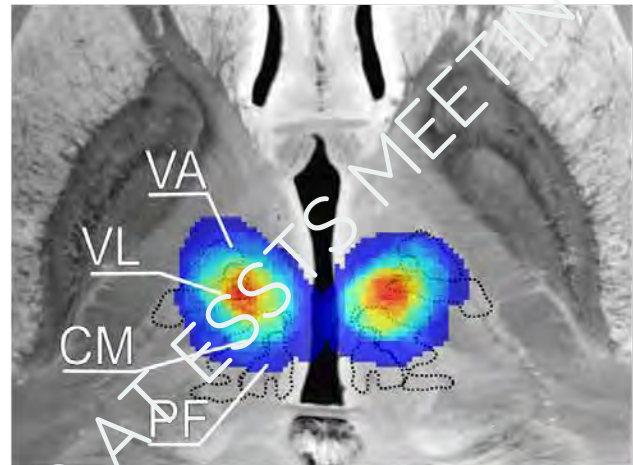


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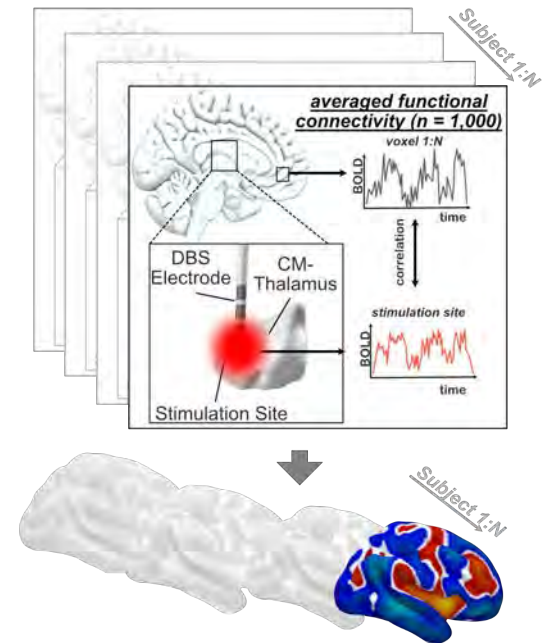
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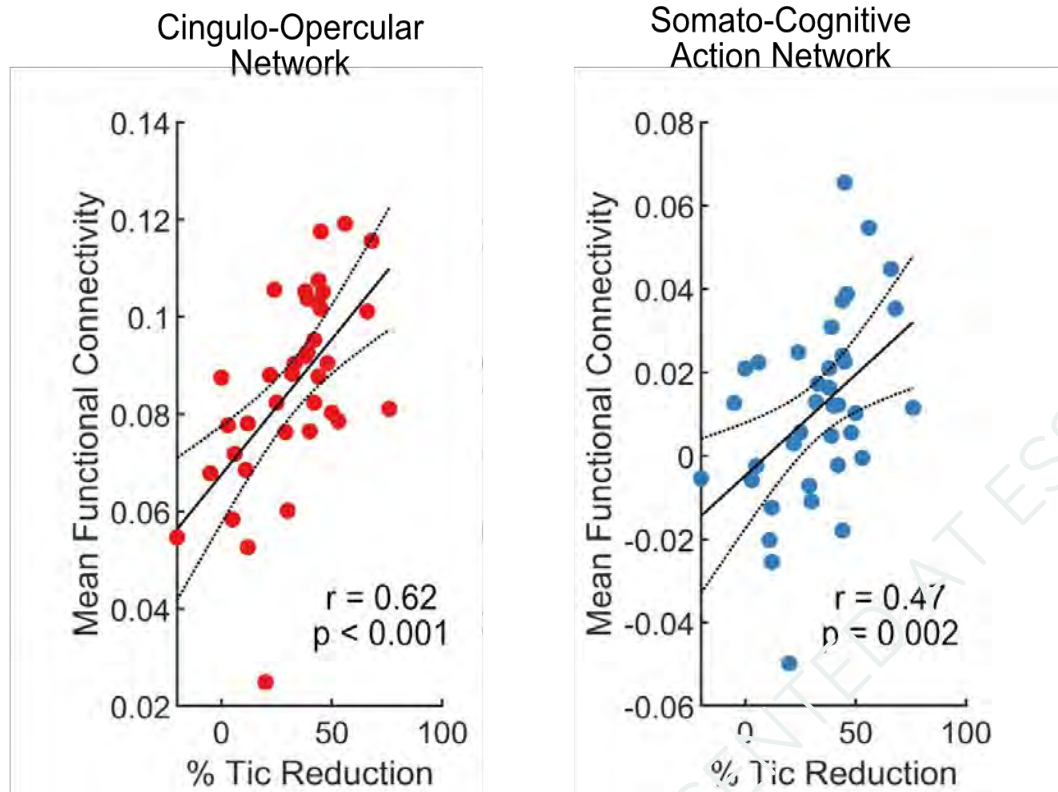
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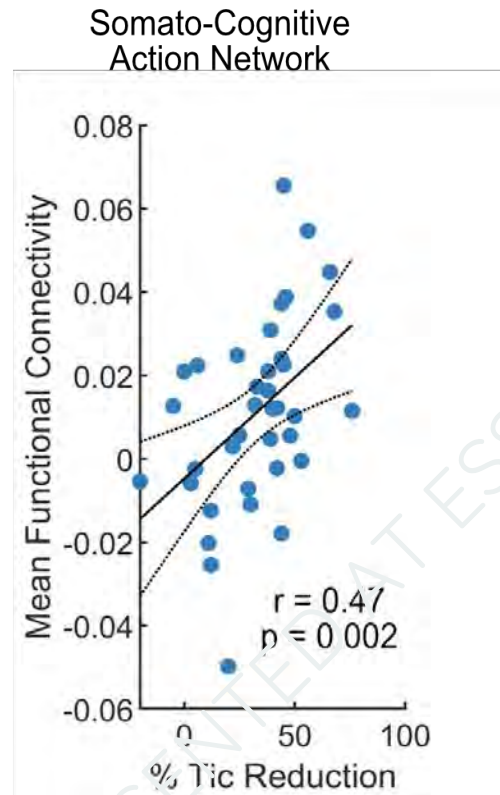
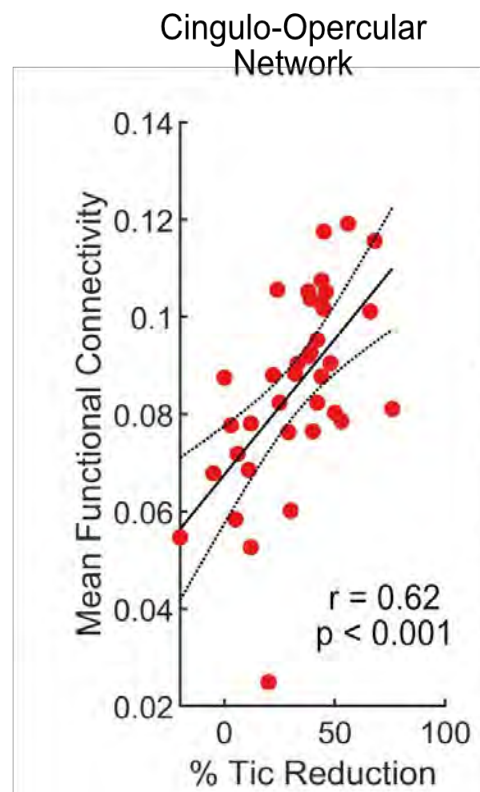
Modelling the Stimulated Functional Connectivity



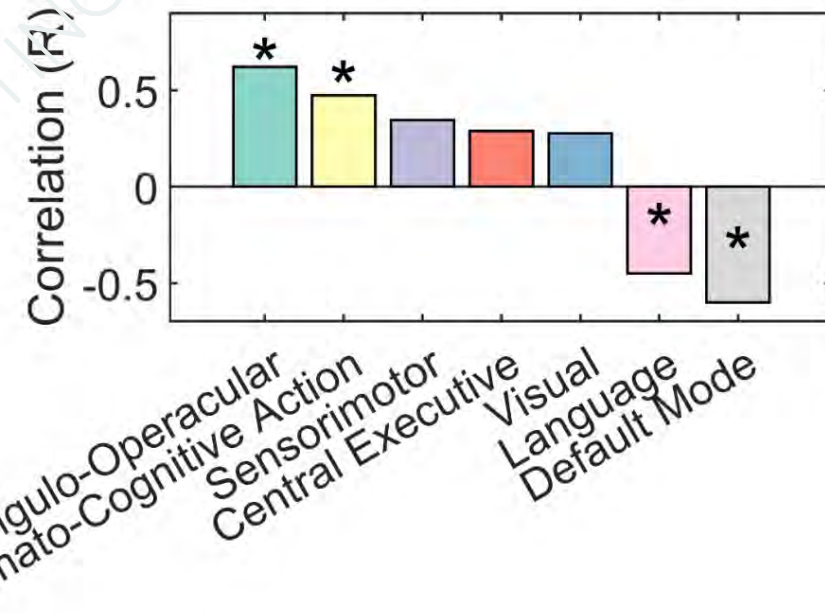
Connectivity of DBS sites with CON & SCAN Explain Tic Reduction



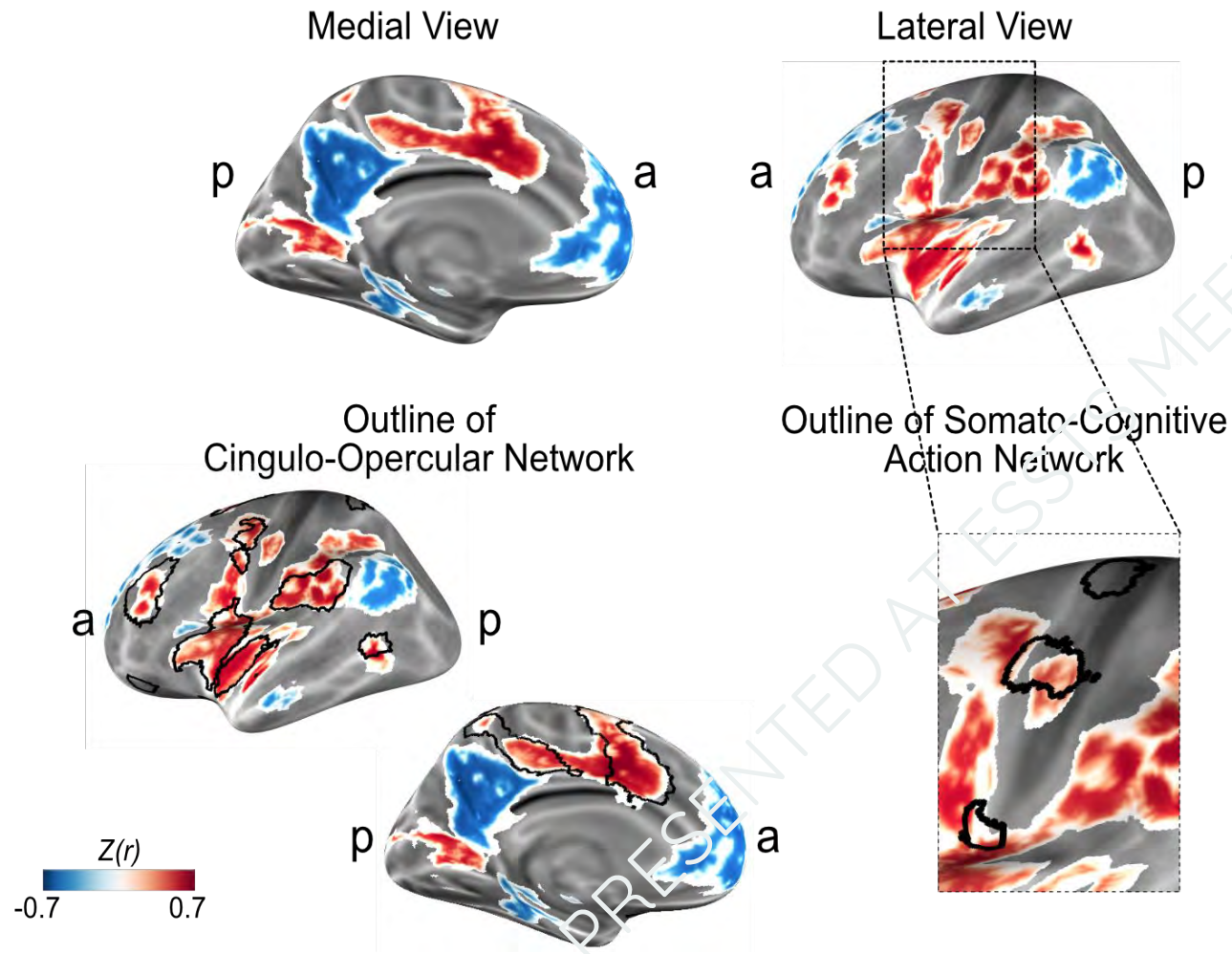
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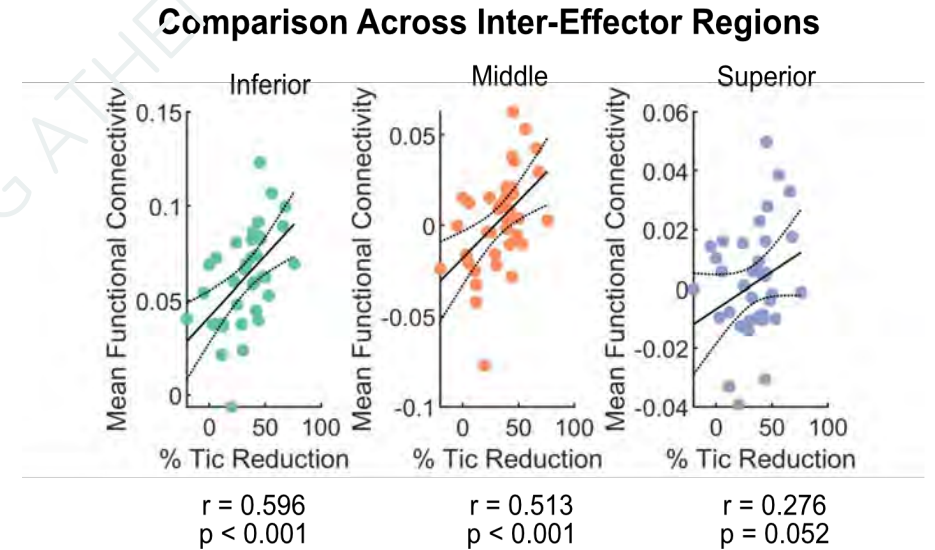
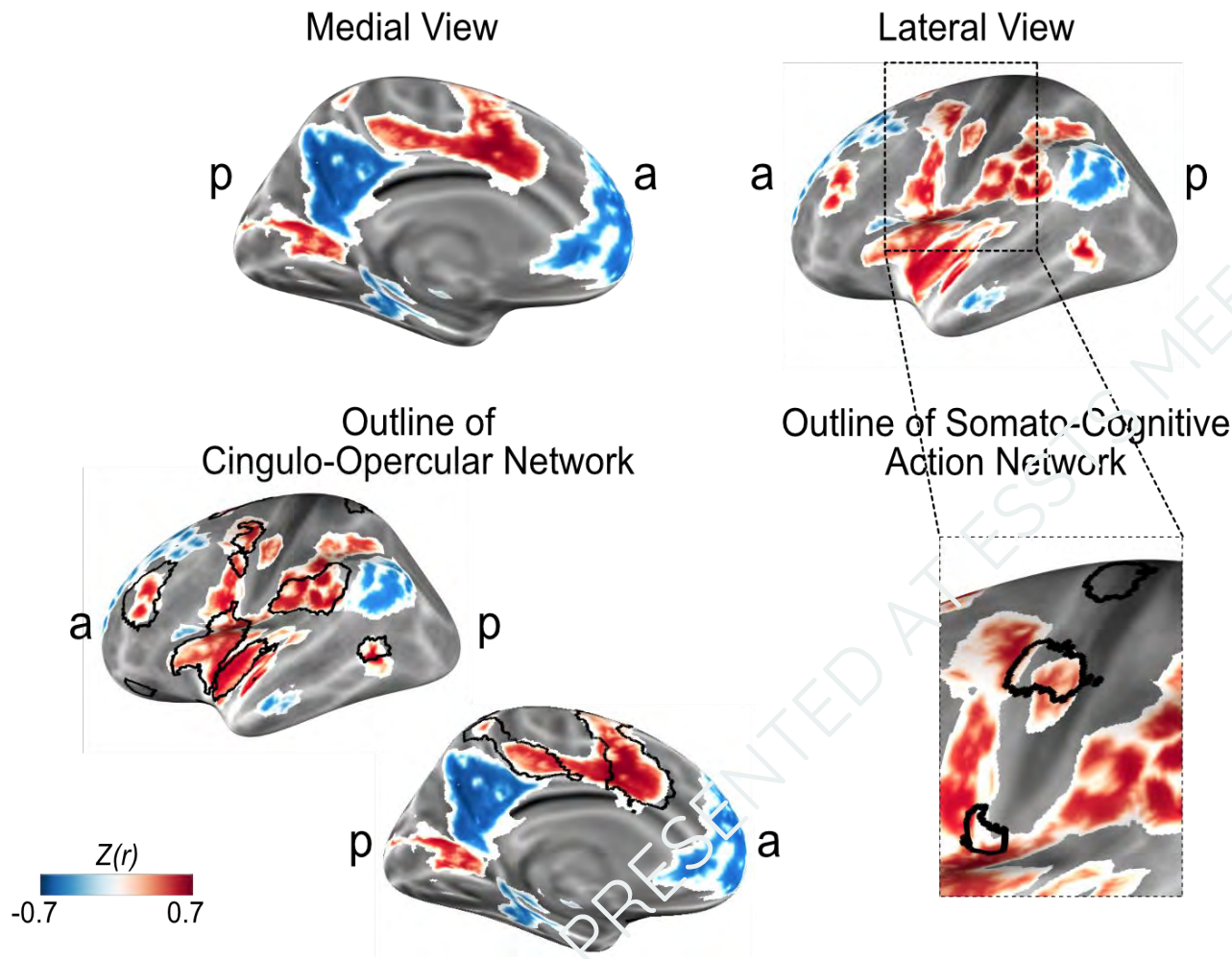
Comparison Across Brain Networks



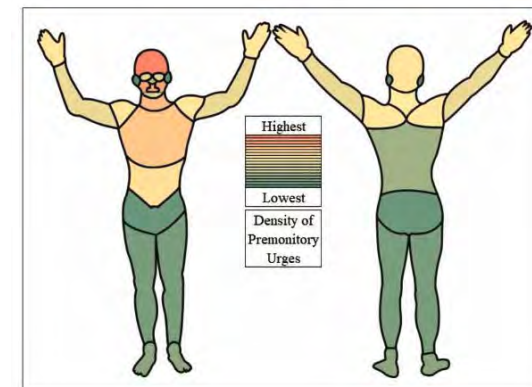
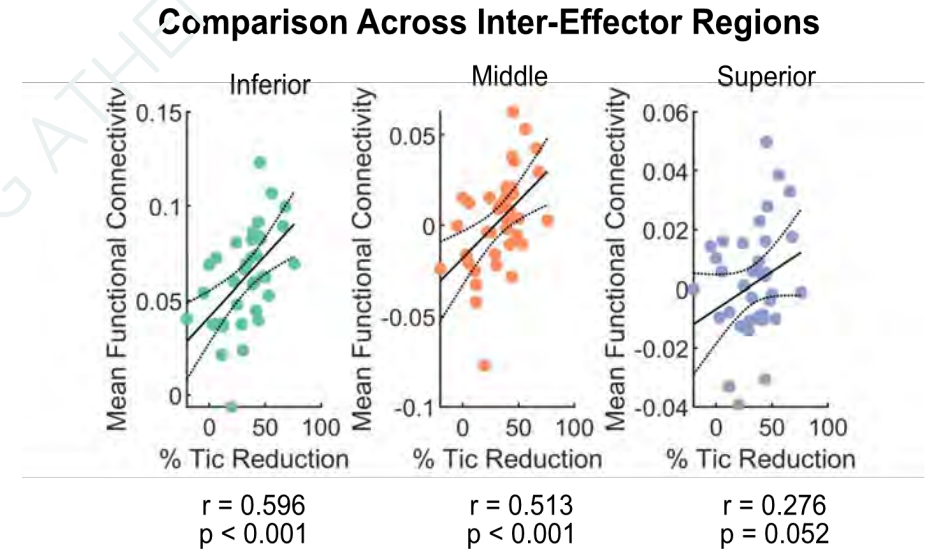
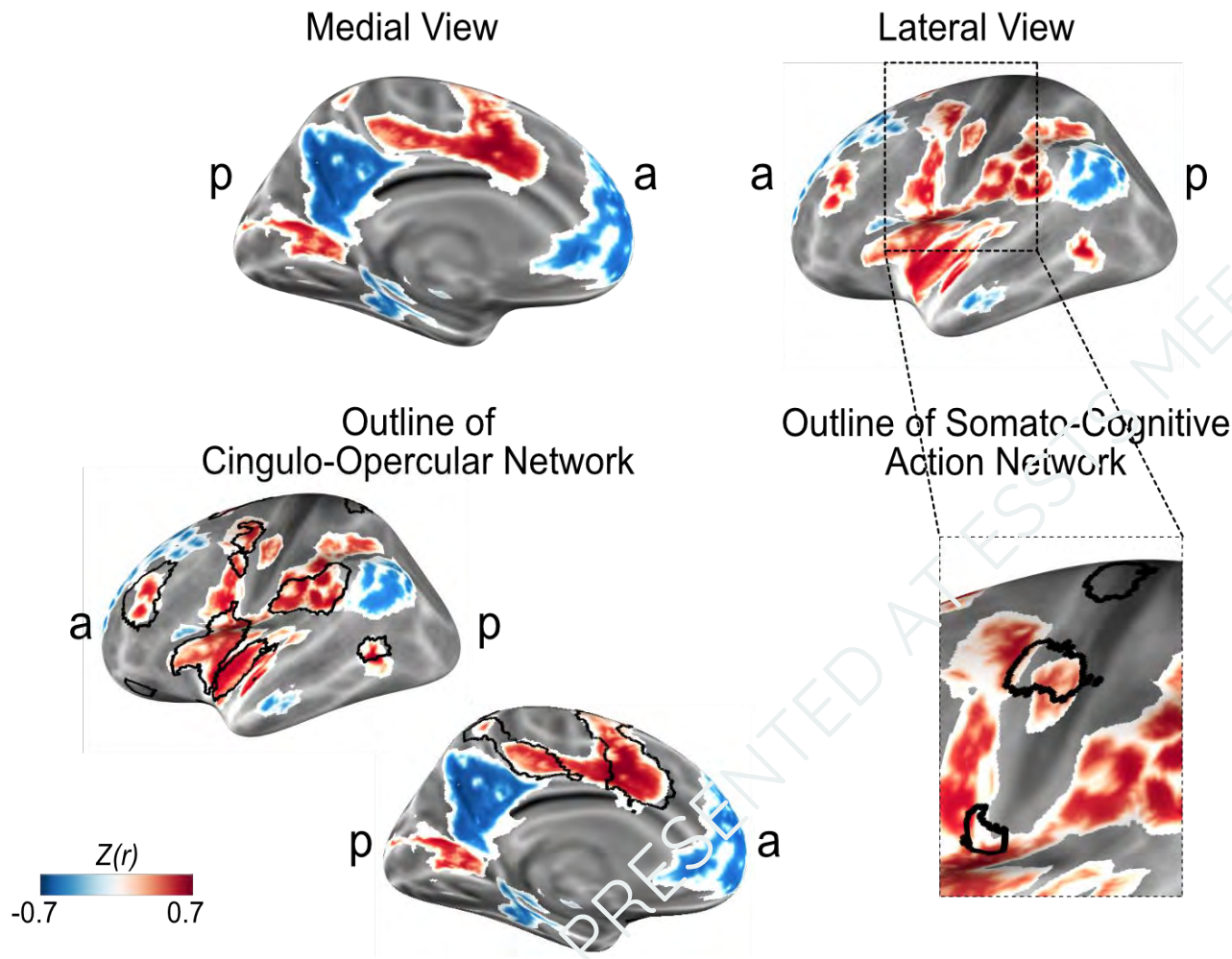
Whole Brain Analysis: Connectivity with CON and inferior/middle inter-effector region drive effects



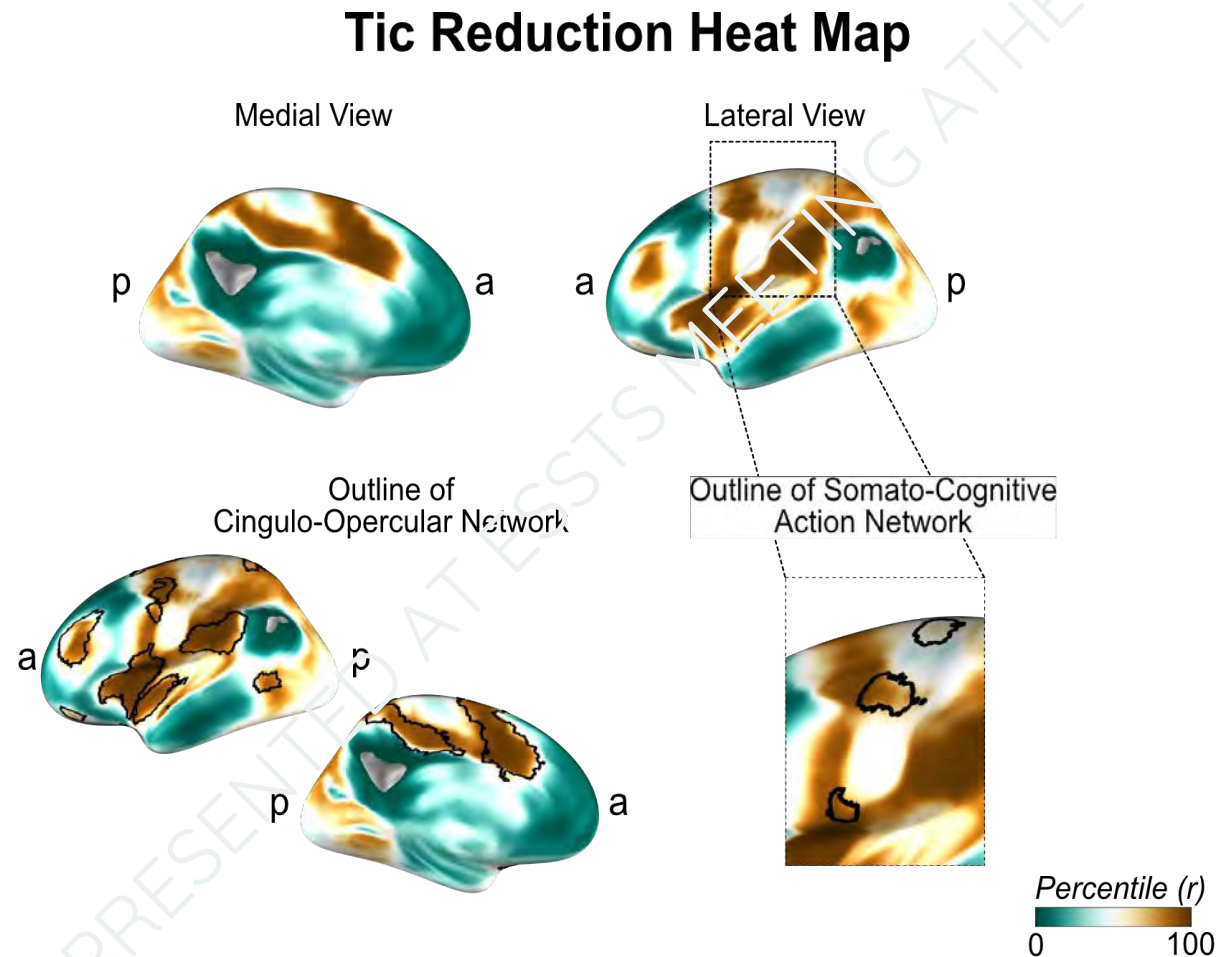
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Whole Brain Analysis: Connectivity with CON and inferior/middle inter-effector region drive effects



Tic Reduction Heat Map: Potential Cortical Neuromodulation Targets Derived from DBS

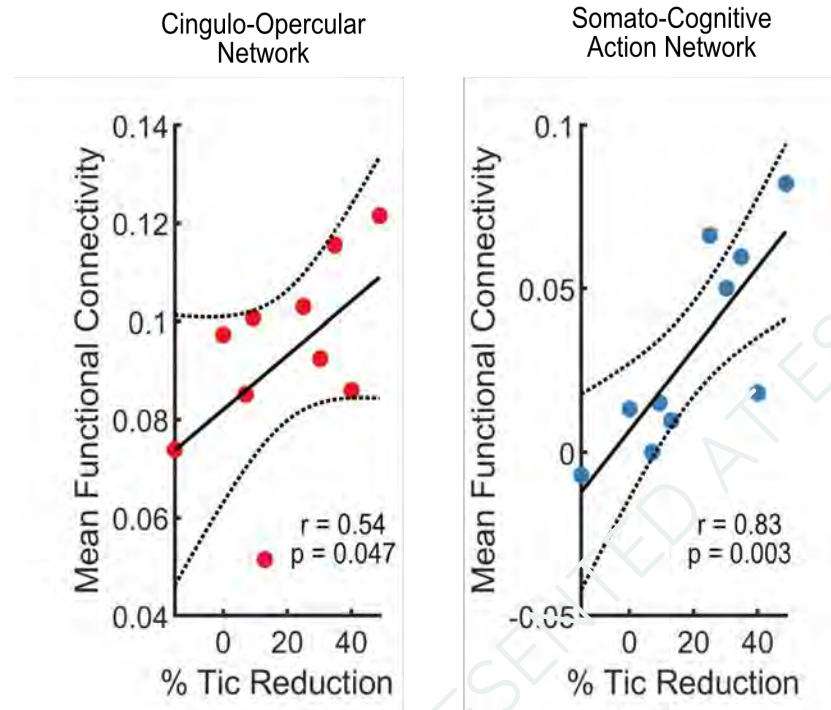


Replication in GTS-DBS Registry Data

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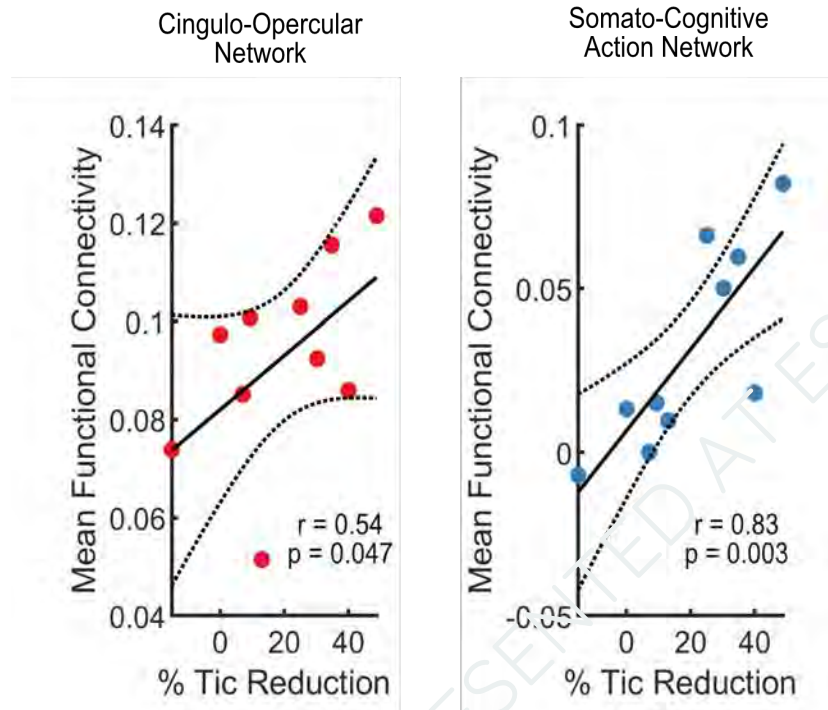
Replication in GTS-DBS Registry Data

Replication of ROI-Analysis in Independent DBS Data

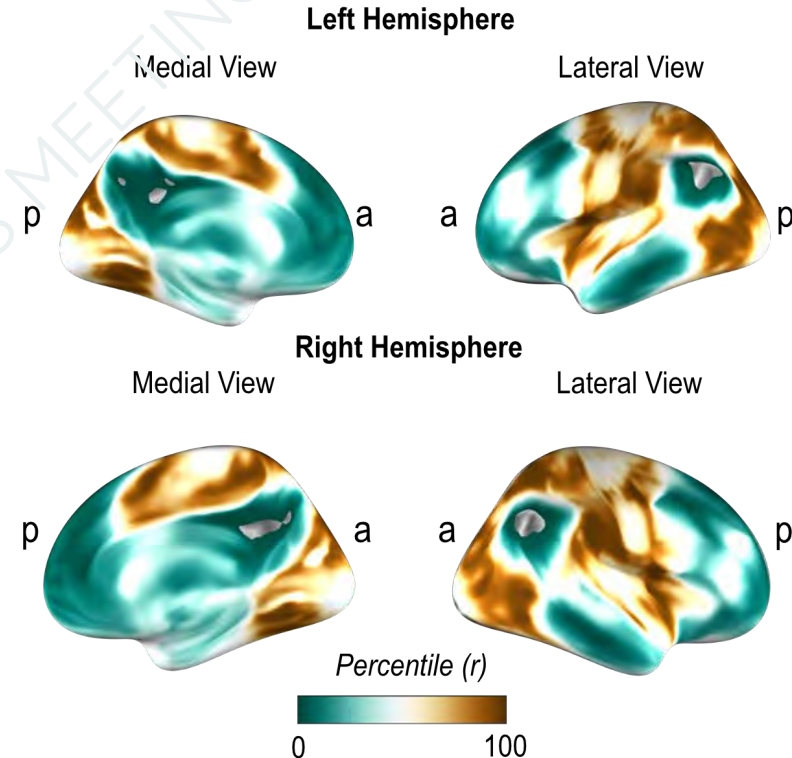


Replication in GTS-DBS Registry Data

Replication of ROI-Analysis in Independent DBS Data



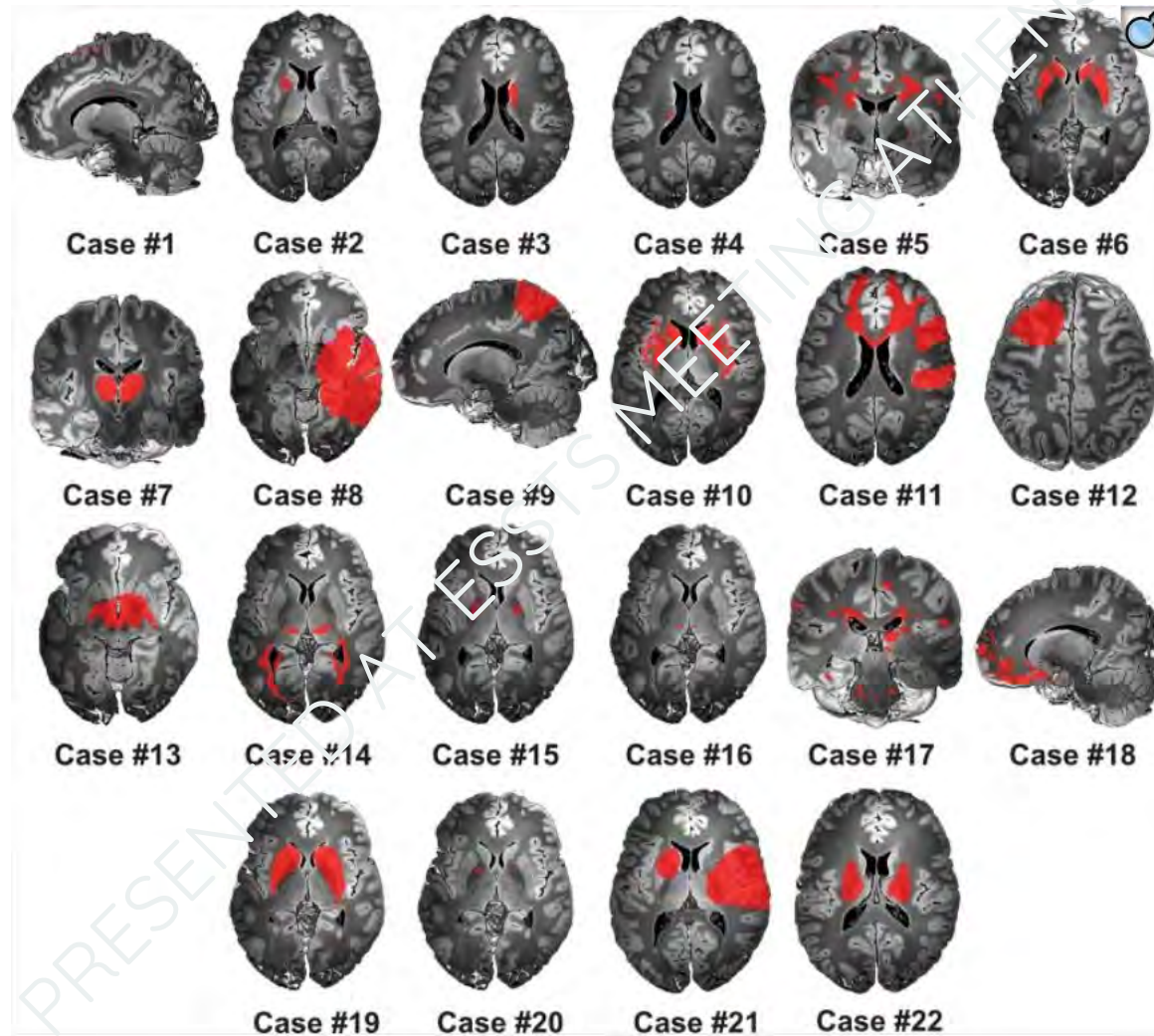
Replication of Heat Map in Independent DBS Data



Replication In Lesion Network Map of Tic-inducing brain lesions (N = 22)



Christos Ganos Andreas Horn Bassam Al-Fatly

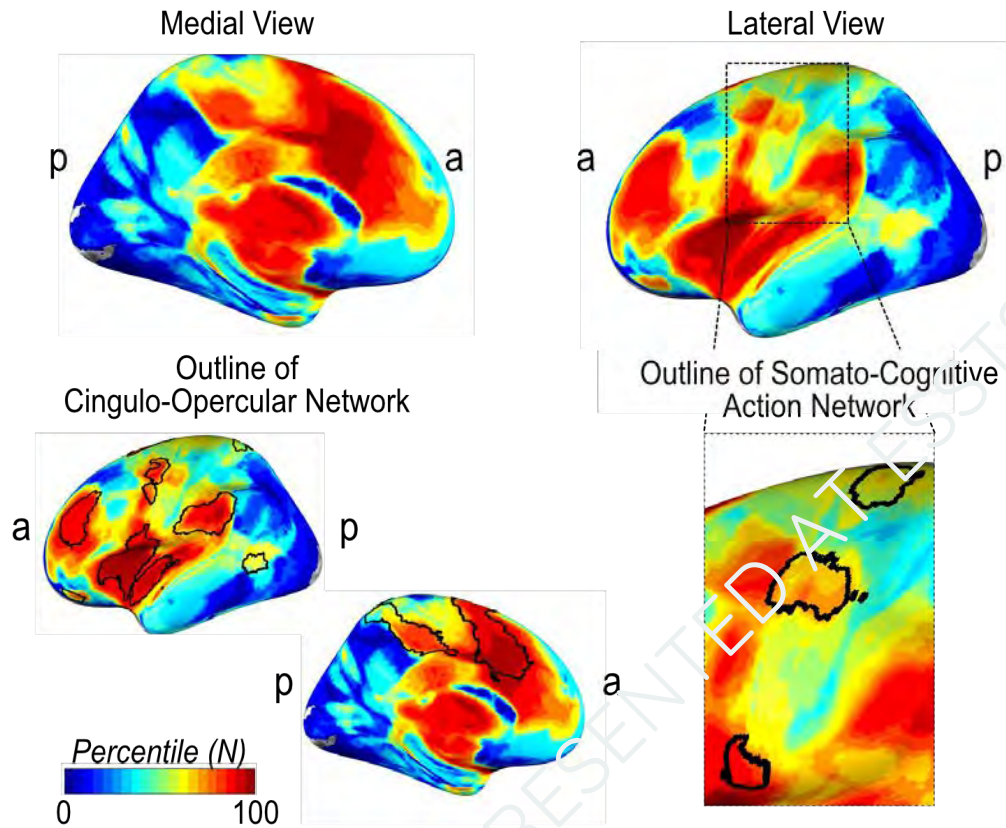


Replication In Lesion Network Map of Tic-inducing brain lesions (N = 22)



Christos Ganos Andreas Horn Bassam Al-Fatly

Tic-inducing Lesion Network Map

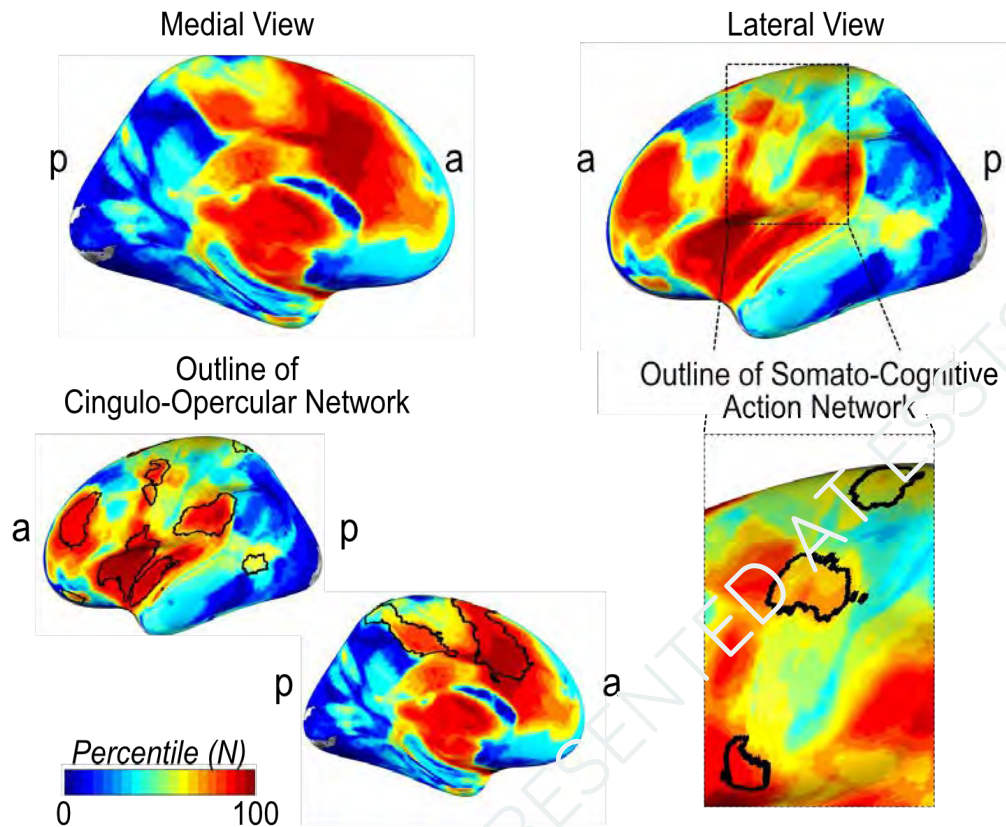


Replication In Lesion Network Map of Tic-inducing brain lesions (N = 22)

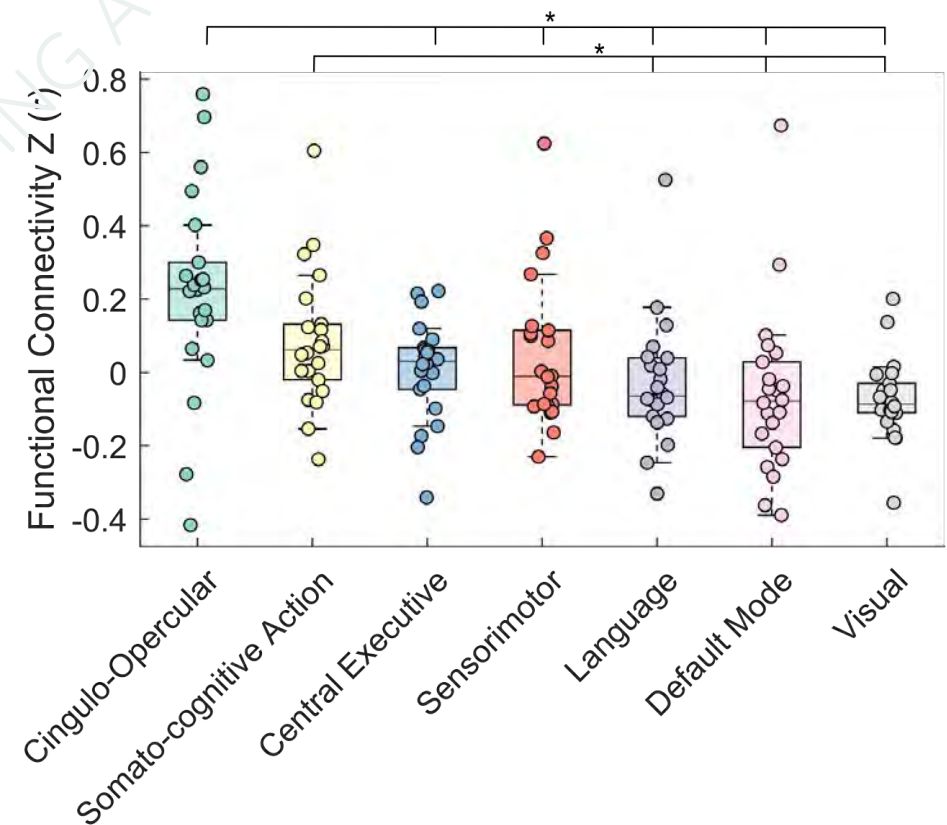


Christos Ganos Andreas Horn Bassam Al-Fatly

Tic-inducing Lesion Network Map



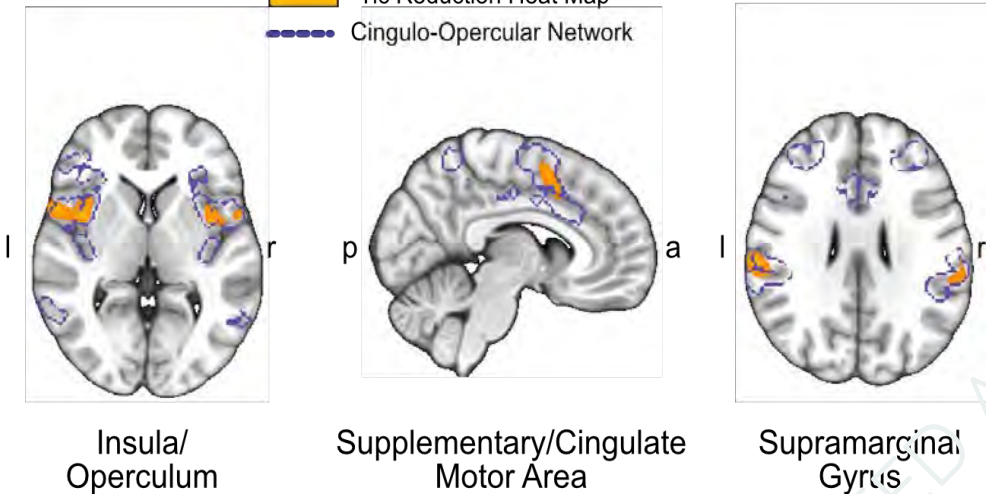
Comparison of Lesion Connectivity across Networks



Tic Reduction Heat Map Matches General Urge Activity

Peak Clusters of Target Heat Map

■ Tic Reduction Heat Map
- - - Cingulo-Opercular Network



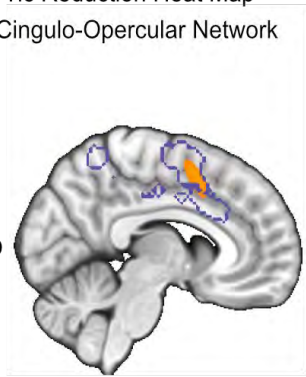
Tic Reduction Heat Map Matches General Urge Activity

Peak Clusters of Target Heat Map

■ Tic Reduction Heat Map
- - - Cingulo-Opercular Network



Insula/
Operculum

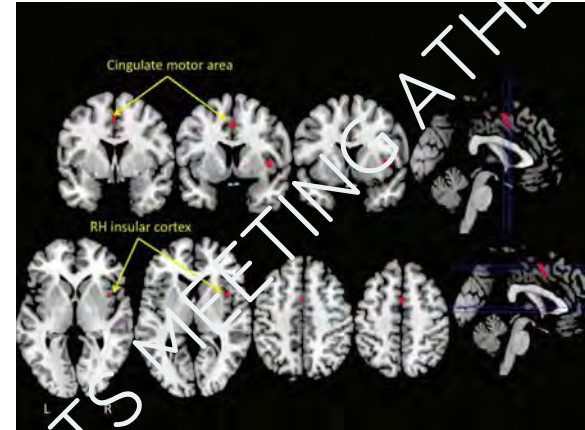


Supplementary/Cingulate
Motor Area

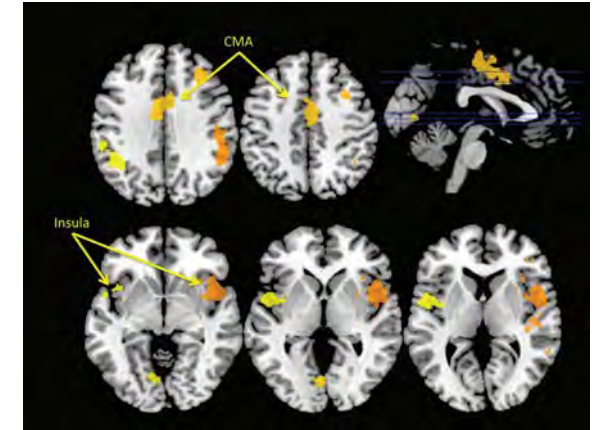


Supramarginal
Gyrus

ALE: Urge to Swallow and Micturate



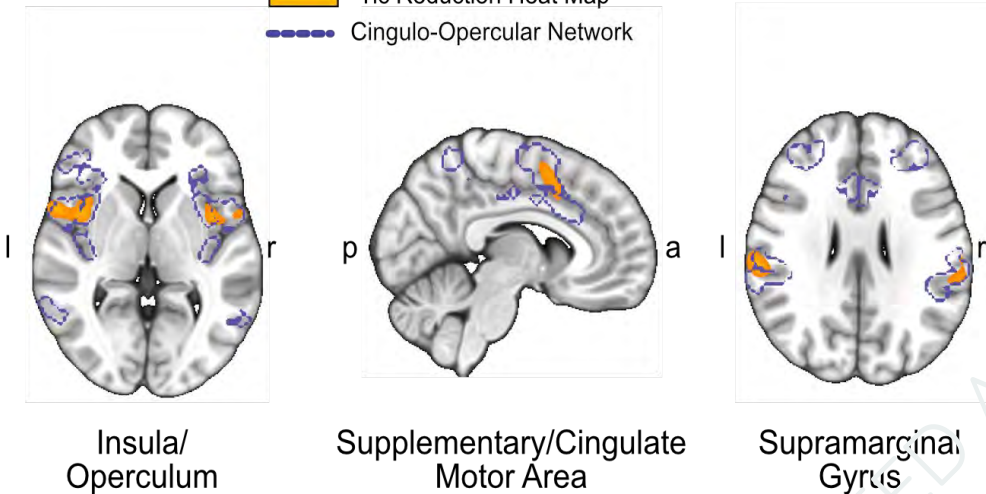
Urge to Yawn



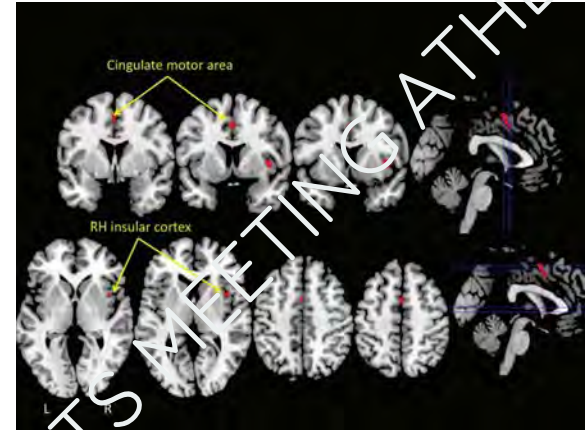
Tic Reduction Heat Map Matches General Urge Activity

Peak Clusters of Target Heat Map

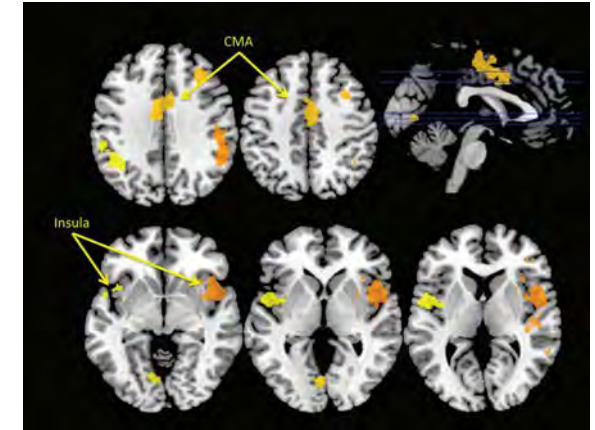
Tic Reduction Heat Map
 Cingulo-Opercular Network



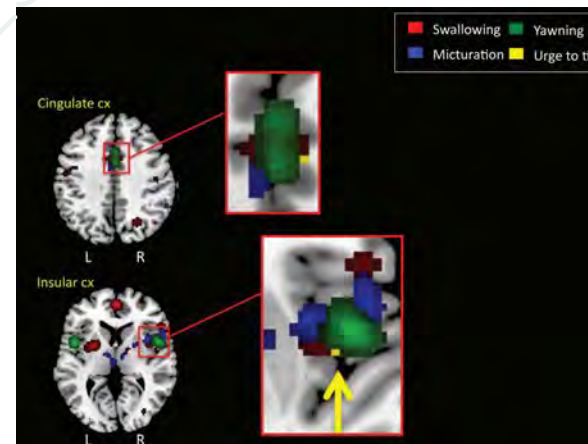
ALE: Urge to Swallow and Micturate



Urge to Yawn



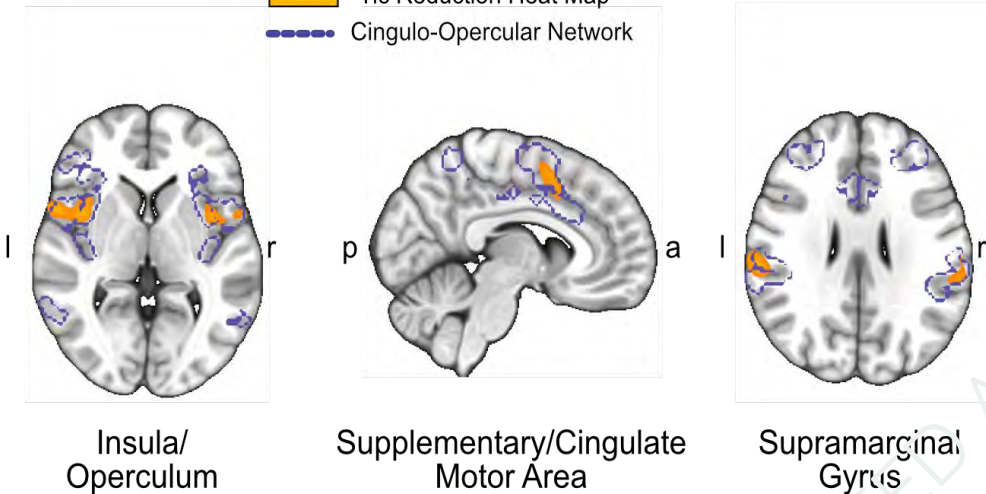
Overlap with Urge to Tic Activity



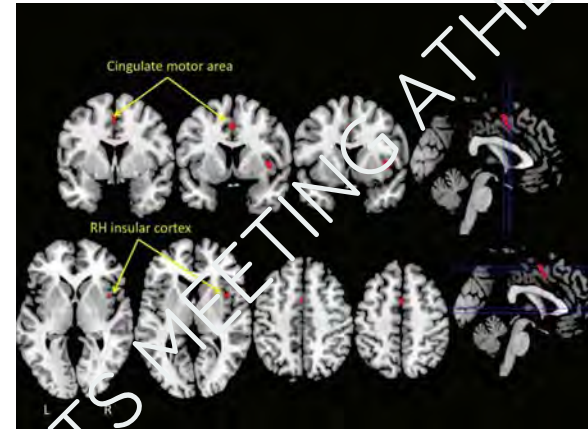
Tic Reduction Heat Map Matches General Urge Activity

Peak Clusters of Target Heat Map

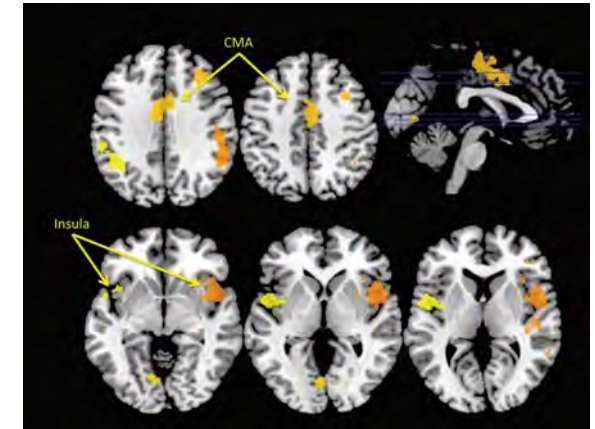
■ Tic Reduction Heat Map
- - - Cingulo-Opercular Network



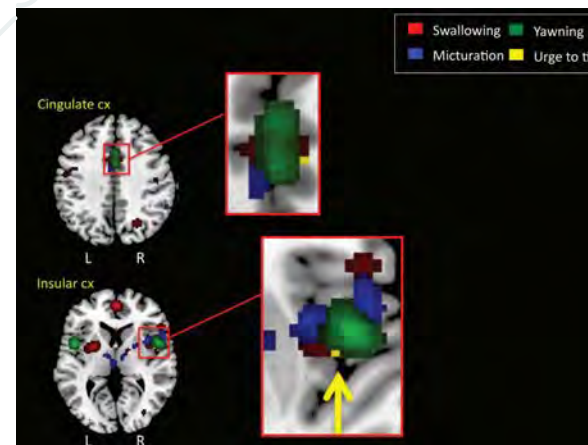
ALE: Urge to Swallow and Micturate



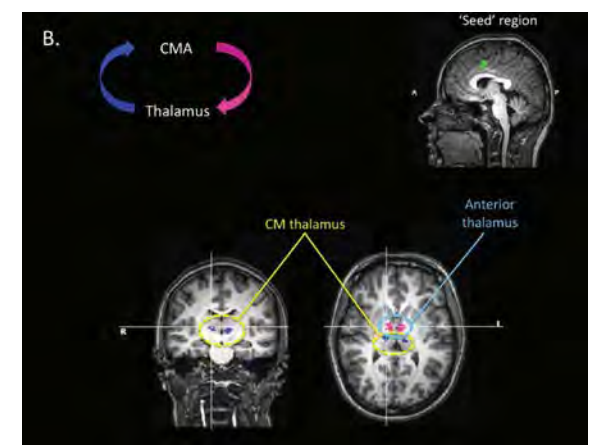
Urge to Yawn



Overlap with Urge to Tic Activity



Involvement of Thalamic Nuclei



DBS for Tics

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~~DBS for Tics~~

DBS for Urges?

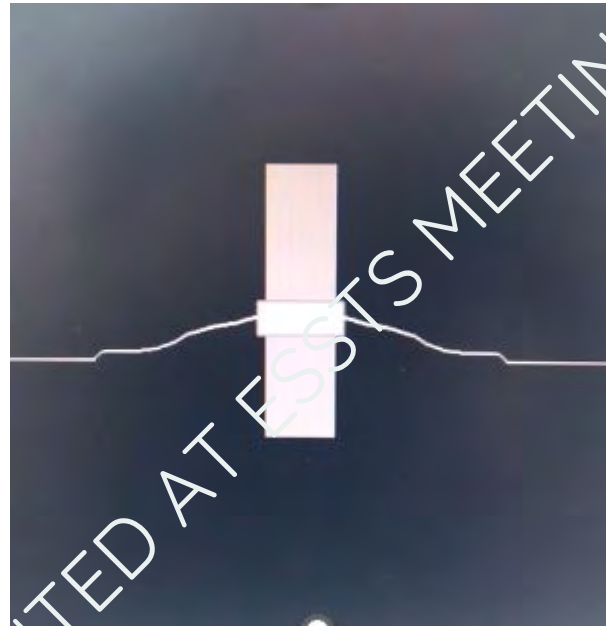
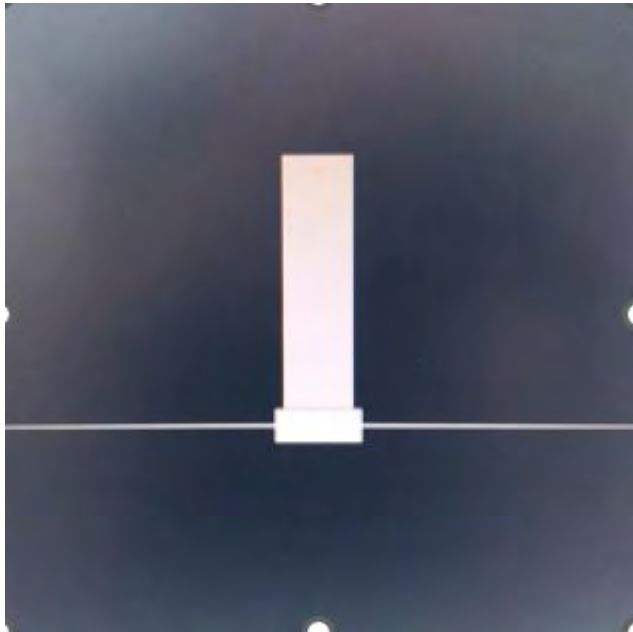
Premonitory Urge to Tic during CM-VOI DBS



Thomas Schüller



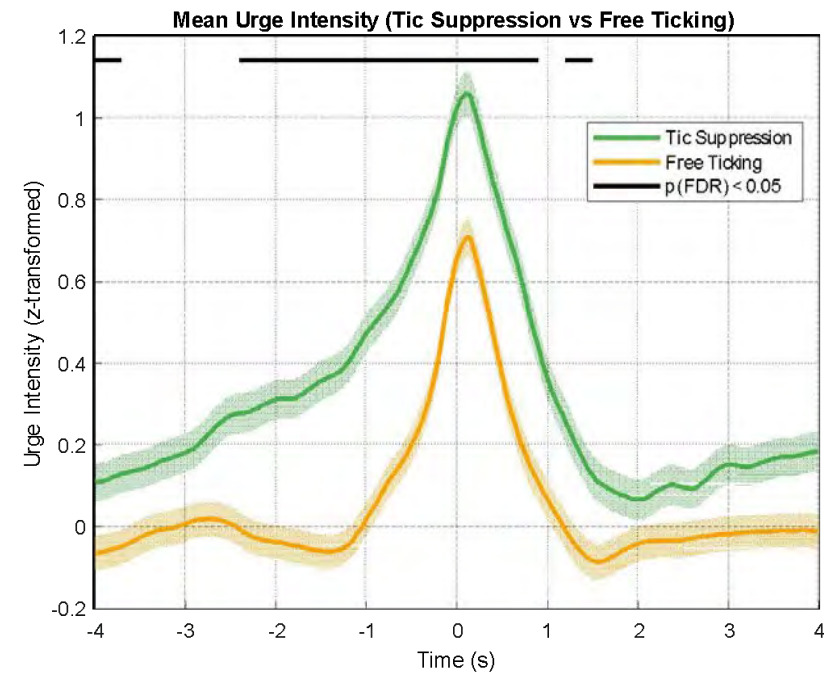
Valerie Brandt



Acute Switching ON/OFF CM-VOI DBS Mitigates Premonitory Urge Dynamics



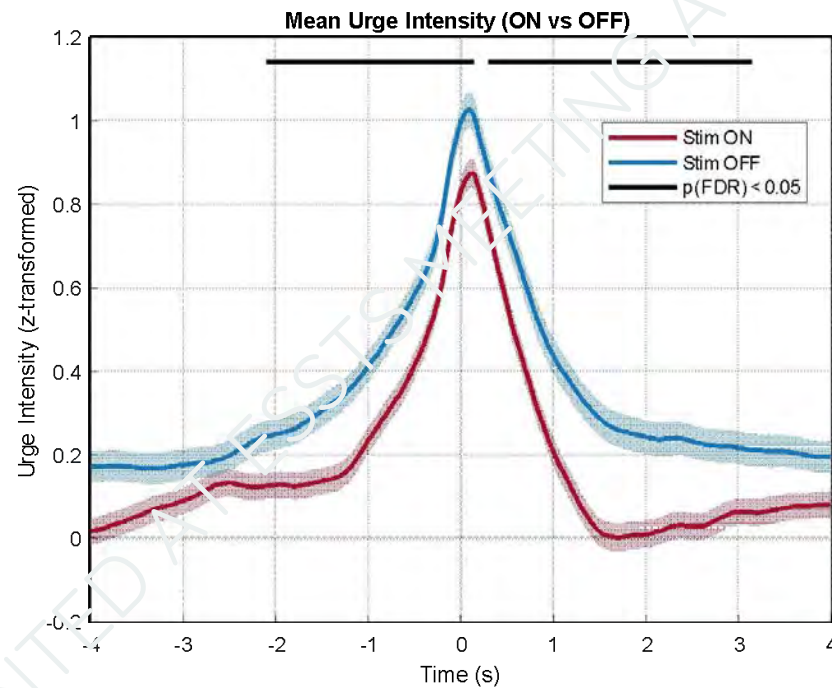
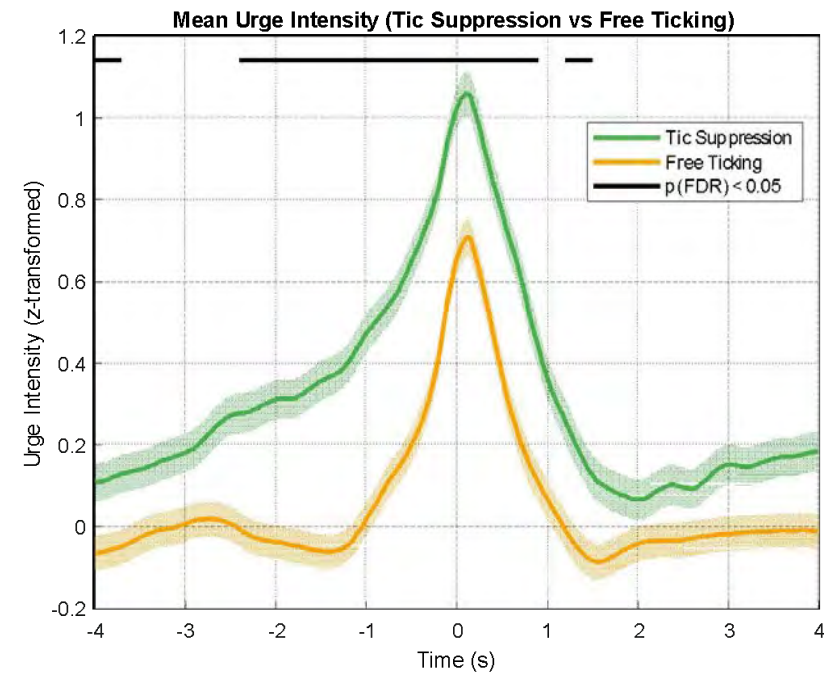
Thomas Schüller PhD



Acute Switching ON/OFF CM-VOI DBS Mitigates Premonitory Urge Dynamics



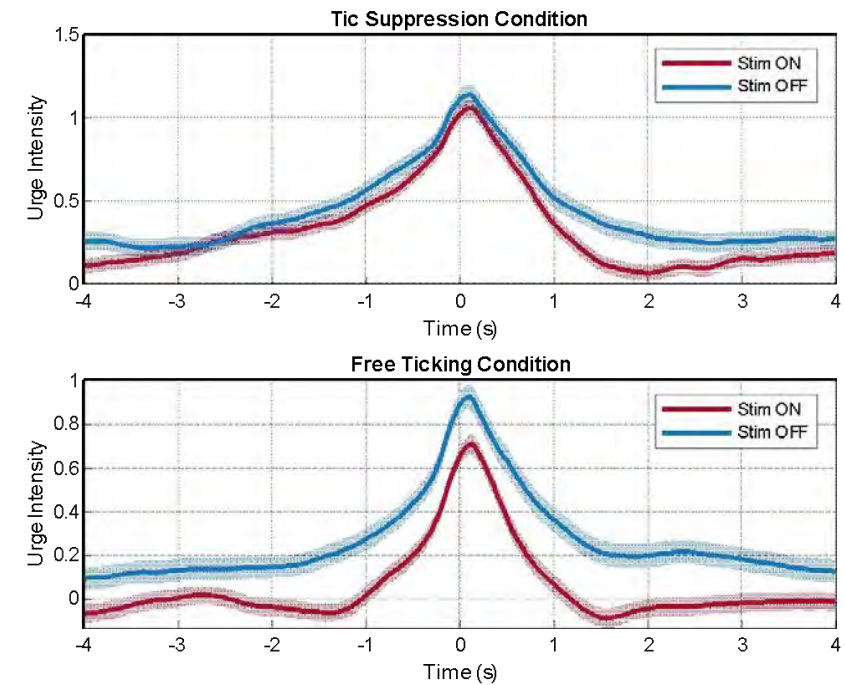
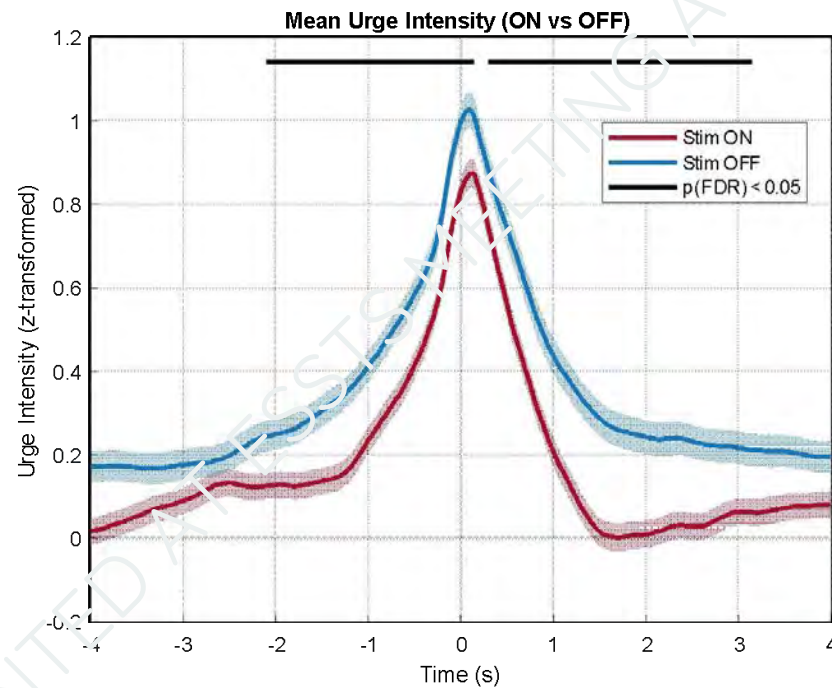
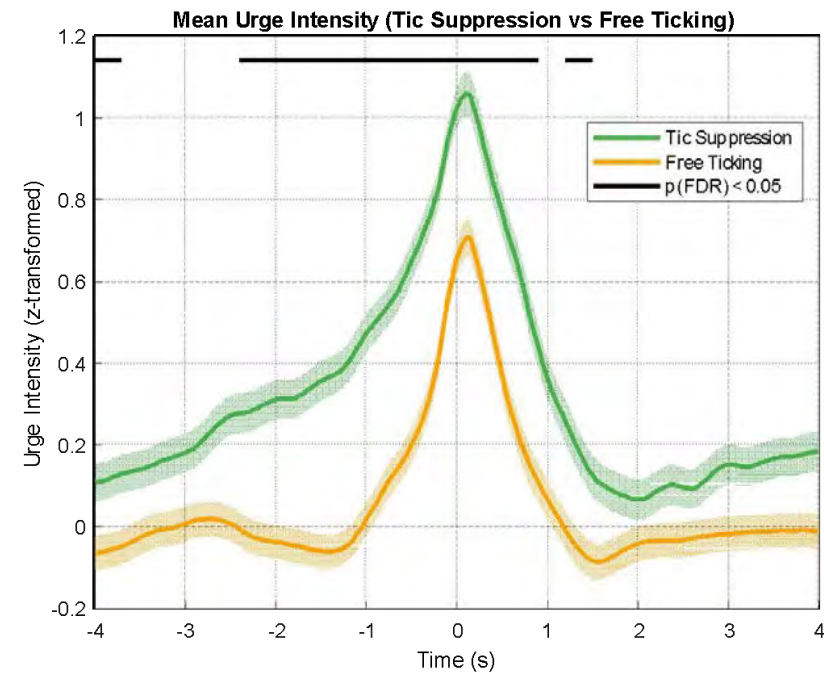
Thomas Schüller PhD



Acute Switching ON/OFF CM-VOI DBS Mitigates Premonitory Urge Dynamics



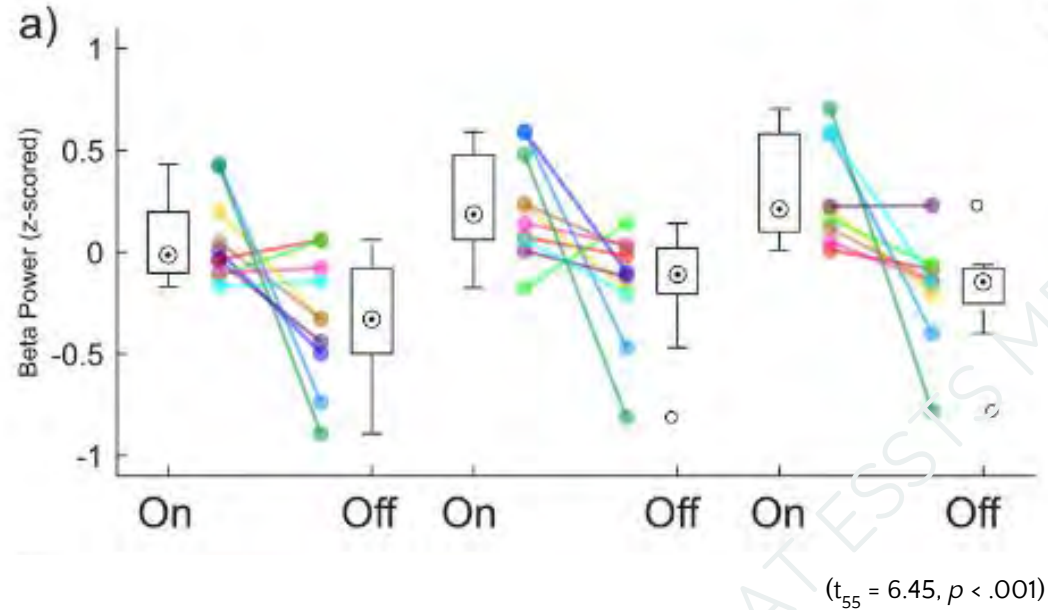
Thomas Schüller PhD



Thalamic DBS Increases Premotor Beta Activity During Resting-State



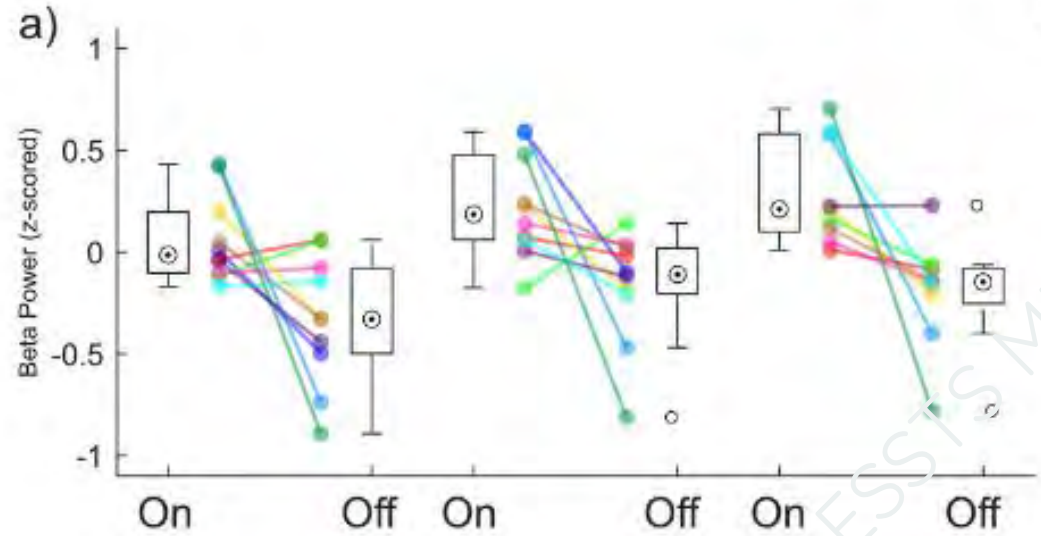
Thomas Schüller PhD



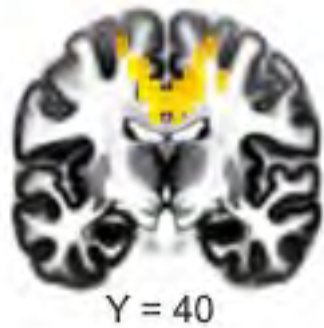
Thalamic DBS Increases Premotor Beta Activity During Resting-State



Thomas Schüller PhD



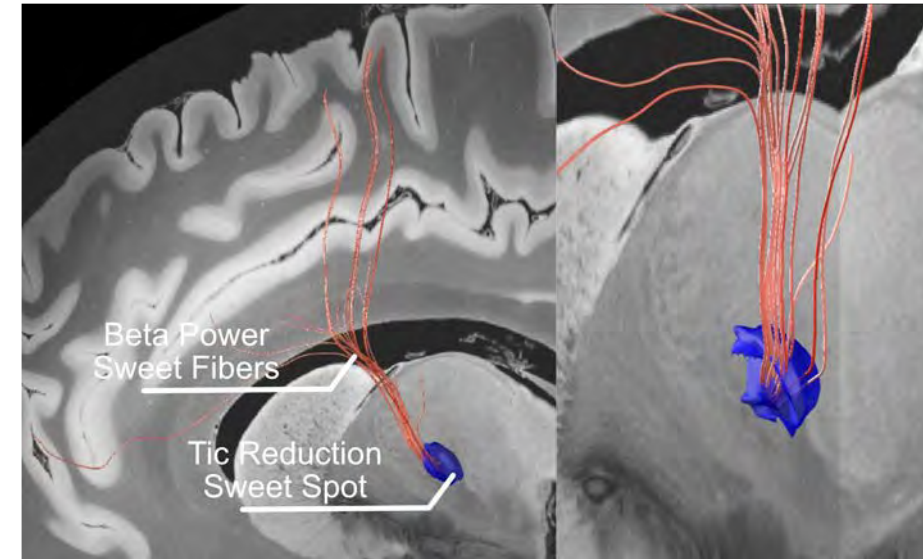
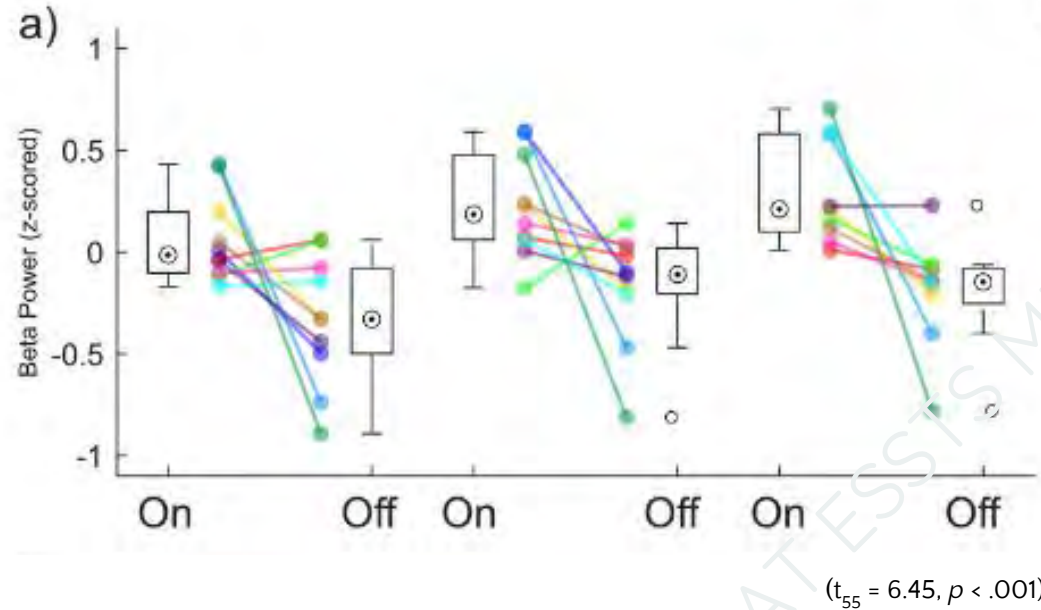
($t_{55} = 6.45, p < .001$)



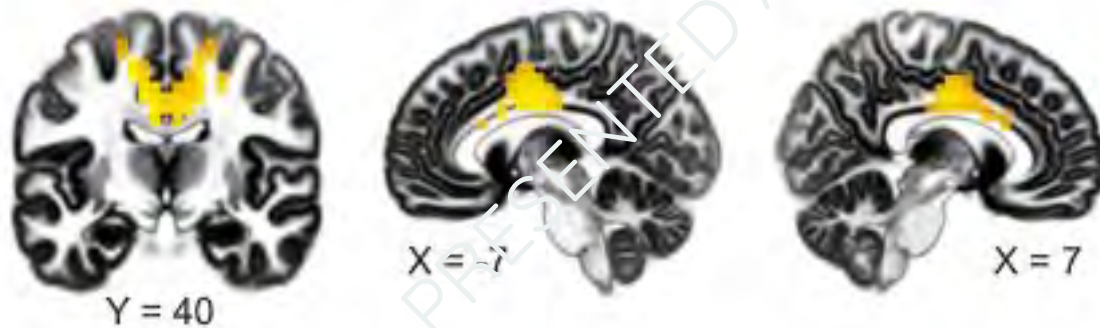
Thalamic DBS Increases Premotor Beta Activity During Resting-State



Thomas Schüller PhD



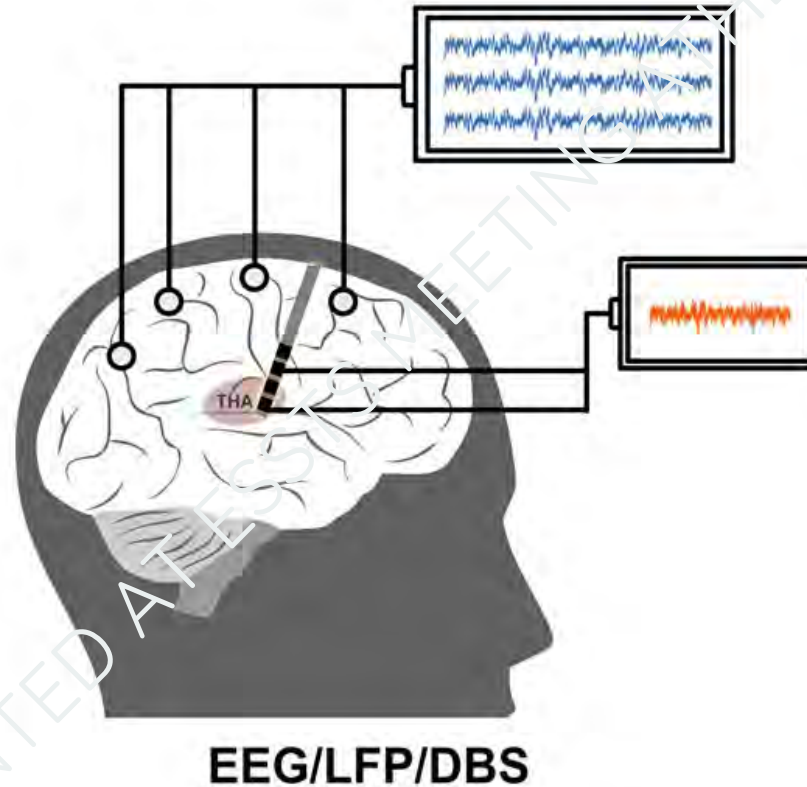
unpublished



How Does the Thalamus Influence the Cortex During Tics



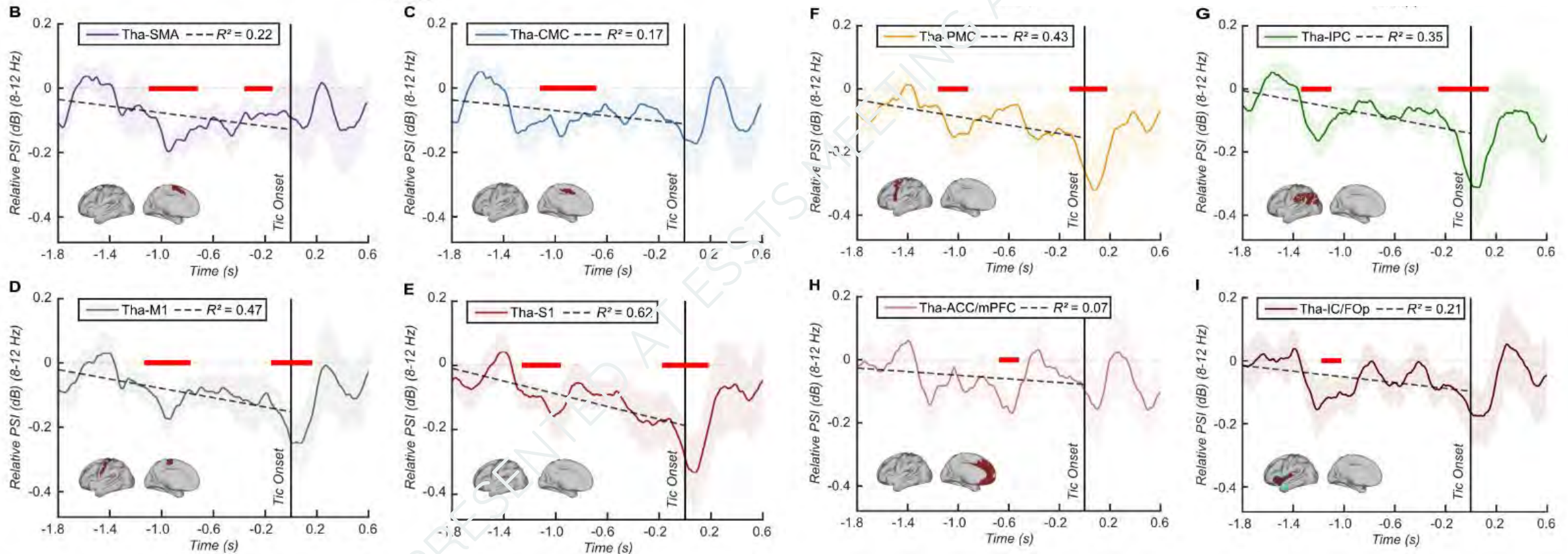
Laura Wehmeyer PhD



Reduction in Thalamo-Cortical Alpha Power in Action-Mode Regions Precedes Tic Onset



Laura Wehmeyer PhD

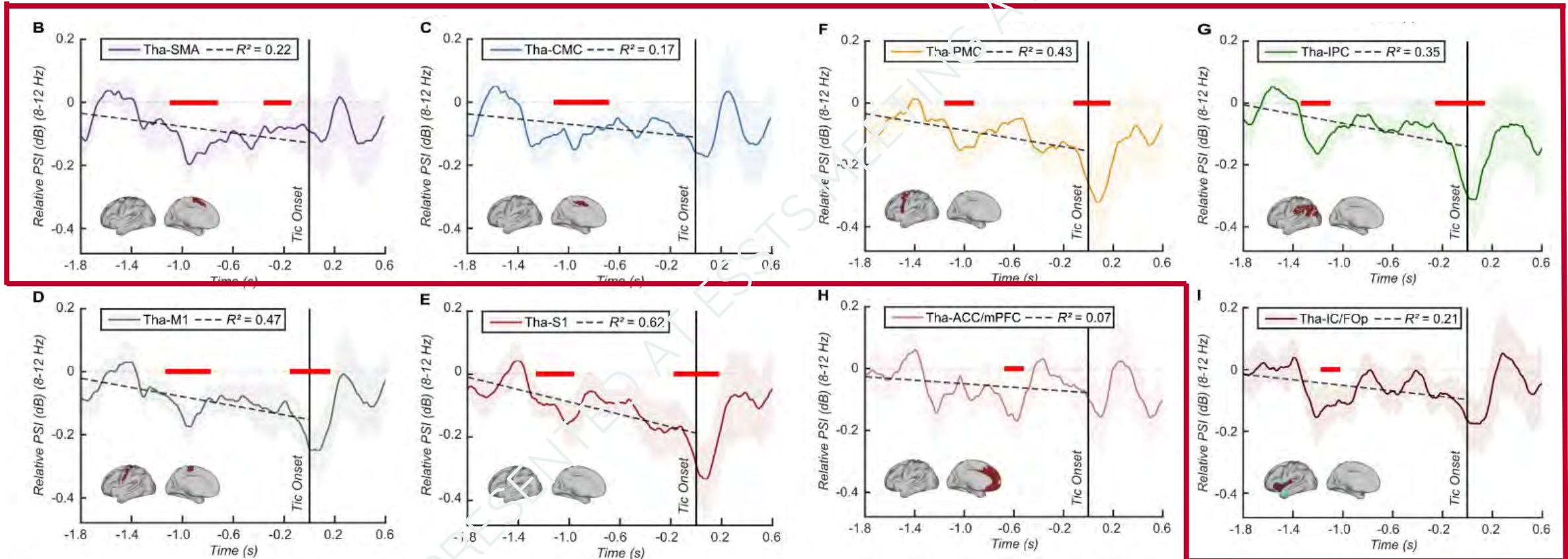


Reduction in Thalamo-Cortical Alpha Power in Action-Mode Regions Precedes Tic Onset



Laura Wehmeyer PhD

- Action-Mode Network

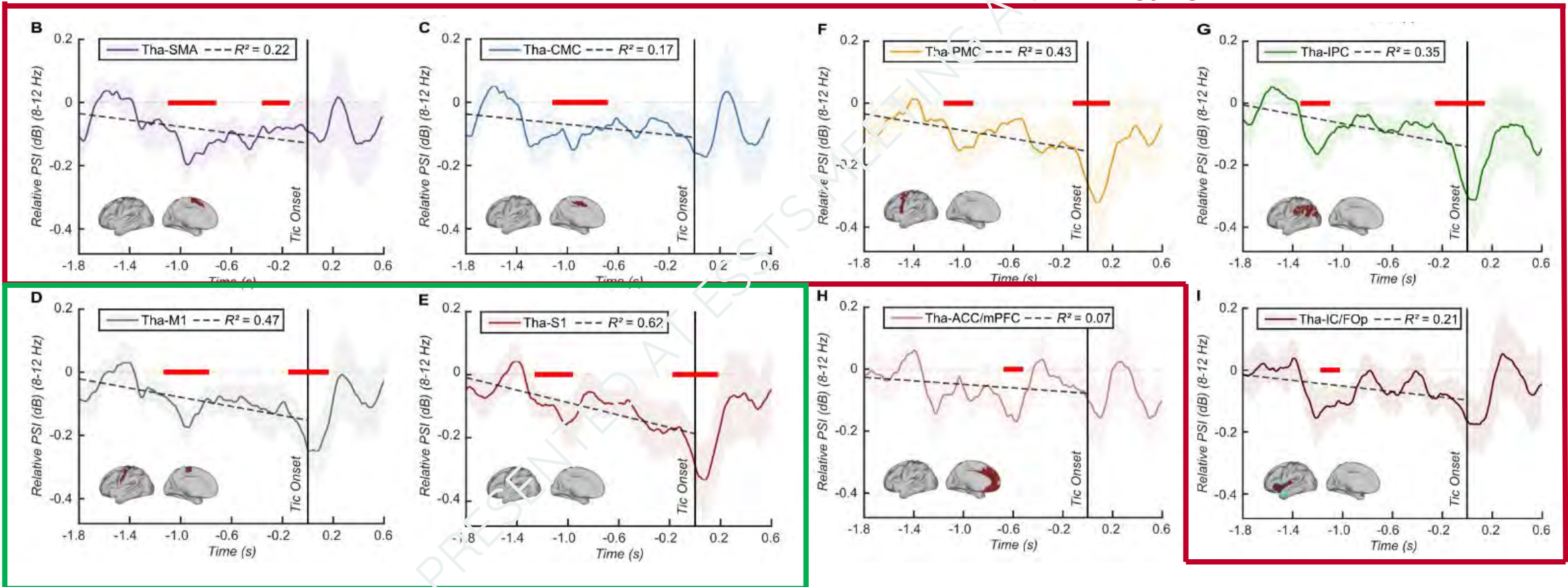


Reduction in Thalamo-Cortical Alpha Power in Action-Mode Regions Precedes Tic Onset

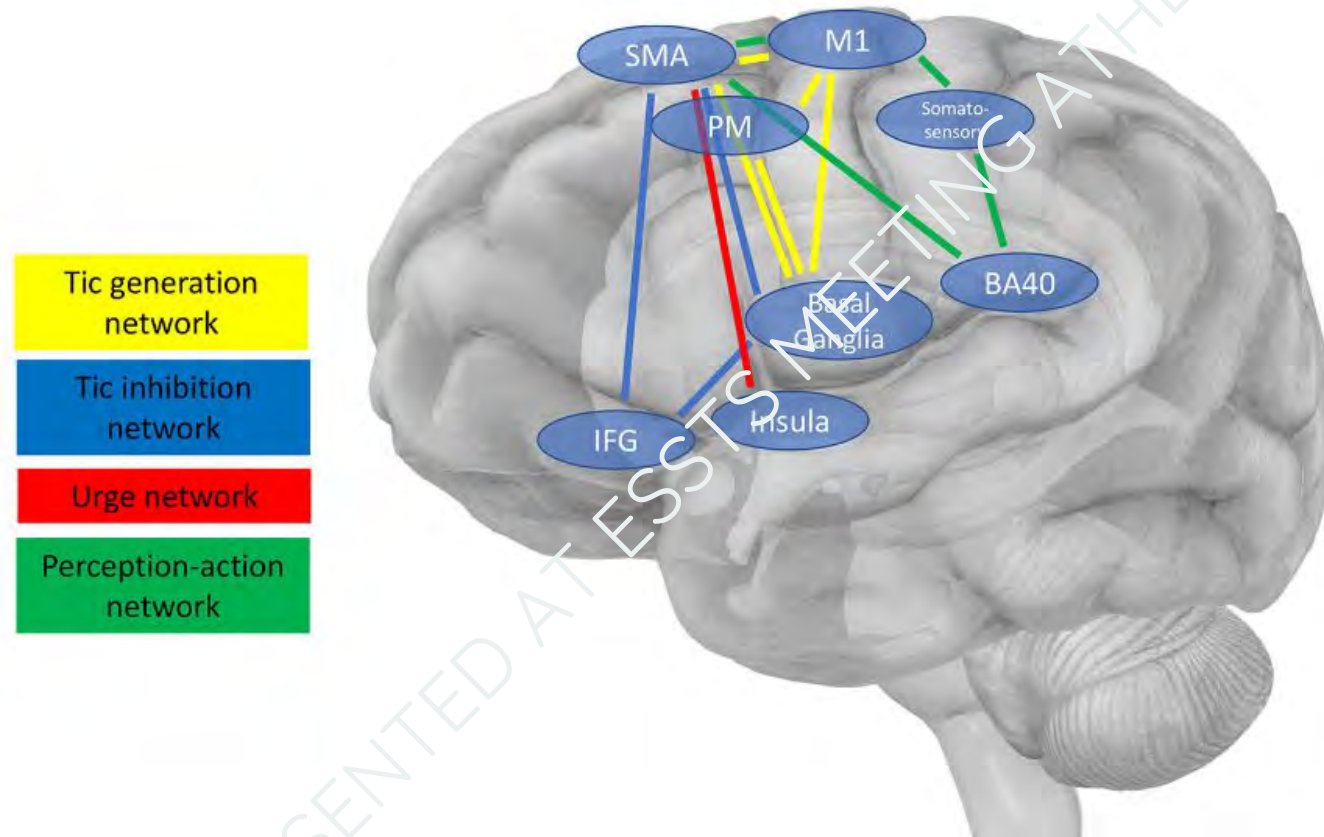


Laura Wehmeyer PhD

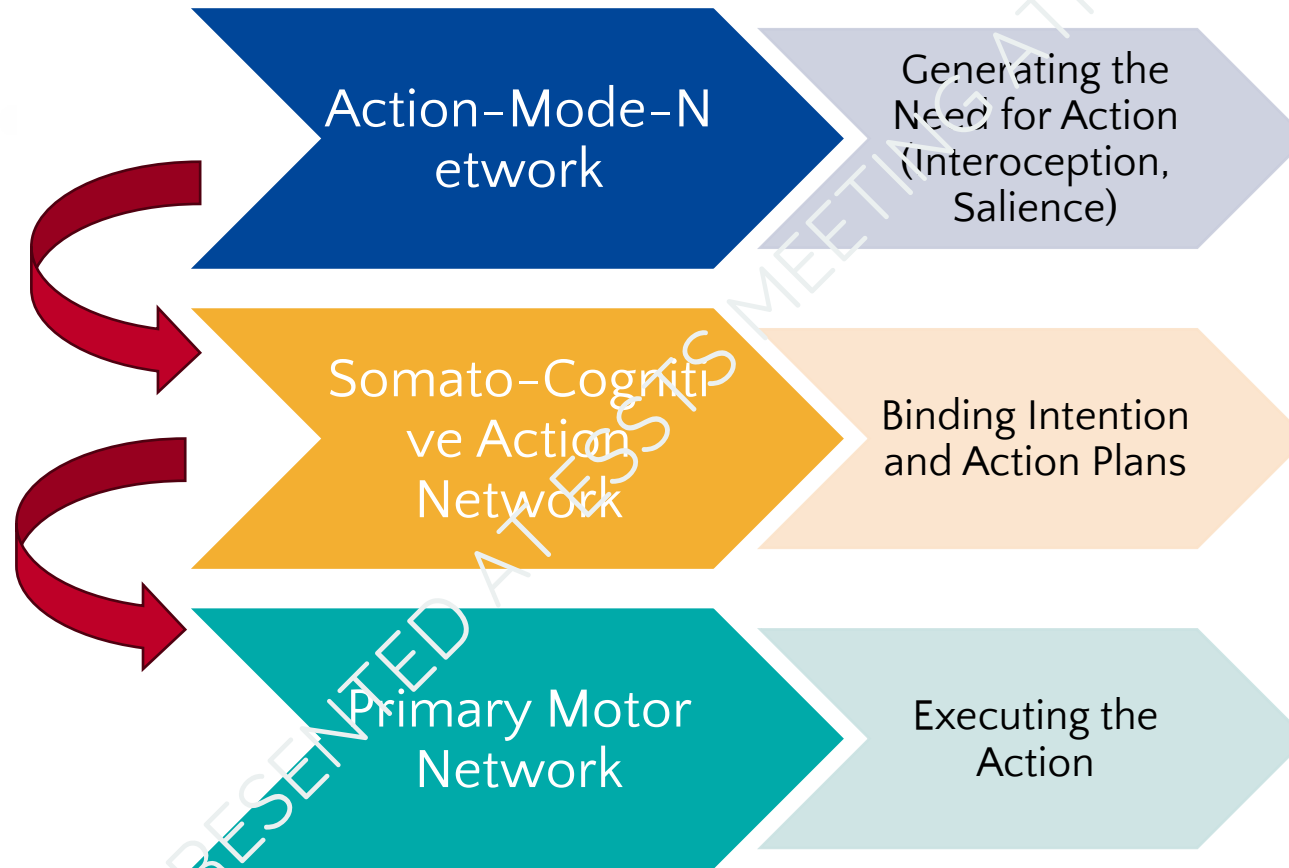
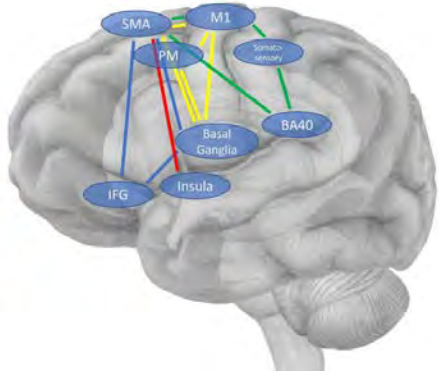
- Action-Mode Network



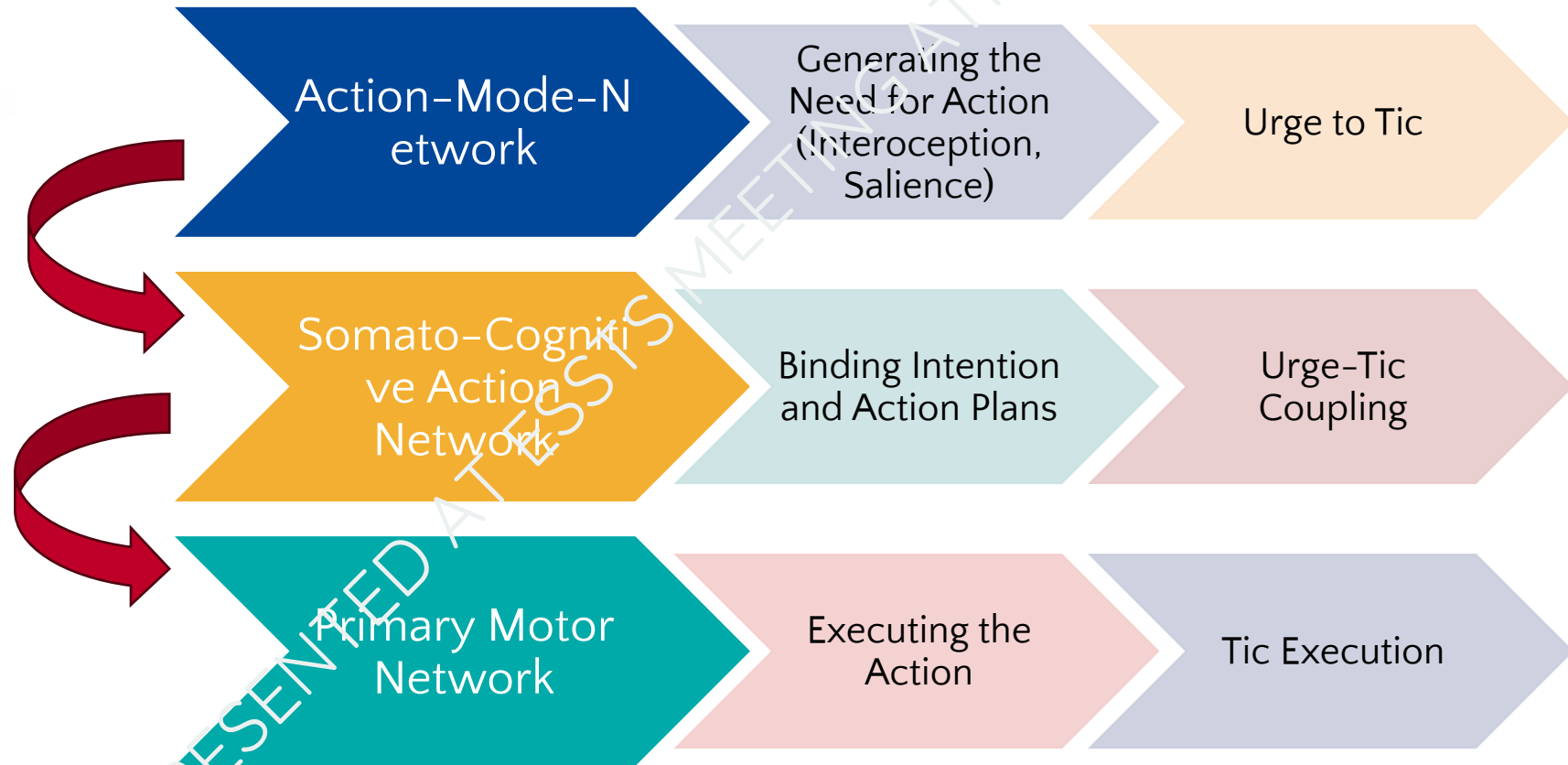
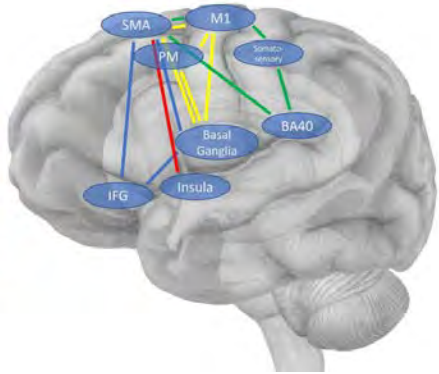
Tic Disorders as Multi-Network-Disorders



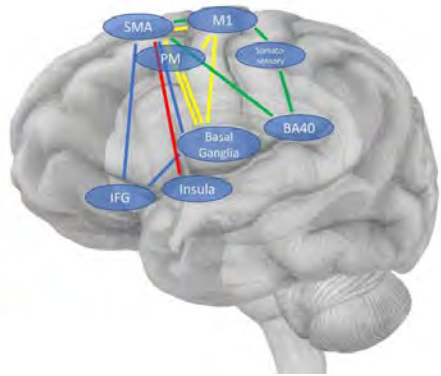
Hypothesis: An Extended Brain Network Model for Tics



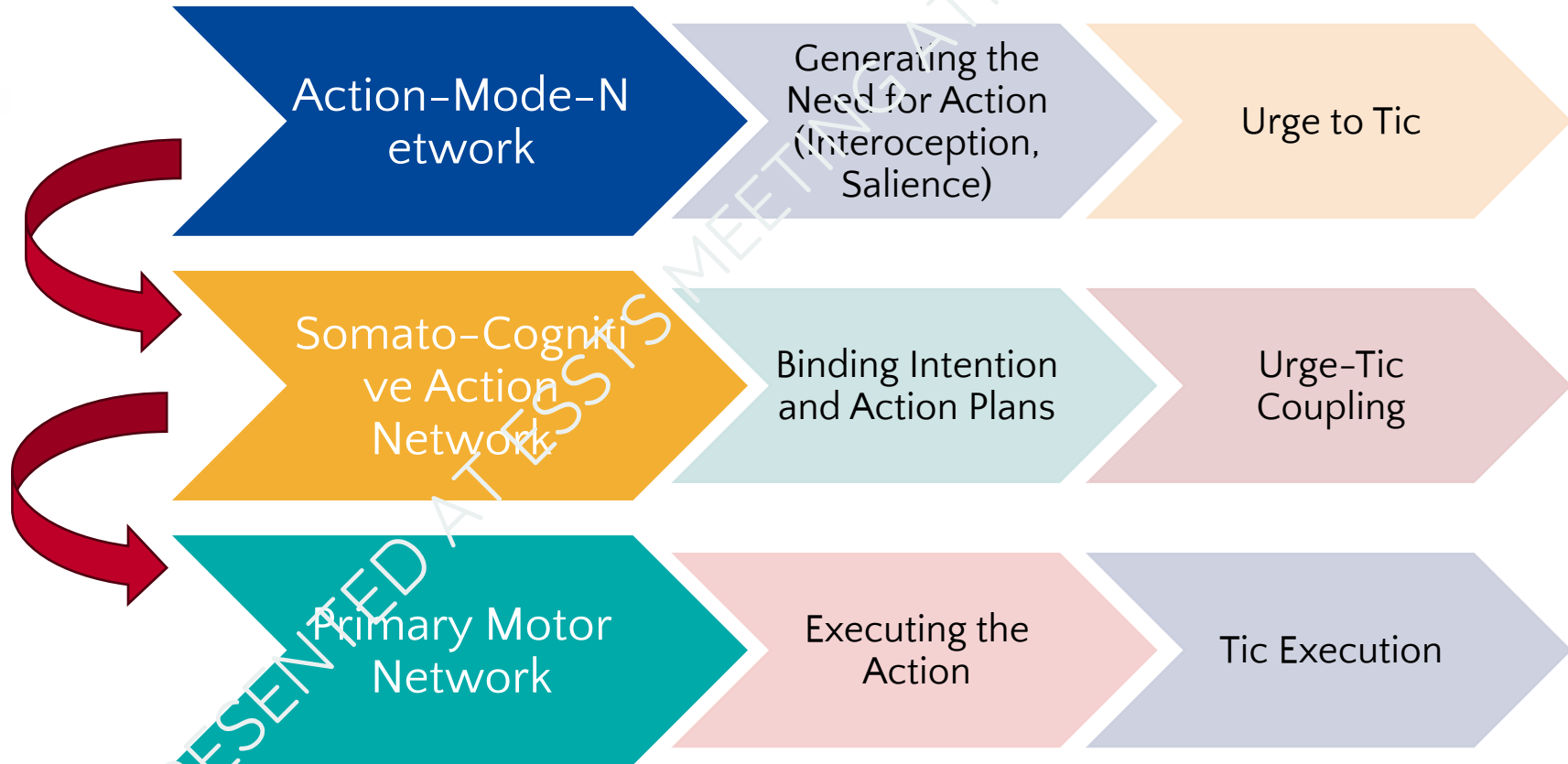
Hypothesis: An Extended Brain Network Model for Tics



Hypothesis: An Extended Brain Network Model for Tics



Oscillatory
State Transition



Summary

- Targeting action-related functional networks is critical for DBS for tics – and may inform non-invasive neuromodulation as well

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Summary

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- Lesion-induced tics and urge-activity map to the same networks, suggesting a potential role tic-pathophysiology

Summary

- Targeting action-related functional networks is critical for DBS for tics – and may inform non-invasive neuromodulation as well
- Lesion-induced tics and urge-activity map to the same networks, suggesting a potential role tic-pathophysiology
- Oscillatory state changes within these networks may be further critical for urge-tic dynamics and their treatment

Thank you for your attention

Interventional Biological Psychiatry Collaborative Research Center 1451
UK Freiburg **Cologne**

Selina Rolker
Lili Hruby
Manuel Czornik
Dora-Meyer Doll
Elke Herr
Thomas Schläpfer

Thomas Schüller
Annika Sauter
Laura Wehmeyer
Nikolai Tecker
Amelie Rummel
Lin Mahfoud
Veerle Visser-Vandewalle
Pablo Andrade

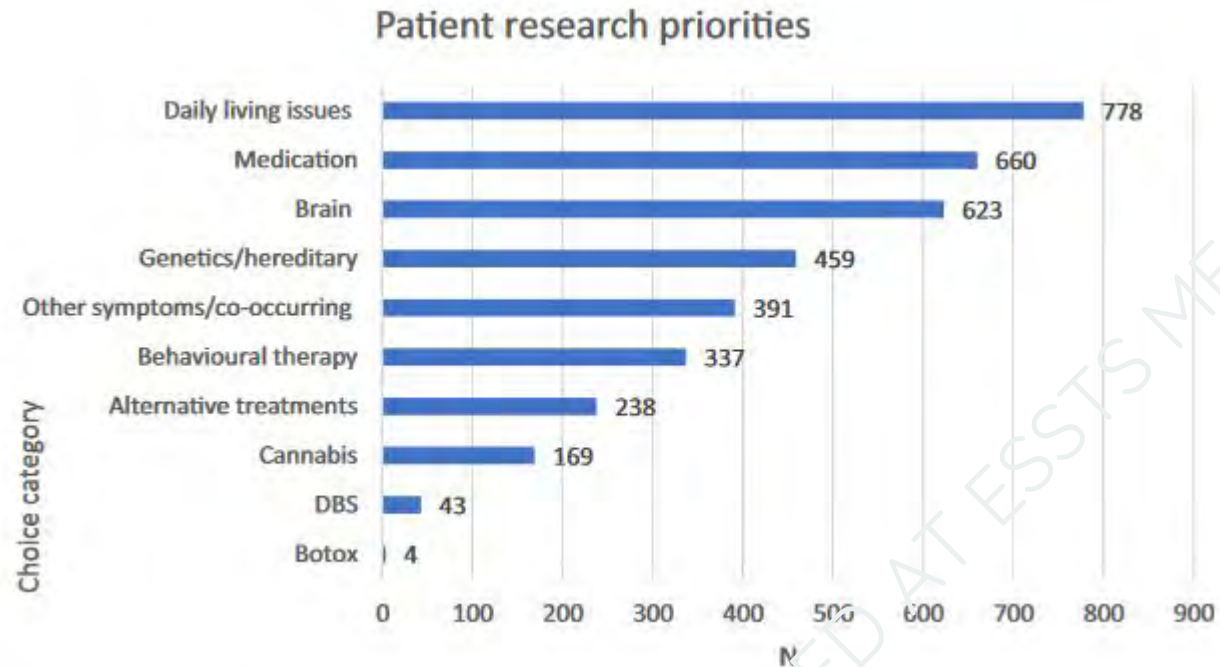
Thanks to all study participants,
patients and their families



MOTOR SFB 1451



The Patient's Perspective



Pitfalls of Closed-Loop DBS for Tic Disorders

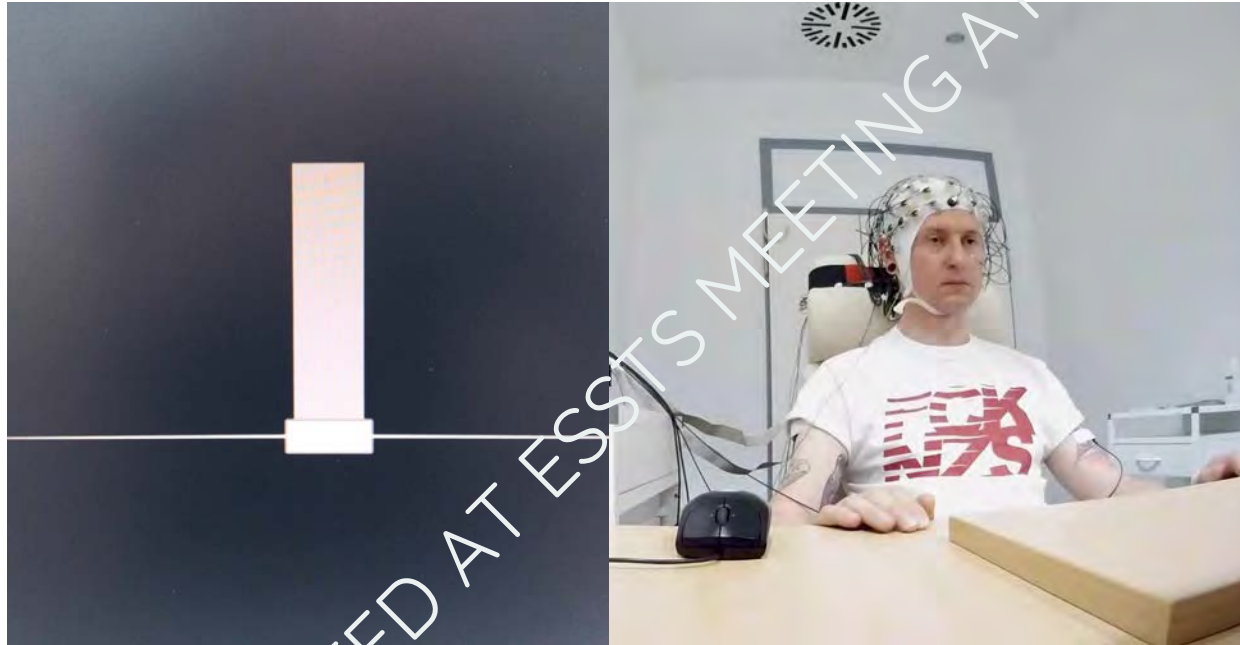
- Subcortical recordings may not be enough to capture urges and tics
- The location of a potential cortical recording site remains vague
- Variability of symptoms (i.e. urge and tic location, quality of urges) may require individual phenotyping
- We must distinguish tic activity from other actions
- A biomarker of pathology and a biomarker of treatment efficacy may not be the same



Premonitory Urge to Tic during CM-VOI DBS



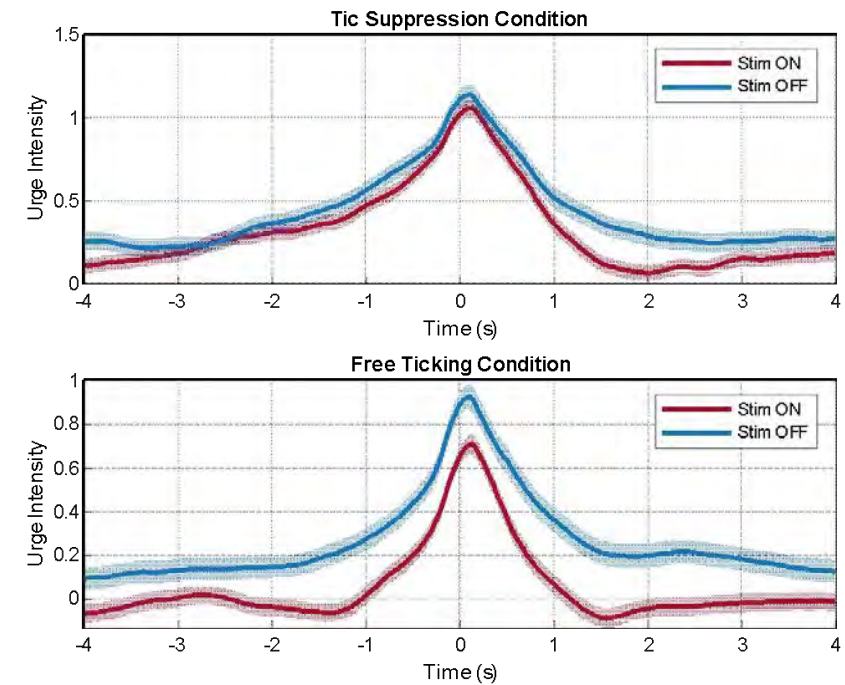
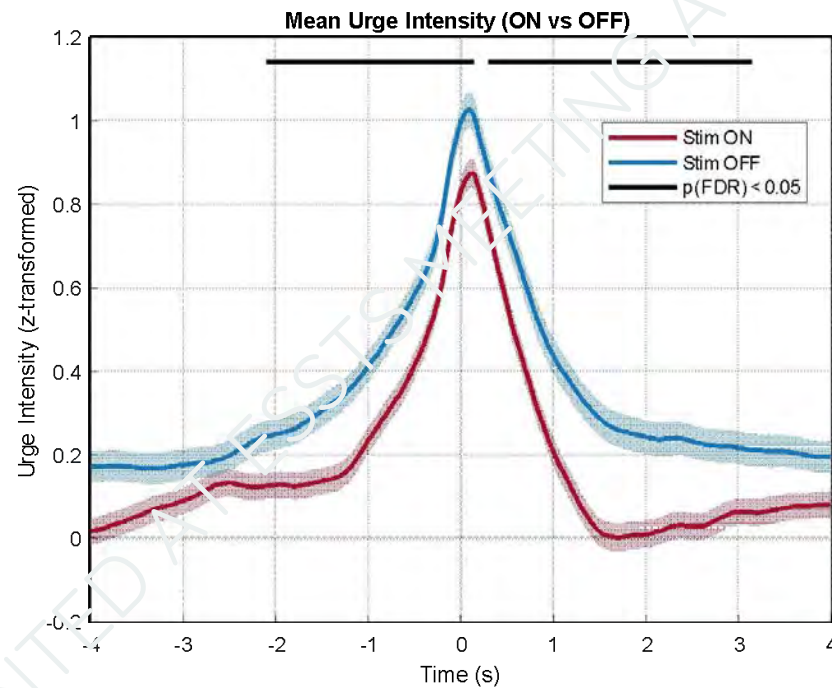
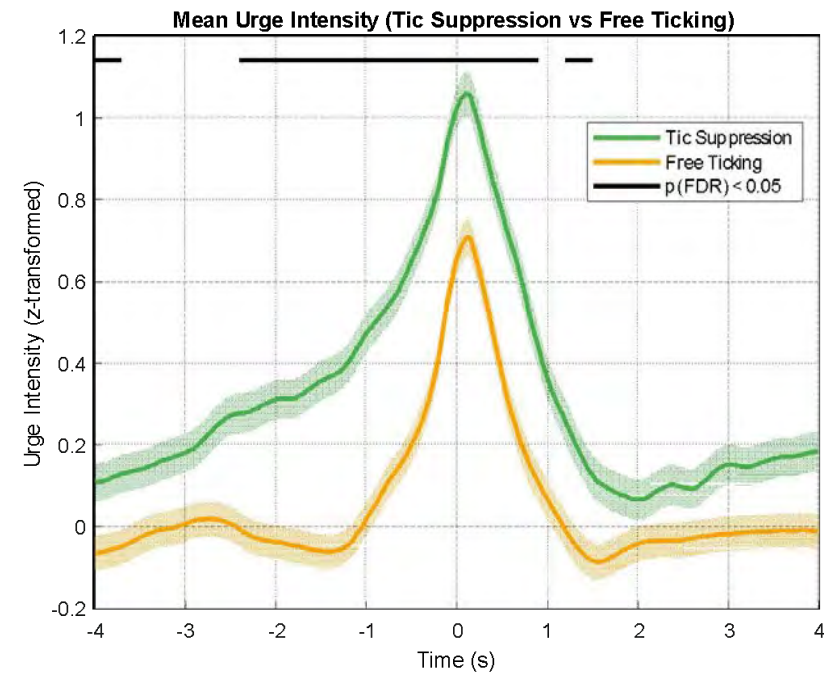
Thomas Schüller PhD



Acute Switching ON/OFF CM-VOI DBS Mitigates Premonitory Urge Dynamics



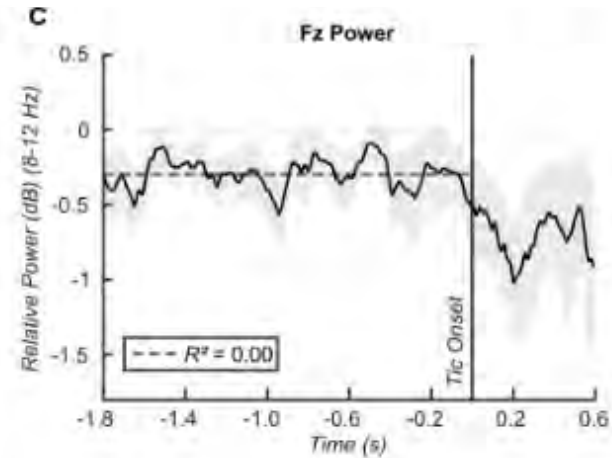
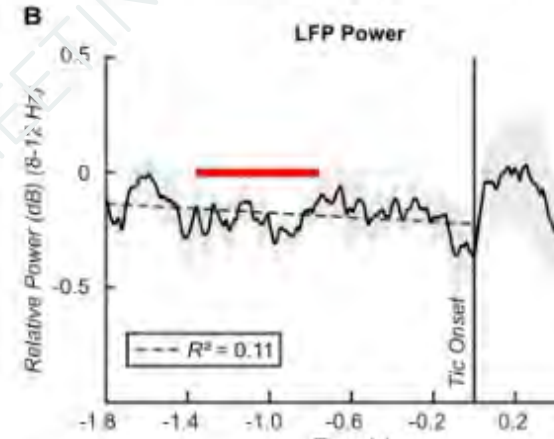
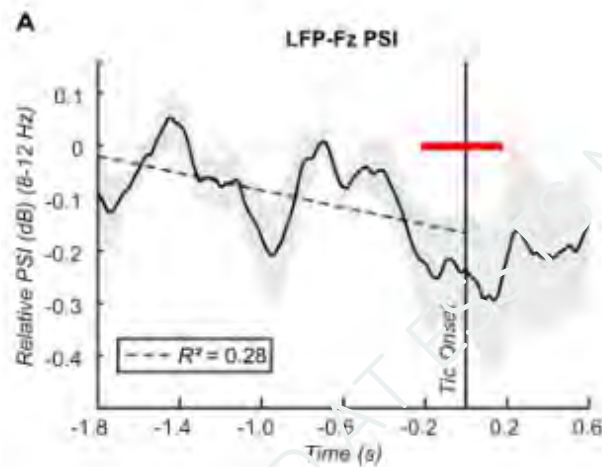
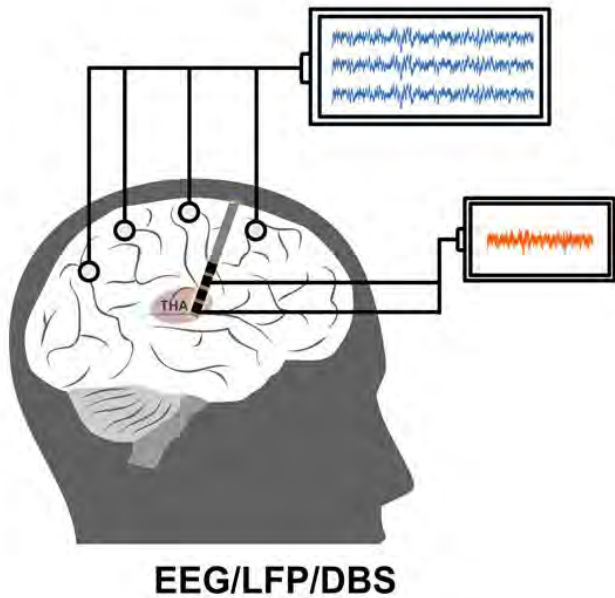
Thomas Schüller PhD



Thalamo-Frontal Alpha Connectivity Decreases Before Tic Onset



Laura Wehmeyer PhD

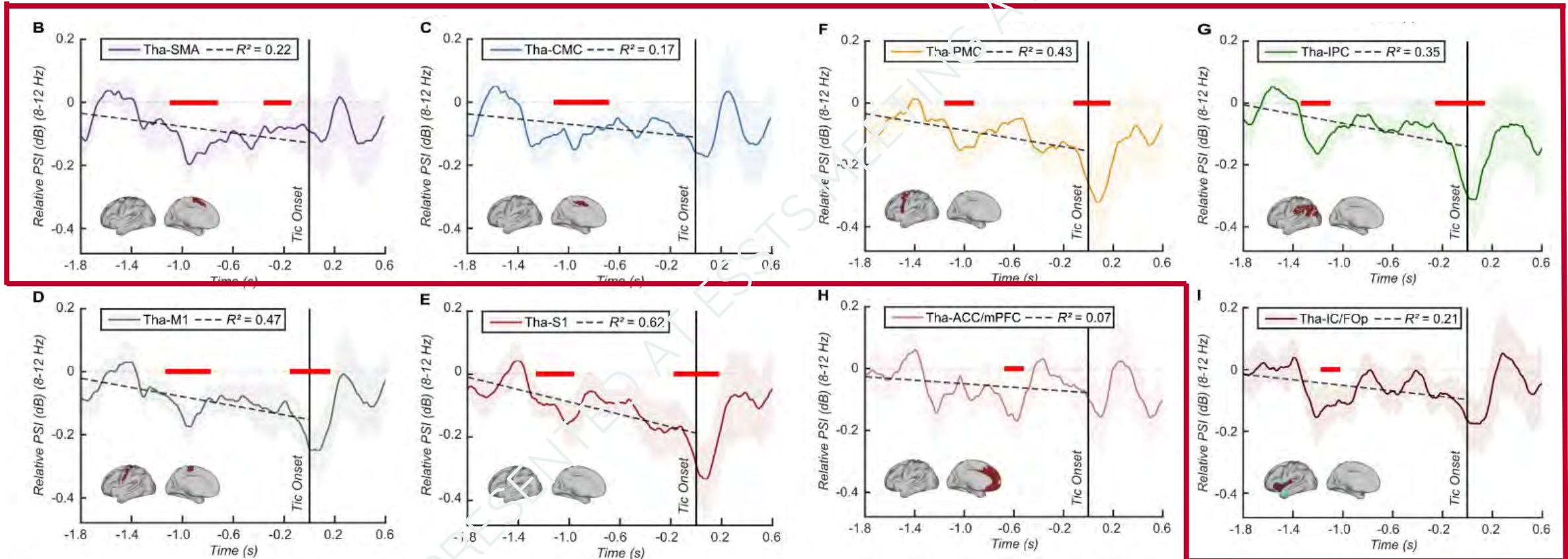


Reduction in Thalamo-Cortical Alpha Power in Action-Mode Regions Precedes Tic Onset



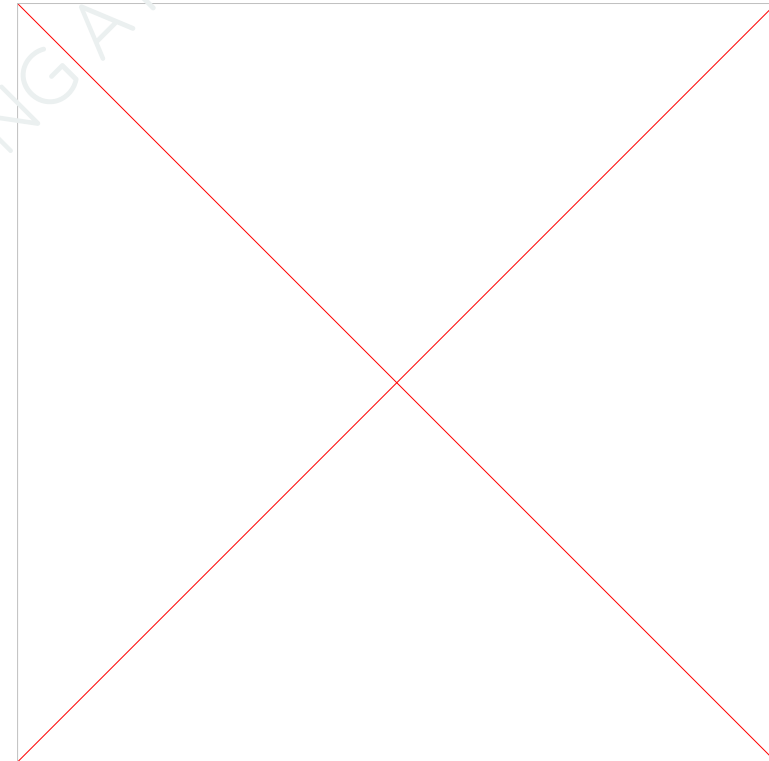
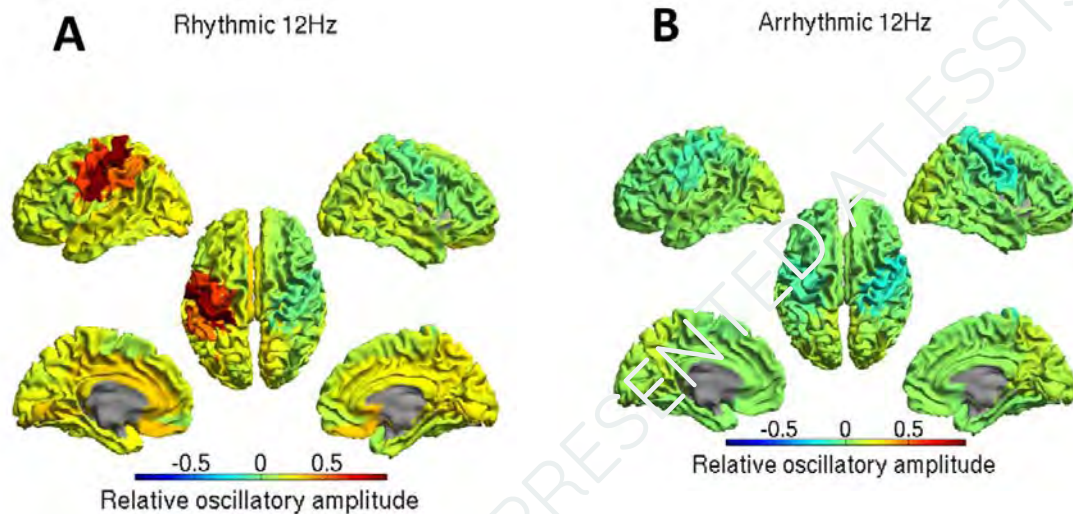
Laura Wehmeyer PhD

- Action-Mode Network



Median-Nerve-Stimulation (MNS)

- Transkutane elektrische Stimulation des N. medianus
- Rhythmische Applikation über ca. 15 Minuten täglich
- Wirkprinzip: Entrainment spezifischer Oszillationen im (prä-) motorischen System

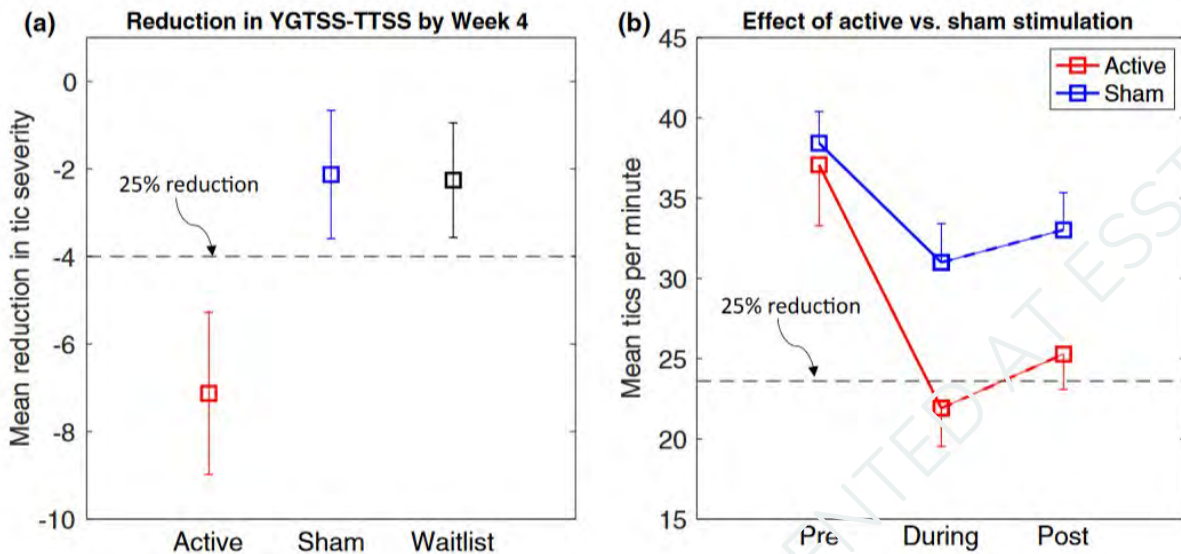


Median-Nerve-Stimulation (MNS)

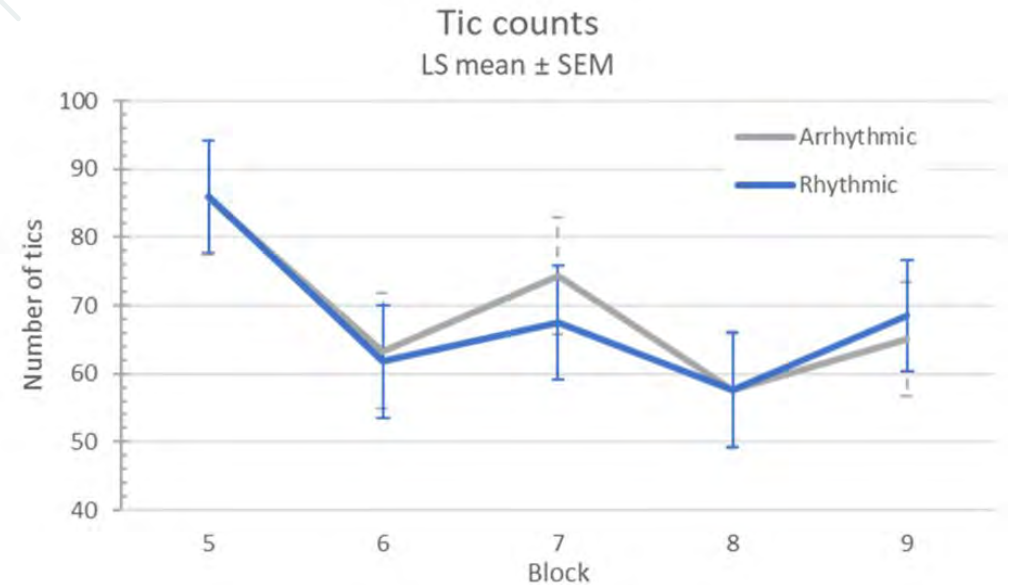
Ergebnisse aus zwei RCTs

- Zweiarmer RCT
- Active: N = 41; Sham N = 39

- Einarmiger cross-over RCT mit aktiver Kontrollbedingung
- N = 32, arrhythmische vs. rhythmische Stimulation

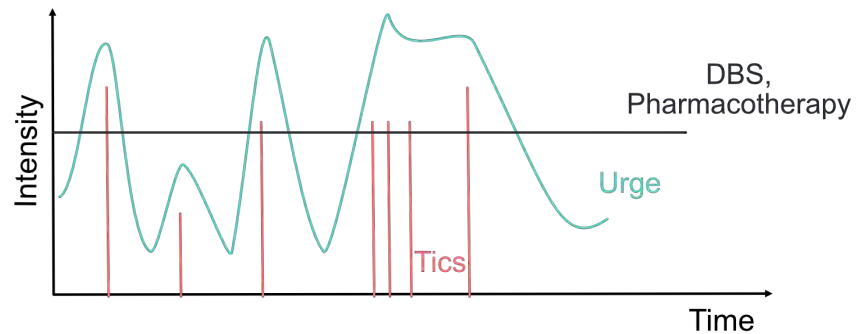


Morera Maiquez et al., J Neuropsychol 2023



Iverson et al., J Clin Med 2023

Closed loop DBS for Tic Disorders



Potential Biomarkers

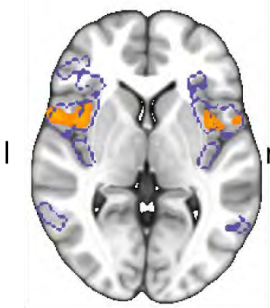
- Thalamo-Cortical Alpha Connectivity (marks upcoming tic)
- Premotor Cortical Beta Power may indicate efficacy



Tic Reduction Heat Map Matches General Urge Activity

Peak Clusters of Target Heat Map

Tic Reduction Heat Map
 Cingulo-Opercular Network



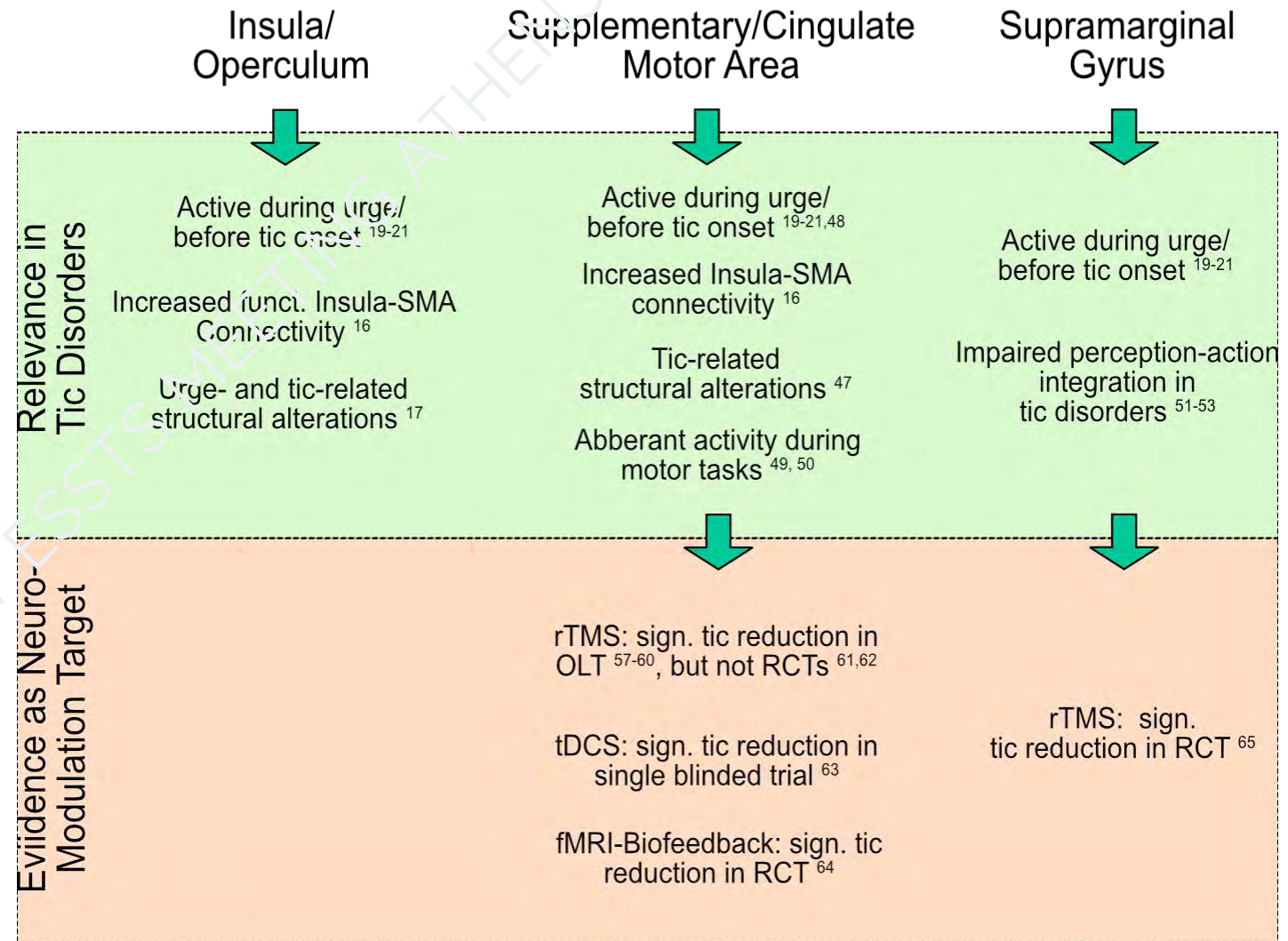
Insula/
Operculum



Supplementary/Cingulate
Motor Area



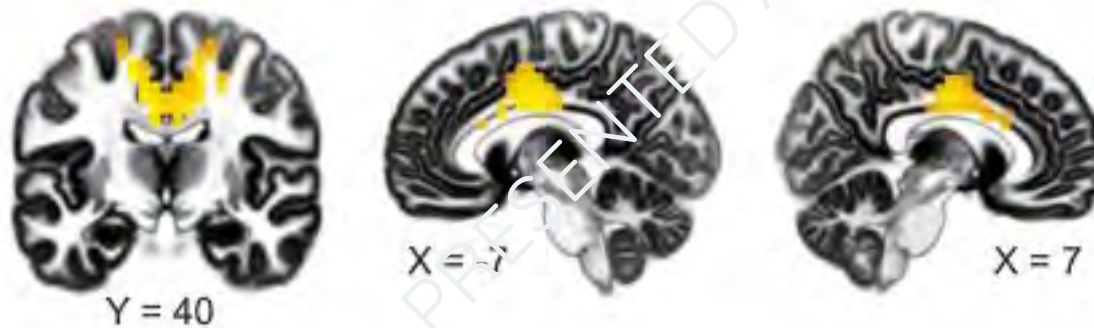
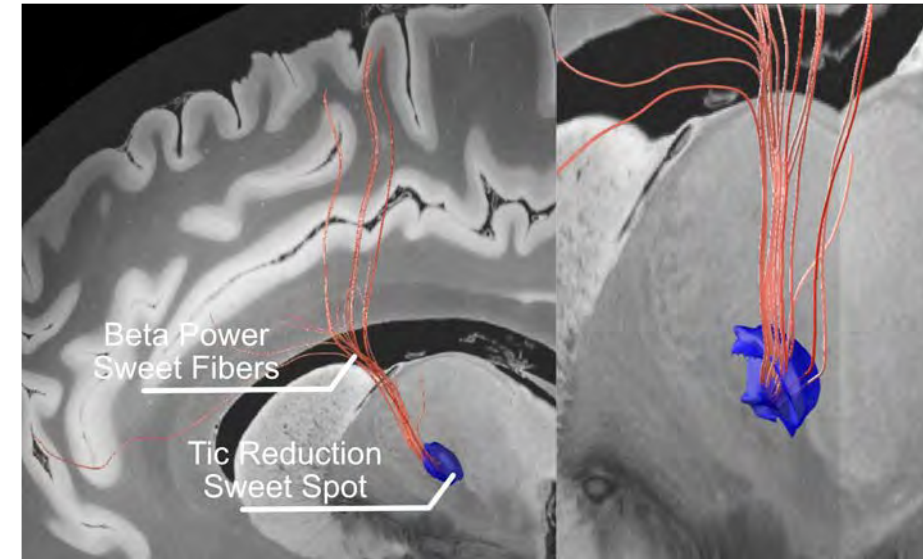
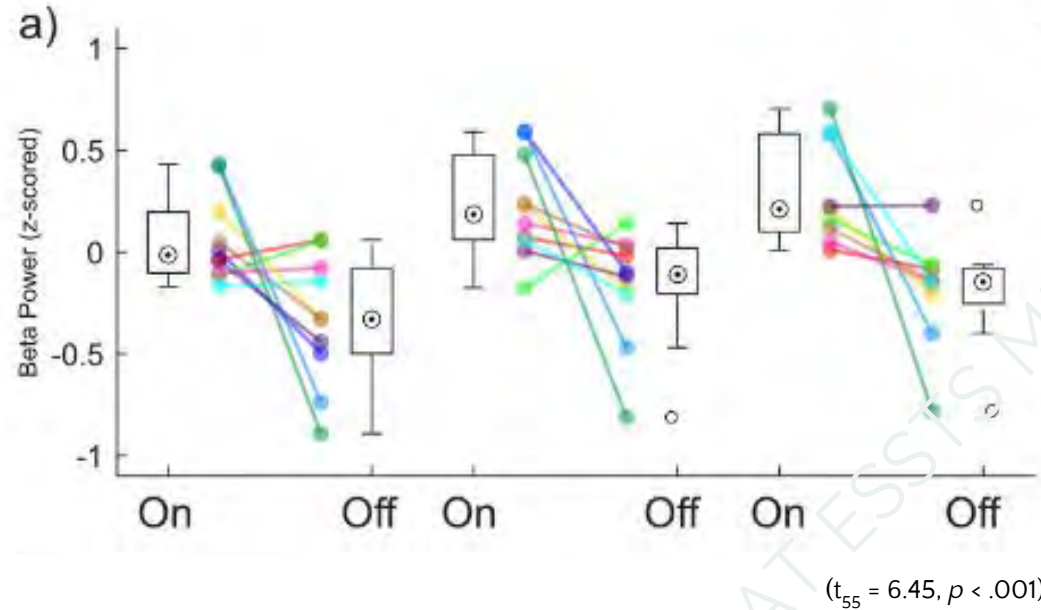
Supramarginal
Gyrus



Thalamic DBS Increases Premotor Beta Activity During Resting-State



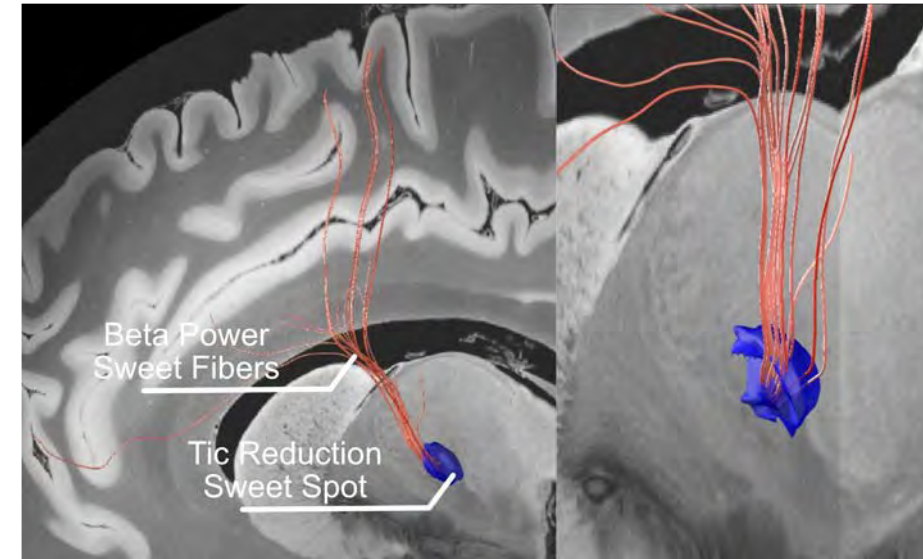
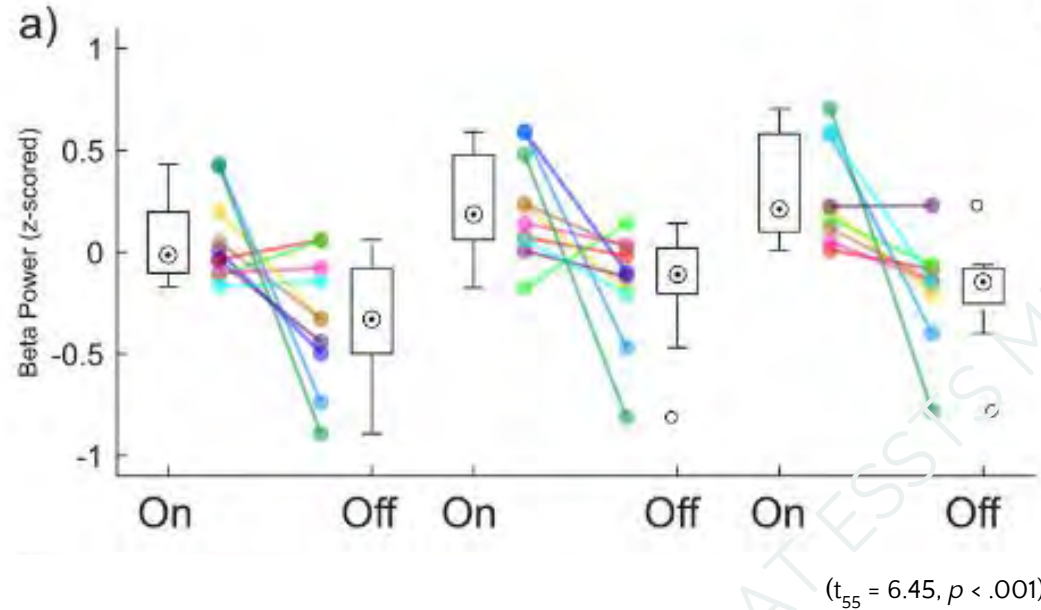
Thomas Schüller PhD



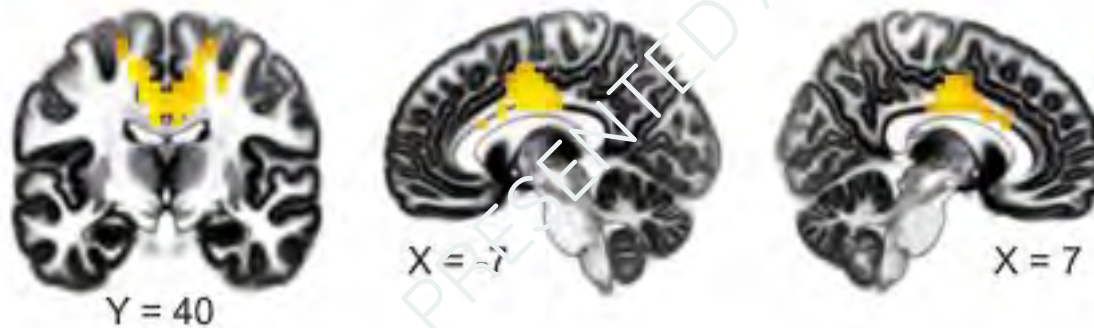
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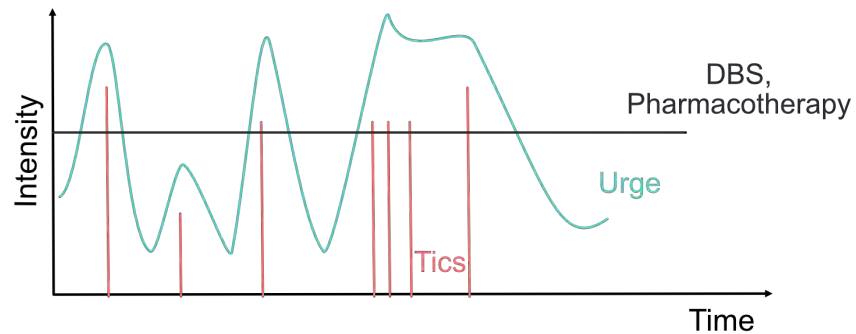
Thomas Schüller PhD



unpublished



Closed loop DBS for Tic Disorders



Potential Biomarkers

- Thalamo-Cortical Alpha Connectivity (marks upcoming tic)
- Premotor Cortical Beta Power may indicate efficacy



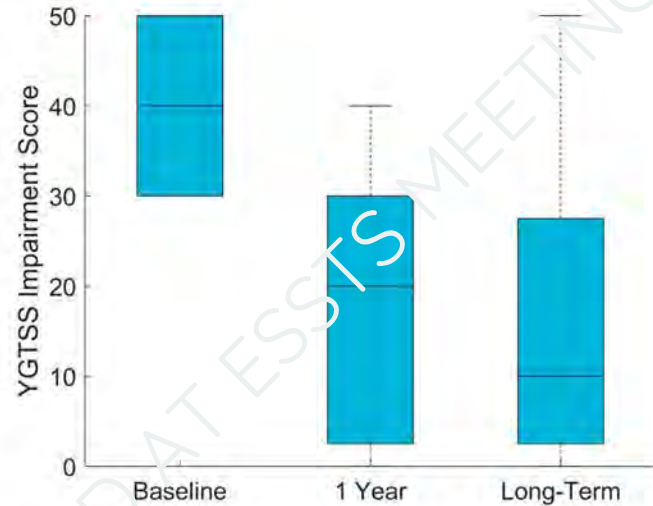
Long-Term Data and RCTs support efficacy of DBS for Tourette Syndrome

Patient Characteristics	
Number of Patients (N)	16
male (n)	11
female (n)	5
Age at DBS surgery in years (mean \pm SD)	30.4 \pm 10.0
Follow-up time in years (mean \pm SD)	5.9 \pm 2.7
Minimum Follow-up time (years)	1.9
Maximum Follow-up time (years)	10.3
Stimulation at latest Follow-up	
ON (n)	15
OFF (n)	1

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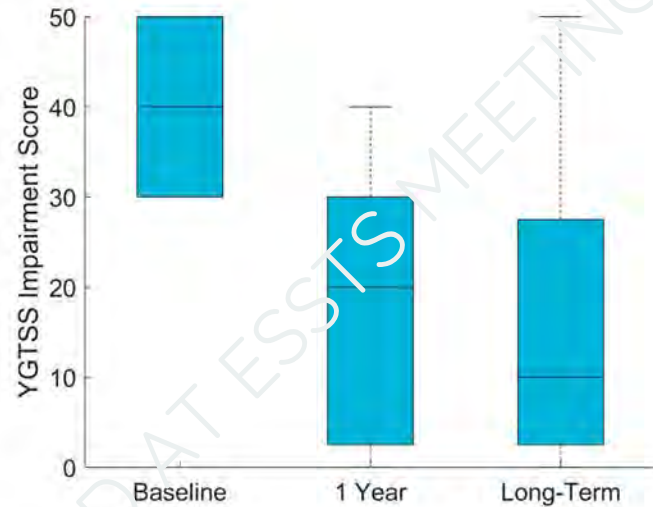
Long-Term Data and RCTs support efficacy of DBS for Tourette Syndrome

Patient Characteristics	
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male (n)	11
female (n)	5
Age at DBS surgery in years (mean \pm SD)	30.4 \pm 10.0
Follow-up time in years (mean \pm SD)	5.9 \pm 2.7
Minimum Follow-up time (years)	1.9
Maximum Follow-up time (years)	10.3
Stimulation at latest Follow-up	
ON (n)	15
OFF (n)	1

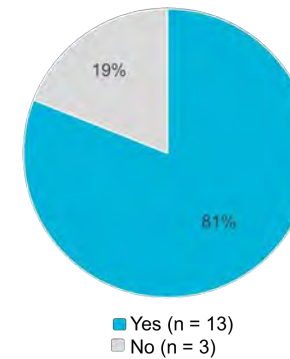


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Were your expectations fulfilled?



Would you choose DBS again?

