

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

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Conflicts of Interests

- No Industry Conflicts

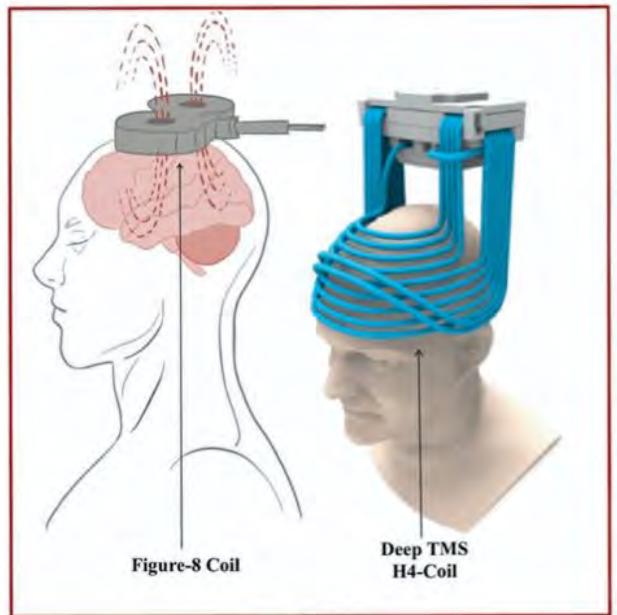
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Neuromodulation – a Fourth Treatment Pillar in Neuropsychiatry

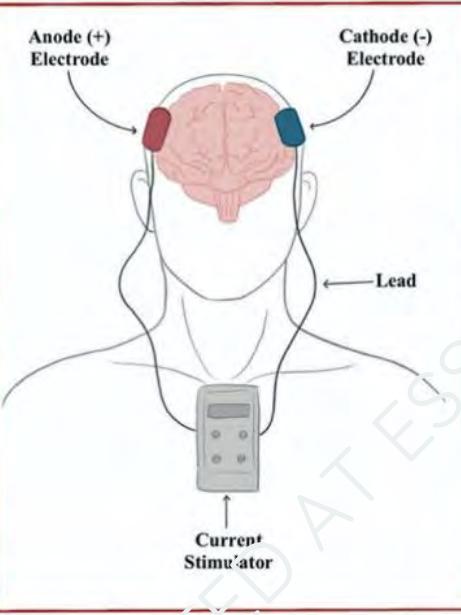


Different Ways of Stimulating Brains

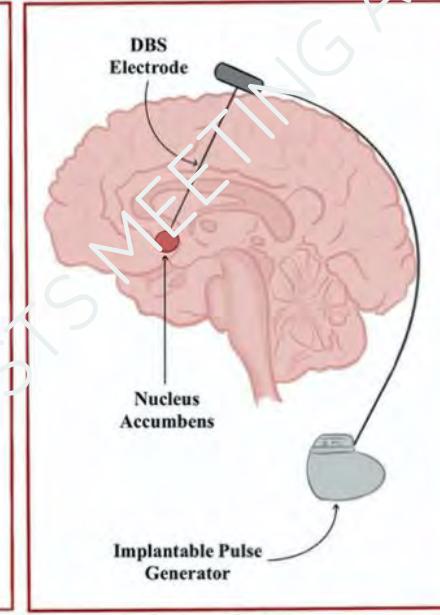
Transcranial Magnetic Stimulation (TMS)



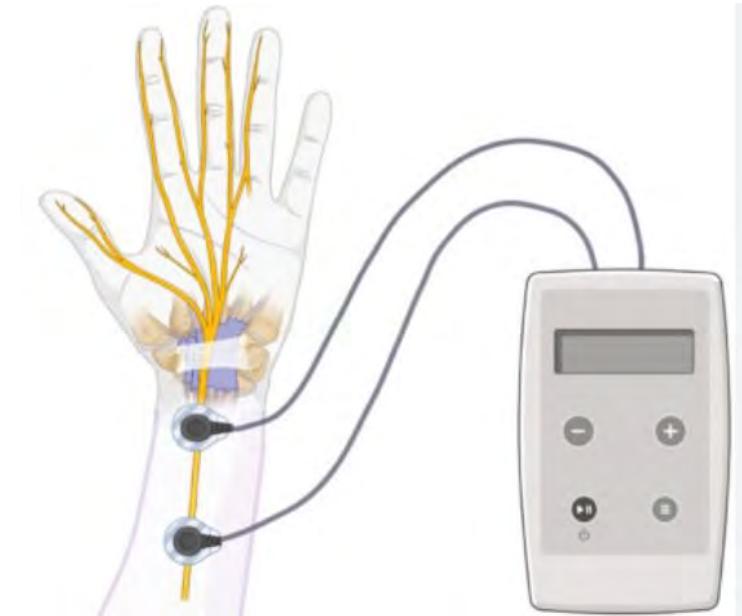
Transcranial Electric Stimulation (TES)



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

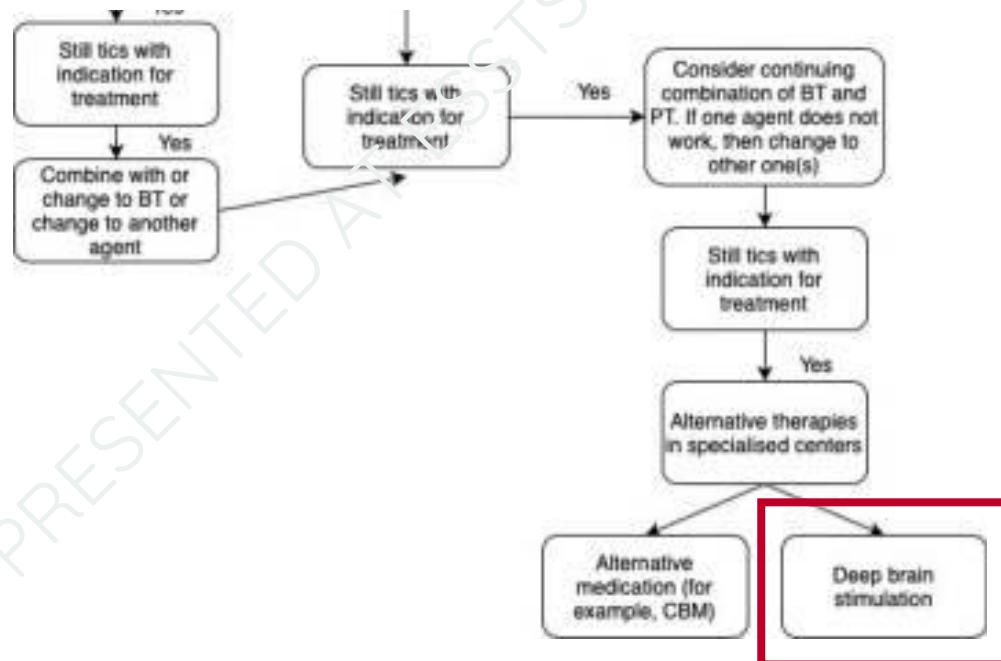
European Child & Adolescent Psychiatry (2022) 31:377–382
<https://doi.org/10.1007/s00787-021-01832-4>

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?

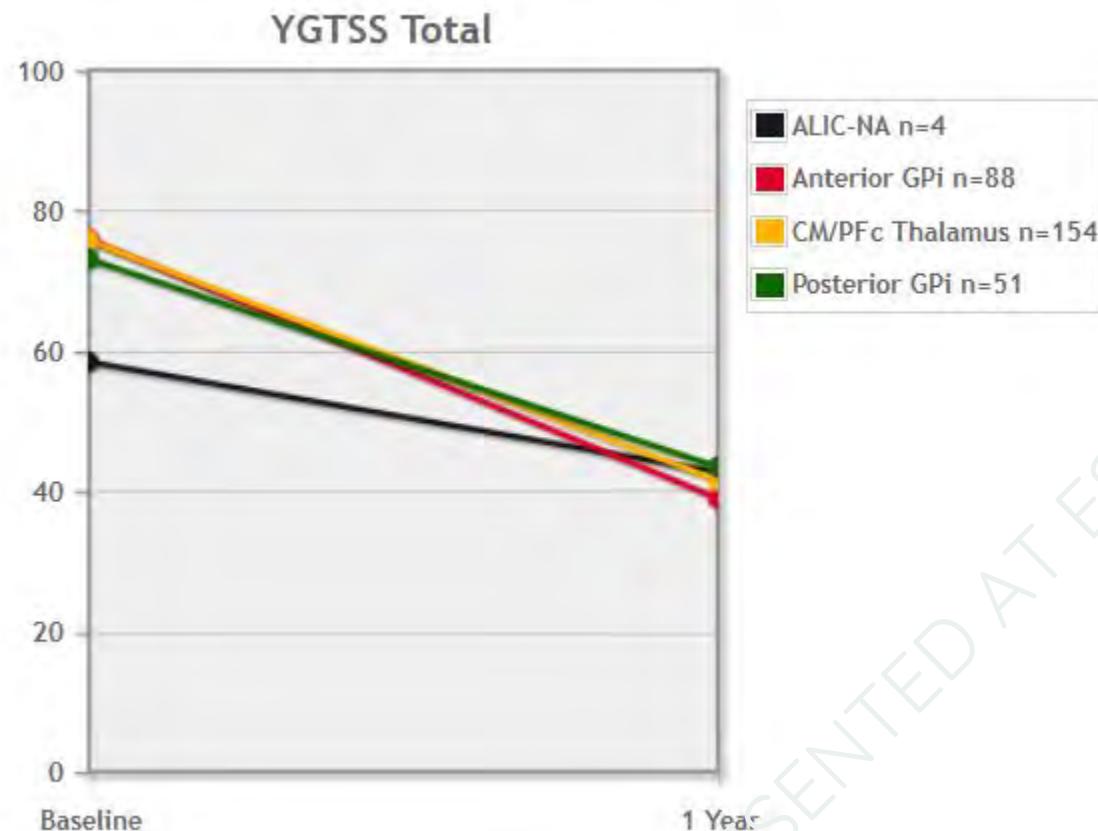
European Child & Adolescent Psychiatry (2022) 31:443–461
<https://doi.org/10.1007/s00787-021-01881-9>

REVIEW

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

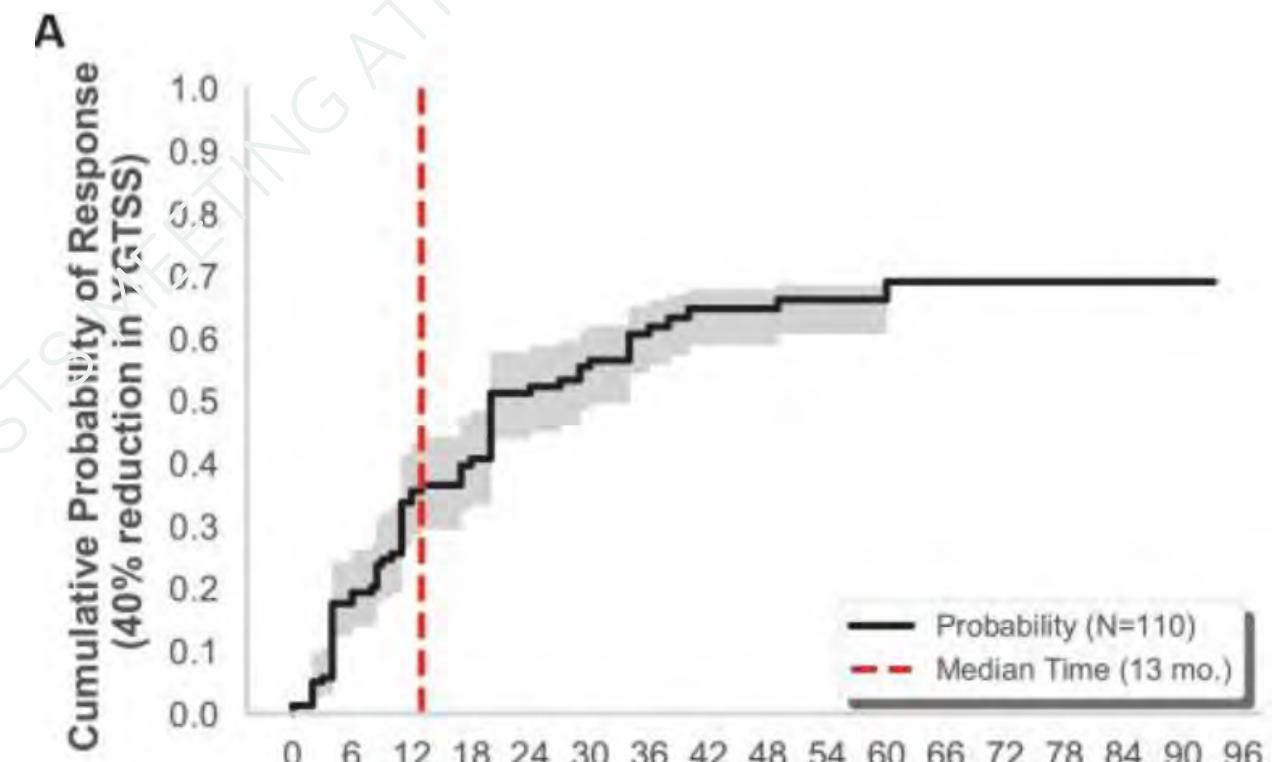
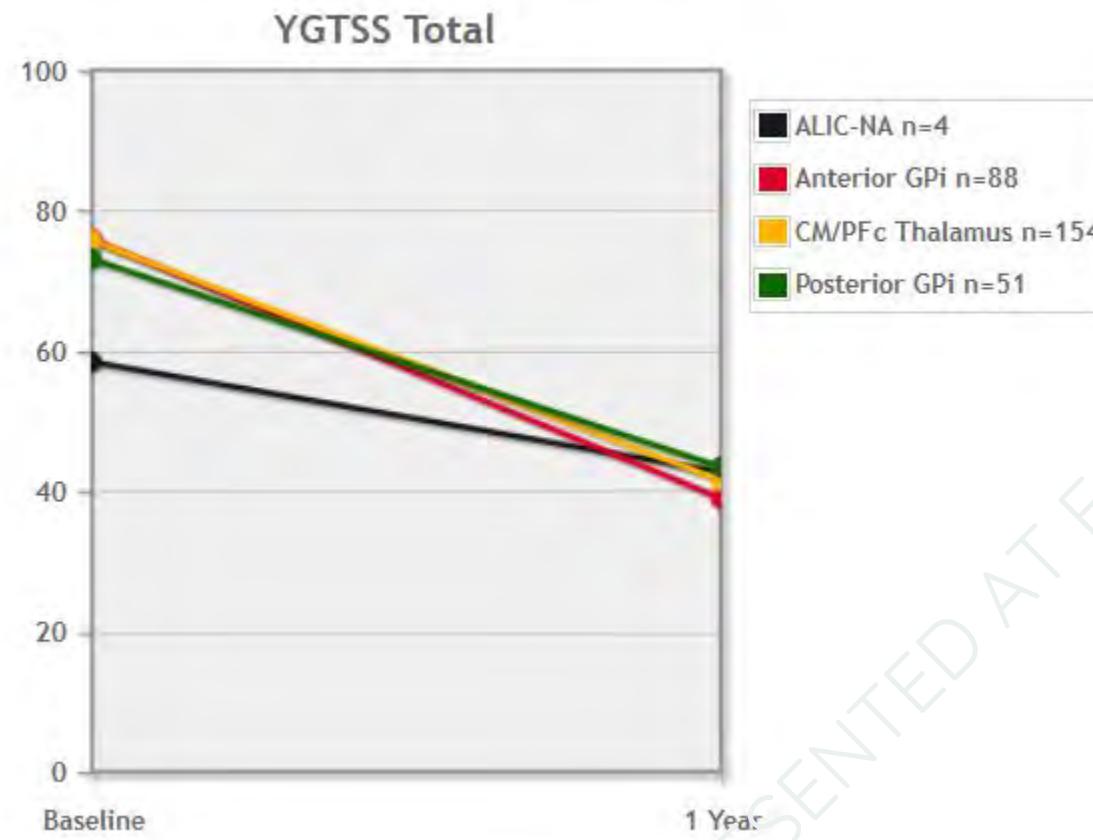
1. Primary tic disorder
2. A functional tic-like disorder must be excluded
3. Primary goal: tic reduction
4. Significant impairment of quality of life (e.g. severe, self-injurious tics)
5. Resistant to established conservative treatments (CBT and pharmacotherapy)
6. No age minimum, but spontaneous remission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

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



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

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



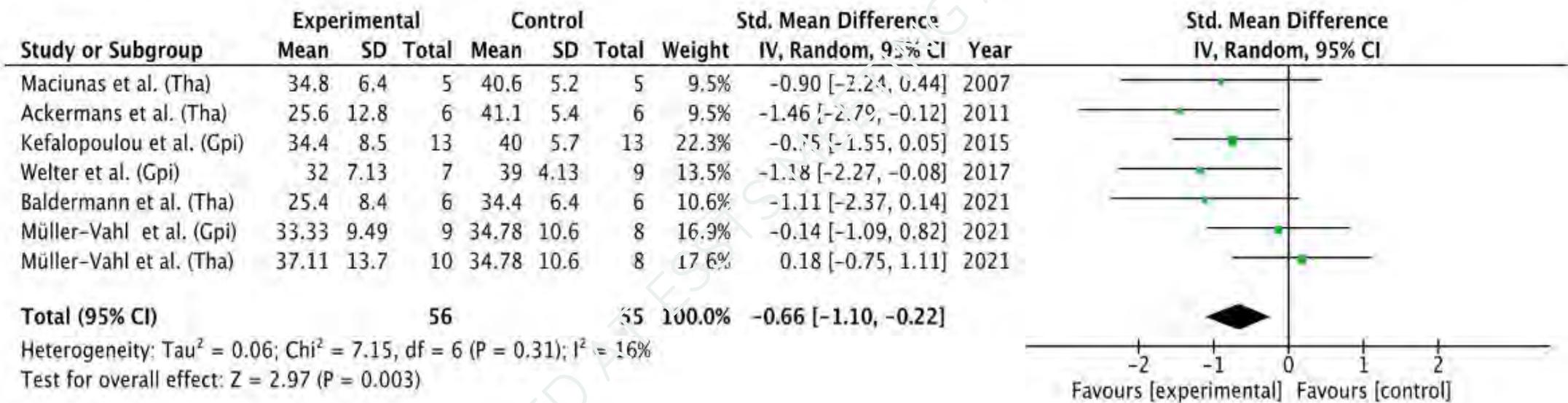
Johnson et al., JNNP 2019

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

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



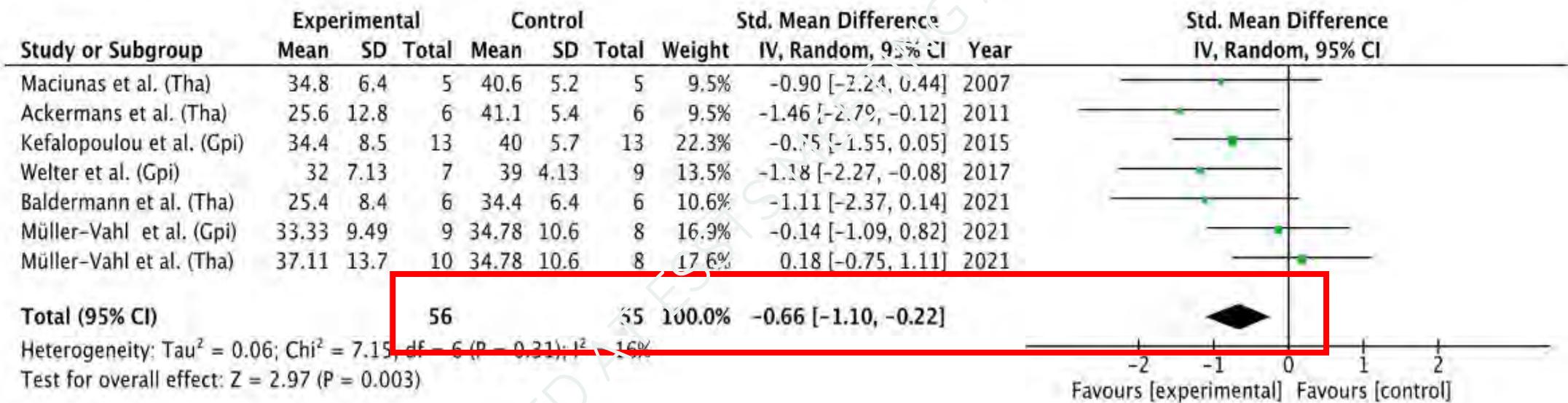
Dr. Laura Wehmeyer PhD



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



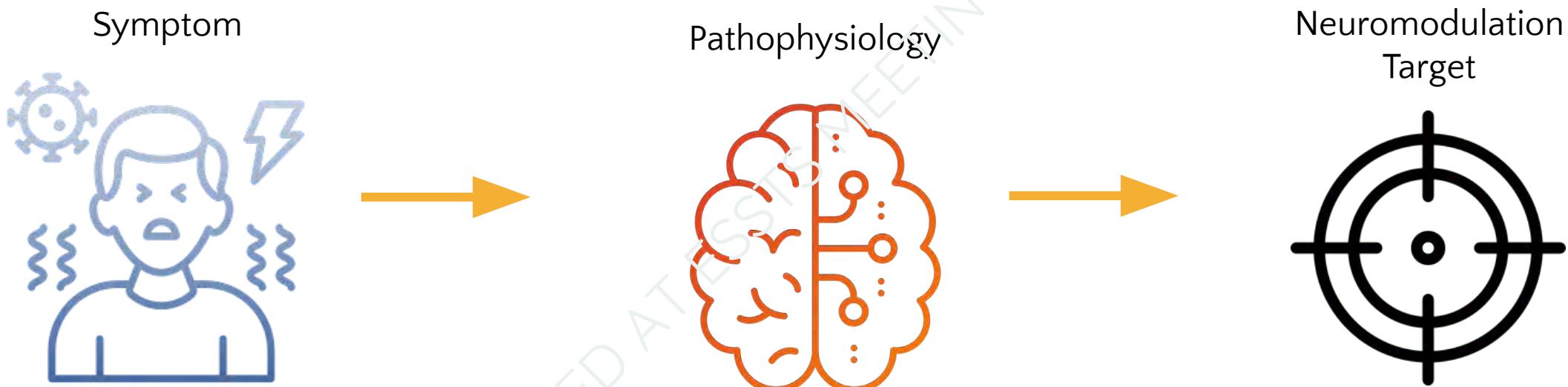
Dr. Laura Wehmeyer PhD



What Can Neuromodulation Tell Us About Pathophysiology?

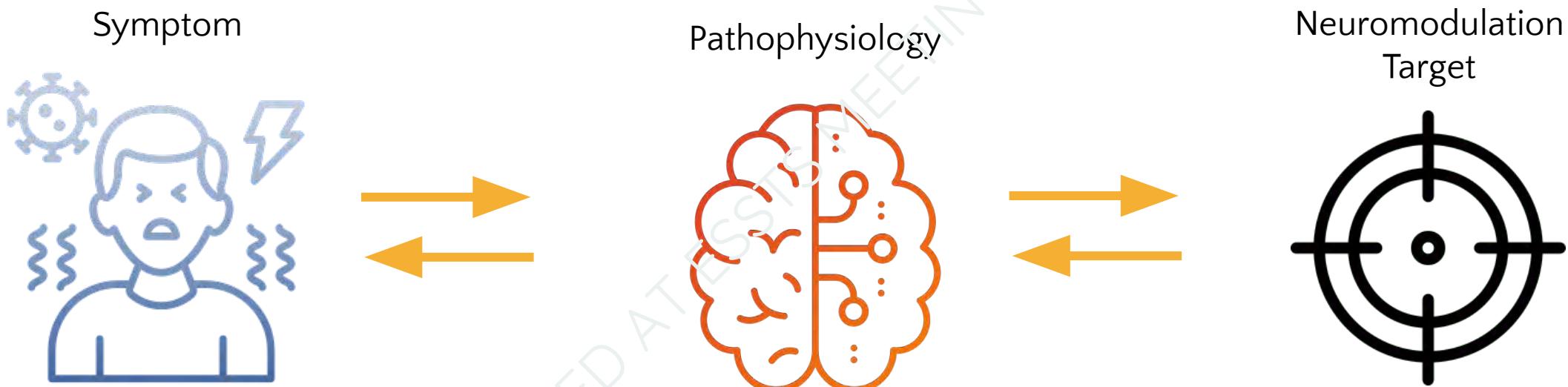


What Can Neuromodulation Tell Us About Pathophysiology?



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What Can Neuromodulation Tell Us About Pathophysiology?



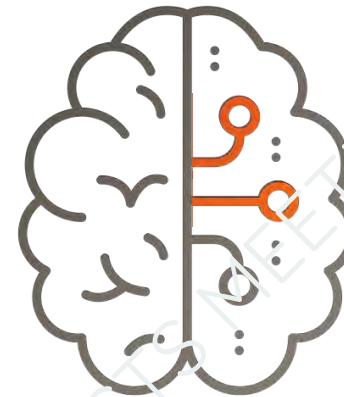
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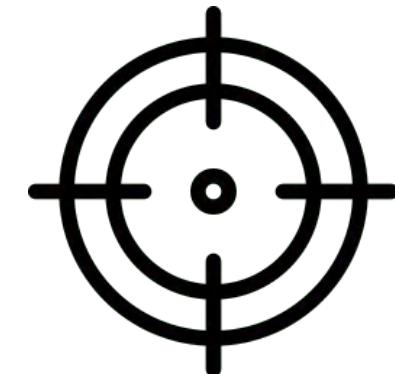
Symptoms Improve



Brain Circuit 1



Neuromodulation
Target



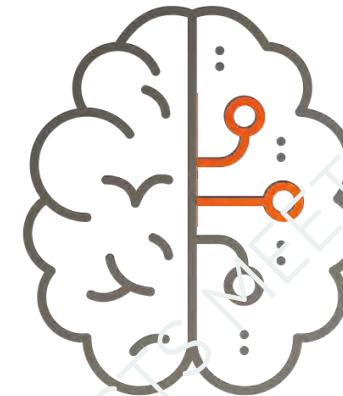
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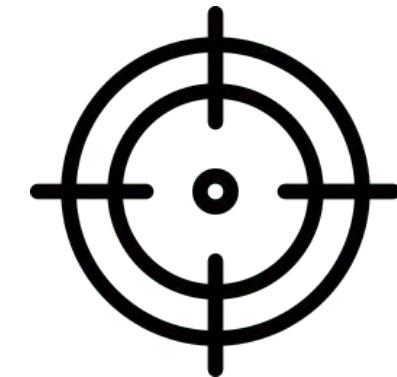
Symptoms Improve



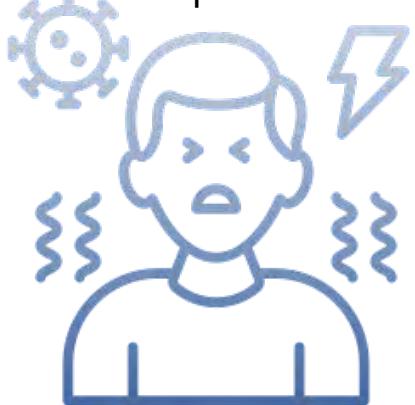
Brain Circuit 1



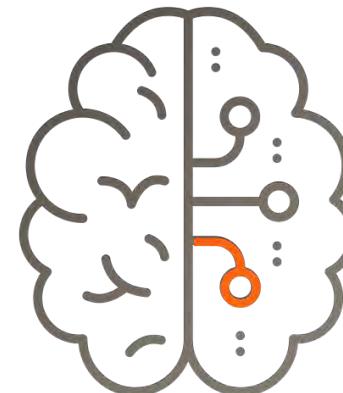
Neuromodulation Target



Symptoms Don't Improve



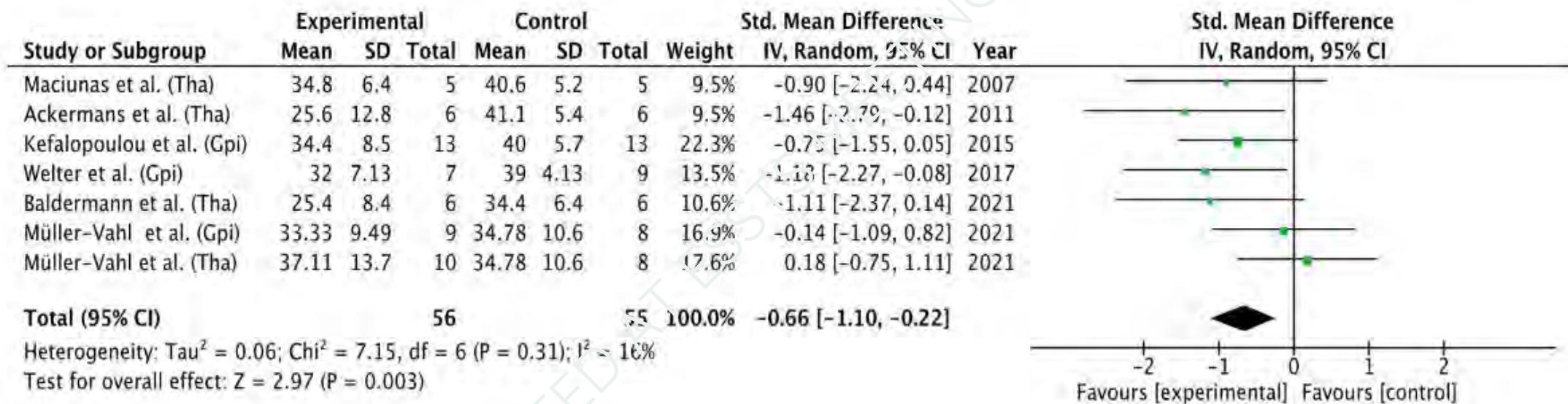
Brain Circuit 2



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



Dr. Laura Wehmeyer PhD



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

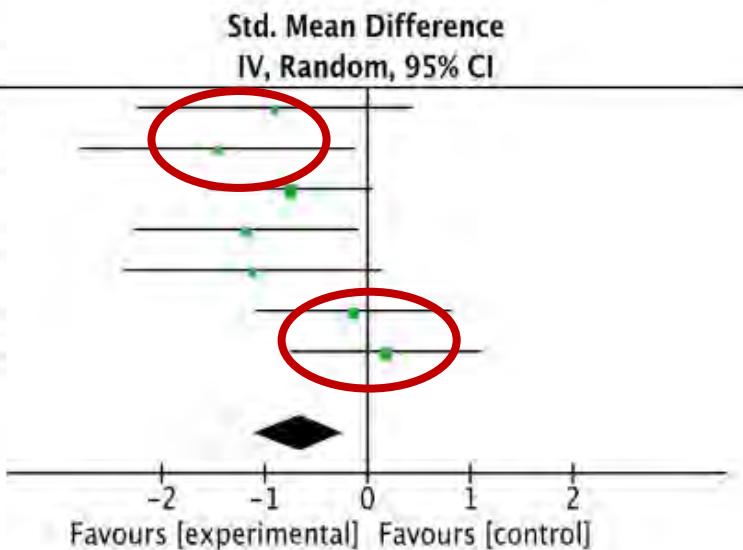


Dr. Laura Wehmeyer PhD

Study or Subgroup	Experimental			Control			Weight	Std. Mean Difference IV, Random, 95% CI	Year
	Mean	SD	Total	Mean	SD	Total			
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
Baldermann et al. (Tha)	25.4	8.4	6	34.4	6.4	6	10.6%	-1.11 [-2.37, 0.14]	2021
Müller-Vahl et al. (Gpi)	33.33	9.49	9	34.78	10.6	8	16.9%	-0.14 [-1.09, 0.82]	2021
Müller-Vahl et al. (Tha)	37.11	13.7	10	34.78	10.6	8	17.6%	0.18 [-0.75, 1.11]	2021
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: $Z = 2.97$ ($P = 0.003$)



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



Kerstin Müller-Vahl



Natalia Szejko



Joachim Krauss



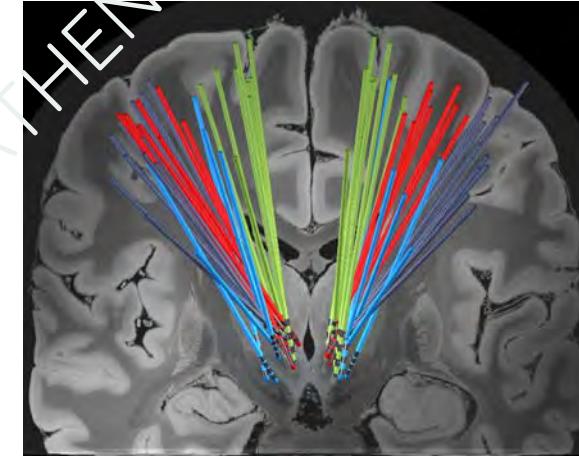
Domenico Servello



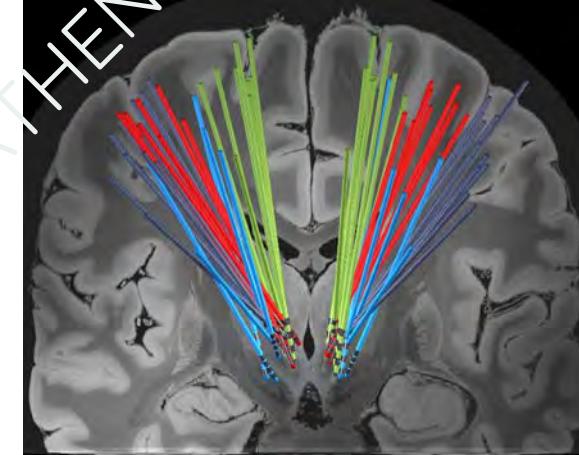
Tommaso Galbiati



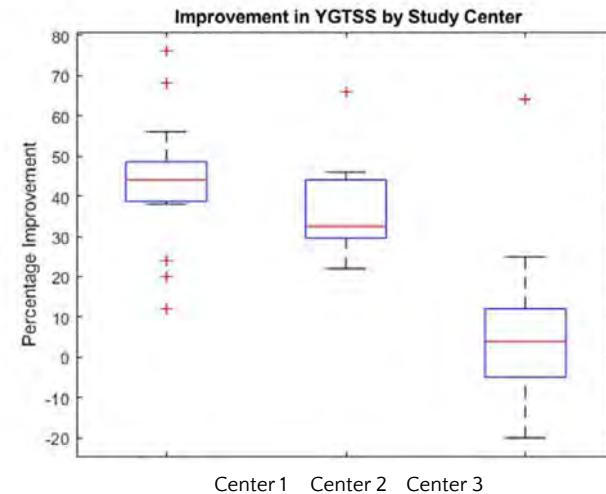
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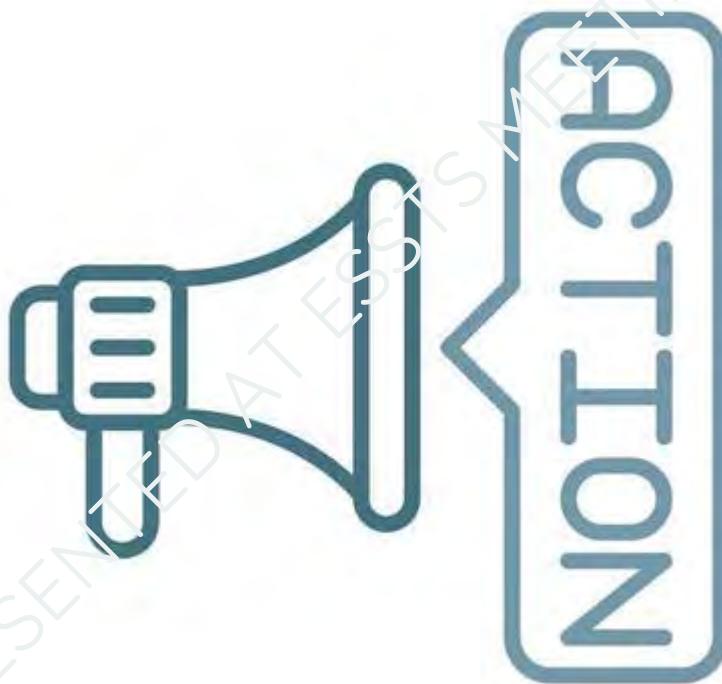


DBS outcome across three centers (N = 37)

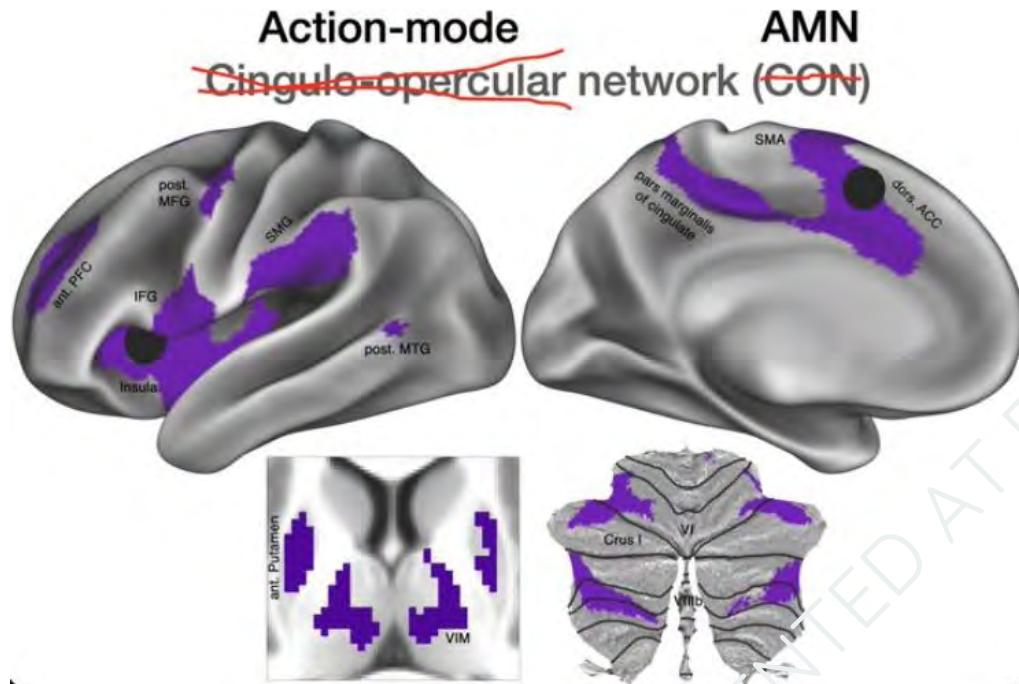


Action-Related Brain Networks

Excuse

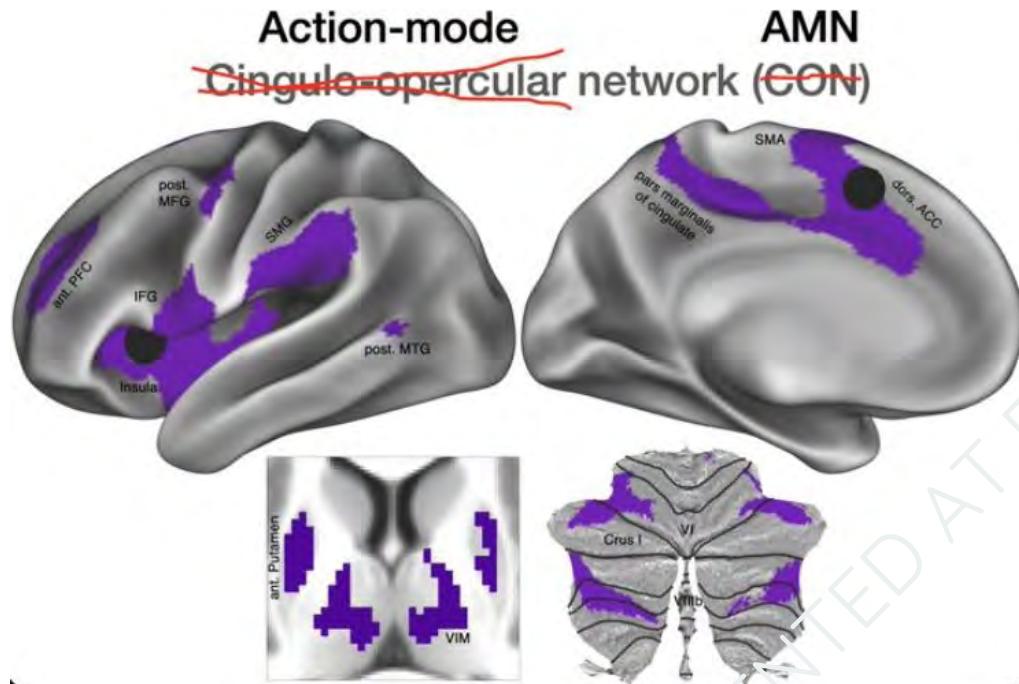


The Cingulo-Opercular, or Action-Mode-Network



Dosenbach et al., Nat Rev Neurosci 20254

The Cingulo-Opercular, or Action-Mode-Network



Dosenbach et al., Nat Rev Neurosci 20254

The Action-Mode Network is active during

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

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

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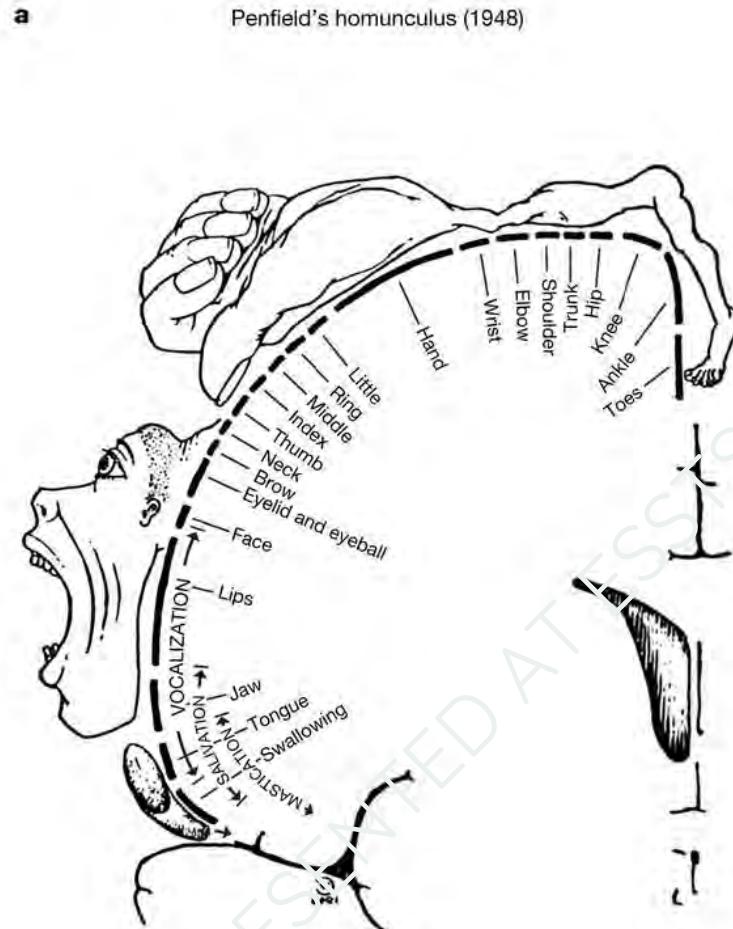
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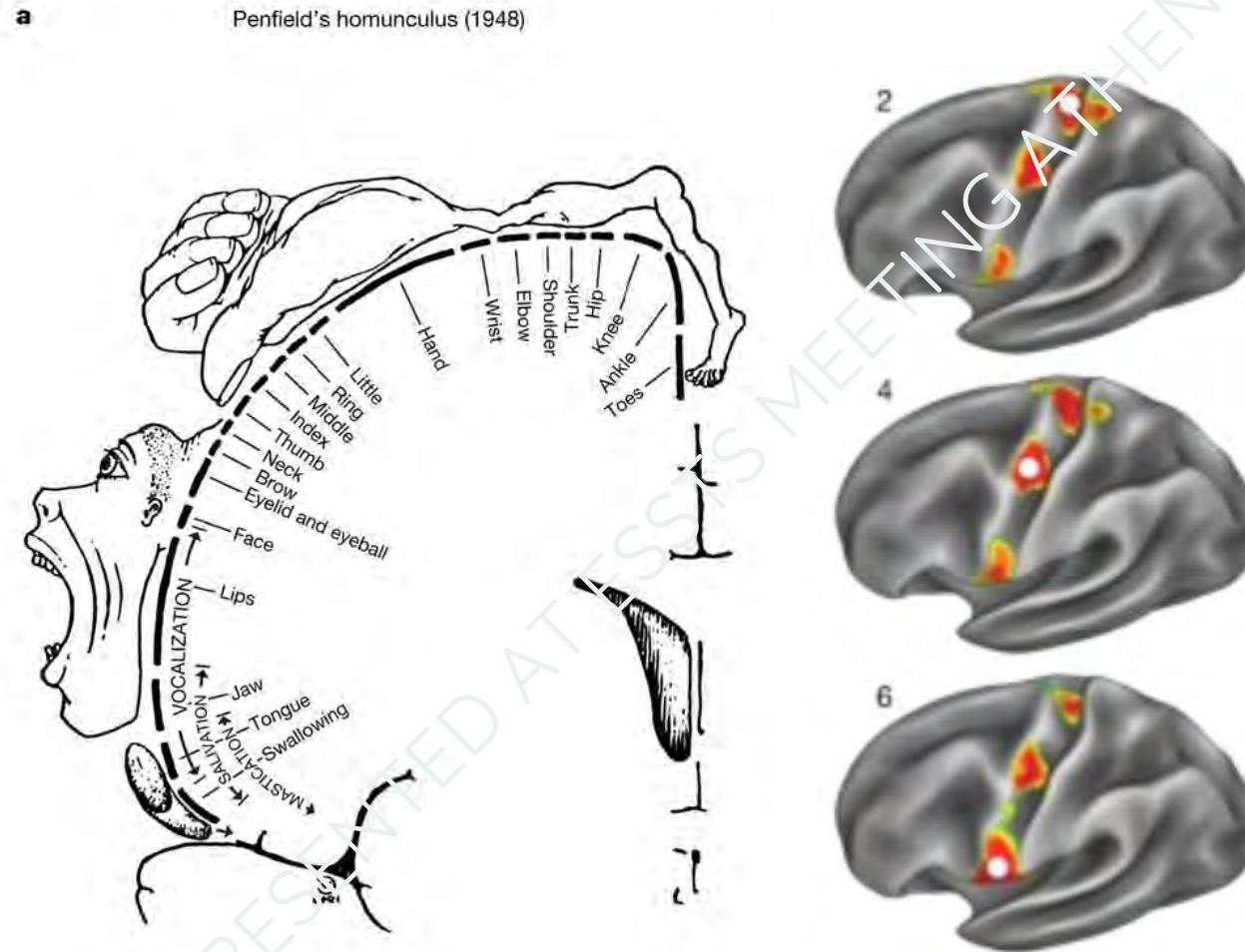
A somato-cognitive action network alternates with effector regions in motor cortex

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

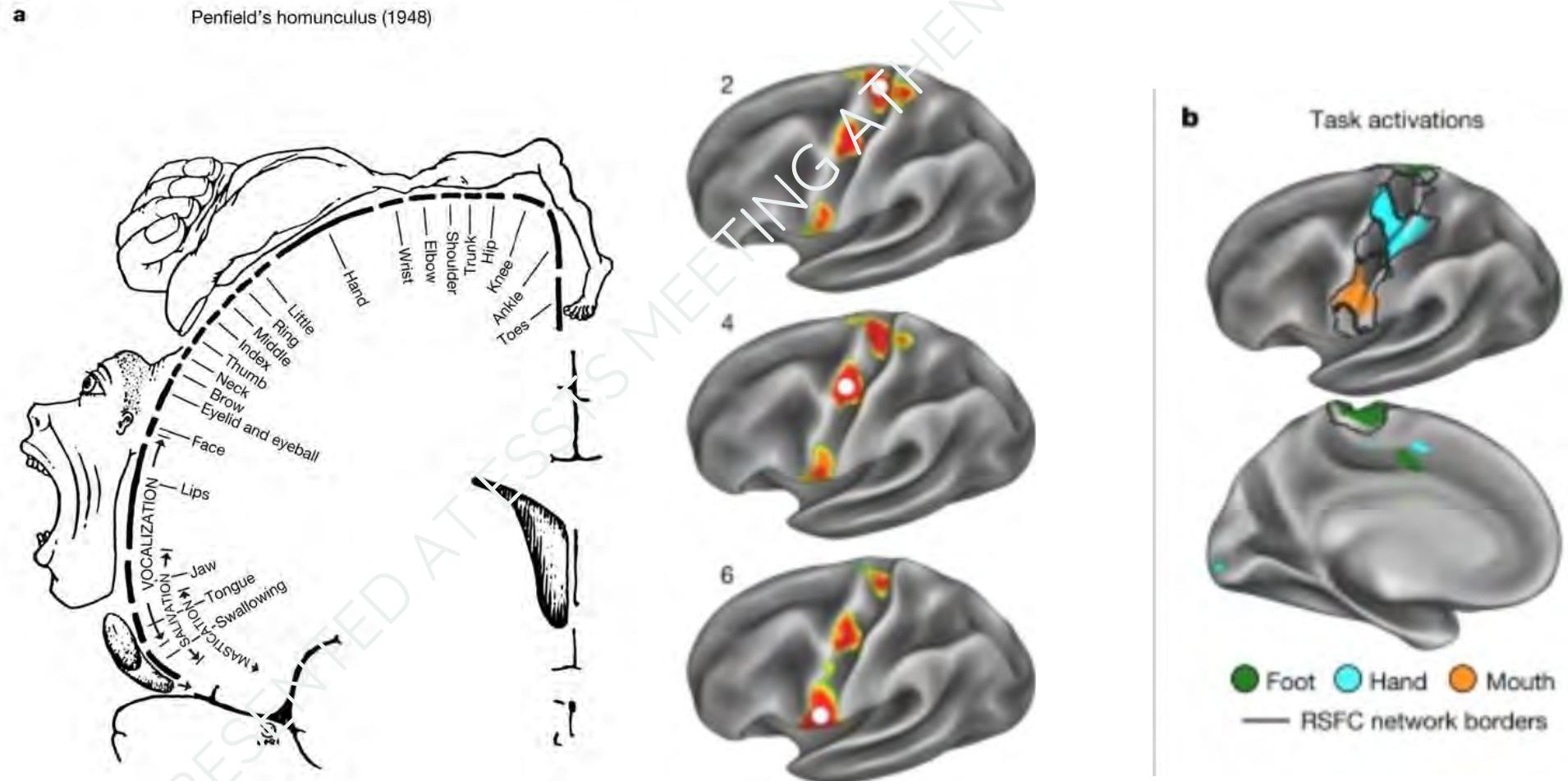
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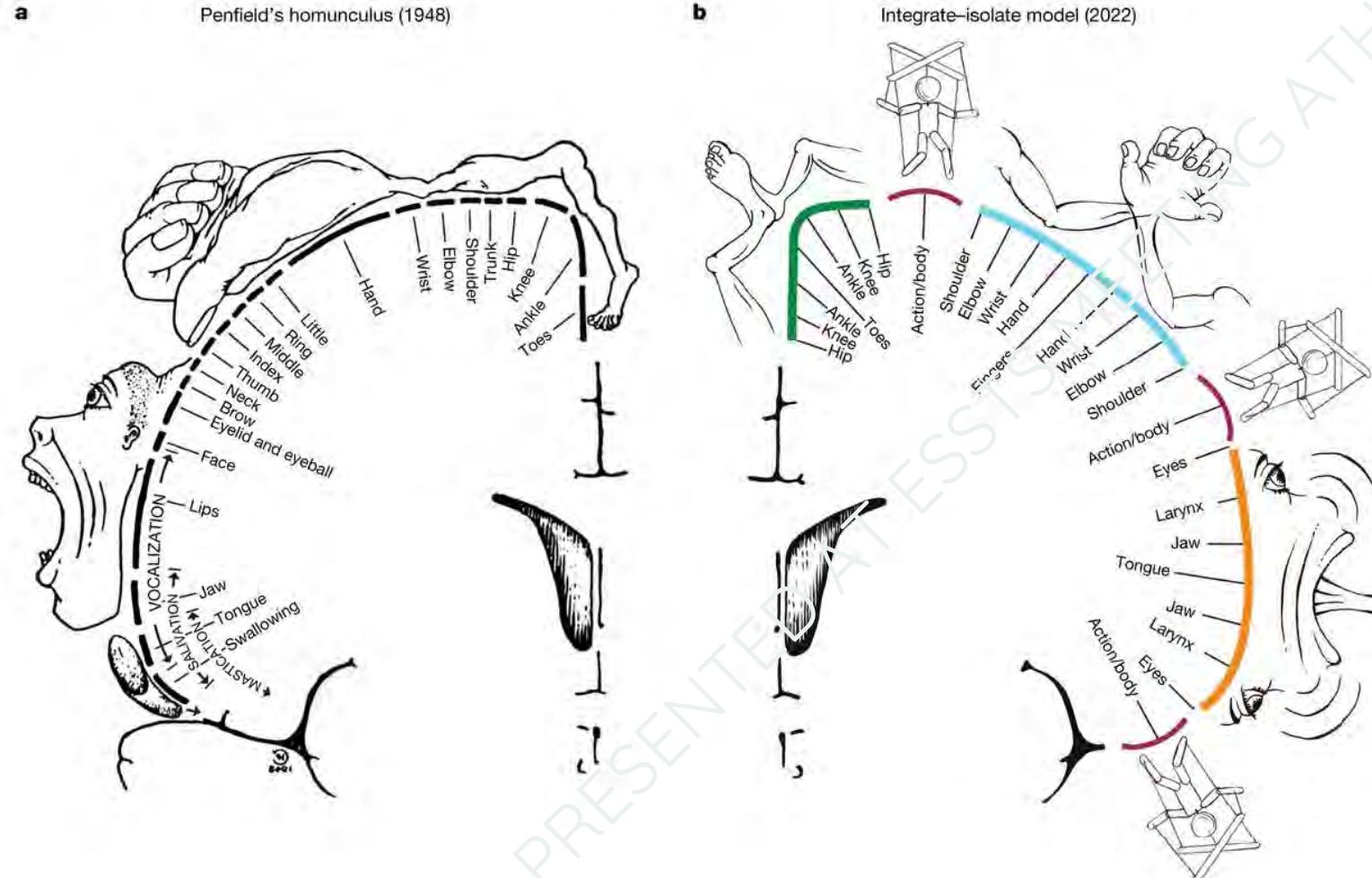
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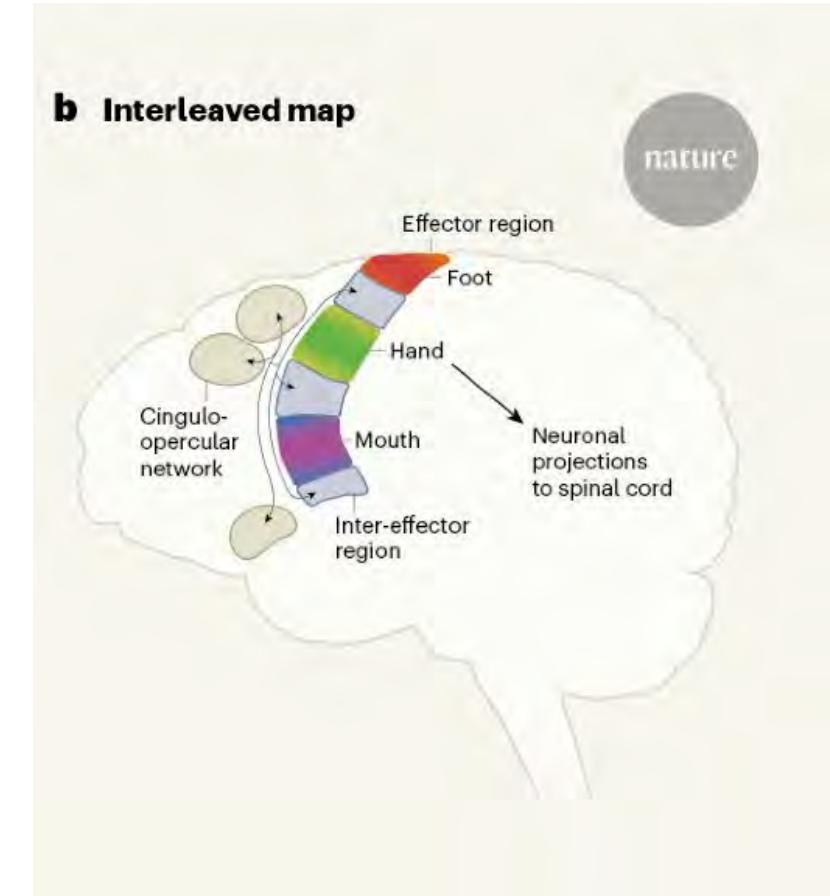
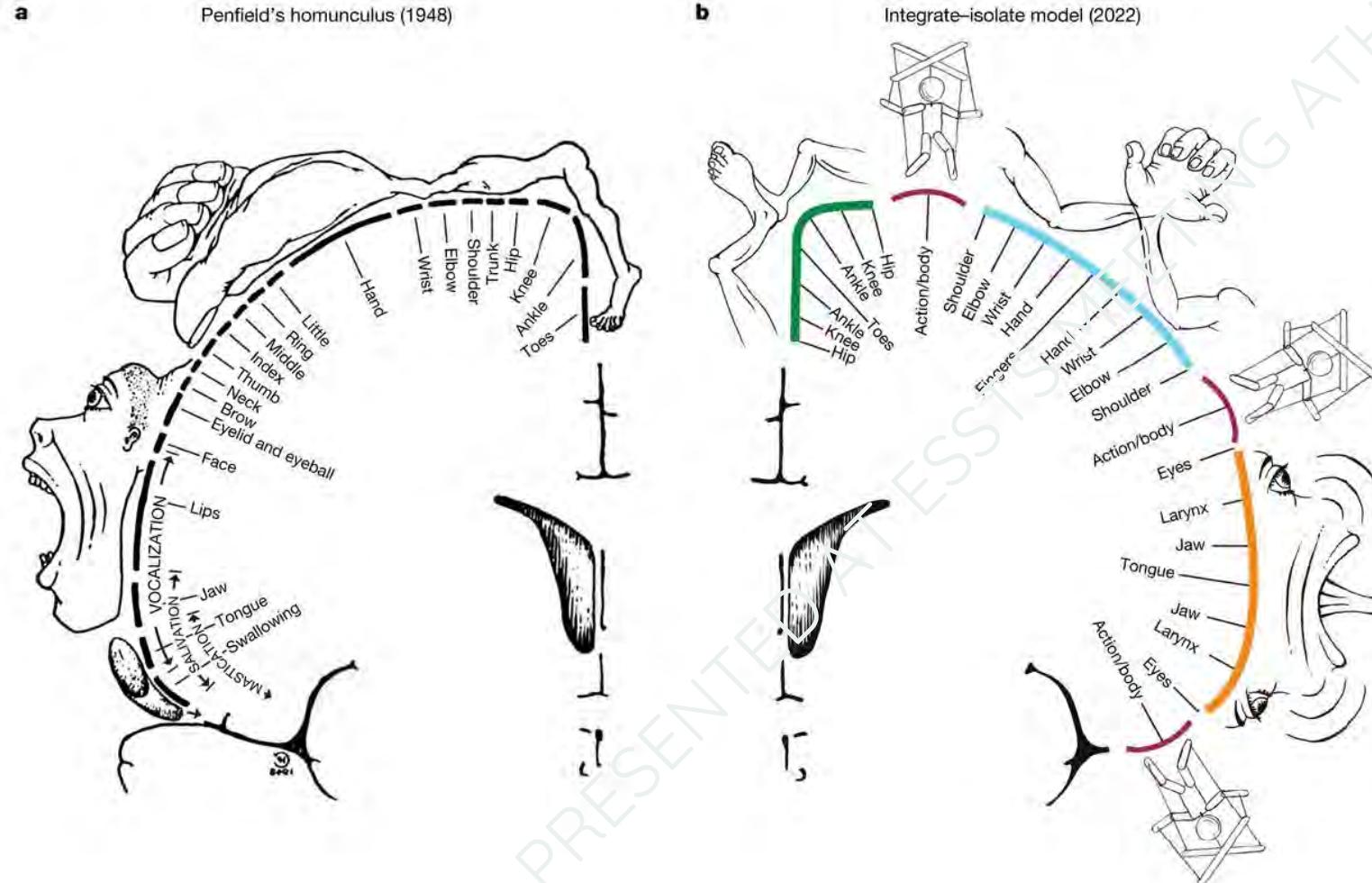
A new Action Network: The Somato-Cognitive Action Network (SCAN)



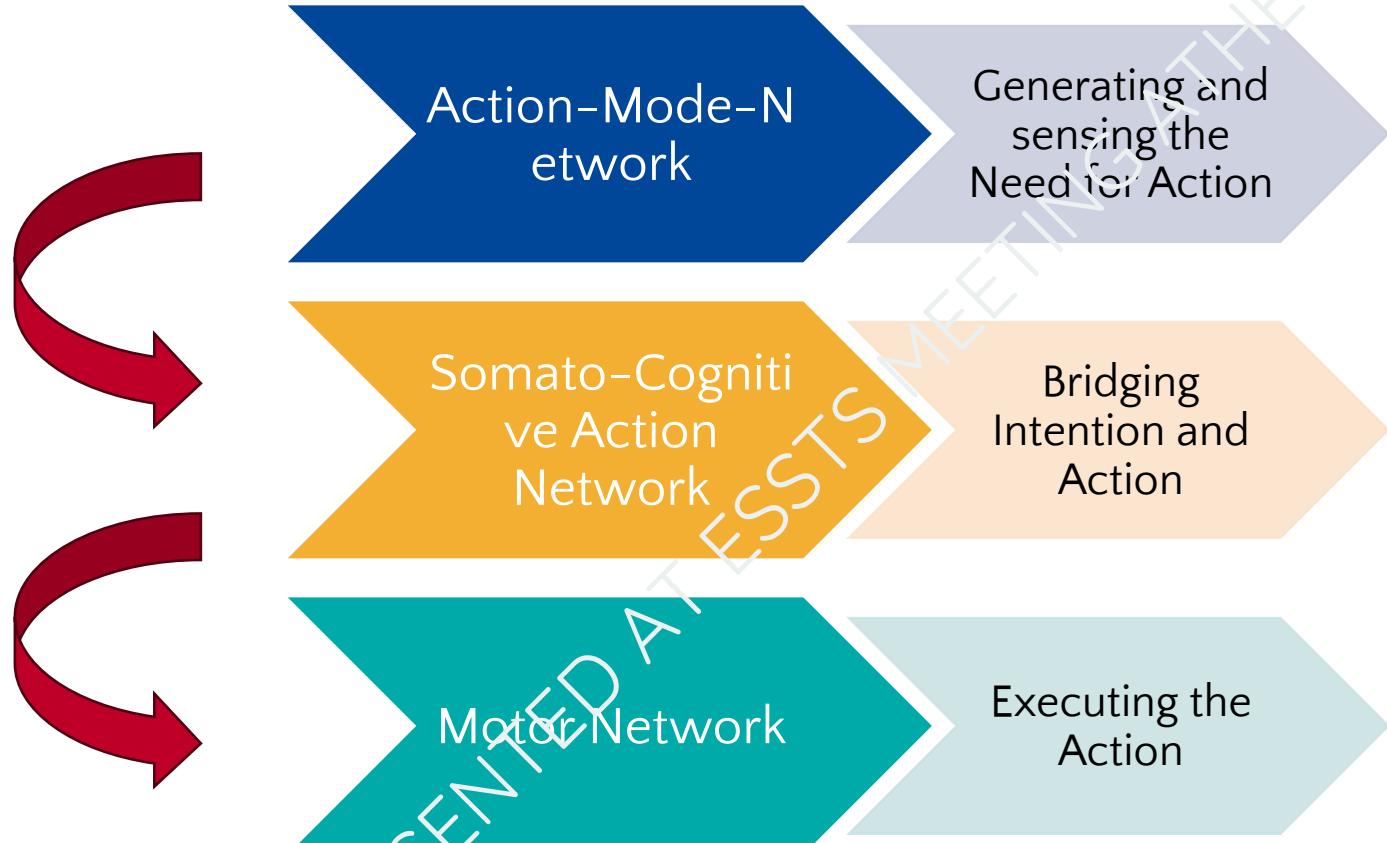
The Somato-Cognitive Action Network (SCAN) complements the Action-Mode Network



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



Summary: The Cascade of Action through Brain Networks

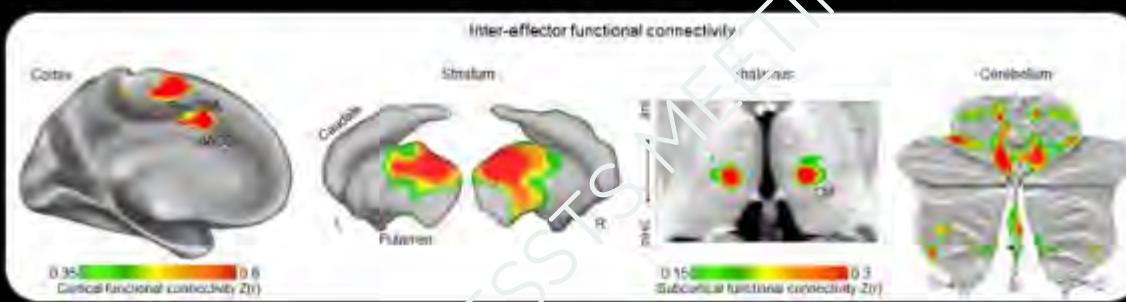


Adapted from D'Andrea et al., bioRxiv 2023

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), dorsolateral posterior putamen, centromedial thalamus, and cerebellum (anterior lobule and vermis).



2 6 67

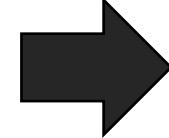
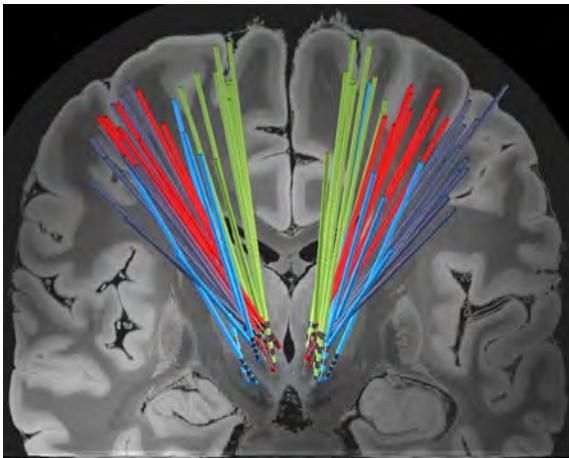
Juan Carlos Baldermann @BaldermannJC · Oct 30, 2022

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 2 2

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

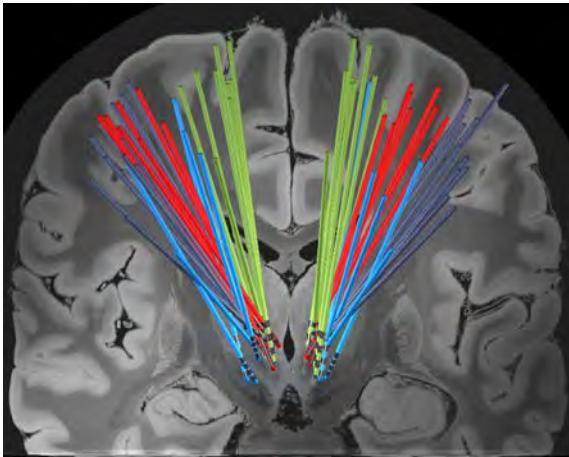
Reconstruction of DBS
Electrodes in Common Space



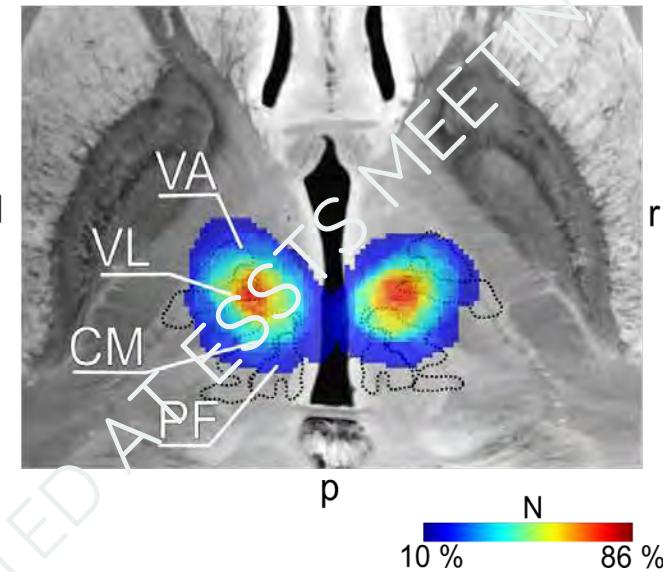
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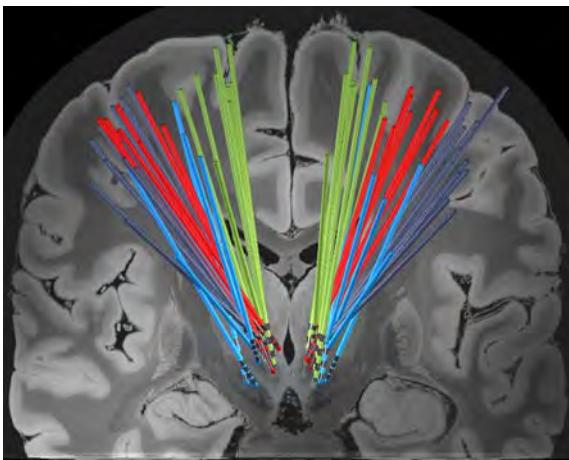


Modelling
Stimulation Sites
a

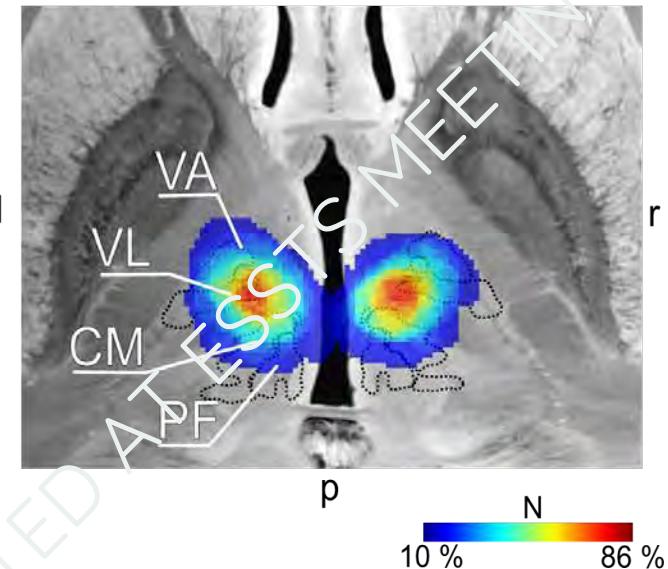


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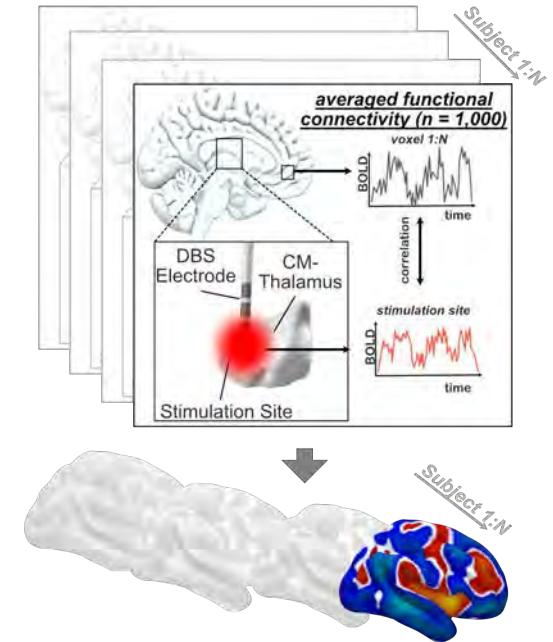
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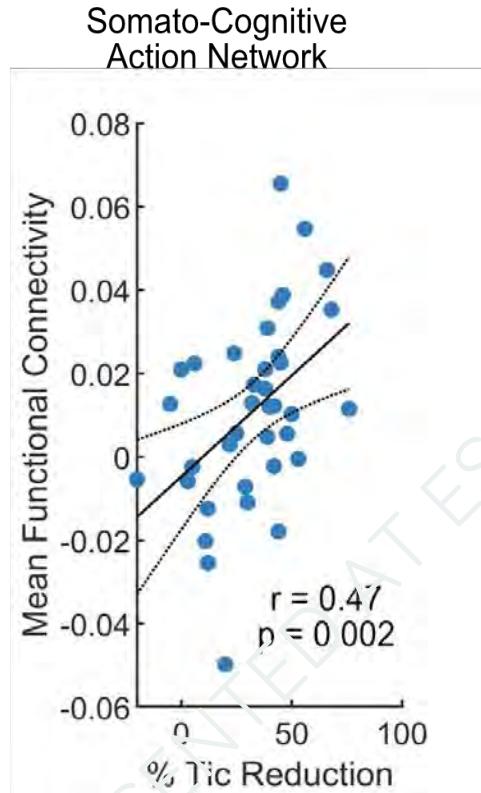
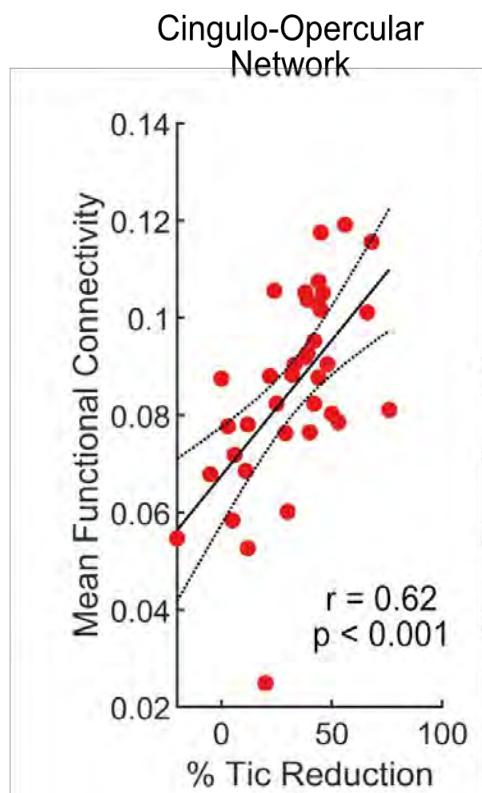
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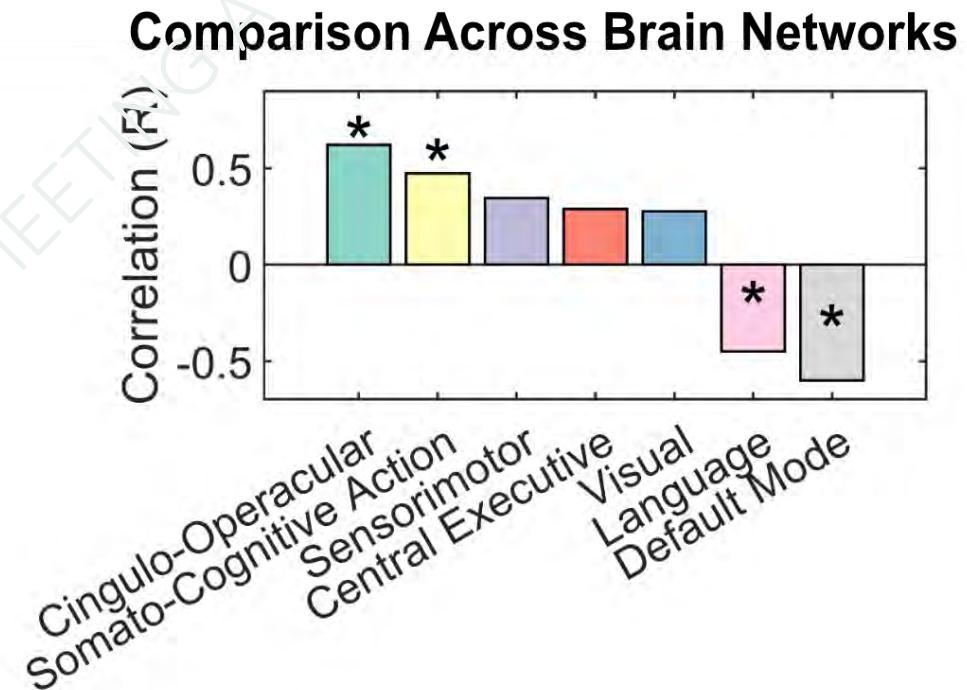
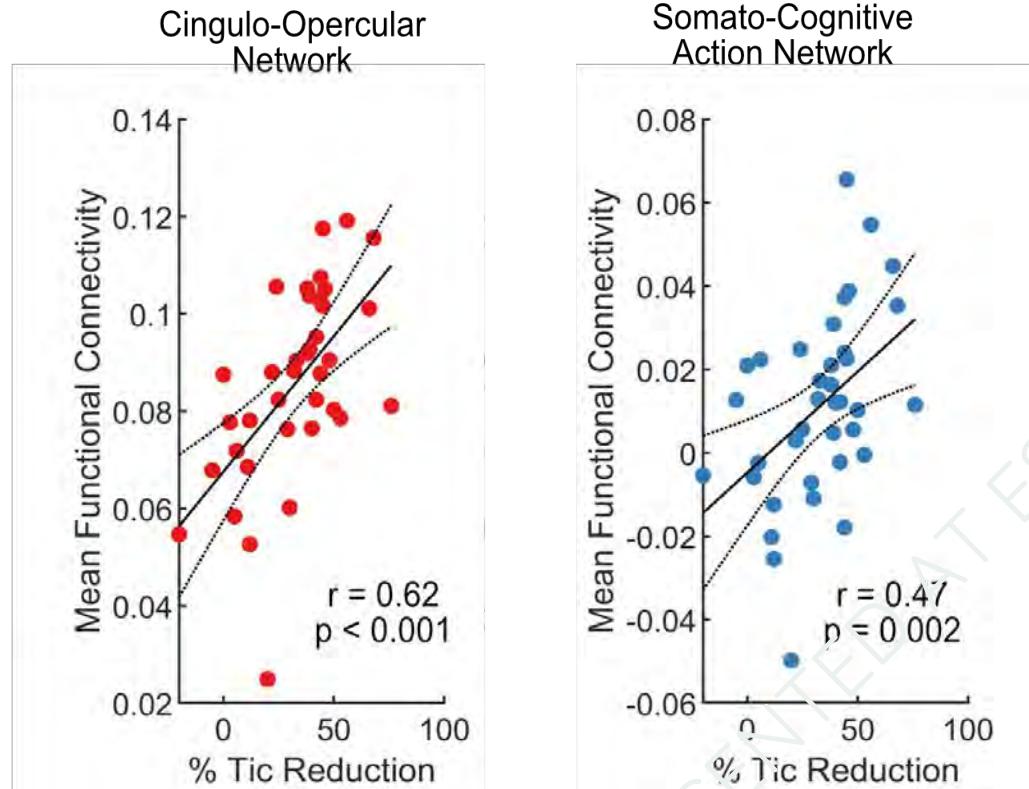
Modelling the Stimulated
Functional Connectivity



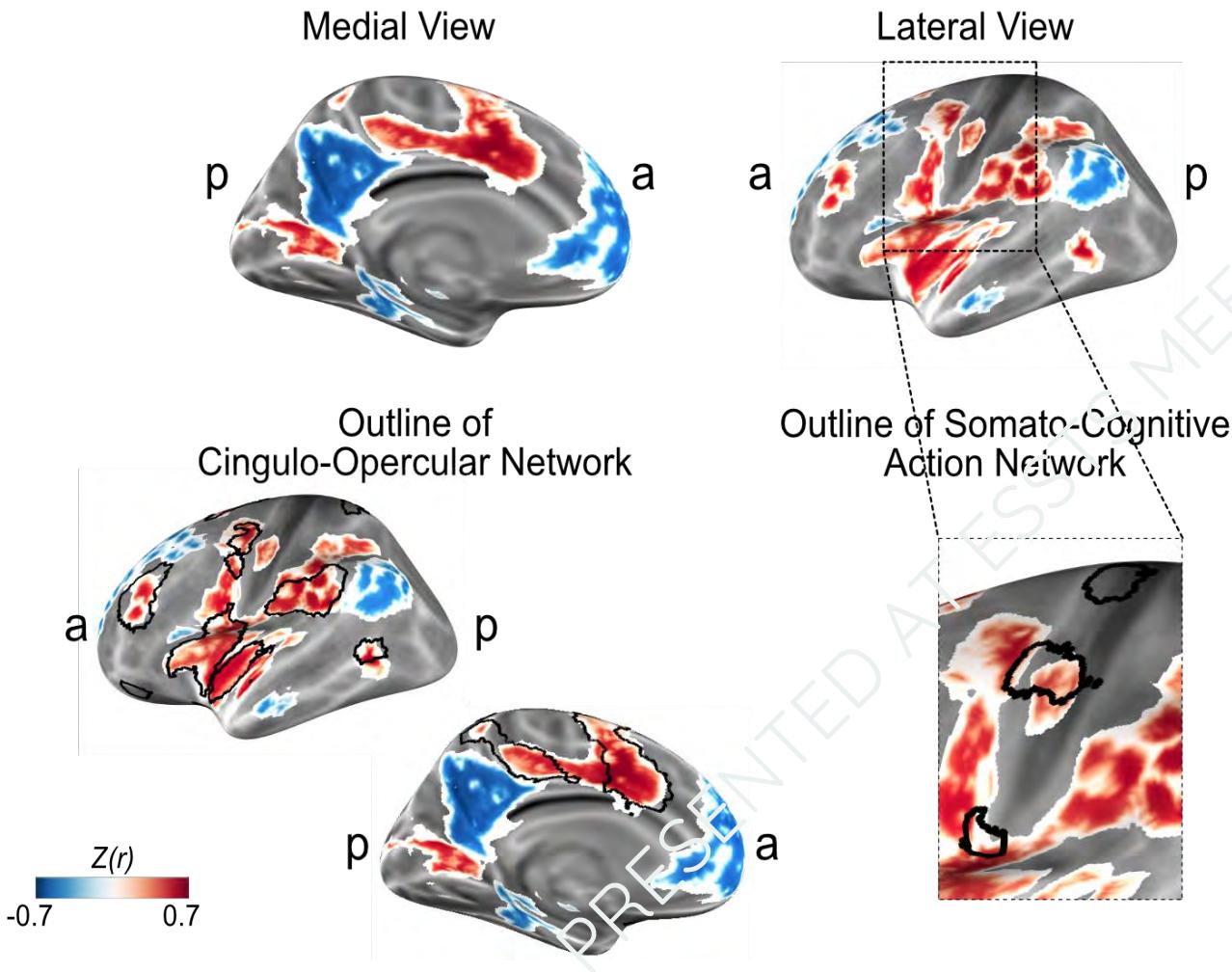
Connectivity of DBS sites with CON & SCAN Explain Tic Reduction



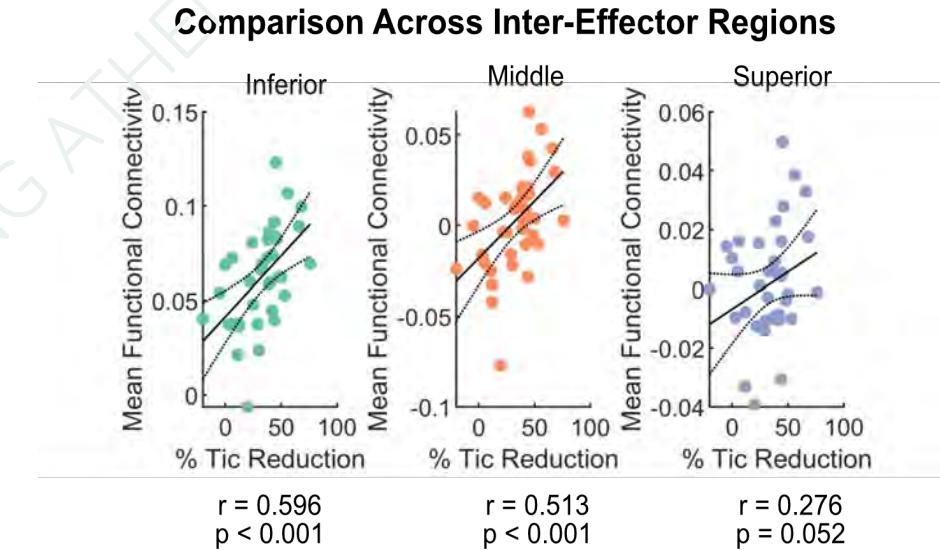
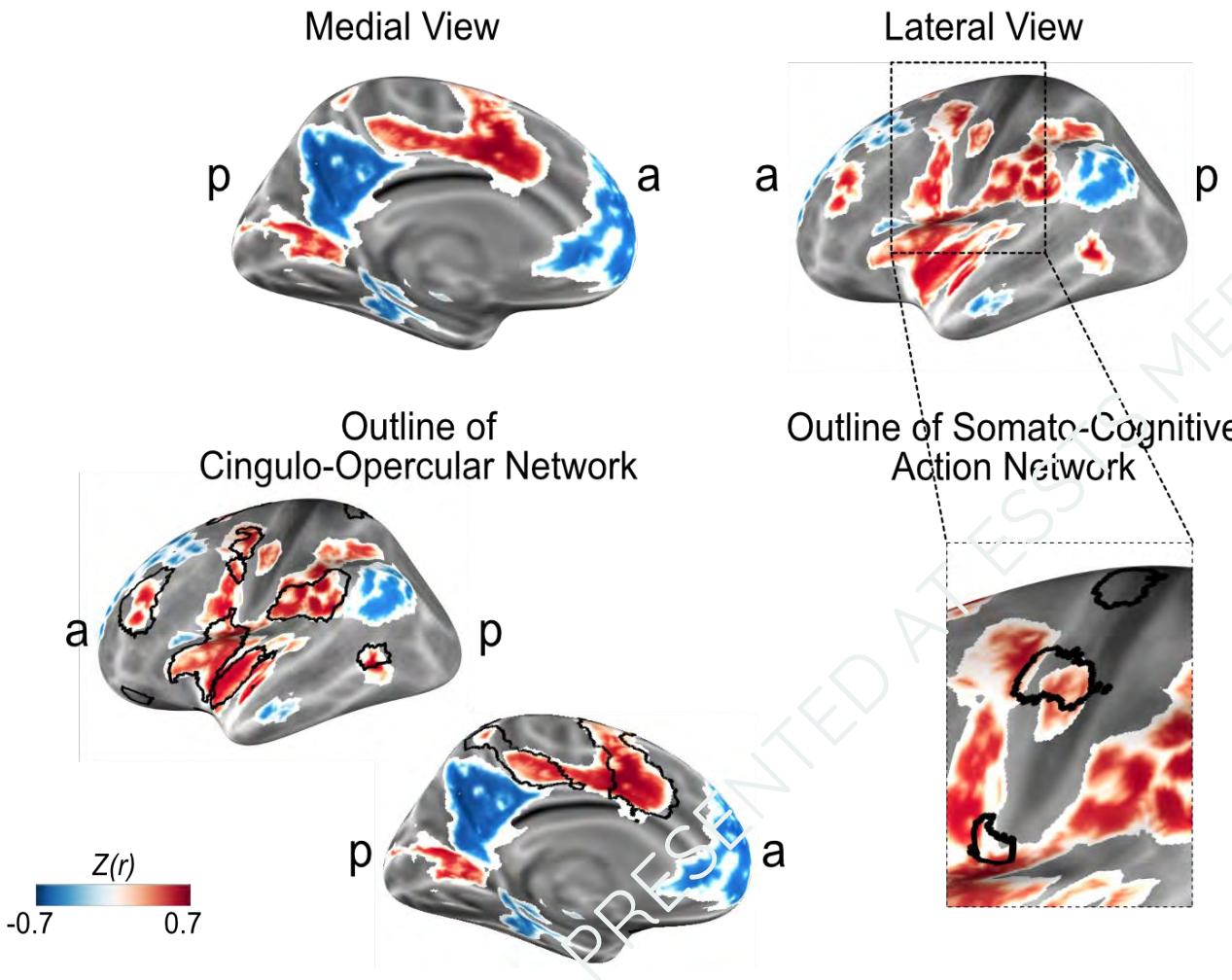
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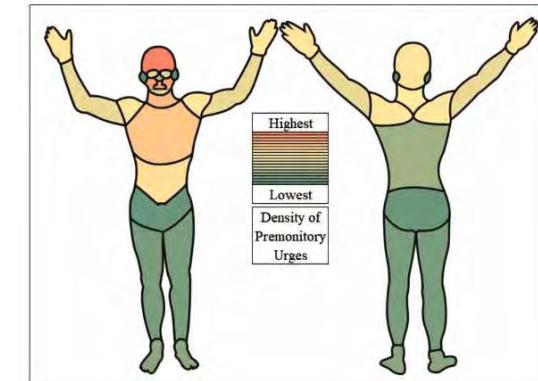
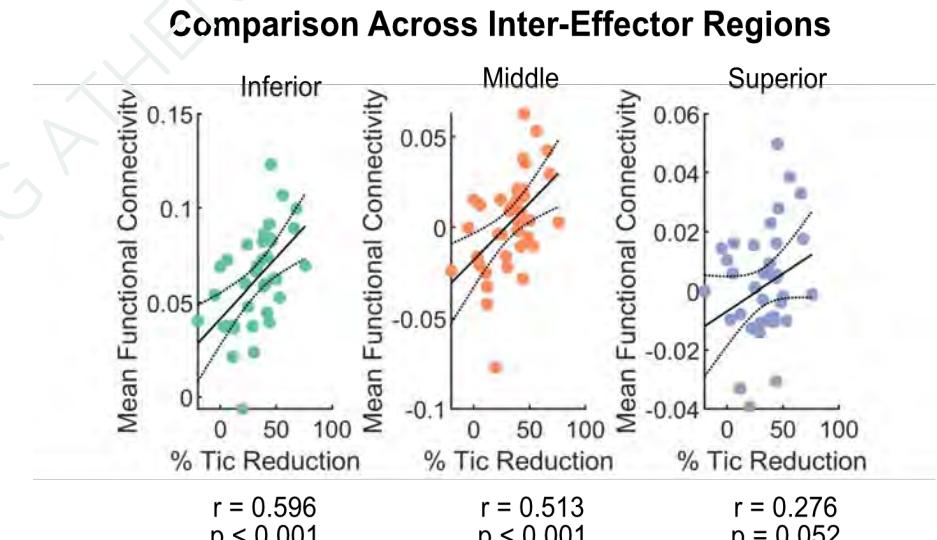
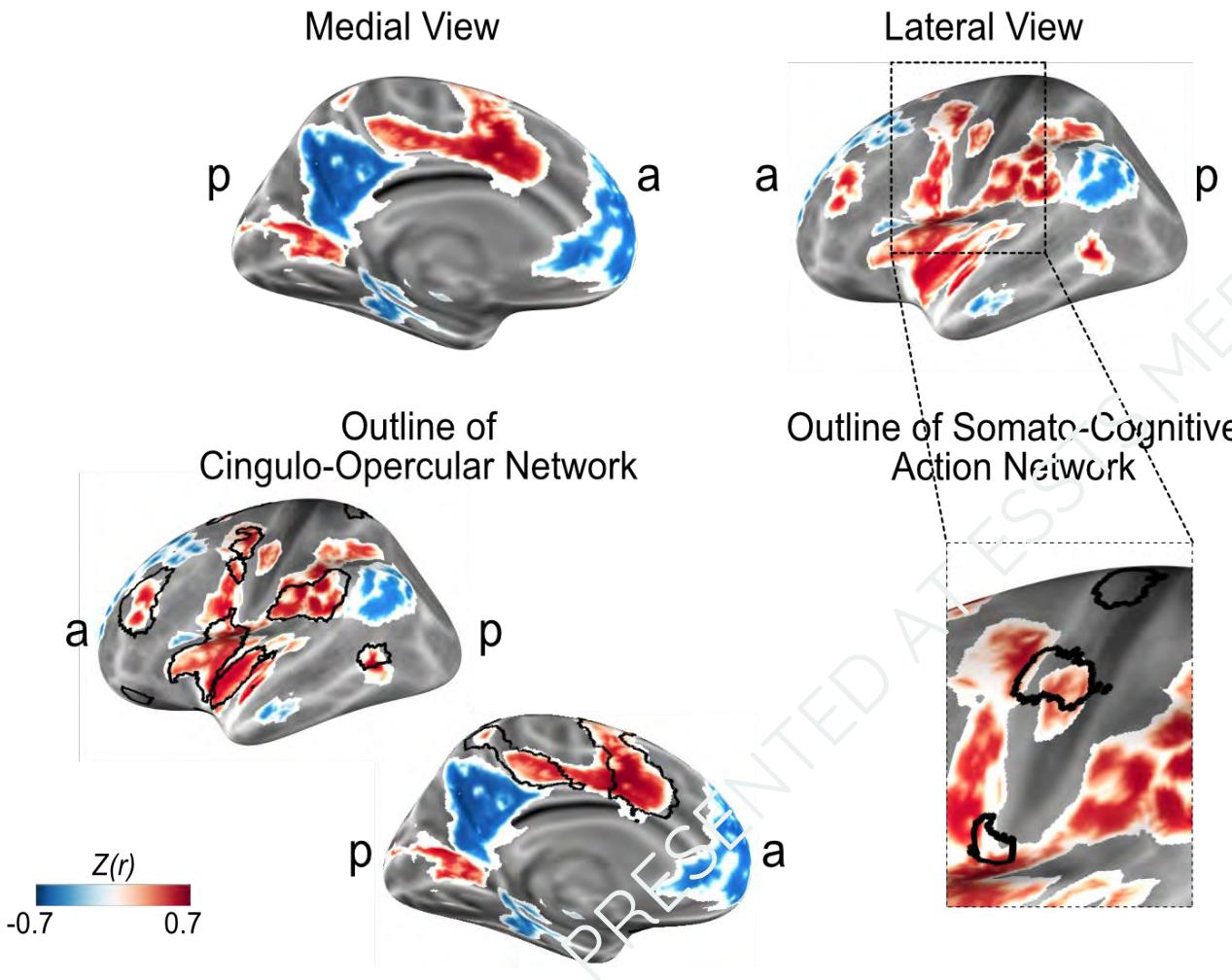
Whole Brain Analysis: Connectivity with CON and inferior/middle inter-effector region drive effects



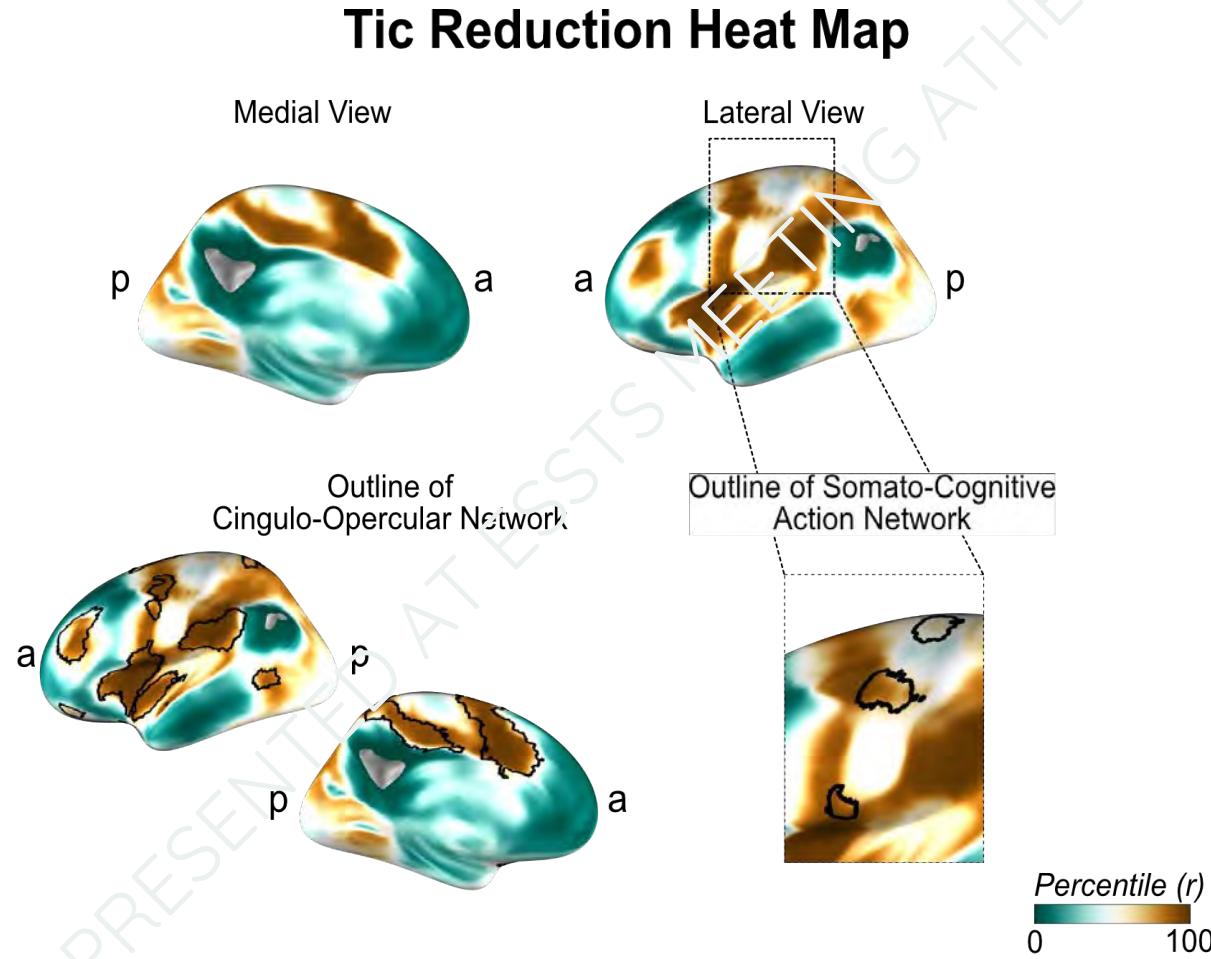
Whole Brain Analysis: Connectivity with CON and inferior/middle inter-effector region drive effects



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

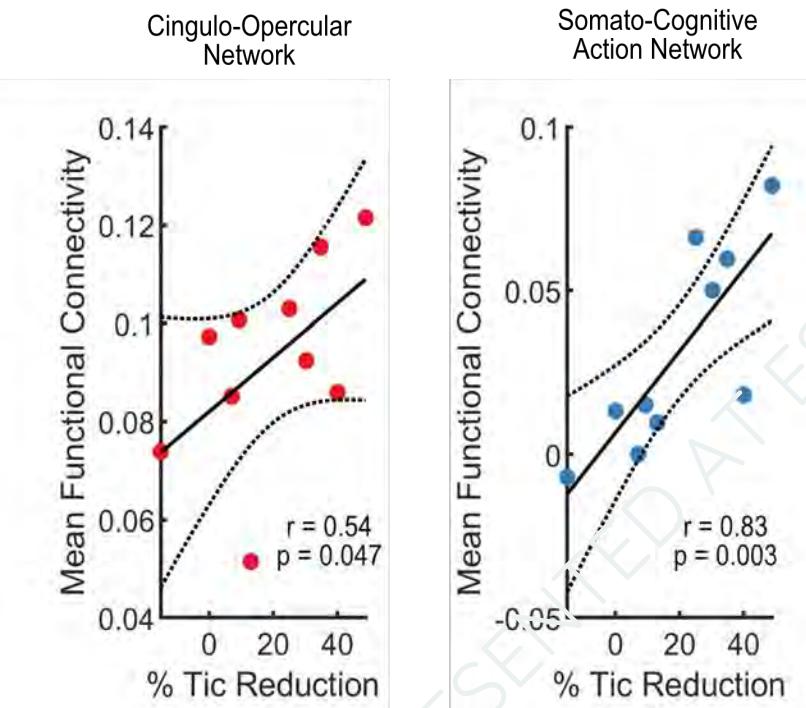


Replication in GTS-DBS Registry Data

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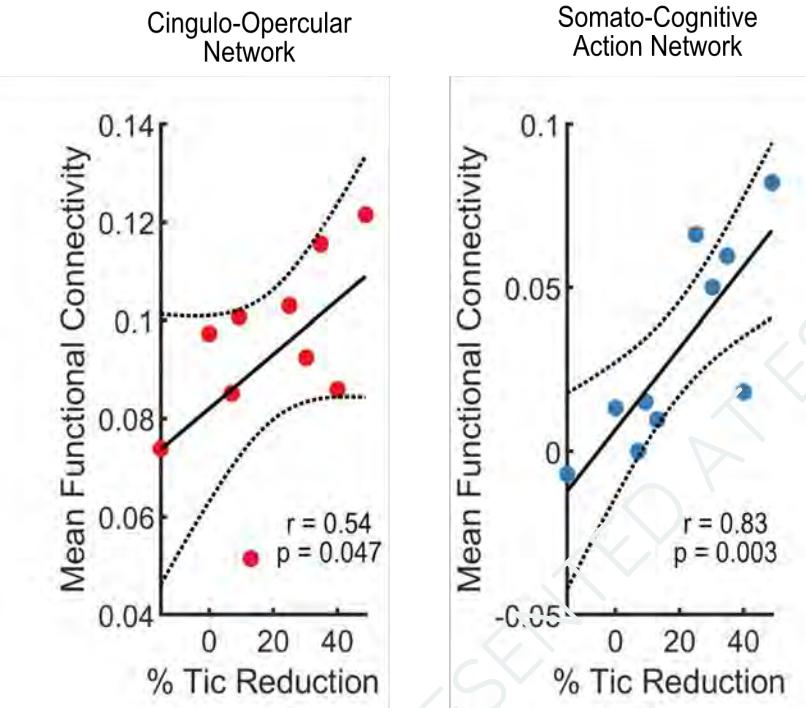
Replication in GTS-DBS Registry Data

Replication of ROI-Analysis
in Independent DBS Data

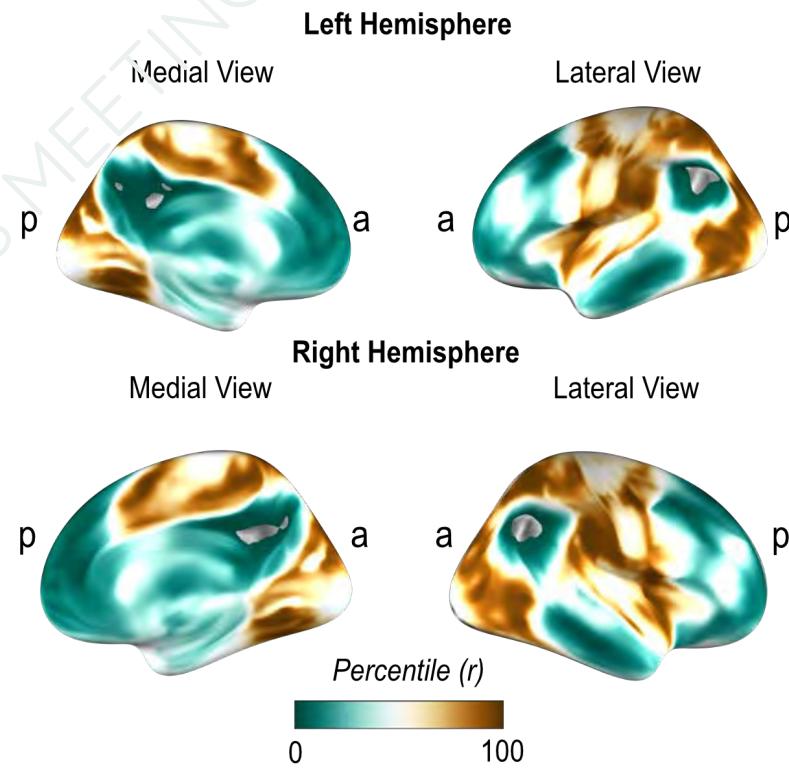


Replication in GTS-DBS Registry Data

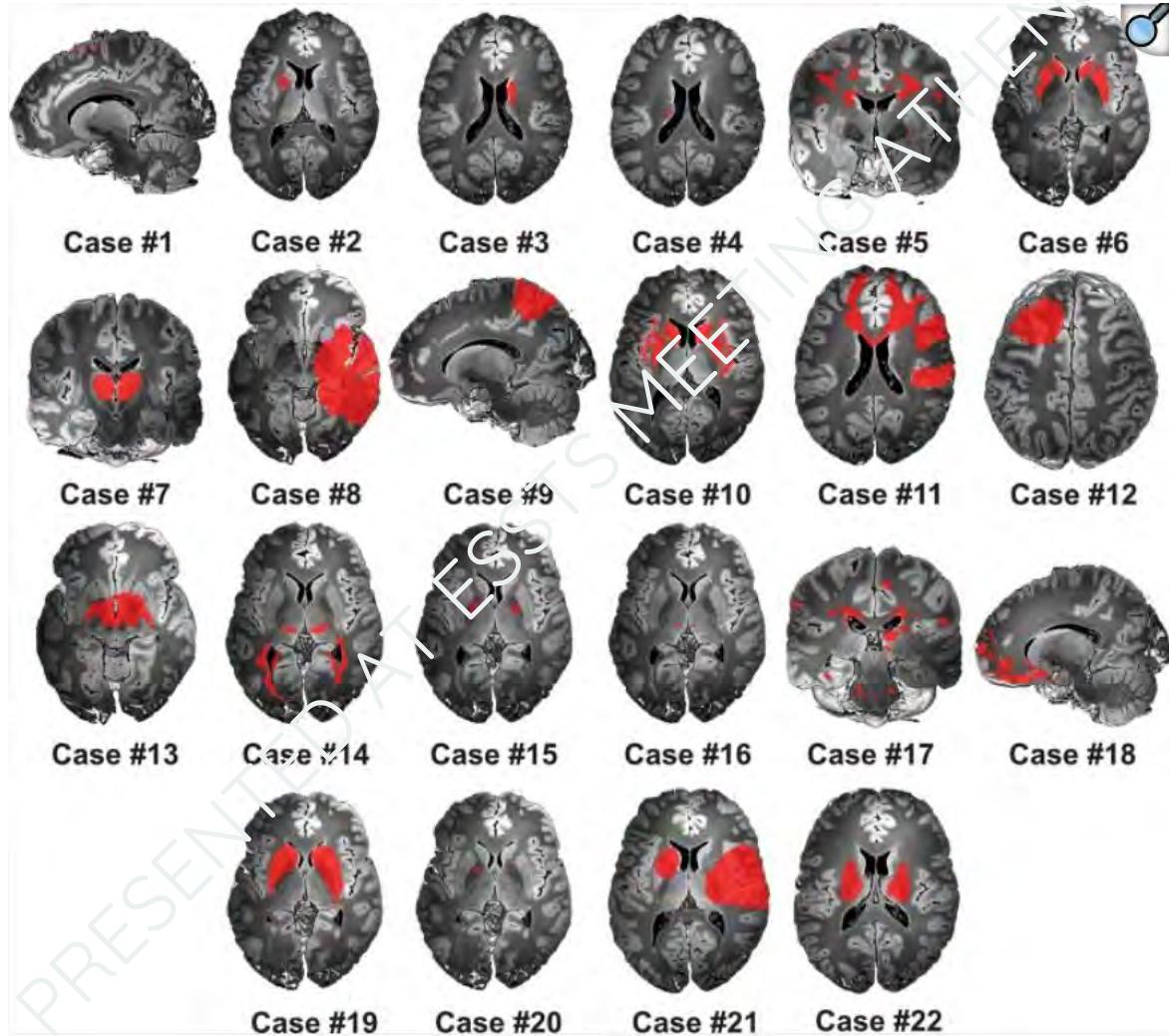
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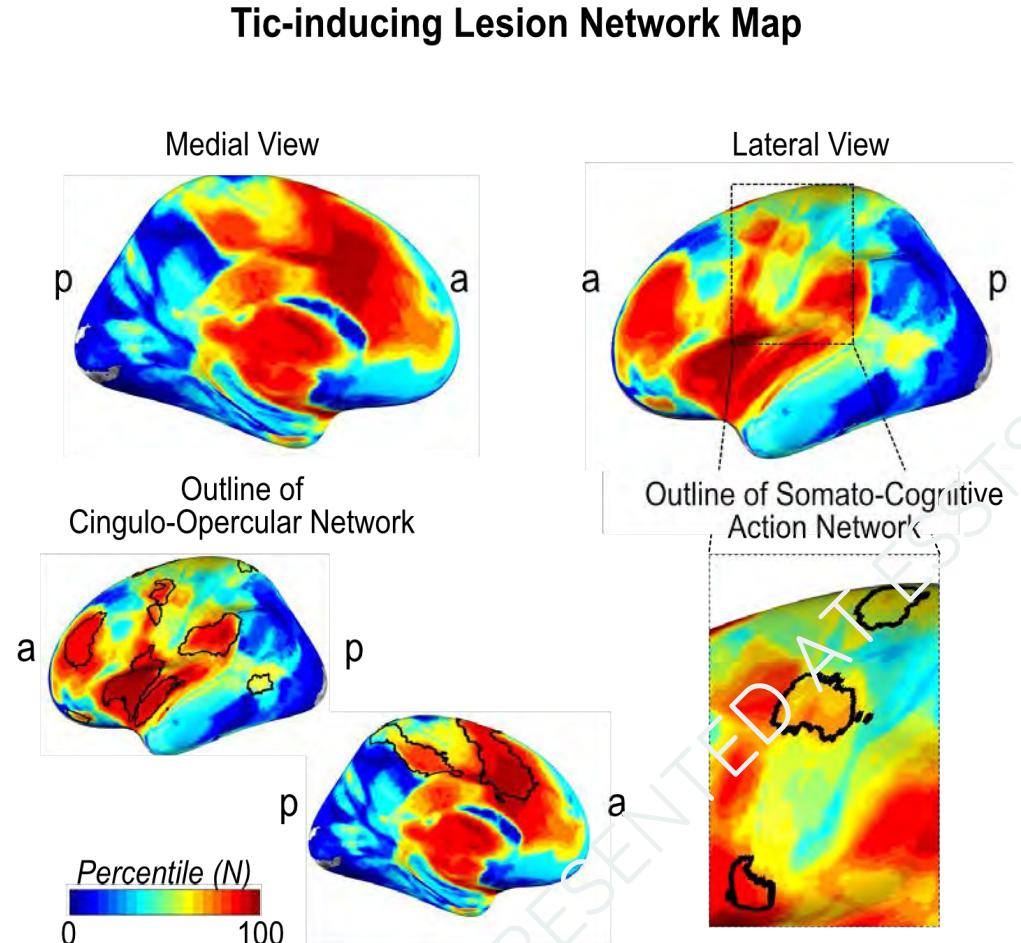
Replication of Heat Map
in Independent DBS Data



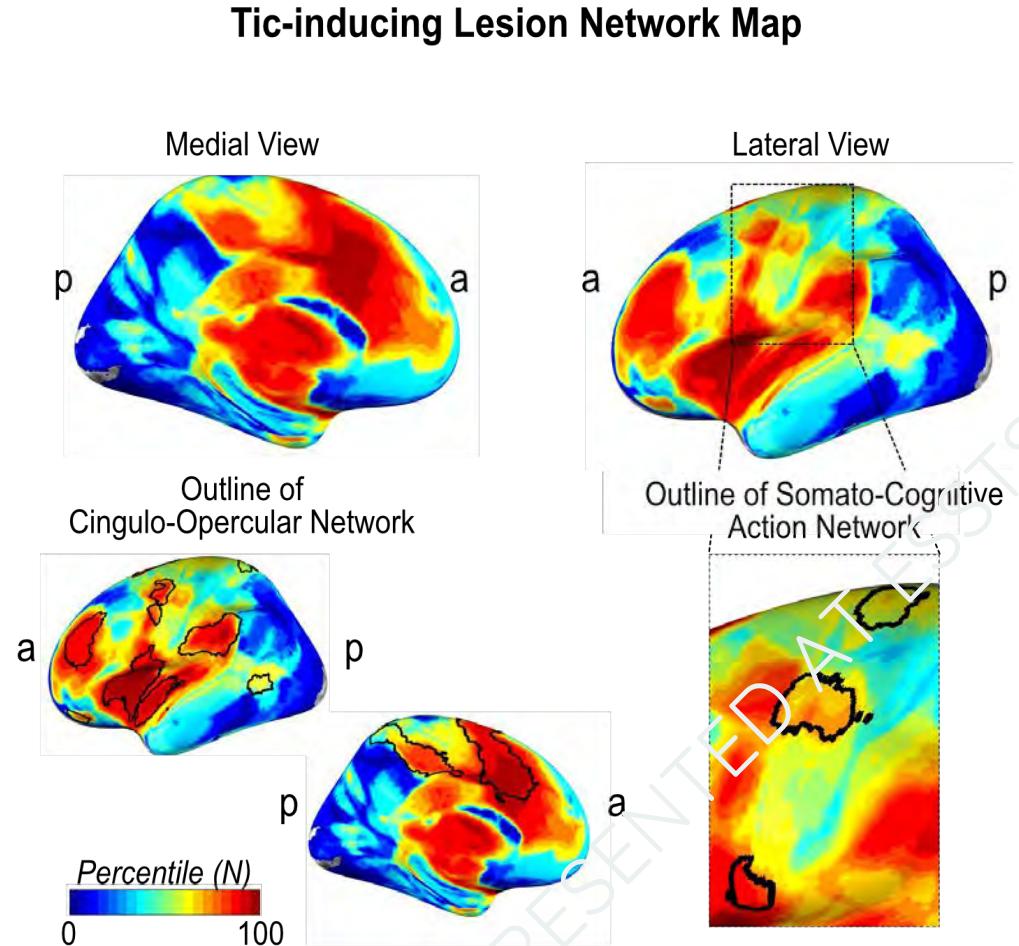
Replication In Lesion Network Map of Tic-inducing brain lesions (N = 22)



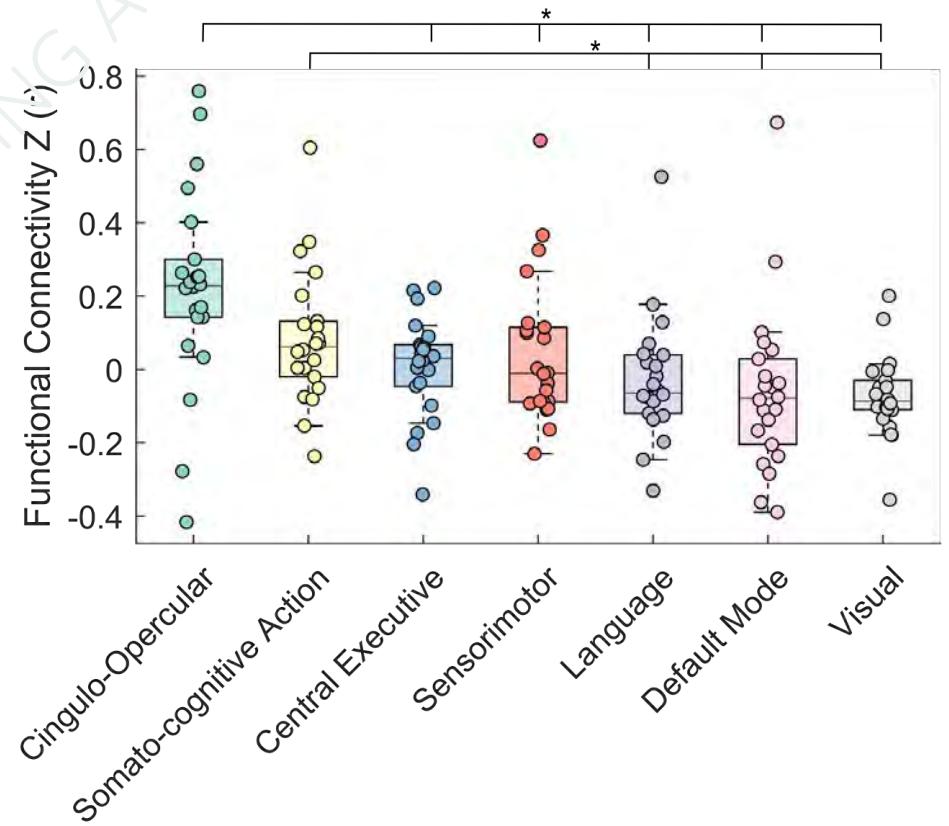
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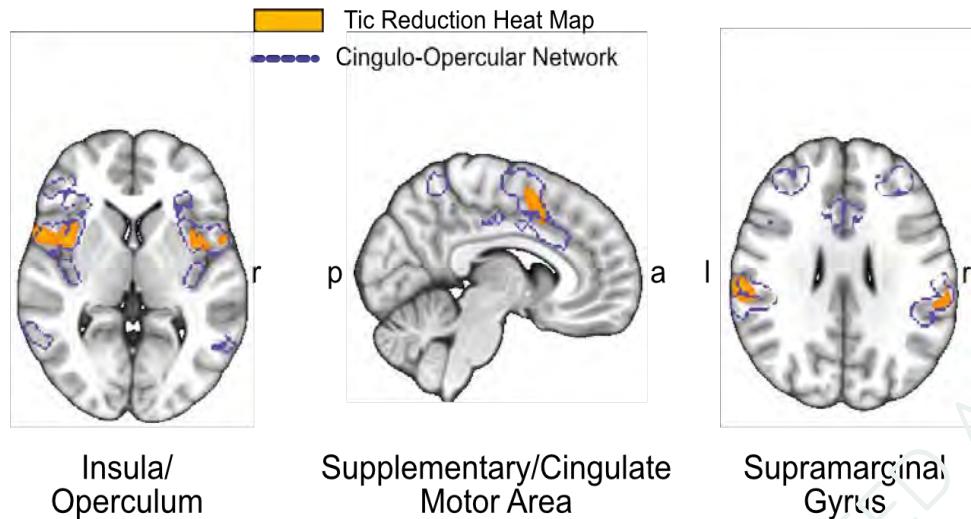


Comparison of Lesion Connectivity across Networks

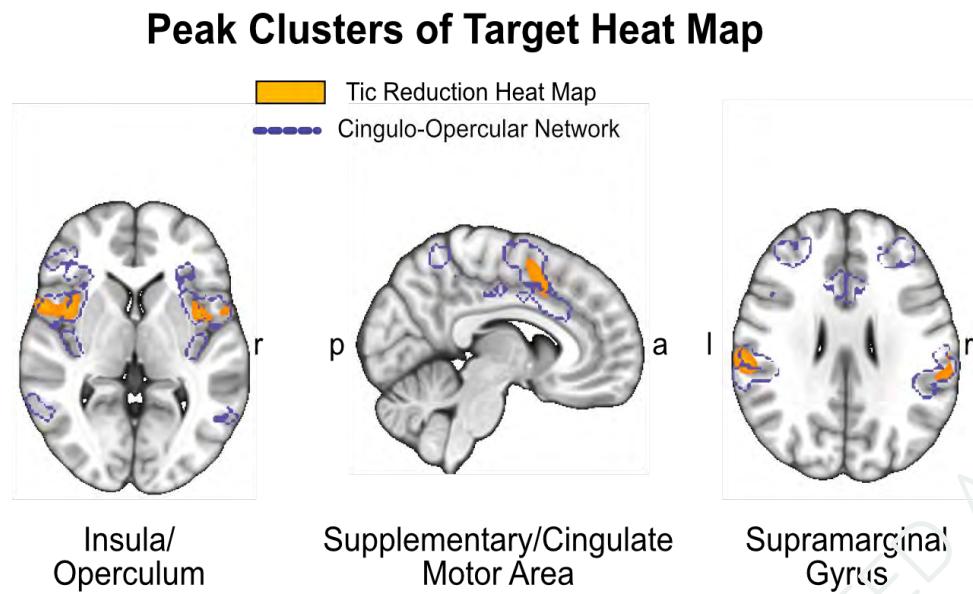


Tic Reduction Heat Map Matches General Urge Activity

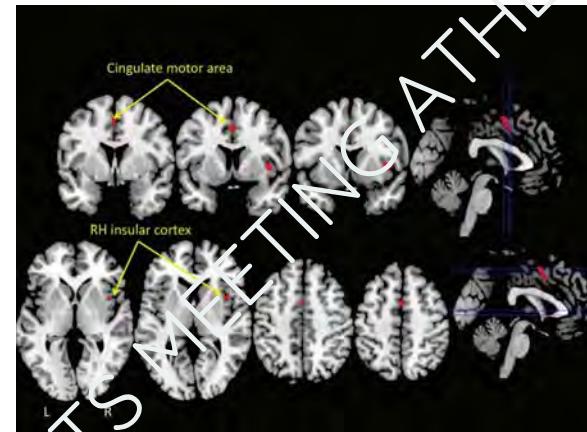
Peak Clusters of Target Heat Map



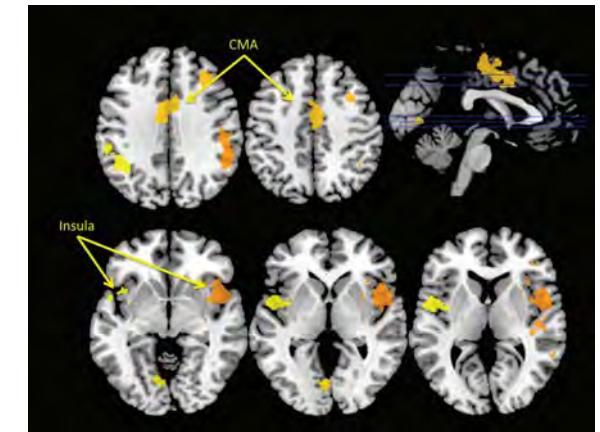
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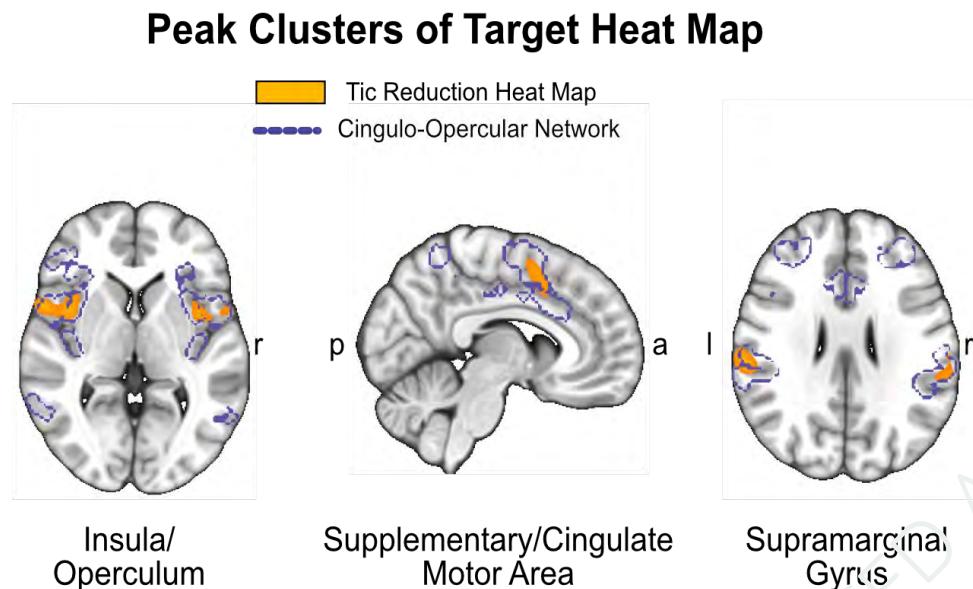
ALE: Urge to Swallow and Micturate



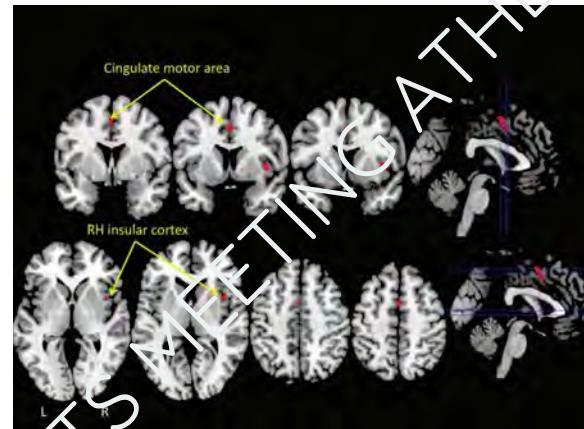
Urge to Yawn



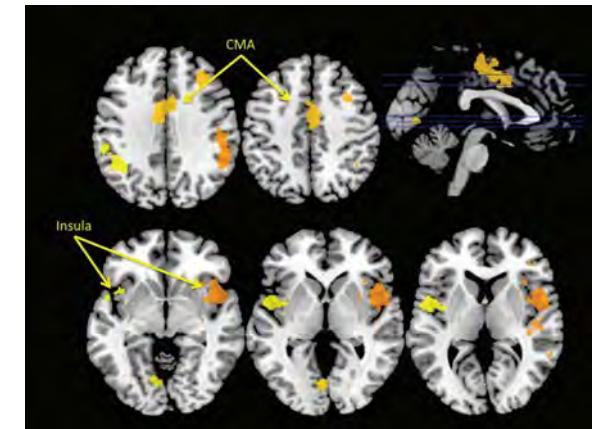
Tic Reduction Heat Map Matches General Urge Activity



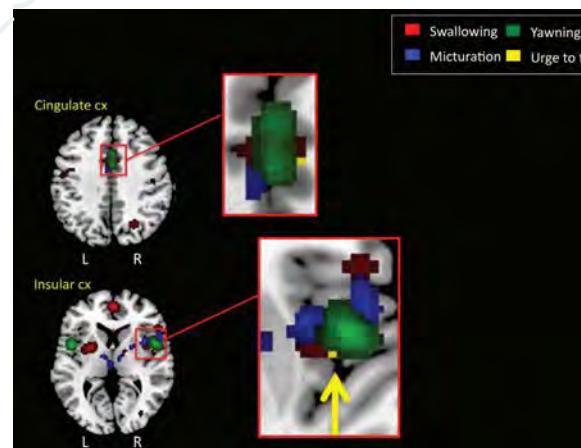
ALE: Urge to Swallow and Micturate



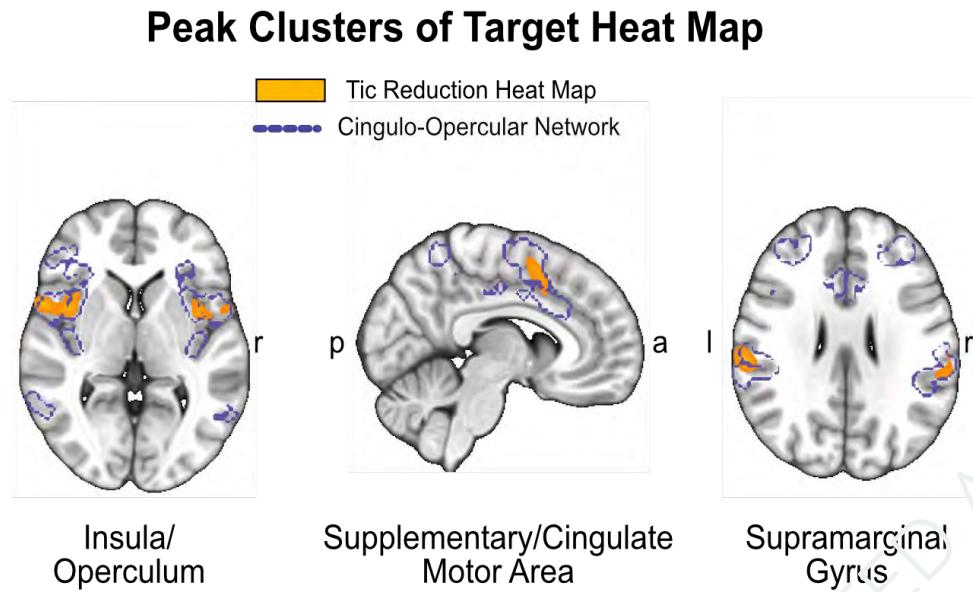
Urge to Yawn



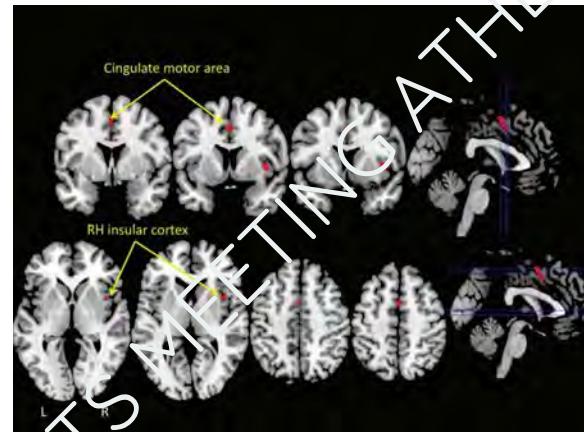
Overlap with Urge to Tic Activity



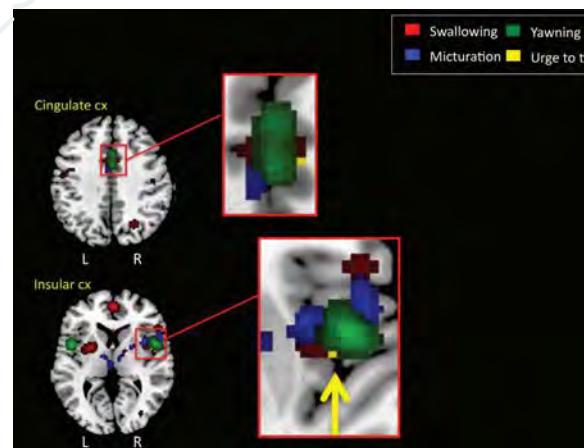
Tic Reduction Heat Map Matches General Urge Activity



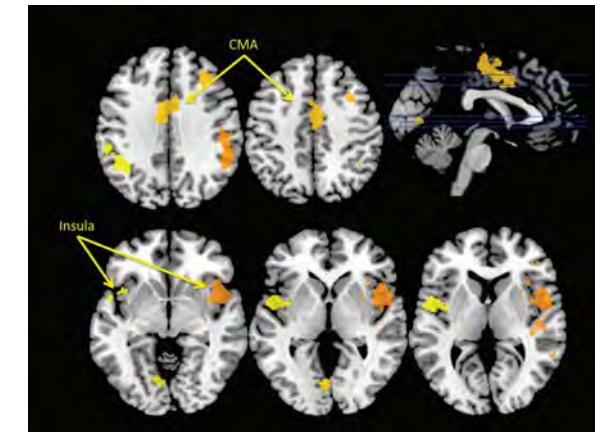
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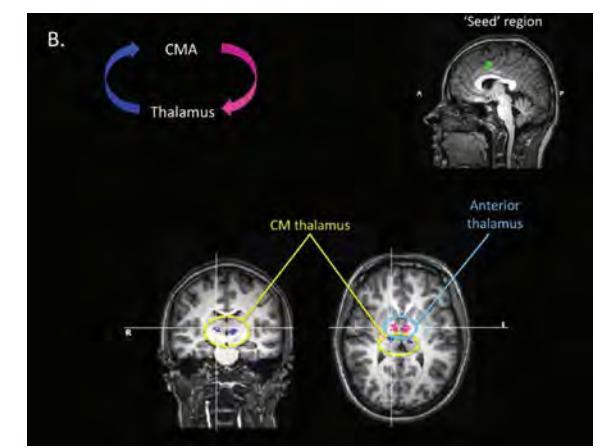
Overlap with Urge to Tic Activity



Urge to Yawn



Involvement of Thalamic Nuclei



DBS for Tics

PRESENTED AT ESSTS MEETING ATHENS 2025

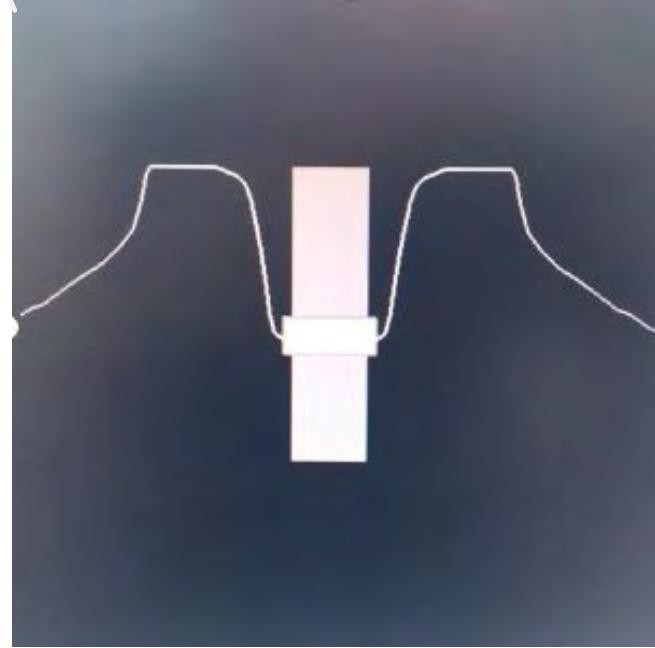
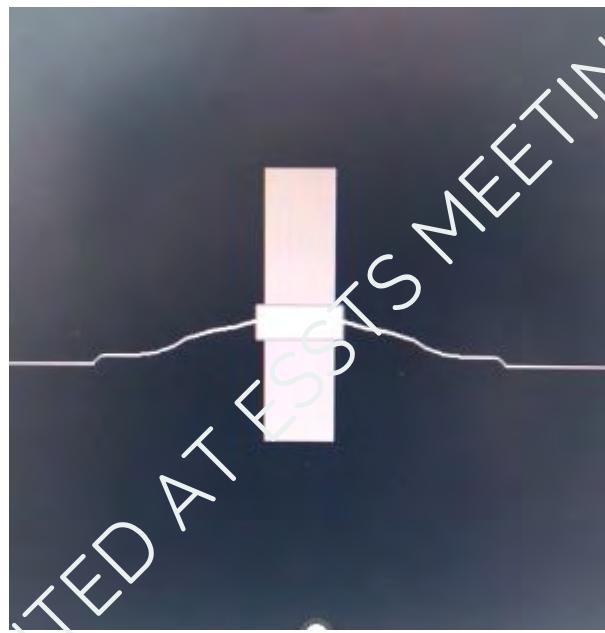
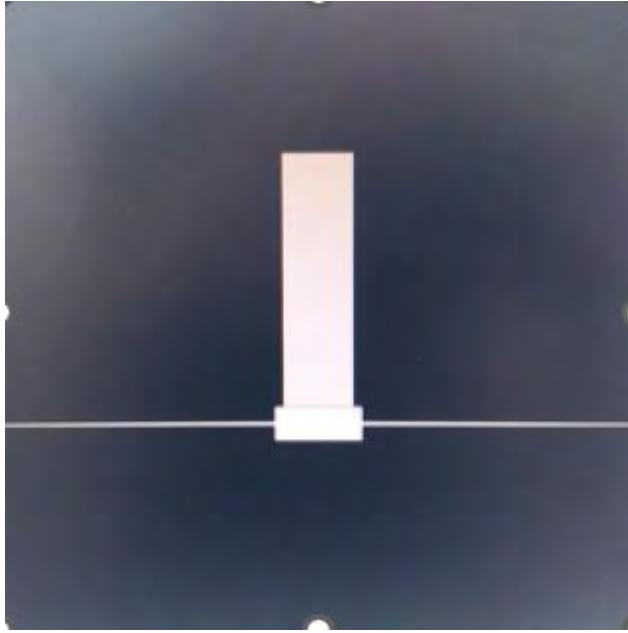
~~DBS for Tics~~

DBS for Urges?

Premonitory Urge to Tic during CM-VOI DBS



Thomas Schüller

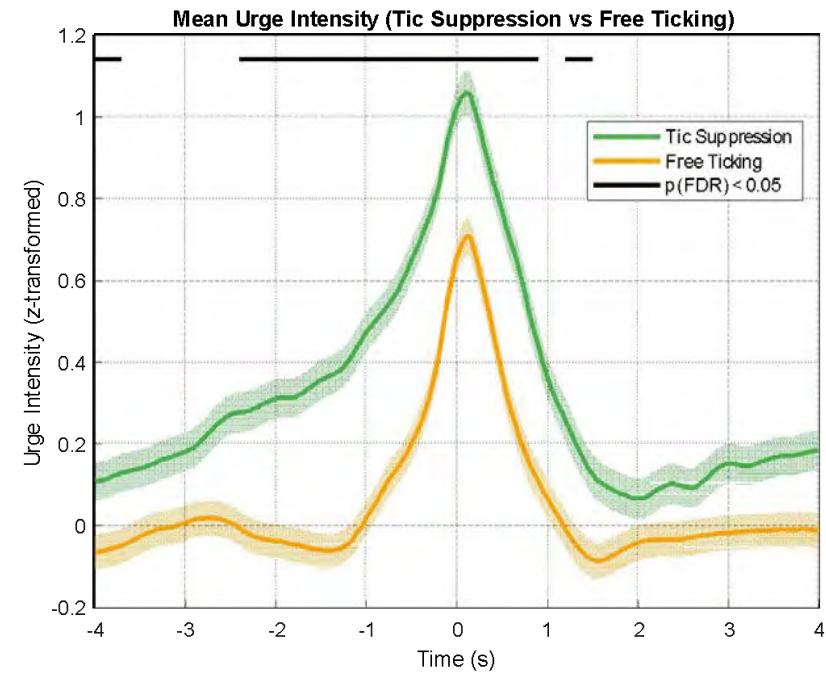


Valerie Brandt

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



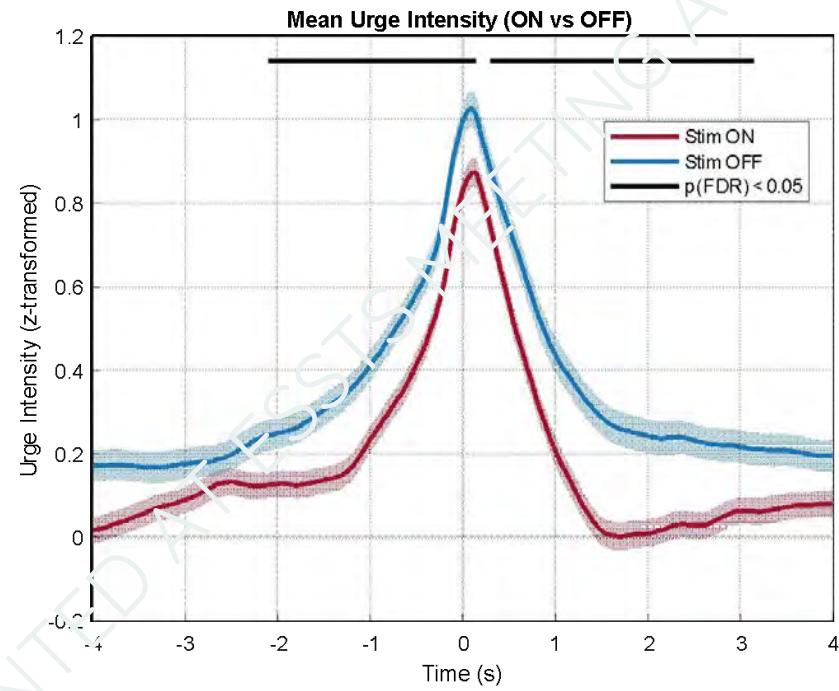
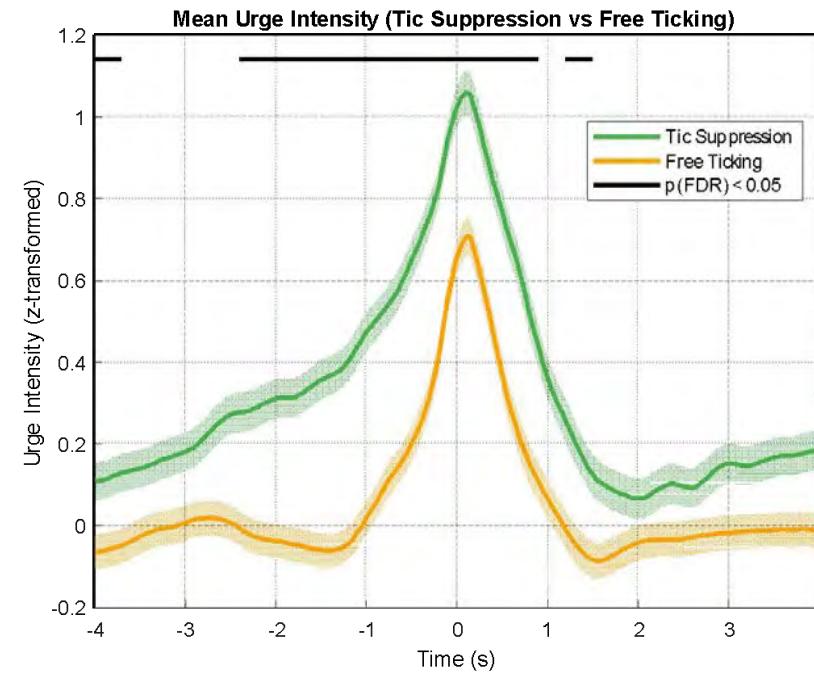
Thomas Schüller PhD



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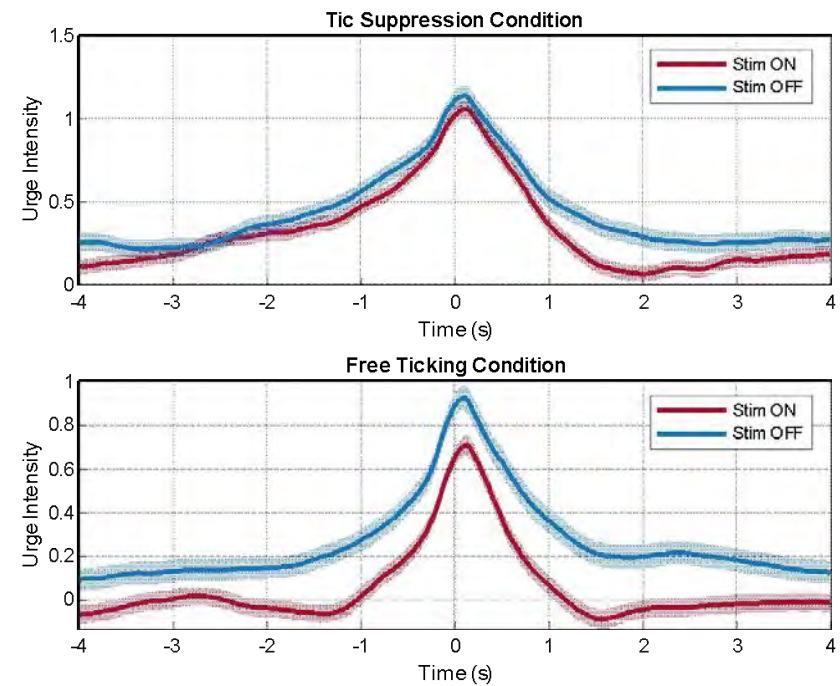
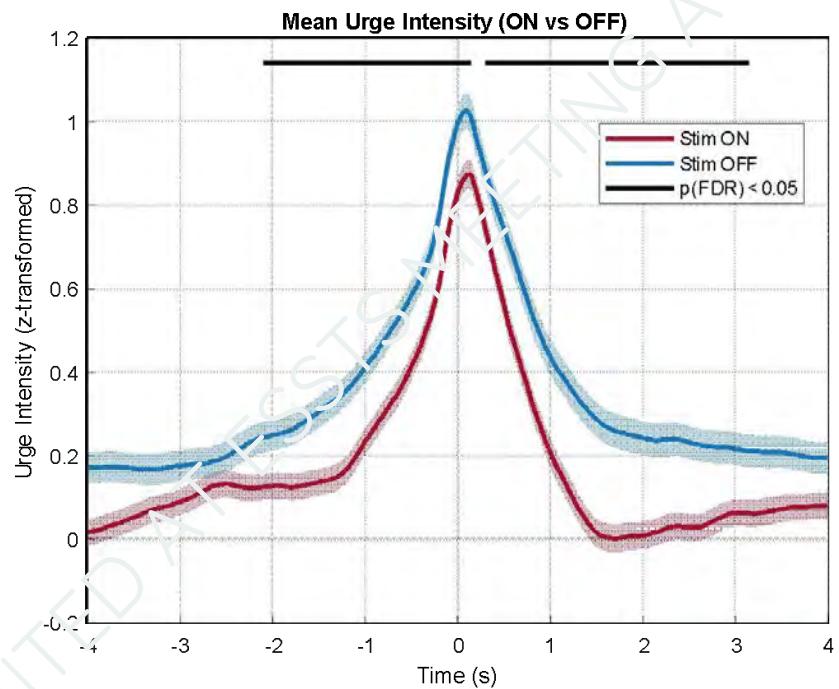
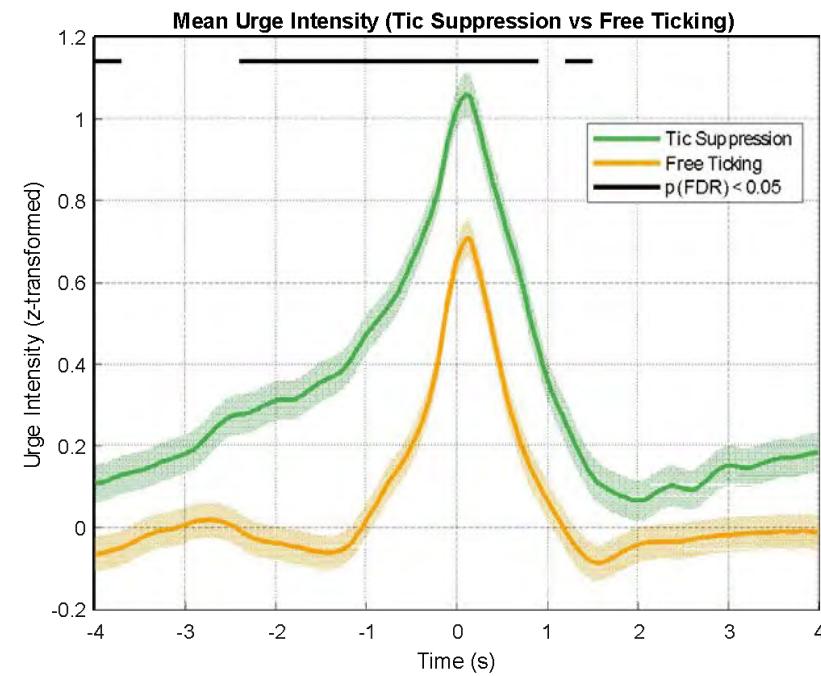
Thomas Schüller PhD



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



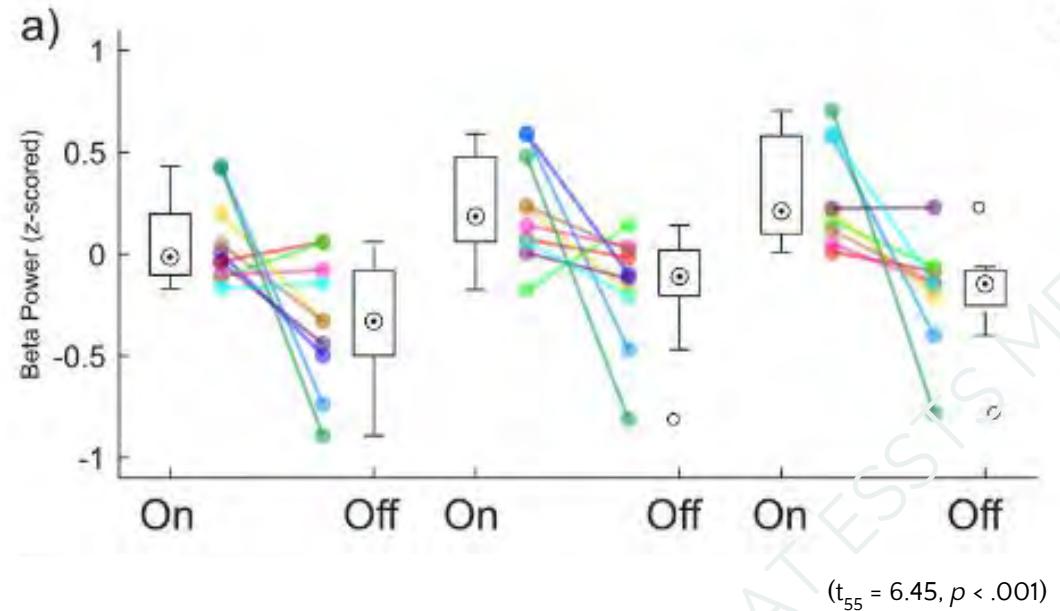
Thomas Schüller PhD



Thalamic DBS Increases Premotor Beta Activity During Resting-State



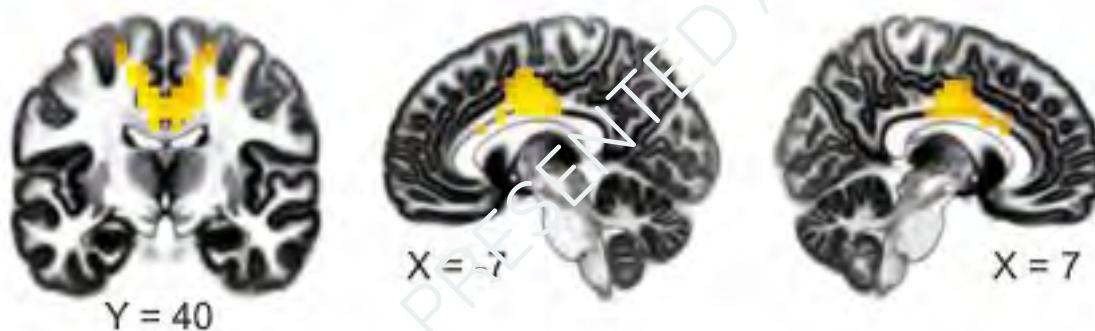
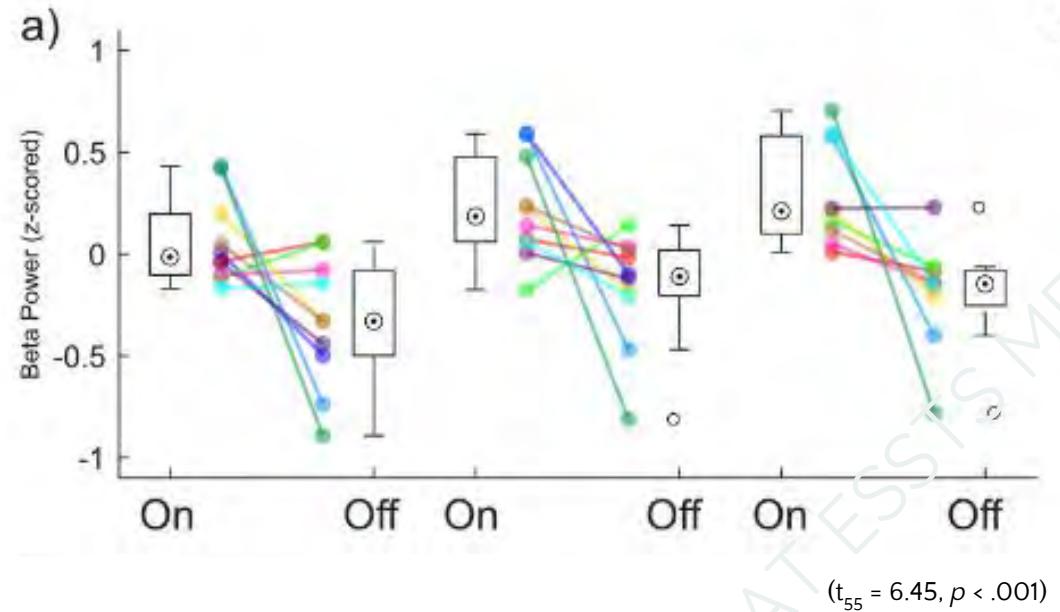
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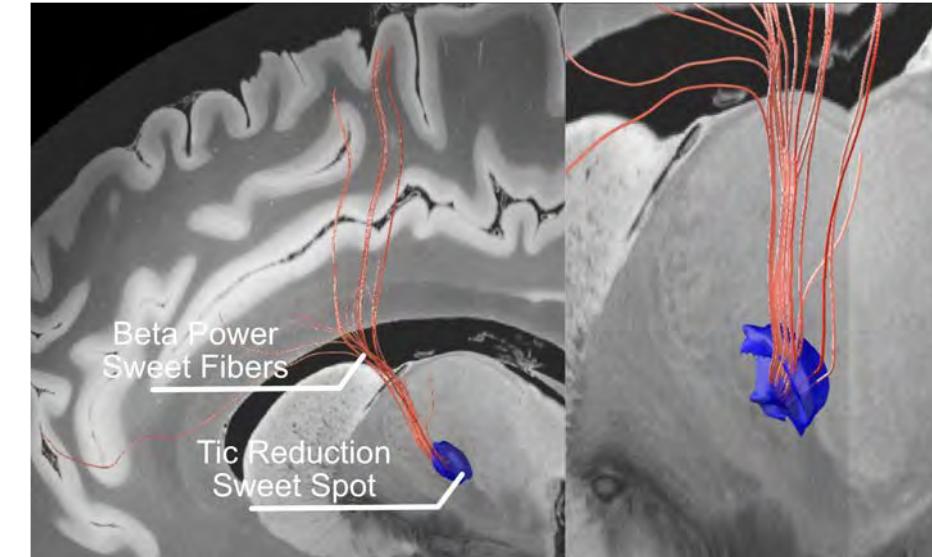
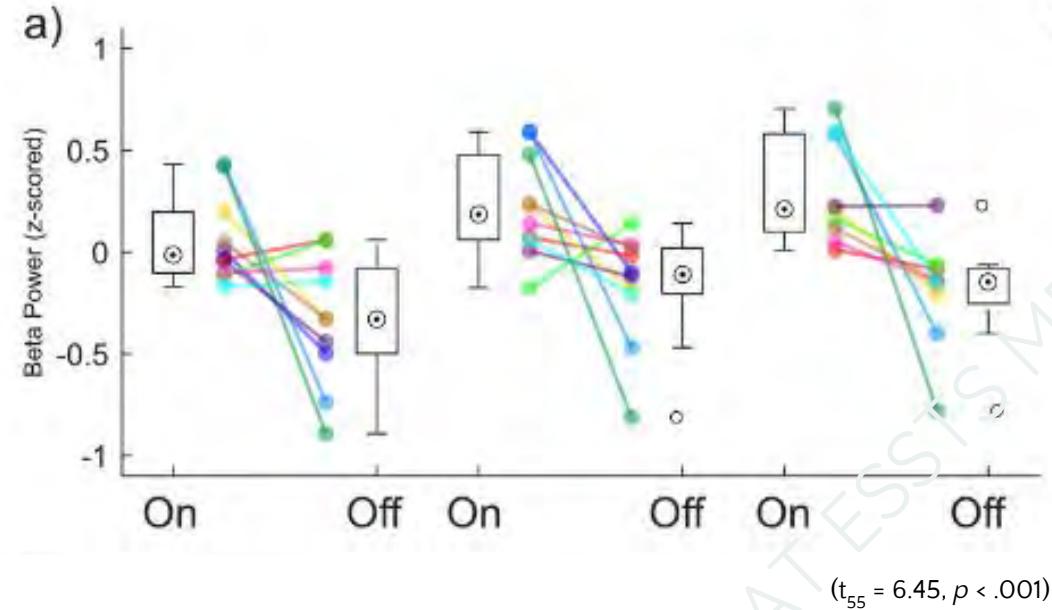
Thomas Schüller PhD



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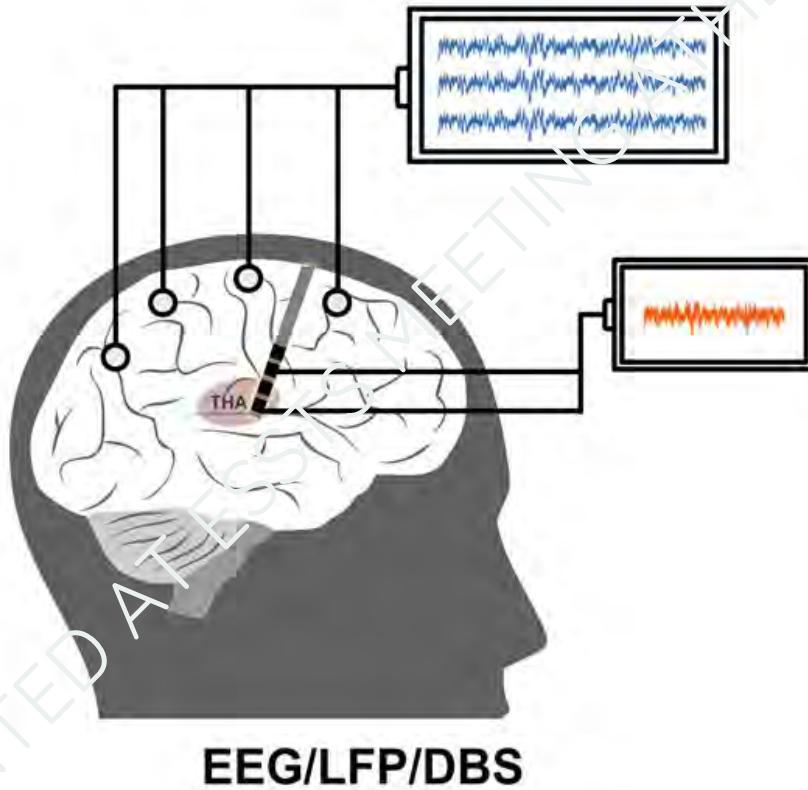
Thomas Schüller, PhD



How Does the Thalamus Influence the Cortex During Tics



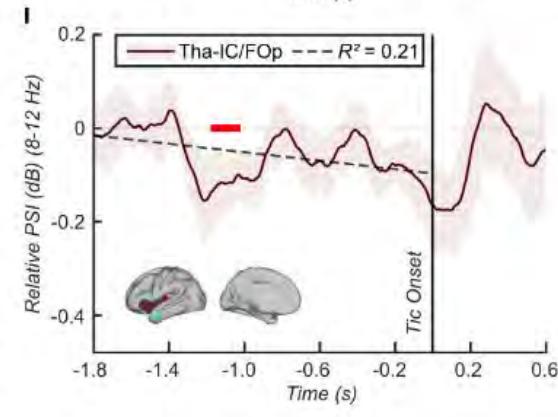
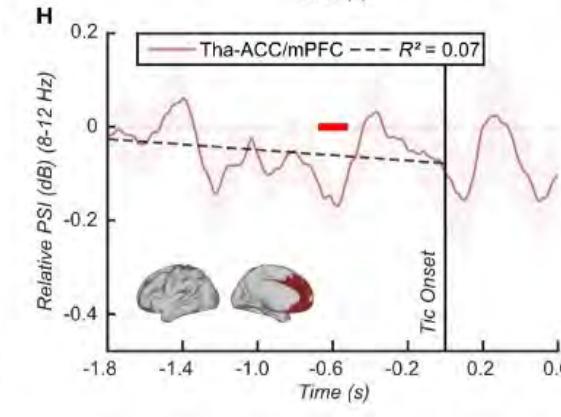
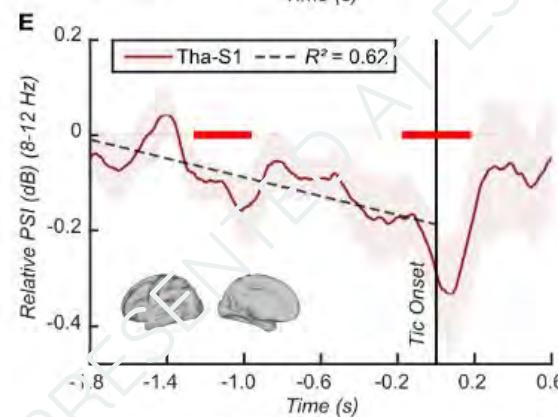
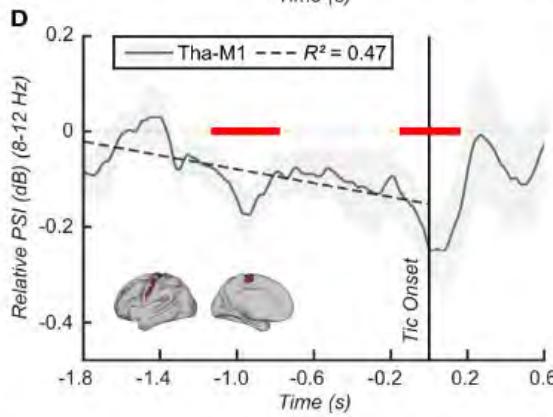
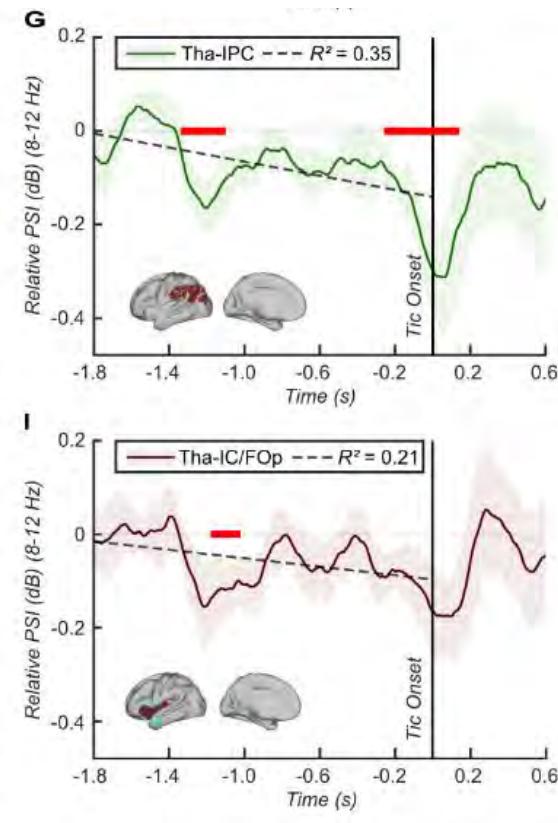
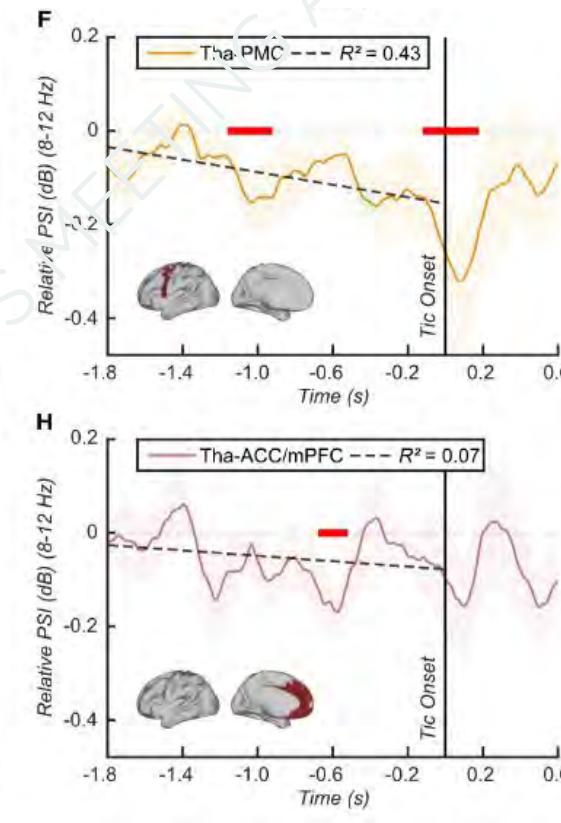
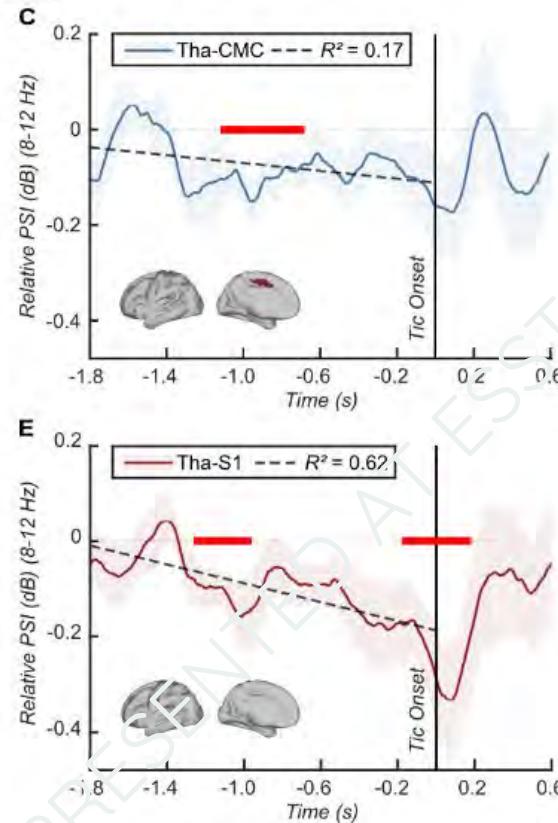
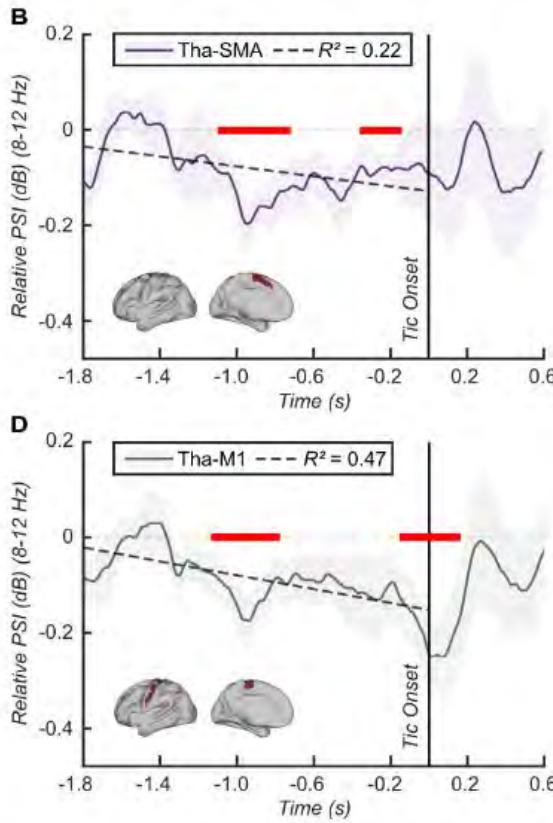
Laura Wehmeyer PhD



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



Laura Wehmeyer PhD

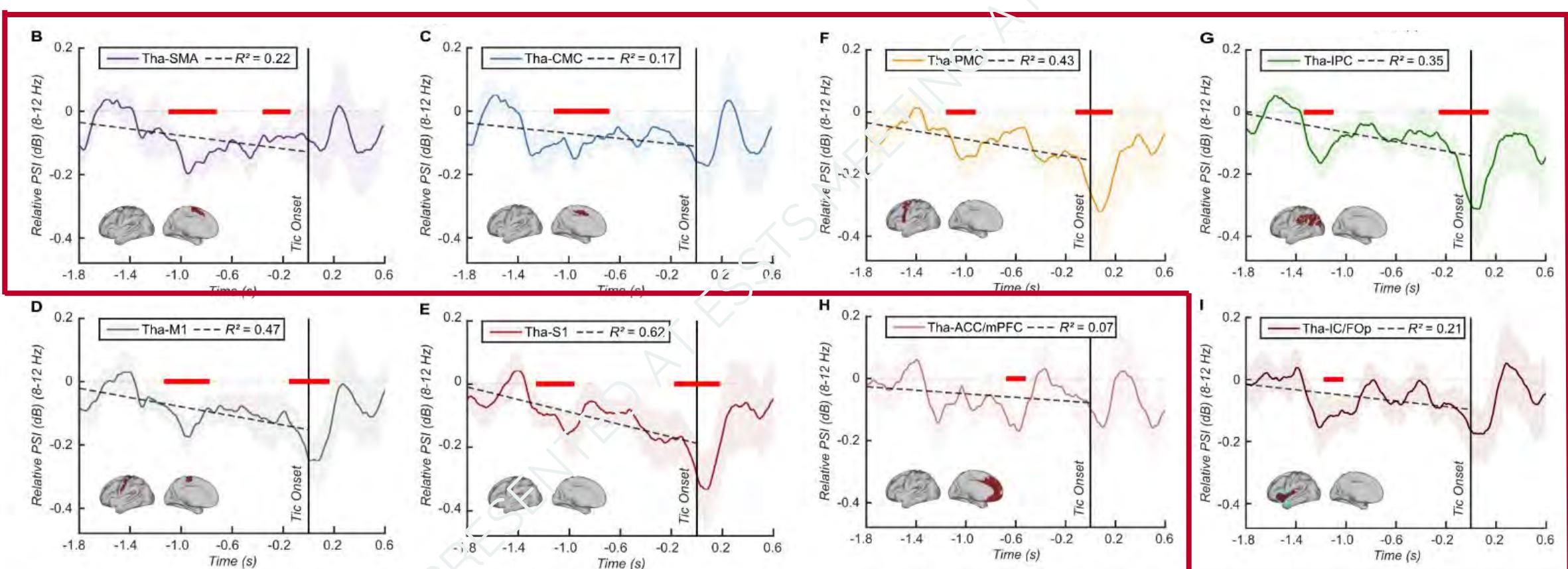


Reduction in Thalamo-Cortical Alpha Power in Action-Mode Regions Precedes Tic Onset



Laura Wehmeyer PhD

- Action-Mode
Network

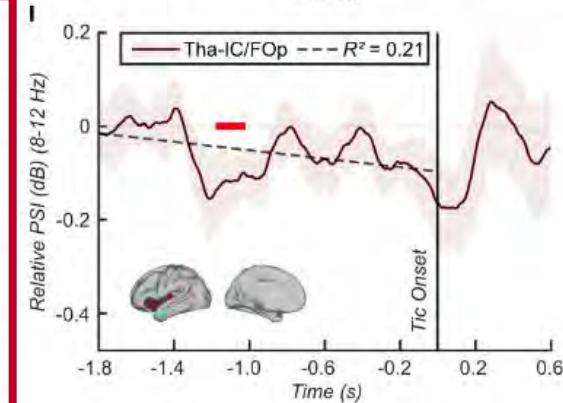
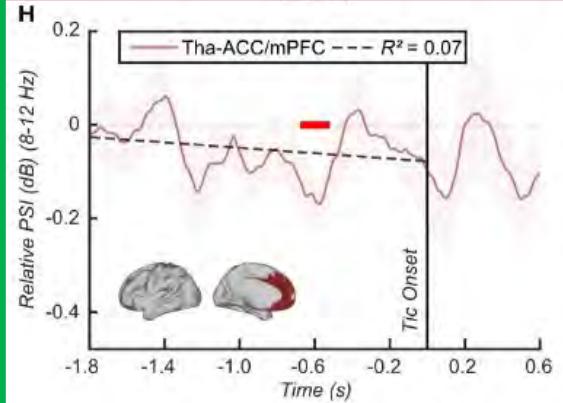
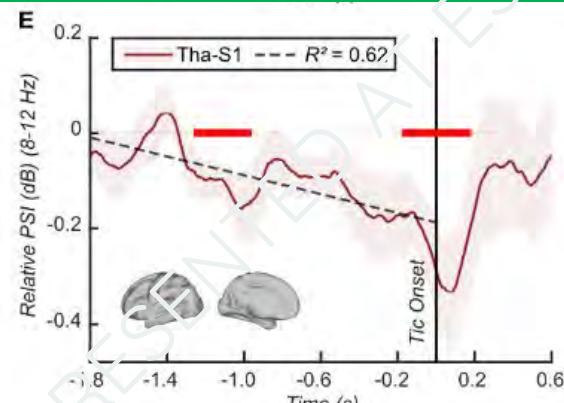
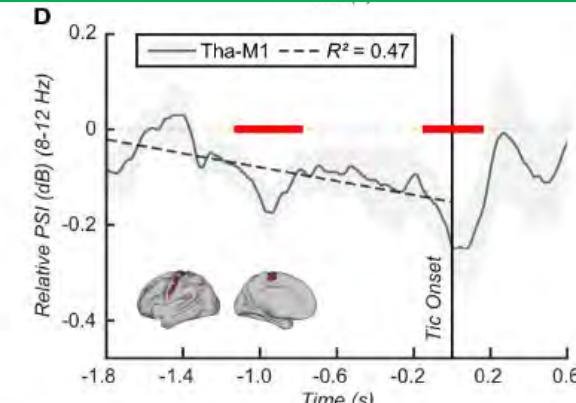
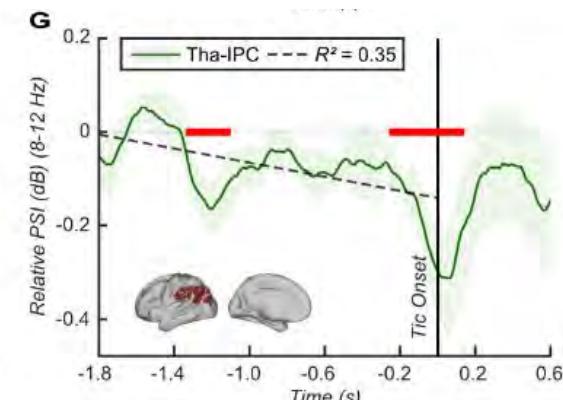
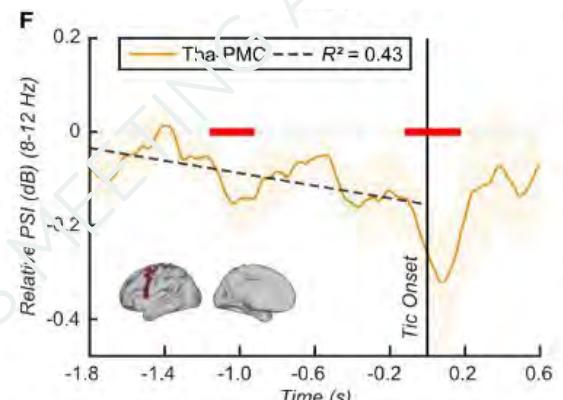
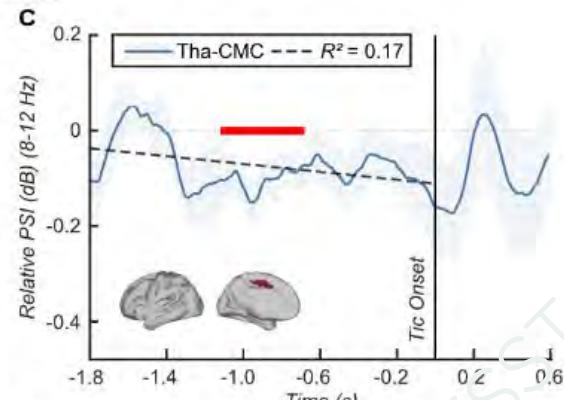
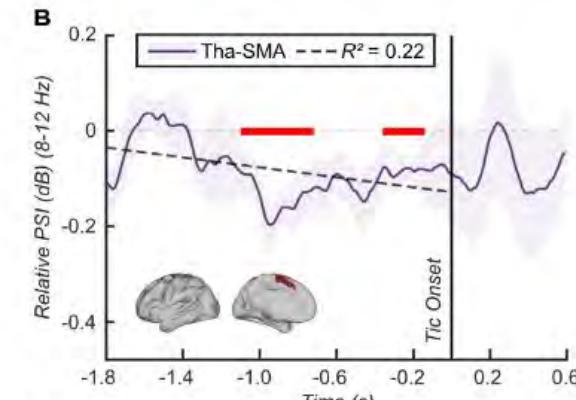


Reduction in Thalamo-Cortical Alpha Power in Action-Mode Regions Precedes Tic Onset



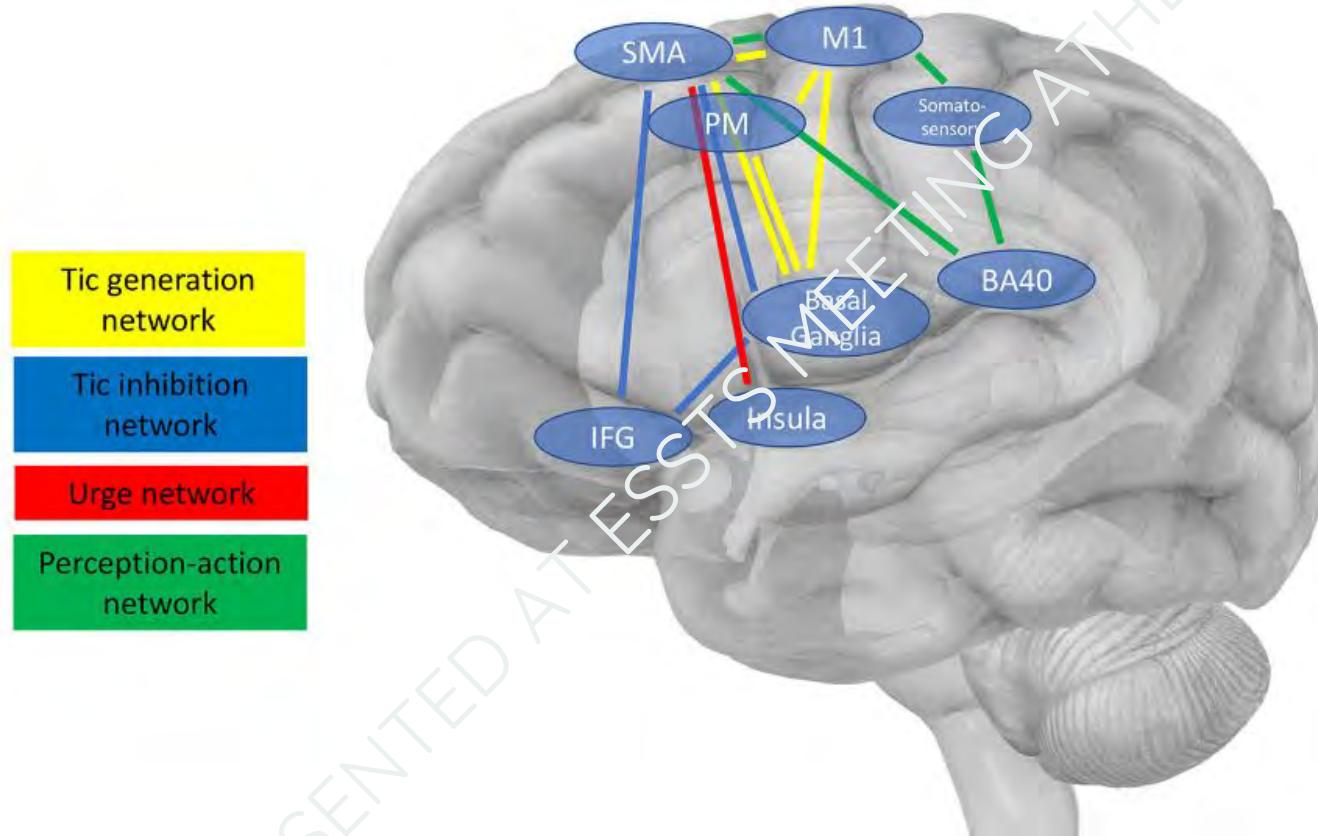
Laura Wehmeyer PhD

- Action-Mode Network

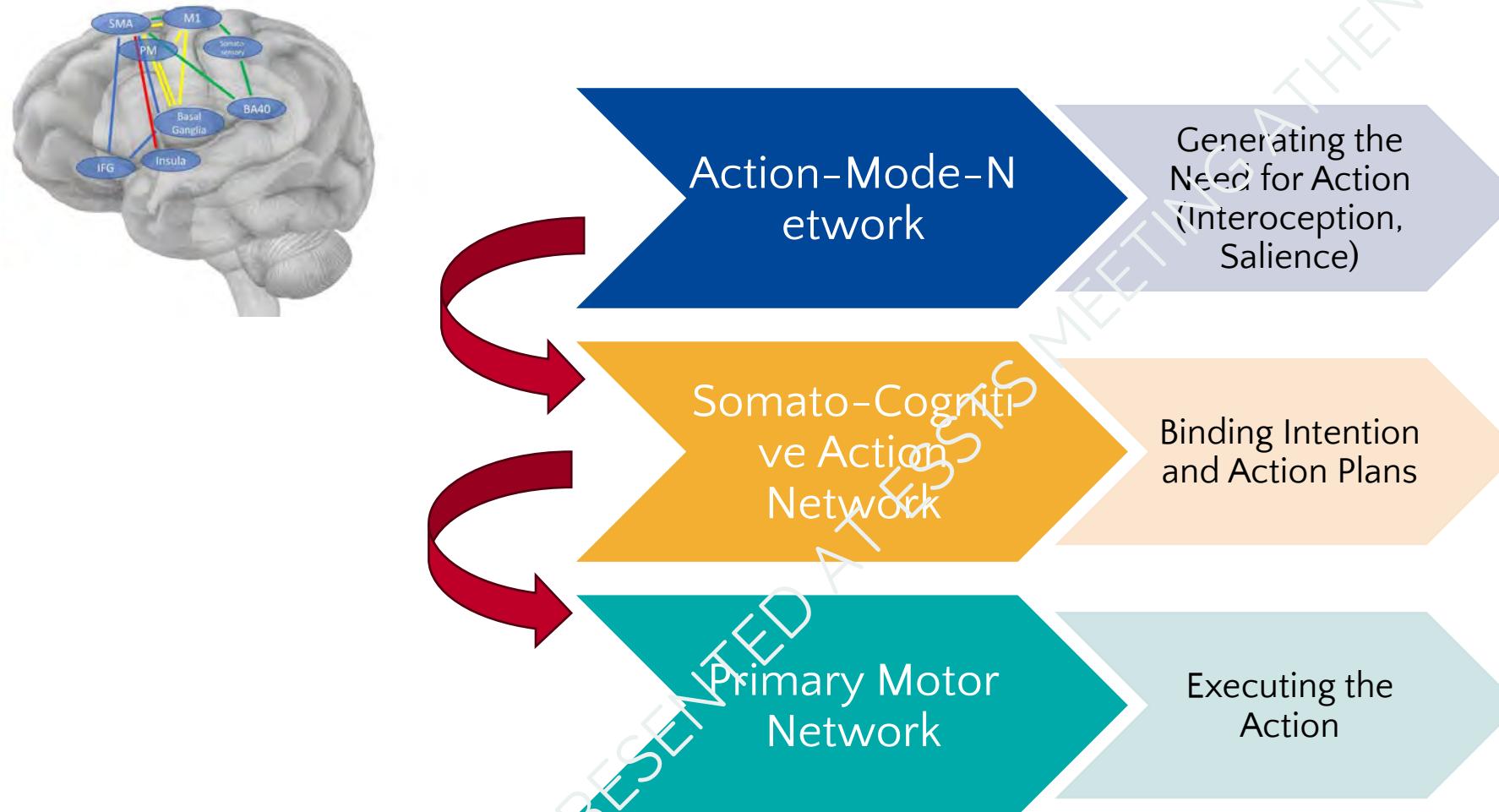


- SCAN & Sensorimotor Network

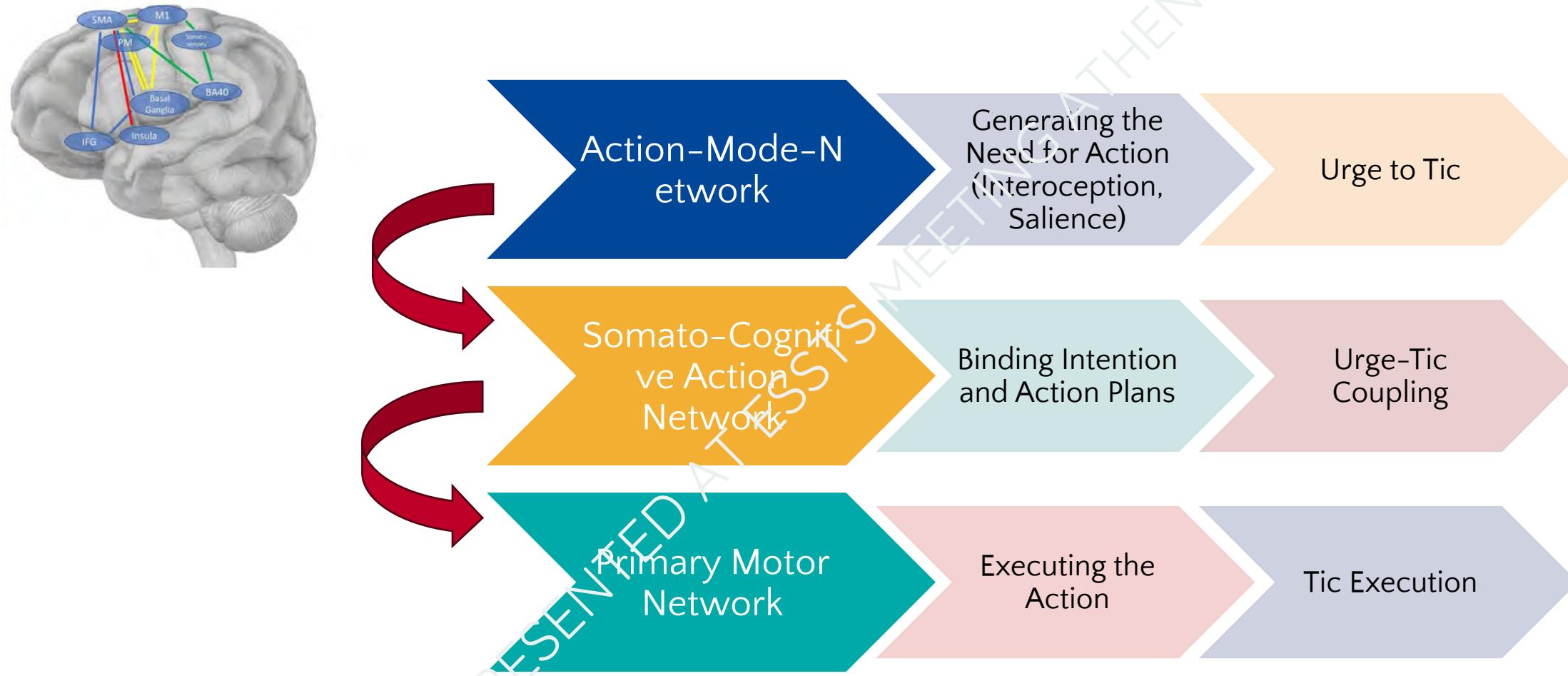
Tic Disorders as Multi-Network-Disorders



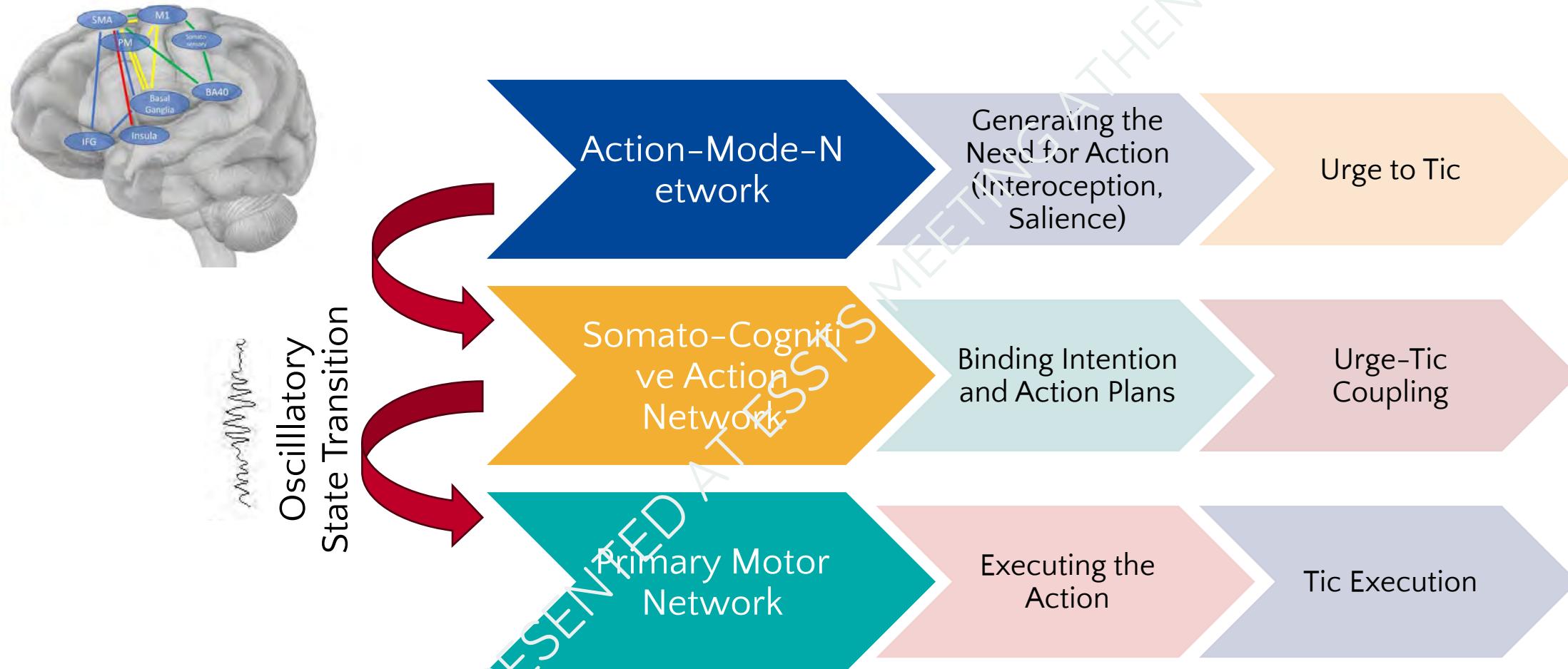
Hypothesis: An Extended Brain Network Model for Tics



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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

- 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
UK Freiburg

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

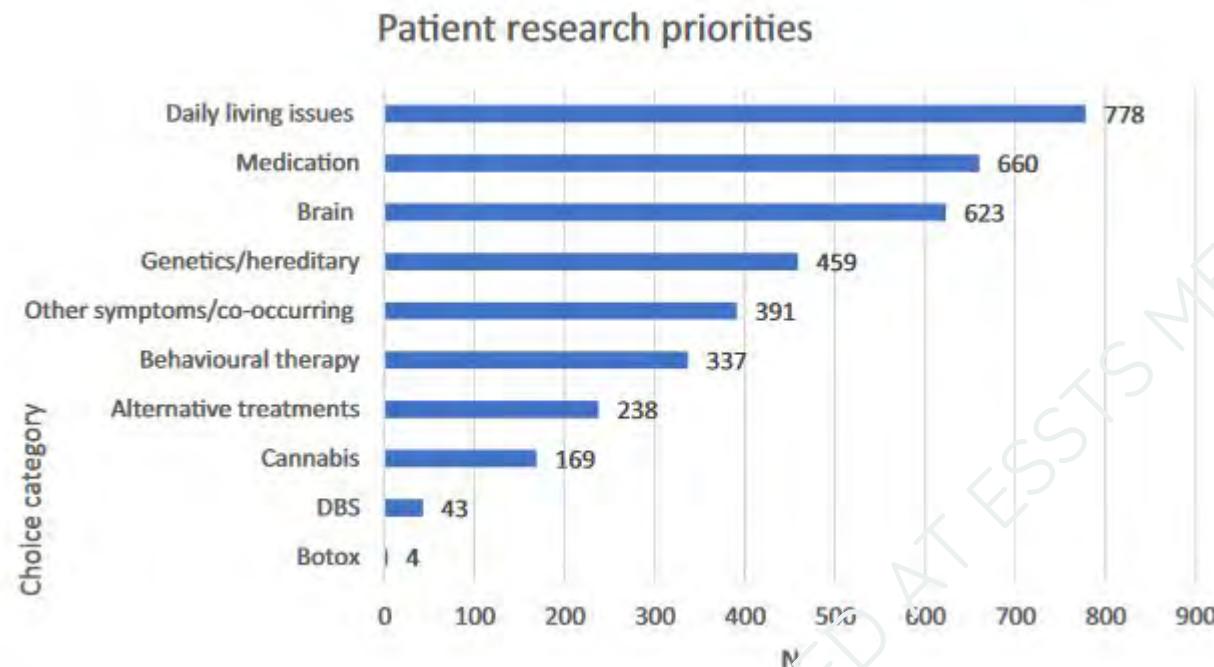
Collaborative Research Center 1451
Cologne

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

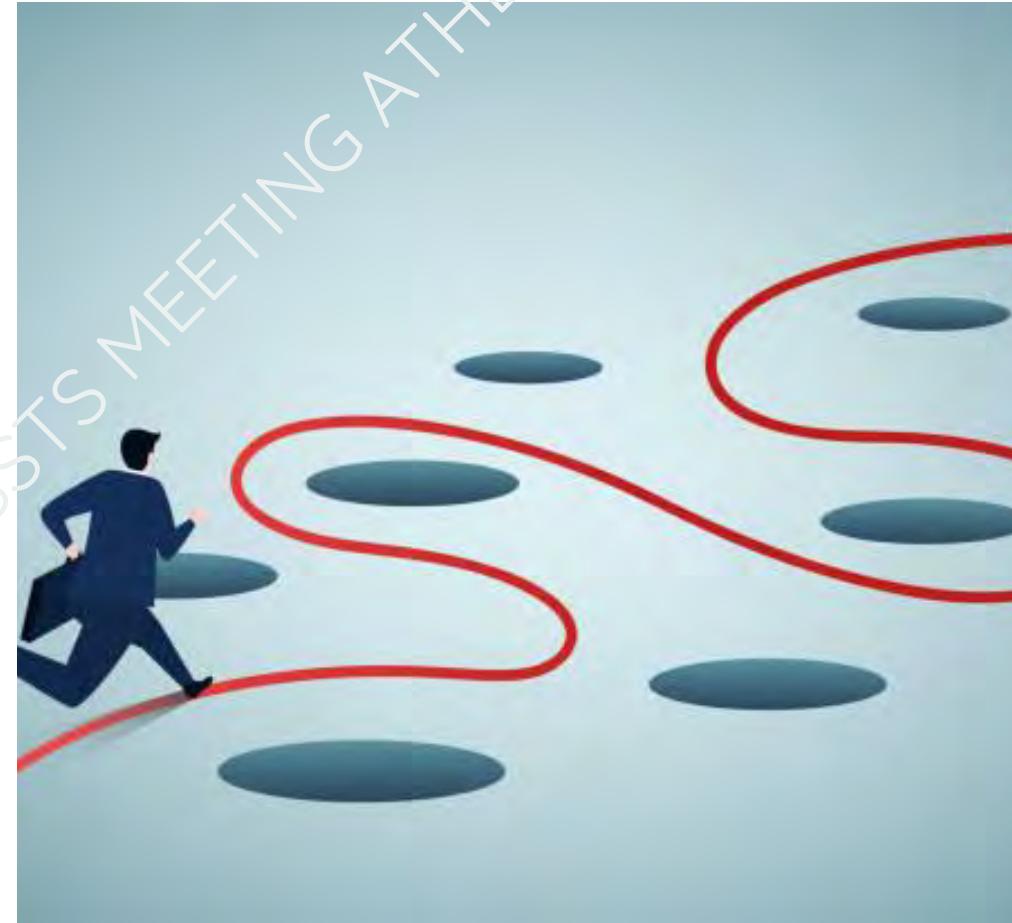


The Patient's Perspective



Pitfalls of Closed-Loop DBS for Tic Disorders

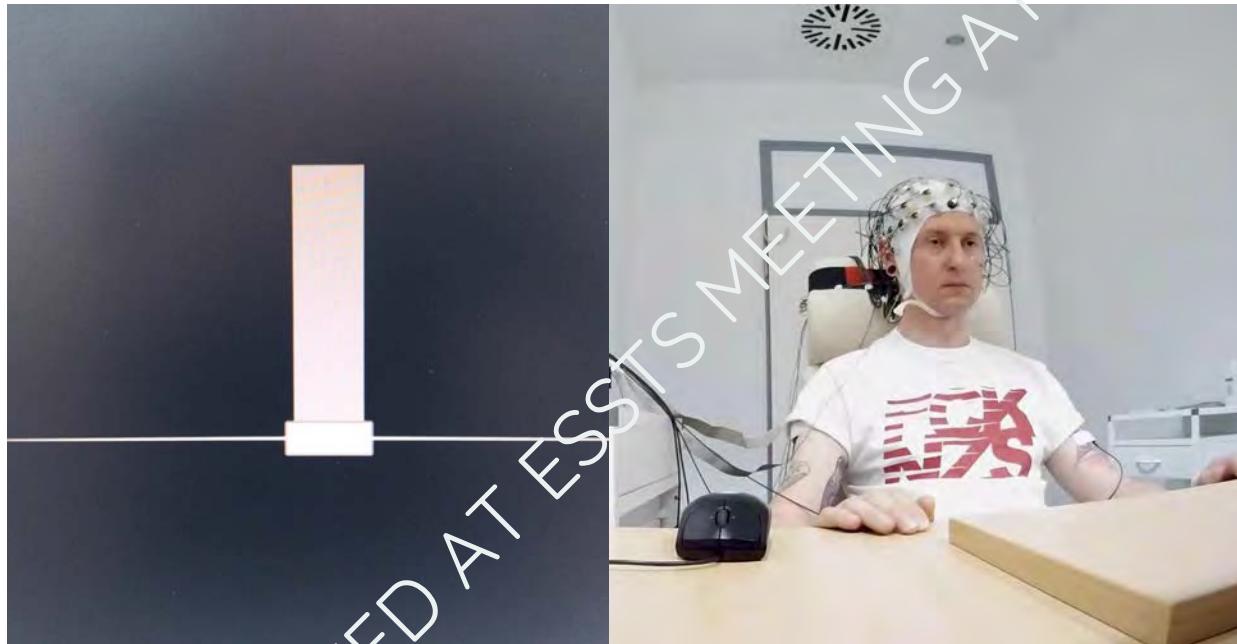
- Subcortical recordings may not be enough to capture urges and tics
- The location of a potential cortical recording site remains vague
- Variability of symptoms (i.e. urge and tic location, quality of urges) may require individual phenotyping
- We must distinguish tic activity from other actions
-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



Premonitory Urge to Tic during CM-VOI DBS



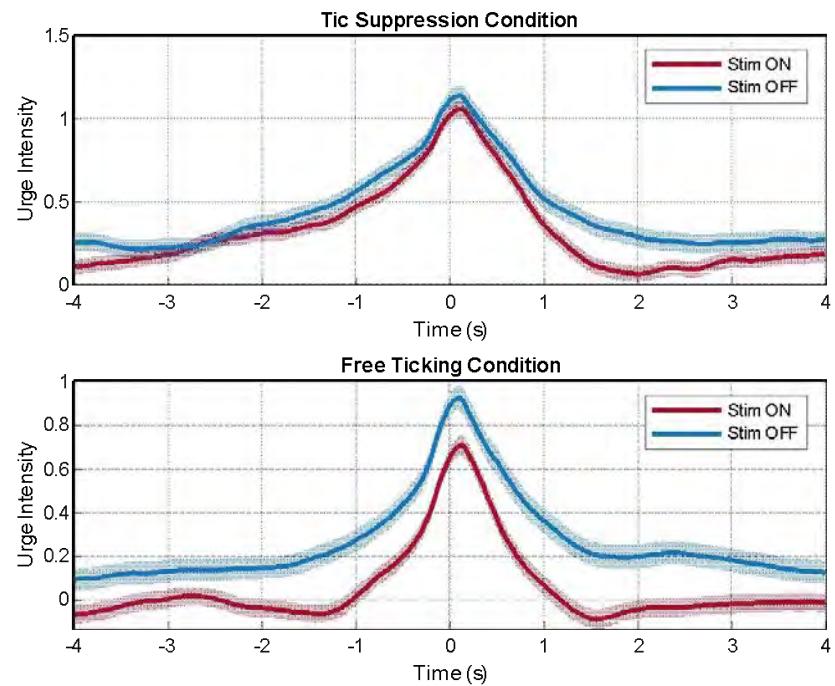
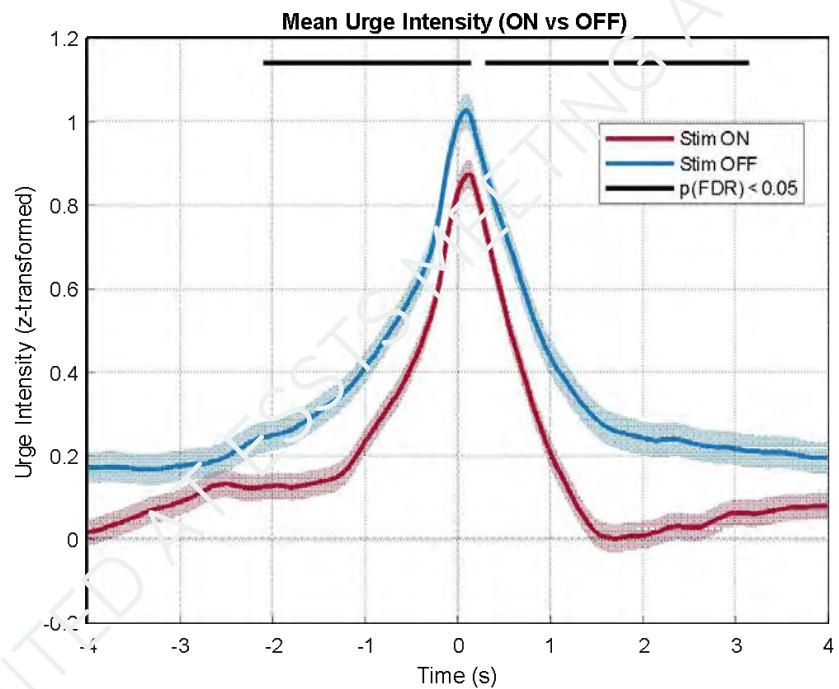
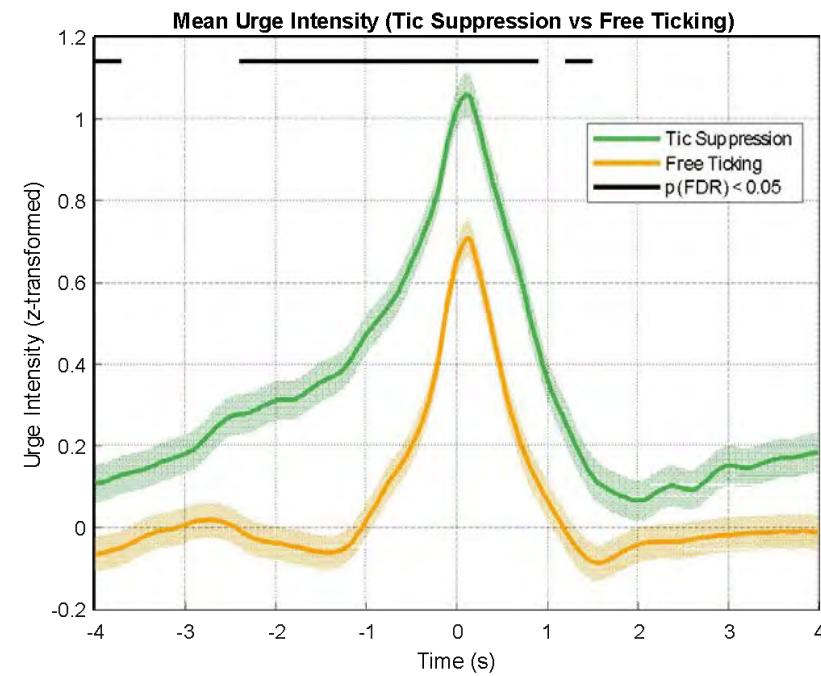
Thomas Schüller PhD



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



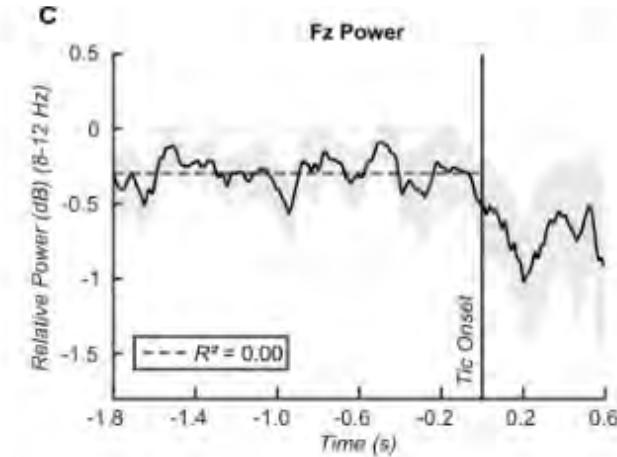
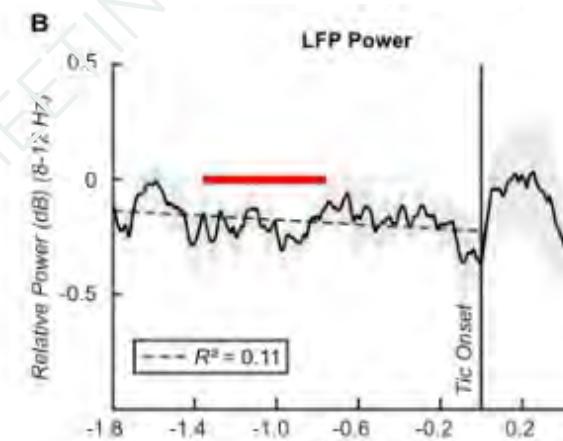
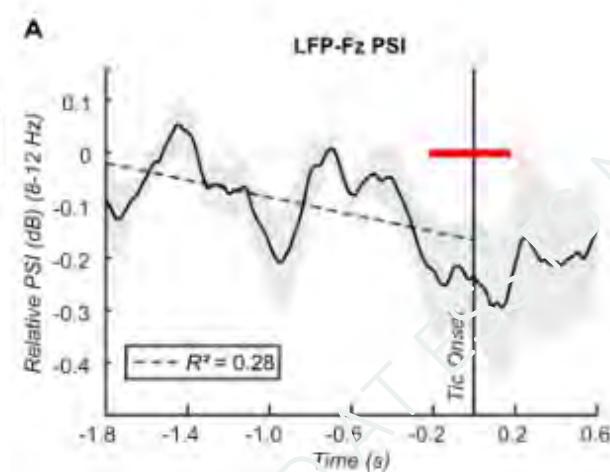
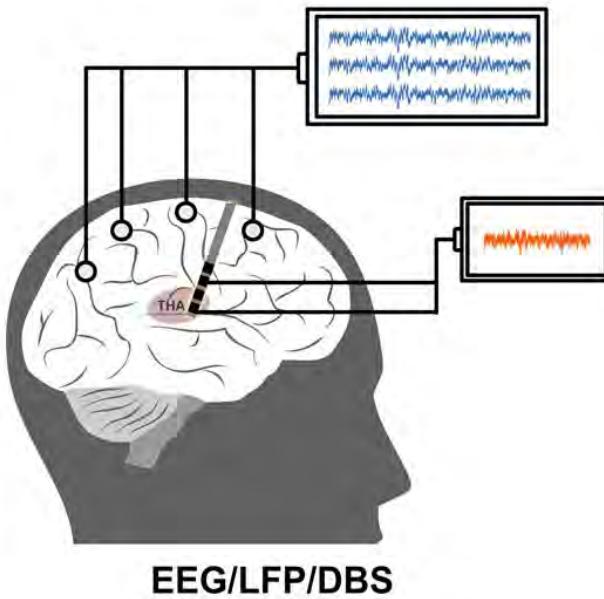
Thomas Schüller PhD



Thalamo-Frontal Alpha Connectivity Decreases Before Tic Onset



Laura Wehmeyer PhD

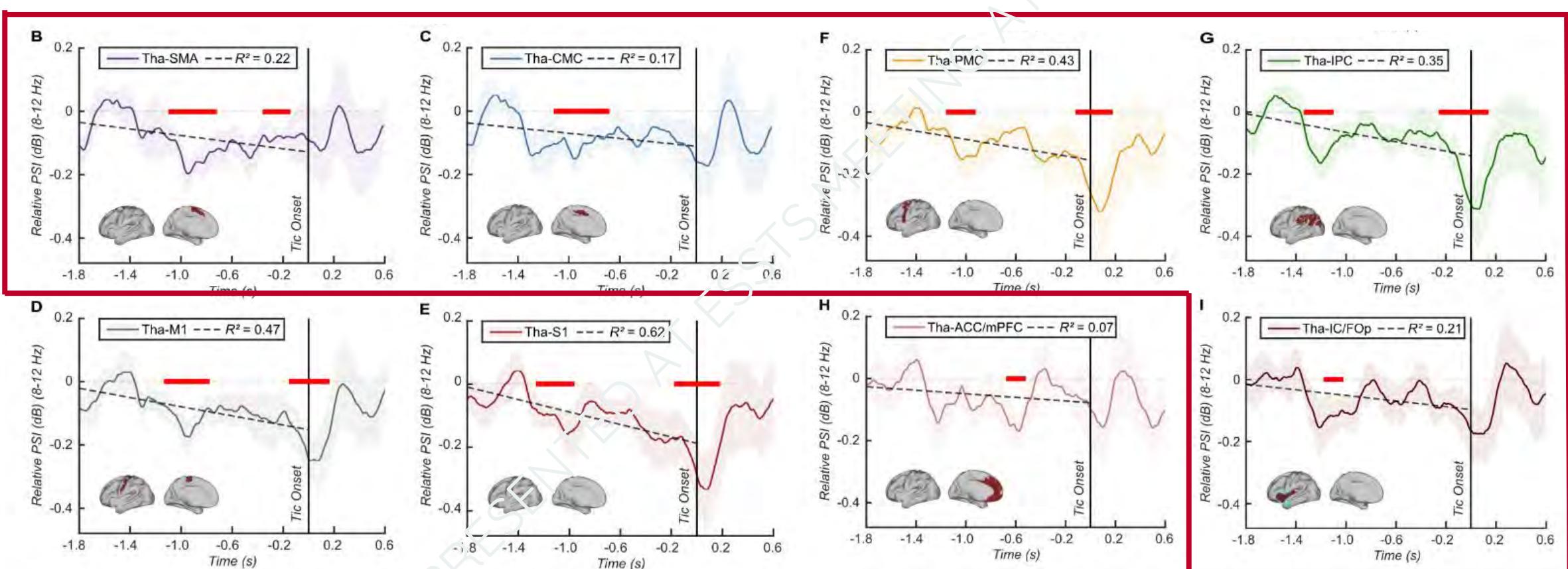


Reduction in Thalamo-Cortical Alpha Power in Action-Mode Regions Precedes Tic Onset



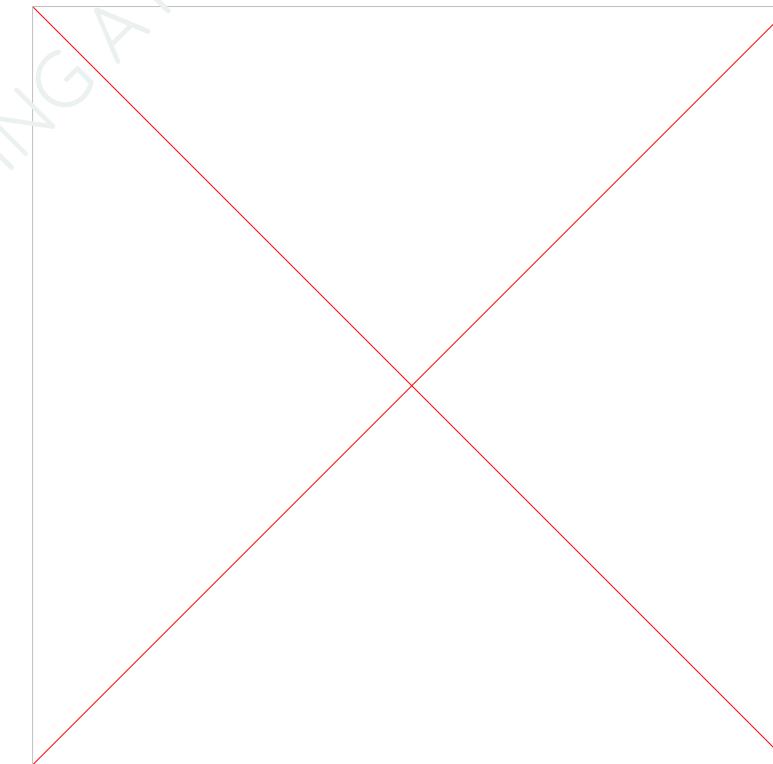
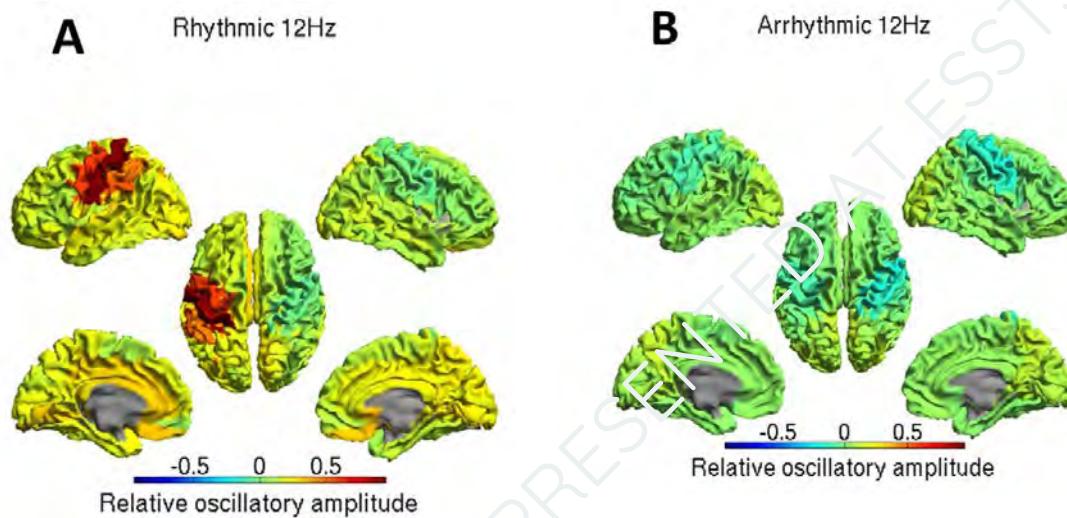
Laura Wehmeyer PhD

- 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

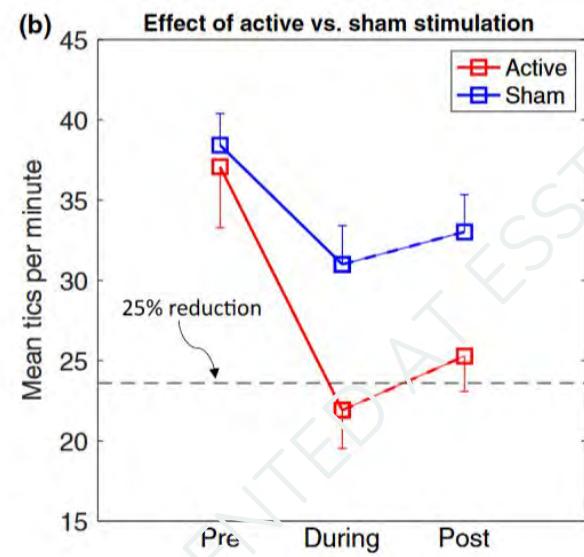
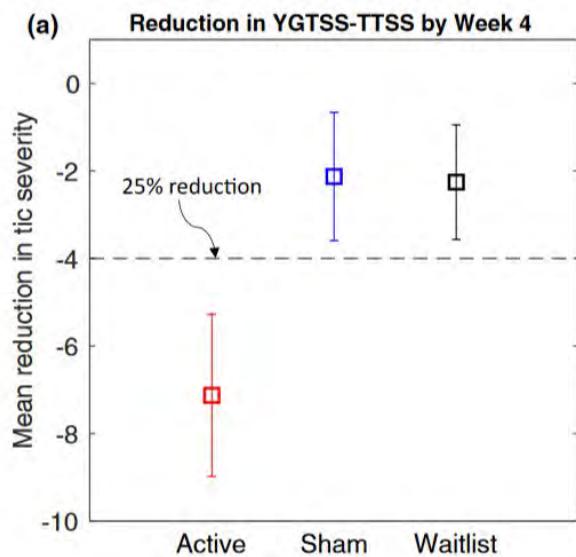


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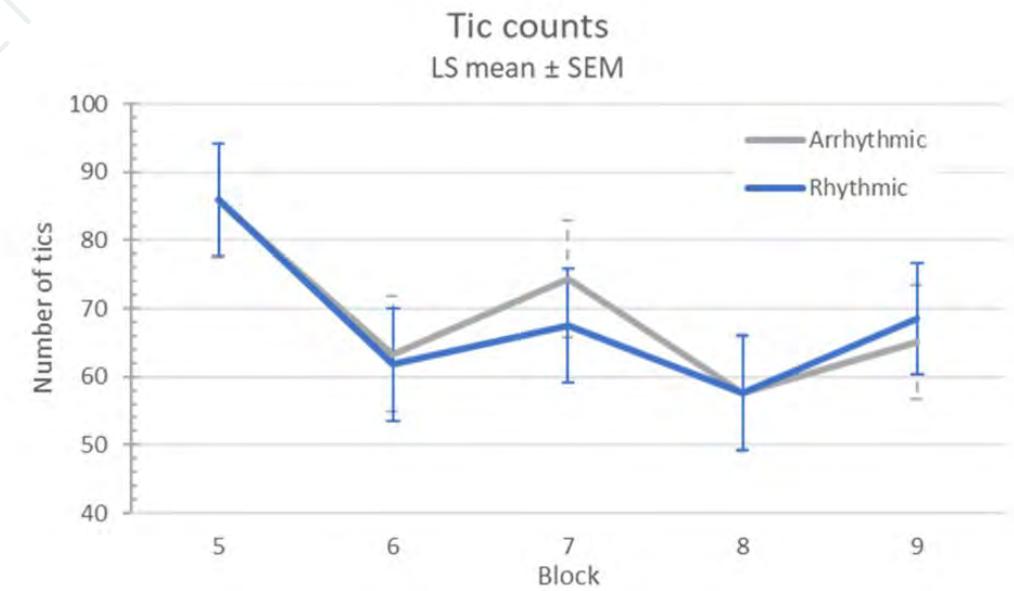
Ergebnisse aus zwei RCTs

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

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

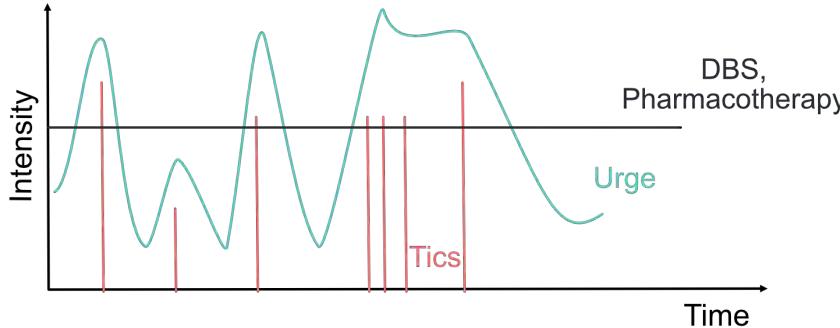


Morera Maiquez et al., J Neuropsychol 2023



Iverson et al., J Clin Med 2023

Closed loop DBS for Tic Disorders

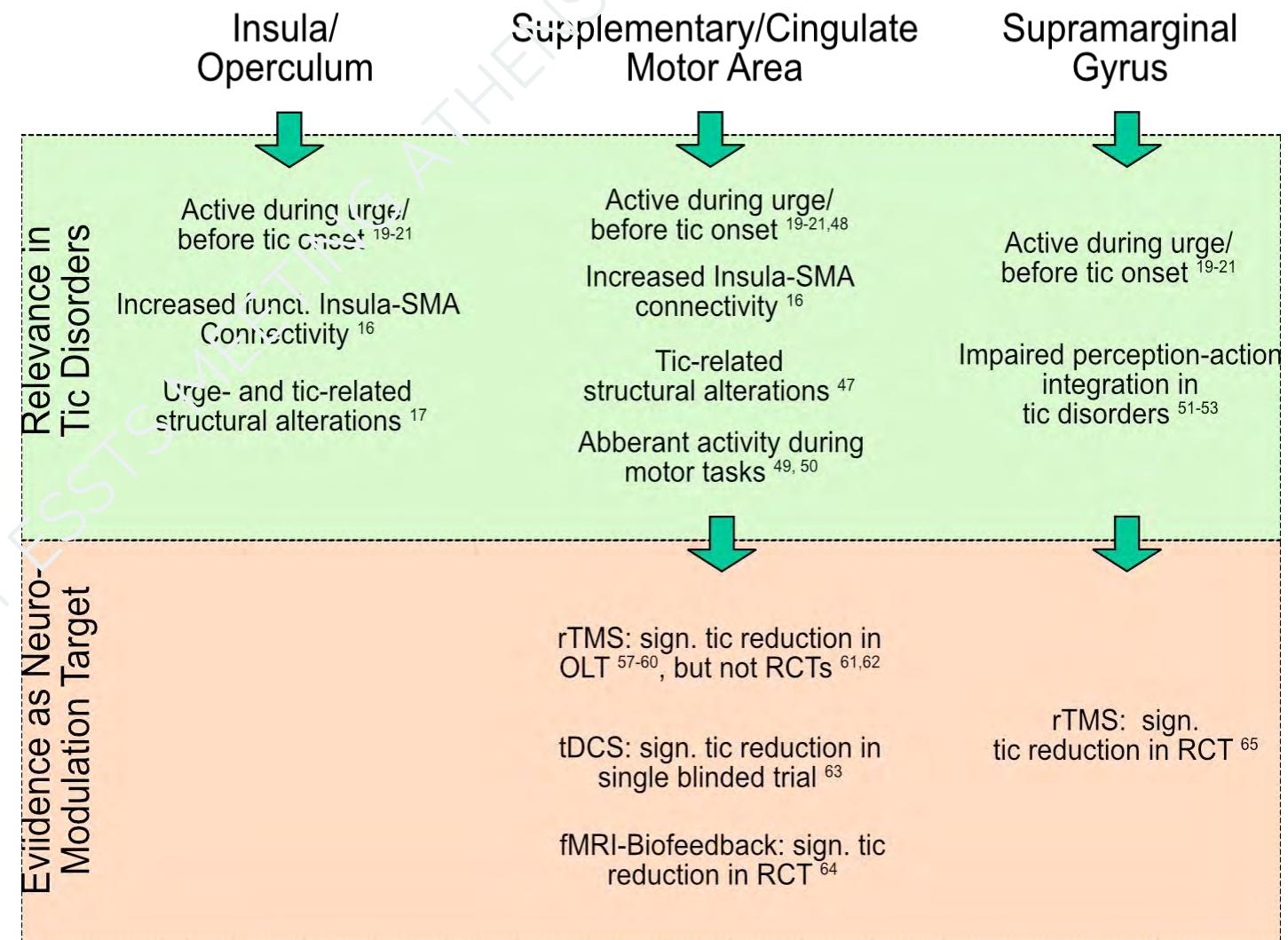
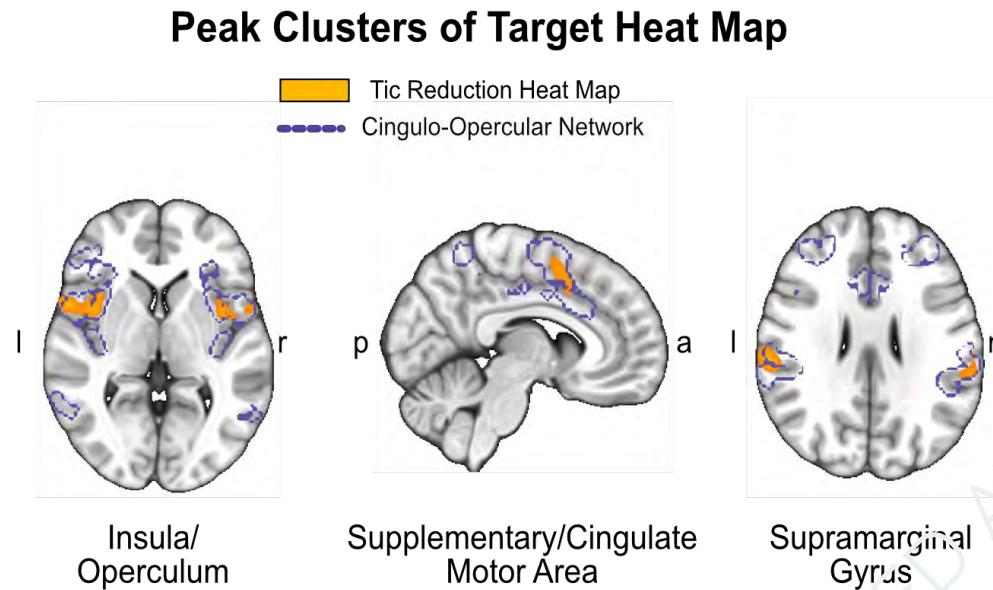


Potential Biomarkers

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



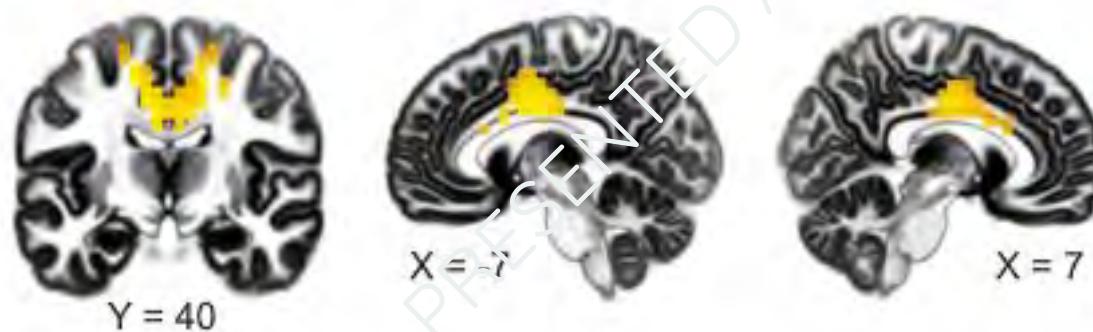
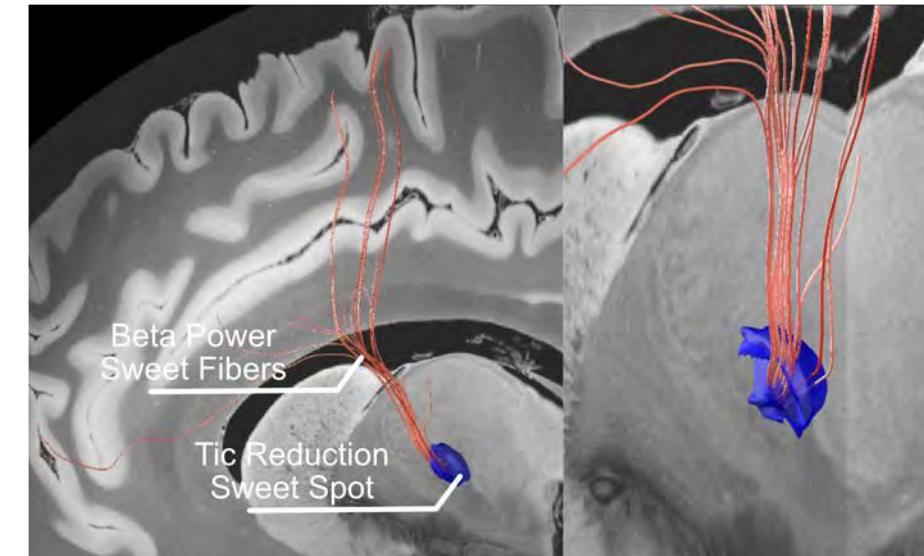
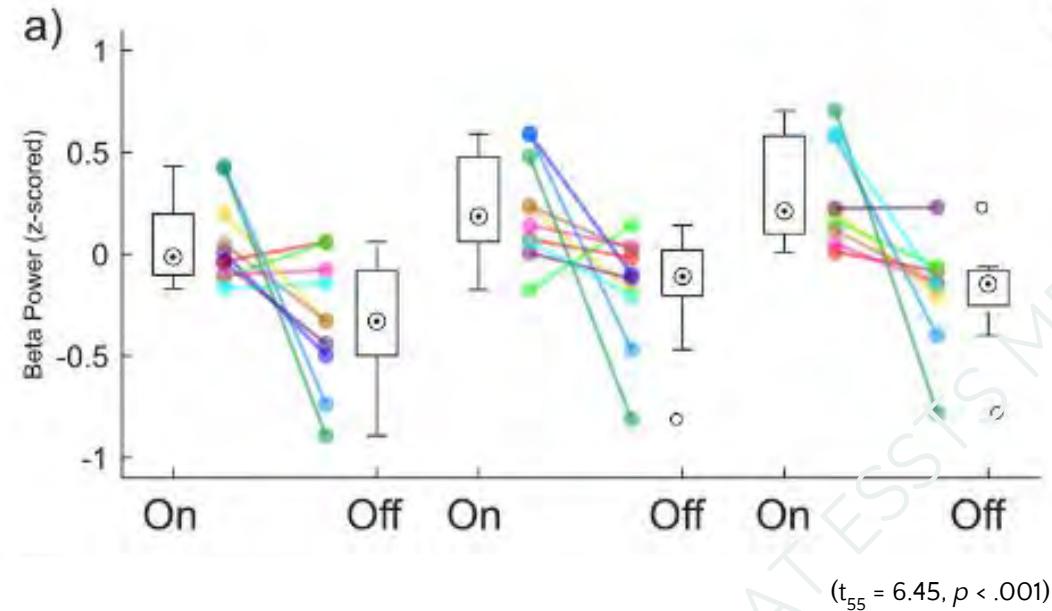
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Thalamic DBS Increases Premotor Beta Activity During Resting-State



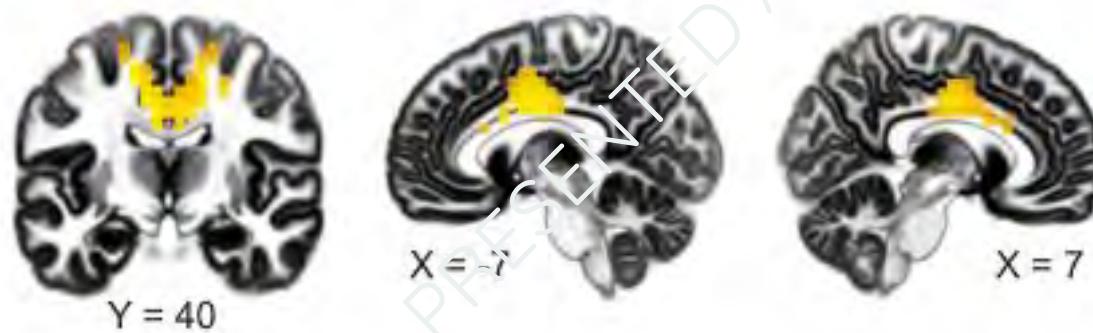
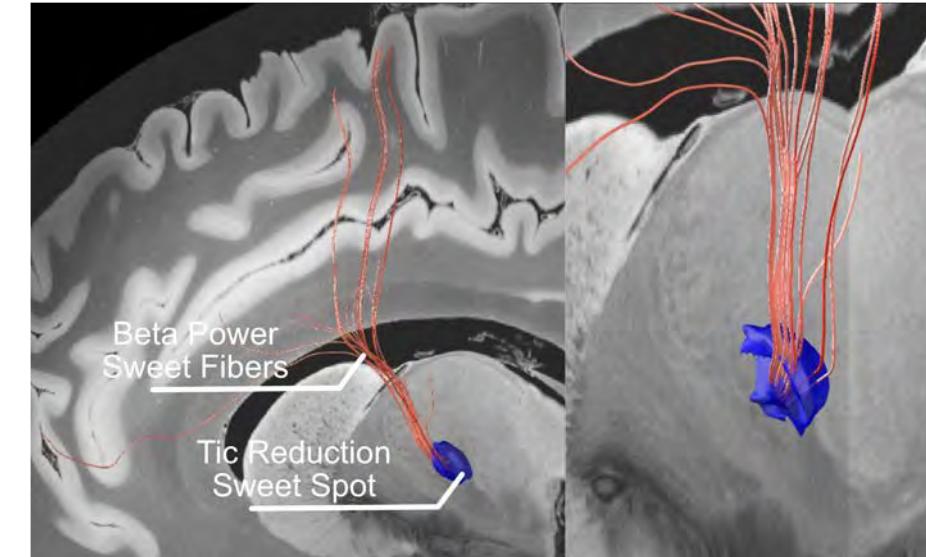
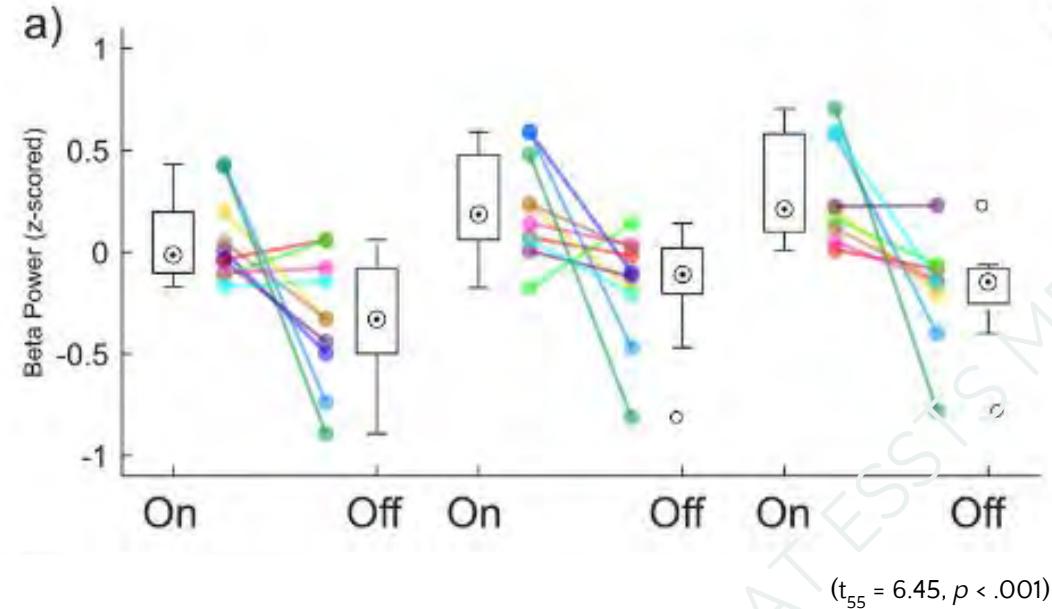
Thomas Schüller, PhD



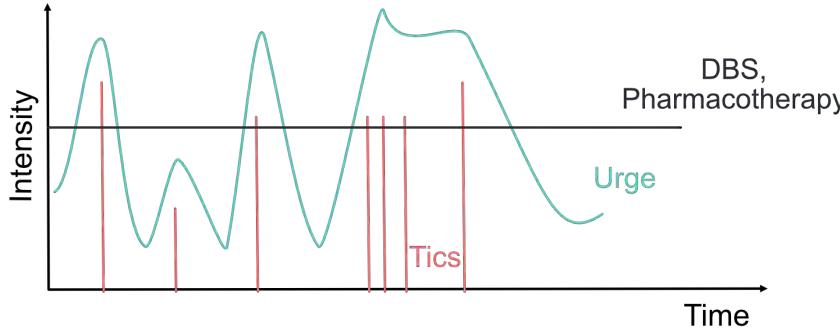
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Thomas Schüller, PhD



Closed loop DBS for Tic Disorders



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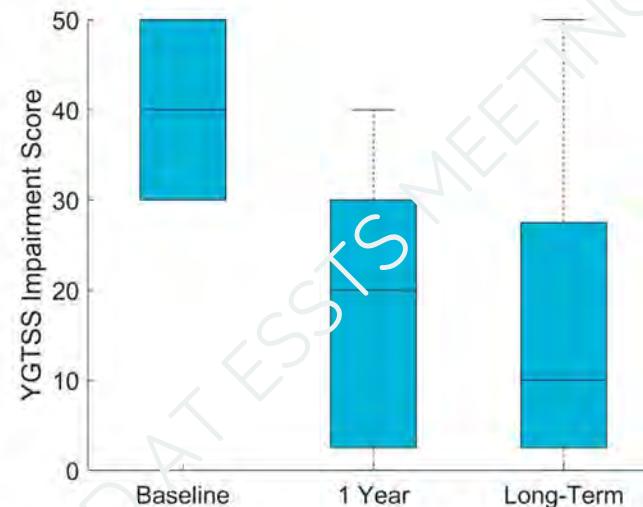


Long-Term Data and RCTs support efficacy of DBS for Tourette Syndrome

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

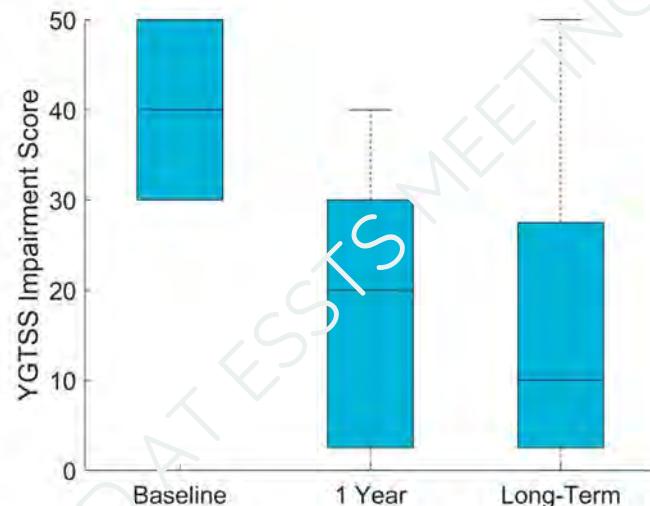
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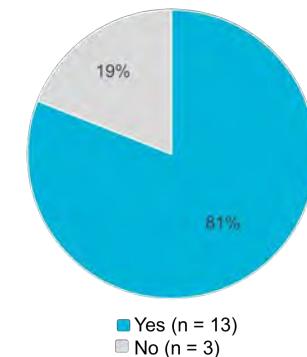


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Were your expectations fulfilled?



Would you choose DBS again?

