

Getting Psyched for DBS

Demystifying the DBS Psychological Evaluation

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1) Getting Psyched

- Why psychological testing?
- The testing process
- Recommendations/Feedback



2) Becoming Psyched

- Increasing:
Education, social support,
& emotional well-being
- Decreasing:
Stress, depression, anxiety,
& unrealistic expectations



Why Psych. Testing for DBS?



"Off hand, I'd say you're suffering from an arrow through your head, but just to play it safe, I'm ordering a bunch of tests."

Why Psych. Testing for DBS?

Psychological testing now used as part of a variety of medical procedures:

1. Surgical transplantation:
Bone marrow, Kidney, Liver, Heart
2. Pain pump implantation in chronic pain
3. Bariatric Surgery (lap band, gastric bypass)

Why Psych. Testing for DBS?

Useful for assessing:

- Knowledge of benefits and risks of procedure
- Expectations
- Pre-existing mental health issues
- Coping ability
- Post-surgery support
- Communicate findings to team
- Goal is **NOT** to deny treatment, but prepare

The Psych. Testing Process



The Psych. Testing Process

Consists of:

1 hour interview covering:

- History, expectations, coping, support, etc.

2 hours testing:

- Self-report questionnaires, true/false, complete sentences, rating scales
- Assess stress, anxiety, depression, disclosure
- Interpersonal/social functioning
- Scientifically sound tests widely used in medical settings

SAMPLE TEST

The Psych. Testing Process

Knowledge of Benefits & Risks:

Benefits:

- Typically improves tremor, rigidity, bradykinesia, and dyskinesia
- Typically does not improve gait, balance, speech, and cognition

Risks:

- Skin erosion, wire migration, hardware infection, or battery failure
- Lack of efficacy
- Behavioral changes (depression, anxiety)

The Psych. Testing Process

Realistic Expectations:

Motor symptoms: 98% report improvement
2% no change

Activities of daily living: 97% report improvement
3% no change

Need for PD medications: 92% report improvement
8% no change

Depressive symptoms: 83% report improvement
14% no change
2% report worsening

Cognitive functioning: 31% report improvement
57% no change
12% report worsening

The Psych. Testing Process

Pre-existing Mental Health Issues:

- Surgery is generally deferred in patients with unstable psychiatric conditions until their symptoms have been adequately managed.
- History of pre-PD depression associated with greater and depression and anxiety post-DBS.
- Pre-DBS depression associated with less improvement in motor functioning. (Schrag, et al. 2000)
- Case study of risk of suicide when lowering the frequency of the stimulation (Klepac et al, 2009)

Overlap of Depression & PD symptoms

S - Sleep

I - Interest in activities

G - Guilt

E - Energy

C - Concentration

A - Appetite

P - Psychomotor functioning

S - Suicidality

Overlap of Depression & PD symptoms

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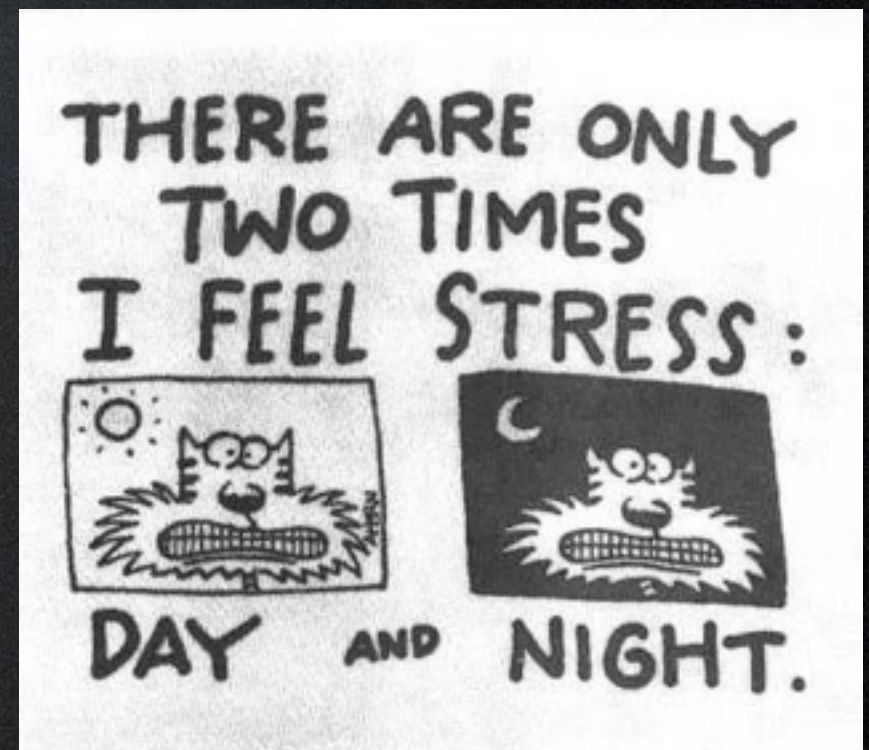
P - Psychomotor functioning

S - Suicidality

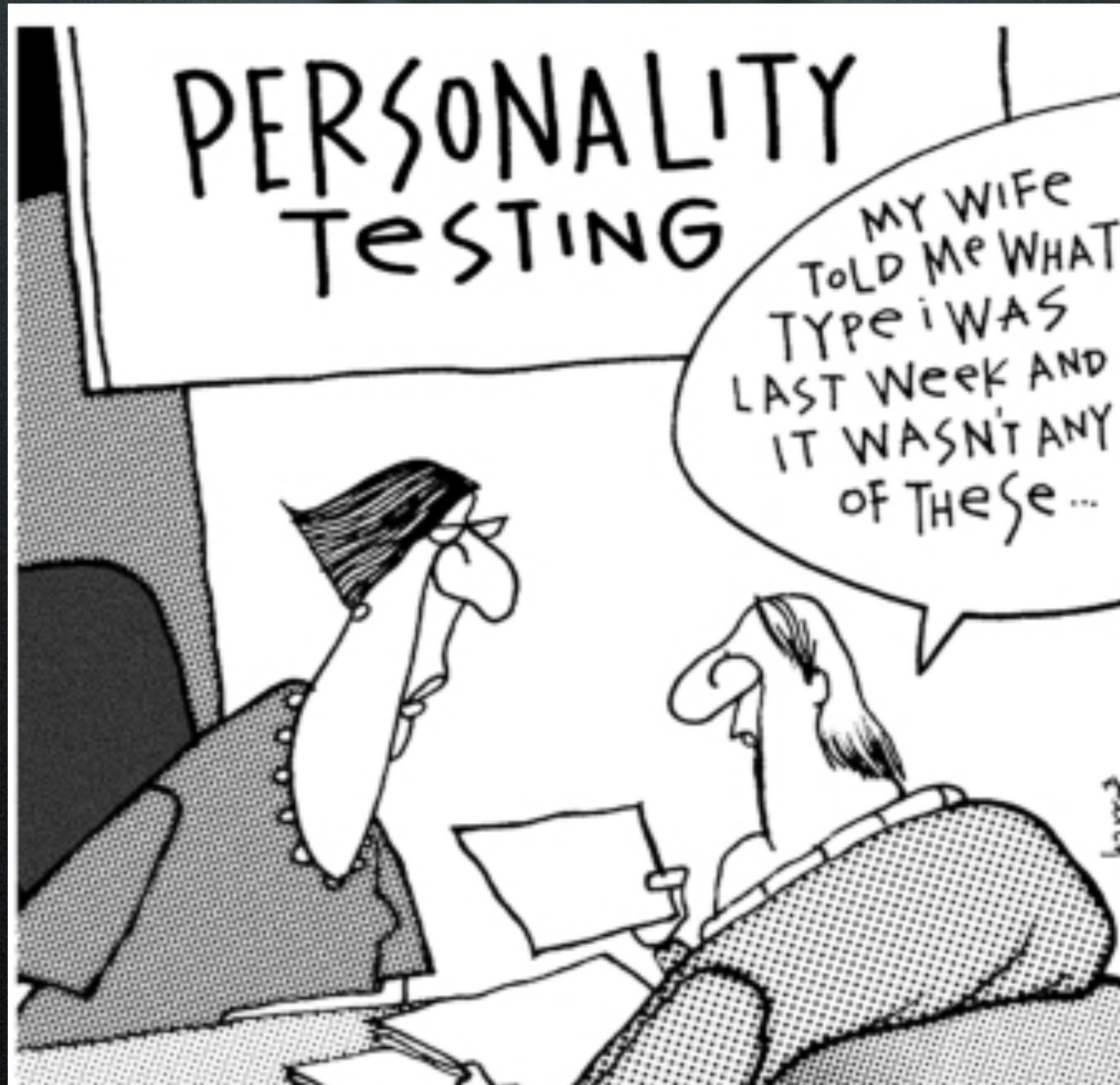
The Psych. Testing Process

Coping:

- How do you deal with stress?
- During off periods how do you cope?
- What strategies or resources do you rely upon?
- Who is your support system?



Recommendations & Feedback



Recommendations & Feedback

30 minute session:

- Review areas of concern and reinforce supports/strengths
- Referrals to USC social work, counseling, support groups, members of USC DBS team
- Stress reduction
- Expand coping skills
- Increase social support

Becoming Psyched!



EDUCATION

Knowledge is power!



SOCIAL SUPPORT

No one is an island!



EMOTIONAL WELL-BEING

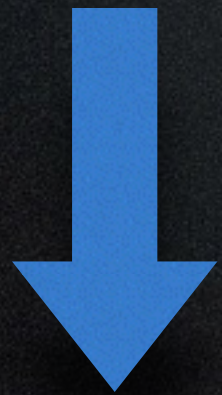
Start feeling good now!

Becoming Psyched!



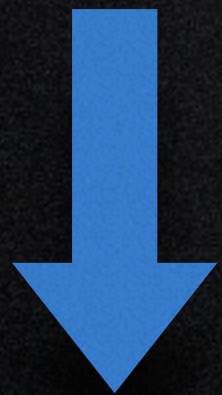
STRESS

Lighten your load!



DEPRESSION/ ANXIETY

Getting past the clouds!



UNREALISTIC EXPECTATIONS

Living in the real world!

Becoming Psyched!

Education

Attending this group!

Talk to physicians & team

Utilize reliable sources



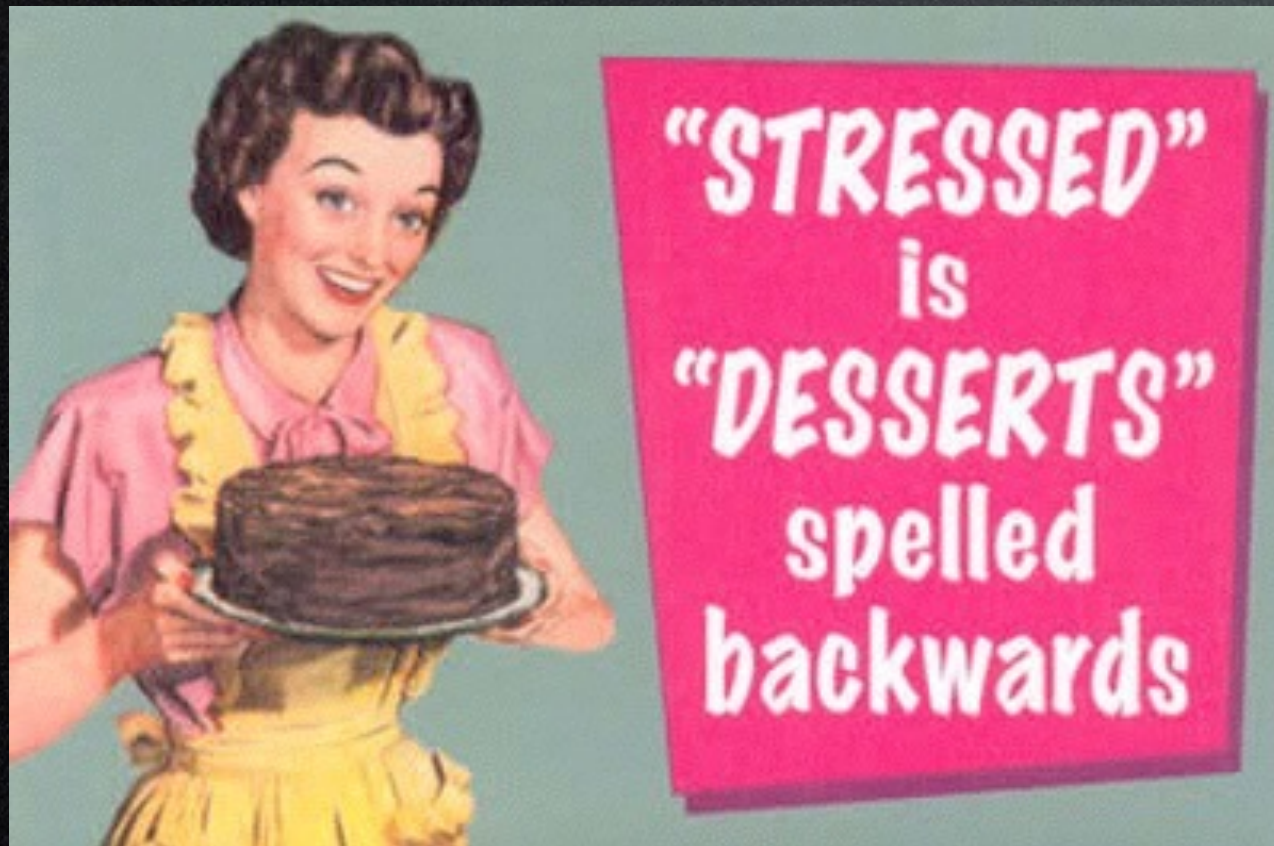
Becoming Psyched!

Well-Being

Find pleasure & meaning

Practice self-care

Get therapy



Becoming Psyched!

Social Support

Reach out to others

Share your thoughts, feelings & needs

Make amends



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