

## National Institute for Health and Care Excellence

### IP1769 Deep brain stimulation for chronic, severe, treatment-resistant obsessive-compulsive disorder in adults

IPAC date: 11 February 2021

Com . no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 Carer	1.1	<p>Consultation response on DBS for OCD – NICE review</p> <p>I am a carer for someone who has been diagnosed with severe OCD. The impact of OCD has been to severely affect his quality of life. It causes him an extreme amount of distress and impacts on his daily life significantly, causing deep depression and anxiety.</p> <p>As with around an estimated 40% of sufferers he has not responded to medication to any great extent and has had limited response to the gold standard treatment - Exposure Response Prevention (ERP) on an in-patient basis.</p> <p>It is estimated that 75% respond to ERP, leaving 25% who have no or limited response. On this basis it would indicate that of the 1-2% of the population life time prevalence some 10% do not respond to treatment enough to provide respite and within that group there are a severely impaired sub-group that DBS may be able to help.</p> <p>A recent study (ref 1) A Randomized Trial Directly Comparing Ventral Capsule and Anteromedial Subthalamic Nucleus Stimulation in Obsessive-Compulsive Disorder: Clinical and Imaging Evidence for Dissociable Effects. Biological Psychiatry, 2019; DOI: 10.1016/j.biopsych.2019.01.017 has shown the potential for the treatment of severe treatment refractory OCD. DBS significantly alleviated OCD symptoms. The main limitation</p>	<p>Thank you for your comment.</p> <p>The committee was pleased to receive this comment and has considered it carefully. However the committee decided not to change the recommendation. The committee makes recommendations based on its assessment of the evidence on the efficacy and safety of the individual interventional procedure for a specific indication. This guidance is for 'deep brain stimulation for chronic, severe, treatment-resistant obsessive-compulsive disorder in adults' (not Parkinson's disease).</p>

		<p>of the study was the small sample size, but the study also indicates that recent larger studies have shown level 1 evidence for DBS. This would suggest that at least a larger NHS trial is justified.</p> <p>The US FDA have approved DBS therapy for obsessive compulsive disorder under a Humanitarian Device Exemption (Ref2). DBS is approved as an adjunct to medications and as an alternative to anterior capsulotomy for treatment of chronic, severe, treatment-resistant obsessive compulsive disorder (ocd) in adult patients who have failed at least three selective serotonin reuptake inhibitors (ssris).</p> <p>DBS has been shown to significantly alleviate symptoms of OCD (Ref1) and should be available for the subgroup of OCD suffers who do not respond to treatment and whose lives are severely affected by OCD.</p> <p>DBS can be used for treatment of Parkinson’s and is an established procedure. The NICE guidelines (Ref3) indicate that Specialist Advisors considered the procedure to be safe if performed by a multidisciplinary team in a neuroscience unit.</p> <p>It is therefore disappointing to see that the draft NICE Consultation has recommended “Only research”. The evidence in a recent Nature publication (Ref 4) suggests that a case can be made for this as an emerging therapy.</p> <p>References</p> <p>Ref 1 Himanshu Tyagi, Annemieke M. Apergis-Schoute, Harith Akram, Tom Foltynie, Patricia Limousin, Lynne M. Drummond, Naomi A. Fineberg, Keith Matthews, Marjan Jahanshahi, Trevor W. Robbins, Barbara J. Sahakian, Ludvic Zrinzo, Marwan Hariz, Eileen M. Joyce. A Randomized Trial Directly Comparing Ventral Capsule and Anteromedial Subthalamic Nucleus Stimulation in Obsessive-Compulsive Disorder: Clinical and</p>	
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2	Consultee 2 Company Medtronic	<b>Over view</b>	<p>Thank you for the review of the clinical evidence for Deep Brain Stimulation (DBS) for chronic, severe, treatment-resistant obsessive-compulsive disorder in adults.</p> <p>The documented rapid review of the published literature has sufficiently captured the key body of clinical evidence and associated treatment benefits and outcomes.</p>	Thank you for your comment.

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