Baylor College of Medicine
DEPARTMENT OF NEUROLOGY

Joseph Jankovic, MD Professor of Neurology ▪ Distinguished Chair in Movement Disorders ▪ Director, Parkinson's Disease Center and Movement Disorders Clinic
Joohi Jimenez-Shahed, MD Assistant Professor of Neurology ▪ Director, DBS Program
Joshua Shulman, MD, PhD Assistant Professor of Neurology

Parkinson's Disease Center and Movement Disorders Clinic
7200 Cambridge Street, 9th Floor, Suite 9A ▪ Houston, Texas 77030
713-798-2273 phone ▪ 713-798-6808 fax ▪ www.jankovic.org

DEEP BRAIN STIMULATION PROGRAM at BAYLOR COLLEGE OF MEDICINE

Deep Brain Stimulation (DBS) is a well-established treatment option for movement disorders when symptoms no longer respond well enough to medications. Common conditions in which DBS is used include Parkinson's disease, essential tremor, and dystonia. We are also interested in the use of DBS to treat other movement disorders such as Tourette syndrome.

In Parkinson's disease, there is a ***"window of opportunity"*** for DBS treatment, and it is important to understand where you fall within that window when considering surgery. The window tends to close if there are symptoms present that no longer respond well to medications, or advanced symptoms such as cognitive problems exist.

You may want to talk to your doctor about DBS treatment if you are experiencing the following problems:

- ***Tremor that interferes*** with your ability to eat, drink, write, or perform other daily activities
- ***Tremor that is no longer well controlled*** despite multiple medications
- ***Complications of Parkinson's disease treatments*** such as medications kicking in and wearing off, or involuntary movements that occur after taking a dose of medications
- ***Dystonia that is no longer responding to botulinum toxin injections*** or typical medications
- Other involuntary, repetitive movements that interfere with function, or cause disability despite appropriate treatment.

At the PDCMDC, our ***DBS team*** performs comprehensive evaluations to determine if someone is a good candidate for DBS. These assessments include:

1. Motor examination (for PD patients: evaluation of symptoms both "off" and "on" medications).
   This is done in order to gain a better understanding of which motor symptoms do or don't improve with medications, to help guide patient expectations of outcomes after DBS, and to ensure that DBS really does have some benefit to offer an individual
2. Neuropsychological evaluation
   This testing is done in order to gain a better understanding of a patient's baseline thinking skills and emotional state; these features may need to be better addressed before having surgery.
3. DBS consensus meeting
   Each DBS candidate is reviewed by the team of neurologists, neuropsychologists and neurosurgeon to determine whether DBS is an appropriate choice, and recommend which part of the brain is the safest to stimulate to control symptoms.

Neurology	Neurosurgery	Neuropsychology	Fellows	Research Coordinators
Joohi Jimenez-Shahed, MD Joseph Jankovic, MD	Ashwin Viswanathan, MD	Michele K. York, PhD Adriana M. Strutt, PhD	Arjun Tarakad, MD Dhanya Vijayakumar, MD Parul Jindal, MD	Farah Ismail Christine Hunter, RN

Our DBS program focuses on ***excellence in patient care and research***. We collaborate with researchers in the Biomedical Engineering Department at the University of Houston to investigate the brain activity patterns present in patients with movement disorders, to determine how these relate to symptoms, and can be changed in response to stimulation. These investigations will help improve the delivery of DBS therapy in the future.

JOIN US FOR AN INFORMATIONAL SESSION ABOUT DBS:
Thursday, Aug 4, 2016
6pm – Conference Room A (1st floor)
7200 Cambridge St., Houston, TX 77030
Please sign up in clinic or email pdcmdc@bcm.edu, Attn: Dr. Shahed / DBS101)