

Some answers to the question

How Should We Address the Special Challenges of Using Neuroscience-based Therapies in the Developing Brains of Children and Adolescents?

DBS in children (<18)

- Dystonia: >100
- Tourette: ~9
- Anorexia Nervosa: ~7
- Other conditions: mostly very few cases

Consensus statement of Rabins et al. 2009:

- *The course of disorders of Disorders of Mood, Behavior, and Thought (MBT) can be particularly variable in young individuals*
- *The effects of DBS on the developing nervous system are unknown.*
- *The vast majority of people with Tourette syndrome have meaningful clinical improvement in late adolescence and early adulthood. There are similar data demonstrating that OCD improves over the life of an affected individual.*
- *DBS should not be performed in children for psychiatric indications, at least because children are particularly vulnerable to their parents' perception of disease severity.*

Bio-psycho-social-societal view of brain intervention effects

