

ESSENTIAL TREMOR

**LIVE**  
**YOUR BEST**  
**LIFE**

**IS DBS THERAPY  
RIGHT FOR YOU?**



# TAKE CONTROL BE YOU AGAIN

**Sipping your morning coffee, shopping or enjoying lunch with friends** – all are normal activities you may have taken for granted before essential tremor made them difficult or impossible to do. Imagine being able to take control of your tremor so you can get back to enjoying life again.

**Deep brain stimulation (DBS) therapy has been proven over the past 20 years to be an effective** treatment option for essential tremor symptoms.<sup>2</sup> DBS is a reversible, personalized therapy that works by stimulating areas of the brain associated with involuntary movements using a thin, implanted wire connected to an implanted stimulator.

## BENEFITS

**For patients with essential tremor,  
DBS therapy:\*\***



**Improves tremor** so patients can return to normal daily activities like writing and pouring.<sup>3</sup>



Improves overall **quality of life**.<sup>3</sup>

**9** out of **10**

Leaves 9 out of 10 patients **satisfied or very satisfied** with the therapy's symptom control.<sup>3</sup>



Is recommended by 98% of essential tremor patients using DBS therapy.<sup>4</sup>

There is no cure for essential tremor, but there are options available to treat symptoms. The first-line therapy is medication. Surgical treatments are also available. It's important to discuss with your doctor what's right for you along with the risks and side effects of each option, such as motor fluctuations or permanent neurological impairment.

As with any surgery or therapy, deep brain stimulation has risks and complications. Most side effects of DBS surgery are temporary and correct themselves over time. Some people may experience lasting, stroke-like symptoms, such as weakness, numbness, problems with vision or slurred speech. In the event that the side effects are intolerable or you are not satisfied with the therapy, the DBS system can be turned off or surgically removed.

Risks of brain surgery include serious complications such as coma, bleeding inside the brain, paralysis, seizures and infection. Some of these may be fatal.

\*\*Based on conclusions of authors who studied various DBS systems.



## IS DBS THERAPY RIGHT FOR YOU?

**Consider asking your doctor about it. You may be a good candidate for DBS therapy if:**

- Your symptoms are having an intolerable impact on your quality of life
- Medication has helped with your symptoms but has not adequately controlled them
- Other rehabilitation strategies have become less effective for you
- You may be a good candidate for surgery because you aren't suffering from other serious medical, cognitive or psychiatric conditions



## TALKING TO YOUR DOCTOR ABOUT DBS THERAPY

If you think you may be a candidate for DBS therapy, visit a neurologist or movement disorder specialist to talk about how it could help. **Some of the questions you might want to discuss include:**

- Would DBS therapy be helpful for you?
- How does a DBS system work?
- What is involved in the implantation procedure?
- What are the risks and benefits of DBS therapy?

You may find it helpful to write down your questions before meeting with your doctor, and to have a friend or family member accompany you to your appointment.





**The modern, state-of-the-art St. Jude Medical Infinity™ DBS system offers directional therapeutic control designed to manage your symptoms while providing options to limit side effects.<sup>1</sup> And with the ability to manage your therapy wirelessly right from an Apple<sup>+</sup> iPod touch<sup>+</sup> mobile digital device, there has never been a better time than now to consider DBS therapy from Abbott.**

# TO FIND A NEUROLOGIST WHO SPECIALIZES IN DBS THERAPY, VISIT [FindDBScalnic.com](https://www.finddbscalnic.com).

1. Butson C.R., Venkatesan L. (2014). *Comparison of neural activation between standard cylindrical and novel segmented electrode designs*. Poster presented at MDS 2014, Stockholm, Sweden.
2. "Premarket Approval (PMA)." U.S. Food and Drug Administration (FDA) P960009, 31 July 1997, [https://www.accessdata.fda.gov/cdrh\\_docs/pdf/p960009.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf/p960009.pdf).
3. Abbott. Essential Tremor Final Report C-04-02. 2014. n = 127.
4. Wharen RE Jr., Okun MS, Guthrie BL, et. al. Thalamic DBS with a constant-current device in essential tremor: A controlled clinical trial. *Parkinsonism Relat Disord*. 2017 Jul; 40:18-26. doi: 10.1016/j.parkreldis.2017.03.017. Epub 2017 Mar 30.

## Abbott

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St. Jude Medical is now Abbott.

## Rx Only

**Brief Summary:** Prior to using these devices, please review the User's Guide for a complete listing of indications, contraindications, warnings, precautions, potential adverse events, and directions for use. The system is intended to be used with leads and associated extensions that are compatible with the system. **Indications for Use: US:** Bilateral stimulation of the subthalamic nucleus (STN) as an adjunctive therapy to reduce some of the symptoms of advanced levodopa-responsive Parkinson's disease that are not adequately controlled by medications, and unilateral or bilateral stimulation of the ventral intermediate nucleus (VIM) of the thalamus for the suppression of disabling upper extremity tremor in adult essential tremor patients whose tremor is not adequately controlled by medications and where the tremor constitutes a significant functional disability. **International:** Unilateral or bilateral stimulation of the thalamus, internal globus pallidus (GPi), or subthalamic nucleus (STN) in patients with levodopa-responsive Parkinson's disease, unilateral or bilateral stimulation of the ventral intermediate nucleus (VIM) of the thalamus for the management of tremor, and unilateral or bilateral stimulation of the internal globus pallidus (GPi) or the subthalamic nucleus (STN) for the management of intractable, chronic dystonia, including primary and secondary dystonia. **Contraindications: US:** Patients who are unable to operate the system or for whom test stimulation is unsuccessful. Diathermy, electroshock therapy, and transcranial magnetic stimulation (TMS) are contraindicated for patients with a deep brain stimulation system. **International:** Patients who are unable to operate the system or for whom test stimulation is unsuccessful. Diathermy and magnetic resonance imaging are contraindicated for patients with a deep brain stimulation system. **Warnings/Precautions:** Return of symptoms due to abrupt cessation of stimulation (rebound effect), excessive or low frequency stimulation, risk of depression and suicide, implanted cardiac systems or other active implantable devices, magnetic resonance imaging (MRI), electromagnetic interference (EMI), proximity to electrosurgery devices and high-output ultrasonics and lithotripsy, ultrasonic scanning equipment, external defibrillators, and therapeutic radiation, therapeutic magnets, radiofrequency sources, explosive or flammable gases, theft detectors and metal screening devices, activities requiring excessive twisting or stretching, operation of machinery and equipment, pregnancy, and case damage. Patients who are poor surgical risks, with multiple illnesses, or with active general infections should not be implanted. **Adverse Effects:** Loss of therapeutic benefit or decreased therapeutic response, painful stimulation, persistent pain around the implanted parts (e.g. along the extension path in the neck), worsening of motor impairment, paresis, dystonia, sensory disturbance or impairment, speech or language impairment, and cognitive impairment. Surgical risks include intracranial hemorrhage, stroke, paralysis, and death. Other complications may include seizures and infection. User's Guide must be reviewed for detailed disclosure.

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‡ Indicates a third party trademark, which is property of its respective owner.

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