

PARKINSON'S DISEASE

LIVE
YOUR BEST
LIFE

**IS DBS THERAPY
RIGHT FOR YOU?**



TAKE CONTROL BE YOU AGAIN

Sitting calmly, walking at a brisk pace, enjoying being out in the world – all are normal activities you may have taken for granted before you suffered from the effects of Parkinson’s disease. Imagine being able to take better control of your “on” times so you can get back to enjoying life again.

Deep brain stimulation (DBS) therapy has been proven over the past 16 years to be an effective treatment option for Parkinson’s disease symptoms.* 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.

*Based on market approval date of the first DBS system in the U.S. in 2002.² Abbott DBS therapy has demonstrated safety and effectiveness out to 5 years.³

BENEFITS

For patients with Parkinson's disease, DBS therapy:**



Provides improvement in motor score in **“off-medication”** state⁴



Adds 2 1/2 hours of quality **“on” time** compared to only using the best medical therapy alone⁵



Improves motor symptoms better than medication alone **at earlier stages of Parkinson's disease**⁶



Has been demonstrated to maintain effectiveness **past 10 years**⁷

There is no cure for Parkinson's disease (PD), 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?

Your doctor can help you decide. You may be a good candidate for DBS therapy if:

- You've had Parkinson's disease for at least five years
- Your primary symptoms include tremors and dyskinesia
- Medication has helped control your symptoms, but is becoming less effective or you need more of it, potentially causing side effects
- You can be considered for surgery because you aren't suffering from other serious medical, cognitive, or psychiatric conditions



TALKING TO YOUR DOCTOR ABOUT DBS THERAPY

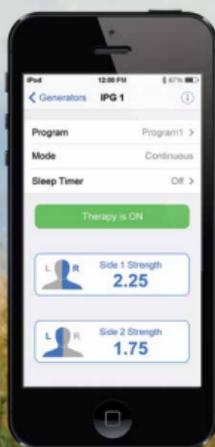
If you think you may be a candidate for DBS therapy, a next step could be visiting a neurologist who specializes in movement disorders to talk about how it could help.

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! And with the ability to manage your therapy wirelessly right from an Apple[†] iPod touch[‡] 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 FindDBSclinic.com.

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7. Deuschl, G., Paschen, S., Witt, K. (2013). Clinical outcome of deep brain stimulation for Parkinson's disease. *Handbook of Clinical Neurology*, 116, 107-128.

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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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