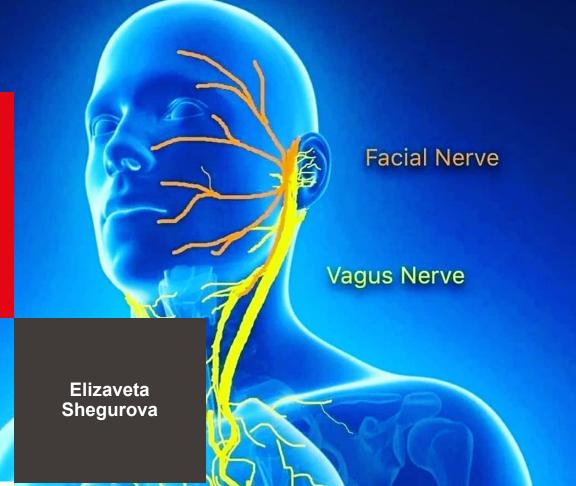


Vagus Nerve Stimulation



 École polytechnique fédérale de Lausanne

05.12.2024



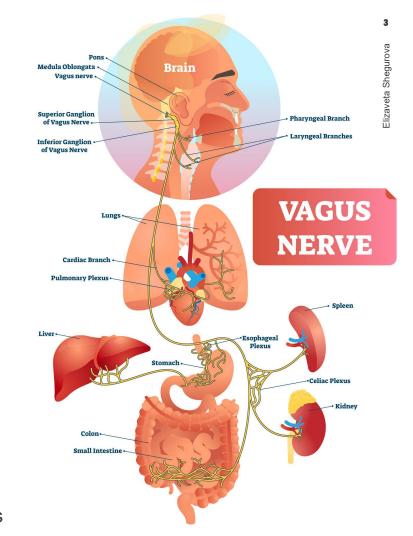
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The Vagus Nerve

- 10th paired cranial nerve
- Longest cranial nerve
- Originates from medulla oblongata
- Extends through neck, thorax, and abdomen
- Branches: Auricular, cardiac, pulmonary, and abdominal
- Afferent Fibers (80%): Sensory input to the brain
- Efferent Fibers (20%): Motor output to organs
- Functions:
 - Modulates heart rate
 - Controls gastrointestinal peristalsis
 - Regulates bronchoconstriction
 - Influences mood and immune responses



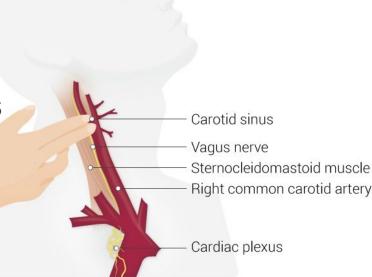


History of Vagus Nerve Stimulation (VNS)

- 1880s: Carotid massage noted to suppress seizures
- 1930s-1940s: Animal studies demonstrated anticonvulsant effects of vagal stimulation
- 1980s: Development of implantable VNS devices
- 1997: FDA approval for refractory epilepsy
- 2005: FDA approval for treatmentresistant depression

Current Research:

Investigating applications in Alzheimer's disease, obesity, and chronic pain



Vagus Nerve Stimulation



Mechanisms of Vagus Nerve Stimulation

Neural Pathways:

Electrical impulses delivered to the vagus nerve



Activation of afferent fibres transmitting signals to the nucleus tractus solitarius



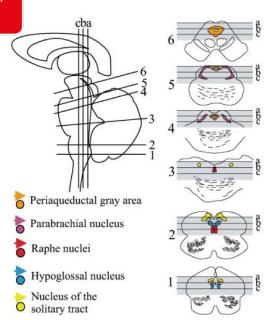
Modulation of brain regions: amygdala, hypothalamus, and cortex



 Increased release of neurotransmitters: serotonin, norepinephrine, and GABA

Anti-inflammatory Actions:

- Activation of the cholinergic anti-inflammatory pathway
- Reduction of pro-inflammatory cytokines



Vagus Nerve Stimulatio

Refractory Epilepsy

- Seizures persisting despite treatment
- Affects ~30% of epilepsy patients.

Causes:

- Structural brain abnormalities
- Genetic predispositions
- Infections

Consequences:

- Increased risk of injury, cognitive decline, and sudden unexpected death
- Social and psychological challenges due to uncontrolled seizures

VNS:

- Modulates brain regions involved in seizure generation (thalamus and cortex)
- Reduces seizure frequency by ≥50% in half of treated patients
- Enhances quality of life



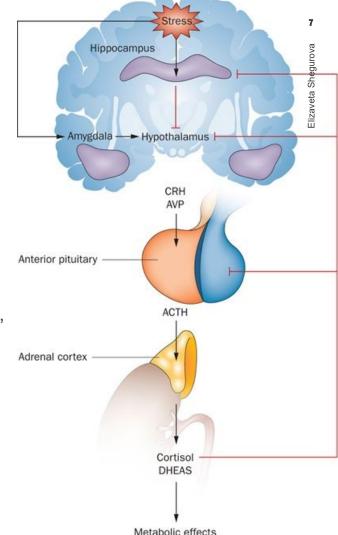


Treatment-Resistant Depression

- Major depressive disorder that does not respond to treatment
- Affects ~10-20% of individuals with depression
- Symptoms:
 - Persistent sadness, anhedonia (loss of pleasure), fatigue, concentration difficulties, and suicidal ideation
- Pathophysiology:
 - Dysregulated neurotransmitter systems (e.g., serotonin, norepinephrine)
 - Impaired neuroplasticity and hypothalamic-pituitaryadrenal (HPA) axis dysfunction

VNS :

- Improves neurotransmitter activity and neuroplasticity.
- Sustains remission in ~27-30% of patients over longterm follow-up
- Often combined with standard treatments like antidepressants or psychotherapy





Left Cervical Vagus Nerve Stimulation

Procedure:

Surgical implantation of a pulse generator in the left chest

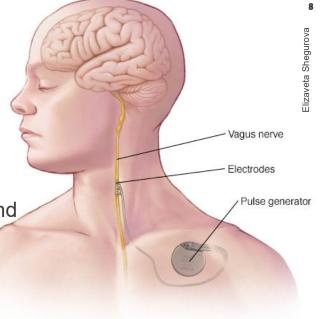
 Lead wires connect to electrodes wrapped around the left cervical vagus nerve.

Advantages:

Minimised cardiac side effects

Clinical Applications:

- Approved for refractory epilepsy and treatmentresistant depression
- Emerging evidence for use in chronic heart failure and inflammatory diseases.





LivaNova

Device:

- Pulse Generator: Surgically implanted batteryoperated device placed subcutaneously in the left chest wall
- **Lead Wires:** Connect the generator to electrodes wrapped around the left cervical vagus nerve.
- Programmer: A handheld device used by clinicians to adjust stimulation parameters.

Stimulation Parameters:

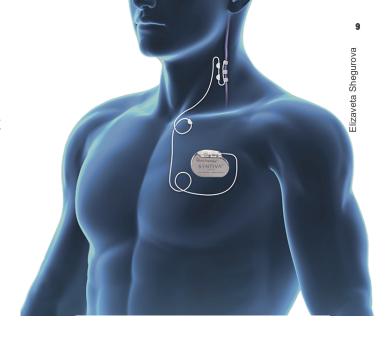
- Frequency: 20-30 Hz.
- Pulse Width: 250-500 microseconds.
- Current Intensity: Adjustable from 0.25 to 3.5 mA.
- Duty Cycle: Customizable on/off periods.

FDA-Approved Indications:

- Refractory epilepsy (1997).
- Treatment-resistant depression (2005).

Efficacy:

- Long-term seizure reduction in 40-50% of patients with epilepsy.
- Sustained symptom improvement in depression over 5 years.







Considerations:

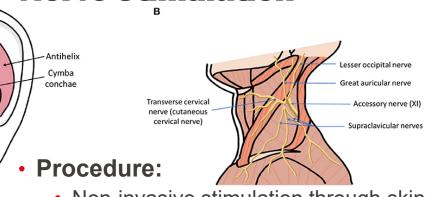
- Can induce bradycardia and cardiac arrhythmias
- Animal studies have shown greater cardiac effects with right-sided stimulation

Clinical Applications:

- Generally avoided due to potential cardiac risks
- Some investigational uses in controlled settings

Cavum conchae

Transcutaneous Vagus Nerve Stimulation





- Non-invasive stimulation through skin
- Targets auricular branch (ear) or cervical branch (neck) of the vagus nerve

Advantages:

- Non-invasive, avoiding surgical risks
- Accessible for a broader range of patients

Limitations:

- Lower efficacy compared to implantable VNS for severe cases.
- Inconsistent stimulation parameters and protocols across studies.



gammaCore



- Portable, handheld device designed for non-invasive vagus nerve stimulation.
- Composed of two flat stimulation surfaces that deliver electrical pulses
- FDA-approved for acute and preventive treatment of cluster headaches and migraines.
- Targets the vagus nerve in the neck region



Nurosym



- Wearable device delivering transcutaneous auricular vagus nerve stimulation
- Targets the tragus of the ear via a small electrode
- Treatment of anxiety, stress, inflammation, and mood disorders
- Adjustable intensity for patient comfort
- Sessions are typically conducted several times daily for cumulative effects









Pulsetto



- Wearable neckband device delivering bilateral transcutaneous vagus nerve stimulation
- Uses dual electrodes to stimulate both vagus nerves
- Treatment of stress, anxiety, and sleep disturbances
- App integration for personalised use



Neuvana's Xen



- Earbud-based system for auricular vagus nerve stimulation
- Stimulates the cymba concha of the left ear
- Provides relaxation, stress relief, and overall wellness
- App integration
 - Synchronises stimulation with music for a calming experience



Safety and Side Effects

- Implantable VNS Common Side Effects:
 - Hoarseness, coughing, dyspnea, neck pain
- Rare Complications:
 - Wound infections, lead migrations, vocal cord paralysis
- tVNS Common Side Effects:
 - Mild skin irritation, tingling, and discomfort
- Rare Complications:
 - None reported due to its non-invasive nature
- Safety Measures:
 - Patients with implantable devices should avoid full-body MRI and diathermy
 - Device programming can mitigate side effects by adjusting parameters.

Clinical Efficacy

Epilepsy:

- 50% responder rate (≥50% seizure reduction) in drug-resistant cases
- Paediatric efficacy demonstrated with good safety profiles

Depression:

- 30% remission rate in treatment-resistant depression (5-year studies)
- Enhanced when combined with standard care or psychotropic medication

Emerging Conditions:

- Rheumatoid Arthritis:
 - Modulates TNF-alpha levels, reducing joint inflammation
- Alzheimer's Disease:
 - Early trials show improved memory and reduced beta-amyloid plaques

Closed-Loop Systems:

Real-time monitoring and adjustment of stimulation parameters

Miniaturized Devices:

Injectables for minimally invasive applications

Expanded Indications

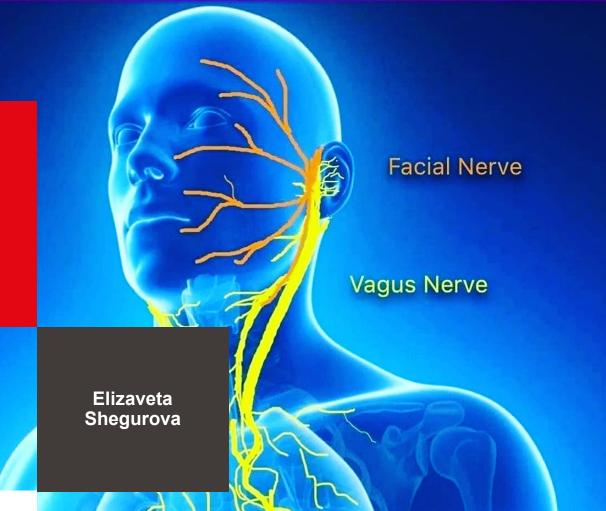
- Stroke recovery: Promotes neuroplasticity and motor function improvement
- Obesity management: Modulates appetite-regulating pathways
- PTSD and anxiety disorders: Ongoing trials

Challenges:

- Addressing patient variability in response
- Reducing costs and improving accessibility



THANK YOU



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