DBS for Aggressiveness, Results in a Series of 33 Patients

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Abstract

Introduction: Medical literature consistently identifies the sensorimotor Pathological refractory aggression poses a major clinical challenge. Despite advances in pharmacological and psychotherapeutic interventions, a significant proportion of patients continue to exhibit severe aggressive behavior, often with detrimental effects on their quality of life and social functioning. In this context, deep brain stimulation (DBS) has emerged as a potential therapeutic alternative for individuals who do not respond to conventional treatments.
Method: We present a series of 33 patients with pharmacoresistant aggression who underwent DBS surgery at our institutions. All patients had previously failed multiple lines of pharmacological and behavioral therapy. The indication for DBS was based on the persistence of severe aggressive behavior that posed a risk to the patient or others, and on the lack of sustained response to standard treatments.
Discussion: More than 90% of the patients exhibited a significant reduction in aggressive behavior following DBS implantation. Additionally, improvements in sleep and eating patterns were frequently observed. These findings suggest that DBS may be effective not only in managing treatment-resistant aggression but also in alleviating comorbid symptoms that contribute to overall patient dysfunction. Optimal outcomes likely depend on careful target selection, individualized programming, and multidisciplinary follow-up.
Conclusions: Deep brain stimulation appears to be a promising therapeutic option for patients with refractory pathological aggression. The high response rate observed in this case series supports its consideration in complex clinical scenarios. Further controlled studies are needed to evaluate long-term efficacy and safety.

References

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