

Transcutaneous vagus nerve stimulation (tVNS) in borderline personality disorder (tVNS-BPD): study protocol for a randomized, single-blind, sham-controlled trial

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Background

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Background (1) - BPD

Emotional instability









Background (2) – Biosocial theory BPD = disorder of emotion regulation

Emotional vulnerability (EV)

- heightened sensitivity to emotion
- increased emotional intensity
- slow return to emotional baseline

Invalidating environment

(Linehan, 1993)





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Where do emotions start?



Background (3)



Background (3)



Background (4) – A sensory hypothesis of EV



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Background (5) – interoception studies

Impairment processing interoceptive stimuli in BPD suggested

EEG-HEPs (100-700 ms following ECG-R wave)

Results inconsistent

Possible cognition (e.g., attention) bias

(Schmitz et al., 2020)





Background (6) - Vagus nerve

"Wandering" from brain stem to abdomen

80% are afferent fibers from had, neck, thorax, abdomen to the brain

Vagal tone associated with executive functions and emotional regulation (two theories)

low vagal tone observed in a variety of psychiatric disorders and in BPD

(Porges, 2009; Thayer and Friedman, 2002; Koenig, 2016).

Background (7) - Vagus nerve and sensory processing

Rapid Effects of Vagus Nerve Stimulation on Sensory Processing Through Activation of Neuromodulatory Systems

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Vagus Nerve Stimulation

- Tactile, auditory, olfactory and gustatory processing
- Modulates NA, Ach, 5-HT, DA Systems

(Rodenkirch et al., 2022)

How to stimulate vagus nerve?

Cold Exposure

Deep and Slow Breathing

Singing, Humming, Chanting and Gargling

Acupuncture

Yoga and Tai Chi

Probiotics

Meditation and Neurofeedback

Omega-3 Fatty Acids

Exercise

Zinc

Massage

Socializing and Laughing

Intermittent Fasting





Electrical Vagus Nerve Stimulation (VNS)





Background (8) - tVNS

Non-invasive transcutaneous vagus nerve stimulation (tVNS)

From auricular branch to NTS

Produces similar therapeutic effects as iVNS



Background (9) - tVNS

tVNS has been shown to

- increase vagal tone.
- reduce temper outbursts in adults with Prader-Willi Syndrome
- enhance recognition of emotions
- modulates amygdala functional connectivity in patients with depression
- Increases pain threshold and decreases pain sensitivity

(Manning et al., 2019; Sellaro et al., 2019; Koening et al., 2019)

Background (10)



Review Article

Efficacy of transcutaneous vagus nerve stimulation as treatment for depression: A systematic review



Giuseppe Guerriero ^{a, b, c, *}, Constanze Wartenberg ^d, Susanne Bernhardsson ^{a, d, e}, Sara Gunnarsson ^b, Michael Ioannou ^{a, b}, Sophie I. Liljedahl ^{a, b, c}, Kajsa Magnusson ^f, Therese Svanberg ^f, Steinn Steingrimsson ^{a, b}

Methods: A systematic review to systematically evaluate the efficacy of tVNS for the treatment of depression was conducted according to PRISMA guidelines. Primary outcomes were mortality, self-harm, depressive symptoms, and health-related quality of life (HRQoL). Secondary outcomes were anxiety symptoms, medication use, everyday functioning, complications, and patients' experiences of treatment. Five databases were searched systematically. The included articles were critically appraised and certainty of evidence was assessed using GRADE.

Background (11)



Fig. 3. Summary of findings on post-treatment assessment of anxiety symptoms.

(Guerriero et al., 2021)

Objectives

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Efficacy of one session tVNS vs. sham control in BPD patients to acutely

• Reduce emotional reactivity (primary)

- Reduce baseline emotional arousal (secondary)
- Ease emotional recovery (secondary)
- Improve emotional regulation (secondary)

Methods

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Methods (1)

Design: randomized, single-blind, sham-controlled trial Intervention: tVNS vs. Sham-tVNS while undergoing affect induction Inclusion: BPD, females, age 18-50

Exclusion: neurological, neuropsychiatric, sensory impairment, alcohol and substance use disorder (<1 month), bipolar/psychotic disorder, antiepileptics or BDZ

Sample size: 42 (ratio 1:1)

Statistical analysis: Mixed models

Methods (2) – Procedure



Primary Outcome: PANAS-N post-induction Secondary Outcomes: PANAS-N pre-induction and recovery, PEME

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- A new "bottom-up" sensory hypothesis or perspective for EV in BPD
- A low vagal tone is a potential core candidate
- New insights into the role of vagal tone in emotion vulnerability and dysregulation in BPD
- Preliminary data on the effectiveness of tVNS as a possible non-invasive brain stimulation to treat a core symptom of BPD.

References

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