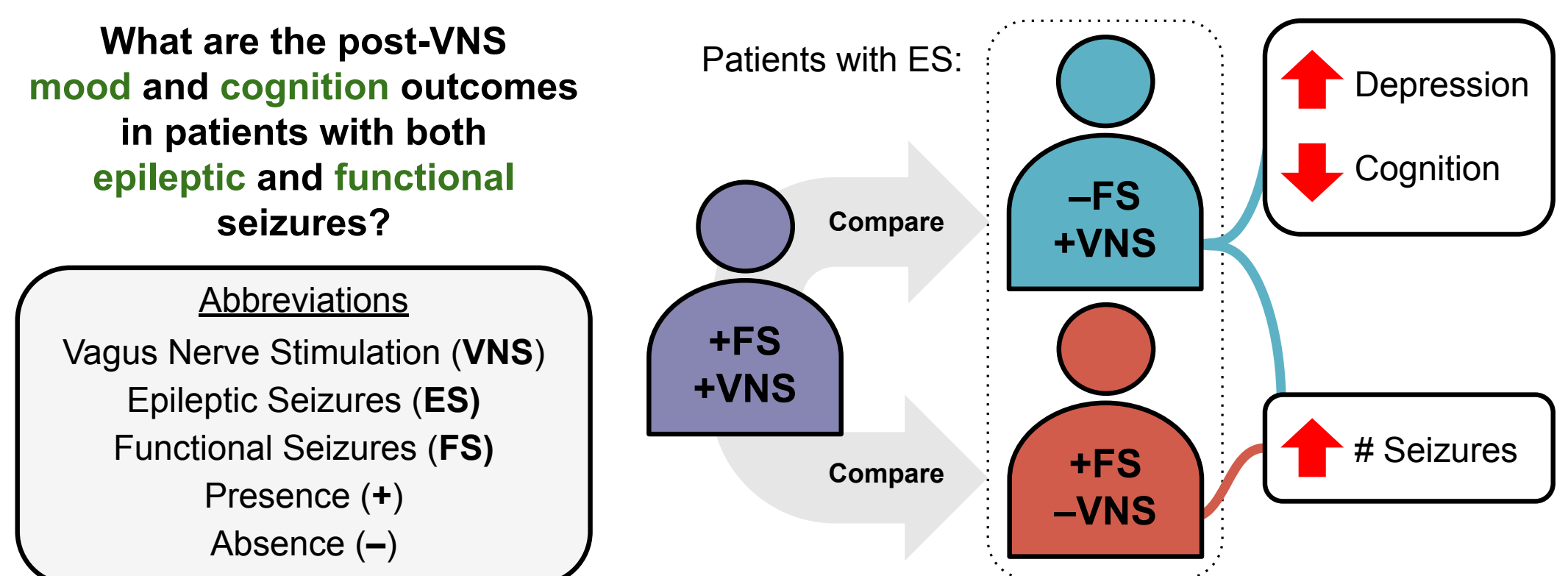


Vishva Natarajan, MS<sup>1</sup>, Rob Sandhu, BS<sup>1</sup>, Charles Mazof, BS<sup>1</sup>, Nicole Odom, MD<sup>2</sup>, and Jennifer Hong, MD<sup>3</sup>

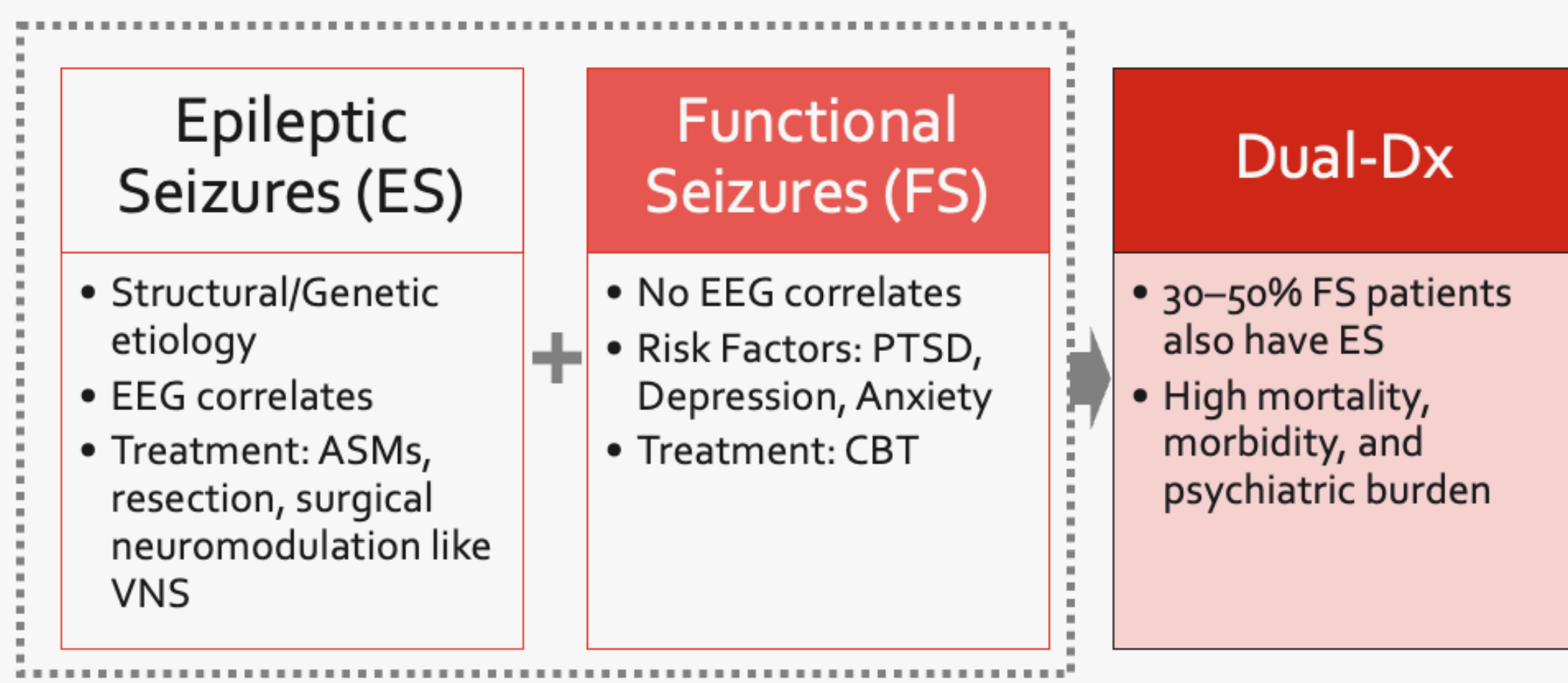
<sup>1</sup>Geisel School of Medicine at Dartmouth, <sup>2</sup>Department of Neurology, DHMC, <sup>3</sup>Department of Neurosurgery, DHMC

## At a Glance

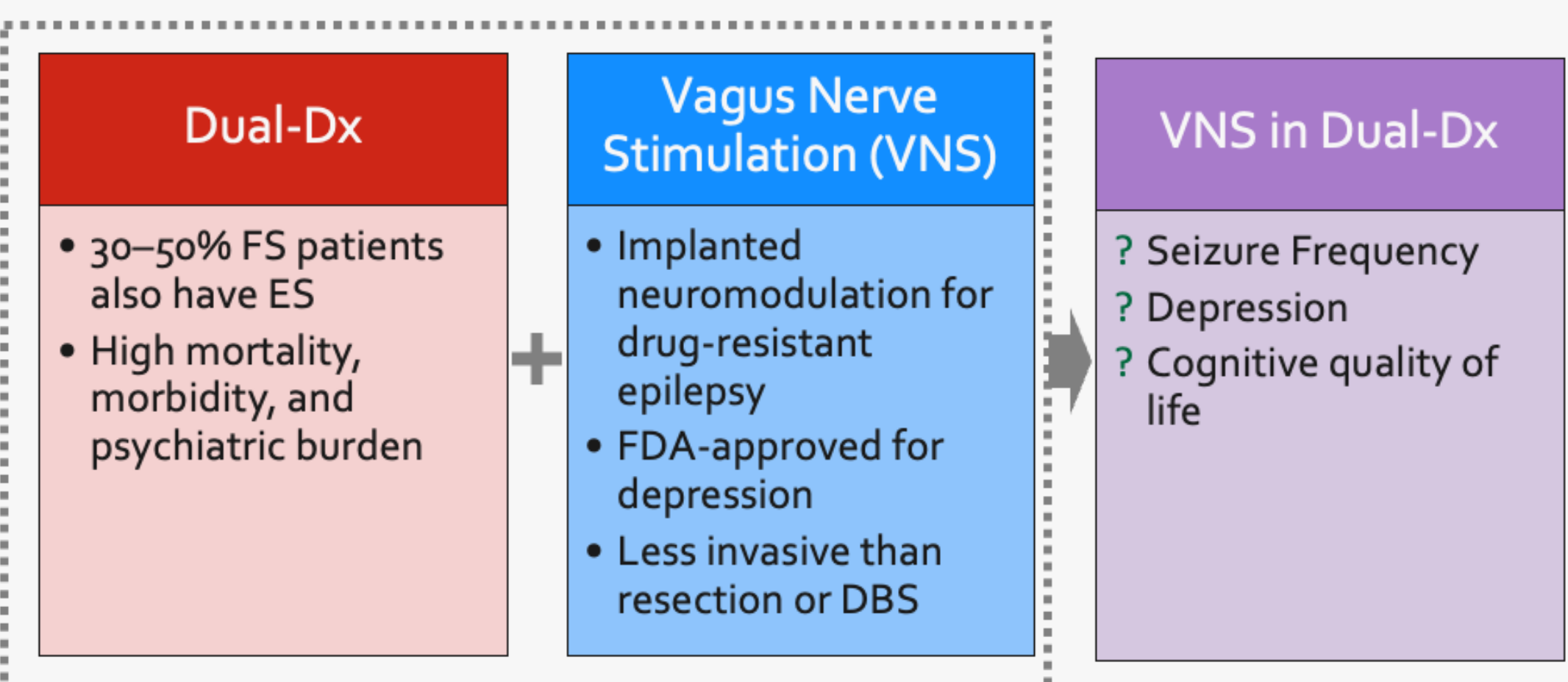


## Introduction

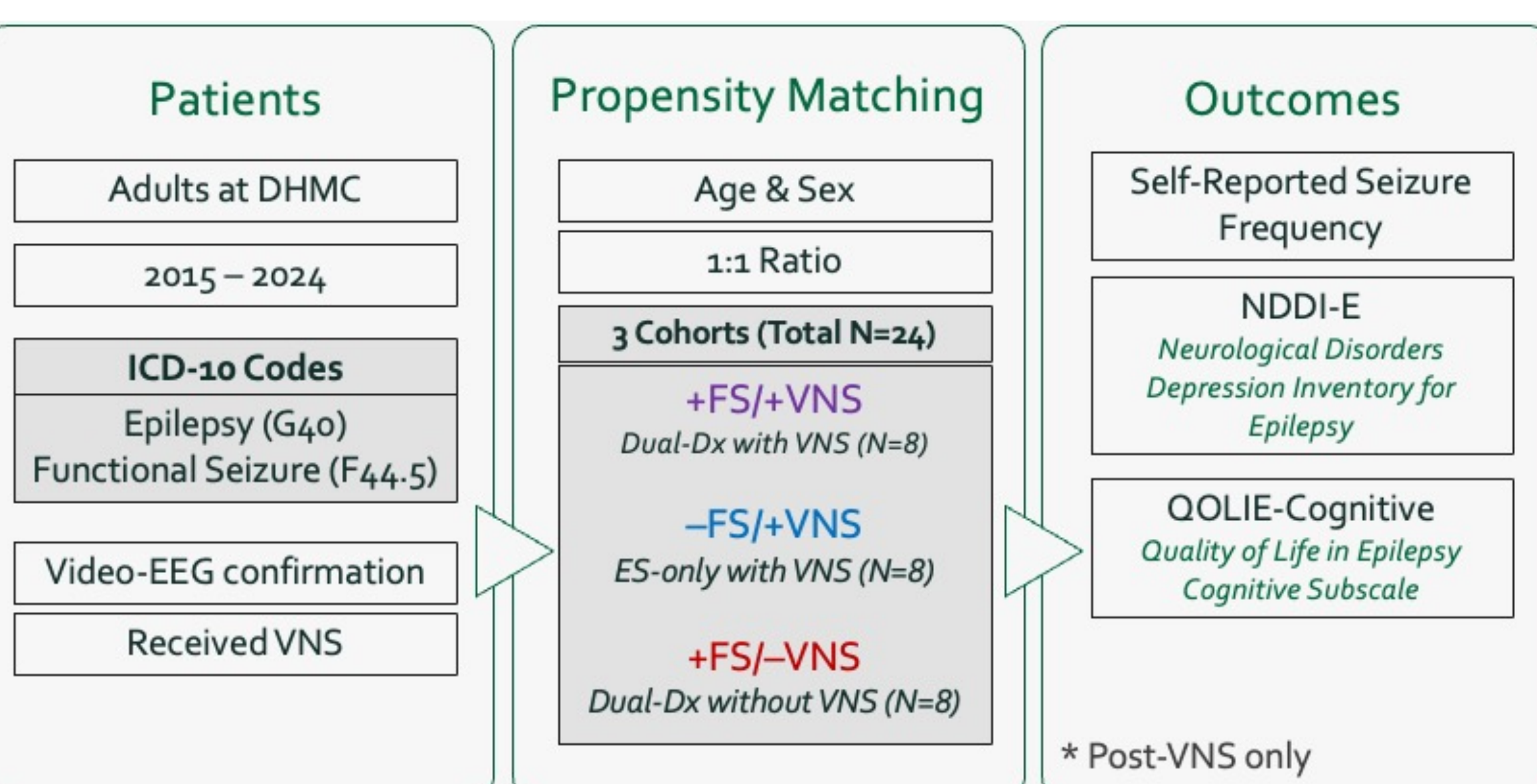
### Background



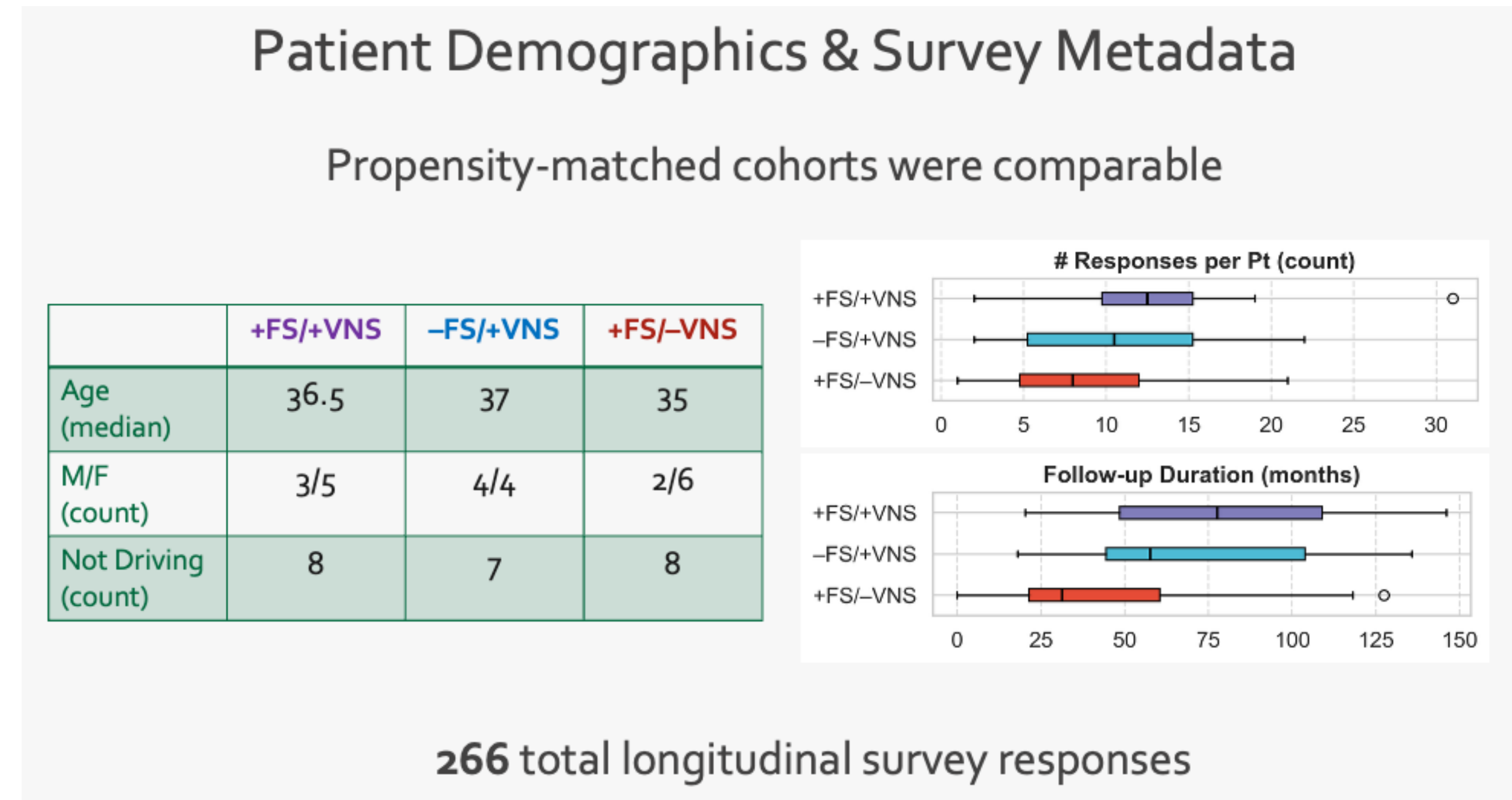
### Gap in the Literature



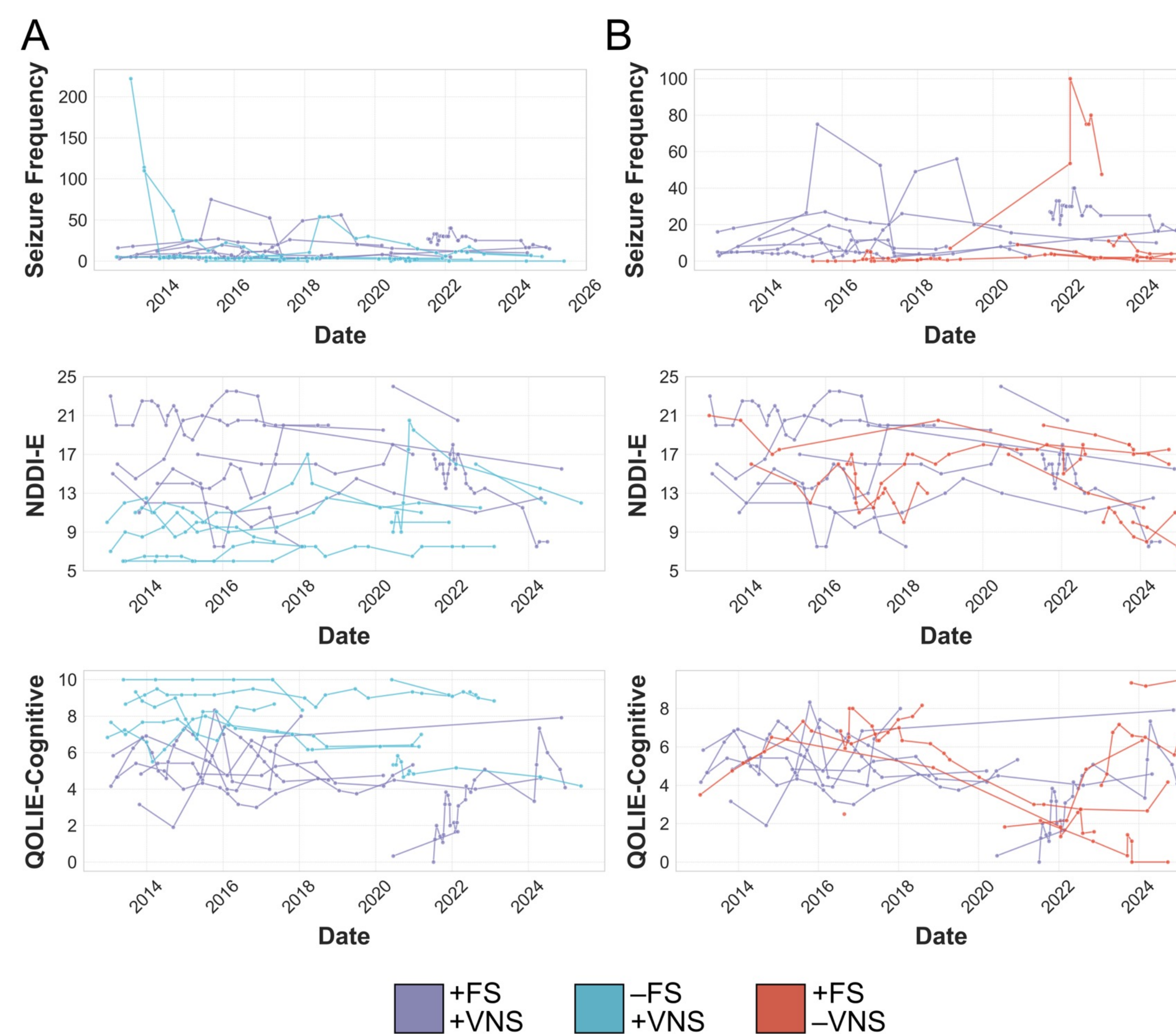
## Methods



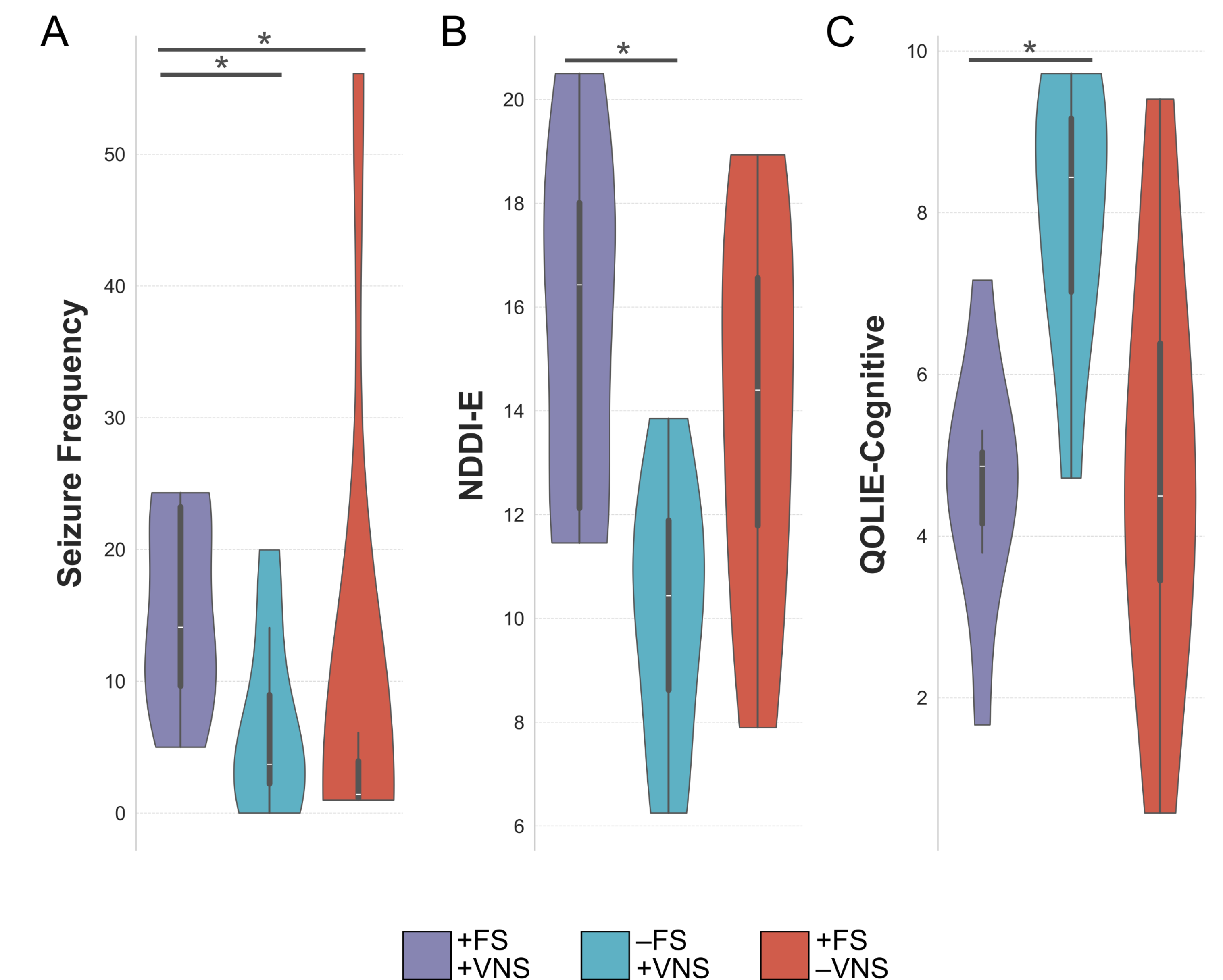
## Propensity Score Matching



## Longitudinal Survey Outcomes



## Mood and Memory Burden Post-VNS



Violin plots showing time-weighted seizure frequency, NDDI-E, and QOLIE-Cognitive scores stratified by presence (+) and absence (-) of functional seizure (FS) and vagus nerve stimulation (VNS). All patients had epileptic seizures. Inner boxes within the violins represent the interquartile range. (A) Average monthly seizure frequency for each group is shown. For (B) NDDI-E and (C) QOLIE-Cognitive, horizontal lines indicate statistically significant group comparisons by Mann-Whitney U test (corrected p<0.025).

## Conclusions & Looking Forward

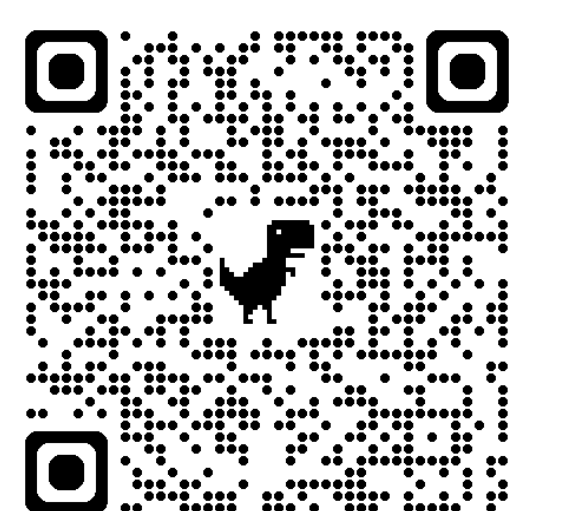
### Conclusions & Implications

- We successfully characterized mood and cognitive outcomes of VNS in patients with dual epilepsy-FS diagnoses
- Distinguishing ES from FS by self-report remains challenging
- Clinicians should counsel dual-diagnosis patients on expectations from VNS

### Future Directions

- Expand to evaluate other neuromodulation modalities (DBS & RNS)
- Prospective studies with pre/post VNS outcomes

### References



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