

Supplement: Table S1. Number of patients reporting transient and permanent adverse events, N=70.

Complication or side effect	Transient			Permanent		
	<i>Likely related</i>	<i>Unlikely related</i>	<i>Unknown</i>	<i>Likely related</i>	<i>Unlikely related</i>	<i>Unknown</i>
Surgery related						
Hematoma lead	1	0	0	0	0	0
Liquor leakage	2	0	0	0	0	0
Malposition IPG (SAE)	2	0	0	0	0	0
Malposition electrodes (SAE)	6	0	0	0	0	0
Shift electrode	1	0	0	0	0	0
Wound infection	4	0	0	0	0	0
Infection IPG or electrodes (SAE)	2	0	0	0	0	0
Delirium	2	0	0	0	0	0
Pain around burr holes	11	0	0	1	0	0
Pain around wounds	8	0	0	1	0	0
Diplopia	1	0	0	0	0	0
Swollen eyes	3	0	0	0	0	0
Device related						
Feeling of IPG in chest	10	0	0	1	0	0
Skin problems from device	2	0	0	4	0	0
Feeling of electric current around IPG	9	0	0	3	0	0
Pulling of extension leads	16	0	0	5	0	0
IPG erosion through the skin	1	0	0	1	0	0
Other device related problems	3	0	1	0	0	0
Pain around extensions	8	0	0	2	0	0
Pain around IPG	3	0	0	3	0	0
Stimulation related						
Hypomanic symptoms	27	0	0	0	0	0
Restlessness	22	0	0	1	0	0
Confusion	3	0	0	0	0	0
Agitation	19	0	0	2	0	0
Impulsivity	11	1	1	0	0	0
Disinhibition	6	0	0	1	0	0
Sleeping disorder	27	0	0	3	2	0
Fatigue	16	0	0	8	1	3
Panic attacks	1	0	1	0	0	1
Disorganized thinking (subjective)	2	0	0	0	0	0
Executive functioning disorder (subjective)	1	0	0	0	0	0
Problems with concentrating (subjective)	2	0	0	1	0	0
Memory problems including difficulty finding words (subjective)	6	1	2	8	0	0
Urge to press hand against implantation site IPG	1	0	0	1	0	0
Dizziness	2	0	0	0	0	0
Problems with balance	1	0	1	0	0	0
Change in taste	3	0	0	0	0	0
Hypertension	1	1	0	0	1	0
Dyspnoea	1	0	0	0	0	0
Palpitations	3	0	0	0	1	1
Weight gain	1	0	0	1	0	0
Weight loss	1	0	0	1	0	0

Ear nose throat complaints (e.g. rhinitis, sinusitis)	1	1	2	0	0	0
Neurological complaints (e.g. tremor, hypersensitivity to noise)	3	0	0	0	0	0
Pollakisuria	0	0	1	2	0	0
Incontinence	1	0	0	0	0	0
Nycturia	1	0	0	0	0	0
Intestinal complaints	1	1	0	0	0	0
Stomach problems	5	1	0	0	0	0
Diarrhea	0	2	0	0	0	0
Nausea	6	3	0	0	0	0
Muscular complaints (e.g. cramps)	3	1	0	0	0	0
Other complaints eyes (e.g. bad night vision, irritation eyes)	2	0	0	1	0	0
Restricted affect	1	0	0	0	0	0
Anxiety	1	0	0	0	0	0
Depression	2	1	1	0	0	0
Mania	1	0	0	0	0	0
Hallucinations	1	0	0	1	0	1
Delusions	1	0	0	0	0	0
Flight of ideas	3	0	1	0	1	0
Suicidal thoughts	1	2	4	0	0	0
Apathy	1	0	0	0	0	0
Derealization	1	0	0	0	0	0
Suicide attempt (SAE)	1	0	2	0	0	0
Automutilation or intoxication	0	1	1	0	0	0
Emotional lability	1	0	0	0	0	0
Hypersalivation	1	0	0	0	0	0
Excessive transpiration	2	0	0	0	1	0
Sexual complaints	2	1	0	0	0	0
Changes in menstruation pattern	0	0	3	0	0	0
Cold shivers	2	0	0	0	0	0
Surgery, device of stimulation related						
Headache	21	0	0	2	2	0
Other pain complaints	5	0	0	1	0	0
Paraesthesia	12	0	0	2	0	0