Instruction for OXYCODON_RETARD (OxyContin)



Please ensure you have the correct prescription and order form in front of you. There are several different order forms for Antidepressants (21), Anti-psychotics (20), Sedatives (19), Anti-epileptics (6), Hormones (1) & Analgetics (4).

PLEASE READ CAREFULLY BEFORE FILLING IN THE PRESCRIPTION AND ORDER FORM

- A sudden termination of treatment with oxycodon_retard or a sudden reduction in dosage can lead to significant withdrawal symptoms. To avoid this, the daily dose should be reduced in small steps gradually over a period of time. This can be done using tapering strips™.
- One or more tapering strips[™] can be used to gradually reduce the dose of oxycodon_retard to a desired lower dose or to zero. If more than one strip is needed the final dose of the previous strip is always equal to the starting dose of the following strip.
- 3. The treating physician (psychiatrist or general practitioner) should plan the tapering schedule together with the patient. It is not possible to predict the perfect schedule for each patient. Some patients are far more sensitive to withdrawal symptoms than others, and some patients cope with symptoms better than others. The risk of withdrawal symptoms and their intensity can be reduced by choosing a more gradual tapering schedule. There are two options when choosing a tapering schedule:
 - 1) **Variable** Choose a tapering schedule for the first 28 days only, then use the patient's experiences and feedback to inform the remainder of the tapering trajectory. To do this only the **black** part of table 4 on page 4 has to be filled in. The experiences of the patient during the first weeks (withdrawal symptoms or not) can then be used to choose the tapering trajectories for the following strip(s) by filling in in the **red** part of the table 5 on page 5.
 - 2) **Fixed -** Choose a tapering schedule for the entire period of the dosage reduction. To do this, fill in both the **black** and (if applicable) the **red** part of table 4 on page 4.
- 4. Oxycodon_retard tapering strips™ are only available on prescription. The signed prescription and order form is seen as a valid prescription. After filling in the form, the treating physician should terminate any current prescription for oxycodon_retard at the local pharmacy.
- 5. In most countries, the costs of the medication in the tapering strips™ are covered by health insurance. Tapering and stabilisation strips contain medication for a fixed period of 28 days, all strips have the same price. Tapering strip™: € 77.-; Stabilization strip € 38.50 for a period of 28 days; Prices are subject to change, so please check before ordering.
- 6. Once the prescription and order form has been received by the Regenboog Apotheek, the tapering strip™ will be shipped to the patient's home address (Europe, North America and Australia) within a week.
- 7. A tapering strip™ contains 28 numbered pouches, with each pouch containing several tablets. The number of pills may vary per day. The total dose of the medication reduces over time as the patient takes the pills in each daily pouch.
- 8. The patient starts their tapering schedule on a Sunday by taking the pills in the first pouch, numbered 028. **By counting down,** the patient finishes four weeks later on a Saturday, by taking the pills in the last pouch, numbered 001. By doing this, the patient can easily keep track of how many doses and days are left.
- 9. Each pouch of the strip is printed with the sequence number, the colour and strength of each tablet, the total number of tablets and the name of the pharmacy.
- 10. **STABILIZATION**: A stabilization strip can keep the patient on a fixed dose for a desired period of time. Such stabilization may be necessary if tapering appears to be going too fast for the patient, or the patient does not wish to reduce the dose to zero, but remain at an optimal lower dose. The stabilization strip can be produced at almost any desired dose rounded off to 0,25 mg oxycodon retard.
- 11. In some cases, the patient is currently using a dose that is higher or different from the starting dose of the standard available tapering strips (see table 4 on page 4). These patients can also reduce their dose gradually by using **customized** tapering strips™ for the first part of the taper (see table 4 on page 4).

12. For oxycodon_retard, the following tapering strips™ are standard available:

Startdose	Enddose	Tapering	Name of the strip	Step dose	average dose	average dose
oxycodon	oxycodon	period	XCDN=oxycodon	reduction	reduction	reduction
30 mg/day	20 mg/day	28 days	XCDN 30-20/28days	0,2/0,5 mg	0,36 mg/day	8,4%/week
20 mg/day	15 mg/day	28 days	XCDN 20-15/28days	0,2 mg	0,18 mg/day	6,3%/week
20 mg/day	10 mg/day	28 days	XCDN 20-10/28days	0,2/0,5 mg	0,36 mg/day	12,5%/week
15 mg/day	10 mg/day	28 days	XCDN 15-10/28days	0,2 mg	0,18 mg/day	8,4%/week
10 mg/day	5 mg/day	28 days	XCDN 10-5/28days	0,2 mg	0,18 mg/day	12,5%/week
10 mg/day	zero	28 days	XCDN 10-0/28days	0,2/0,5 mg	0,36 mg/day	25%/week
5 mg/day	2 mg/day	28 days	XCDN 5-2/28days	0,2 mg	0,11 mg/day	15%/week
5 mg/day	zero	28 days	XCDN 5-0/28days	0,2 mg	0,18 mg/day	25%/week
2 mg/day	zero	28 days	XCDN 2-0/28days	0,2 mg	0,07 mg/day	25%/week
stable	mg/day	28 days	XCDN stable	0 mg	no reduction	0%/week

The table below shows how many mg of oxycodon_retard each daily pouch contains.

	edule: on_retard	30 - 20	20 - 15	20 - 10	15 - 10	10 - 5	10 - 0	5 - 2	5 - 0	2 - 0	0,25 - 0,25
Sachet No	Intake day	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg
sachet 28	sunday	30	20	20	15	10	10	5	5	2	0,25
sachet 27	monday	29,5	19,75	19,5	14,75	9,75	9,5	4,75	4,75	2	0,25
sachet 26	tuesday	29	19,5	19	14,5	9,5	9	4,75	4,5	1,75	0,25
sachet 25	wednesday	28,75	19,25	18,5	14,25	9,25	8,5	4,5	4,25	1,75	0,25
sachet 24	thursday	28,25	19,25	18	14,25	9,25	8	4,5	4	1,75	0,25
sachet 23	friday	27,75	19	17,75	14	9	7,5	4,5	4	1,5	0,25
sachet 22	saturday	27,25	18,75	17,25	13,75	8,75	7	4,25	3,75	1,5	0,25
sachet 21	sunday	27	18,5	16,75	13,5	8,5	6,5	4,25	3,5	1,5	0,25
sachet 20	monday	26,5	18,25	16,5	13,25	8,25	6	4	3,25	1,25	0,25
sachet 19	tuesday	26,25	18,25	16	13,25	8	5,75	4	3	1,25	0,25
sachet 18	wednesday	25,75	18	15,5	13	8	5,25	3,75	2,75	1,25	0,25
sachet 17	thursday	25,25	17,75	15,25	12,75	7,75	4,75	3,75	2,75	1,25	0,25
sachet 16	friday	25	17,5	14,75	12,5	7,5	4,5	3,5	2,5	1	0,25
sachet 15	saturday	24,5	17,5	14,5	12,5	7,25	4,25	3,5	2,25	1	0,25
sachet 14	sunday	24,25	17,25	14	12,25	7,25	3,75	3,25	2	1	0,25
sachet 13	monday	24	17	13,75	12	7	3,5	3,25	2	0,75	0,25
sachet 12	tuesday	23,5	16,75	13,5	11,75	6,75	3	3,25	1,75	0,75	0,25
sachet 11	wednesday	23,25	16,75	13	11,75	6,75	2,75	3	1,5	0,75	0,25
sachet 10	thursday	22,75	16,5	12,75	11,5	6,5	2,5	3	1,5	0,5	0,25
sachet 9	friday	22,5	16,25	12,5	11,25	6,25	2,25	2,75	1,25	0,5	0,25
sachet 8	saturday	22,25	16,25	12	11,25	6	1,75	2,75	1	0,5	0,25
sachet 7	sunday	21,75	16	11,75	11	6	1,5	2,5	1	0,5	0,25
sachet 6	monday	21,5	15,75	11,5	10,75	5,75	1,25	2,5	0,75	0,25	0,25
sachet 5	tuesday	21,25	15,75	11,25	10,75	5,75	1	2,5	0,5	0,25	0,25
sachet 4	wednesday	21	15,5	10,75	10,5	5,5	0,75	2,25	0,5	0,25	0,25
sachet 3	thursday	20,5	15,25	10,5	10,25	5,25	0,5	2,25	0,25	0,25	0,25
sachet 2	friday	20,25	15,25	10,25	10,25	5,25	0,25	2	0,25	0,25	0,25
sachet 1	saturday	20	15	10	10	5	0,25	2	0,25	0,25	0,25

IMPORTANT NOTICE: Tapering strips™ are not intended to replace medical care provided by a physician. Careful counselling and monitoring of the patient remains essential during and after treatment with tapering strips.

Please note: Treatment with the tapering $strip^{TM}$ supports the tapering of medication, reducing withdrawal effects to a minimum. If withdrawal effects do occur, they will be not as intensive or prolonged as during a traditional tapering approach. This will make it easier for the treating physician to recognize a relapse (**such as a** return of depression or anxiety) and to distinguish between relapse or withdrawal effects in good time.

There is a noticeable difference in timing between the occurrence of withdrawal symptoms and relapse. Withdrawal symptoms usually occur shortly or immediately after the start of tapering. Relapse usually occurs at a later stage, often after tapering with oxycodon_retard has been completed. While withdrawal symptoms become less severe and disappear over time, symptoms as a result of relapse tend to remain and may even get worse.

Should you have any questions or if you require more information, please contact Paul Harder, pharmacist at the Regenboog Apotheek at $\frac{\text{pharder@regenboogapotheek.nl}}{\text{pharmacist}}$ or + 31-(0)6-25072020.

Instructions for the prescription and order form for tapering strips™

1. MEDICAL INDICATION: please, mark all the indications applicable to the patient:

i. **preventive** reducing the risk of withdrawal symptoms or relapse effects caused by diminishing the dose

too quickly.

ii. reduction anxiety patient is excessively anxious about tapering, for example as a result of comorbid anxiety dis-

order.

iii. **failed attempt** previous attempts to stop or reduce the dose have failed.

iv. **distinction** distinguishing between withdrawal symptoms and possible relapse.

v. slow metabolizer the lowest dose causes a high plasma concentration, increasing the risk of withdrawal effects.

vi. **high dose** the patient has used the medication for a period of 6 months at a dose at least 150% of the

defined daily dose.

- 2. Fill in the patient's details.
- 3. Fill in the details of the treating physician.
- 4. Fill in the table. Below you can see four examples showing the different ways of filling in the table:
 - a. **Total reduction**, using **3** tapering strips[™]: mark **3** boxes (schedule 3 x 28 days = 84 days)

starting dose EXAMPLE	taper duration	STRIP 1 28 days	STRIP 2 28 days	STRIP 3 28 days	STRIP 4 28 days
30 mg/day	112 days	☐ EXMPL 30-10	EXMPL 10-5	☐ EXMPL 5-2	EXMPL 2-0
	84 days	X EXMPL 30-10	X EXMPL 10-5	X EXMPL 5-0	
	56 days	☐ EXMPL 30-10	EXMPL 10-0		

 b. Dose reduction using 2 tapering strips™: mark 2 boxes (schedule 2 x 28 days = 56 days)

starting dose EXAMPLE	taper duration	STRIP 1 28 days	STRIP 2 28 days	STRIP 3 28 days	STRIP 4 28 days
30 mg/day	112 days	☐ EXMPL 30-10	EXMPL 10-5	EXMPL 5-2	EXMPL 2-0
	84 days	X EXMPL 30-10	X EXMPL 10-5	EXMPL 5-0	
	56 days	☐ EXMPL 30-10	EXMPL 10-0		
20 mg/day	112 days	□ EVMDL 20.10	□ CVMDL 10 E	□ TYMDL E 3	D EVMDI 2.0

Customized schedule please mark each box, and fill in the desired start and end dose for each strip.
 Total duration = number of strips x 28 days.

CUSTOMIZED 2 x 28 days X EXMPL from 60 - 30 mg X EXMPL from 30 - 10

d. **Stabilization** to a steady dose: mark the box, and fill in daily dose and number of repeats (in this example: 17 mg/day and $2x \text{ repeats} => \text{ schedule} (1 + 2) \times 28 \text{ days} = 84 \text{ days})$

		1		1
STABILIZATION	28 days	X EXMPL stab.	17 mg/day	2 repeats

- 5. Sign the prescription.
- 6. Fax the prescription to the Regenboog Apotheek: +31-(0)85-2736129

NOTE: Please only fax the order and prescription form.

Do not fax the instruction sheets.

Fill in this page and fax to the Regenboog Apotheek 0031-(0)85-2736129 or scan and mail to pharder@regenboogapotheek.nl

Order and prescription form ► TAPERINGSTRIP™



R/ Prescription 1a. Medical indication								6736729 polizer □high dose
1b . Duration of o	•		□ <1 year	•				_
2. Full name of p	atient:							
Date of birth:		(gender: □M	/				
Address:								
City postal so	da amd aassabs							
City, postar co	de and count	y:						
E-mail address	5:					Tele	phone no:	
3. Name of treati	ng physician:							
Medical registr	ation number	•••						
Address:								
Address:								
Postal code an	d country:							
E-mail address	5:							
Telephone no:								
тетернопе по:								
4. Please, fill in	the table, fo	ollowing th	ne instructio	ons above.				
Startdose	Tapering	XCDN=oxy		STRIP 2	c	TRIP 3	STRIP 4	STRIP 5
oxycodon	period	STRIP 1=2	28 days	28 days		days	28 days	28 days
30 mg/day		☐ XCDN 30-2		CDN 20-10	☐ XCDN		☐ XCDN 5-2	☐ XCDN 2-0
20 mg/day		☐ XCDN 30-2 ☐ XCDN 20-1		CDN 20-10 CDN 10-5			☐ XCDN 5-0 ☐ XCDN 2-0	
20 mg/uay		☐ XCDN 20-1		CDN 10-5 CDN 10-5			LI XCDN 2-0	
10 mg/day		☐ XCDN 20 -5		CDN 5-2	☐ XCDN			
		☐ XCDN 10-5		CDN 5-0				
5 mg/day		☐ XCDN 5-2		CDN 2-0				
tanaana.	28 days	☐ XCDN 5-0						
2 mg/day	28 days	☐ XDCN 2-0						
customized	. X 28 days	□ XDCN	□x	DCN	☐ XDCN	l	□ XDCN	□ XDCN
stable	,	☐ XCDN stab		mg/day		repeats	dose round off to	please send immediately
COSTS Tapering	and stabilizat	ion strips c	ontain medic	ation for a fi	xed perio	od of 28 da	ays, all strips have	e the same price.
Tapering	strip™: € 77.	-; Stabiliza	tion strip € 3	8.50 for a pe	eriod of 2	28 days; Pr	rices are subject t	o change.
				_				
5. Date:				S	stamp of	treating p	nysıcıan	
Signature of tr	reating physic	ian:						
			A materials of		. 404	0 14/1 5 61 "		
Shipping address:	kegenboog A	apotneek,	Antwoordnu	ımmer 16500	J, 484I	0 WJ BAVI	EL, The Netherl	anus

Fill in this page and fax to the Regenboog Apotheek 0031-(0)85-2736129 or scan and mail to pharder@regenboogapotheek.nl



R/ Prescription = order form for OXYCODON_RETARD tapering strips™ ZI-number: 16736729

1.	Continuation Ta	pering					
2.	Full name of pat	tient:					
	Date of birth:		gender:	□м / □Е			
			-				
	Address:						
	City, postal code	e and counti	ry:				
	E-mail address:				Telep	hone no:	
3.	Name of treating	a nhvsician:					
-							
	Medical registra	tion number	:				
	Address:						
	Postal code and	country					
	rostal code allu	country.					
	E-mail address:						
	Telephone no:						
5	Dlease fill in t	he table fo	ollowing the instru	ictions above			
<u>.</u>							
	Startdose oxycodon	Tapering period	XCDN=oxycodon STRIP 1=28 days	STRIP 2 28 days	STRIP 3 28 days	STRIP 4 28 days	STRIP 5 28 days
000	30 mg/day		□ XCDN 30-20		☐ XCDN 10-5	☐ XCDN 5-2	☐ XCDN 2-0
	20000000000		☐ XCDN 30-20	☐ XCDN 20-10	☐ XCDN 10-5	☐ XCDN 5-0	
	20 mg/day		☐ XCDN 20-10		☐ XCDN 5-2	☐ XCDN 2-0	
			☐ XCDN 20-10		☐ XCDN 5-0		
	10 mg/day		☐ XCDN 10-5 ☐ XCDN 10-5	☐ XCDN 5-2	☐ XCDN 2-0		
	5 mg/day		☐ XCDN 10-5 ☐ XCDN 5-2	☐ XCDN 5-0 ☐ XCDN 2-0			
	5 mg/day		□ XCDN 5-2 □ XCDN 5-0	LI XCDN 2-0			
	2 mg/day		□ XDCN 2-0				
L	customized	. X 28 days	□ XDCN	□ XDCN	☐ XDCN		XDCN
	stable	28 days	☐ XCDN stable	mg/day	repeats	dose round off to 0.25 mg	immediately
cc	Tapering a Tapering s	nd stabilizat trip™: € 77.	cion strips contain m -; Stabilization strip	nedication for a fix ne 38.50 for a per	ed period of 28 da riod of 28 days; Pri	ys, all strips have ices are subject to	e the same price. o change.
6.	Date:			St	amp of treating ph	nysician	
	Signature of tre	ating physic	ion				
	Signature or tre	ating physic	laii.				
Sł	nipping address: F			rdnummer 16500,	, 4840 WJ BAVE	L, The Netherla	ands

Vergoeding conform C-120/95 en C-158/96 van het Hof van Justitie van de Europese Gemeenschap (Decker/Kohll-arrest)

De door de arts voorgeschreven farmacotherapeutische behandeling is overeenkomstig het behandelprotocol voor het afbouwen van oxycodon_retard.

De patiënt heeft van de Regenboog Apotheek oxycodon_retard afbouwmedicatie ontvangen en heeft zijn/haar medicatie geleidelijk afgebouwd volgens schema.

De kosten van de medicatie in Nederland (77,- Euro) staan vermeld op de factuur.

Volgens het Decker/Kohll-arrest (C-120/95 en C-158/06) heeft de patiënt recht op vergoeding van de medicatie volgens het in zijn thuisland geldende tarief.

Repayment in accordance with C-120/95 C-158/96 (Kohll Decker judgment) of the Court of Justice of the European Union

The pharmaco therapeutic treatment prescribed by the doctor is in compliance with the treatment protocol for medication reduction oxycodon_retard.

The patient received this treatment for medication reduction oxycodon_retard from pharmacy Regenboog Apotheek and he/she reduced his/her medication according to the schedule.

The cost of the medication in the Netherlands (77,- Euro) is listed on the invoice.

According to the Decker Kohll judgment (C-120/95 and C-158/06), the patient may claim repayment of the medication at the rate applicable to his homeland.

Erstattung nach C-120/95 und C-158/96 (Urteil *Decker und Kohll*) des Gerichtshofs der Europäischen Union

Diese vom Arzt verschrieben pharmatherapeutische Behandlung stimmt überein mit dem Behandlungsprotokoll für Medizinabbau oxycodon_retard.

Der Patient/die Patientin erhielt diese Abbaumedikamenten oxycodon_retard vom Regenboog Apotheek und hat seine/ihre Medikamente reduziert nach dem Zeitplan.

Die Kosten für die Medikamente in den Niederlanden (77,- Euro) sind auf der Rechnung aufgeführt.

Nach dem Urteil (C-120/95 und C-158/06, *Decker und Kohll*) hat der Patient Anspruch auf Erstattung der Medikamente nach dem Kurs in seiner Heimat.

Remboursement conform C-120/95 et C-158/96 (l'arrêt Decker Kohll) de la Cour de justice de l'Union européenne

Le traitement pharmaco thérapeutique prescrit par le médecin est en conformité avec le protocole de traitement pour la réduction médicinale de oxycodon_retard.

Le patient a reçu cette traitement pour la réduction des médicaments oxycodon_retard de la pharmacie Regenboog Apotheek et a réduit son médicament selon le calendrier.

Le coût des médicaments aux Pays-Bas (77,- Euro) sont répertoriés sur la facture.

Conforme l'arrêt Decker/Kohll (C-120/95, et C-158/06), le patient peut réclamer le remboursement des médicaments selon le taux applicable dans son pays natal.

Peter C. Groot & Jim van Os (2018): **Antidepressant tapering strips to help people come off medication more safely**, Psychosis, DOI: 10.1080/17522439.2018.1469163

Full text URL: https://www.tandfonline.com/doi/full/10.1080/17522439.2018.1469163

SUMMARY, 24 May 2018

Antidepressant tapering strips to help people come off medication more safely

Peter Groot and Jim van Os

Antidepressant users who have come to the end of treatment and wish to stop can suffer withdrawal symptoms, even when following their doctor's advice. In some cases, these withdrawal symptoms can be so severe that they prevent the user from stopping their medication. This can often be problematic for the patient and can result in unnecessary prescriptions, additional cost for health services and potential long-term health issues.

An observational study published in the journal *Psychosis* shows that antidepressant withdrawal symptoms can be minimised or avoided by using prepackaged medication in tapering strips. Tapering medication makes safe withdrawal possible by utilising pills of small dosages to make much smaller dosage reductions than can be achieved using standard registered dosages. This approach makes tapering easy for the antidepressant user and the doctor. The study shows that more patients are successful using tapering strips when compared to those who had tried to reduce using other methods and allows patients who have previously tried and failed to withdraw the opportunity to succeed in coming off their antidepressant medication.

What is tapering medication?

Tapering medication is prepackaged in tapering strips which make it easy for the patient to reduce without needing to follow complicated instructions. Furthermore the strips make it easy for doctors to prescribe personalised tapering schedules for their patients. A tapering strip consists of 28 sachets on a roll, with each sachet providing the medication for a single day. The daily dosage in each sachet is a little less or equal to that of the previous day. A doctor, psychiatrist or therapist can prescribe tapering schedules tailored to and in consultation with the patient in a shared decision-making approach. Using currently available standard registered dosages, gradual tapering is often difficult and, in some cases, impossible to achieve. Due to these limitations, current tapering guidelines are also difficult to follow for both the prescriber and the patient.

About the study

The study reviewed 1121 questionnaires completed by patients who wanted to withdraw from their antidepressant medications. The majority (75%, n = 895) wanted to taper off completely. Of these, 62% (n = 692) had previously made one or more tapering attempts. Almost everyone (97%) had suffered withdrawal symptoms during these earlier attempts, which were rated as very severe by 49% (7 on a scale of 1-7). The duration of antidepressant use varied from less than a year to more than 30 years (median: 2-5 years).

A comparison of withdrawal with or without tapering medication

All patients were asked about their tapering experience, using a scale from 1-7, where 1 = very good and 7 = very bad. In addition, they were asked if they had experienced withdrawal symptoms on a 1-7 scale, where 1 = not at all and 7 = very much. Patients were also asked to rate their previous attempts to withdraw, therefore making a comparison possible between tapering medication and other methods.

Study findings

The main results of the study are that, of the 895 people who used tapering strips to taper the antidepressant they used:

• 71% (n = 636) succeeded in a median time of 56 days (2 tapering strips).

• 21% (n = 192) did not complete the taper, 8% (n = 67) because they were still tapering, 4% (n = 39) due to withdrawal symptoms and 6% (n = 53) due to relapse (defined as the recurrence of complaints such as anxiety or depression).

The results of this study show that, for patients who had previously tried and failed to withdraw, the use of tapering medication in tapering strips could enable them to withdraw successfully.

Tapering medication enables shared decision making

For patients who wish to withdraw, attempting to taper using standard registered doses increases the risk of withdrawal symptoms, leading to an increased risk of withdrawal failure and unnecessary long-term antidepressant use. Allowing patients and doctors to work together to define personalised tapering schedules has been shown to reduce withdrawal symptoms and increase the chances of success. By doing this, doctors can focus on patient recovery and more easily distinguish between withdrawal symptoms and relapse, which is important in avoiding the unnecessary prescribing of antidepressant medications.

Applying tapering principles to other medications

The results of this study are relevant for people using other psychotropic medications such as antipsychotics or benzodiazepines. This is important for people with psychosis who will often be taking multiple medications. The use of tapering medication in tapering strips offers the opportunity to make safe, gradual dosage adjustments while minimising unpleasant withdrawal symptoms even in those patients who are taking multiple medications. The use of tapering strips enables a level of flexibility and personalisation that is simply not achievable using conventional standard registered dosages.

Information about taperingstrips can be found on the User Research Center of Maastricht University website www.ta-peringstrip.org

Dr. Peter C. Groot is a researcher and expert by experience at the User Research Center of Maastricht University and volunteer at the Cinderella Therapeutics Foundation. Prof. Jim van Os is Chairman of the Brain Division at the Utrecht University Medical Center.

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