

Introduction to Huntington's Disease



Huntington's Disease Society of America Center of Excellence at UC Davis June 4, 2013



Welcome!

HDSA Center of Excellence UC Davis Medical Center

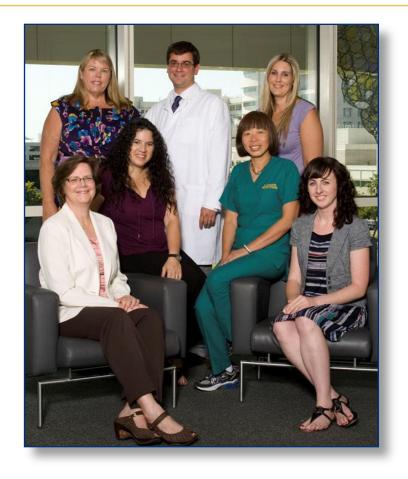
Vicki Wheelock MD, Neurologist Terry Tempkin RN ANP, Nurse Practitioner Lisa Kjer LCSW, Social Worker Rosy Chow LPT, Physical Therapist Mara Sifry-Platt MS, Genetic Counselor Lorin Scher MD, Psychiatrist

Care, Outreach, and Reach for a Cure

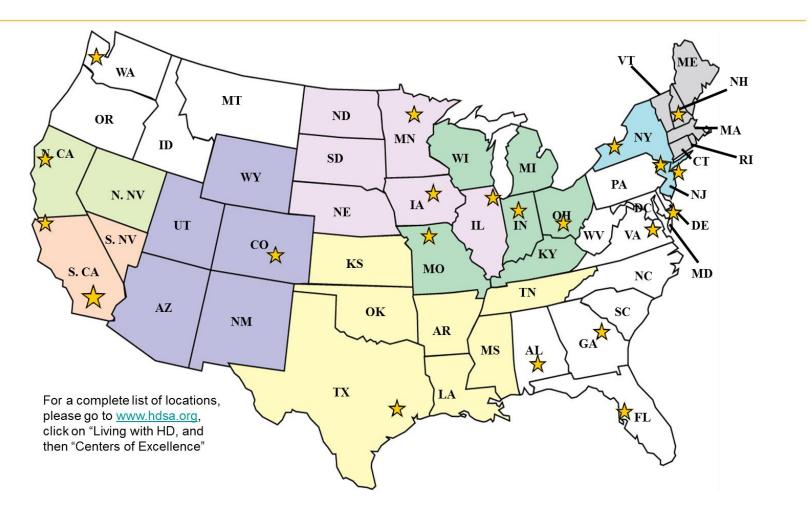
Our COE Mission:

- To provide excellent, comprehensive and compassionate care and outreach to HD families
- To provide expert education about HD to families, researchers and health care providers
- To advance HD research

Established 2001



21 HDSA Centers of Excellence



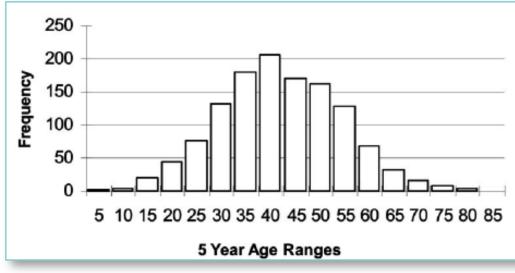
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Huntington's Disease Definitions

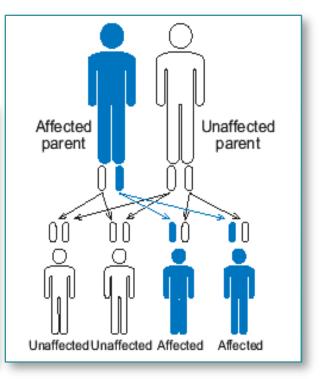
- Slowly progressive, hereditary brain disease that causes changes in movement, thinking and behavior
- Diagnosis made at onset of movement disorder, typically with chorea and impaired voluntary movement.
- Autosomal dominant inheritance
 - High penetrance: everyone with the gene will get HD
 - Anticipation: earlier onset in children of fathers with HD
- > 30,000 people with HD in US
 - 150,000 at-risk in US
 - Abut 2000 people are diagnosed each year
- World-wide occurrence in all populations
 - lowest in Japan

Who Gets HD?

Each child with a parent with HD has a 50% chance of inheriting the disease.



Myers RH. J Am Soc Exper Ther 2004;255-262



The Search for the HD Gene



Dr. Ramon Avila-Giron, student of Dr. Americo Negrette, showed films of HD patients at Centennial Meeting to a skeptical audience, 1972.

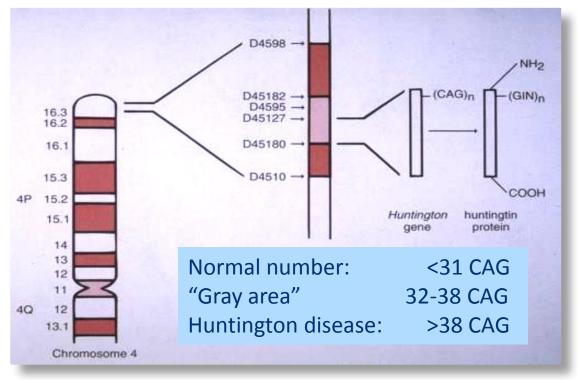
Dr. Nancy Wexler's team visited Lake Maracaibo annually starting in 1979, identifying 18,149 individuals from HD families spanning 10 generations.



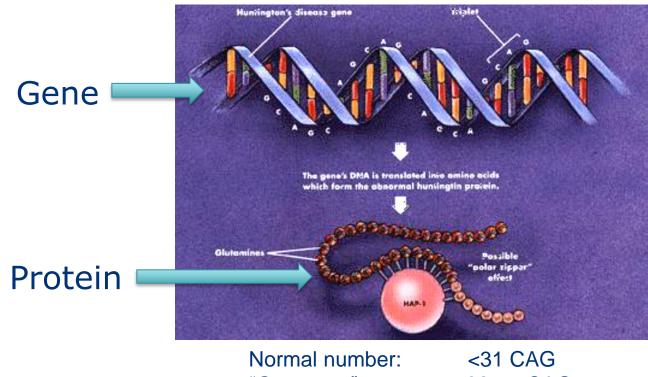
A new study from Nancy Wexler, in Venezuela in the 1990s with a boy with Huntington's disease, suggests there may be ways to delay the onset of the disease.

1993: The HD Gene Is Discovered

Huntington gene whether the second second



The Huntington Disease Mutation

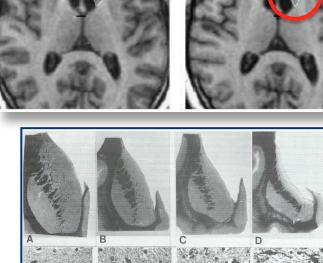


"Gray area": 32-38 CAG Huntington disease: >38 CAG

Brain changes in HD

Aylward EH. Brain Research Bulletin 2003;62:137-141

MRI scan



Microscopic view

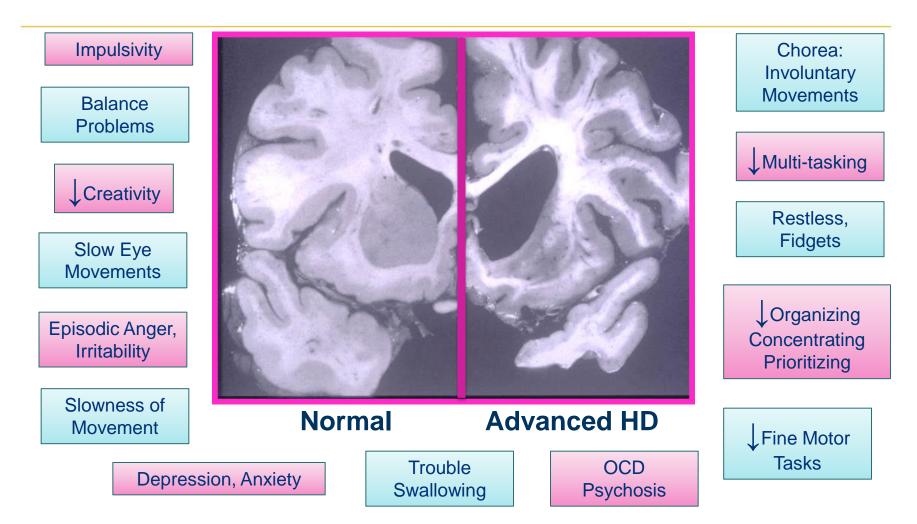
Behavior

Movement

Thinking

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Symptoms in Huntington's disease



Psychiatric symptoms in HD

 Depression 	40 - 80%
 Anxiety 	30 - 40%
 Obsessions/compulsions 	s 10 - 20%
Irritability	common
Apathy	20%
Episodic anger	common
Psychosis	5%

Depression in HD

- Very common. May occur:
 - before diagnosis
 - at the time of diagnosis
 - later in the disease
- Thoughts of suicide may occur
 - Most commonly occurs around the time of diagnosis
 - Over 25% of patients with HD attempt suicide at some point in the illness.
 - Reported rates of completed suicide among individuals with Huntington's disease range from 3-13%
 - Treatment of depression with counseling, medications, and family and community support prevents suicide

Huntington Disease Stages

- Stage 0: Presymptomatic
- Stage 1: Slightly lower performance at work; independent at home
- Stage 2: Can still work (lower level), still mostly independent at home
- •Stage 3: Difficult to work, starts to needs help with financial, home activities
- Stage 4: Unable to work. Needs major assistance with care
- Stage 5: Full-time nursing care required

What kinds of treatments do we have for HD?

- > Symptomatic
 - Movement problems
 - Thinking/behavior
 - Mood problems
 - Swallow problems
 - Nutrition
- > Neuroprotection:
 - Delay the onset or slow progression
- Research is underway
- Cure: Hope from research

Motor symptoms

- Chorea
- Slowness, rigidity
- > Dystonia
- Poor balance
- Exercises, physical therapy, medications can help

Tetrabenazine: First drug approved for HD in the US

Benefits: Highly effective for chorea

Side effects:

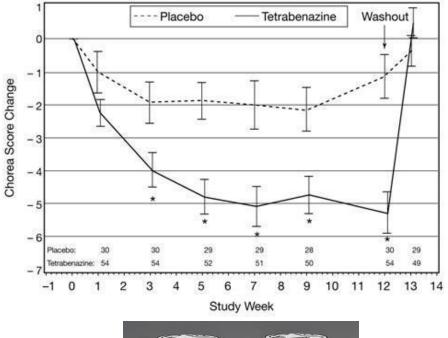
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- restlessness

Interactions:

- Some anti-depressants
- Other anti-chorea drugs

Dosing:

- Genetic test
- Monitor EKG
- Cost: Special program





Balance Problems



Rosy Chow, Physical Therapist May occur early in HD, but more commonly occurs later in the disease.

Physical therapy and exercise help tremendously!

Please see the presentation

"Coping With Disability and Muscle Weakness in Huntington's Disease"

for specific exercises.

Behavioral/Thinking Symptoms

- ➤ "Memory" problems
- Borrow meds used for Alzheimer's disease
- > Apathy
 - Structure, behavioral treatments
 - Stimulant medications
- Irritability
 - Seek triggers, set structure
 - ?Depressed or anxious treat those symptoms
- Episodic anger
 - See above
 - Sometimes mood stabilizers (anti-epileptic drugs, neuroleptics)

Emotional Symptoms

- Medications used to treat psychiatric symptoms in the general population are usually effective
- Depression
 - SSRI meds (fluoxetine, paroxetine, sertraline, citalopram, buproprion, etc)
- > Anxiety
 - SSRI meds, sometimes clonazepam
- Obsessions/compulsions
 - SSRI meds
- Paranoia, delusions (false beliefs), hallucinations
 - Antipsychotics (olanzapine, risperidone, haloperidol, fluphenazine, etc)

Medications for Treatment of Emotional Symptoms

Please see slide presentation "Medications to treat HD"

for more specific details

Is there anything that can slow the progression of HD?

- There is no therapy that's been proven yet to delay the onset of slow the progression
- > We recommend:
 - a good, healthy diet
 - regular exercise
 - avoiding smoking and excessive alcohol
- Some dietary supplements may be helpful
 - Fish Oil (ethyl-EPA)
 - CoQ10
 - Creatine
- Research trials are ongoing

What should I do about my HD?

- Establish care Center of Excellence
- Get information
- Take care of your health (not just HD)
 - Healthy diet, exercise, lifestyle
- Find out about medications and therapies
 - Talk to us about supplements
- Get connected:
 - HD Support Groups
 - Northern CA chapter of HDSA
- Consider research participation