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Huntington's Disease Society of America

Medical Management of Advanced HD

Samuel Frank, MD HDSA National Convention June 24, 2011

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Overview

- · What is advanced HD?
- · Progression of disease
- · Issues in management
- · Ideas for management
- · Dignity in advanced stages

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Presenter Disclosures

Samuel Frank, MD

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose or list



"Technically," Advanced HD is

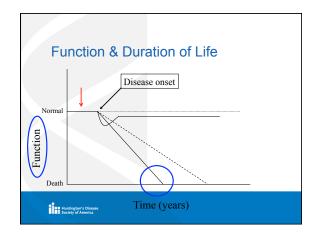
- Total Functional Capacity (TFC) score of 0-2
 - 13 point scale used for staging
- "Functional" definition
 - Patients who are no longer able to independently care for themselves due to physical, cognitive or behavioral reasons

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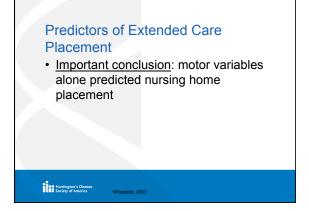
Rate of Progression

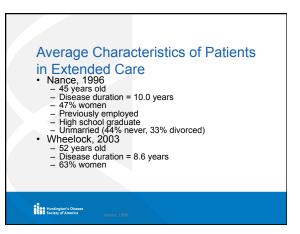
- Early in disease, loss of TFC is 0.5-1 point per year until total is 5-6.
 - Average TFC of a patient admitted to an extended care facility is typically 4-6.
- · Later in HD not well studied
- Patients may spend 5-10 years or longer under near total to total care

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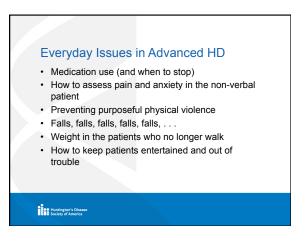


Predictors of Extended Care Placement Nursing home residents had worse motor function: Chorea, slow movements, walking troubles, and imbalance More likely to have behavioral disease: Obsessions, compulsions, delusions, auditory hallucinations Aggression, disruptive and irritable behaviors





Medical Issues in Advanced HD Behavioral disturbance Movements Including falls Dementia Delusions & other forms of psychosis Swallowing & Nutrition Weight loss/gain Mood & anxiety



Everyday Issues in Advanced HD

- Posture
- · Communication with patients
 - Communication devices
 - Non-verbal behavior
- Screaming
- · Eating/feeding with swallowing issues and time
- End of life management
 - Hyperthermia and other signs of imminent death
 - Pain
 - Brain donation



Nance & Sanders, 1996

- We believe that the most important challenges to management of HD in the longterm care facility are:
 - Management of severe behavioral disturbances in one third of patients
 - Dietary management, with the goal of increasing weight and prolonging the time that eating is pleasurable to the patient
 - Adjustment by patient, family, and staff to the patient's gradually decreasing ability to walk, talk, eat, sit, or even lie down safely



Small Interventions Can Make Large Differences

- · Prepare for advancing disease
 - CPR, feeding tubes, hospitalization, etc.
- · Revisit use of medications
- Positioning
- · Routine/predictability
- Adjunctive therapies such as speech & language, music, recreational, and art therapies may improve quality of life



Dignity in Advanced Disease

- Permitting 'old self' to be present as much as possible
- · Institutionalization vs. at home care
- · Freedom vs. safety
- Eating

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- Toileting
- Smoking



The 'new' Tewksbury hospita

Medications Can Be Used in Advanced HD for:

- Chorea
 - Neuroleptics, tetrabenazine, amantadine, clonazepam
- Mood
- Anti-depressants, mood stabilizing agents
- Weight loss
 - Megace, cannabinoids, olanzapine, low dose mirtazioine
- Behavioral dyscontrol
 - Anything that can get into the patient and sedates

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Small Things Can Make a Difference



Nance, 2007

An Important "Small" Thing - Advocacy

- · Incentive payments for nursing homes
- Specific programming
 - Education through HDSA as a start
 - Ongoing daily activities and therapies focused on HD
- HR 678 HD Parity Act
- An intervention that <u>everyone</u> can help with



