Huntington's Disease Society of America

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Presenter Disclosures

Dylan Wint, M.D.

No relationships to disclose
or list

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Pharmacologic Management of Behavioral Disorders

Dylan Wint, M.D.
Lou Ruvo Center for Brain Health
Cleveland Clinic
Las Vegas, Nevada

OUTLINE

Behavior in HD

Behavioral Medicines

- **Antidepressants**
- **Antipsychotics**
- **Mood stabilizers**

Paths to Progress

General Management Guidelines

BEHAVIOR IN HD

- Depression
- Apathy
- Anxiety
- Obsessions
- Irritability
- Aggression
- Psychosis
- Insomnia

BEHAVIOR IN HD

Prominent

- Major contributors to disability, placement
- Most important caregiver concerns

Prevalent

- Affect at least 80% of individuals with HD
- Start even before motor symptoms

Persistent

- Apparent in all stages

BEHAVIORAL MEDICINES

Why so little information?

- HD is rare
  - Small population=small studies
  - Difficult investment for pharma
- HD symptoms are variable
- HD patients are sensitive
  - Enrollment difficult
  - Dropout rates can be high

BEHAVIORAL MEDICINES

Antidepressants & Antipsychotics

- Easily available
- Large selection
- General effects well known
- Broad range of behavioral effects
- Fairly easy to use

ANTIDEPRESSANTS

Therapeutic targets

- **Sadness**
- **Insomnia**
- **Anxiety**
- **Anorexia**
- **Poor energy**
- **Suicidal thoughts**
- **Obsessions and compulsions**

ANTIDEPRESSANTS

Usually well tolerated

Multiple types

- **Serotonin reuptake (SSRI)**
- **Serotonin/norepinephrine (SNRI)**
- **Tricyclic (TCA)**
- **Other agents**

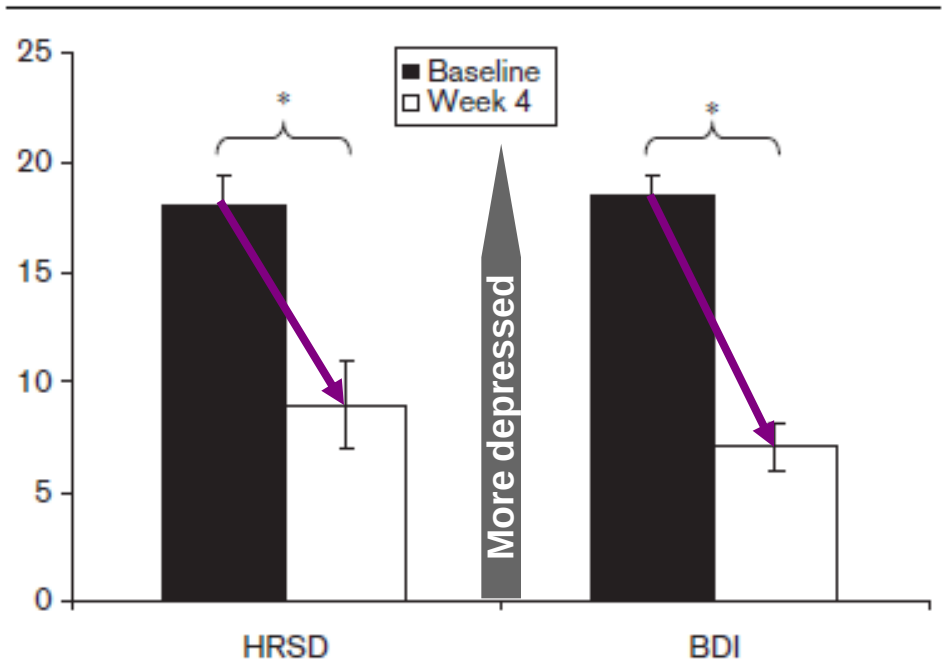
ANTIDEPRESSANTS

STUDY DESCRIPTION

- 26 participants
- Venlafaxine (Effexor)
- Dose 75-300 mg/day
- Open-label, 4 weeks

RESULTS

- Reduced depression
- Significant side effects



Holl *et al,* International Clinical Psychopharmacology 2005

ANTIDEPRESSANTS

Other uses

- Irritability
- Apathy

Common side effects

- Nausea
- Diarrhea
- Dizziness
- Headache
- Drowsiness

ANTIPSYCHOTICS

Symptoms of schizophrenia

- Delusions
- Hallucinations
- Aberrant behavior

Symptoms of bipolar disorder

- Irritability
- Hyperactivity
- Impulsivity
- Depressed or elated mood

ANTIPSYCHOTICS

Risperidone (Duff 2008)

- Improved UHDRS psychiatric score
- Stable UHDRS motor score
- Side effects not evaluated

Quetiapine (Alpay 2006)

- Reduced aggression and agitation
- Helped with sleep and socialization

ANTIPSYCHOTICS

Aripiprazole (Lin 2008, Ciammola 2009)

- Reduced psychosis
- Decreased irritability
- Treated depression

Olanzapine (Squitieri 2001)

- Reduced aggression
- Relieved obsessions and depression

ANTIPSYCHOTICS

Motor Effects

- Antipsychotics sometimes helpful
- Dopamine blockade ↓ chorea
- *Can also worsen movement*
  - Shaking
  - Slowness and stiffness
  - Gait disturbance and falling
  - Swallowing difficulty

ANTIPSYCHOTICS

Other side effects

- Drowsiness
- Weight gain
- Diabetes
- Motor restlessness
- Dry mouth
- Constipation
- Sudden death (elderly)

MOOD STABILIZERS

Therapeutic targets

- Impulsivity
- Mood fluctuation
- Hyperactivity
- Irritability

Drug Classes

- Antipsychotics
- Valproic acid
- Lithium

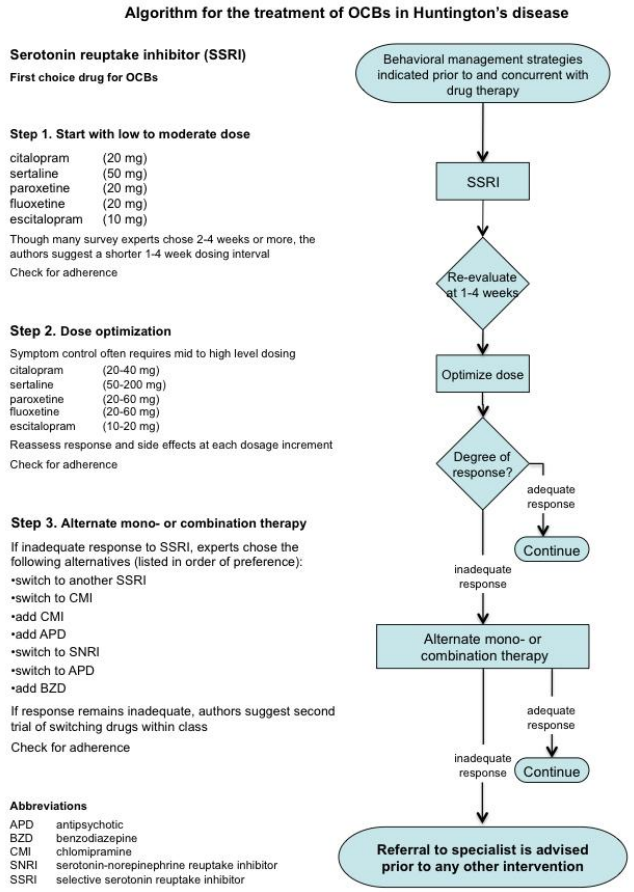
PATHS TO PROGRESS

Citalopram—antidepressant
Olanzapine—antipsychotic
Memantine—dementia drug
Tiapride—antipsychotic

Others

PATHS TO PROGRESS

Expert guidelines
Treatment algorithms
Support groups
- **Web communication**
- **Research participation**



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MANAGEMENT GUIDELINES

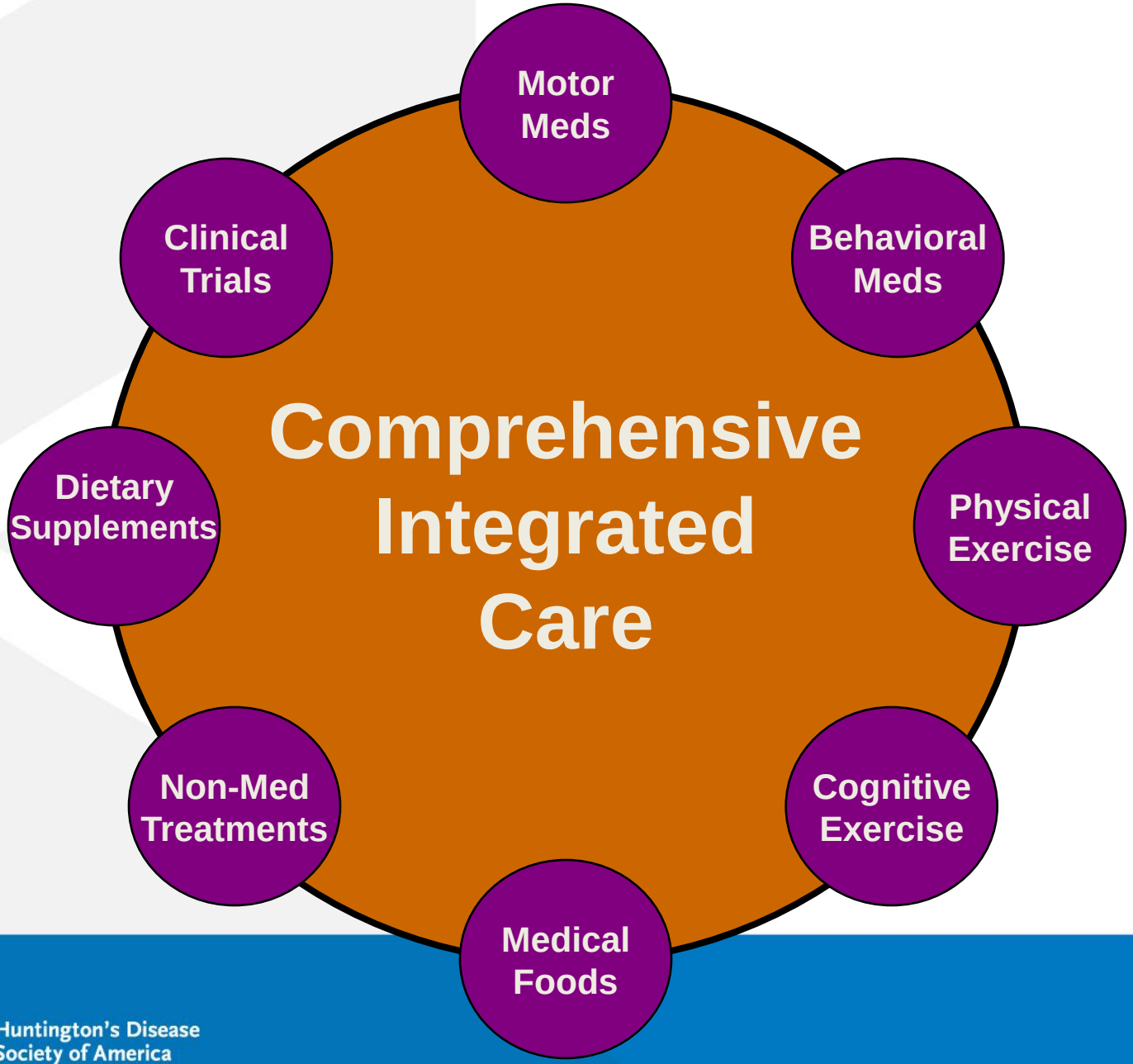
- Select specific targets
- Maintain focus
  - Target symptoms, not syndromes
  - Prioritize
  - Who is the patient?
- Disease progression
  - New problems will appear
  - Solved problems can come back

MANAGEMENT GUIDELINES

- Start with low doses
- Aim for high doses
- Set deadlines
  - 8-12 weeks for antidepressants
  - 4-6 weeks for antipsychotics
- Use “therapeutic side effects”

CONCLUSIONS

- Behavioral problems common
- Knowledge is inadequate
  - Limited data available
  - Difficult to study
- Available medicines can help
- Some progress being made
- Persistence pays


Motor Meds
Behavioral Meds
Physical Exercise
Cognitive Exercise
Medical Foods
Non-Med Treatments
Dietary Supplements
Clinical Trials
Comprehensive Integrated Care