

Movement and HD: Managing Movements

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Victor Sung, MD

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

Served as a Consultant for Lundbeck, and the use of their product(s) will be discussed in this talk





Managing Movements

- Summary of Motor Symptoms
- Current Treatments
 - FDA-approved
 - Non FDA-approved
 - Summary of Scientific Data
- Multi-drug therapy
- Drug Interactions
- Real World Scenarios
- Summary



Introduction

- Though we don't have a cure, there IS HOPE!
- Contrary to the impressions of many physicians, the motor symptoms of HD CAN be adequately managed!



Motor Symptoms of HD



Motor Symptoms of HD

Importance

- Prior to genetic testing (CAG repeat)
 availability, HD diagnosed by motor symptoms
- Even now, onset of disease is defined by onset of *motor* symptoms

Categorization

- By stage of disease (early, middle, late)
- By type of movement (chorea, dystonia, tics, myoclonus, rigidity, etc)



Types of Motor Symptoms

- Abnormal Involuntary Movements
 - Chorea
 - Dystonia
 - Tics / myoclonus
- Parkinsonism (Rigidity / bradykinesia)
- Speech / Swallowing Problems
- Balance/Walking Problems & Falls
- Eye Movement Abnormalities



Stages of Motor Symptoms

- Early Stage HD
 - Changes in coordination
 - Less control of handwriting
 - More difficulty with tasks like driving
 - Mild beginning of chorea
 - Fidgeting
 - Restlessness
 - Myoclonus / Tics
 - Irregular, sudden jerks
 - Facial twitch



Stages of Motor Symptoms

- Middle Stage HD
 - Chorea
 - Arms dropping items
 - Legs affecting gait
 - Trunk writhing movements
 - Balance / walking problems
 - Stumbling, near falls
 - Speech / swallowing problems
 - Slurring of speech, coughing with food
 - Slow reaction time



Stages of Motor Symptoms

- Late Stage HD
 - Parkinsonism
 - Rigidity (stiffness of muscles)
 - Bradykinesia (slowness of movement)
 - Dystonia
 - Severe speech / swallowing problems
 - Unintelligible speech
 - Choking
 - Loss of independence for ambulation
 - Inability to perform activities of daily living



Current Treatments for Motor Symptoms of HD



Motor Symptoms of HD

Specific Medical Treatments Available	NO Specific Medical Treatment Available
Chorea	Speech problems
Dystonia	Swallowing problems
Tics	Balance / Walking problems
Myoclonus	Falls
Parkinsonism	Eye Movement Abnormalities



Why Bother Treating These?

- Have you heard that argument?
 - The left column is less debilitating than the right column
- Because...
 - There is no 'magic' walking / swallowing / coordination improvement pill...and likely never will be!
 - These abnormal movements CAN be treated and DO contribute significantly to the other items on the right
 - Doing nothing is NOT an option what do we have to lose??





Why Do Treatable Symptoms Often Go Untreated?

- My personal experience with many patients coming to me on NO treatments
- Patients may not recognize symptoms like chorea
 - Gradual onset
 - May not consciously accept that they have a movement disorder
 - Not bothered by it
 - Loss of insight



Caregiver Opportunity



Caregivers:

- In some situations, caregivers may be more aware of HD motor symptoms than patient
- Speak up to the care provider on behalf of your loved one
 - Even if it requires separate discussion away from loved one

Patients and family input/corroboration can build better picture of patient's social activities and disease burden



Abnormal Involuntary Movements

Chorea

- Tetrabenazine (Xenazine)
 - FDA-approved in August 2008 for HD chorea
 - Data comes from Huntington's Study Group trial called Tetra-HD
 - Not stocked in retail pharmacies





Tetrabenazine for HD

Tetra-HD

- 12-week randomized, double-blind, placebocontrolled multicenter trial
- 16 Huntington's Study Group sites in the US
- 84 Patients Enrolled
 - 54 randomized to tetrabenazine
 - 30 randomized to placebo
- Results: Mean 23.5% reduction in chorea that returned to baseline during washout
- Avg. dose in trial was 75mg/day



Tetrabenazine for HD

- What about the "black box" warning for depression / suicide?
 - In Tetra-HD, 1 suicide, 4 with worsened depression
 - My clinical experience
- What about the cost?
 - Very expensive, but usually covered by insurance
 - My experience with Reach Program
 - Awesome work of Caring Voice Coalition
- Does it really work?
 - My patient stories...



Abnormal Involuntary Movements

Chorea

- Typical antipsychotics
 - High potency: haloperidol, fluphenazine, prochlorperazine
 - Medium potency: perphenazine, thiothixene, loxapine, trifluoperazine
 - Low potency: chlorpromazine, thioridazine



Abnormal Involuntary Movements

Chorea

- Typical antipsychotics
 - The higher the potency, the greater the effect on motor symptoms and less side effects
 - **Use of benztropine (Cogentin) is counterproductive in HD as it blocks the motor effects of the antipsychotic!



Abnormal Involuntary Movements

- Chorea
 - Atypical antipsychotics
 - Risperidone, olanzapine, ziprasidone, aripiprazole
 - Quetiapine, clozapine (do NOT help chorea)
 - Black box warning for early death in elderly



Typicals vs. Atypicals

Efficacy

- Generally, typicals more potent for motor symptoms
- Equal efficacy for psychotic symptoms

Cost

- Typicals: Haloperidol, fluphenazine, prochlorperazine, thioridiazine, thiothixene all on \$4 List
- Most atypicals branded



Typicals vs. Atypicals – Side Effects

Typicals	Atypicals
+ Weight Gain	++ Weight Gain / Metabolic Syndrome **
++ Tardive dyskinesia**	+/- Tardive Dyskinesia
+/- Sedation	++ Sedation
+ Dry mouth	Dry mouth
+ Orthostatic hypotension	Orthostatic hypotension
+ Parkinsonism	Parkinsonism
+ Dystonia	Dystonia



Other Treatments

- Amantadine
 - One study using 400mg/day showed some reduction in chorea
 - One study using 300mg/day showed no benefit
 - Overall well tolerated
- Benzodiazepines
 - Not directly beneficial but decrease stress amplification component



Abnormal Involuntary Movements

- Dystonia
 - Botulinum toxin injections if focal
- Parkinsonism (rigidity/bradykinesia)
 - Can use small dose carbidopa/levodopa
- Myoclonus / Tics
 - Benzodiazepines
 - Anticonvulsants (topiramate, levetiracetam)
 - Clonidine

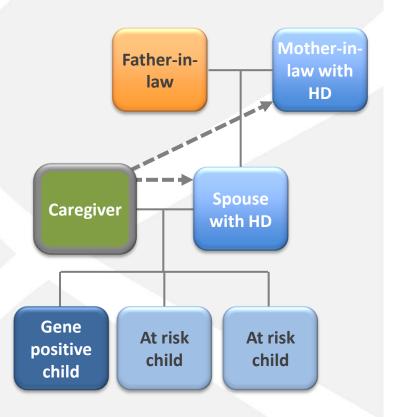


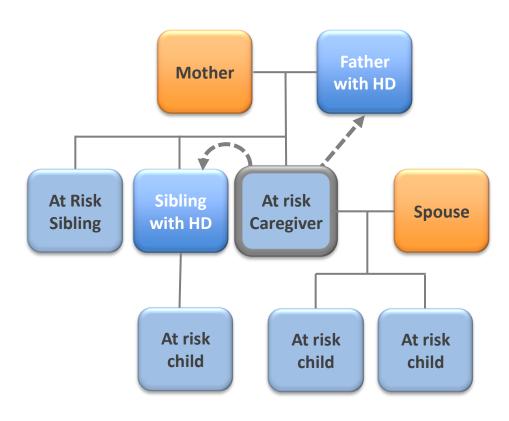
Other Therapies

- Healthy, balanced diet
 - ?High protein or supplements (creatine/CoQ10)
- Exercise
- Physical Therapy, Occupational Therapy, Speech Therapy
 - All shown to be beneficial
 - Cost can be a barrier for some
 - Importance of a multidisciplinary clinic if available



Families affected by HD may need a high degree of support from a multidisciplinary healthcare team¹





1. Nance M. In: Nance M, et al. A Physician's Guide to the Management of Huntington's Disease. Third Edition 39–49; 2011



Surgical Treatments

Deep Brain Stimulation Surgery

For medically refractory chorea (and possibly dystonia, tics)

A few case reports







Multi-Drug Therapy



Multi-Drug Therapy

- Often not done out of fear of side effects
- Possible combinations
 - TBZ + typical antipsychotic
 - TBZ + atypical antipsychotic
 - Multiple antipsychotics (typical + atypical)
 - Any of above + Amantadine
 - Any of above + Benzodiazepine



Drug Interactions



Drug Interactions

- Typical antipsychotic + Tetrabenazine
 - Some can increase levels of tetrabenazine
 - In general, additive effects can cause more side effects (sedation, cardiac arrhythmias)
- Paroxetine or Fluoxetine + Tetrabenazine
 - Both are on \$4 List, commonly used
 - When taken in combination with tetrabenazine, should HALF the dose of tetrabenazine



Drug Interactions

- Multiple antipsychotics
 - Typical + Atypical can be used with caution
 - In general, not recommended to use multiple typicals or multiple atypicals
- Decongestants
 - Many will increase levels of tetrabenazine and antipsychotics
- Coumadin
 - Surprisingly, no major drug interactions



Horizon Treatments



Treatments on the Horizon for HD Movements

- SD-809 / Deuteration of tetrabenazine
 - Effectively, like an extended release tetrabenazine
 - Deuteration allows much lower total daily dose, may avoid some of current side effects
 - HSG-funded clinical trial to begin enrollment in July (more info at this meeting!)





Treatments on the Horizon for HD Movements

- Pridopidine / ACR-16 / Huntexil
 - Dopamine stabilizer instead of depleter
 - Showed benefit in non-chorea motor symptoms of HD
 - Very low side effect profile at low doses
 - Rights purchased by Teva Neurosciences





- Very mild chorea on exam
 - Chorea doesn't bother patient
 - Prominent depression, cries during exam, follows with a psychiatrist
- Mild-moderate chorea on exam, tripping/falls
 - On no treatment
 - Reports depression
 - No insurance, or Medicaid only from another state



- Patient is on tetrabenazine 25mg 3x/day
 - What if chorea is better but now developing depression?
 - Options?
 - What if chorea still not better on that dose?
 - Options?



- Primarily psychiatric symptoms, controlled on a typical antipsychotic for many years
 - Now beginning to develop uncomfortable movements in abdomen
- Some mild chorea on exam, problematic obsessive-compulsive symptoms
 - On no treatments



Summary



Bottom Line

- There IS hope there ARE treatments that can help
- So what do I really do?
 - Push towards early treatment why?
 - Is the alternative of doing nothing really better?
 - Analogy of chemotherapy for cancer
 - If pure motor symptoms, TBZ first
 - If motor symptoms but some depression, add SSRI first to stabilize then add TBZ
 - If equally mixed motor/psychiatric, antipsychotic first
 - Weigh typicals vs. atypicals based on side effects and cost
 - Rely heavily on my PT/OT/ST colleagues

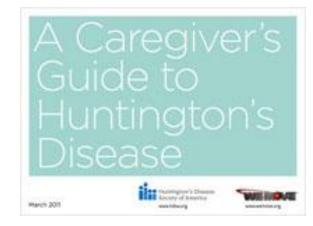


References / Resources

- HD Buzz
 - http://www.hdbuzz.net



- Huntington's Disease Drug Works Site:
 - http://hddrugworks.org
- HD Lighthouse
 - http://www.hdlf.org



- WEMOVE.org's Free HD Caregiver Guide (PDF)
 - http://www.mdvu.org/downloads/HD_CGG_4.pdf



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