

HDSA welcomes you to Caregiver's Corner

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Caregiver's Corner Webinar, DATE Managing Psychiatric Symptoms

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Symptoms of Huntington's Disease

- Motor Symptoms
 - Chorea
 - Balance problems
- Cognitive Symptoms
 - Thinking skills like concentration, memory, planning
- Psychiatric Symptoms
 - Emotions and behavior



- Why Psychiatric symptoms are important to learn about
 - They often appear years before the onset of motor symptoms
 - They can have a large impact on functioning
 - Many of them are treatable (!)



- Depression
- Apathy
- Frontal lobe symptoms
 - Agitation/Irritability
 - Impulsivity / disinhibition
 - Lack of insight
- Anxiety
- Obsessions and Compulsions
- Psychosis



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- Depression
 - Feelings of sadness, hopelessness, guilt
 - Decreased sleep, appetite, energy, thoughts of death or suicide
 - Most common in early phases of disease just before and just after diagnosis
 - Higher rate of suicide in HD in that same time period (5-10%)
 - A bit lower than seen in general population who suffer from depression
 - Important to monitor these symptoms
 - Possible side effect of Tetrabenazine



- Treatment of Psychiatric Symptoms
 - Brain cells called Neurons
 - Neurons work by communicating with each other by passing back and forth specific chemicals
 - These chemicals are called 'neurotransmitters'
 - All psychiatric medications work by changing the amount of neurotransmitters in certain areas of the brain



- Treatment of Depression
 - Often good response to treatment with medications
 - Red text = neurotransmitter
 - Lost of different kind of antidepressants:
 - SSRI = Selective Serotonin Reuptake Inhibitors
 - Prozac, Celexa, Paxil, Lexapro, Zoloft
 - SNRI = Serotonin-norepinephrine reuptake inhibitors
 - Cymbalta, Effexor
 - Norepinephrine-dopamine reuptake inhibitors
 - Wellbutrin
 - No specific medication has been shown to be more effective in HD



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- Apathy
 - Lack of interest, drive, motivation
 - Can be part of depression
 - Can often be mistaken for depression, especially later in the course of HD
 - May be related to problems in poor thinking skills (dementia)
 - Does not respond as well to treatment as depressive symptoms
 - Sometimes Wellbutrin is used



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- Frontal Lobe Symptoms
 - Refers to the 'front' part of the brain
 - *the most common psychiatric symptoms in HD
 - Can be characterized as a 'personality change'
- Agitation / Irritability
 - Seen throughout all stages of disease
 - Early in the course can be irritability with quick mood shifts into anger or rage
 - Later in the course can me a major problem in the context of placement into care facilities



- Agitation / Irritability
 - IS responsive to medication treatment
 - In particular, early in the course
 - Antipsychotic medication
 - Block the neurotransmitter Dopamine
 - Common one is Risperdal
 - HD patients often respond to small doses, especially early in the course
 - Can also use antidepressants
 - Can also try 'mood stabilizers'
 - Used to treat bipolar affective disorder or manic depression
 - Lithium, Depakote



- Frontal Lobe Symptoms
 - Impulsivity and disinhibition
 - May lead to poor decision making with negative consequences
 - Lack of insight
 - Being unaware of symptoms or of change in personality
 - Both of these are not as responsive to medications as the mood shifts/irritability



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- Anxiety
 - Not as common as other symptoms
 - Usually occurs as 'generalized' meaning a feeling of nervousness or anxiety that is present most of the time
 - Occasionally 'panic attack' which come on suddenly, are very intense
 - Treatment
 - SSRIs (antidepressants)
 - Benzodiazepines (Valium-like medications)
 - Xanax, Ativan, Klonopin



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- Obsessions and Compulsions
 - Obsession is an intrusive thought that comes over and over (a mental 'itch')
 - 'I'm contaminated; I touched something with germs'
 - Compulsion is a behavior that often follows an obsession to relieve it ('the scratch')
 - Washing hands over and over
 - Not very common in HD



- Perseverative thinking
 - IS common in HD
 - Typically later in the course when cognitive skills are diminished
 - Focusing on an idea and thought over and over and over
 - May be due to poor memory
 - 'sticky thinking'



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- Psychosis = Delusions and hallucinations
 - Delusion is a fixed false belief
 - "I'm being poisoned by my family"
 - "Aliens are invading my brain"
 - Hallucinations
 - Hearing a voice when nobody is around
- Can occur anytime throughout the course of the illness
- Not common 25% of patients
- More common with early onset patients (those with symptoms in teens / early 20's
- Treatment with Antipsychotic medications



- Multiple effects of psychiatric medications
 - Antipsychotics (like Risperdal) block dopamine
 - Dopamine involved in movements
 - Parkinson's = not enough dopamine
 - Chorea = too much dopamine
 - Blocking Dopamine reduces chorea
 - May help balance and coordination
- Benzodiazepines (Valium-like)
 - Also decrease movements
 - Aid in sleep



- Treatment other than medications
 - Important!
 - Education
 - Family support
 - Counseling



- Who to get treatment from
 - A psychiatrist is good but not necessary
 - Few psychiatrists will know HD
 - More important to understand the medications than the disease
 - Many Neurologists are excellent at treating psychiatric symptoms
 - Family Practice physicians are also well-versed in psychiatric medications
 - CONSULTATION
 - HDSA Physicians Guide (available free at <u>http://www.hdsa.org/new-physicians-guide.html</u>)
 - Download and give to your doctor



Questions & Discussion

