



Psychiatric Issues in Huntington's Disease

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Presenter Disclosures

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

No relationships to disclose

Objectives

- Discuss psychiatric issues that may arise in the early stages of Huntington's Disease (HD)
- Discuss ways to identify signs and symptoms of common psychiatric disorders
- Explore the impact of psychiatric issues in the early stages of HD
- Review medications used in treating psychiatric issues
- Provide suggestions for non-medicinal coping strategies for psychiatric issues

Psychiatric Issues in HD

- Psychiatric issues that can be seen in early stages of HD
 - Depression
 - Suicide
 - Anxiety disorders
 - Apathy
 - Irritability and anger
 - Psychotic disorders and symptoms can develop over the course of the disease and include symptoms like delusions and hallucinations, but tend to be less common in the earlier stages of HD
- **Psychiatric disorders are treatable**
 - Psychotic symptoms can be more difficult to treat
- **NOTE: the psychiatric issues seen in HD can be complicated by the cognitive issues seen in HD**

Psychiatric Issues in HD

- Treatment is the same as the typical interventions for all HD symptoms
 - Pharmacological
 - Based on symptom reduction
- Pharmacological interventions for psychiatric symptoms are effective, but only address the biological component of the problem
- Behavioral interventions are indicated to create livable situations with patients and their families
- Studies show that best treatment is a combination of:
pharmacology + coping strategies

Psychiatric Issues in HD

- Keep in mind:
 - The behavioral symptoms talked about today are **GENERAL**
 - Every person is different so behavioral symptoms will present differently
 - Treatment and care plans should be unique to fit each person
- **ALWAYS** consult with your medical doctor about medication treatments
 - HD doctors: neurologists, psychiatrists, internists
- **IF POSSIBLE** work with a mental health specialist in planning behavioral interventions
 - Psychologists, LCSWs, MFTs, counselors

Psychiatric Issues in HD

- Reactionary vs. Neurophysiological
- Reactionary
 - Saddened mood as a result of changes in level of function
 - Anxiety as a result of job instability
- Neurophysiological
 - Changes in the brain leading to depression or other disorders
 - HD is neurodegenerative, which means that it is a progressive and ever changing disease
- We will treat the symptoms the same way

Depression

- Signs and symptoms of Depression:
 - Depressed mood most of the day, nearly every day
 - Decreased ability to find pleasure or interest in usual activities
 - Changes in appetite or weight
 - Either increased or decreased
 - Sleeping all day or rarely sleeping
 - Loss of energy, always tired
 - Excessive feelings of unworthiness or guilt
 - Difficulties thinking, concentrating, or making decisions
 - Thoughts of death or suicide

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Revised 4th ed.). Washington, DC: Author.

Impact of Depression

John is a 42 year old man who works at a local warehouse. Recently, his boss indicated that the company would be downsizing because of decreased business. John is convinced he will be losing his job when the layoffs start. Even though he hasn't said anything about having HD, he's worried that his boss knows that it is harder now for John to keep things running smoothly. There was also that big screw up a couple of weeks ago which was all John's fault. Things aren't much better at home. John's not playing with his kids as much as he used to, never mind that he's barely got the energy to do his chores. As for his relationship with his wife, well...

Treating Depression

- Psychopharmacology:
 - Selective serotonin reuptake inhibitors (SSRIs)
 - Citalopram (Celexa)
 - Escitalopram (Lexapro)
 - Fluoxetine (Prozac)
 - Paroxetine (Paxil)
 - Sertraline (Zoloft)
 - Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)
 - Desvenlafaxine (Pristiq)
 - Duloxetine (Cymbalta)
 - Venlafaxine (Effexor)

Treating Depression

- Psychopharmacology (continued):
 - Atypical Antidepressants
 - Bupropion (Wellbutrin)
 - Buspirone (Buspar)
 - Mirtazepine (Remeron)
 - Other agents
 - Aripiprazole (Abilify)

Treating Depression

- Coping Strategies (aka Behavioral Interventions)
 - Talk about it!
 - Talk to your doctor about medications
 - Work with a mental health care professional
 - Find a support group
 - Encourage activities
 - Exercise
 - Hobbies
 - Try to maintain routines and schedules
 - Monitor suicidal thoughts
 - Keep your doctor or counselor in the loop

Suicide and HD

- Suicide occurs in 2.3% to 5.7% of persons with HD, a rate four to five times greater than that in the general population (Haskins & Harrison, 2000)
- **Impulsivity and anger management problems** create the highest suicide risk and complicate assessing, predicting and preventing suicides
- TALK about it!
 - Use your treatment resources: MDs, Psychiatrists, Psychologists, Social Workers, etc
 - Create behavioral management plans to manage these symptoms

Anxiety Disorders

- Anxiety can be thought of as a family of disorders, including:
 - Anxiety (or excessive, generalized worry)
 - Social Anxiety
 - Obsessive Compulsives-type features
- While we can see distinct disorders present in HD, there are often “features” - or pieces of – these different disorders

Anxiety Disorders

- Signs and symptoms of Anxiety
 - Excessive anxiety and worry, occurring more days than not
 - Difficulty controlling the worry
 - Physical symptoms including:
 - Restlessness or feeling keyed up or on edge
 - Being easily fatigued
 - Difficulty concentrating or mind going blank
 - Irritability
 - Muscle tension
 - Sleep disturbances (difficulty falling or staying asleep, restless or unsatisfying sleep)

- American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (Revised 4th ed.). Washington, DC: Author.

Anxiety Disorders

- Signs and symptoms of Social Anxiety
 - Fear of one or more social situations in which the individual is exposed to unfamiliar people or to possible scrutiny by others
 - The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing
 - American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (Revised 4th ed.). Washington, DC: Author.
- Signs and symptoms of Obsessive Compulsive-type Features
 - Repetitive thoughts about troublesome topics
 - Obsessive preoccupations with specific thoughts or routines
 - Engaging in repetitive behaviors
 - Perseveration (repetition and then some)

Impact of Anxiety Disorders

Joanie is a 33 year old woman living with HD. She works as a high school teacher and recently decreased her schedule to part time. It seems like every quarter it is getting harder for her to manage her classroom. Joanie worries that the kids are not respecting her and that she isn't talking to them the right way and that she is giving them too hard of homework and that she isn't able to keep up with demands of the students like she used to and that she will have to bring work home on the weekends and that her friends and family will quit asking her to go out since she always has to work and...

Treating Anxiety Disorders

- Psychopharmacology:
 - Antidepressant Medications (SSRIs and SNRIs)
 - See previous list
 - Benzodiazepines (look out for abuse or addiction)
 - Clonazepam (Klonopin)
 - Alprazolam (Xanax)
 - Diazepam (Valium)
 - Lorazepam (Ativan)
 - Neuroleptics
 - Olanzapine (Zyprexa)
 - Quetiapine (Seroquel)
 - Risperidone (Risperdal)

Treating Anxiety Disorders

- Coping Strategies:
 - Talk about it!
 - Cognitive Behavioral Therapy (CBT) has been shown to be extremely helpful for people with anxiety disorders – talk to a counselor
 - The tips that follow are derived from CBT
 - Identify any triggers for anxiety (ie: work demands, finances, visiting family, etc.)
 - Identify the thoughts that come up when faced with a trigger
 - Challenge problematic thoughts (ie: being convinced something bad is going to happen) with more realistic thoughts (ie: what is the realistic probability of ____ happening?)
 - Utilize positive self-statements (ie: “I can do this,” or “It will be ok.”)
 - Practice relaxation training exercises, meditation, or stress reduction techniques

Apathy

- Signs and symptoms of Apathy
 - Lacking an emotional investment in activities and surroundings
 - Disengaged
 - Difficulty in initiating behaviors or activities
 - “Hard to get started”
 - Sluggishness
- Apathy can be hard to differentiate from depression
 - Please note, the apathetic person isn’t necessarily depressed
- Apathy and depression often co-exist

Impact of Apathy

Dave is a 38 year old I.T. manager and a “lifelong” baseball... excuse me, Dodgers fan. He and his brother have watched games together and talked baseball stats for years. Over the past two seasons, however, Dave has been less invested in the games and doesn’t always seem to be listening when his brother tries to talk to him about a play that just happened. Dave has also declined tickets to a couple of home games, which upset his brother when he found out - well after the fact. Dave’s brother got angry and reminded Dave about how much fun they’d had just a month ago at a game they’d gone to with his brother’s work friends.

Treating Apathy

- Psychopharmacology:
 - Antidepressant Medications (SSRIs and SNRIs)
 - See previous list
 - Psychostimulant Medications
 - Atomoxetine (Strattera)
 - Dextroamphetamine (Dexedrine)
 - Methylphenidate (Ritalin)
 - Modafinil (Provigil)

Treating Apathy

- Coping Strategies:
 - Do NOT interpret apathy as “laziness”
 - Educate family and friends about the individual’s inability to initiate behaviors
 - Support family and friends when they are dealing with an apathetic individual
 - It can be frustrating!
 - Encourage the person to participate, but respect when you are told “no”
 - Use schedules, calendars, and routines to encourage behaviors
 - **PLEASE NOTE:** Once a person starts an activity, they often don’t have a problem participating

Irritability and Anger

- Aggressive behaviors that create an atmosphere of fear and tension
- Often related to an underlying psychiatric diagnosis (ie: Depression)
 - Can be an actual expression of an individual's true feelings exaggerated due to HD
- Signs and symptoms of Irritability and Anger:
 - Stated feelings of frustration
 - Stubbornness
 - Loss of temper
 - Violent outbursts

Impact of Irritability and Anger

Debbie, a 36 year old mother of two, is pissed off. Not only were the dishes not done like she had demanded an hour ago, but her son is nowhere to be found and her daughter is locked in her room , talking on the phone. Debbie hollers at her daughter to hang up, but through the door she can hear the conversation is still going full force. As she stomps around in the hallway, Debbie starts cursing under her breath. She marches back to her daughter's room and bangs on the door, rattling it on the hinges. From inside, her daughter threatens to call her dad and tell him about how Debbie is acting, which only makes her angrier.

Treating Irritability and Anger

- Psychopharmacology:
 - Antidepressant Medications (SSRIs and SNRIs)
 - See previous list
 - Mood Stabilizers, Antiseizure Medications
 - Carbamazepine (Tegretol)
 - Divalproex (Depakote)
 - Lamotrigine (Lamictal)
 - Other agents (Neuroleptics)
 - Haloperidol (Haldol)
 - Olanzapine (Zyprexa)
 - Quetiapine (Seroquel)
 - Risperidone (Risperdal)

Treating Irritability and Anger

- Coping Strategies:
 - Talk about it!
 - Therapy can be a great resource
 - Anger management strategies provide useful techniques
 - Identify triggers for irritability and anger
 - Reduce identified triggers, if feasible
 - Take a breath – or five
 - Sometimes a pause is enough to allow the situation to settle down
 - Restructure – or change - interactions, expectations, and responsibilities
 - Find a “happy medium” - compromise
 - Know when to leave the situation or seek help

Conclusion

- Reviewed psychiatric issues that can arise in the early stages of Huntington's Disease (HD)
- Identified common signs and symptoms of these psychiatric disorders
- Looked at examples of the impact of psychiatric issues
- Reviewed medications used in treating psychiatric issues
- Discussed coping strategies for psychiatric issues
- **This talk should not be the answer to all of your questions, but it will hopefully give you something to work with and encourage you to talk to your providers if you are facing any of these issues**

Thank you!

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