



Obsessive and Compulsive Behavior in Huntington's Disease

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Presenter Disclosure

- Arik Johnson, PsyD
- The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:
- No relationships to disclose

Objectives

- Describe obsessive and compulsive type behavior symptoms of Huntington's disease (HD)
- Present practical recommendations and tips for managing obsessive and compulsive type behavior due to HD

Obsessive and Compulsive Behavior

- A person with HD may become “stuck” on one idea or activity
 - Become rigid in thinking
 - Experience difficulty in changing from one thought or activity to another
 - Unable to alter routines
- Perseveration
- True obsessive-compulsive disorder (OCD) is uncommon in HD.

Obsessive and Compulsive Behavior

- Communication difficulties may contribute to perseveration
 - If an individual can not communicate a specific need, they may repeat it in an effort to be understood
- Individuals may become agitated, upset or irritable when requests are ignored, denied or misunderstood

Treating Obsessive and Compulsive Behavior

Attempting to alter or manage these behaviors can be a difficult challenge

Treating Obsessive and Compulsive Behavior

- Treatment is the same as the typical interventions for all HD symptoms
 - Based on symptom reduction
- Pharmacological interventions can be effective
 - Only address the biological component of the problem
- Behavioral interventions are indicated to create livable situations with patients and their families

Treating Obsessive and Compulsive Behavior

- Research shows that the best treatment is a combination of both pharmacological (medicine) and behavioral interventions (coping strategies)
- Talk to your medical doctor
- Talk to a medical health professional

Treating Obsessive and Compulsive Behavior

- Problem solving is the first part of all behavioral interventions
 - Identify the main problem
 - Gather information about the situation
 - Review possible causes of behavior
 - Set a realistic goal
 - Be flexible and ready to try several strategies
 - Reassure ALL parties involved

Treating Obsessive and Compulsive Behavior: Medications

- Selective serotonin reuptake inhibitors (SSRIs)
 - Escitalopram (Lexapro)
 - Fluoxetine (Prozac)
 - Paroxetine (Paxil)
 - Sertraline (Zoloft)
- Tricyclic antidepressants (TCAs)
 - Clomipramine (Anafranil)

Treating Obsessive and Compulsive Behavior: Medications

- Other agents (Neuroleptics)
 - Olanzapine (Zyprexa)
 - Quetiapine (Seroquel)
 - Risperidone (Risperdal)

Obsessive and Compulsive Behavior: Behavioral Interventions

- Empathize with the feelings behind the words or actions
 - Recognizing what the person is feeling may reduce the tendency to perseverate
 - “It sounds like you are worried about missing dinner”
 - “It seems to me like you are angry that I answered the phone”
 - “Not being able to drive is a big loss for you”

Obsessive and Compulsive Behavior: Behavioral Interventions

- Distraction can be useful in dealing with perseveration
 - Use diversionary tactics to shift focus away from the perseverative topic
 - Provide a “novel option”
 - Keep a list of positive activities in mind to use as a distraction
 - Food can be a motivator – if it is a favorite

Obsessive and Compulsive Behavior: Behavioral Interventions

- Humor may help break a perseverative “set” (a topic that the person is stuck on)
 - Be aware of your own comedic ability – this intervention doesn’t work for everyone.

Obsessive and Compulsive Behavior: Behavioral Interventions

- Explain that this topic has been discussed
 - If no acceptable conclusion was reached, gently remind the individual that you are in the process of problem-solving
 - Provide reassurance that the issue is not forgotten

Obsessive and Compulsive Behavior: Behavioral Interventions

- Set limits on the behavior itself or even on how long you will talk about the issue
 - Set a specific time each day that you can address the issue
 - “We can talk about this after dinner for 15 minutes. After that, we need to clean up and get ready to watch our shows.”
 - If you do not live with the person who has HD, set specific times for phone calls
 - “I will call you every day at 6:00 and we can talk for ten minutes.”
 - Use a timer to reinforce the limit
 - Use a calendar as a visual reminder

Obsessive and Compulsive Behavior: Behavioral Interventions

- Make accommodations when possible
 - Determine if the behavior is potentially harmful
 - Think outside of the box
 - Make changes to routine or environment
 - Learn to live with it

Obsessive and Compulsive Behavior: Behavioral Interventions

- Call upon your care team
 - Often times it carries more weight when it comes from a person in a white coat
 - The doctor can play the part of the “bad guy”

Conclusion

- Reviewed obsessive and compulsive type behavior symptoms of Huntington's disease (HD)
- Discussed practical recommendations and tips for managing obsessive and compulsive type behavior due to HD
- This talk should not be the answer to all of your questions
 - Hopefully it gives you something to work with and encourage you to talk to your providers if you are facing these issues

Thank you!

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