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 cannot 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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