

Slow Processing

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Case presentation: James Henderson, 52 years old, was admitted to your facility 3 days ago because of Huntington's disease. As the nursing assistant assigned to him today, you introduce yourself, and then ask, "shall we put on your blue shirt or the gray one today?" He stares, not responding, so you busy yourself, getting together socks and underwear and pants, and pulling the blue shirt out of the drawer. "Let's start with the socks, and then we'll get your pants on," you say, and move towards his feet, when all of a sudden, he says, "G-graaay." You respond, "oh, no, these are your white socks", and then suddenly realize that he is answering the question you asked about shirt color over a minute ago.

What's going on?

People in the later stages of Huntington's disease may take a very long time to process information and respond to it. This is due to damage caused by the disease to both the deep nuclei of the brain, where movements are sequenced and organized, and to the frontal lobes of the brain, where plans are thought up and organized and brought into action. With both the thinking and the moving part of responses affected, it is easy to understand there can be long delays before a patient acts, speaks, or responds to a situation. If the problem is severe enough, the trace may be lost, and the patient may fail to respond at all.

What problems might this cause?

This problem could affect everything from a patient's response to an emergency situation, to routine responses to family, friends, or nursing staff.

--a patient may fail to react, or may respond very slowly in a crisis situation, such as a fire, or witnessing a fall or injury

--there may be very delayed responses (or no response) to seemingly simple questions as in the case above

--the patient may only "hear" the first few words of a long comment (news report, description of a family event, lengthy explanation about a new treatment, procedure, or situation)

--distractions may completely disrupt the patient's ability to respond

What can I do to help?

--do not ask open-ended questions (e.g. what do you want for dinner?), but simple yes-no, or two-option questions (e.g. hamburger or chicken tonight? Or Is the red shirt OK today?)

--give the patient time to respond, possibly repeating the question after a few seconds

--minimize distractions such as TV, other people passing by, talking while walking, etc

--recognize emergency situations where you simply have to tell the patient what to do, or take action without waiting for a response

--keep your answers or explanations brief and to-the-point

--help family, visitors, and other staff to understand that long delays in response are common in late-stage HD, and do not mean that the patient is hard-of-hearing, uninterested, or misbehaving

--understand that there are no medications to treat this symptom, so it is something for you work out with the patient, so that you can communicate as effectively as possible

--for some patients, especially those for whom speech is very difficult or hard to understand, a referral to the speech pathologist may be helpful, to consider simple communication strategies that don't require the patient to speak (e.g. a simple red card and green card they can hold up, or a word board that they can point to)