Neuropsychiatric symptoms in Huntington’s disease

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Abstract

Introduction: Huntington’s disease (HD) is an autosomal dominant inherited disorder of the central nervous system with characteristic neurodegenerative alterations in the basal ganglia and cortex. HD is characterized by a triad of symptoms including motor disturbance, cognitive impairment and psychiatric features.

Objectives: Authors aim to review and summarize the neuropsychiatric symptoms associated with HD.

Methods: Literature review based on articles published on PubMed/MEDLINE using the keywords “Huntington’s Disease”, “neuropsychiatry” and “psychiatric aspects”.

Results: Psychiatric symptoms in HD may be associated with three different situations – they may be directly caused by the disease, may appear as a comorbid disorder or as a consequence of the pre-diagnosis of this disease. Approximately 40% of patients with HD present a mood disorder during the course of the disease – 30% major depression and 10% bipolar disorder, generally type II. In two thirds of cases, mood disorders may precede the movement disorders of HD in 2 to 20 years. Suicide rates among patients with HD are 4 to 6 times superior to the general population, and occur more frequently in patients between 50 and 69 years of age. Psychotic symptoms may appear in up to 30% of patients. A schizophrenia-like disorder, with paranoid delusions and auditory hallucinations, occurs in 4 to 12% of patients. Psychotic symptoms usually appear early in the disease course and become less common as cognitive decline progresses. Irritability and aggressive behaviour are also common, with the latter being a common cause for hospitalization. Other possible neuropsychiatric manifestations are apathy, obsessive-compulsive disorder, sexual disorders and sleep disorders. Authors provide a brief illustrative case report.

Discussion and Conclusions: Neuropsychiatric symptoms are prevalent in Huntington’s disease and are relatively independent of cognitive and motor aspects of the disease. Psychiatric symptoms and behavioural changes together with a growing level of physical dependence make hospitalization frequent, requiring a multidisciplinary approach and specialized care.

Supplementary material: Complete presentation available at http://ijcnmh.arc-publishing.org

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