

Huntington's disease and suicidal behavior: A case report

Huntington hastalığı ve intihar davranışı: Bir olgu sunumu

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Abstract

Huntington disease (HD) is an autosomal dominant, neurodegenerative disorder characterized by progressive movement disorders, and various neuropsychiatric symptoms. It is caused by an overrepetition of the trinucleotide cytosine-adenine-guanine (CAG) in exon 1 of the huntingtin (HTT) gene, located on the short arm of chromosome 4. While the number of CAG repeats in the HTT gene ranges from 6 to 35 in healthy individuals. Because of the recent increase in neuropsychiatric symptoms in individuals with HD, we report the case of a 43-year-old woman with HD who exhibited recurrent suicidal behavior.

Keywords: Huntington's disease, suicidal behavior, neuropsychiatric symptoms

Özet

Huntington hastalığı (HH), ilerleyici hareket bozuklukları ve çeşitli nöropsikiyatrik semptomlarla karakterize, otozomal dominant, nörodejeneratif bir hastalıktır. 4. kromozomun kısa kolunda bulunan Huntington (HTT) geninin 1. eksonunda bulunan trinükleotid sitozin-adenin-guanin (CAG)'in aşırı tekrarlanması sonucu oluşur. Sağlıklı bireylerde HTT genindeki CAG tekrar sayısı 6 ila 35 arasında değişir. Huntington hastalığı olan bireylerde nöropsikiyatrik semptomlarda son zamanlarda görülen artış nedeniyle, tekrarlayan intihar davranışları sergileyen 43 yaşında bir HH tanılı kadın olguyu bildiriyoruz.

Anahtar kelimeler: Huntington hastalığı, intihar davranışı, nöropsikiyatrik semptomlar

INTRODUCTION

Huntington's disease (HD) is a hereditary, progressive neurodegenerative disorder characterized by choreiform movements, psychiatric problems, and variable symptoms (1). The global prevalence of HD is 4.88 cases per 100.000 people (2). Regardless of age of onset, HD is a chronic and slowly progressive condition (1). Neuropsychiatric symptoms may precede motor symptoms in individuals with HD (3). Patients may even be misdiagnosed as psychosis or depression. The diagnosis of HD can be overlooked. Response to psychiatric treatment is inadequate in these patients, and although suicidal behavior is common, it is often overlooked (4).

This study aims to contribute to the existing literature by addressing recurrent suicide attempts in patients diagnosed with HD.

CASE REPORT

The patient, a 43-year-old single housewife, was brought to the emergency room by her family because of suicidal thoughts. In 2017, the patient's initial complaints included aggression, self-talk, visions, withdrawal from people. She was taken to the psychiatric outpatient clinic by relatives and admitted to the psychiatric ward the same day. The patient, diagnosed with a psychotic disorder, received oral risperidone. During outpatient follow-up, the patient's medication dose was reduced due to slowing of movements, tremors in her hands, and increased serum prolactin levels, but she stopped taking her medication on the grounds that she was getting better.

The patient, whose symptoms recurred, was admitted to the psychiatric ward for the second time in 2019. She was discharged with aripiprazole 15 mg/day. In 2022, following a recurrence of her symptoms, and started on clozapine 100 mg/day. Shortly after discharge, she attempted suicide by jumping from the third-floor balcony and was admitted to the ear, nose, and throat ward due to a nasal fracture. She was admitted to the psychiatric ward. The patient, who had been followed for a long time with a diagnosis of schizophrenia, was initially considered a side effect of antipsychotic medication when choreiform movements were noticed during follow-up. However, a detailed family history of the patient was taken, and genetic study was performed because the father and older brother in the family, who had recently passed away at close intervals, had HD.

Genetic testing determined the patient had a diagnosis of HD. In 2024, the patient, who had multiple psychiatric visits and hospitalizations at various centers, attempted suicide again 15 days ago by jumping from the third-floor balcony. The patient,

who was being monitored for a skull base fracture, was brought to the emergency room by her family after being discharged from home because she frequently went to the balcony with suicidal thoughts and expressed a desire to jump. Following a psychiatric consultation, she was admitted to the hospital for the seventh time. According to DSM-5, she was admitted to the psychiatric ward due to a diagnosis of psychotic disorder due to another medical illness, depressive disorder, and recurrent suicide attempts.. Treatment was adjusted to olanzapine 10 mg/day, and citalopram 10 mg/day. Olanzapine was started because the patient's mother refused clozapine use and associated the patient's suicide attempts with this drug. After one month of inpatient treatment, she was discharged with recommendations for partial improvement. The necessary informed consent for the case report was obtained from the patient and her participation.

DISCUSSION

The prevalence of psychiatric disorders is estimated to be 33-76 % at different stages of HD (5). Our patient similarly presented to a psychiatric outpatient clinic due to psychiatric symptoms before the diagnosis of HD.

Depression is the most common mental disorder in patients diagnosed with HD (4). Psychosis and/or disruptive behavioral symptoms also impact the clinical course of patients with HD (6,7). It is noteworthy that our case was followed for many years with a diagnosis of schizophrenia. Furthermore, the fact that antipsychotic medications used to treat psychotic symptoms can cause movement disorders can negatively impact the clinical condition of patients with HD (8). Therefore, drug selection is crucial in the treatment of psychiatric symptoms in patients with HD. Antipsychotic medications, such as clozapine that do not cause movement disorder side effects should be preferred. It is also noteworthy that the case report also noted movement disorder-related side effects during the use of medications such as risperidone and aripiprazole. Treatment with selective serotonin reuptake inhibitors and benzodiazepines may be beneficial in treating anxiety and depressive symptoms (8). When the diagnosis and treatment of depression are ignored, the course of HD is negatively affected. Clinical manifestations, especially accompanied by depressive and psychotic symptoms, can lead to life-threatening situations. The presence of recurrent suicide attempts in our case report supports this. It is also noteworthy that the patient chose a lethal method, such as jumping from a height, in all of his suicide attempts. Neurodegenerative diseases affect not only the affected individual but also all family members. Family

members closely witness the diagnosis and treatment processes of the disease. This significantly impacts family functioning.

The stress that results from providing care for long periods of time has negative consequences for both the caregiver and the health that results in deterioration (9). Furthermore, the occurrence of a similar disease in a small community within the same family can also result in social stigma. This decreases communication with the community, leading to social isolation. Patients and their families avoid some social situations because of the risk of experiencing unpleasant or embarrassing situations (10).

The current situation may lead to the emergence or exacerbation of psychiatric symptoms. The case report reveals that multiple family members were diagnosed with HD, and both the father and brother died as a result. It is noteworthy that the patient's first suicide attempt occurred after the death of his brother. Furthermore, the fact that family members provided different information about the cause of their father's illness/death during the patient's initial hospital admissions could be explained by concerns about stigmatization. Because there may also be a relationship between social isolation and the patient's condition not being fully understood by those around patient (10). An important point here is that the family's health and mental health literacy is quite low, negatively impacting treatment.

RESULTS

In conclusion, neuropsychiatric symptoms in patients with HD can be challenging to diagnose and treat. Treatment compliance and social support can positively impact the course of HD. Families of patients with HD should be included in the treatment process and provided with psychoeducation. Patients with HD are at risk for suicidal behavior. Therefore, raising awareness among family physicians and mental health professionals on this issue can save lives.

DECLARATION

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