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HUNTINGTON'S DISEASE: NEUROPSYCHIATRIC MANIFESTATIONS AND DEVELOPMENTS IN A FRAGILE SOCIAL CONTEXT

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CASE PRESENTATION

Male, 57 years old, with Huntington's Disease (HD) diagnosed five years ago. Compulsory hospitalization due to heteroaggressiveness, risk of social exposure and disorganized behavior (eating on garbage in the streets). Upon admission, he presented psychotic symptoms such as soliloquies and persecutory delusions, as well as insomnia. He had irregular use of Haloperidol 15mg/day, Periciazine 60mg/day and Clonazepam 1.5mg/night, in addition to a positive family history of the comorbidity (brother and father). Throughout hospitalization, medication and nutritional adjustments were made, aiming to adapt behavior. Thus, it evolved with an improvement in irritability and heteroaggressiveness, especially after nutritional adjustment, with an increase in daily energy intake. Due to the fragility of family ties, he remained hospitalized for one year and seven days, until social resolution and judicial authorization for discharge, with remission of psychotic symptoms and indication of the use of Haloperidol 20mg/day, Levomepromazine 150mg/day and Phenytoin 300mg/day.

DISCUSSION

The biggest challenges in managing HD consist of diagnosing and symptomatic control of neuropsychiatric manifestations. The onset of psychiatric symptoms increases with the progression of the disease and includes irritability, apathy and cognitive impairment. Psychotic conditions are common and sometimes present ten years before the confirmed diagnosis of HD. Motor manifestations and loss of brain volume resulting from neurodegeneration also tend to appear. The patient evolved as described in the literature, and the important improvement in behavior after an increase in caloric intake stands out, in accordance with the high energy demand generated by the disease. The judicialization of the case is also highlighted, due to the structural limitations of the family in providing the necessary support. As important as the pathophysiology of the disease itself, the fragility of the social context was also addressed through a request for social security assistance and guidance from the multidisciplinary team, enabling hospital discharge and improving the conditions of the family nucleus.

CONCLUSION

Neuropsychiatric manifestations of HD are frequent and require adequate multidisciplinary monitoring for correct diagnosis and management. In this sense, in addition to pharmacological interventions, attention to metabolic repercussions and social demands are also related to the best outcome of the case.

REFERENCES

1. https://abh.org.br (Associação Brasileira de Huntignton).

2. Aspectos clínicos e fisiopatológicos da Doença de Huntington. Autor: Anderson MARTELLI.

3. Huntington disease: Clinical features and diagnosis. Author: Oksana Suchowersky, MD, FRCPC, FCCM.