



Doença de Huntington



The infographic features the title "HUNTINGTON DISEASE" in large, bold, dark blue letters. Above the title, there is a DNA double helix with the sequence "CAGCAGCAG" on the left strand and "GCGCGCGCG" on the right strand, with a small brain icon above the right strand. To the right of the DNA is a pink rounded rectangle. Further right is a yellow neuron. Below the title, there is a yellow neuron on the left and a pink brain on the right. At the bottom, there is a DNA double helix with the sequence "CTGCTGCTG" on the left strand and "GACGACGAC" on the right strand, with a small brain icon above the right strand. The OSMOSIS.org logo is in the bottom left corner.

HUNTINGTON DISEASE

OSMOSIS.org

Definição - Coreia

- Coreia - deriva do grego da palavra que quer dizer dança
- Conjunto de movimentos rápidos, imprevisíveis, irregulares e tipo estremecer
 - Perturbação movimento voluntário
 - Atraso na iniciação e lentificação do movimento
 - Pode envolver uma ou várias partes do corpo
- Coreia
 - Doença de Wilson - vamos ver mais tarde
 - Doença Huntington
 - Coreia de Sydenham - condição rara, resultando de infeção na criança e que usualmente se resolve de forma espontânea

D Huntington

- Doença hereditária em adultos
- Sintomas coreia começam nas mãos e face e depois estende-se a outras partes do corpo

- Alterações comportamento e demência

- Estadio final:
 - ◆ demência severa
 - ◆ anartria
 - ◆ afagia

D Huntington

- Força muscular é preservada
- Habilidade de iniciar movimento permanece
- Condução de movimentos contínuos (caminhar, falar) → condiciona por espasmos musculares sobrepostos

D Huntington - prevalência/incidência

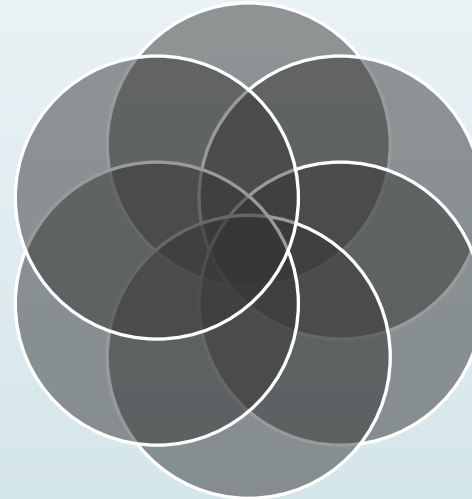
- 2-12 pessoas/100000
- Idade início
 - 30-45 anos
 - poderá ser mais cedo ou mais tarde
- Duração 15-20 anos

Doença de Huntington

**Alterações
cognitivas e
psiquiátrica**

**Disartria
progressiva –
diminuição
velocidade da
fala**

Demência



**Rigidez e
Movimentos
Coreicos**

**Tremor de
Intenção**

**Disfagia (nas
fases moderada
e avançada da
doença)**

**Hereditariedade autossômica
dominante**

**Degenerativa - Evolução lenta e
progressiva**

**Neuroimagem com diminuição
do volume das estruturas dos
gânglios basais**

Sobrevida 15-20 anos

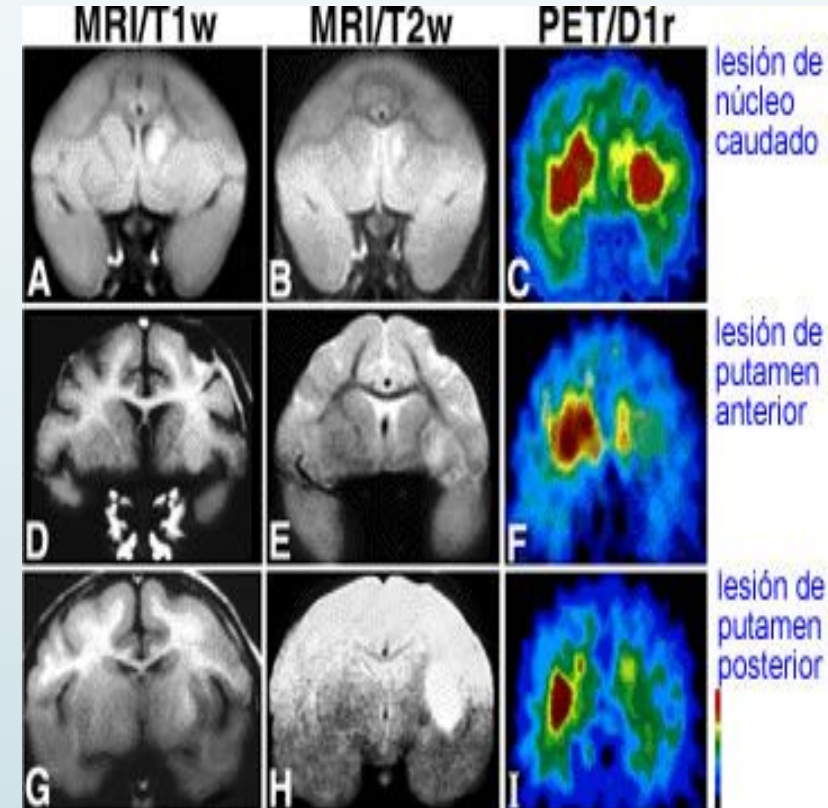
Doença de Huntington - Diagnóstico

História familiar da doença;

Padrão de deterioração progressiva

Ocorrência de coreia a alterações
psiquiátricas sem outras causas aparentes;

Estudos imagiológicos como TAC, RMN,
PET



Huntington's disease: a clinical review

Raymund AC Roos

Abstract

Huntington disease (HD) is a rare neurodegenerative disorder of the central nervous system characterized by unwanted choreatic movements, behavioral and psychiatric disturbances and dementia. Prevalence in the Caucasian population is estimated at 1/10,000-1/20,000. Mean age at onset of symptoms is 30-50 years. In some cases symptoms start before the age of 20 years with behavior disturbances and learning difficulties at school (Juvenile Huntington's disease; JHD). The classic sign is chorea that gradually spreads to all muscles. All psychomotor processes become severely retarded. Patients experience psychiatric symptoms and cognitive decline. HD is an autosomal dominant inherited disease caused by an elongated CAG repeat (36 repeats or more) on the short arm of chromosome 4p16.3 in the Huntingtine gene. The longer the CAG repeat, the earlier the onset of disease. In cases of JHD the repeat often exceeds 55. Diagnosis is based on clinical symptoms and signs in an individual with a parent with proven HD, and is confirmed by DNA determination. Pre-manifest diagnosis should only be performed by multidisciplinary teams in healthy at-risk adult individuals who want to know whether they carry the mutation or not. Differential diagnoses include other causes of chorea including general internal disorders or iatrogenic disorders. Phenocopies (clinically diagnosed cases of HD without the genetic mutation) are observed. Prenatal diagnosis is possible by chorionic villus sampling or amniocentesis. Preimplantation diagnosis with *in vitro* fertilization is offered in several countries. There is no cure. Management should be multidisciplinary and is based on treating symptoms with a view to improving quality of life. Chorea is treated with dopamine receptor blocking or depleting agents. Medication and non-medical care for depression and aggressive behavior may be required. The progression of the disease leads to a complete dependency in daily life, which results in patients requiring full-time care, and finally death. The most common cause of death is pneumonia, followed by suicide.