HD Obsessive Compulsive Treatment Algorithm: Patient and Family Summary

Obsessive compulsive behavior is common in Huntington's disease (HD) causing much distress and relationship problems for patients and families. HD causes damage to the brain in areas that control the ability to turn off one thought and easily move to another. In this situation thoughts and ideas may "get stuck", and the HD person may repeat the same question or activity over and over, or be upset if schedules change.

Although education and drug treatment can help manage this troublesome symptom, obsessive compulsive behaviors are often untreated because doctors don't routinely ask questions about it, and patients and families may find it hard to describe. Though obsessive compulsive symptoms won't be eliminated, the severity can be significantly decreased.

Experts believe that establishing routine schedules and activities, or giving advance warning and explanation of why a change in schedule or activity may be necessary is helpful. Redirection strategy, by changing the subject or moving to another room can serve as a helpful distraction from these problem behaviors.

If you are the patient or care-partner, learning to be more aware of obsessive compulsive behaviors can help you describe it to your doctor. If these symptoms are a part of your HD, you and your care partner should talk about it before the visit so you can tell your story.

If after discussion with your doctor and drug trial for obsessive compulsive behaviors is appropriate:

Step 1: The experts agree that the "best" drug treatment (the one they use most often) is a selective serotonin reuptake inhibitor (SSRI). They most frequently choose citalopram (Celexa) or sertraline (Zoloft). This type of drug is often used for treatment of depression, anxiety, and irritability in HD. So your SSRI treatment for obsessive compulsive symptoms may help these other symptoms

Step 2: Finding the best dosage will take multiple visits. Don't skip any. Most experts use a 2 to 4 week time interval between the visits to give sufficient time for the benefits of treatment to develop". But you need to be really patient for this symptom because it can take up to 6-12 weeks for the full effect to emerge. Don't get disappointed and stop the drug too soon because the symptom isn't better immediately. Many experts believe that a higher dose of SSRI drug may be more helpful than a low dose.

Step 3: If the first SSRI doesn't give enough benefit, the experts may switch to another SSRI drug, or switch to clomipramine (Anafranil) a drug that is also used to treat obsessive compulsive disorders not associated with HD. Other experts sometimes use an SSRI and clomipramine together or they might switch to switch to a serotonin norepinephine reuptake inhibitor (SNRI) like venlafaxine (Effexor).

Step 4: If the symptom is not controlled with earlier steps, experts may add an antiepileptic mood stabilizer like valproic acid (Depakote), or an antipsychotic drug like olanzapine (Zyprexa) or risperidone (Risperdal)

It may take several tries to get best result. Don't stop trying – and don't let your doctor stop. Though this symptom won't be eliminated, you can be a treatment survivor.

Summary by LaVonne Goodman, MD. Based on An International Survey-based Algorithm for the Pharmacologic Treatment of Obsessive-Compulsive Behaviors in Huntington's Disease. PLoS Currents 2011 August 4; PMID: 21947193, PMC3177175. K. Anderson, D. Craufurd, M.C. Edmondson, N. Goodman, M. Groves, E. van Duijn, D.P. van Kammen, L. Goodman

Algorithm for the treatment of OCBs in Huntington's disease

Serotonin reuptake inhibitor (SSRI)

First choice drug for OCBs

Step 1. Start with low to moderate dose

citalopram	(20 mg)
sertaline	(50 mg)
paroxetine	(20 mg)
fluoxetine	(20 mg)
escitalopram	(10 mg)

Though many survey experts chose 2-4 weeks or more, the authors suggest a shorter 1-4 week dosing interval

Check for adherence

Step 2. Dose optimization

Symptom control often requires mid to high level dosing

citalopram	(20-40 mg)
sertaline	(50-200 mg)
paroxetine	(20-60 mg)
fluoxetine	(20-60 mg)
escitalopram	(10-20 mg)

Reassess response and side effects at each dosage increment

Check for adherence

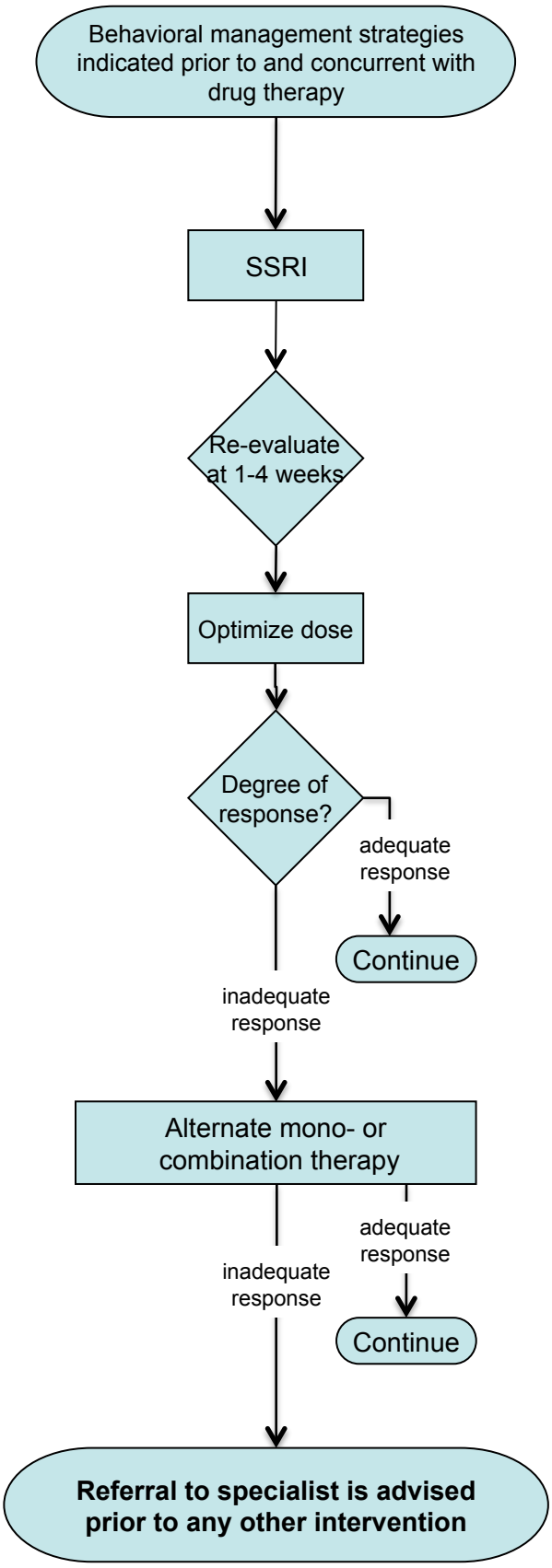
Step 3. Alternate mono- or combination therapy

If inadequate response to SSRI, experts chose the following alternatives (listed in order of preference):

- switch to another SSRI
- switch to CMI
- add CMI
- add APD
- switch to SNRI
- switch to APD
- add BZD

If response remains inadequate, authors suggest second trial of switching drugs within class

Check for adherence



Abbreviations

APD	antipsychotic
BZD	benzodiazepine
CMI	chlomipramine
SNRI	serotonin-norepinephrine reuptake inhibitor
SSRI	selective serotonin reuptake inhibitor

from An International Survey-based Algorithm for the Pharmacologic Treatment of Obsessive-Compulsive Behaviors in Huntington's Disease. PLoS Currents 2011 August 4; PMID: 21947193, PMC3177175. K. Anderson, D. Craufurd, M.C. Edmondson, N. Goodman, M. Groves, E. van Duijn, D.P. van Kammen, L. Goodman