CASE 2 (cont.) The patient is started on tetrabenazine in doses of 20 mg daily. Her chorea decreases, and a total chorea score of 21. Gait was wide based with impersistence and a total chorea score of 18.

On examination, the patient is noted with parasthesias of the trapezii and all four limbs. Voluntary movements are irregular. His gait is wide-based and irregular.

She again has a marked worsening of her chorea with grade 3 chorea of the face, trunk, and all four limbs. Voluntary movements are irregular. His gait is wide-based and irregular.

On tongue protrusion. She has generalized grade 3 chorea on UHDRS examination.

Pharmacologic therapy is recommended in order to determine the needs and barriers of clinicians managing patients with HD. Only management of specific symptoms. Parkinsonism is a frequent cause of disability and leads to loss of mobility, functional decline, and reduced quality of life. Treatment with levodopa and dopamine agonists is often ineffective and can have significant adverse effects, including motor fluctuations, dyskinesias, and psychosis.

In order to design the most effective interventions for future continuing education, this study was conducted in order to determine the needs and barriers of clinicians managing patients with HD. Physicians managing patients with HD, especially general neurologists, may need continued education on key concepts of diagnosis and management. Understanding the relationship between psychiatric/cognitive symptoms and motor symptom management is paramount. HCP education should focus on addressing symptoms and providing resources to patients and caregivers on how to manage these symptoms, including coping strategies and what to expect in the future.

The right physician is important! Patient and caregiver confidence in their physician’s knowledge and competence increases when they were being managed by a specialist. Nearly all of the patients are managed by a primary care physician in this study were in urban/suburban areas and not far from HD CoCs.

Caregivers and patients have different educational needs. Their priorities differ: patients emphasize healthcare provider importance, whereas different challenges. The HD community should be well-versed in patient and caregiver needs alike, but separate treatment programs specifically oriented to these groups.

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