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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Chorea (Non-Huntington's)

Patient education guide · Movement Disorders · Madison Neurology LLC

What is it?

Chorea is involuntary, flowing, dance-like movements that move unpredictably from one body part to another — brief, irregular jerks that may look like fidgeting. While Huntington's disease is the best-known cause, chorea in adults has many other causes: medications, strokes, autoimmune diseases (including lupus), thyroid disease, high blood sugar, and others. Treating the cause often resolves it.

How does it happen?

Important non-Huntington's causes include: medications (dopamine-blocking drugs, stimulants, some anti-seizure drugs), basal ganglia stroke, autoimmune conditions (lupus, antiphospholipid syndrome, autoimmune encephalitis), metabolic disturbances (very high blood sugar — classic in older women, thyroid overactivity, electrolyte shifts), and post-infectious states.

Common symptoms

- Brief, irregular, flowing movements flitting between face, hands, and limbs
- Movements that may be subtly disguised as voluntary gestures
- Difficulty maintaining grip ('milkmaid's grip') or sustained tongue protrusion
- Balance problems and falls when severe
- Accompanying symptoms of the underlying cause (e.g., stroke deficits, thyroid symptoms)

How is it diagnosed?

Evaluation searches for the cause: medication review, brain MRI (looking for stroke or basal ganglia changes), blood tests (glucose, thyroid, autoimmune panels, ceruloplasmin for Wilson's in younger patients), and — when appropriate — genetic testing to exclude Huntington's and related disorders.

How is it treated?

Treatment targets the cause: stopping an offending drug, controlling blood sugar or thyroid, treating lupus or autoimmune encephalitis — chorea from these causes often resolves. When chorea itself is disabling, dopamine-modulating medications (tetrabenazine family, antidopaminergics) or certain anti-seizure drugs quiet it. Physical therapy addresses falls.

What does the future hold?

Prognosis tracks the cause: metabolic and medication-induced chorea frequently resolves completely; stroke-related chorea often improves over weeks to months. Autoimmune chorea responds to immunotherapy. The key is the diagnostic search — chorea is a symptom with an addressable source, not a diagnosis in itself.

Questions patients commonly ask

Q: Does chorea mean I have Huntington's?

A: Usually not — most adult-onset chorea has another cause; Huntington's testing is considered when the cause remains unclear or family history suggests it.

Q: Can blood sugar really cause these movements?

A: Yes — very high blood sugar classically causes one-sided chorea (hemichorea) that typically resolves as glucose is controlled.

Q: Will the movements stop?

A: When the trigger is corrected, chorea commonly fades over days to months; medications control it in the meantime.

National support groups & resources

- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **National Organization for Rare Disorders** — rarediseases.org — 1-800-999-6673
- **Huntington's Disease Society of America** — hdsa.org — 1-800-345-4372

(Organization contact details were current at the time of compilation; please verify online.)

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