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MADISON NEUROLOGY LLC

608 403 0000

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

Huntington's Disease

Patient education guide · Neurodegenerative & Memory · Madison Neurology LLC

What is it?

Huntington's disease is an inherited brain disorder that causes progressive involuntary movements (chorea), cognitive decline, and psychiatric symptoms. Symptoms usually begin between ages 30 and 50 and worsen over 10-25 years. It is caused by a single gene mutation passed from parent to child.

How does it happen?

Huntington's is caused by an expanded CAG repeat in the HTT gene. It is autosomal dominant: each child of an affected parent has a 50% chance of inheriting the mutation. Longer repeats cause earlier onset, which is why symptoms sometimes appear a generation earlier ('anticipation').

Common symptoms

- Involuntary jerky or writhing movements (chorea)
- Poor coordination, clumsiness, and balance problems
- Irritability, depression, anxiety, or apathy — often years before movements
- Difficulty with planning, organization, and flexible thinking
- Slurred speech and swallowing difficulty in later stages

How is it diagnosed?

Genetic testing confirms the diagnosis in someone with typical symptoms or a family history. Predictive testing for at-risk relatives is available but is a profound personal decision that must go through formal genetic counseling. MRI may show characteristic changes.

How is it treated?

No treatment yet stops progression, but symptoms are very manageable: tetrabenazine/deutetrabenazine or certain other medications control chorea; antidepressants and

psychiatric care treat mood; physical, occupational, speech, and swallowing therapy maintain independence. Multidisciplinary Huntington's disease centers of excellence provide coordinated care, and many clinical trials (including gene-silencing approaches) are enrolling.

What does the future hold?

The disease progresses over 15-25 years on average, but good symptomatic care preserves quality of life for many years. Genetic counseling supports family planning options such as IVF with embryo testing. Research momentum — including huntingtin-lowering therapies — is substantial.

Questions patients commonly ask

Q: Should I get tested if my parent has it?

A: That decision is deeply personal. Genetic counseling (required before testing) helps you weigh knowing versus not knowing; many people choose not to test until ready.

Q: If I have the gene, will my children get it?

A: Each child of a mutation carrier has a 50% chance of inheriting it; options like IVF with preimplantation genetic testing can prevent transmission.

Q: What can I do now to stay healthy?

A: Exercise, treat mood symptoms early, stay socially engaged, avoid smoking and excess alcohol, and connect with an HD center of excellence.

National support groups & resources

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

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

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