CASE REPORT

Suicidal Attempt in Huntington Disease: A Case Report

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Abstract

Huntington disease (HD) is a neurodegenerative disorder with psychiatric, cognitive, and motor symptoms. Psychiatric symptoms often manifest years before neurologic signs in HD patients. The present of psychiatric symptoms might increase risk of suicide in HD patient. We presented a case of HD who admitted to Psychiatry ward due to suicidal attempt and shows improvement with low dose of Olanzapine.

Keyword: Huntington disease, Psychosis, Suicide, Olanzapine

Introduction

Huntington disease (HD) is a midlife onset autosomal dominant neurodegenerative disorder with characterized by psychiatric, cognitive, and motor symptoms. Death occurs between 12 and 15 years from the time of symptomatic onset [6]. Psychiatric symptoms in HD patient can increase risk of suicide and premature death in this disorder. We presented a case of HD who admitted to Psychiatry ward due to suicidal attempt and showed improvement with low dose of Olanzapine.

Case Report

Mr. Y, 56 years old Chinese gentleman who was diagnosed as Huntington disease by Neuromedical department at the age of 52, was brought in by his roommate to casualty due to suicidal attempt by ingesting herbicide after quarreled with his friend three days prior to the admission. His roommate had realized it after he had persistent vomiting. Upon further questioning, he admitted hearing voices which he described as second person and commanding in nature for 1 year duration. He also admitted feeling of depressed but not fulfilled the criteria for Major Depressive Disorder. When asked regarding reason he wanted to commit suicide, he keep on saying that he felt mad toward his friend. His judgment was also poor. There was difficulty in taking history from him in view of his speech difficulty. History from roommate revealed that he was socially withdrawn since one year ago. Most of the time he just stay in the house watching television. He was noted to have hallucinating behavior as was described by his roommate. Patient also noted to express that people wanted to do bad things to him. His roommate also noticed abnormal behavior such as burning newspaper (almost every day), throwing coins on the floor without any reason and squeezing plastic bottle to make disturbing noises repeatedly.
He also noted become more forgetful and become less amount of understandable speech. Mental state examination revealed thin build Chinese gentleman with chorea movement, with good eye contact. His mood was not depressed and his affect was restricted. He had disorganized speech. He admitted having auditory hallucination. Mini Mental State Examination showed deficit in his attention and memory. All blood investigation was normal. He was referred to medical team in casualty to look for possible progression of the disease and was discharged by medical team. Then he was admitted to psychiatric ward for observation in view of poor social support and he was medically stable. He was started with Tablet Olanzapine 2.5 mg per day. After started with Olanzapine, he was stable without any psychotic symptoms. From observation, he was cooperative with no abnormal behavior and no depressive symptoms noted. He also denied suicidal thought. His movement disorder was also improving. He was discharged to nursing home with tablet Olanzapine 2.5 mg ON after day six of admission.

**Discussion**

Huntington disease (HD) is a rare neurodegenerative disorder. Previously it has not been described in Malaysia until 1994 when the first case of HD was documented in a patient originating from the West Malaysian state of Perak [4]. HD has been considered a movement disorder. However, cognitive and psychiatric symptoms are among important clinical features of HD. This article illustrates the psychiatry manifestation and treatment of HD and provides advice to treating clinicians.

Psychiatric symptoms often manifest years before neurologic signs in patients with inherited neurodegenerative disease. The most frequent example of this phenomenon is the early onset of personality changes in Huntington patients. In some cases the changes in mood and cognition are even more debilitating than their neurologic symptoms [8].

Moreover, non-motor, particularly behavioral and cognitive are found before individuals meet the diagnostic criteria for the disease. It became more frequent and severe over the course of the disease progression. Given the lack of empirical data, the management of non-motor problems is based on experts’ agreement [1].

This patient was started with low dose of Olanzapine for the psychotic symptom. Olanzapine is a good alternative treatment in HD, mainly for the psychiatric symptoms and moderately effective for the motor symptoms, possibly because of its effect on chorea. It was suggest to be used in HD patients with the adult onset form, severe chorea and/or severe psychiatric disturbances.

During admission, this patient was observed for depressive symptoms. Depression is one of the most common psychiatric disturbances in HD, with highest prevalence manifested during stage 2 of the disease. Identification and treatment of depression in HD patients is an essential part of clinical management in this population due to the high risk of suicide [2]. Standard assessments for suicide risk may be reasonably applied to HD populations with prodromal, depression and a history of suicide attempts (two of the most established predictors in the suicide literature) as predictors of suicidal behavior in prodromal HD [3].
The absence of psychiatric symptoms in HD patient does not indicate that there is a lack of suicidal ideation. If suicidal ideation is present, steps should be taken to refer individuals to the appropriate mental health professionals [7].

This patient represent the challenge that a clinician will face from the perspective of psychiatric diagnosis and treatment. Multidisciplinary team consist of neurology and psychiatric unit are needed for their care. Furthermore, further comprehensive research is needed to further clarify the psychiatric comorbidity to suicidality in HD patients. It will help to signifies appropriate therapies and may prevent premature death in this disorder.

References


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