Depression and Huntington Disease

Depression is the most common psychiatric condition in Huntington disease (HD). Almost one in two individuals with HD will experience a clinically significant depression during the course of their lifetime. There are two reasons that depression is so common:

1. **Situational**: It may develop as a reaction to life events such as a diagnosis of HD, loss of roles within and outside the family, loss of the ability to work or care for one’s family, loss of a driver’s license or loss of bodily functions.

2. **Biological**: The brain changes that occur in HD appear to directly alter the neurotransmitters, or the chemicals, that regulate mood.

Both causes of depression are a natural and understandable part of the disease process. Changes and the experience of depression may occur at anytime throughout the progression of the disease.

**Signs and Symptoms of Depression**
The following are some of the most common signs of depression:
- Persistent sad, anxious or “empty” mood
- Loss of interest/pleasure in activities, including sex
- Feelings of hopelessness
- Change in appetite, or weight loss/gain
- Insomnia, early morning awakenings, oversleeping
- Decreased energy
- Feelings of worthlessness or guilt
- Restlessness, irritability
- Impaired concentration
- Social withdrawal
- Thoughts of death or suicide
- Persistent physical symptoms such as headaches, digestive disorders and chronic pain

Not everyone who is depressed experiences every symptom. Some people experience a few symptoms, some many. Also, the severity of the symptoms varies with individuals.

**Diagnosis of Depression**
Many of the symptoms of HD resemble and may disguise the signs and symptoms of depression. Some of these include memory loss, lack of concentration, apathy, weight loss and sleep disturbance. It may be difficult to tell whether a person’s symptoms are depression, HD or a combination of both. When an individual with HD experiences two or more of the above symptoms almost daily over a two-week period it is recommended that further assessment by a physician or trained health professional be conducted.

**Coping with Depression**
Depression can be treated in people with HD. It should not be left unchecked. A combination of the following treatment options can provide the most effective relief:
- Medications, such as antidepressants
- Psychotherapy (talk therapy)
- Support Groups
- Peer Support
- Lifestyle Changes (exercise, positive thinking, meaningful activity, avoid alcohol)
- ECT (Electroconvulsive therapy)

Successful treatment of depression can greatly improve a person’s quality of life. The suicide rate for persons with HD is considerably higher than in the general population. It has been reported that as many as 13% of deaths are from suicide. Therefore, do not hesitate to contact a family doctor or another professional if depression is suspected.
Where To Get Help

Depression can be a helped but often requires the assistance of a trained professional. These individuals can help identify the main cause of the condition and recommend a treatment plan. Help is available by contacting:

- Family Doctor
- Psychiatrist
- Psychologist
- Social Worker
- Employee Assistance Program
- Crisis Telephone Line
- Mood Disorders Association

Additional Information

Further information on depression and Huntington disease can be found in the Huntington Society of Canada publications: “A Physician’s Guide to the Management of Huntington Disease” and “Understanding Behaviour in Huntington Disease”. 