

According to the Canadian Mental Health Association, mood disorders are conditions that cause people to feel intense, prolonged emotions that negatively affect their mental well-being, physical health, relationships and behaviour. Mood impacts the way people think about themselves, relate to others, and interact with the world around them.

Depression is a type of mood disorder that can affect every part of a person's life, and it is a common condition in Huntington disease (HD). Depression is not limited to the person living with HD or a person who is at-risk. Depression could also affect family members and caregivers.

Significant numbers of individuals with HD will experience depressive symptoms during different points in time over the course of their lifetime. Depression is often a symptom in early stage HD, but it can occur at any stage of the disease. 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 licence or loss of control over one's body.
2. Biological: Neuropsychiatrists recognize that biological factors contribute to the mood challenges in HD. Research is ongoing in this area.

Common Signs and Symptoms of Depression

Not everyone who is depressed experiences every symptom. The types and the severity of symptoms vary for each person but can include the following:

- Persistent sad, anxious or "empty" mood
- Loss of interest/pleasure in activities previously enjoyed, including sex
- Feelings of hopelessness
- Change in appetite, or weight loss/gain
- Sleep patterns are affected (e.g. insomnia, early morning awakenings, oversleeping)
- Decreased energy
- Feelings of worthlessness or guilt
- Restlessness, irritability, anger
- Impaired concentration
- Difficulty with making decisions
- Social withdrawal
- Thoughts of death or suicide
- Persistent physical symptoms such as headaches, digestive disorders and chronic pain

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 several of the above symptoms over a period of time, it is recommended that further assessment by a physician (e.g. psychiatrist) be conducted.

Treatment of Depression

Depression in people with HD should be treated by a physician who can recommend an appropriate treatment plan in consideration of other symptoms and side effects of medications for HD. A combination of the following treatment options can provide the most effective relief:

Treatment of Depression (continued)

- Medications
- Psychotherapy (i.e. Cognitive behavioural therapy)
- Support Groups
- Peer Support
- Lifestyle Changes (exercise, meditation, healthy diet, meaningful activity, avoidance of alcohol and illicit drugs)
- ECT (Electroconvulsive therapy) is used in some situations

Successful treatment of depression can improve a person’s quality of life. Caregivers and family members can help support a person with HD who experiences depression. Watching for signs of depression (or a relapse of depression) and contacting a family physician or psychiatrist is a way to support your loved one. There are many professionals who can help support the individual and family. Please refer to the Resources section for more information.

Thoughts of Suicide

A person who experiences an episode of depression may have thoughts of ending his/her life. Other symptoms associated with depression including insomnia (difficulty sleeping) can contribute to someone considering suicide as an option. A person who attempts suicide or dies by suicide may not really want to end his/her life but may think that suicide is the only way to deal with difficult feelings or situations.

If you are concerned about someone, talk with the person. Ask the person directly if he/she is thinking about suicide and if a specific plan is in place. **Talking with someone about suicide does not give a person the idea.** If someone is seriously considering suicide, he/she may be relieved to be able to talk about it.

If a loved one shares with you that he or she is having thoughts of suicide, take the comments seriously and seek help by calling 911, your local crisis hotline or taking the person to the emergency department of your local hospital.

RESOURCES

Ongoing support, education and information about HD is available from the Huntington Society of Canada (HSC). You can find a listing of our Family Services team members at www.huntingtonsociety.ca/family-services-team.

[A Physician’s Guide to the Management of Huntington Disease](#)

[Understanding Behaviour in Huntington Disease: A Guide for Professionals](#)

[Canadian Mental Health Association](#)

[Canadian Mental Health Association resources on depression](#)

[Centre for Addiction and Mental Health](#)

[Crisis Telephone Line](#)

[Mood Disorders Society of Canada – Finding Help](#)

[What is Depression?](#)

Fact sheets on a variety of other topics including Cognitive Changes in HD, Have you Met HD?, Responsive Behaviours, Tips When Working with Individuals with HD are available at www.hdfactsheets.ca.