

# HUNTINGTON'S DISEASE

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All you need to know

- Home
- Epidemiology
- Incidence & Prevalence
- Etiology
- Diagnosis
- Therapies
- Genetic Counseling

The creation of this website was born from the needing to create a precise and verified information source about **Huntington's disease (HD)**, which is an autosomal dominant progressive neurodegenerative disorder characterized by chorea, cognitive decline and behavioural manifestations. It is addressed to students and non-specialised professionals and its purpose is spreading relevant knowledge about this rare syndrome in different languages.

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**1 Home**

SPANISH REFERENCE CENTRES

Servicio de Bioquímica  
Hospital Universitario San Cecilio  
Avenida del Doctor Oloriz, 16  
18003 Granada  
Phone: 34 958023211  
For adults and children  
Website

**1. Diet and Huntington's disease**

A research of Columbia University with 1110 individuals from Canada and United States showed no relation between Mediterranean diet and Huntington's disease age of onset.

**News**

Progress and discoveries in Huntington's disease

**Events**

Search for Huntington's disease meetings, speeches and Lectures

**Centres**

Find out pioneer centres in the research and treatment of Huntington's disease

**Articles**

Bibliography related to Huntington's disease

**3. 8th European Huntington's disease network (EHDN) Plenary Meeting 2014 in Barcelona**

Hesperia Tower Hotel  
Gran Via, 144  
08907, Hospitalet de Llobregat  
Barcelona, Spain

- 2 Epidemiology**
- 3 Incidence & Prevalence**
- 4 Etiology**

**Neuropsychiatric symptoms**

First to appear

- Lack of emotions
- Failure to recognition of others' needs
- Irritability
- Moodiness
- Euphoria and aggression
- Hypersexuality (5% cases)
- Restlessness
- Tendency towards suicide
- Depression
- Paranoia
- Hopelessness
- Apathy
- Anxiety
- Stress
- Delusions and compulsions (5-12% cases)

**WORLD'S INCIDENCE**

0.38 per 100000

**WORLD'S PREVALENCE**

2.71 per 100000

Highest prevalence in the Lake Maracaibo (Venezuela)

Prevalence in Asia is lower than in Europe and North America because of differences in CAG size and in HTT haplotypes distribution

**Huntingtin (HTT) gene**

- 4p16.3
- It contains CAG repeats which encode polyglutamine

CAG REPEATS	INDIVIDUAL
5 - 35	Normal
>36 - >100	Affected
35 - 38	Incomplete penetrance
<40	Later HD
>60	Juvenile HD

**Huntingtin (HTT) protein**

- Its proteolysis produces **N-terminal fragments** that:
  - bear polyglutamine tracts
  - display neuronal toxicity and aggregation in neuronal intranuclear inclusions and dystrophic neurites in cortex and striatum.
- Selective degeneration of neurons in caudate and putamen causes HD

- 5 Diagnosis**
- 6 Therapies**
- 7 Genetic Counseling**

**CLINIC** → presence of unequivocal main signs of HD

**MOLECULAR** → Targeted mutation analysis of the huntingtin gene to detect CAG expansion (PCR + Southern Blot)

**NEUROIMAGING**

- Structural
- Functional

**HD PATIENTS → STRIATAL AND BASAL GANGLIA REGIONS VOLUME LOSS**

**DIFFERENTIAL** → to distinguish HD from choreatic syndromes and HD phenocopies

There are therapeutic solutions for palliating some symptoms, especially depression and aggression

- Drugs
  - Clozapine**: antipsychotic drug
  - Tetrabenzine**: chorea suppressor
- Therapies under investigation:
  - Fetal striatal tissue transplantation
  - Reducing aggregation involving GLUT1
  - MiR-196a overexpression

Autosomal dominant pattern of inheritance

Risk estimation:

- Offspring of an affected individual → **50 %**
- Progeny of an intermediate allele carrier → **5 %**
- Expanded penetrant allele: **1/6241 – 1/951**  
Longer expansion → higher risk

CCG repeats (repetitive sequence adjacent to CAG) → more stable CAG repeats

- Preimplantational genetic diagnosis
- Prenatal diagnosis

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