



## Using a Clinical Formulation to Understand Psychological Distress in People Affected by Huntington's Disease: A Descriptive, Evidence-Based Model

Department of Psychology, Neuro Research Centre, Qatar

Huntington's disease (HD) is an inherited, life-limiting neurodegenerative condition. People with HD experience a range of psychological difficulties (e.g., depression, anxiety, and cognitive impairments) that significantly impact their quality of life. This article presents a descriptive, evidence-based formulation model for understanding distress among people with HD, based on a bio psychosocial framework [1].

**Keywords:** Huntington's disease; Psychological distress; Clinical formulation; Bio psychosocial framework

### Introduction

Huntington's disease (HD) is a rare, inherited neurodegenerative condition characterized by motor, cognitive, and psychiatric symptoms [1]. The prevalence of HD is approximately 1 in 10,000 individuals, with a higher incidence in certain populations, such as those of European descent [2]. The disease is caused by a mutation in the huntingtin gene, which leads to the production of a toxic protein that accumulates in the brain, causing neuronal damage and death [3]. The clinical presentation of HD is highly variable, with symptoms typically appearing in middle age and progressing over time [4]. The psychiatric symptoms of HD are particularly challenging, as they can significantly impact the individual's quality of life and ability to function [5]. This article presents a descriptive, evidence-based formulation model for understanding distress among people with HD, based on a bio psychosocial framework [1].

### Clinical Presentation

The clinical presentation of HD is highly variable, with symptoms typically appearing in middle age and progressing over time [4]. The motor symptoms of HD are characterized by chorea, which is an involuntary, dance-like movement that can be distressing and interfere with daily activities [6]. Cognitive symptoms include executive dysfunction, memory impairment, and a decline in overall cognitive function [7]. Psychiatric symptoms are particularly challenging, as they can significantly impact the individual's quality of life and ability to function [5]. Common psychiatric symptoms include depression, anxiety, and obsessive-compulsive disorder [8]. The clinical presentation of HD is highly variable, with symptoms typically appearing in middle age and progressing over time [4].

Bio psychosocial framework [1].

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### Cognitive symptoms

Huntington's disease (HD) is a rare, inherited neurodegenerative condition characterized by motor, cognitive, and psychiatric symptoms [1]. The prevalence of HD is approximately 1 in 10,000 individuals, with a higher incidence in certain populations, such as those of European descent [2]. The disease is caused by a mutation in the huntingtin gene, which leads to the production of a toxic protein that accumulates in the brain, causing neuronal damage and death [3]. The clinical presentation of HD is highly variable, with symptoms typically appearing in middle age and progressing over time [4]. The cognitive symptoms of HD are particularly challenging, as they can significantly impact the individual's quality of life and ability to function [5]. Common cognitive symptoms include executive dysfunction, memory impairment, and a decline in overall cognitive function [7]. The clinical presentation of HD is highly variable, with symptoms typically appearing in middle age and progressing over time [4].

### Discussion

Clinical formulation [1].

Ziad Kronfol, Department of Psychology, Neuro Research Centre, Qatar, E-mail: 987kronfol@gmail.com

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**Conclusion**

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