Defining Clinical Progression of Juvenile-Onset Huntington's Disease

Sophia Nopoulos, Amy Ogilvie, Erin Reasoner, Amanda Heinzerling, Annie Killoran, Jordan L. Schultz University of Iowa (all authors)

Background

Huntington's Disease (HD) is a hereditary neurodegenerative disease caused by elongated trinucleotide (CAG) repeats in the HTT gene. The longer one's CAG repeat, the earlier one manifests the affiliated motor and cognitive dysfunction.

There is no cure to this disease and still very little is known about the exact biological functions of the mutant Huntington protein.

Aim/Objective

At motor-onset diagnosis, an Adult-Onset HD (AOHD) patient presents differently than a Juvenile-Onset (JOHD) individual. This analysis set out to characterize the motor symptom trajectories across groups with HD.

Results

- JOHD has fastest rate of total motor score progression
- Our models suggest the motor trajectories between AOHD, EOHD, and JOHD are statistically significant

The transition point where hypokinetic symptoms predominate is manifested earlier in disease course the higher the CAG expansion

Materials and Methods

- Retrospective analysis utilizing the Enroll-HD database only looking at HD patients with motor manifestation
- Split cohort into 3 groups based on CAG and age of motor-onset to model CAG repeat spectrum
- Followed 0-20 years disease duration, time=0 defined as motor-onset
- Evaluated trajectories of Unified Huntington's Disease Rating Scale (UHDRS) measures
 - TMS sum of all motor scores
 - Hyperkinesis average chorea scores
 - Hypokinesis average dystonia + rigidity
 + bradykinesia + finger-tapping scores
- Performed non-linear mixed effect regression models to compare motor trajectories between groups
 - Controlled for sex, age, CAG, age*cag interaction, tetrabenazine/antipsychotics medications (affect motor symptoms)

	AOHD (N=5588)	EOHD (N=581)	JOHD (N=66)
Age (years)			
Mean (SD)	55.9 (10.0)	31.9 (4.91)	23.5 (3.98)
Median [Min, Max]	55.0 [31.0, 91.0]	31.0 [22.0, 50.0]	23.0 [18.0, 33.0]
Age of Motor-Onset (years)			
Mean (SD)	50.6 (9.60)	26.9 (2.53)	15.8 (3.62)
Median [Min, Max]	50.0 [31.0, 86.0]	27.0 [22.0, 30.0]	16.0 [5.00, 21.0]
Sex			
Female	2848 (51.0%)	317 (54.6%)	29 (43.9%)
Male	2740 (49.0%)	264 (45.4%)	37 (56.1%)
CAG Repeats			
Mean (SD)	42.3 (1.66)	50.5 (3.41)	64.1 (2.72)
Median [Min, Max]	42.0 [36.0, 45.0]	50.0 [46.0, 65.0]	64.0 [60.0, 70.0]
Antipsychotics Use			
Mean (SD)	0.263 (0.440)	0.265 (0.442)	0.242 (0.432)
Tetrabenazine Use			
Mean (SD)	0.124 (0.330)	0.117 (0.322)	0.106 (0.310)

DF, Mean

Square

4, 1659

4, 1.29

4, 0.98

Variable

Between Groups

Hypokinesis

Hyperkinesis

TMS

F-value

33.9135

15.369

5.5432

P-value

< 2.2e-16

1.616e-12

0.0001875

All HD patients follow a similar progressive motor pattern

Pre-symptomatic

Hyperkinetic

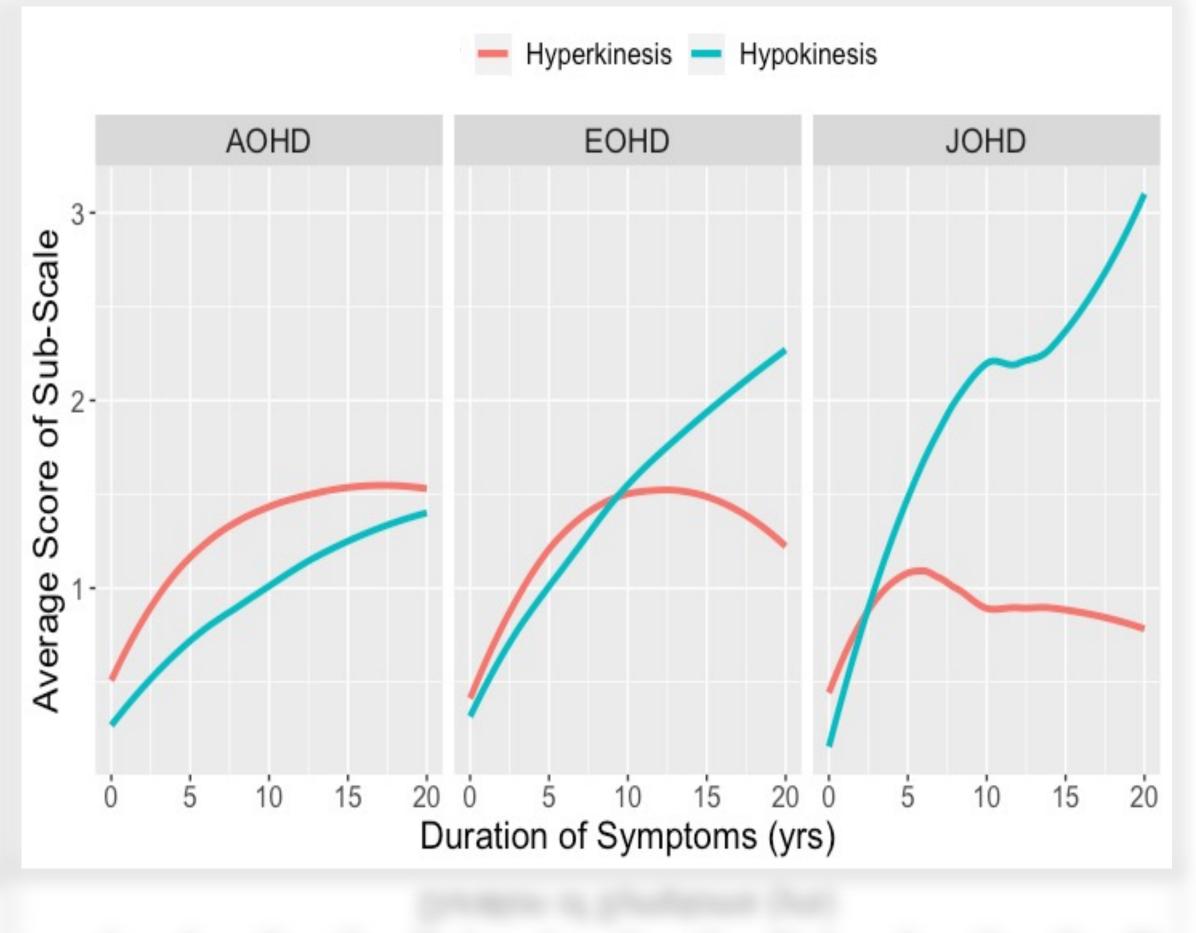
Hypokinetic

The rate of progression through these stages recapitulates the CAG repeat spectrum which explains the unique motor presentations between groups at motor-onset diagnosis.

Total Motor Score Trajectory Across Groups

AOHD — EOHD — JOHD 80 60 20 Duration of Symptoms (yrs)

Hyper/Hypokinesis Trajectory Within and Across Groups





CONTACT INFORMATION

sophie-nopoulos@uiowa.edu

