

What is Huntington disease?

Huntington disease (HD) affects 1 in 7,000 Canadians. It is a hereditary, neurodegenerative disorder caused by a genetic mutation. This mutation triggers the progressive death of specific brain cells, leading to a variety of symptoms that impact movement, emotions, and cognitive abilities. Symptoms typically develop between the ages of 35 and 55, gradually worsening until the individual requires assistance with daily living. Currently, there is no cure for HD, but medications can help manage some symptoms. The progression of HD is divided into stages that manifest and progress differently in each individual. You can learn more about HD [here](#).

Common HD symptoms

As a law enforcement officer, you might witness movement, cognition and psychiatric symptoms in individuals affected by HD. At times, a person with HD may need support from law enforcement. Symptoms include:

- Physical symptoms: HD affects how the person moves, often leading to involuntary dance-like movements (also called chorea); balance challenges; diminished coordination; difficulty walking and swallowing; slurred speech; and weight loss. A common misconception is that these traits are the result of drunkenness or other substance abuse.
- Cognitive symptoms: HD affects how the person thinks, often leading to difficulty with focus, planning, recall of information, and making decisions; impaired insight; and impulsivity.
- Psychiatric/emotional symptoms: HD affects how the person feels and behaves, such as via depression, apathy, irritability, anxiety, and/or obsessive behaviour.

Effective communication strategies

- When communicating with individuals with HD, use straightforward language.
- Allow extra time for individuals with HD to process information. Avoid repeating the question.
- Use simple yes/no questions or provide limited choices to avoid overwhelming the individual.
- Refocus the conversation if there is a distraction.
- Maintain eye contact to help the individual focus.
- The individual with HD may have difficulty shifting focus. At times, the person may display irritability and agitation. It is important to recognize that these are symptoms of the disease and not intentional defiance. The individual with HD may exhibit apathy and a flat affect that can be mistaken for resistance.
- Use calm, non-threatening body language to avoid any misinterpretation of your actions.

Tips to stabilize interactions

- Maintain a calm approach. Frustration from communication difficulties can heighten emotions.
- Be mindful of the person's motor difficulties (both with voluntary and involuntary movements) and provide assistance if necessary.
- The individual with HD may exhibit emotional responses that seem extreme for the situation. Stay calm and use de-escalation techniques. HD can lead to impulsive actions.
- Treat any expression of suicidal ideation seriously and provide appropriate interventions.
- Understand that motor symptoms can mimic intoxication (slurred speech, slowed response, unsteady gait and issues with balance). You might witness these symptoms when the individual with HD is driving or walking.
- You may encounter inappropriate or impulsive sexual behaviour. Address this calmly, recognizing that the behaviour may be a symptom of HD.

Safety considerations

- If possible, avoid using restraints, as this restricts involuntary movements and increases the risk of harm to the person.
- When HD affects balance and coordination, the risk of falling is high.
- Be alert to the risk of choking, especially when eating and drinking. Individuals with HD may need food more frequently due to a higher calorie burn, so be aware of their nutritional needs.

Practical strategies for law enforcement

- Inform the person about the consequences of inappropriate behaviour without threats or anger. However, keep in mind that HD affects how a person appreciates consequences. They can say they understand, but with impulse control issues, they may not be able to stop the behaviour.
- Allow extra time to respond. HD affects various parts of the brain, so allow extra time to process information.
- Use simple questions: Yes/no questions or simple choices can help prevent frustration and anger.
- Consider other causes: Address other causes of discomfort like fear, hunger, fatigue, or medication effects.
- Hospital evaluation: Consider the need for hospital evaluation when concerning symptoms or unsafe behaviours are present.
- Acknowledge and redirect: Acknowledge feelings and actions, and then try to redirect the individual.
- Advanced HD: Speech loss is common. Alternative communication, such as by using assistive technology or simple gestures, can help.
- Families may involve police services if the person becomes a risk of harm to self or others. Due to the loss of awareness in HD, the person with HD may not agree with the family's views or concerns.
- Be vigilant about the heightened risk of self-harm due to increased suicide risk.

Conclusion

Taking a calm, understanding, and patient approach can help prevent escalation when interacting with individuals affected by HD. Remember, symptoms of HD may mimic intoxication. Applying appropriate communication and behavioural strategies can result in safer and more effective outcomes.

RESOURCES

If you are ready to receive individual or group support from the Huntington Society of Canada, you can self-refer here: <https://contactme.cloud/form/huntingtonsociety>.

Reach out to your local Resource Centre Director (RCD) of the Family Services Program at HSC for ongoing support and education at www.huntingtonsociety.ca/family-services-team-list/

Informational fact sheets for family and friends impacted by HD are available to view, print and download at www.hdfactsheets.ca

Healthcare professionals and caregivers needing a more in depth understanding on caring for someone with HD can find guides at www.huntingtonsociety.ca/hd-booklets-and-publications/