



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

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### Abstract

Huntington's disease (HD) is an inherited, life-limiting neurodegenerative condition. People with HD experience changes in cognitive motor and emotional functioning, and can also mainly at later stages exhibit behaviours that professionals and carers might find distressing such as hitting others, throwing objects, swearing or making inappropriate comments. While clinical formulation (an individualised approach used by mental health professionals to describe an individual's difficulties) is a helpful tool to conceptualise patients' wellbeing, a specific formulation framework has not yet been developed for HD. However, evidence has shown that formulation can help guide clinical interventions and increase consistency of approach across multi-disciplinary teams, refine risk management and improve staff or carers' empathic skills and understanding of complex presentations. As a consequence, this paper proposes a new clinical formulation model for understanding distress among people with HD, based on a bio psychosocial framework [1].

**Keywords:** Huntington's disease; Neurodegenerative disease; Sclerosis

### Introduction

Huntington's disease (HD) is a complex hereditary neurodegenerative disease transmitted by an autosomal dominant mechanism. It causes a variety of motor, cognitive and psychological difficulties, and over time, patients require 24 hours of care and support. Physical symptoms (necessary for clinical diagnosis) usually appear around the age of 30-50 years (although "juvenile" and late onset are also described) [2,3], poor motor control, chorea (involuntary movements), Bradykinesia, etc. Incontinence problems and dysarthria. According to this, the life expectancy (pwHD) of HD patients is about 15 to 20 years. Currently, there is no cure for HD, but many promising disease-modifying therapies are under development. From the age of 18, people at risk for HD can undergo a predictive genetic test to determine if they have an HD gene spread. In this article, people who have gene dilation but have not been clinically diagnosed are referred to as "pre-manifest HD" and those who are clinically diagnosed are referred to as "manifest HD".

### Clinical Product

Clinical prescribing is the approach used by mental health professionals to conceptualize mental health issues. They include the development of hypotheses about the nature and causes of an individual's clinical picture based on relevant theories, and a detailed clinical assessment of the role of past experience, the triggers of distress, maintenance factors, and potential intervention goals. Will be [4, 5]. The formulation is used as an alternative or adjunct to psychiatric diagnosis and helps guide psychological interventions and other interdisciplinary team approaches. Clinical prescriptions are often developed in collaboration with patients, caregivers, or teams and are repetitive rather than dynamic, revision able ("prescribing") throughout the evaluation or intervention. Theoretically, many pharmaceutical approaches have been developed in the field of chronic diseases often based on bio psychosocial models.

The Bio psychosocial model was introduced as an evolution of the biomedical model, emphasizing the interrelationships between biological, psychological, and socio-environmental factors to explain

health problems [6,7]. It has a long history as a model for understanding mental distress in the field of mental health and has been applied to other neurodegenerative diseases that affect cognition, movement and emotion, such as Huntington's disease. These include patients with dementia, Parkinson's disease and multiple sclerosis. Due to the diverse contributions of biological, psychological, social, and environmental factors to the distress experienced by pwHD, the bio psychological and social approach is recognized as a useful guiding principle in the care and prescribing of HD.

### Cognitive symptoms

Huntington's disease is associated with a variety of cognitive deficits that progress over time. These can be observed especially in the areas of memory psychomotor speed executive function and later in language. Pre-manifest individuals usually do not report significant language or long-term memory problems, but early impairment of working memory and executive function has been reported. In addition, people with overt HD often present significant difficulty in recognizing emotions early, especially negative emotions such as fear, disgust and anger. This is especially apparent in studies examining the interpretation of facial stimuli, as well as in other modalities, including auditory stimuli and body language. Similar studies in people with pre-manifest HD showed inconsistent results, with some reporting selective impairment of negative emotions, especially disgust [8].

### Discussion

Current model arose from the need for a formulation framework

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that is particularly relevant to the experience of people living with HD. Therefore, you can identify the number of potential applications in your model. One is to complement and configure the team's formulation session. H. Protected time for employees to deepen their collective understanding of individuals and establish plans for intervention. More specifically, teaming sessions specifically span different professions and potentially different theoretical perspectives to reduce the risk of key elements being overlooked or underestimated in patient care. Associated with many of the benefits In addition, it deepens the team's understanding of working with more complex patients and helps staff take risk management into account more fully.

## Conclusion

This article described the first prescribing model specifically designed to help people with HD understand the suffering. Using a temporal approach the model encapsulates life history HD-related experiences and stories, socio-environmental factors HD symptom triads, and future expectations for understanding HD-related conditions. The resulting clinical tools are flexible to meet specific clinical needs in a variety of PmHD and service contexts and can be used as an aid in developing narrative clinical formulations. Its successful implementation shows the potential to improve personalized care for people with disabilities by improving psychological understanding,

enabling identification of unmet needs, and providing intervention options Increase All of these are based on a personalized evidence-based approach.

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