Journal of Dementia

Meguro, J Dement 2022, 6:1

Commentary Open Access

A Brief over View on Prevention, Diagnosis and Treatment of Huntington's Brain Disorder

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Huntington's disease (HD) is a hereditary and deadly disorder that causes nerve cells in the brain to break down. This causes physical and mental competencies to weaken [1], and they get worse over time. There is no cure. If it starts early in life, it's known as juvenile Huntington's disorder. Medications are to be had to assist manage the signs and symptoms of Huntington's disease. But treatments cannot avoid the physical, mental and behavioural decay related with the condition.

Symptoms of Huntington's

Signs and symptoms are most likely to seem in humans aged 30–50Trusted Source but can occur at any age.

Key symptoms include:

- Personality and mood changes
- Depression
- Problems with memory, thinking, and judgment
- Loss of coordination and control of movements
- Difficulty swallowing and speaking
- The development of symptoms can range between individuals. Some will experience depression first and after those changes in motor aptitudes. Mood adjustments and unusual behaviour are common early signs.

Diagnosing Huntington's disease

Family history plays a major part in a diagnosis. [1-3] your doctor will ask you questions about your medical history and give you a bodily exam. If you and your doctor suspect Huntington's disease, a neurologist wills behaviour more tests.

A neurologist may test:

- Reflexes
- Muscle strength
- Balance
- Sense of touch
- Vision
- Hearing
- Mood and mental status
- Memory
- Reasoning
- Thinking skills
- Prevention

People with a known family history of Huntington's disease are understandably concerned about whether they'll pass the Huntington gene directly to their children. These individuals may consider genetic testing and family planning options.

If an at-risk parent is considering genetic testing, it can be helpful to meet with a genetic counsellor. A genetic counselor will discuss the potential risks of a positive test result [2], which could indicate that the parent will develop the disease. Also, couples will need to make additional choices about whether or not to have children or to consider alternatives, such as prenatal testing for the gene or in vitro fertilization with donor sperm or eggs.

Another option for couples is in vitro fertilization and preimplantation genetic conclusion. In this process; eggs are expelled from the ovaries and fertilized with the father's sperm in a laboratory. The embryos are tested for presence of the Huntington gene, and only those testing poor for the Huntington gene are implanted in the mother's uterus.

Treatment and outcomes

There is currently no cure for Huntington's disease and no way to slow or forestall the brain changes it causes. Treatments focus on managing symptoms.[3] A group of international experts recommended the following treatments as first-line strategies for 3 of the disease's most troubling symptoms

Chorea (involuntary movements): Some experts believe beginning treatment with an atypical antipsychotic drug, such as olanzapine, is best. Others start with another kind of drug recently approved by the U.S.Food and Drug Administration (FDA) particularly for Huntington's, called tetrabenazine.

Irritability: For severe anger and threatening behaviour, experts concur that an atypical antipsychotic drug is the preferred approach. For less severe, nonthreatening irritability, experts suggest first attempting a selective serotonin reuptake inhibitor (SSRI), which is a sort of antidepressant.

Obsessive-compulsive thoughts and actions: Experts also advise SSRIs as the usual treatment for these symptoms. Other Huntington's symptoms, such as anxiety, depression and insomnia, also ought to be treated according to generally accepted guidelines. Experts encourage humans with Huntington's to keep all their medical appointments and not to get discouraged if it takes their health care team some time to find the best drugs and the most effective doses.

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Received: 03-Jan-2022, Manuscript No: dementia-22-52449, **Editor assigned:** 05-Jan-2022, Pre QC No: dementia-22-52449 (PQ), **Reviewed:** 18-Jan-2022, QC No: dementia-22-52449, **Revised:** 24-Jan-2022, Manuscript No: dementia-22-52449 (R), **Published:** 31-Jan-2022, DOI: 10.4172/dementia.1000114

Citation: Meguro K (2022) A Brief over View on Prevention, Diagnosis and Treatment of Huntington's Brain Disorder. J Dement 6: 114.

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