



Date: October 29, 2019

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Case Synopsis:

A less than 50 year old male, living in a LTC home in Timmins for approximately 8 months. Medical diagnosis includes Huntington’s (HD) , bowel and bladder incontinence secondary to HD, Major depression, sleep, swallowing, mobility and appetite issues

Description of relevant psychosocial history:

1. Resident’s father had severe psychosis from HD and was sent to tertiary care out of district for management of behaviours. Family is very afraid that the resident’s behaviours will also lead to resident being sent away.
2. **Relevant early life experience(s):** Father left when resident was 12 years for reasons above
3. **Living situation prior to admission:** Living at home with wife and 10 yr old daughter
4. **Relevant Education/Work history:** Worked for telephone company as a technician.
 - **Years of education completed:** 12
5. **Family/Other Supports & Social Connections:**
 - **Family Caregivers:** wife, mother and sister (without HD) and twin brother who also has HD and lives in the same LTC. They shared a room, but was an unsuccessful arrangement
 - **Social connections:** Family. **Wife is POA, Level 4 Advance directive.** Family unable/not allowing to have advanced care planning discussion. They want everything done at this time.

Case Questions

- Are anti-psychotics indicated for treatment of chorea or associated psychosis which he currently does not have?
- Any suggestions on how to engage resident and SDM in ACP?

Nonpharmacological Interventions Suggested:

1. Strategies to intervene before behavior escalates
2. Being proactive – you are already giving them information about upcoming changes / challenges (e.g., feeding tubes)
3. Engage support person from HD society to help facilitate ACP discussions.

Pharmacological Interventions Suggested:



1. Antipsychotics can be used to treat chorea; it's possible they could help with both. Perhaps review olanzapine and see if something else can be used in its place. One medication used for chorea in HD is tetrabenazine but it can contribute to depression as it decreases serotonin release.

Other:

1. Explore inpatient admission (e.g., Ontario shores, Behavioural Neurology at Baycrest)
2. Explore high priority access beds (HPAB) for high risk resident