

Huntington's Disease Annotated Bibliography

Beenen, N., Buutner, U., & Lange, H. (1986). The diagnostic value of eye movement recording in patients with Huntington's disease and their offspring.

Electroencephalography and clinical Neurophysiology, 63, 119-127.

Bilney, B., Morris, M., and Perry, A. (2003). Effectiveness of physiotherapy, occupational therapy, and speech pathology for people with Huntington's disease: A systematic review. *Neurorehabilitation and Neural Repair, 17(1), 12-24.*

The aim of this article is to assist physiotherapists, occupational therapists, speech pathologists, and rehabilitation physicians to effectively treat people with Huntington's disease by providing a review and critical evaluation of the evidence on therapy outcomes. A second aim is to identify the types of interventions or treatments most frequently used by therapists in the management of people with this debilitating neurological condition. Recommendations for therapy are made based on the evidence presented.

Churchyard, A., Morros, M., Georgiou, N., Chiu, E., Cooper, R., & Iansek, R. (2001). Gait dysfunction in Huntington's disease: Parkinsonism and a disorder of timing. *Gait Disorders. Advances In Neurology, 87, 375-385.*

France, J. (1993). Huntington's disease: helping the patient retain function. *American Journal of Nursing, 62-64.*

Valade, D., Davous, P., & Rondot, P. (1984). Comparative study of posturography and electrooculography in at-risk subjects for Huntington's disease. *Eur. Neurol, 23, 252-264.*

Zinzi, P., Salmaso, D., Grandis, R., Graziani, G., Maceroni, S., Bentivoglio, A., Zappata, P., Frontali, M., & Jacopini, G. (2007). Effects of an intensive rehabilitation programme on patients with Huntington's disease: a pilot study. *Clinical Rehabilitation, 21, 603-613.*

Objective: To investigate the effects of an intensive, inpatient rehabilitation programme on individuals affected by Huntington's disease. **Design:** A pilot study. Within-subjects design. **Setting:** Inpatient rehabilitation home of the Italian welfare system. **Subjects:** Forty patients, early and middle stage of the disease, were recruited to an intensive, inpatient rehabilitation protocol. **Interventions:** The treatment programme included respiratory exercises and speech therapy, physical and occupational therapy and cognitive rehabilitation exercises. The programme involved three-week admission periods of intensive treatment that could be repeated three times a year. **Main measures:** A standard clinical assessment was performed at the beginning of each admission using the Zung Depression Scale, Mini-Mental State Examination (MMSE), Barthel Index, Tinetti Scale and Physical Performance Test (PPT). Tinetti and PPT were also used at the end of each admission to assess the outcomes in terms of motor and functional performance. **Results:** Each three-week period of treatment resulted in highly significant ($P_{0.001}$) improvements of motor performance and daily life activities. The average increase was 4.7 for Tinetti and 5.21 for PPT scores. No carry-over effect from one admission to the next was apparent but at the same time, no motor decline was detected over two years, indicating that patients maintained a constant level of functional, cognitive as well as motor performance. **Conclusions:** Intensive rehabilitation treatments may positively influence the maintenance of functional and motor performance in patients with Huntington's disease.

Online Resources

Physical and Occupational Therapy for Huntington's Disease. Retrieved March 19, 2008, from the World Wide Web: <http://www.hdsa.org>