HUNTINGTON'S DISEASE AND FORENSIC RISK FACTORS IN FEMALES

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Background: The following case series documents three females admitted to an inpatient unit. All three females had positive HD gene tests and all three had diverse forensic histories. It is recognised that males with HD have an increased forensic risk (Jensen, 1998) but these three cases highlight that HD may also be a forensic risk factor in females.

Case Histories: 'A' presented with multiple episodes of self-harm, threats to self-harm and serious suicide attempts. She also developed morbid obesity, deliberately overeating as a means of comfort to relieve anxiety. She was convicted of arson after deliberately setting fire to her house to kill herself.

'B' had numerous domestic violence incidents on record, culminating in ABH. On examination she had no motor signs indicative of HD and mental state examination was unremarkable. Full scale IQ of 89 was in marked comparison with estimated premorbid IQ of 105 and there was a discrepancy between verbal and performance IQ (VIQ=97, PIQ=79). She had slowed processing speed, poor matrix reasoning, poor planning and her auditory verbal learning was affected by distractors and intrusions.

'C' presented with psychotic depression and suicidal intent. She had a history of alcohol dependency leading to social problems and homelessness. Her string of convictions surrounded drunk and disorderly behaviour leading to assault and driving related offences. She was also a victim of physical abuse and financial exploitation.

Conclusions: 'A' responded well to the neurobehavioural approach, if utilized earlier this may have limited the severity of self-harm. The aggression and violence displayed by B & C was contained within a structured hospital environment. Forensic risk and high levels of aggression/violence can occur even in those presymptomatic for HD and cognitive deficits alone can predispose to an increased forensic risk and recidivist offending behaviours.

Reference: Jensen et al., (1998) Crime in Huntington's disease: a study of registered offences among patients, relatives, and controls. *J Neurol Neurosurg Psychiatry*;65:467–471.



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