LETTER TO THE EDITOR

Genetic Testing and Huntington's Disease

Sir, –

Further to the extensive reviews of Huntington's Disease that have appeared in the Irish Journal of Psychological Medicine *(1, 2)*, we are writing to describe a case in which the use of pre-symptomatic testing for Huntington's Disease produced alarming results in a previously healthy female patient, in the hope that this might be of interest to your readers. Previous authors have suggested that in general, responses of individuals to the news of a positive predictive test for Huntington's are reasonable and within an acceptable range *(3)*. The details of the following case report indicate that, despite extensive pre-test counselling, the use of this test may have significant adverse effects especially if the individual patient withholds information during the process. This case underlines the need for pre-test counselling, and the need for careful review of psychological functioning.

Case Report: Ms. A., a thirty year-old woman with a positive family history of Huntington's Disease, was referred for assessment of a depressive state which had developed following the receipt of a positive predictive test for Huntington's. The depressed mood had been present for several weeks, and had been accompanied by feelings of apathy, anergia and some suicidal preoccupations. Ms. A. had no previous history of psychiatric illness, and her family history was remarkable only in that her mother had developed Huntington's Disease at the age of twenty-nine years.

Upon further enquiry, it was discovered that the decision to have predictive testing was made jointly by the patient and her fiancé, some months prior to their proposed wedding. Ms. A., imagining the best, had been shocked by the positive result, and she denied the findings and assured her fiancé that all was well. It subsequently transpired that the test had been taken to provide reassurance for the fiancé regarding the future of the marriage, but these details were withheld during counselling. Through a bizarre series of events, the fiancé discovered the true result of Ms. A.'s predictive test, and marital plans were immediately cancelled. Ms. A. subsequently became depressed, and was referred for treatment.

At interview, Ms. A. presented as tearful, dejected and lonely. Despite her depression, she claimed to be intent upon having children at whatever cost, and she refused to be swayed. Her depressive symptoms dictated a need for treatment, and a good response was noted with imipramine. Ms. A. remains inflexible and difficult to manage, and despite extensive genetic and psychiatric counselling her plans to have children remain unaltered.

This case demonstrates how a combination of deception and denial were used by a patient to avail of genetic testing to further her own ends. The enormity of a positive predictive test for Huntington's Disease cannot be overstated with a 96% *(4)*, probability of the disease emerging, and counselling of individuals must, and does emphasise this fact. However, in patients with inflexible or paranoid features the real reasons for the test being sought may be concealed by the individual, and caution must be exercised in this regard. Previous authors have alluded to the tenacity of the Huntington's patient in relation to their right to organise their own fertility *(5)*, and the potential pitfalls inherent in this form of predictive diagnosis. Our case description indicates the intense stress which patients may experience following the test, and it underscores the need for psychiatric support systems in relation to the provision of this test.

Alan P Byrne, MB, MRCPI, MRCPsych,
Stephen Bamforth, DADMG, Department of Psychiatry, Faculty of Medicine, University of Alberta, Edmonton, T6G 2B7, Canada.

References

1. O'Shea B, Falvey J. Huntington's disease: update of the literature. Ir J Psychol Med, 1988; 5: 61-70.
2. O'Shea B, Falvey J. Juvenile Huntington's disease. Ir J Psychol Med, 1991; 8: 149-53.
3. Tyler A, Morris M, Lazarou L, Myring J, Harper P. Pre-symptomatic testing for Huntington's disease in Wales 1987-1990. Br J Psychiatry 1992; 161: 481-8.
4. Brock DJH, Minnie M, Curtis A, et al. Predictive testing for Huntington's disease with linked DNA markers. Lancet, 1989; ii: 463-6.
5. Smurl JF, Weaver DD. Presymptomatic testing for Huntington's Chorea: guidelines for moral and social accountability. Am J Med Genetics 1987; 26: 247-57.

Editorial omission from Vol 11 No 1, March 1994

The paper entitled **The effects of relocation on long-stay psychiatric patients, by Ferrari, et al** contained an error in relation to the Statistical analysis paragraph of the Methods section on page 6.

Line 9 of this paragraph reads: **"The alternative hypothesis at six weeks was that the median difference was zero."**

This sentence should read as follows: **"The alternative hypothesis at six weeks was that the median difference (six week score minus pre-transfer score) was positive, indicating a disimprovement. The alternative hypothesis at six months was that the median difference (six months score minus pre-transfer score) was negative, indicating an improvement. The null hypothesis in both instances was that the median difference was zero."**

Our apologies to the authors.

https://doi.org/10.1017/S0790966700012507 Published online by Cambridge University Press