

# Huntington's Disease in Germany – an update on prevalence and incidence, current treatment and diagnostic genetic testing

Karina Manz<sup>1</sup>, Ariane Höer<sup>1</sup>, Anita Kretschmann<sup>2</sup>, Frederike Basedow<sup>3</sup>, Wolfgang Galetzka<sup>3</sup>, Holger Gothe<sup>1,4,5</sup>

*<sup>1</sup>IGES Institut GmbH, Berlin, Germany*

*<sup>2</sup>Roche Pharma AG, Grenzach-Wyhlen, Germany*

*<sup>3</sup>Institute for Applied Health Research (InGef), Berlin, Germany*

*<sup>4</sup>Chair of Health Sciences / Public Health, Med. Faculty, TU Dresden, Dresden, Germany*

*<sup>5</sup>Department of Public Health, Health Services Research and HTA, UMIT, Hall in Tirol, Austria*

**Speaker: Karina Manz, IGES Institut GmbH**

94. DGN Kongress

Berlin, 03.-06.11. 2021

# 1. Background

---

Huntington's disease (HD) is a rare, neurodegenerative, ultimately fatal hereditary disease for which there is currently no curative or progression-delaying medication [1,2]. In addition to specific neurological examinations, the diagnosis can be made via HD-specific genetic testing. However, evidence on the implementation of genetic testing is currently unavailable in Germany.

---

## 2. Aims

- To present recent estimates of the **prevalence and incidence of HD**
- To describe **routine care** of prevalent HD patients
- To assess the use of **HD-specific genetic testing** to diagnose HD based on German real-world data

[1] McColgan P, Tabrizi SJ. Huntington's disease: a clinical review. *European journal of neurology*. 2018;25(1):24-34.

[2] Walker FO. Huntington's disease. *The Lancet*. 2007;369(9557):218-28.

# 3. Methods

---

- This study was conducted in a retrospective, cross-sectional design.
- To estimate the one-year prevalence and incidence of HD, an observation period of 12 months (1 January 2018 to 31 December 2018) was chosen.
- Source of data was the Institute for Applied Health Research Berlin (InGef) Health Research Database, a four-million insurant sample, representative of the German population in terms of age and gender [3].

---

[3] Andersohn F, Walker J. Characteristics and external validity of the German health risk institute (HRI) database. *Pharmacoepidemiology and drug safety*. 2016;25(1):106-9.

# 3. Methods

---

**Prevalent HD case identification:** at least two documented ICD-10-GM codes G10 during the year 2018.

**Incident HD case identification:** Patients without any HD diagnoses in the four years preceding the first observable diagnosis were identified as incident HD cases.

**Treatment of prevalent HD cases:**

- proportion of patients receiving prescriptions for HD-relevant outpatient medications, medical aids, and remedies
- proportional involvement of medical specialties in the treatment of HD
- proportion of patients with hospitalizations and sick leaves due to HD

Frequency of **HD-specific genetic testing** and extrapolation to the German population

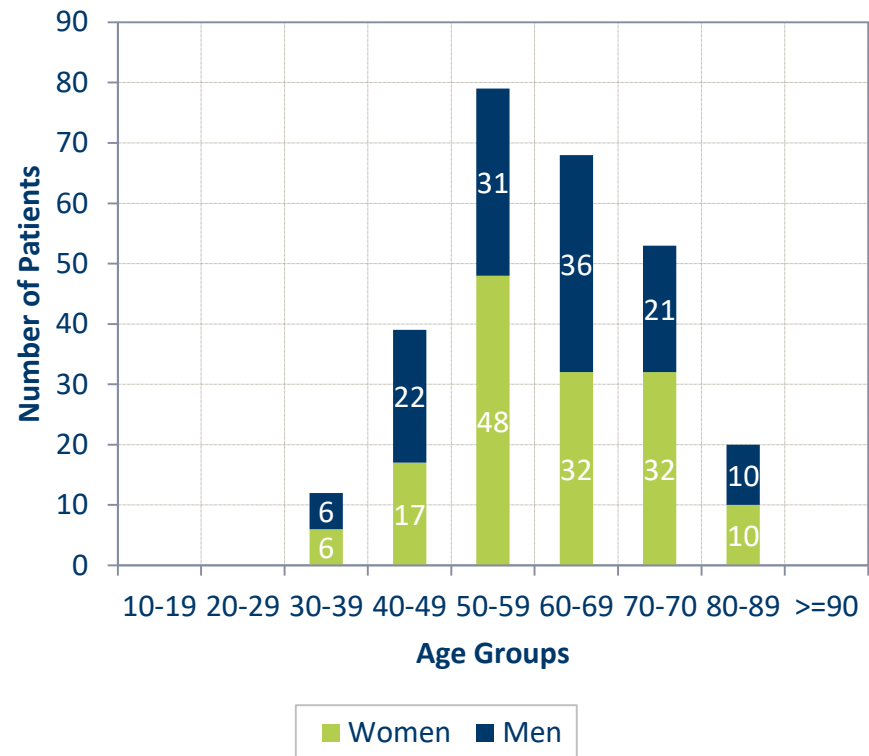
Occurrence of symptoms pre-, and the number of confirmed HD diagnoses post-genetic testing

# 4. Results

We identified 279 prevalent and 23 incident HD cases in 2018, corresponding to a one-year prevalence of 8.7 and an incidence of 0.7 per 100,000, respectively.

The mean age of prevalent cases was 60.1 years (SD: 13.8) while 53.0% of the patients were female.

Distribution of Prevalent Individuals with HD, stratified by age and sex, in 2018.



# 4. Results

---

## Treatment of prevalent HD patients in 2018

- **Prescriptions** for antipsychotics were the most frequent (67.0%), followed by antidepressants (39.1%), anticonvulsants (16.5%), hypnotics (12.5%), and opioids (11.8%).
- The most frequently observed **medical aids** were incontinence pads (36.2%) and wheelchairs (14.3%).
- **Remedies:** Physical therapy and speech therapy were observed in 44.1% and 25.4% of HD patients, respectively.
- 50.0% of the involved general practitioners, neurologists, and psychiatrists treated 87.8%, 80.0%, and 81.7% of HD patients, respectively.
- Due to HD, 20.0% of HD patients had **sick leaves** (mean: 137.1 days), and 6.8% had **hospitalizations** (mean: 29.0 days).

# 4. Results

Occurrence of symptoms and confirmed diagnosis of HD prior to and after genetic testing in 2017 (based on N=33 tested individuals)

## Diagnosis of HD prior to genetic testing:

- Number of confirmed HD prior to the test: n=<5 (/\*)
- Number of patients with suspected HD in the four quarters before the test: n=5 (15.2 %)
- Number of patients with suspected HD in the quarter of the test: n=20 (60.6% %)

**Number of individuals that received a diagnosis of HD within 60 days after testing:** n= 11 (33.3 %)

## Most frequent symptoms prior to testing:

- Extrapyramidal diseases and movement disorders: n=13 (39.4 %)
- Depressive episode: n=13 (39.4 %)

**Number of individuals with no symptoms prior to testing:** n= 12 (36.4 %)

**Extrapolation to German population:** expected testing number of 745

\*Note: Numbers that are too low or might allow indirect calculability of too low case numbers cannot be displayed due to data protection reasons.

# 5. Conclusions

---

## **Based on a large representative sample, our study provides:**

- Recent estimates of the prevalence and incidence of HD
- The current treatment situation of patients with HD in Germany
- Further insights into the use of HD-specific genetic testing. Most genetic tests appeared to be performed for diagnostic purposes rather than as predictive tests.

This study may provide a starting point for future research into the demand for HD-specific genetic testing as new treatments, some of which may target pre-symptomatic individuals, become available.



### **Acknowledgement**

This study was funded by Roche Pharma AG. This did not have any impact on the study design, data collection and analysis, decision to publish, or preparation of this presentation.

### **Declaration of Conflict of Interest**

Ich erkläre hiermit, dass ich seit dem 1. November 2020 keine geschäftlichen, persönlichen oder materiellen Beziehungen zu Industrieunternehmen, Consulting-Unternehmen oder Kostenträgern bzw. Trägern von medizinischen Einrichtungen unterhalten habe: **Basedow F., Galetzka W.**

Ich erkläre hiermit, dass ich seit dem 1. November 2020 geschäftliche, persönliche oder materielle Beziehungen zu den folgenden Industrieunternehmen, Consulting-Unternehmen oder Kostenträgern bzw. Trägern von medizinischen Einrichtungen unterhalten habe oder gegenwärtig unterhalte: **Manz K.: IGES Institut GmbH//Mitarbeiterin, Höer A.: IGES Institut GmbH//Mitarbeiterin, Gothe H.: IGES Institut GmbH//Mitarbeiter, Kretschmann A.: Roche Pharma AG//Mitarbeiterin**

IGES Institut  
Karina Manz

**[www.iges.com](http://www.iges.com)**