

# Cognitive predictors of HD diagnosis: A prospective study of phenoconversion



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# Background

Early treatment of Huntington's Disease (HD) requires having measures of a candidate compound's abilities to delay clinical onset and/or slow disease progression. To date, there are no known measures of manifest HD prior to receiving a clinical diagnosis based on measures of motor and functional abnormality. The Predict-HD was designed to characterize early measures of HD so that intervention can be pursued within the earliest course of disease pathology.

# Methods

- *Predict-HD* is a 32-site longitudinal study evaluating persons who have a CAG HD gene expansion but do not yet manifest disease and do not yet show any functional decline.
- *Participants:* 543 pre-HD individuals participated in the Predict-HD study.
- Over the course of annual evaluations, 68 participants have converted from being considered pre-HD to receiving a diagnosis of HD with 100% confidence by a movement disorder specialist.
- Using a log logistic survival analyses we examined the utility of 16 neurocognitive tests to predict diagnosis in 543 pre-HD individuals in Predict-HD.

# Measures

*Digit symbol*

*Hopkins Verbal Learning*

*Stroop Color Word Test*

*Tapping Speed*

*Trail Making Test*

*Self-paced Timing*

*Facial Recognition Test*

*Button Task*

*Smell Identification*

*Emotional Recognition*

*Letter Number Sequencing*

*Choice Reaction Time*

*ANART*

*Tower Task*

*Verbal Fluency*

*Serial Motor Learning*

# Data Analysis

A log logistic model was used for survival analyses of diagnosis on baseline data; results in Odds Ratio.

Interval censoring used due to annual exams.

Broader class of accelerated life models used to replicate each analysis; results in Time change.

# Results

Performances on 13 of 16 tests studied significantly increased the probability of receiving a diagnosis of HD.

Twelve cognitive tests were significant predictors of diagnosis even after well-known predictors of clinical onset (CAG repeat length and current age) were considered.

Nine of our 16 cognitive tests made significant contributions to the prediction of HD diagnosis after controlling for motor exam.

<u>Cognitive Test</u>	<b>DX</b>	<b>ProbDX After CAG, Age</b>	<b>ProbDX After CAG, Age, Motor Score</b>
<i>Digit symbol</i>	<b>2.5</b>	<b>1.8</b>	<b>1.5</b>
<i>Stroop Color Word Test</i>	<b>2.5</b>	<b>2.1</b>	<b>2.0</b>
<i>Trail Making Test</i>	<b>1.6</b>		
<i>Facial Recognition Test</i>			
<i>Smell Identification</i>	<b>4.2</b>	<b>1.4</b>	
<i>Letter Number Sequencing</i>	<b>1.9</b>	<b>1.6</b>	
<i>ANART</i>			
<i>Verbal Fluency</i>	<b>2.0</b>	<b>1.8</b>	<b>1.7</b>
<i>Hopkins Verbal Learning</i>	<b>1.9</b>	<b>1.5</b>	
<i>Tapping Speed</i>	<b>2.7</b>	<b>1.9</b>	<b>3.4</b>
<i>Self-paced Timing</i>	<b>4.8</b>	<b>3.2</b>	<b>2.6</b>
<i>Button Task</i>	<b>2.1</b>	<b>1.7</b>	<b>1.4</b>
<i>Emotional Recognition</i>	<b>2.3</b>	<b>1.7</b>	<b>2.5</b>
<i>Choice Reaction Time</i>	<b>1.9</b>	<b>1.4</b>	
<i>Tower Task</i>	<b>1.6</b>	<b>1.5</b>	<b>1.5</b>
<i>Serial Motor Learning</i>			

# Conclusions

Our findings suggest that a number of neurocognitive measures may be useful in the design of clinical trials in pre-HD. Findings will be addressed in terms of increased power calculations, reduced sample sizes, and greater efficiency these results offer to preventive trials.



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