Clinical case meeting • Online

Huntington's disease

Following one patient across the whole course of the illness.

Thursday
17 Sept 2026

London: 12:00 – 13:00
Brisbane, AEST: 21:00 – 22:00

A case discussion tracing how the disease declares itself and unfolds: executive and cognitive change first, a motor picture that evolves from chorea into rigidity, and a psychiatric burden — depression, apathy, irritability, psychosis — that drives suffering and carer strain throughout.

COGNITIVE CHANGE | **MOTOR PROGRESSION** | **PSYCHIATRIC SYMPTOMS** | **IMPACT ON PATIENTS & CARERS**

PRESENTING

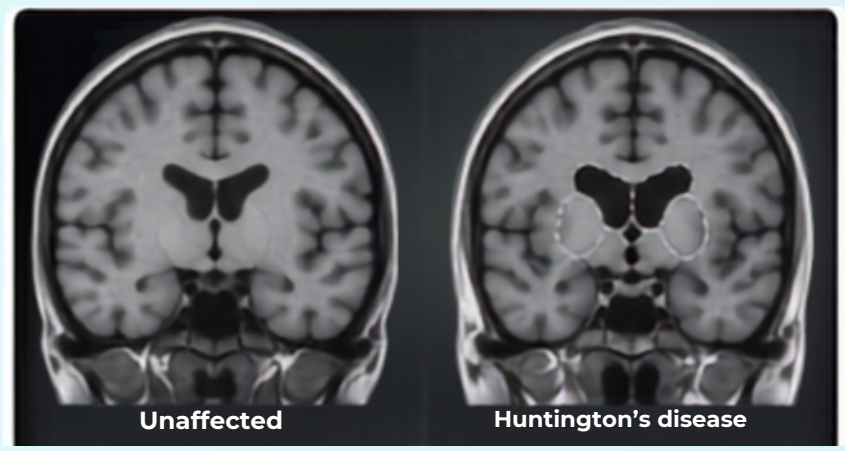
Sashini Gunawardena

Neuropsychiatrist, Dublin, Ireland

IN THE CHAIR

Dr Philip Mosley

Neuropsychiatrist, Brisbane, Australia



Coronal section. *Loss of the caudate head flattens the lateral wall of the lateral ventricle, giving the box-car appearance. Degeneration begins dorsomedially and swoeps ventrally.*

CAG repeat length on HTT

26 or fewer	27 – 35	36 – 39	40 and above
Normal	Intermediate	Reduced penetrance	Fully penetrant

Expansion between generations, chiefly paternal →

Open to psychiatrists, neurologists, trainees and allied health colleagues - all welcome.

Join Us

An international community of clinicians and researchers working at the interface of psychiatry and neurology. Members receive our case presentations, journal discussions and expert seminars.

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