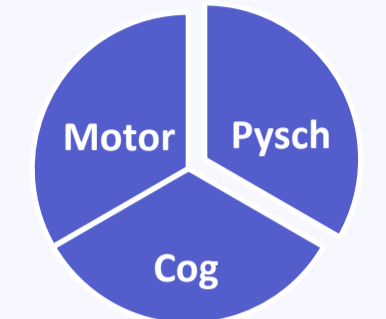


Unsupervised clustering reveals longitudinal psychiatric signatures in Huntington's Disease

INTRODUCTION

What is Huntington's disease?

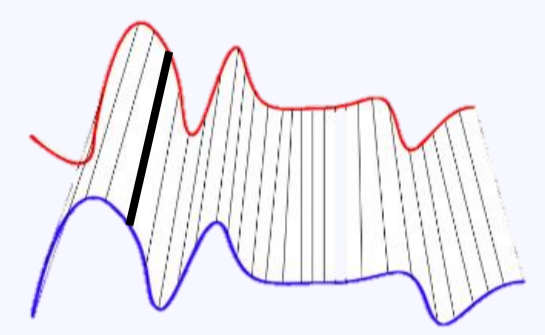
- Progressive neurodegeneration
- Monogenic, but heterogeneous symptom evolution
- Psychiatric features do not linearly track disease course[1]



GOAL How do shared psychiatric patterns inform progression of Huntington's disease profiles?

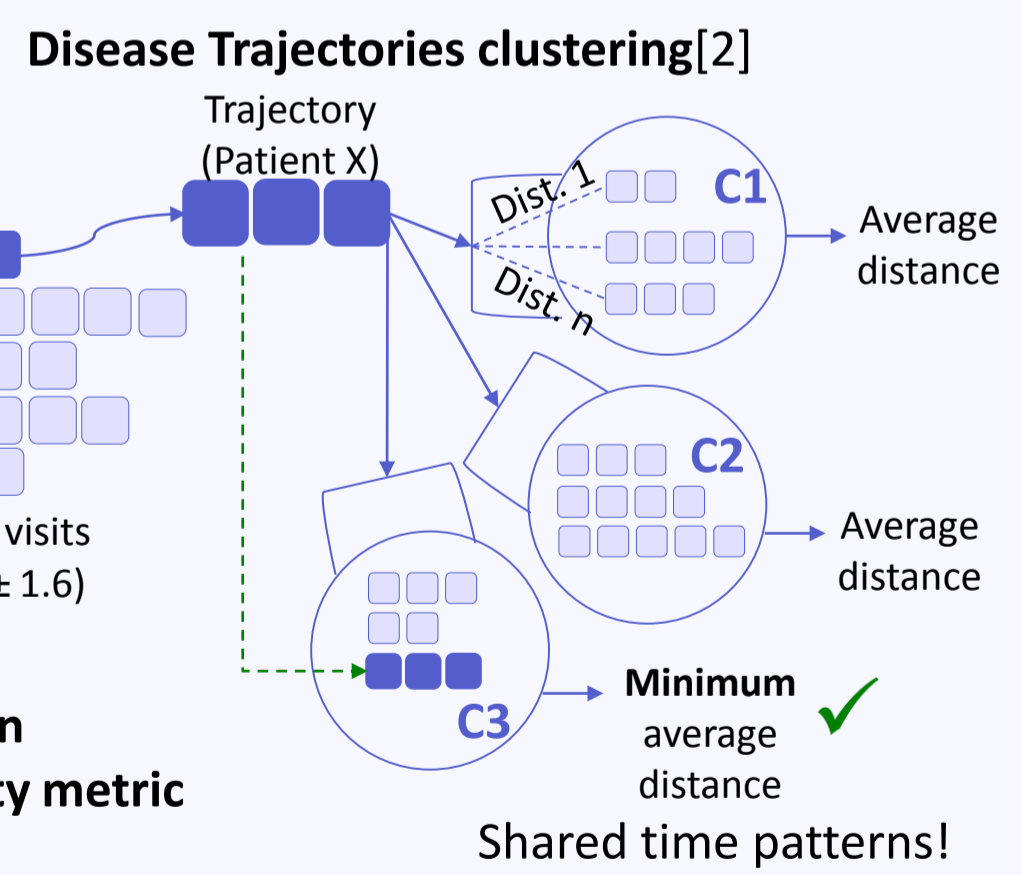
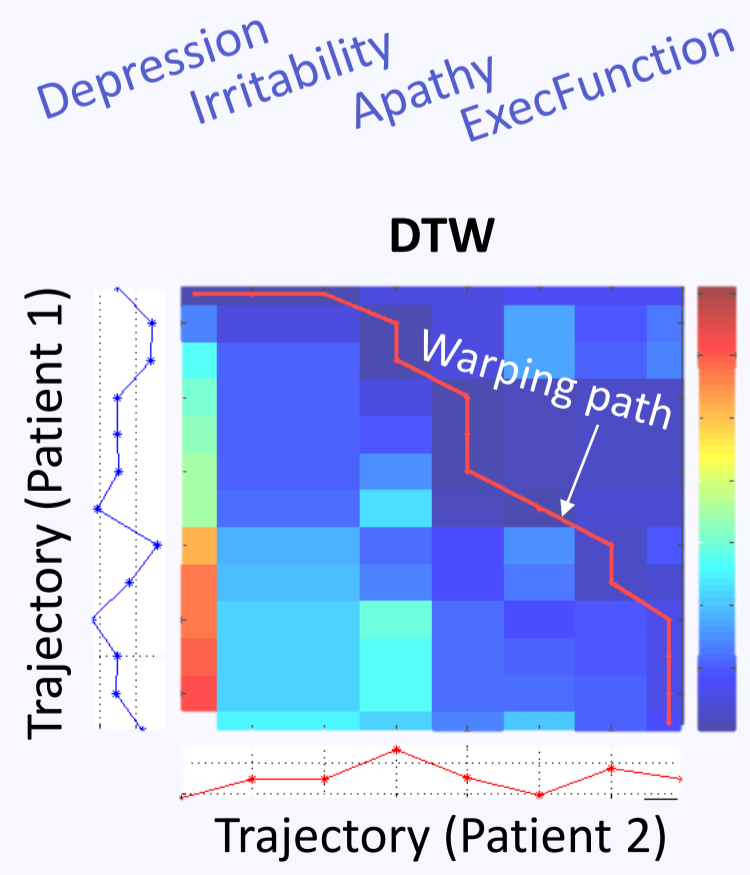
How can we track psychiatric progression?

- **Disease Trajectories**[2] – Unsupervised clustering of patient progression with shared temporal patterns
- **Dynamic Time Warping (DTW) algorithm**[3] – Non-linear, aligns sequences with varying speed



PARTICIPANTS & METHODS

- **Participants:** 47 HD gene-expansion carriers (23 pre-, 24 manifest at baseline)
- **Psychiatric evaluation:** Short-Problem Behavior Assessment[4]



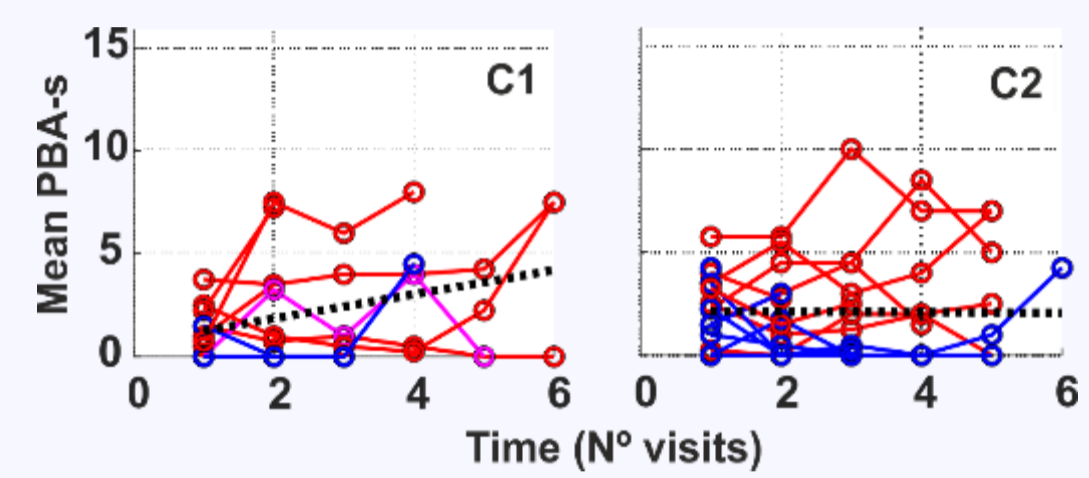
Euclidian similarity metric

Parameters:

- **Threshold**[2] - Is Trajectory X sufficiently similar to the cluster in question?
- **Lambda**[5] - Which feature contributes most to the given cluster?

RESULTS

1 Premanifest and manifest individuals cluster together



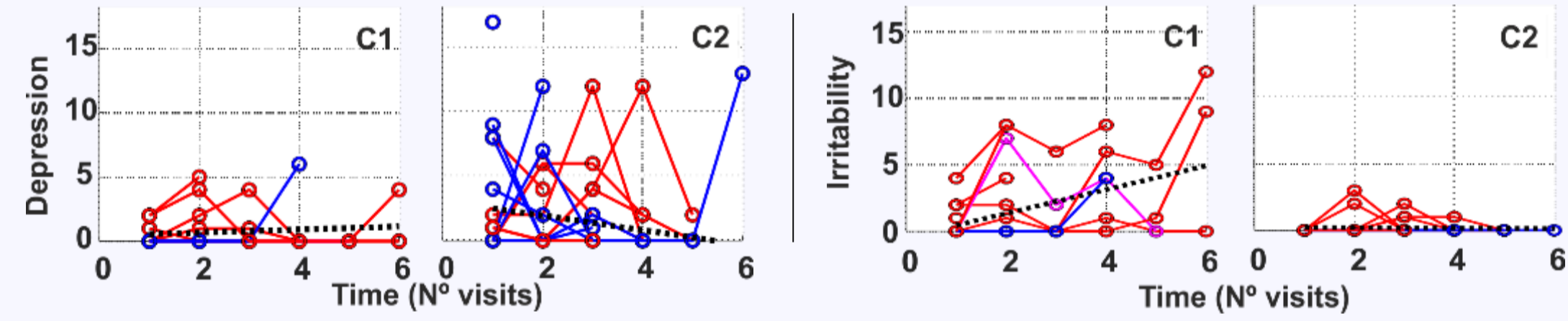
N = 11 total clusters

- Premanifest
- Phenoconverter
- Manifest

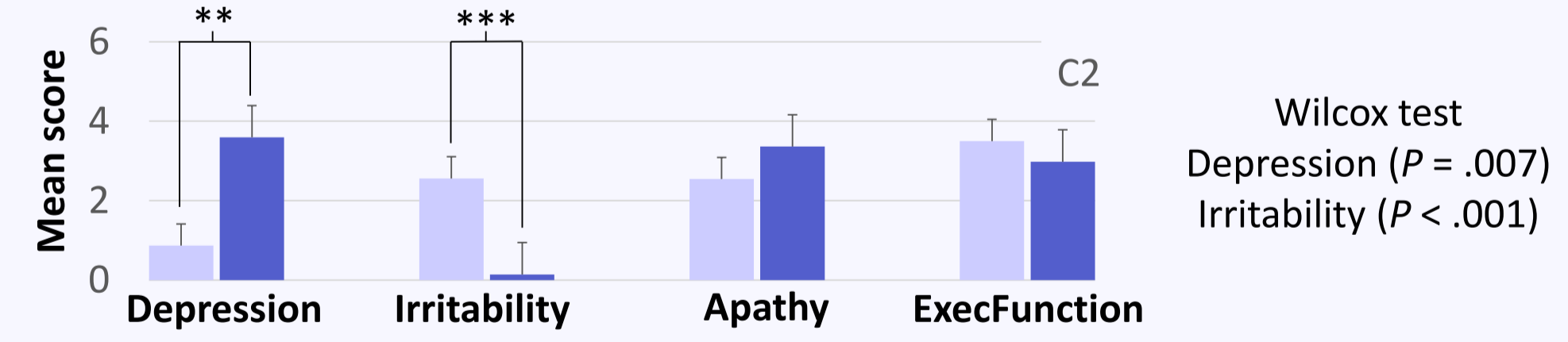
Fisher's exact test ($P = .390$)

2 Psychiatric trajectories defined by non-depressive and non-irritable signatures

	Lambda-assigned weights (%)				
	Depression	Irritability	Apathy	ExecFunction	
C1	100	0	0	0	N = 10
C2	0	100	0	0	N = 15



3 Clusters differ in severity of depression and irritability



CONCLUSIONS

- HD patients present high variability in the psychiatric trajectories
 - Psychiatric signatures distinguished by changes in depression / irritability
 - Apathy and executive dysfunction ↑ in both clusters
- Future steps: Can brain correlates predict psychiatric signatures?**