Huntington's disease is a dominantly-inherited autosomal neurodegenerative disease manifested by disorders of motility, cognitive function, behaviour, and weight loss, which is conditioned multifactorially.

The aim of the study was to determine whether there are eating disorders in Huntington's disease, as well as its etiology and severity.

Neurological scaling, anthropometric examinations, evaluation of three-day diet records, measurements with a manual dynamometer, bioimpedance analyses, indirect colorimetry and predictions of energy expenditure were performed on 10 patients. Algorithms were applied for the diagnosis of sarcopenia and malnutrition.

Unwanted weight loss was observed in all patients and 4 out of 10 showed malnutrition. No difference was found between the values of measured resting metabolism and calculated according to the predictive equation. However, it has been shown that strict nutritional recommendations based on this data can be misleading for some patients with HN, as real energy consumption can be significantly higher. All our patients had a positive energy balance.

A new diagnostic algorithm for the early diagnosis of sarcopenia has proven its worth. Using bioimpedance analysis and examination of the force of the handshake, we identified possible sarcopenia and already-present sarcopenia in half of the patients in our cohort.

During the screening examination of malnutrition with the MUST questionnaire, 4 patients showed signs of a risk of malnutrition. The GLIM algorithm confirmed moderate malnutrition in one case and severe malnutrition in three.

In practice, it is appropriate to combine both screening examinations, because they may not detect some eating disorders in time on their own. To determine the daily need for energy and nutrients, monitoring nutritional statuses using clinical parameters is more informative than laboratory tests.