Prevalence of Huntington Disease in Asia: A Systematic Review Meta-Analysis

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Abstract

The epidemiological studies on Huntington's Disease (HD) suggest that prevalence rates in the Asian population are significantly lower than the western population. There are preliminary observations that would propose that HD is underestimated in some Asian countries due to stigma related to diagnosis, normalization of behaviors, or use of restricted methods (genetic and neurological) for confirming the diagnosis of HD. This systematic review of epidemiological data of HD prevalence in Asia has highlighted the level of impact of HD on the Asian population. Original articles and reviews about HD prevalence in the Asian population were found through available databases such as EMBASE, Medline, and Psychlafo, Relevant articles were analyzed with the scrutiny of references including specific keywords. A meta-analysis was performed on prevalence rates to find the degree of similarities with I². Point Prevalence was measured as the number of people affected by HD on 100,000 population. Results show the highest point prevalence of HD in the Indian subpopulations of Pakistan, Punjab, and Gujarat with 1.35 (OR95%CI=1.14-1.57) (Table 1). The lowest point prevalence was found in the Chinese population with 0.25⁻ (OR95%CI=0.16-0.36). Europe remains at a high prevalence compared to Asian countries with 1.00 (OR95%CI=0.82-1.19). Results also show that the prevalence rates have statistical significant variability in all Asian countries (12=93.90%, p=<0.001). The overall prevalence in the world is 0.61 (OR95%CI=0.43-0.81). Our study reveals that Huntington Disease affects the population in Asia to a lesser extent than Europe, although some countries like Indian subpopulations of Pakistan, Punjab, and Gujarat present with the highest global prevalence. The plausible explanation is that some countries did not adopt genetic and neurological testing while affected individuals will not self-refer to HD screening for fear of social stigma and negative influence in marriage.

| Table 1. Summary of prevalence of HD in Asia compared to Europe | | | |
|---|------------------------------------|----------------------|-------------|
| Study | Country | Point prevalence* | (OR 95% CI) |
| Leung et al., 1992 | China and Hong-Kong | 0.25 | 0.16–0.36 |
| Chen & Lai, 2010 | Taiwan | 0.42 | 0.30-0.55 |
| Takano et al., 1998 | Japan | 0.50 | 0.37–0.64 |
| Shiwach & Lindenbaum, 1990 | Pakistan, Punjab and Gujarat | 1.35 | 1.14–1.57 |
| Nakashima et al., 1996 | San-in area, Western Japan | 0.65 | 0.51–0.81 |
| Adachi & Nakashima, 1999 | San-in area, Western Japan | 0.72 | 0.57–0.89 |
| Hasegawa et al. 2015 | Japan | 0.70 | 0.55–0.87 |
| Scrimgeour, 2009 | Middle East | 0.40 | 0.29-0.53 |
| Kim et al., 2015 | Korea | 0.41 | 0.30-0.54 |
| Rawlins, 2016 | Europe | 1.00 | 0.82-1.19 |
| Meta-analysis | | 0.61 | 0.43-0.81** |

Point prevalence= number of affected persons × 100,000 inhabitants.

^{**}I²=93.90%, *p*=<0.001.

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