

Signs and symptoms of ARBD

Alcohol Related Brain Damage may present in several ways. **Wernicke's** syndrome is well recognised and is characterised in onset by a confusional state in which the individual is disorientated and may be hallucinating.

It is frequently (but not always) associated with double vision, drooping eyelids and a staggering or unstable gait. Its sudden onset may be associated with withdrawal from alcohol. The staggering, unstable gait, tremors and double vision may persist as elements of **Korsakoff's Syndrome**, after the acute Wernicke's has been treated. The combination is known as **Wernicke-Korsakoff Syndrome**. The intellectual (**cognitive**) changes associated with this condition fall in to two main domains. The more obvious involves memory.

The first major memory problem of someone with Korsakoff's is disturbance of 'short term memory'. In this context, this refers to difficulty in learning new information. As a consequence, the individual may be repeatedly given information but cannot remember it and often will deny ever having been told the information. Consequently, the individual is very much living minute by minute. They cannot remember what has just happened and cannot remember what they have been told is going to happen.

The second major memory problem in Korsakoff's Syndrome are difficulties with long term memory. The individual may lose memories going back to up to 25 years. Sometimes this loss of memory can be patchy. In severe cases the individual may believe that they are 25 years younger than they are; as from their perspective, the last 25 years have not existed. This degree of memory loss becomes evident when speaking to the individual as they appear confused and muddled.

A person suffering from both short- and long-term memory problems will have no understanding or memories of how they have arrived in their current situation and this problem is not easily resolved as they cannot remember any explanations given to them. Usually, such an individual has no understanding or **insight** into their memory disturbance.

These problems are complicated by false memories (**confabulations**). One way of trying to understand these are to consider the human brain as always trying to make sense of the world. When there are large gaps in memory, there will be a natural tendency to fill these gaps with 'memories' that are unconsciously made up. There are generally two

types of confabulations. The first type is a false memory that is held for the short time of the relevant conversation. When asked, a person may 'remember' that something has happened when it has not. These **transient confabulations** are often highly plausible and are easily slipped into the conversation by the individual without realisation. The individual may even contradict themselves a few minutes later when asked a similar question. Individuals with these tendencies are usually suggestible and easily led in conversations.

The second type of confabulation is more complex and permanently held by the individual. These false memories are believed by the individual and the content is frequently slightly grandiose or to the personal benefit of the individual.

Memory is one of the easiest recognised cognitive disturbances found in ARBD. It may not be as obvious as described above but may present more subtly over many months or years. Carers or loved ones will notice repeat conversations, forgetting appointments and denying that things have been said or happened. These early signs are often associated with or follow even more subtle cognitive changes. These very early changes (which get worse as drinking and dependency continues) involve reasoning abilities. These are often described as the **dysexecutive syndrome**. They include several intellectual features: **Planning** things and **problem solving** or sorting out the more complicated aspects of daily living can become problematical. This may well become obvious to relatives, friends and carers. Common examples include difficulty in making joint arrangements and sorting bills. Other features of the dysexecutive syndrome include problems in paying **attention** and concentrating on things with a tendency to fail to complete tasks. Noticeable changes become evident in speech. More than usual difficulty in finding words and completion of sentences is frequently experienced.

Increasing difficulty in managing day-day tasks and personal environment may become evident. Often here is an impact on the individual's appreciation of **risk** relating to decisions and their implications. **Impulsive** behaviour is common. The individual may become disinhibited. This may be of a sexual nature. **Apathy** and an increasing **lethargy** with **lack of self-awareness** and **self-neglect** may become more obvious. These signs are usually couched in the context of loss of **emotional and social awareness**. The individual loses the ability to understand other people's emotional states, anticipate their desires, beliefs and knowledge. They lose their ability to **empathise**.

Alcohol dependent individuals will vary in the degree and combination of features of alcohol related brain damage. This is likely to depend on the degree and duration of alcohol dependency, nutritional status and genetic predisposition. Aspects of the dysexecutive syndrome are likely to present first and may be mild to the extent that the individual can

continue to function reasonably well. In fact, these signs are often missed by relatives and carers and mistakenly labelled as 'wilful behaviour'. As cognitive problems progress, memory disorders may become more evident and features of the dysexecutive syndrome will become more obvious. As drinking continues, ability to remember and to understand deteriorates. Consequently, the individual may lose insight into their own problems and be unable to understand the implications of continued alcohol consumption. It is easy to see how a downward spiral of cognitive damage makes the individual vulnerable to further alcohol consumption and eventual permanent brain damage.