ALCOHOL RELATED BRAIN DAMAGE CHECKLIST

Tick	Levels of Consumption
	History of at least 5 years consuming a minimum of 35 units/week for men or 28 units/week for women

Tick	Evidence of Cognitive Impairment
	Utilising validated cognitive assessment scale* *Name of scale…….. Score…….*
	From clinical observation/history: • Short term memory impairment (with intact working memory) • New difficulties with planning and organising • New difficulties with problem solving • Increased impulsivity and loss of appreciation of risk • Lack of motivation, apathy and difficulty changing routine • Lack of insight
(If patient is currently abstinent from alcohol, onset of cognitive impairment must be within 3 years of start of abstinence; otherwise, consider other causes of cognitive impairment)	

Diagnosis requires both appropriate consumption history and evidence of cognitive impairment. Although specific patterns of cognitive impairment (e.g. short term memory loss and dys-executive syndrome) are associated with ARBD, they are not diagnostic and may be signs of other forms of cognitive impairment. The cognitive impairment of ARBD, however, will not decline further with abstinence.

Factors supporting diagnosis:

Tick	
	Alcohol related hepatic, pancreatic, gastrointestinal, cardiovascular or renal disease or other end organ damage.
	Ataxia or peripheral polyneuropathy (not attributable to other non-alcohol related causes).
	Neuroimaging evidence of cerebellar atrophy, especially of the vermis

Factors suggesting complicating conditions (such as vascular or traumatic lesions)

Tick	
	The presence of language impairment, especially dysnomia or anomia
	The presence of focal neurological signs or symptoms (except ataxia or peripheral sensory polyneuropathy)
	Neuroimaging evidence of cortical or subcortical infarction, subdural haematoma or other focal brain pathology
	Elevated Hachinski Ischemia scale score

*(*for example ACE-III, R-BANS)*