Korsakoff’s Syndrome

About the condition
Korsakoff’s syndrome is caused by lack of thiamine (vitamin B1), which affects the brain and nervous system. People who drink excessive amounts of alcohol are often thiamine deficient. This is because:

• many heavy drinkers have poor eating habits and their diet does not contain essential vitamins
• alcohol can interfere with the conversion of thiamine into the active form of the vitamin (thiamine pyrophosphate)
• alcohol can inflame the stomach lining, cause frequent vomiting and make it difficult for the body to absorb the key vitamins it receives. Alcohol also makes it harder for the liver to store vitamins

Korsakoff’s syndrome is part of a condition known as Wernicke-Korsakoff syndrome. This consists of two separate but related stages: Wernicke’s encephalopathy followed by Korsakoff’s syndrome. However, not everyone has a clear case of Wernicke’s encephalopathy before Korsakoff’s syndrome develops.

Changes that might happen
The main symptom of Korsakoff’s is memory loss – particularly of events that occur after the onset of the condition. (For this reason, the term ‘alcohol amnesic syndrome’ may sometimes be used by health professionals) Other symptoms include:

• difficulty in gaining new information or learning new skills
• change in personality – at one extreme the person may show apathy (lack of empathy, lack of emotional reaction), or at the other extreme, much more talkative and displaying repetitive behaviour

• lack of awareness into the condition – even a person with large gaps in their memory may believe that their memory is functioning normally
• confabulation – where a person invents events to fill the gaps in memory. For example, a person maybe convinced of a situation or a hallucination that is very real for them. This can be more common in the early stages of the illness.

In some cases, memories of the more distant past can also be affected.

Things to consider and strategies to cope
Medically, Korsakoff’s syndrome (unlike dementia) does not progress over time. It can be halted if the person is given high doses of thiamine, stops drinking alcohol and adopts a healthy diet with vitamin supplements. If the person continues to drink/and or maintains a poor diet, Korsakoff’s syndrome is likely to continue to progress.

Any improvement usually occurs within a period of up to two years. It has been estimated that about a quarter of those affected make a very good recovery. About half make a partial recovery and need support to manage their lives.

The care and support needed by someone with Korsakoff’s syndrome is different from that needed by someone with dementia.
A person with Korsakoff’s:
• needs initial detoxification (removing the alcohol from their system) and then ongoing support for abstinence as well as dietary advice
• will not necessarily deteriorate if they are well supported
• may be homeless or socially isolated due to alcoholism
• will often need long-term treatment for liver damage or other effects of alcohol misuse.

Useful information
www.alzscot.org