

GLOSSARY OF TERMS

Memory is the retention of, and the ability to recall, information, personal experiences and procedures

Implicit memory is memory without conscious awareness

Explicit memory is memory with conscious intentional recollection

Confabulation is making up responses to fill a gap, create a false memory which can be spontaneous or provoked

Retrograde amnesia is the inability to recall events prior to onset of syndrome

Anterograde amnesia is the inability to remember new information from the point of the onset of the syndrome

Alcohol Related Brain Damage is an umbrella term used to cover a spectrum of conditions and disorders, including alcohol related dementia, Korsakoff's Syndrome, Wernicke Encephalopathy, alcohol related brain injury and alcohol amnesic syndrome.

FIM FAM UK Functional Independence Measure, Functional Assessment Measure. This is rehabilitative assessment measure.

REFERENCES

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POTENS

"working collaboratively to make things happen"

Arbennig Unit Clinical Support Model

INTRODUCTION

The Arbennig Unit provides services for 21 people who have been diagnosed with **Korsakoff's Syndrome**; this is a severe memory disorder that is associated with excessive, long-term alcohol misuse resulting in the loss of specific brain functions due to the lack of vitamin B1 or thiamine. Korsakoff's syndrome is included under the umbrella term *Alcohol Related Brain Damage*.

DESCRIPTION

Korsakoff's syndrome presents as the end-stage development of a disorder known as **Wernicke's encephalopathy**. In 1881 Karl Wernicke a neurologist and psychiatrist in Germany, noticed three key symptoms in patients suffering with alcoholism:

- **mental confusion**
- **eye movement disorders**
- **ataxia** - uncoordinated movements

Later, S.S. Korsakoff, a Russian psychiatrist, reported a new cluster of symptoms in patients with severe alcoholism:

- **anterograde amnesia** -an inability to form new memories
- **confabulation** -making up memories to fill in gaps in memory
- **apathy**-lack of spontaneity, or **repetitive behaviour**

By 1900 the two syndromes were connected as the first and second phases of the same condition and became known as **Wernicke-Korsakoff Syndrome**.¹ 85% of Wernicke encephalopathy survivors go on to develop Korsakoff syndrome.²

TREATMENT

“Abstinence is the cornerstone of any rehabilitation programme.”³

Once treatment is administered, initially in the form of large doses of thiamine, the progress of the disease can be halted only if alcohol is not taken. Any improvement in the person's life and interpersonal skills may take up to two years of treatment.

Korsakoff sufferers **are** capable of new learning on some levels, particularly if they live in a calm, predictable and well structured environment, where any new information is cued with either visual or verbal prompts.

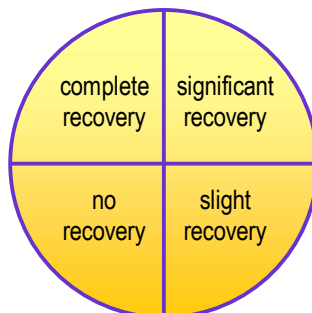
“In studies ‘errorless’, was superior to ‘errorful’ learning as it reduces stress on memory and promotes new learning.”⁴

Typically the lifestyle of the chronic alcoholic, means that in many aspects of their life, they stop functioning. Health and nutrition are compromised as well as the ability to maintain meaningful relationships. Once they are in treatment and abstaining from alcohol, they will invariably remain apathetic with a lack of spontaneity and initiative.

Consideration should be given to the Legal Status of the individual, especially as Korsakoff's sufferers may overestimate their abilities and have little insight into their condition.

RECOVERY

Recovery outcome of Korsakoff's is generally split into quarters.⁵



The Arbennig Support Model

6 Principles of Care

“Rehabilitation should aim towards a structured alcohol-free life”

abstinence - Staff will support residents to work on the issues which led them into alcohol misuse and to develop relapse prevention strategies, with close involvement of local services and Care Managers.

A **No Alcohol** policy will be enforced to prevent further impairment.

daily living skills - By using FIM FAM UK and providing a structured and predictable environment, residents are supported to carry out all daily living skills using previous skills through preserved implicit memory, and where possible learning new skills.

improvements in health - Improvements in mental and physical health to enable optimum performance in rehabilitation. To achieve this, close liaison with GP, Consultant Psychiatrist, Care Managers and Dietician will be facilitated and maintained.

meaningful activities - Staff will encourage residents to participate in alcohol free activities, within the local and wider community.

family, friends and professional involvement - Where appropriate, to use family and friends to ensure complete life history is available, so that support can be based on a person's whole life - before and after diagnosis, with emphasis on explicit memory. In addition to develop and/or recover family relationships if deemed to be beneficial for all parties.

everyday memory functioning - To understand Anterograde Amnesia, and use practical everyday measures to make use of preserved implicit memory e.g. cues, arrows, whiteboards and household manuals.