



‘THE FUNCTIONAL STATUS AND QUALITY OF LIFE OF PATIENTS WITH KORSAKOFF SYNDROME LIVING IN LONG TERM CARE FACILITIES: DESIGN OF AN OBSERVATIONAL STUDY’

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Background

Patients with Korsakoff syndrome (KS) residing in specialized long-term care facilities (LTCFs) often show challenging behavioral symptoms. In addition, due to impaired awareness they often do not recognize their need for (medical) care and in combination with cognitive and psychiatric disorders patients are considered partially competent to make informed decisions. These problems put a heavy strain on care professionals and may lead to inappropriate prescription of psychotropic drugs. The long-term care of this group of patients have hardly been studied yet.

Objective

To get insight in the functional status, behavioral problems, the use of psychotropic drugs, quality of life and capacity of patients with KS living in specialized LTCFs.

Methods

- **Design:** cross-sectional, descriptive study
- **Participants:** 250 patients with Korsakoff syndrome
- **Setting:** specialized LTCFs in the Netherlands

Primary outcome	Assessment Instrument
Functional status	RAI-ADL-H (LTCF) RAI-IADL-ps (HC)
Behavioral problems	NPI-Q, AES-10
Awareness of deficits	PCRS Clinician's Form and Patient's Form
Cognition	RAI-CPS (LTCF)
Social engagement	RAI-RISE (LTCF)
Quality of Life	MANSA-12vn
Psychotropic drugs	Patients' record
Capacity	Nurse and elderly care physician

Time planning

2014/2015	data-collection
2016	data-analysis
2017/2018	results expected



Participating LTCFs in the Netherlands

Potential impact

The results of this study may provide an evidence base to develop specific guidelines for care of institutionalized patients with KS.



Sergei Korsakoff 1885

Korsakoff syndrome (KS) is the chronic phase resulting from an acute Wernicke encephalopathy (WE) phase. WE usually occurs in alcoholics and is caused by thiamine deficiency due to associated malnutrition. KS is characterized by severe deficits in long-term explicit memory and is often associated with confabulation. Commonly, executive functioning and awareness are also impaired. There are indications that behavioral symptoms are important features of KS.