

Impaired awareness and its relationships with neuropsychiatric symptoms in people with Korsakoff syndrome living in long-term care facilities

‘Nothing is wrong with me’

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Introduction and objectives

Impaired awareness is often observed in Korsakoff syndrome (KS) and seems to be related to neuropsychiatric symptoms (NPS).

The purposes of this study were:

- 1) to investigate the levels of impaired awareness in functional domains, and
- 2) to examine the relationships between level of awareness and NPS in people with KS residing in specialized long-term care facilities (LTCFs).

Methods

- **Design:** cross-sectional, observational study
- **Setting:** 9 specialized LTCFs in the Netherlands
- **Participants:** 215 residents with KS and other alcohol-related cognitive disorders admitted for at least 3 months
- **Measurements:** Patient Competency Rating Scale (PCRS) Neuropsychiatric Inventory–Questionnaire (NPI-Q)
- **Analysis:** descriptive statistics and adjusted multilevel regression analyses

Item 3 of the PCRS: “How much of a problem do I have in taking care of my personal hygiene?”

Impaired awareness

Categories of the PCRS-discrepancy scores (range -120 to 120):

- No or mildly impaired awareness : score < 28
- Moderately impaired awareness : score 28 – 51
- Severely impaired awareness : score > 51

Results

Level of awareness

- Awareness of functional deficits was impaired across all items, except one, and in all functional domains of the PCRS.
- Awareness was not or mildly impaired for 29% of residents, 37% showed moderately impaired awareness and 34% were severely impaired.
- The level of awareness was, on average, moderately impaired (score 39.3).

Relationships with NPS

- Residents with moderately impaired awareness had significantly more apathy than residents with no/mildly impaired awareness (beta 1.22, 95% CI 1.02 to 1.47, p=0.032).
- No associations were found between the level of awareness and other NPI outcomes.

Baseline characteristics

| | Total |
|--|-------|
| Age (years) | 63.2 |
| Male (%) | 77.2 |
| Level of education (%) | |
| Lower/elementary | 57.7 |
| Secondary | 20.0 |
| Higher/university | 7.9 |
| Marital status (%) | |
| Single | 87.4 |
| Married or partner | 7.9 |
| Length of stay (years) | 6.7 |
| PCRS-Δ (mean) | 39.3 |
| CPS score (0-6) (mean) | 2.6 |
| NPI-Q total severity score (0-36) (mean) | 8.0 |
| Psychotropic drugs ≥1 (%) | 63.7 |
| Antipsychotic | 47.9 |
| Antidepressant | 36.7 |
| Benzodiazepine | 30.7 |



Conclusions

- Impaired awareness is highly common in KS residents and associated with apathy.
- These findings highlight the importance to recognize impaired awareness in the daily care of KS, particularly when apathy is present.
- Further research is needed to explore the relationships between awareness and other factors, such as cognitive functioning, and which clinical approaches and psychosocial interventions are needed to deal with this phenomenon.

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