Wernicke-Korsakoff syndrome and alcohol related dementia:
a review of clinical evidence

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Abstract

While Wernicke-Korsakoff syndrome (WKS) has been the subject of innumerable neuropsychological studies, many aspects of this condition remain misunderstood. A variety of evidence has emerged over the last two decades to change our understanding of this condition, but much of this evidence is not well known, nor is it incorporated into clinical practice. This review will focus on some of the lesser known evidence about WKS. The review will show that the neurological definition of the disease has evolved to include a highly variable clinical presentation, but many neuropsychological accounts still place emphasis on identification of a severe, selective amnesia, or the so-called “IQ versus MQ” discrepancy. Instead, available evidence suggests that the IQ versus MQ discrepancy may have low diagnostic sensitivity. Other common misapprehensions about WKS include the belief that the pathological condition is rare, and once established WKS is a chronic, unremitting condition. Another source of misunderstanding relates to the idea that the Korsakoff amnesia phase of the condition is only seen in association with alcohol dependence. As well, the most common underlying cause of so-called alcohol-related dementia is unrecognised WKS. Identification of WKS remains a clinical diagnosis, at the present time. The most sensitive diagnostic signs of WKS may be cognitive impairment, of any degree, in association with a history of alcohol dependence or malnutrition. Treatment recommendations will be reviewed. Neuropsychologists will continue to play a key role in the identification of WKS through provision of cognitive assessments with optimal sensitivity.