Wernike-Korsakoff Syndrome Information Sheet

Learning from Safeguarding Adults Reviews (SARS)

A key finding from a SAR undertaken by WSAB found that although there was a diagnosis of Wernicke-Korsakoff Syndrome regarding an individual, this information was not clearly passed on to wider agencies on discharge. This, coupled with a lack of understanding amongst professionals regarding the symptoms of the condition marred opportunities to see the individuals behaviour within the context of this medical condition, in this case crucially the affect that alcohol has on an individual's executive functioning.

What is it?

Wernicke-Korsakoff Syndrome (WKS) is a brain disorder caused by a deficiency of vitamin B-1 (thiamine). It is a combination of two conditions: Wernicke's disease (WD) and Korsakoff syndrome. Symptoms include confusion, changes in vision, and exaggerated storytelling. The most common cause of WKS is alcoholism, but it can also be linked to diet deficiencies or medical conditions that impair the absorption of vitamin B-1.

Risk Factors and Causes

Risk factors for WKS include malnourishment, chronic alcohol misuse, inability to afford medical care and proper food, kidney dialysis, and AIDS. Other less common causes include conditions that limit nutritional absorption such as gastric bypass surgery, gastric cancer, colon cancer, and eating disorders. Alcoholism, or chronic alcohol misuse is the most common cause of WKS.

Symptoms

Symptoms of WKS are caused by lesions on the brain due to vitamin B-1 deficiency. These include double vision, drooping upper eyelid, uncoordinated eye movements, loss of muscle coordination, and a confused mental state. WKS can also lead to memory loss, difficulty understanding information, difficulty putting words into context, hallucinations, and exaggerated storytelling.

Diagnosing

Diagnosing WKS can be challenging due to the patient's mental confusion. Doctors may check for signs of alcoholism, liver damage, and nutritional deficiency. Imaging tests may also be used to identify any damage characteristic of WKS.

Treatment

Treatment for WKS should begin immediately to prevent disease progression and reverse non-permanent brain abnormalities. This may involve hospitalization, administration of vitamin B-1 through an IV or orally, a balanced diet, and treatment for alcoholism. Negative reactions to treatment may include alcohol withdrawal symptoms such as insomnia, sweating, mood swings, hallucinations, confusion, or agitation.

The outlook for WKS depends on how far the disease has advanced. Early treatment can dramatically improve the outlook, but if left untreated, WKS can lead to high mortality rates due to lung infection, blood poisoning, or irreversible brain damage. Abstaining from alcohol can allow for continued recovery of memory and mental function.

Helping and Identifying People who may have WKS

Identifying people with WKS involves looking for symptoms such as confusion, changes in vision, exaggerated storytelling, and signs of alcoholism. Diagnosis may involve checking for signs of alcoholism, liver damage, and nutritional deficiency, as well as conducting imaging tests.

Working with people with WKS requires understanding and patience due to their memory loss and confusion. Treatment should be started immediately and may involve hospitalization, administration of vitamin B-1, a balanced diet, and treatment for alcoholism. Abstaining from alcohol is crucial for recovery.

Wider Reading:

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjtrub4qsGEAxUQQ0EAHbvkBaYQFnoECDMQAQ&url=https%3A%2F%2Fwww.niaaa.nih.gov%2Fpublications%2Fbrochures-and-fact-sheets%2Fwernicke-korsakoff-syndrome&usg=AOvVaw0tFXxEjDqOts8tgoucjIRw&opi=89978449

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