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# Introduction:

Chronic alcoholism is associated with impaired cognitive functioning. Over 75% of autopsied chronic alcoholics have significant brain damage and over 50% of detoxified alcoholics display some degree of learning and memory impairment. In clinical practice, it could be difficult to differentiate between the various syndromes associated with chronic alcohol use.

# Objectives:

The authors present the various syndromes associated with cognitive impairment induced by chronic alcohol use.

# Methods:

Review of the most recent literature with the following key words: alcoholism, differential diagnosis, cognitive impairment and dementia.

## Results:

Chronic alcohol use can cause dementia such as chronic subdural hematoma after head injury, hepatocerebral degeneration by cirrhosis and nutritional deficiencies. The thiamine deficiency can originate Wernicke-Korsakoff syndrome. If not properly treated, it can develop as a chronic amnesic syndrome known as Korsakoff's syndrome. It is characterized by episodic memory deficit with confabulations, involvement of semantic memory, nistagmus and ataxic gait. The Machiafava- Bignami disease is rare and usually diagnosed in alcoholics. The symptoms include dementia, muscle stiffness, seizures, dysphagia and less often coma. Finally, diagnostic criteria for alcoholic dementia include dementia diagnosis made at least 60 days after the last exposure to alcohol; minimum of 35 standard doses for men and 28 for women per week for more than 5 years and, ethanol abuse mean within 3 years after the onset of cognitive decline.

# Conclusions:

Although various syndromes present similarities, the clinicians should be aware of the different symptoms as the treatment may vary according to the pathology.