Dementia Associated with Alcoholism

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1. INTRODUCTION

This chapter examines dementia associated with alcoholism, defined according to DSM-III as a substance-induced organic mental disorder. To establish the diagnosis, alcohol dependence and dementia criteria must both be met. Alcohol dependence is defined as "either a pattern of pathological alcohol use or impairment in social or occupational functioning due to alcohol use" (page 171) accompanied by either tolerance or withdrawal. The criteria for a dementia diagnosis include a significant decline in intellectual abilities in conjunction with cognitive impairments, particularly of memory. Dementia associated with alcoholism occurs after the long-term and heavy use of alcohol. To be diagnosed, the disorder must persist for at least 3 weeks after the cessation of drinking and all other potential causes of the dementia have been ruled out.

Previous reviews of the literature on alcohol-associated dementia have tended to differentiate it from Korsakoff's syndrome, which until recently was widely and inappropriately diagnosed in alcoholic patients who exhibited intellectual deterioration. The diagnosis of Korsakoff's syndrome, or, in DSM-III terms, organic amnestic disorder, is currently restricted to the relatively small cohort of patients who, after an acute onset of the disorder (Wernicke's state), develop a dense amnesia with sparing of other intellectual functions.

Alcoholism dementia, on the other hand, as a discrete clinical entity, is currently thought of as a disorder that rarely occurs before age 35, because many...
years of heavy alcohol ingestion are needed to produce the condition. Its course is generally characterized by a slowly progressive intellectual deterioration, with numerous impairments in cognitive abilities and psychomotor skills. Memory is affected to some extent, but not nearly as much as in alcohol amnestic disorder or Korsakoff's syndrome. Unlike other forms of dementia, notably primary degenerative dementia of the Alzheimer type, language functions are relatively spared in alcoholic dementia. Whether or not dementia associated with alcoholism and Korsakoff's syndrome are the same illness lying at different points on a continuum of impairment, or are two different illnesses, remains a controversial matter, with evidence presently available to support both viewpoints.  

2. THEORETICAL ISSUES

2.1. The Concept of Dementia

The term “dementia” has been used at least as far back as the early part of the seventeenth century. The clinical entity itself has been known since antiquity. Over the years, the term held implications of madness, lunacy, delirium, and psychologic deterioration. More recently, the term has been reserved for conditions in which there is a loss of intellectual function that is clearly associated with organic brain disease. Thus, the term “dementia praecox” is no longer employed to describe what is now called schizophrenia. Nevertheless, the concept of dementia still continues to be used without specificity and hence should be viewed as a general term for describing a number of different disorders. Neuroscientists have had difficulty with the term for much the same reasons. Moreover, they have difficulties with other related terms such as “mental deterioration” and “organic brain syndrome.” Elsewhere it has been pointed out that the term “dementia” is as vague an overgeneralization to the neuroscientist as the term “cancer” for describing all neoplastic diseases is to the oncologist.

Efforts have been made in recent years to refine the concept of dementia. It is becoming clear, for example, that the dementia of Alzheimer’s disease may be quite different from the dementia of Huntington’s disease, which in turn is different from the dementia associated with head trauma or multiple cerebral infarcts. Clarification of the concept of dementia, therefore, requires an examination of what is meant by intellectual function or, more precisely, deterioration of intellectual function.

From a psychometric standpoint, intellectual function can be operationally defined as what standard intelligence tests measure. This approach, however, contributes very little to a further understanding of dementia. The IQ score has no cerebral correlate, but rather is based on a statistical concept involving a comparison of the individual on some measure or series of measures against the performance level of a normative group. There are, on the other hand, known