

8th Annual Pharma Middle East Congress

October 10-12, 2016 Dubai, UAE

Anosognosia and anosodiaphoria and the dilemma of unawareness of illness

Maria Lindau

Stockholm University, Sweden

Anosognosia or lack of awareness of one's disabilities, is a complex comorbidity in frontotemporal dementia, Alzheimer's disease, Parkinson's disease, stroke and schizophrenia. Anosodiaphoria, or lack of concern about one's symptoms, is foremost seen in FTD. In our study of anosognosia and anosodiaphoria in AD and mild cognitive impairment two opposite patterns emerged: in MCI, the better preserved the cognitive ability, the greater the perceived seriousness and worries about the decline, in AD, the lower the cognitive function, the lower the experienced cognitive loss and concern about the deterioration. Our interpretation was that anosognosia and anosodiaphoria increase with the severity of the neurodegeneration, which converge with findings in several other studies. The most plausible is that anosognosia is associated with right hemispheric disturbance. There are contradictory findings about anosognosia in MCI. Some studies have observed anosognosia in MCI, whereas others have found that MCI patients sometimes over-report their difficulties, which may make them more prone to adhere to treatment than AD patients, whose motivation to medical consultation or pharmacological therapy may be low, since they do not consider themselves as being ill. Memory deficits may also make AD patients forget their medication or physician appointments. Additional analyses with linear regression models of the data from both diagnostic groups (n=21) in our study revealed that episodic memory deficits may explain 30.6% of the variance in anosognosia, $p=0.01$, a pattern that has been corroborated by De Carolis *et al.*, 2015. Initial over-rating of difficulties and later a denial of them in a progressive disorder suggest that there is a breaking point where the over-rating starts to decline, e.g. due to memory loss. During the presentation the main findings of our study will be discussed, as well as quantitative breaking points for a shift from an overestimation to an underestimation of difficulties, as well as strategies to handle problems with drug treatment and care of patients not aware of being ill.

Biography

Maria Lindau is a Licensed Psychologist and PhD, and is an Associate Professor at the Dept. of Psychology, Stockholm University, Sweden. She has about 20 publications, and 15 years of experience as neuropsychologist and researcher at memory clinics at Karolinska and Uppsala University Hospitals. She is Bachelor of Arts in History, French and Political Science.

maria.lindau@psychology.su.se

Notes: