Case 2 – Wernicke’s encephalopathy

A 62-year-old man with a history of alcohol dependence and alcoholic cirrhosis was admitted to hospital from his own home. He had phoned emergency services in a panicked state to say that he was locked in a house that he did not know.

His family knew that he had been drinking around two bottles of vodka per day for at least 2 years. His walking was very poor, and he had several falls at home, and eventually he had been restricted to sleeping downstairs and could not leave the house. He had stopped drinking suddenly without explanation around 6 weeks before admission. Two weeks before admission, he had developed problems with daily functioning, for example, confusing the microwave for the cooker, and could not work out how to use the TV remote control. He also started having problems with his memory, commenting to family that his children looked too old, and at times believing that he still lived with his parents.

On examination, he was irritable, easily distracted, and disorientated. His speech was tangential, with confabulation. He was treated with Pabrinex and low doses of haloperidol for agitation. Initial bloods were unremarkable. CT scan of brain showed bilateral periventricular hypoattenuation and low attenuation foci in the basal ganglia.

After a few weeks, his disorientation and agitation improved, but with some persisting cognitive problems. An Occupational Therapy kitchen assessment reported problems with sequencing tasks, poor safety awareness, and requirement for frequent prompting. An Addenbrookes Cognitive Examination identified poor memory and fluency. He was keen to engage with a programme of rehabilitation for alcohol-related brain injury and to remain abstinent from alcohol, and after several months, was transferred to a supported accommodation rehabilitation facility.

Commentary

This patient’s physical and cognitive effects of chronic alcohol excess have been compounded by an acute withdrawal state. Any chronic deficits were ameliorated by treatment with multivitamin replacement and his engagement was helped by short term judicious use of antipsychotic medication. Despite the signs of improvement in mood and cognition following acute treatment, it became clear that there were irreversible deficits and that he would need long-term residential support to help with activities of daily living and also to maintain abstinence.