49

LOSS OF INSIGHT FOR COGNITIVE SYMPTOMS IN POSTERIOR CORTICAL ATROPHY

S Ahmed*, N Drummond, C Butler. *Research Institute for the Care of the Elderly, Royal United Hospital and with the Nuffield Department of Clinical Neurosciences, University of Oxford*

10.1136/jnnp-2019-BNPA.49

Objective Lack of awareness or underestimation of cognitive deficits is a common feature in several neurodegenerative disorders, including Alzheimer's Disease (AD). Little is known about the profile of insight loss in atypical clinical variants of AD, such as posterior cortical atrophy (PCA). Insight loss is typically associated with negative outcomes for patients and their carers. Characterising the profile in PCA may therefore have important implications for management.

Methods Seventeen PCA patients and 21 healthy controls estimated their ability in five cognitive domains: visuospatial skills, visual imagery, attention, verbal memory and language, before undertaking objective neuropsychological testing in these domains. An index of insight was obtained by calculating a discrepancy score between estimated and objective memory scores.

Results A repeated measures ANOVA using group (healthy controls and PCA) and insight domain (visuospatial, visual imagery, attention, verbal memory and language) revealed a significant interaction of group by domain ($p < 0.001$). PCA patients showed significantly less insight in all 5 domains compared to healthy controls ($ps < 0.001$). Comparing cognitive domains, PCA patients showed significantly less insight in visuospatial and visual imagery ability compared to all other domains ($ps < 0.000$).

Conclusions Loss of insight affects the core visuospatial deficits which define PCA more than other cognitive domains. The findings of this study are the first to investigate loss of insight in PCA.

50

PREDICTING PSYCHIATRIC AND COGNITIVE OUTCOMES AFTER SURGERY FOR FRONTAL LOBE EPILEPSY

D Bindman*, J Foong, P Thompson. *Department of Neuropsychiatry, National Hospital for Neurology & Neurosurgery, Queen Square, London*

10.1136/jnnp-2019-BNPA.50

Aims Previous research suggests that the side and site of epilepsy surgery may have important implications for post-surgical psychiatric and behavioural outcomes. Most of the published studies are in temporal lobe epilepsy surgery providing some evidence of frontal lobe dysfunction associated with postoperative mood disorder. Our study aims to identify potential clinical and cognitive predictors of postoperative psychiatric outcome following frontal lobe epilepsy surgery.

Methods A retrospective review of 78 consecutive patients who had undergone frontal lobe epilepsy (FLE) surgery at the National Hospital for Neurology and Neurosurgery between

1997 and 2016. Notes were scrutinised for pre- and postoperative psychiatric diagnoses, neuropsychological test findings, seizure data, histopathological data, and MRI and video-EEG data. Chi-square analysis and paired-sample t- tests will be used to examine the relationship between variables and to investigate differences between pre- and postoperative cognitive test scores.

Results Data analysis is in progress and final results will be presented in the conference poster. Preliminary data shows an incidence of post-operative psychopathology in the region of 29% with 14% of patients developing a *de novo* psychiatric condition within 48 months follow up. Preoperative non-executive function deficits were significantly associated with *de novo* psychopathology in our initial analysis ($\chi^2 (1) = 4.99$, $p = 0.03$).

Conclusions Initial analysis has identified aspects of pre-operative cognitive function that could act as predictors of post-operative psychiatric comorbidity. The results of the completed data analysis will be presented including data on the site of surgery and its relationship to post-operative psychopathology. Identification of patients at high risk of poor outcome will allow greater precision in patient selection and more proactive treatment approaches in the post-operative period.

51

KORSAKOFF'S PSYCHOSIS: IS POLYPHARMACY A CONCERN?

Kieran O'Driscoll*, Tayler Sulse, Emma Mae Huston, P Byrne, J Hoblyn. ¹*Bloomfield Health Services;* ²*Trinity College Dublin, Republic of Ireland;* ³*University California Berkeley, USA*

10.1136/jnnp-2019-BNPA.51

Objectives/Aims Case studies of all current Inpatients with Korsakoff's Syndrome in a 114 bed Psychiatric Hospital.

Methods Audit and review of 114 individuals residing in a long stay Psychiatric Hospital during 2018. Medical records and Pharmacy Data base were reviewed to identify co-morbidities and medication exposure.

Results Thirteen individuals were identified with the formal diagnosis of Korsakoff's syndrome. Five were female with and age range from 51 years to 84 years. Eight were male with an age range from 55 to 84 years.

Conclusions Careful consideration must continue to minimize polypharmacy. KS patients have complex comorbid health conditions. Careful consideration of potential interactions, disabling side effects, potential adverse reactions and collaboration with a Pharmacist is invaluable.

REFERENCES

1. Kopelman M.D., Thomson, A.D., Guerrini, I., Marshall, E.J. The Korsakoff Syndrome: Clinical Aspects, Psychology and Treatment. *Alcohol & Alcoholism* 2009;44(2):148–154.
2. Johnson, J.M., and Fox, V. Beyond Thiamine: Treatment for Cognitive Impairment in Korsakoff's Syndrome. *Psychosomatics* 2018;59(4):311–317.