

P-372 - AMNESIA OF PSYCHOGENIC ETIOLOGY

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Introduction: Amnesia is usually attributed to distinct brain damage and represents an inability to acquire new memories for long-term storage (anterograde amnesia). Retrograde amnesia - the inability to recall previously stored information - is rarer and often etiologically -linked to psychological factors. We currently witness an increased interest in the neurobiology of dissociative and disproportionate amnesias. The latter typically arise after (mild) traumatic brain injury, but cannot be explained by the locus or extent of brain damage.

Objectives: This work's objectives are establishing recognition of clinical, neuropsychological and neurobiological characteristics of amnesias of psychological etiology and distinguishing true from feigned amnesias.

Aims: We aim to emphasize that amnesic conditions that are etiologically linked to psychological factors are more frequent than usually assumed and discuss implications for diagnosis and management.

Methods: In addition to own research data, a comprehensive review of case reports and series of amnesias related to psychological factors was performed.

Results: As DSM-IV-TR implies, most amnesias of psychological etiology are retrograde. Anterograde amnesia however might also occur. Modern neuroimaging has evidenced metabolic, structural and hodological brain changes in affected patients and even indicated that metabolic changes might be reversed following successful treatment and memory recovery.

Conclusions: Amnesias of psychological etiology is more common than previously assumed. They might co-occur with mild head injury and even more serious brain pathology. Their prompt diagnosis and treatment - which are imperative for minimizing chronic disability - might be aided by insights from combined use of functional and structural brain imaging .