



Journée CAMERUP



Le syndrome de Korsakoff et les troubles cognitifs sévères liés à l'alcool (TCSLA)
Causes, conséquences et réalités sociales
9 novembre 2023, Paris

Troubles cognitifs sévères lié à l'alcool: ce que nous dit la science aujourd'hui

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Conflit d'intérêt

- ▶ Absence de lien d'intérêt à déclarer

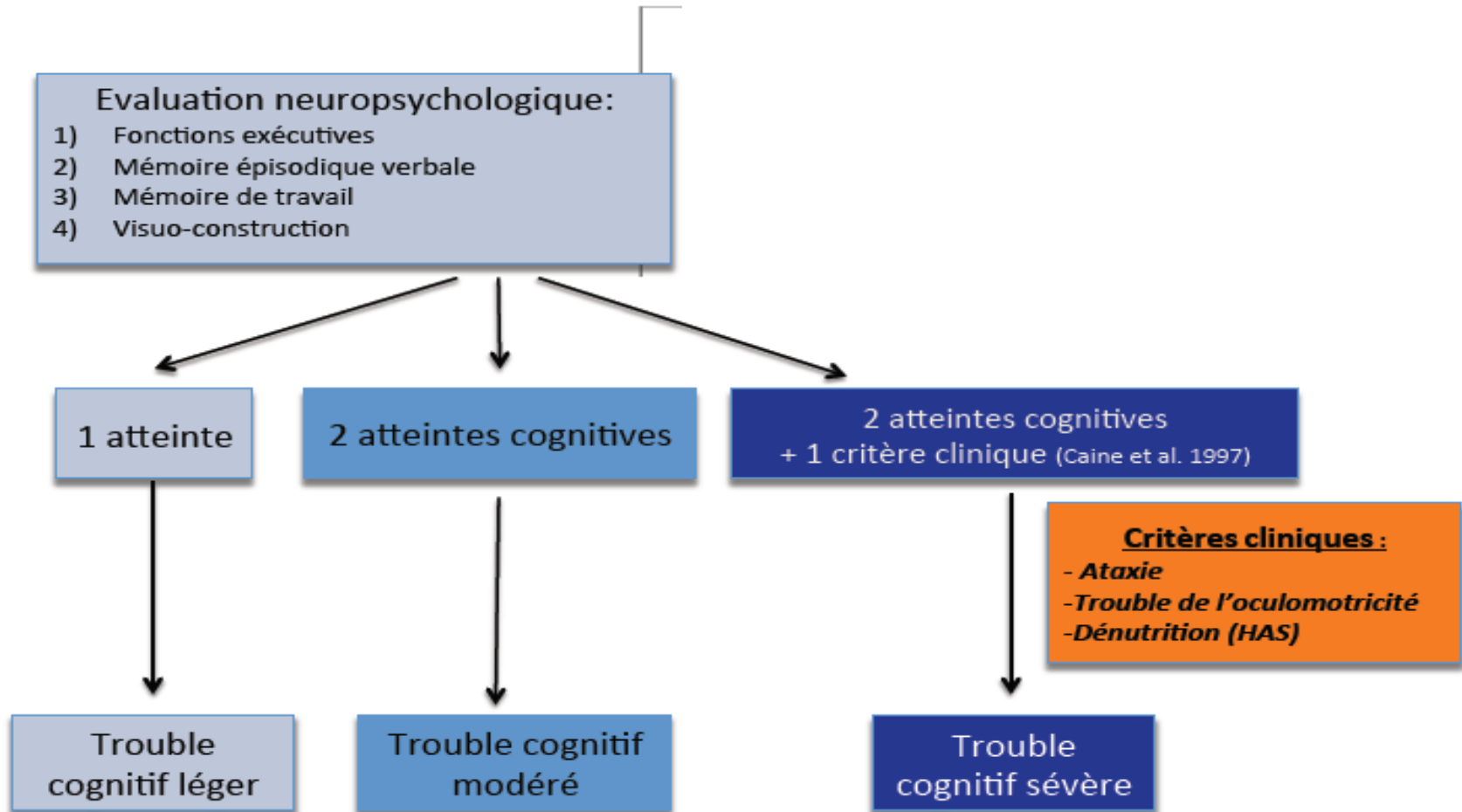
Termes et définitions

- ▶ Trouble cognitif lié à l'alcool
(*Alcohol-related cognitive impairment*)
 - ▶ Léger, modéré ou sévère
 - ▶ Terme désuet si sévère : Démence alcoolique
(*Alcohol-related dementia*)

- ▶ Lésions cérébrales lié à l'alcool
(*Alcohol-related brain damage*)
 - ▶ Présence d'atteintes infracliniques
 - ▶ Atteintes non cognitives



TCLA : niveaux de sévérité, Copaaah , 2014



Contribution of alcohol use disorders to the burden of dementia in France 2008–13: a nationwide retrospective cohort study

Michaël Schwarzingler, Bruce G Pollock, Omer S M Hasan, Carole Dufouil, Jürgen Rehm, for the QalyDays Study Group*

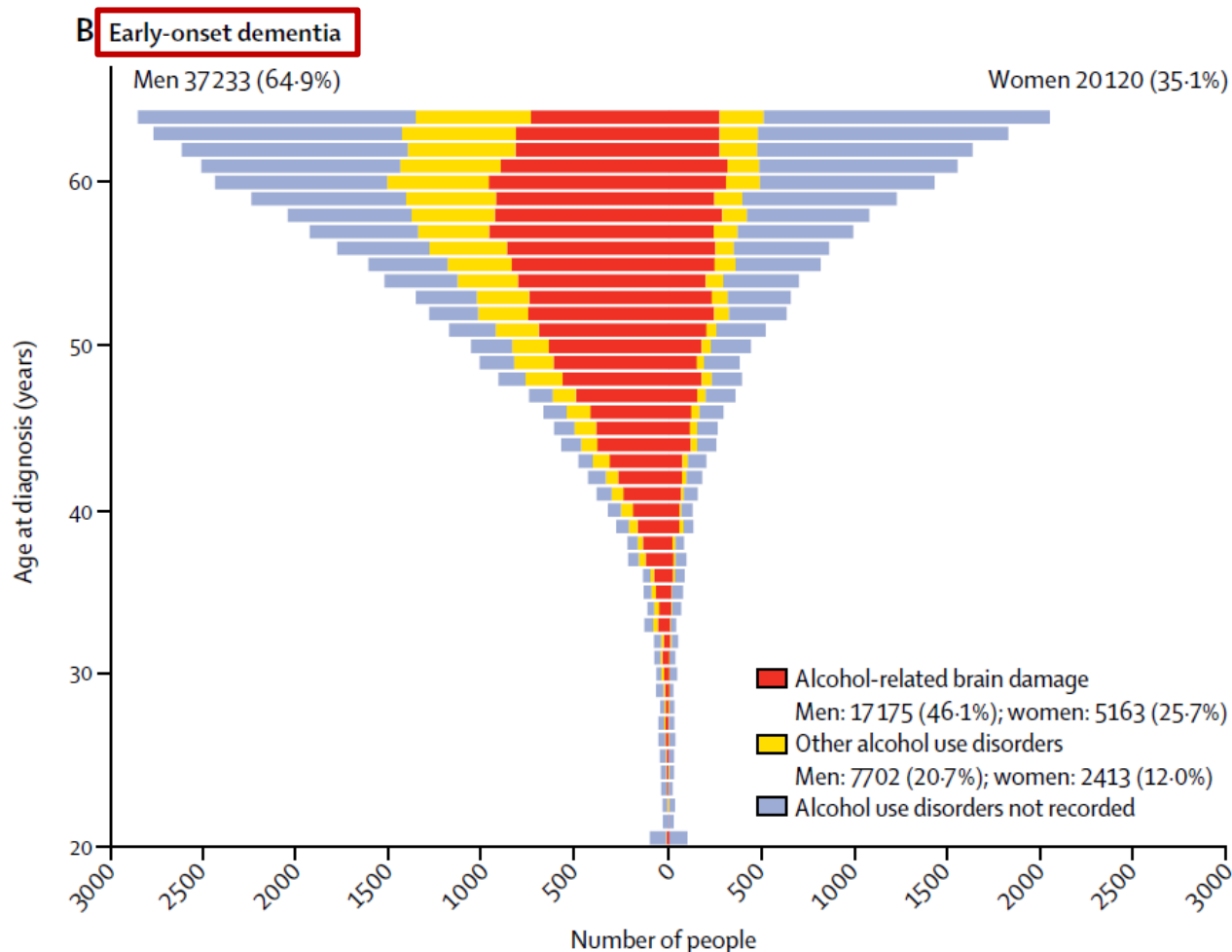


Figure 1: Population pyramid of dementia (A) and early-onset dementia (B), overall and by alcohol use disorders (A) Prevalent cases of dementia (n=1109 343). (B) Prevalent cases of early-onset dementia (n=57 353).

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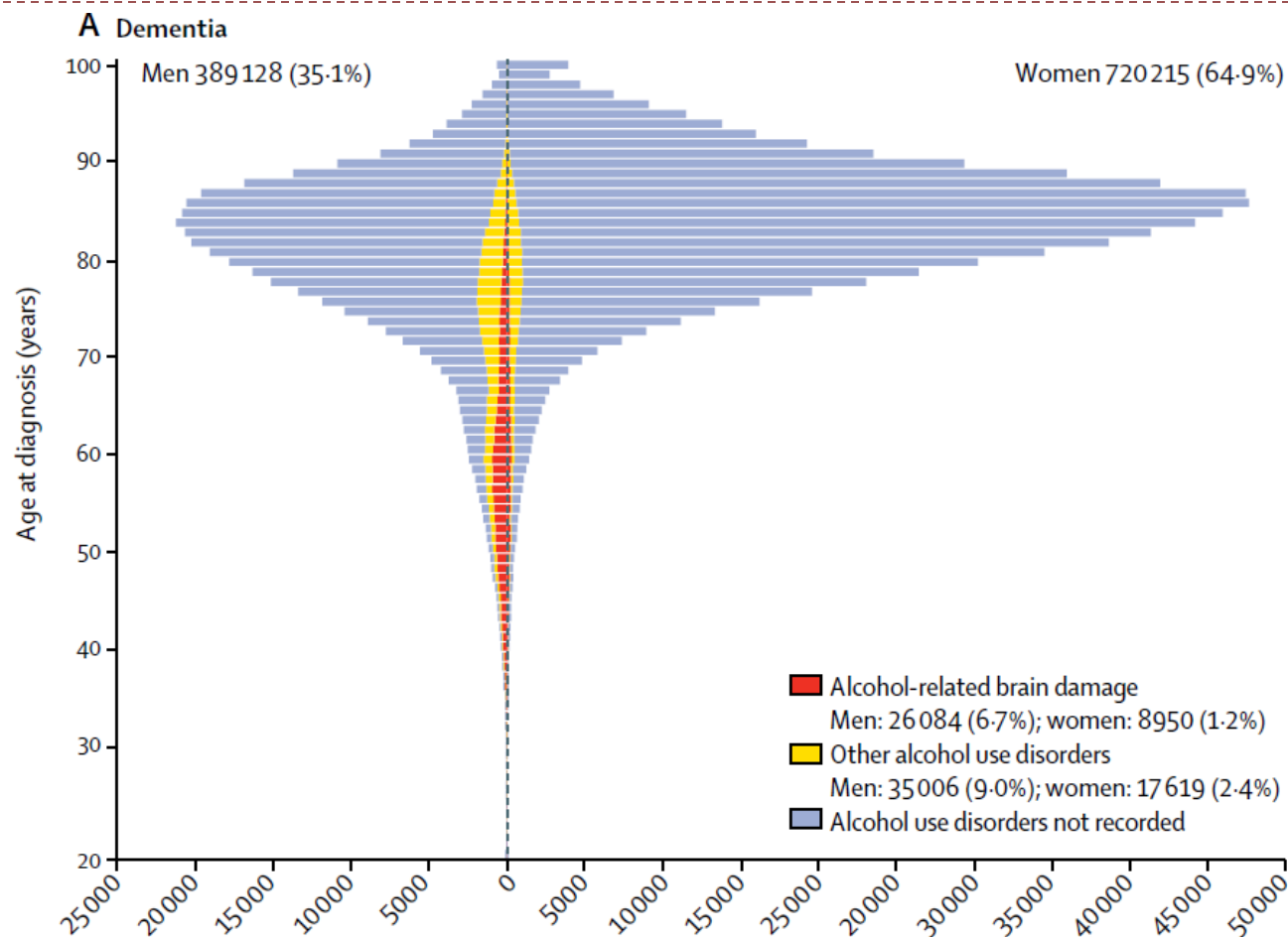


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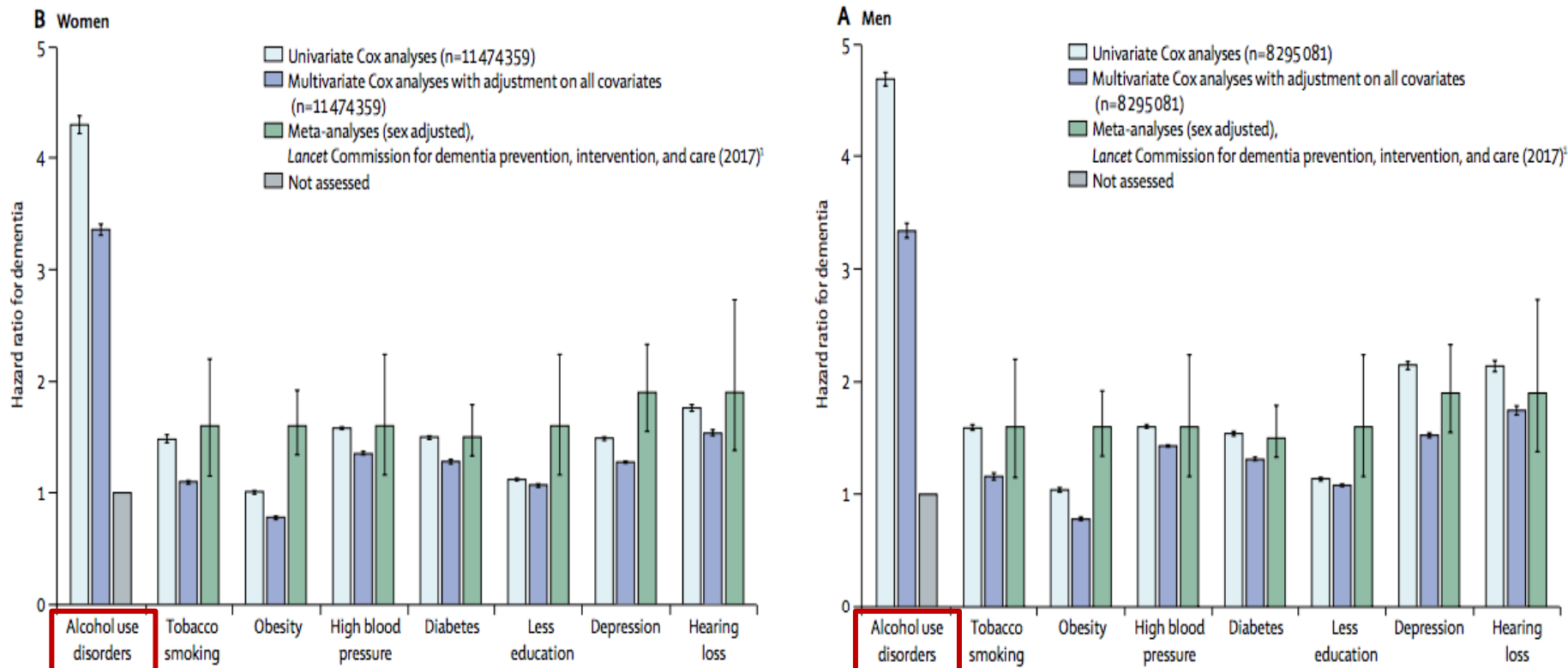


Figure 2: Potentially modifiable risk factors for dementia among men (A) and women (B). Bars are 95% CIs.

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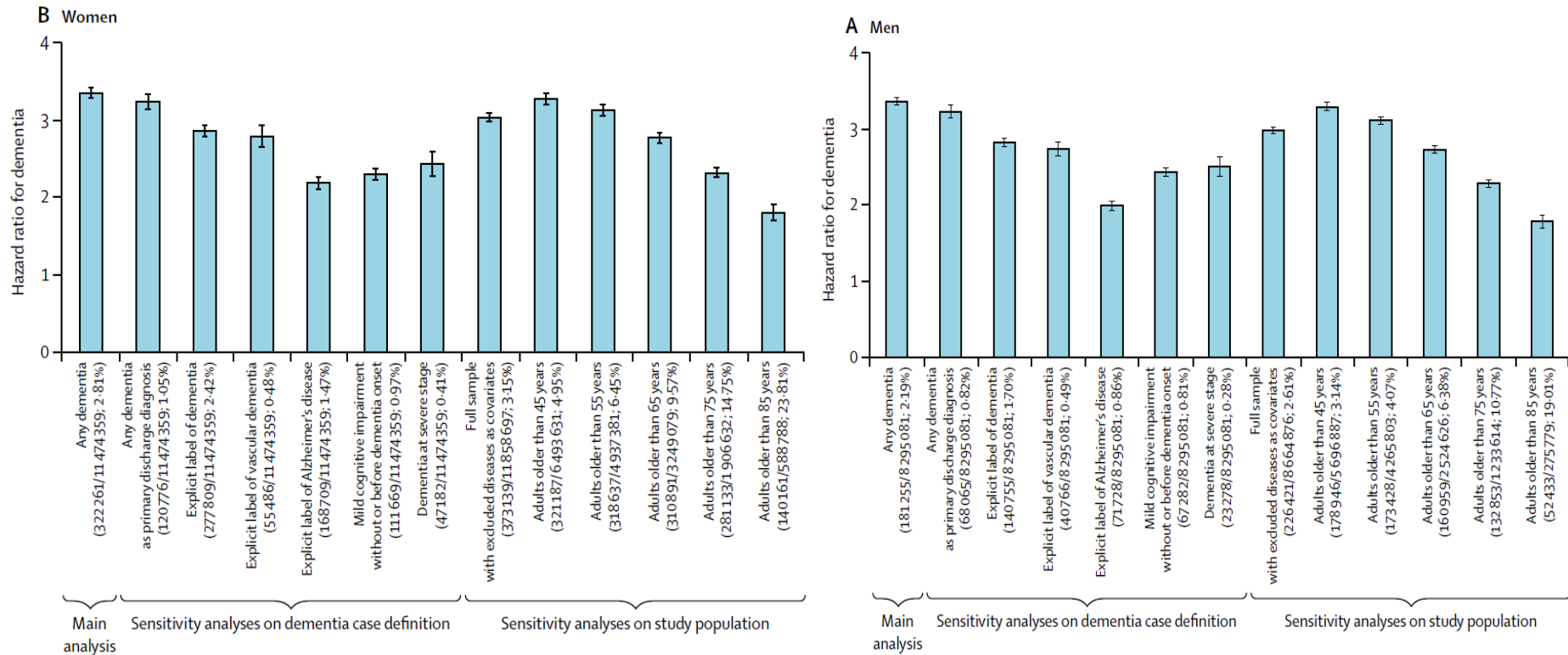


Figure 3: Association of alcohol use disorders with dementia onset among men (A) and women (B) in sensitivity analyses (multivariate Cox analyses)
 Bars are 95% CIs.

Diagnostics différentiels ?

Cerebrospinal Fluid Biomarkers in Patients With Alcohol Use Disorder and Persistent Cognitive Impairment



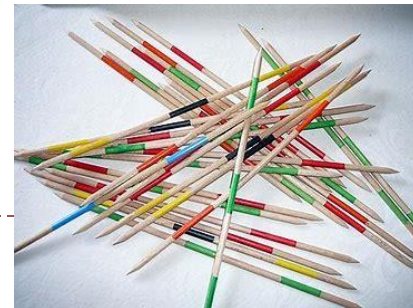
Julien Azuar , Elodie Bouaziz-Amar, Emmanuel Cognat, Julien Dumurgier, Virgile Clergue-Duval , Thomas Barré, Jihed Amami, Eric Hispard, Frank Bellivier, Claire Paquet, Florence Vorspan, and Frank Questel

Table 1. Distribution of CSF Profiles

AT(N) profiles		Simplified CSF profiles (<i>n</i> = 73)	
A–T–(N)–	61.6% (45)	Normal	61.6% (45)
A+T–(N)–	6.8% (5)	Intermediate	27.4% (20)
A–T+(N)–	0% (0)		
A–T–(N)+	11.0% (8)		
A–T+(N)+	6.8% (5)		
A+T–(N)+	1.4% (1)		
A+T+(N)–	1.4% (1)		
A+T+(N)+	11.0% (8)	AD	11.0% (8)

AD, Alzheimer's disease; CSF, cerebrospinal fluid.

Quels sont les mécanismes des troubles cognitifs liés à l'alcool ?



Evaluation
neurocognitive

Événements et facteurs de risque cumulés

Comas éthyliques



Usage nocif

Sevrage(s) en alcool



Trouble de
l'usage

Périodes
d'abstinence

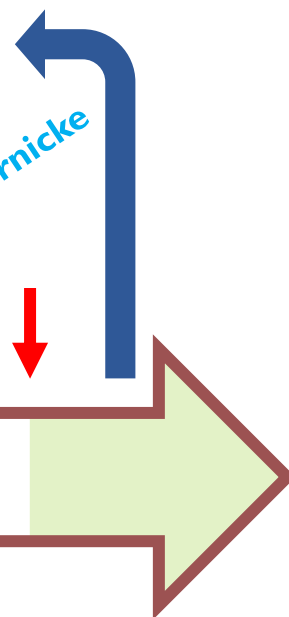
Rechute brutale



Crise épileptique
Trauma crânien



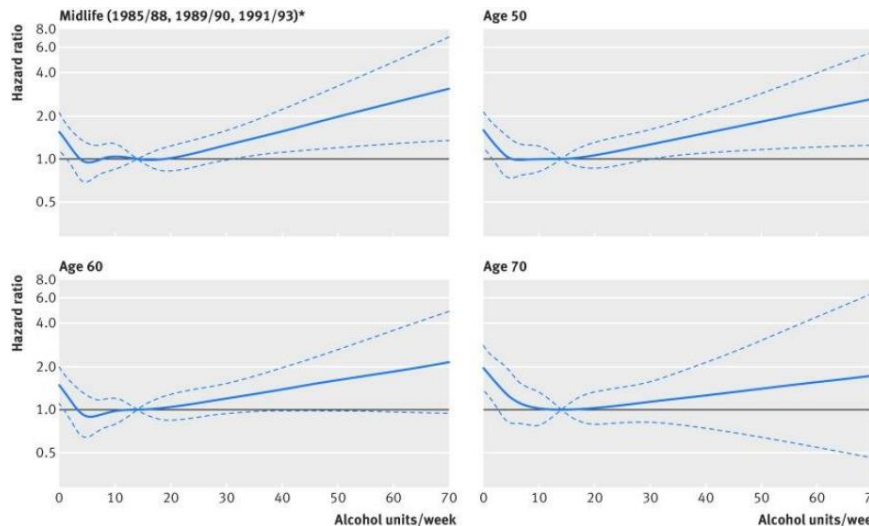
Gayet Wernicke



Alcohol consumption and risk of dementia: 23 year follow-up of Whitehall II cohort study

----- Séverine Sabia,^{1,2} Aurore Fayosse,¹ Julien Dumurgier,³ Aline Dugravot,¹ Tasnime Akbaraly,^{2,4,5} Annie Britton,² Mika Kivimäki,² Archana Singh-Manoux^{1,2} -----

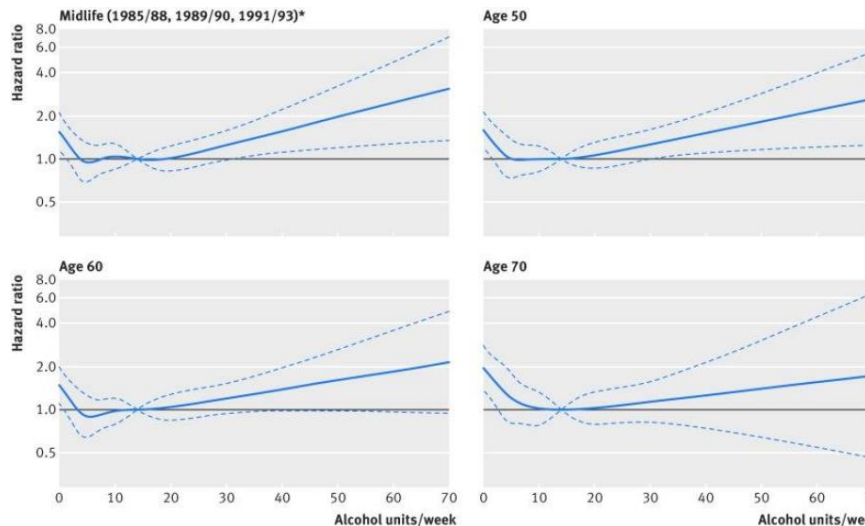
- ▶ Augmentation du risque dès 14 verres par semaine
 - ▶ Proportionnelle à la quantité consommée
 - ▶ Pas d'effet protecteur des faibles doses
- ▶ Sur-risque si score > 2 au questionnaire DETA (*CAGE*)



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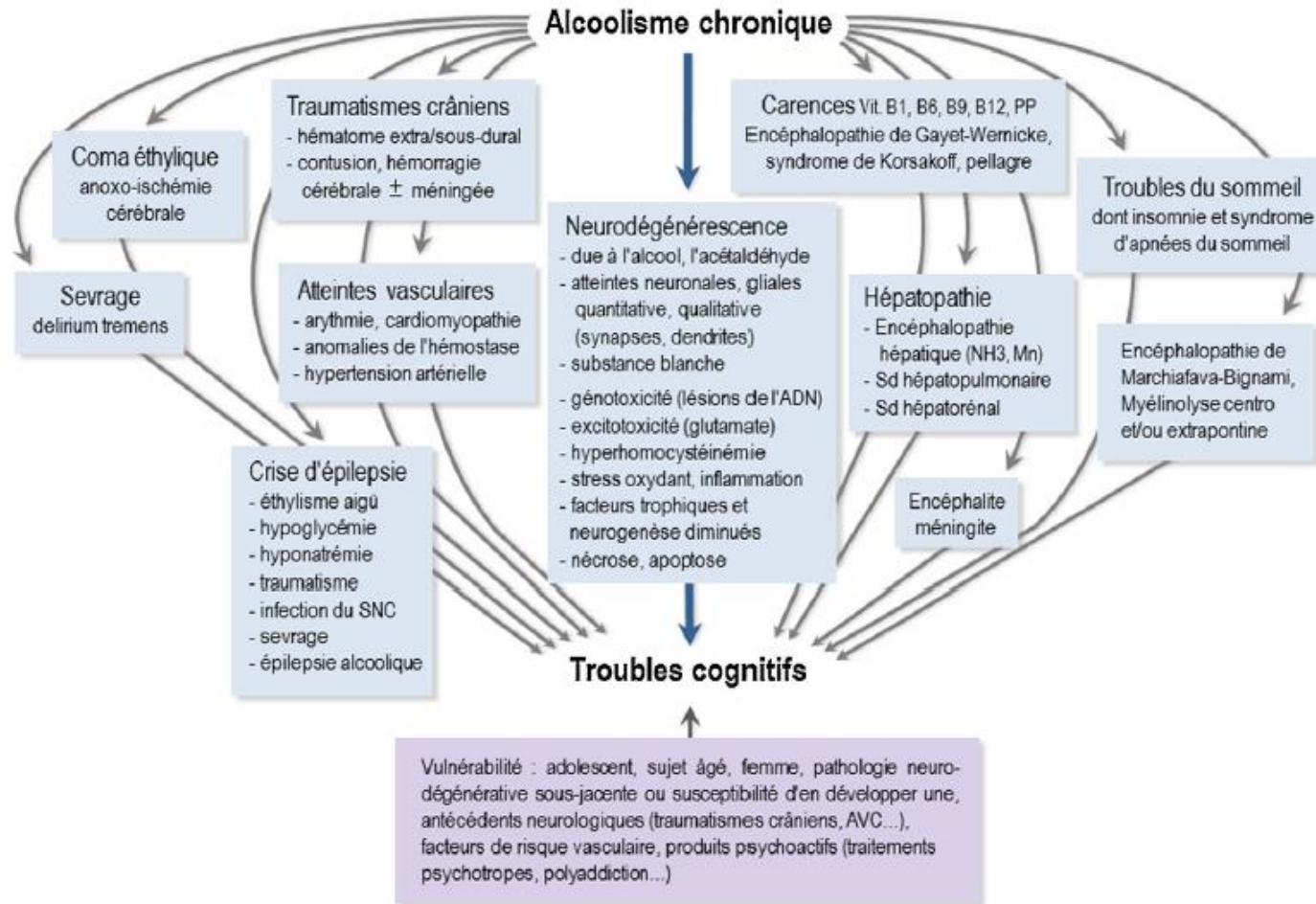
- ▶ Augmentation du risque dès 14 verres par semaine
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 - ▶ Pas d'effet protecteur des faibles doses
- ▶ Sur-risque si score > 2 au questionnaire DETA (CAGE)



Questionnaire DETA :

- Avez-vous déjà ressenti le besoin de diminuer votre consommation de boissons alcoolisées ?
- Votre entourage vous a-t-il déjà fait des remarques au sujet de votre consommation ?
- Avez-vous déjà eu l'impression que vous buviez trop ?
- Avez-vous déjà eu besoin d'alcool dès le matin pour vous sentir en forme ?

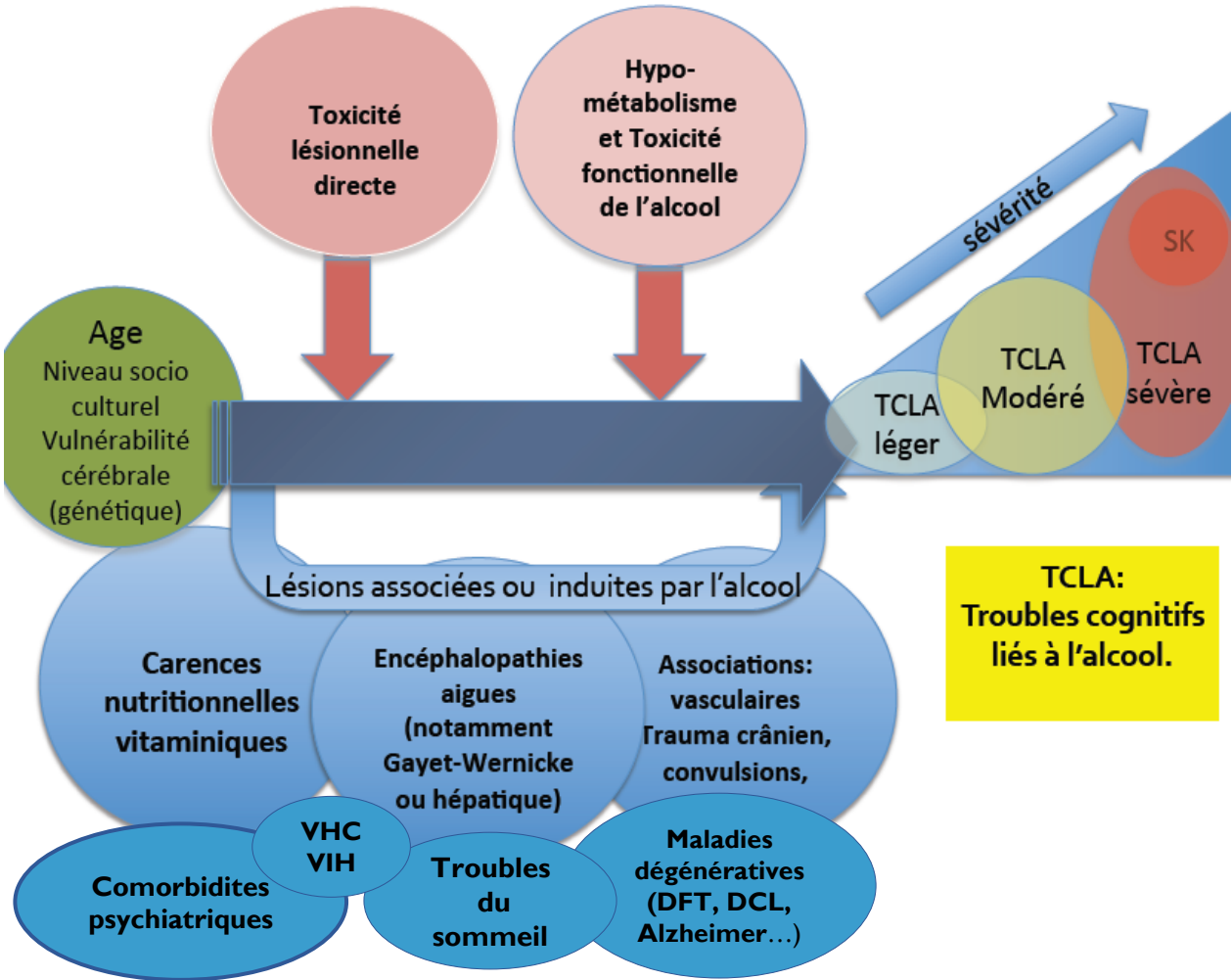
Etiologies multiples : origine multifactorielle



Vabret F, et al, *Troubles cognitifs liés à l'alcool : nature, impact et dépistage*, Press Med, (2016)

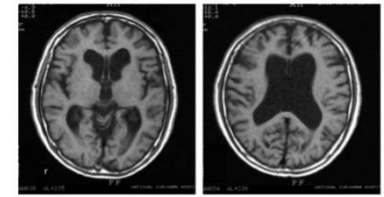
NOUVELLES
CLASSIFICATIONS DES
TROUBLES COGNITIFS
LIES A L'ALCOOL

COPA AH - 2014

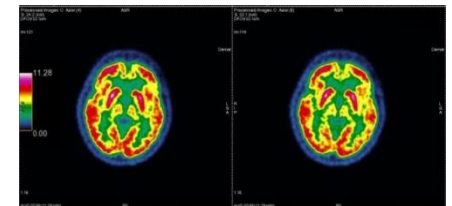


Atteintes cérébrales

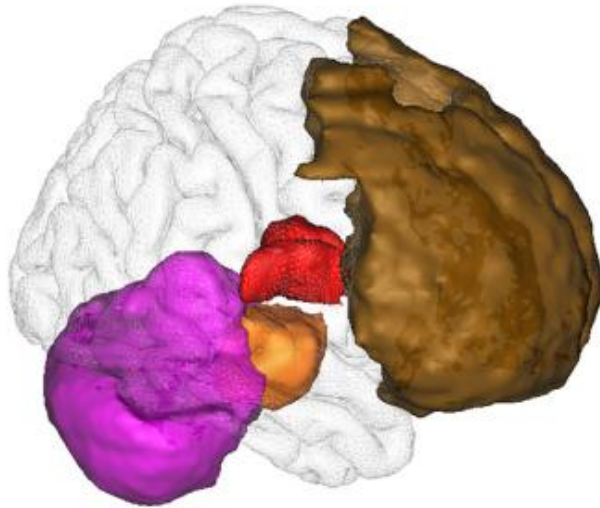
- ▶ Atrophie cérébrale diffuse (cortico sous-corticale)
 - ▶ Prédominance aux lobes frontaux, cervelet, thalamus, cortex cingulaire, corps mamillaires, hippocampes



- ▶ Altération de la substance blanche
- ▶ Hypométabolisme cérébral
 - ▶ Global, prédominant en frontal et cingulaire antérieur



Circuit fronto-cérébelleux



Circuit de Papez

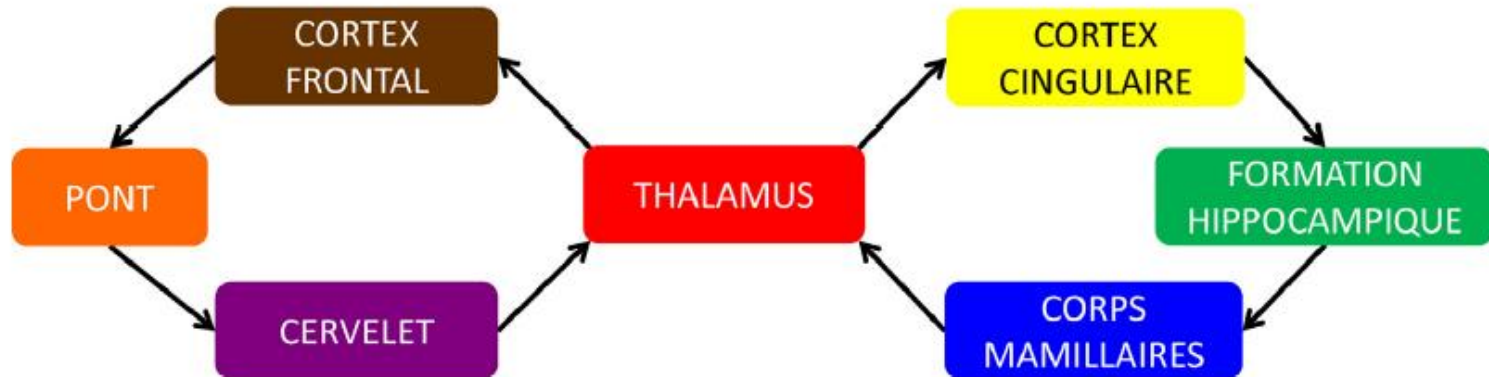
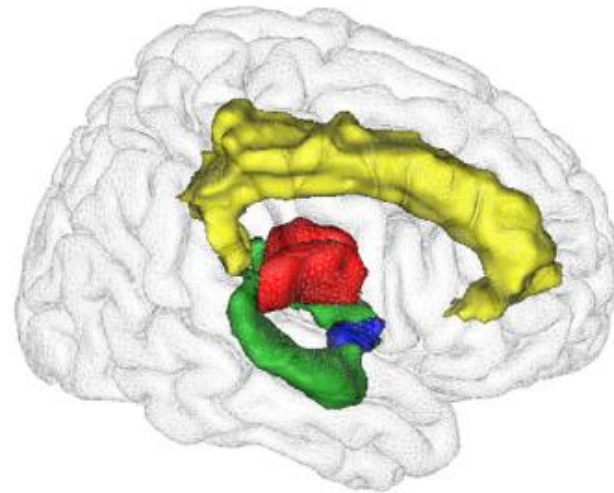


Fig. 1. Illustration des deux principaux circuits cérébraux altérés dans l'alcool-dépendance.

Syndrome de Korsakoff

- ▶ Secondaire à une encéphalopathie de Gayet-Wernicke (*Wernicke's encephalopathy*)
 - ▶ Episode brutal causé par une carence en thiamine (vitamine B1)
 - ▶ Prévalence importante dans le trouble de l'usage de l'alcool
- ▶ Trouble de la mémoire épisodique très sévère
 - ▶ Anosognosie, confabulations, fausses reconnaissances
 - ▶ Irréversibilité ?
- ▶ Altération des thalami et corps mamillaires



Evolution des TCSLA ?

- ▶ Récupération possible
 - ▶ A contrario des maladies neurodégénératives
 - ▶ Importance du diagnostic de TCSLA
- ▶ Récupération prédominante sur les fonctions exécutives
- ▶ Nécessite une prise en charge en remédiation cognitive longue et spécialisée



TAKE HOME MESSAGES

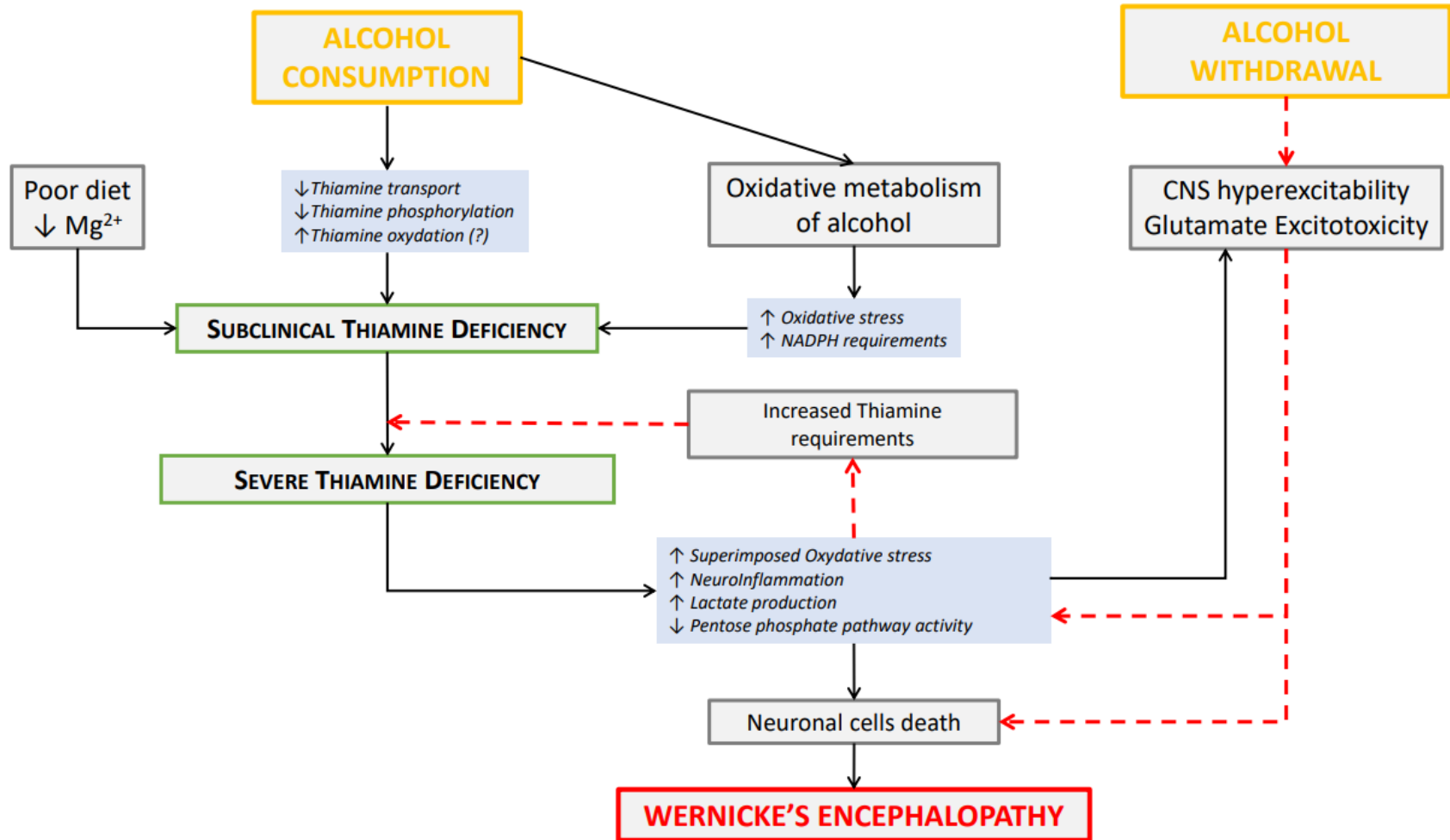
- ▶ Alcool = « the elephant in the room »
 - ▶ Premier facteur de risque de trouble cognitif sévère <65 ans
 - ▶ Premier facteur de risque évitable de trouble cognitif sévère
- ▶ Origine multifactorielle des TCLA et des TCSLA
- ▶ Continuum dans la sévérité
- ▶ Rôle de la malnutrition : vitamine B1, ...
- ▶ Réversibilité possible (même à distance)





ANNEXES

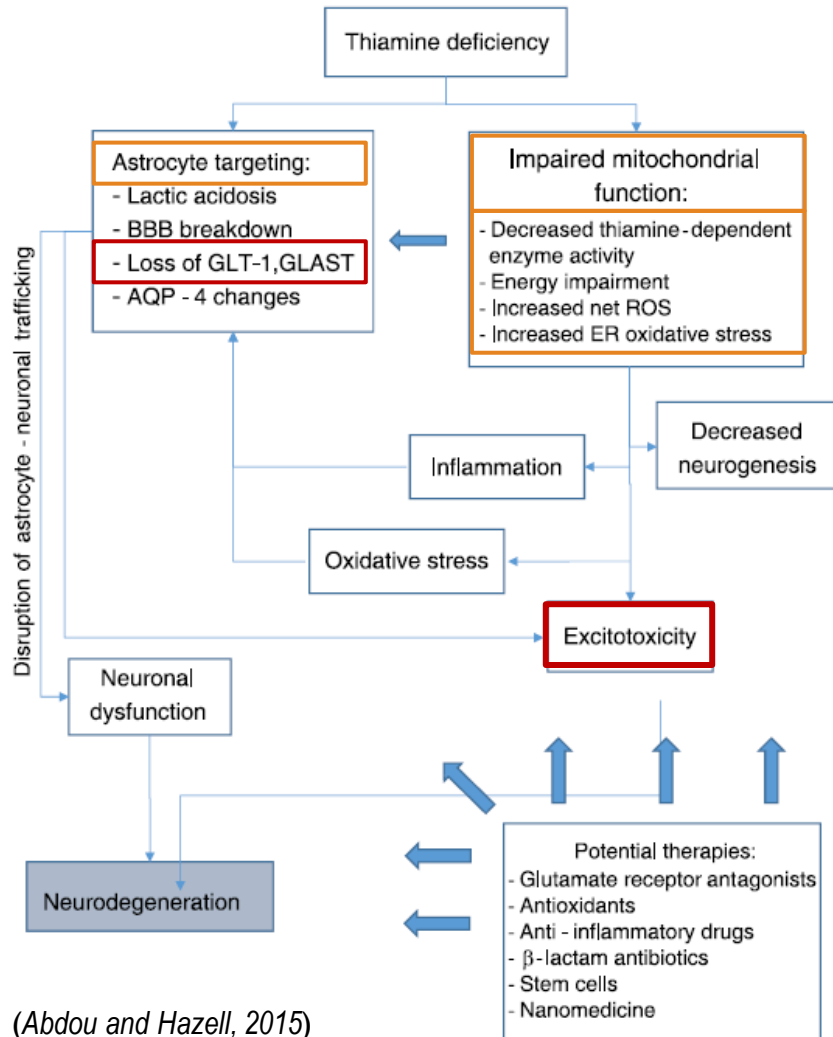
EGW et perisevrage en alcool



Physiopathologie de l'EGW

➤ « excitotoxicity as a major cause of the histological lesions observed in thiamine deficiency and Wernicke's encephalopathy »

(Abdou and Hazell, 2015)



(Abdou and Hazell, 2015)

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