Anosognosia in Alzheimer’s Disease: A Review
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ABSTRACT
Anosognosia, or lack of awareness of one’s cognitive deficits, can occur in Alzheimer’s disease (AD), the most common form of dementia. This paper reviews the limited body of literature on anosognosia in AD, from its impact on older adults to their caregivers, and makes the case for additional research on this challenging topic.

INTRODUCTION
Alzheimer’s disease (AD), the most common form of dementia, is a neurodegenerative condition that primarily affects memory.\(^1\) Progression of AD varies for each person with dementia. At advanced stages of the disease, patients often struggle with motor skills, communication, and activities of daily living like eating and toileting.\(^1\) Anosognosia, or unawareness of cognitive deficits, can also impact adults with Alzheimer’s disease and their caregivers;\(^2,3\) it is associated with risky behaviors and disinhibition in affected older adults.\(^3\)

There is no definitive measure for lack of self-awareness in Alzheimer’s disease, but a growing number of studies are gaining more insight into this complex phenomenon.\(^3,4\) Anosognosia in AD can manifest as patients not recognizing their memory deficits and/or the dementia diagnosis. This lack of self-awareness varies from person to person, but appears to worsen as the disease becomes more severe.\(^5\)

Some studies suggest that the degree of anosognosia relates directly to dementia severity in adults with AD.\(^6\) Given that AD affects 6.5 million Americans and there are limited treatment options and no cure,\(^1\) it is crucial that we have a better grasp on the experiences of affected older adults. This literature review discusses current research on anosognosia, or impaired self-awareness, in AD. More studies on this topic can help us to better understand how to manage the disease in order to take better care of older adults with AD and their caregivers.

Anosognosia in Adults with Alzheimer’s Disease
A few studies have shown just how difficult it is for patients with AD to recognize their own cognitive deficits and/or dementia diagnosis.\(^6\) In one study, researchers in Brazil evaluated 34 older adults with AD.\(^6\) Participants were asked questions about their medical conditions, social environment, and relationships. The study also evaluated participants’ understanding of their cognitive deficits.\(^6\)

The majority of older adults in the study perceived a difference in their everyday life but did not recognize their need for help with self-hygiene, chores, and other activities.\(^6\) Interestingly, 65% of those surveyed reported increased feelings of sadness and none reported decreased feelings of sadness.\(^6\) The researchers suggested that for the participants with AD,
this more negative emotional state and social interactions might be a sign of their dementia progression.\(^6\)

Another study in the United States with 181 adults attempted to gain insight into the relationship between anosognosia and neuropsychiatric manifestations like hallucinations and delusions in dementia.\(^7\) There was considerable variability in degree of self-awareness of deficits among the study participants.\(^7\) Adults who were less aware of their condition were more severely cognitively impaired, suggesting that self-awareness worsened with dementia progression.\(^7\)

**Caregivers’ Understanding of Anosognosia in Alzheimer’s Disease**

There is even less research on the effects of anosognosia in AD on dementia caregivers. It would make sense that caregivers, who support affected older adults with AD, might not realize the degree of dementia severity in their loved ones who lack insight. Researchers in one study evaluated this phenomenon by using the story of a fictional patient with AD. They asked participants, who were dementia caregivers, to read the story and evaluate the patient’s cognitive impairment.\(^8\) Caregivers, similar to older adults with AD, overestimated the fictional patient’s cognitive function.\(^8\) These findings suggested that dementia caregivers also lacked understanding of disease progression in AD.

Another study evaluated the relationship between anosognosia in patients with AD and degree of stress experienced by their caregivers. Study participants, who were dementia caregivers, had greater self-reports of caregiver stress if their loved one was unaware of their cognitive deficits.\(^3\) Anosognosia in the care recipient with AD was also associated with feelings of increased time demands, isolation, and loneliness by caregivers. For example, caregivers reported feeling like they needed to supervise their loved ones to monitor for potential risky behaviors.\(^3\)

The lack of insight into cognitive deficits and dementia severity by both older adults with AD and their caregivers is alarming. Dementia caregivers in particular need to understand their loved ones’ condition in order to better support them. More research is needed on this topic, as degree of self-awareness, or lack thereof, in AD may impact the amount of care that affected older adults need.

**DISCUSSION**

Research investigating anosognosia in Alzheimer’s Disease is important. AD is the most common cause of dementia in the United States, and gaining a better understanding of the disease will allow caregivers and healthcare providers to better support the aging population. Recent studies suggest that anosognosia may cause emotional distress for both the adult experiencing Alzheimer’s and their caregiver.\(^1,3,6\) However, the lack of literature on this phenomenon is alarming. It may be more difficult to take care of adults with AD who do not
understand their condition. Additionally, for adults lacking a formal dementia diagnosis, anosognosia may be an early sign of AD.

More research is needed to evaluate the effects of anosognosia, or lack of self-awareness, in Alzheimer’s disease. This information can be used to better educate caregivers, who also have limited understanding of their loved ones’ condition. Caregiver education initiatives, for example, could help improve emotional hardships experienced by both adults with AD and their caregivers.

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REFERENCES