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Daniel C. Mograbi, Robin Morris

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Forum: Definitions

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Daniel C. Mograbi*¹,² and Robin Morris²,³

¹Pontifical Catholic University of Rio de Janeiro, Department of Psychology
²King’s College London, Department of Psychology, Institute of Psychiatry, Psychology and Neuroscience
³King's College Hospital NHS Foundation Trust

*Corresponding author. Address: Institute of Psychiatry, KCL, PO Box 078, De Crespigny Park, SE5 8AF, London, UK;
E-mail address: daniel.mograbi@kcl.ac.uk Phone: (44)(20) 78485718
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Daniel C. Mograbi\(^1,2\) and Robin Morris\(^2,3\)

\(^1\)Pontifical Catholic University of Rio de Janeiro, Department of Psychology
\(^2\) King’s College London, Department of Psychology, Institute of Psychiatry, Psychology and Neuroscience
\(^3\) King’s College Hospital NHS Foundation Trust

1. Definition

The term *anosognosia* refers to lack of awareness of having a disorder or disability, from the Greek: *a* – without, *nosos* – illness, *gnosis* – knowledge. It is used in the context of neurological disorders and in relation to the main symptoms/deficits of a condition, including motor, sensory, behavioural and cognitive alterations. It can also encompass the functional consequences of having a condition, including impairments in activities of daily living, interpersonal difficulties and personality changes. *Anosognosia* is inferred from the discrepancy between patient self-report and/or actions with informant report or an objective evaluation, such as a neurological examination/neuropsychological test.

Anosognosia can range from a slight minimisation of difficulties to a complete denial of problems. Response to feedback is varied, with some patients increasing their awareness, at least in the short term, when exposed to information about impairment. In others, unawareness shows a more fixed character, with patients not acknowledging difficulties even when confronted with feedback.

The term has been applied to a variety of conditions, including for example dementia, stroke, chorea, multiple sclerosis and the effects of traumatic brain injury, and also to specific symptoms such as amnesia, aphasia, cortical blindness and deafness, hemianopia and hemiplegia. People may be anosognosic about certain aspects, while showing full awareness of other features of their condition – this has been referred as the specificity of *anosognosia*, i.e. the extent to which unawareness is present in relation to a single or multiple deficits. Cases in which there is a dissociation between verbal
disavowal of difficulties and adapted behaviour in relation to the condition have also been observed.

Anosognosia has been distinguished from anosodiaphoria (apathy or lack of concern in relation to a condition), but there is some overlap between the phenomena, with people who are unaware of their deficits often presenting with diminished emotional responses towards them. Nevertheless, impaired awareness may be accompanied by preserved emotional reactivity to deficit or symptom.

Anosognosia has a neurobiological basis, being associated with damage to certain brain areas and specific neurocognitive impairments. Psychosocial factors, such as cultural values, premorbid personality and beliefs, also play an important role in the presentation of anosognosia. Furthermore, the degree of anosognosia can be affected by mood state.

2. Label

Anosognosia is the most widely used label in the neurological literature. Research into the topic in the psychiatric literature tends to refer to loss of insight to describe reduced awareness of morbid changes. The label denial and derivatives such as denial of illness, taken from psychoanalytic theory on defence mechanisms, are associated with psychodynamic views of anosognosia, or loss of awareness as being caused by issues concerning psychological adjustment, and should be restricted to cases in which neurocognitive causation is not implicated (e.g. coping with cancer). The term metacognition has been used as synonym of awareness of cognitive function, but refers more specifically to cognitive control, monitoring and regulation over cognitive processes. Loss of awareness, unawareness and impaired self-awareness have been used as theoretically neutral and descriptive labels. Nevertheless, awareness can also be used to refer to cognitive processes (e.g. memory without awareness), so caution with the use of these terms is advised. It is worth noting that in some languages (particularly the Romance languages), the same word is often used to refer to both awareness and consciousness.

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