Amnestic Disorder

Assessment

Standardized, empirically supported assessment instruments should be used in determining diagnosis, and may even be useful in evaluating the effects of treatment:

- Wechsler Memory Scale (WMS-III), The Psychological Corporation, 1997).
- The Rivermead Behavioral Memory Test (RBMT; Wilson et al., 1985).
- The Rey Auditory Verbal Learning Test (RAVLT; Rey, 1964).
- Rey-Osterrieth Complex Figure Test (ROCFT; Osterrieth, 1944; Rey, 1942).
- Autobiographical Memory Interview (AMI; Kopelman, Wilson & Baddeley, 1990)
- The Famous Faces Test (Hodges, Salmon, & Butters, 1993).

Treatment

Much of the evidence-based literature in the treatment of amnestic disorder has not undergone critical review in the last several years. The last such review (Franzen and Haut, 1991), found little systematic research and well controlled treatment outcome studies.

Most agree that the direct restoration of memory among individuals with amnestic disorder is not possible (Berg, Koning-Haanstra & Deelman, 1991; Wilson & Moffat, 1992). As a consequence, most approaches to the psychological treatment of amnestic disorder have involved environmental adaptations, techniques to improve memory, and external memory aids, while trying to optimize preserved cognitive abilities.

Most research that has attempted to teach new learning through simple repetitive practice has been unsuccessful (Godfrey & Knight, 1988). Speed retrieval strategy (Landenauer and Bjork (1978) involves gradually increasing the interval between rehearsal and testing through distributed practice. Errorless discrimination training (Baddeley & Wilson, 1994) is the most well-supported approach to memory impairment. The learner is not permitted to make errors. While memory intact individuals can learn from errors, a memory impaired person cannot recall the errors and therefore cannot use this information in the future. Through the repetitions of errors, they can be strengthened over time. This approach has been successful with amnestic individuals (Kessels & de Haan, 2003).

Cicerone, et al. (2000) conducted an exhaustive review and analysis of existing research concerning the effectiveness of cognitive rehabilitation for individuals with traumatic brain injury or stroke. These authors comprised the Cognitive Rehabilitation Committee of the Brain-Injury-Interdisciplinary Special Interest Group of the American Congress of Rehabilitation
The committee found the evidence for the effectiveness of compensatory memory training for subjects with mild memory impairments compelling enough to recommend it as a Practice Standard.

There are no empirically supported self-help treatments for amnestic disorders, as the associated memory impairment usually precludes the learning of new information. Several websites may be useful:

- [http://www.biausa.org](http://www.biausa.org)
- [http://naric.com](http://naric.com)


