2- 1213 Misidentification and visual agnosia

TIPS Question:

1. Could you please differentiate misidentification and visual agnosia.

- 1st example, a husband who has been diagnosed with dementia and does not recognize his wife. It is the spouse of 50 years but this person will continue to ask the daughter who this caretaker is, that lives with him. The client recognizes his daughter and calls her name appropriately.
- 2nd example, a person who has dementia does not recognize himself in the mirror. This client will talk to the reflection in the mirror as though he were another person.
- 3rd example, a person who has dementia does not recognize himself in the mirror. This client will think that it is a stranger in the house and describes this to his daughter.
- 4th example. a person who has been diagnosed with dementia and calls his daughter by his wife's name.

Response

Your question and the scenarios you describe are excellent and nicely illustrate some of the challenges that confront care providers when trying to interpret the brain behaviour relationship.

Normal perception in a healthy individual is a complex process involving many different aspects of brain functioning. Perceptual functions include activities such as discrimination, recognition, awareness, and orientation. Disorders of recognition (agnosias) occur when there are impairments in perceptual integration. In essence, the person is not able to correctly interpret the sensory information reaching the brain, despite intact sensory mechanisms. Many types of agnosias have been identified involving the different sensory modalities, eg. visual agnosias, auditory agnosias, tactile agnosias, etc. One of the visual agnosias is called prosopagnosia – referring to the inability to recognize faces. As we know this occurs commonly in dementias such as Alzheimer Disease and would appear to be the case in the scenarios you describe.

In the presence of agnosias the person is likely to misidentify what they see, hear or feel. When unable to correctly recognize one's own face in the mirror, or the faces of others the person will attempt to make sense of what they see – fill in the blanks based on what their brain is telling them. And it is not always clear why they recognize some people and not others and why there is fluctuation in ability from day to day or even moment to moment. It makes sense, however, that given the nature of the memory impairment and the person's ability to only access information from many years ago (and the fact that they don't know they don't know – anosagnosia) they will think of themselves and others as being many years younger. It stands to reason then that the person will misinterpret a wife as being a daughter or a sister – "how could she be my wife when I am not that age?" The person may not even remember (at least not consistently) that they are married.

Distinguishing between agnosias and altered perception resulting in illusions or misperceptions can be a challenge – and it may not always be necessary or even possible to clearly make the distinction. Remember, perception is a complex process. An example of a misperception or illusion is the client who misperceives a shadow, movement of a curtain, plants in the corner or a coat stand as a person. This can be more of a problem in the late afternoon, evening or into the night when the light changes because not only are they losing their ability to discriminate images correctly, they are losing colour. It is important to try and make the distinction between misperceptions and hallucinations of course because there are obvious implications for treatment interventions. While clients with dementia may experience hallucinations, more often it is an illusion he/she is perceiving triggered by something in the environment.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! PIECES participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*