



## **CONFABULATION**

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Confabulation is the phenomenon whereby patients with memory disorders may produce false memories. For example, the patient may tell you in graphic detail how his or her parents visited last night, and later you discover that the mother died four years ago and the father died twenty years ago! The person is not aware that they are producing false memories.

Confabulation is sometimes sub-divided into two types. 'Spontaneous confabulation' refers to confabulation in which the patient tells you spontaneously about memories which cannot be correct. 'Provoked confabulation' consists of fleeting intrusion errors or distortions, produced when the patient is challenged by a memory test. For example, asked to recall that Anna Thompson had money stolen from her and went to the police station, the patient may tell you that Anna Thompson was a thief who was arrested by the police for stealing money.

There are probably differing kinds of mechanisms that underlie these forms of confabulation. Spontaneous confabulation, which may rove over a number of themes, sometimes is bizarre, and the content of which is often very preoccupying for the patient, seems to be the result of damage to the frontal lobes, particularly in the bottom part (ventro-medial) of the frontal lobes of the brain. Not all patients with severe memory disorders have damage to this part of the brain, and consequently this form of confabulation is relatively uncommon.

By contrast, provoked or 'momentary' confabulation is probably something we all do to some extent when we cannot remember something, and consequently it can be interpreted as a normal response to a faulty or failing memory. It is much more common, but is seen only when the patient's memory is very obviously challenged, as in a memory test.

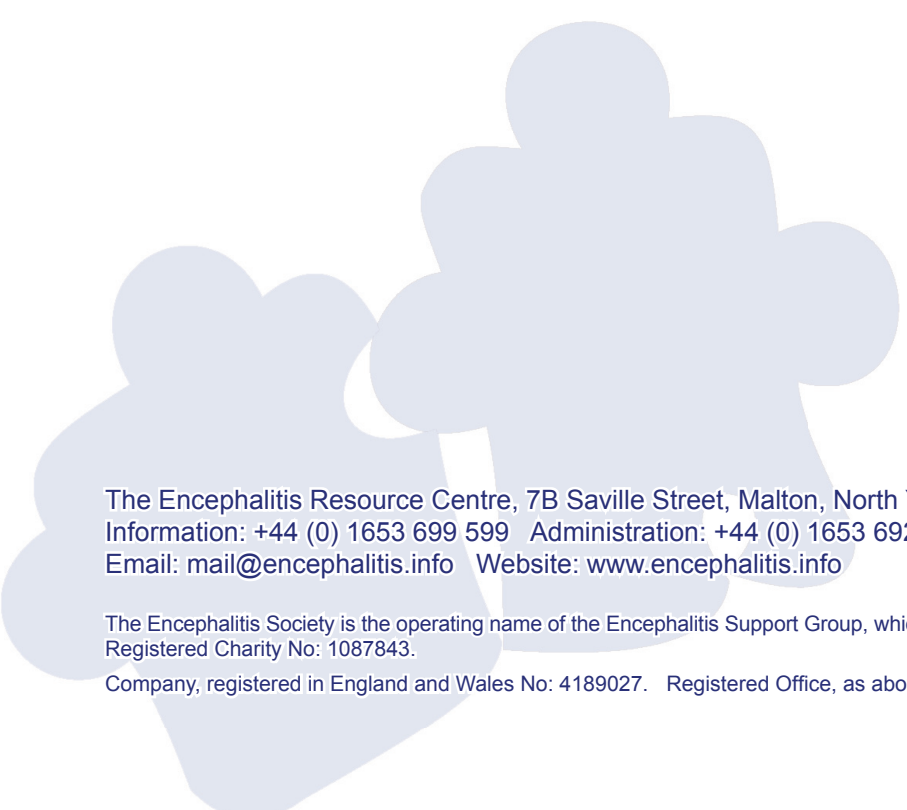
Spontaneous confabulation can be distressing for relatives and carers because of the bizarre and preoccupying forms it sometimes takes. Unfortunately, there is no very effective drug treatment for this form of confabulation, although there are certain medications that can be tried. Most commonly, it is seen in the early stages of an illness, when the patient is confused, and often it will settle with time. In occasional cases it may be persistent. In encephalitis, the primary site of damage is usually elsewhere than the ventro-medial portion of the frontal lobes: for example, in herpes encephalitis, the medial aspects of the temporal lobes are most commonly affected, causing severe memory impairment. However, the ventro-medial portion of the frontal lobes are sometimes affected as well, giving rise to confabulation.

Where a person is experiencing confabulation, they should be referred back to the consultant in charge of their case with a view to discussing and managing the confabulation.

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