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Definitions and Assessment of Confabulation: A Scoping Review

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ADMINISTRATIVE INFORMATION

Support - None to report.

Review Stage at time of this submission - Formal screening of search results against eligibility criteria.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 16 July 2026 and was last updated on 16 July 2026.

INTRODUCTION

Review question / Objective The purpose of this scoping review is to investigate formal definitions of and assessment procedures/tools for confabulation in the adult, brain injury population.

Background Among the many cognitive-linguistic impacts of brain injury, confabulation presents a significant clinical challenge. Broadly, confabulation describes false information that is believed to be true by the speaker. Despite its prevalence, there is no consensus on how to define, measure, or categorize these "believed mistruths," creating a major barrier to effective rehabilitation. For SLPs, confabulation complicates client interactions and intervention planning by undermining the reliability of patient narratives, jeopardizing safety, and hindering both therapeutic rapport and community reintegration. Although clinically addressing confabulation falls squarely

within the scope of SLP services, there are limited evidence-based practice protocols or assessment tools to implement in clinical practice.

Rationale Confabulation is a common yet understudied phenomenon that has a significant impact to the lives of individuals, prolonging the return to functional daily living, forming and maintaining relationships, securing employment, and overall quality of life. This scoping review will fill an important clinical gap by providing definitions used for confabulation in past peer-reviewed research and assessment tools or procedures for measuring incidence and severity of the behavior. Findings from this review will form the foundation for future work focused on providing a more cohesive formalized definition for confabulation, the proposal of a standardized assessment protocol for clinical use, and guidance for future intervention design.

METHODS

Strategy of data synthesis A comprehensive search strategy was developed by an experienced librarian for the following databases: Academic Search Premier, CINAHL, Cochrane, ComDisDome, Embase, ERIC, MEDLINE, PsycINFO, PubMed, and Scopus. Each database was searched using keywords for confabulation and acquired brain injury and the appropriate controlled vocabulary for that source. An example of the search conducted in PubMed is as follows: (confabulation) AND (acquired brain injury or ABI or anoxia or stroke or ACA or TBI or traumatic brain injury or Wernicke-Korsakoff Syndrome or "Brain Injuries"[mesh] or "Hypoxia, Brain"[mesh] or "Stroke"[mesh] or "Alcoholic Korsakoff Syndrome"[mesh] or "Korsakoff Syndrome"[mesh]). The search was limited to sources published from January 1974 to October 2025.

Eligibility criteria Include:

1. Adults with acquired brain injury, traumatic brain injury, Wernicke's Korsakoff syndrome, stroke, or anoxic brain injury.
2. Must define confabulation.
3. Must include assessment or measurement tool or protocol.
4. Must be a peer-reviewed journal article.
5. Must be written or translated into English.

Exclude:

1. Pediatric population.
2. Individuals with psychiatric conditions or neurodegenerative diseases, and visual confabulation.
3. Non-peer reviewed articles, book chapters, conference abstracts, thesis, and dissertations.
4. Article not available in English.

Source of evidence screening and selection

Articles pulled from Academic Search Premier, CINAHL, Cochrane, ComDisDome, Embase, ERIC, MEDLINE, PsycINFO, PubMed, and Scopus search will be first reviewed by Title and Abstract using Covidence.org. A minimum of two authors will review each article, at each stage. Articles will be reviewed against the inclusion/exclusion criteria and disagreements will be discussed amongst the group of authors before a final determination is made. Disagreements will be solved using discussion and a group vote before proceeding.

Data management Authors will use Covidence.org to facilitate article screening, selection, and extraction.

Language restriction Articles available in English.

Country(ies) involved United States and Australia.

Keywords Confabulation; Brain Injury; Assessment; Differential Diagnosis; Speech Language Pathology.

Contributions of each author

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