SmartPaper – TRANSIENT AMNESIA

TRANSIENT EPILEPTIC AMNESIA

Personal or family history of epilepsy.

Episodes often occur first thing in the morning.

Usually in 60s, though occasionally younger patients may be affected.

Olfactory hallucinations may accompany some of the attacks. Patients may often have more typical temporal lobe seizures, with automatisms and reduced level of awareness.

Attacks may recur, with several over a period of a few months.

Standard EEG may be normal, but sleep-deprived or 24hr EEG may be abnormal.

MR scanning will usually be normal.

History of cardiac disease relatively common.

Attacks will usually cease with the introduction of anti-convulsant medication.

Attack will usually last less than 30m, though longer periods of memory loss have been reported.

TRANSIENT AMNESIA

TEA distinct from post-ictal confusion – (1) Identifiable standard clinical seizure that leads to post-ictal confusion. (2) Post-ictal confusion will often include poor attention, and in some cases language disturbance – absent in TEA. (3) Post-itcal confusion will usually followed by a period of sleep/fatigue…. TEA sleep / fatigue generally milder. (4) Post-ictal confusion will generally be longer than the period of memory loss associated with an acute episode of TEA, though some TEA episodes can also be long.

Cognitive testing after recovery may show a limited degree of anterograde memory impairment on standard tasks. However, there will often be long-term accelerated forgetting, and autobiographical memory loss for events that have occurred over a number of years.

The patient may be left with patchy memory loss for the episode.

1. **Description of episode** (Patient)

TRANSIENT GLOBAL AMNESIA

Usually in 60s.

Personal or family history of migraine

Some forms of transient epileptic amnesia may be largely or entirely subclinical, with the person being able to carry out routine, complex tasks during the attack.

Physical or emotional stress is often a precipitant – e.g. strenuous exercise, sudden exposure to hot or cold, etc.

TRANSIENT PSYCHOGENIC AMNESIA

Recent or past history of psychiatric illness. Recent stressful episode – family, work, financial, etc. History of alcohol abuse.

Memory loss for new information will be severe, with the patient usually repeating the same question many times, inspite of being given the answer.

2. **Description of episode** (Observer)

Loss of remote memory may continue for several days, weeks or months.

Attack will usually last around five hours.

There will be a variable degree of retrograde amnesia, and this is usually temporally graded - more recent events being more severely affected. There will be no loss of personal identity, nor any failure to recognize family members. There will be preservation of language skills, & also of overlearned motor skills, such as ability to drive a car.

Recovery from the episode may be sudden, and may be triggered by emotional event.

Secondary gain for memory loss. There may be evidence of malingering on cognitive testing, though this may also be entirely normal.

Loss of personal identity, ability to sign own name or failure to recognize family members.
There may also be a dense, life-long, auto-biographical amnesia.

Cognitive testing will usually show a relatively focal but severe loss of ability to retain new information, but in some cases attention or executive function may be slightly affected.

Fugue state (wander some distance from home with loss of memory for wandering) may occur in some cases.

Attacks will seldom recur.

The patient will generally be perplexed and concerned.

Standard MR scan will usually be normal, but diffusion weighted MR imaging, SPECT or PET scanning during or shortly after the acute phase may show medial temporal lobe abnormalities

The patient will usually make a gradual and complete recovery, with a memory gap for the episode, and a short period of pre-ictal amnesia.

Patient may present to a non-medical agency such as the police.