Transient Global Amnesia

Transient global amnesia (TGA) is a sudden and temporary impairment of memory that lasts up to 24 hours. During TGA a person is not able to recall new information (anterograde amnesia), and may also have difficulty recalling old memories (retrograde amnesia). The main symptom of TGA is repetitive questioning and disorientation (Szabo, 2014). During the attack the person is alert and able to communicate and remains aware of their personal identity (Peer et al., 2014). It is important to provide psychological support to the individual and their family members during a TGA attack as it can be highly distressing to witness a previously competent person suddenly lose their ability to remember something that was said only a minute ago (Harrison & Williams, 2007).

In order to diagnose TGA, the following criteria outlined by Hodges & Warlow (1990) must be met:
1. The attack was witnessed and reported.
2. There was obvious anterograde amnesia (impaired ability to learn new information) during the attack.
3. There was no clouding of consciousness.
4. There was no focal neurological signs or deficits (such as impaired language or weakness of limbs) during or after the attack.
5. There were no features of epilepsy.
6. The attack resolved within 24 hours.
7. The patient did not have any recent head injury or active epilepsy.

TGA typically occurs as a single episode and is considered a ‘benign’ disorder as the memory deficits resolve completely and there are no long-term effects. Pre-attack factors that have been associated with TGA include physical and/or emotional stress, swimming, sexual intercourse, and use of marijuana or Viagra. The most common risk factor is a history of migraines (Harrison & Williams, 2007).

Although there have been hundreds of reported cases of TGA, the cause is still unknown, and it is regarded as one of the most mysterious neurological conditions. (Peer et al., 2014). A number of possible causes have been proposed, including migraine and a disturbance of venous blood flow in the brain (Szabo, 2014). A recent neuroimaging study using functional Magnetic Resonance Imaging (fMRI) found that there was a significant reduction in connectivity between brain regions controlling memory functions in individuals during a TGA attack (Peer et al., 2014).
References


