A patient guide to post-traumatic amnesia

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What is Post Traumatic Amnesia?

When a person sustains a head injury, many changes may occur within the brain. Neurotransmitters are the chemicals which allow the electrical impulses in our brains to work; these can be disrupted.

Neurons (nerves) can be stretched, swollen and damaged. In a mild traumatic brain injury these changes are usually temporary, and the effects will wear off during the first months after injury. In more severe cases, the damage to the brain can be much longer-lasting.

In the period immediately after a traumatic brain injury, some people may suffer from post-traumatic amnesia (PTA).

PTA is a period of initial confusion post head injury, but also includes any period of time during which the person is unconscious or in coma.

How do you know if someone is in PTA?

A person who is in PTA may experience the following;

- Disorientation; not knowing the year, month, day of the week or where they are

- They may be agitated; due to the blow to the head, or because they do not understand what is going on or why they are being kept in hospital.

A key feature of PTA is problems remembering new information from moment to moment and day to day (amnesia).

Patients may forget things that they have been told, or visitors that they have had.

It is very common for people to remember nothing of the event surrounding the initial head injury.
It is important to remember that PTA is a temporary stage in the recovery from a brain injury and does not mean that this is how the person is going to remain.

In many cases, people can show quite a quick improvement in abilities as they emerge from PTA.

It is also important to note that people may be confused or unresponsive for other reasons:

- They may be unresponsive due to sedation
- Confused because of other medications such as morphine for pain relief
- Confused if they have a high temperature or an infection.

**Why is the duration of PTA important?**

The length of time that people remain in PTA can vary from hours to months.

The duration of PTA is used as an indicator to understand how serious a head injury is. The longer a person remains in PTA, the more severe the head injury.

The duration of PTA is the time of the loss of consciousness experienced by the patient to the full recovery of continuous events.

A mild traumatic brain injury is associated with PTA duration

**Recovery from PTA**

Most people recover from PTA quite quickly.

Typically, people become more familiar to facts about themselves than where they are, but there is great variation between individuals.
Orientation tends to return before full continuous memory, but again this is not always the case.

In terms of memory, people will often not remember the accident or head injury and will have no, or patchy, memory for events since.

Over time, the person will be able to create ‘islands’ of memory but their recall of new, day–to–day events may be patchy.

Gradually these islands of memory ‘join up’ until the person has continuous memory for events once more. It is important to note that when coming out of PTA, the person will recover the ability to produce new memories but will not recover memories from the period of PTA.

Coping with a relative in PTA

During post–traumatic amnesia, a person can be confused, disoriented, agitated and may behave unusually. It is not uncommon for people to be uncharacteristically aggressive or to do inappropriate things.

It is also possible that a person will take longer to respond to stimuli (something that causes a reaction), be unable to pay attention or concentrate. For this reason, people in PTA are not to be discharged from hospital without very close supervision, as they would be at risk for example when crossing the road or operating machinery.

Those experiencing PTA may need frequent breaks in interactions, even with relatives.

They may be sensitive to noise, light or being around too many people.

Furthermore, they may be argumentative; failing to understand why they need to remain in hospital, trying to move even if injured or repetitively asking about the same things.
This may be very challenging for the patient’s family. However, the patient may believe and respond to what their loved ones say more than they will to professionals.

Family contact is important but it is important to consider the following;

- Limit the number of people at the bedside to one or two so that your relative/friend does not get overwhelmed.
- Give the person frequent breaks (10 mins on, 30 mins off).
- Remind the person of where they are and why they are there (if this is not too distressing).
- Written information or family pictures by the side of the bed can be helpful to familiarize the person.

If the patient does or says something inappropriate, it is okay to prompt them about this but avoid getting into arguments and try not to take things personally.

Whilst it is beneficial for the family to be present and engage with the patient, it is important not to put undue pressure on your relative to remember things as this will not aid recovery. Simply being present to provide reassurance and comfort is the best thing you can do.

Remember, post–traumatic amnesia is temporary, so you need to have patience and let recovery take its own course. If the person is agitated or becoming aggressive the doctor may consider giving some medication to calm them down in the short–term.

Also remember that since the person will not be remembering everything anyway, do not feel that you have to be present all the time. It is important to look after yourself; get plenty of rest and eat well since your help will be needed more at the later stages of recovery.

Also, many relatives travel to see their loved one in hospital, and a lack of sleep could put the family at risk whilst driving.
Please use the space below to write down any questions you may have and bring this with you to your next appointment.

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Contact number

Head Injury Clinical Nurse Specialist or Neuropsychology Department: 0121 371 4243

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