INVITED COMMENTARY

Is Post Traumatic Amnesia any Different from Delirium?

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ABSTRACT

This invited commentary discusses David W. Smith’s narrative account of his experiences during recovery from his traumatic brain injury (Smith, 2012). The author discusses the available literature around recovery from an ‘injured cognition state’ with particular reference to post traumatic amnesia, delirium, and other behavioral changes associated with recovery from traumatic brain injury.

Keywords: Cognition, Delirium, Posttraumatic Amnesia, Recovery, Traumatic Brain Injury (TBI)

INTRODUCTION

The author has given a fascinating and deeply subjective account of his experiences as he made his journey through “land of Post Traumatic Amnesia”, which began after he regained consciousness and ended with him regaining his full capacity of attention, concentration, registration → anterograde memory.

Very often an individual coming out of a coma following a Traumatic Brain Injury (TBI) doesn’t just wake up, but will go through a gradual process of regaining consciousness. This stage of recovery is called Post Traumatic Amnesia (PTA) and may last for hours, days or weeks, depending upon the severity of the trauma.

The term “Posttraumatic Amnesia” (PTA) was first used in 1928 in a paper by Symonds to refer to the period between a TBI and the return of full, continuous memory, including any time during which the patient was unconscious.

There are two types of amnesia: retrograde amnesia (loss of memories that were formed shortly before the injury) and anterograde amnesia (problems with creating new memories after the injury has taken place). Both retrograde and anterograde forms may be referred to as PTA, or the term may be used to refer only to anterograde amnesia.

When fully alert and conscious, the brain, is constantly perceiving, processing, registering and recalling information, but in PTA the injured person’s consciousness is “clouded”, and he is confused and disoriented and unable to remember events that occur after the injury. The person may be unable to state his or her name, where he or she is, and what time it is. (“The first thing that I recall was I didn’t know who I was, where I was, or what I was, I just felt an all encompassing loneliness, a loneliness and emptiness so profound that it surpasses any sort of descriptive words.”) When continuous
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