

Time trends, frequency, characteristics and prognosis of short-duration transient global amnesia

Background and aims

Transient global amnesia (TGA) is characterized by a sudden onset of anterograde amnesia lasting up to 24 hours. Diagnostic criteria have been validated four decades ago, and, since then, the phenotypic expansion of TGA is unknown. Transient epileptic amnesia (TEA) is a differential diagnosis in short-lasting cases, with duration <1 hour. We provide an update on TGA clinical phenotype and long-term prognosis using data from two independent cohorts, focusing on cases with short-duration.

Methods

Clinical features, risk factors and long-term outcomes (major cardiovascular events, epilepsy, TGA recurrence) were compared between TGA in the Oxford Vascular Study (OxVasc, 2002-2018) and in the original cohort where TGA criteria were validated (Oxford, 1977-1987), defining phenotypic expansion over time. Regional comparison was made between OxVasc cohort and an independent longitudinal cohort (Northern-Umbria, NU, 2002-2018). TEA were excluded. Long-term outcomes were stratified according to differences in clinical features over time.

Results

Overall, 518 TGA patients were included (93 OxVasc, 425 NU). Episodes of short-duration (<1h) TGA increased from 9% in Oxford cohort to 32% in OxVasc ($p < 0.001$). However, in both OxVasc and NU cohorts, comparing short-duration TGA and TGA lasting longer than 1 hour, no differences were noted in major cardiovascular events, seizure occurrence or TGA recurrence.

Conclusion

Despite clinical features have expanded over time, with short-duration episodes being more frequent, TGA still qualifies as a benign syndrome, carrying low risk of cardiovascular events and seizure. Thus, clinicians should be confident in diagnosing TGA even in short-duration cases, reassuring patients regarding long-term outcomes.