



Impact of Dissociative Amnesia on Elderly People

Mamatha Dereddy*

Introduction

The knowledge lost in dissociative amnesia is usually part of conscious consciousness and is referred to as autobiographic memory. Despite the fact that the forgotten knowledge is inaccessible to consciousness, it can still affect actions (eg, a woman who was raped in an elevator refuses to ride in elevators even though she cannot recall the rape). Traumatic or stressful encounters (e.g., physical or sexual assault, rape, combat, genocide, natural disasters, death of a loved one, severe financial difficulties) or tremendous internal strife tend to be the cause of amnesia (eg, turmoil over guilt-ridden impulses or actions, apparently unresolvable interpersonal difficulties, criminal behaviors).

Symptoms and Warning Signs

Memory loss that is inconsistent with natural forgetfulness is the most common symptom of dissociative amnesia. It's likely that you have amnesia.

Generalized Selective Localized Dissociative amnesia is sometimes followed by purposeful travel or befuddled wandering, a condition known as fugue (from the Latin word *fugere* "to flee").

Localized Amnesia

Refers to the inability to remember a particular event or series of events, or a specific period of time; these memory lapses are often caused by trauma or stress. Patients, for example, can forget months or years of violence as an infant, or days spent in intense fighting. Amnesia can take hours, days, or even weeks to appear after a traumatic event. The forgotten time peeps out most of the time.

Patients with generalized amnesia lose track of who they are, where they went, who they talked with, and what they did, said, thought, heard, and felt. Some patients lose access to previously acquired skills as well as previously understood facts about the environment. Generalized dissociative amnesia is uncommon; it occurs more often in war veterans and individuals who have been sexually assaulted

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Patients with systematized amnesia forget specific categories of information, such as all information about a specific person or their families. Patients with continuous amnesia forget each new event as it happens.

The majority of patients are either partially or entirely unaware that they have memory gaps. They only become conscious when their personal identity is lost or when circumstances force them to become aware—for example, when people tell them or question them about incidents they don't recall. Patients who are seen shortly after being amnesic may appear perplexed. Some are anxious, while others are unconcerned. If those who aren't aware of the situation

Clinical Guidelines for Diagnosis

The inclusion of the following criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) is used to make a clinical diagnosis of dissociative amnesia:

- An MRI is used to rule out systemic issues.
- To rule out a seizure disorder, an EEG is used.
- To rule out toxic factors including illegal drug use, blood and urine tests are used.
- Psychological assessment may aid in defining the essence of dissociative experiences.

The Prognosis

The following factors influence the prognosis:

- The patient's life circumstances, particularly the stresses and conflicts that come with amnesia
- The patient's mental health in general

Medication

A supportive setting, as well as hypnosis or a drug-induced semi hypnotic state, are often used to help people regain their memories.

Psychotherapy to address problems related to painful or upsetting memories that have been recovered.

Supportive treatment of dissociative amnesia is typically sufficient if memory of only a short time period is lost, particularly if patients have no apparent need to regain memory of any painful event.

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