



Traumatic Brain Injury

As the conflicts in the Middle East continue, the increasing number of returning servicemen and women suffering with traumatic brain injuries is also on the rise.

Several factors have contributed to the increased number of those serving in the military sustaining and surviving head/brain trauma. The continuing escalation in the use of IED's (improvised explosive devices) combined with improved military protective equipment, increased technology and highly skilled, responsive emergency medical care has resulted in higher survival rates than in previous wars.

New legislation has been introduced by Senators Dar (Hawaii) and Larry Craig (Idaho), The Veterans Traumatic Brain Injury Act of 2007 (S. 1233), that would require of the Department of Veteran Affairs that any veteran who has an inpatient stay for a traumatic brain injury must also have an individualized plan for rehabilitation and reintegration. This legislation also addresses the need and requirement for the creation of a research and clinical care program for veterans with TBI.

TBI is a result of several types of brain injuries. The first is trauma related in which there a penetrating is wound such as a bullet or shrapnel. The second is a closed injury commonly seen after a percussive blast. Hypoxic brain injuries can be a result of blood loss following physical trauma and TBI can result from any combination of the above. Regardless of the causation the lasting effects of TBI can affect both the medical and mental status of the patient.



While the physical injuries sustained as a result of trauma are usually readily apparent the resulting brain injury may not always be immediately identifiable. Brain injury does not always result in long-term impairment or permanent disability but the location of the injury and the severity of the injury play a significant role in the likely outcomes. According to Traumatic Brain Injury.com injuries are usually classified as mild or severe.

Mild TBI is the most common form and is most often overlooked at the time of the injury. Symptoms often are referred to as post concussive syndrome and are usually a result of a forceful motion of the head or impact which causes a brief change in the mental status (confusion, disorientation or memory loss) of the injured.

The most common mental health related symptoms of mild TBI are:

- Memory loss
- Poor attention/concentration
- Irritability-emotional lability or disturbances
- Depressive feelings
- Mood disturbances
- Confusion
- Slowed thought processes

The most common mental health related symptoms of severe TBI are:

- Difficulty with attention and concentration
- Easily Distracted
- Memory
- Confusion



- Perseveration
- Impulsivity
- Deficits in speed of processing information and language processing
- Dependent behaviors
- Emotional lability
- Lack of motivation
- Irritability
- Aggression
- Depression
- Disinhibition

These changes in mood, behavior and cognition can result in a profound negative impact on the patient, their family interactions, social interactions and vocation. Treatment aims must include not only the patient but the family/caregiver(s) as well. Providing care for the TBI patient could result in feelings of anxiety, depression, loss and grief by the significant other and or family members. Addressing their possible mental health needs plays an important role in the care of the TBI patient.

Early recognition, diagnosis, rehabilitation and treatment are keys to the most successful recovery of the individual with TBI. Addressing the mental health related issues associated with TBI is an integral part of the total recovery process.

A Psychiatrist, PhD, LCSW or other licensed mental health professional familiar with the treatment of TBI are important members of any post TBI treatment team. The PhD can provide neuropsychological testing to assess significant cognitive or emotional deficits. The social worker in conjunction with the PhD can provide both counseling and emotional support to the patient



and family. Behavioral issues can also be treated with medications which can be prescribed and managed by the Psychiatrist. Medications can also be tried to treat possible aggression, affective instability or attention problems.

TBI will continue to be a challenge for both the medical and mental health community. As the numbers of TBI survivors continues to climb so will the required resources to treat these individuals. Current research is ongoing at the National Institute of Health (NIH) in conjunction with The National Institute of Neurological Disorders and Stroke (NINDS) in an effort to gain a greater understanding of TBI and allow the development of new interventions and therapies.

References:

Traumatic Brain Injury.com

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