

Traumatic brain injury (TBI) is one of the leading wounds among troops in Iraq and Afghanistan. In large part, this is due to the enemy's widespread use of improvised explosive devices, such as roadside bombs.

A TBI can be a penetrating injury or it can be a closed-head injury that is caused by a blow or jolt to the head, or from bomb or mortar blasts whose waves penetrate brain tissue. A TBI often occurs at the same time as a more obvious wound is inflicted.

The severity of the brain injury can range from mild to moderate to severe.

Mild TBI is often called a concussion and is the most common of the head injuries. It might lead to a momentary loss of consciousness or a dazed or confused state – what troops sometimes describe as “getting your bell rung.”

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If you have a mild TBI, it is very important that you and your family educate yourselves about the affliction. Most people with a mild TBI get better with time, education, reassurance and the expectancy that they will improve.

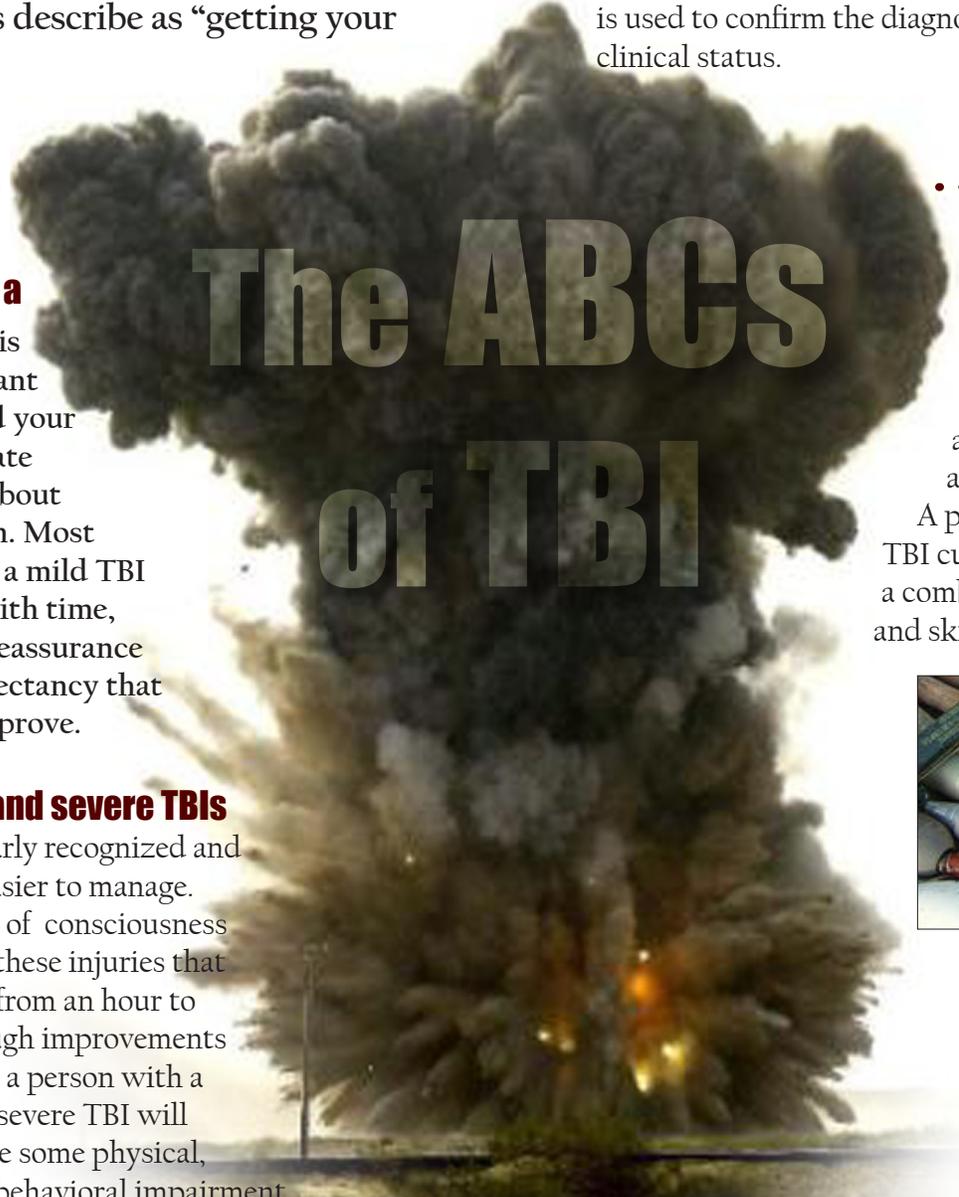
Moderate and severe TBIs are more clearly recognized and somewhat easier to manage. A longer loss of consciousness occurs with these injuries that might range from an hour to days. Although improvements can be made, a person with a moderate or severe TBI will typically have some physical, cognitive or behavioral impairment.

Symptoms include:

- Headaches
- Concentration problems, forgetfulness
- Irritability
- Excessive tiredness, sleep problems
- Vision changes, ringing in the ears.

Mild TBI symptoms usually disappear with time. Early detection and proper rest are the keys to a quick recovery.

Mild TBI can be difficult to detect. Currently, there is not an objective diagnostic test that is used to clearly identify mild TBI, but all the armed services screen for mild TBI with what's called the Military Acute Concussion Evaluation (MACE). The MACE is used to confirm the diagnosis and assess the current clinical status.



The ABCs of TBI

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There is no standard treatment for TBI, although several are under investigation.

A person suffering from TBI currently is treated through a combination of medications and skills rebuilding.



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TBI

Post Concussion Syndrome PTSD Depression

A service member with a TBI sustained in combat has suffered a psychological trauma as well as a physical one, and this must be acknowledged from the beginning. Often, TBI sufferers will only focus on the brain injury, ignoring certain psychiatric conditions that are brought on by it. If psychiatric problems exist, they must be treated along with the TBI.

Where TBI symptoms persist, there is often an overlap between symptoms of what's called Post Concussion Syndrome (PCS) and posttraumatic stress disorder (PTSD) and depression.

Post Concussion Syndrome is a set of symptoms a person may experience for weeks, months or occasionally years after a mild TBI.

Factors that increase the risk for PCS include suffering another head trauma before recovering from the first, having traumatic memories of the event or expecting to be disabled by the injury.

PCS symptoms that overlap with PTSD symptoms include:

- sleep problems, fatigue
- irritability or anger
- aggressive behavior
- memory problems
- mood swings, changes in personality
- withdrawal from family, work or social activities.

Depression is common following a TBI and can significantly impair a person's functioning. It also puts a person at a higher risk for suicide.

Overlapping symptoms of PCS and depression include:

- loss of interest or pleasure in most activities
- sleep problems, fatigue
- poor concentration.

Certain antidepressant medications—primarily the selective serotonin reuptake inhibitors (SSRIs)—have been shown to be quite effective in treating depression associated with TBI.

The Bottom Line: Treatment of psychiatric symptoms with suspected TBI involves:

- Maintaining an awareness of TBI issues
- Increased patient education
- Attention to appropriate and judicious medications.

