

Treating War's Signature Injury Traumatic Brain Injury (TBI)

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Traumatic brain injury (TBI), the signature injury of the conflicts in Iraq and Afghanistan, presents new challenges for clinicians and researchers.

During the Substance Abuse and Mental Health Services Administration's Second Annual National Behavioral Health Conference on Returning Veterans and Their Families, "Paving the Road Home," speakers at a breakout session on TBI and post-traumatic stress disorder (PTSD) said that many service members who survive explosive attacks have both conditions.

"The symptoms of the two overlap, which complicates diagnosis," said Matthew Friedman, M.D., Ph.D., Executive Director of the National Center on PTSD at the Department of Veterans Affairs (VA). "The issue is not whether we can diagnose either or both conditions, because we can. The issue is what to do therapeutically when both conditions co-occur, as they often do," he said.

Another complicating factor is that the injuries caused by the pressure wave of blasts from insurgents' homemade bombs and improvised explosive devices (IEDs) differ from those on which much of the existing TBI literature is based—mainly results of auto accidents and athletic injuries, said Maxine Krengel, Ph.D. Dr. Krengel is a clinical neuropsychologist in the Veterans Integrated Services Network of the VA. "This is a very, very complex situation that presents many issues together," she said.

Specifically, for example, Kevlar helmets only do so much to protect the brain's soft tissue,



which is vulnerable both to flying shrapnel and to the powerful percussive wave of a blast.

Effective psychotherapeutic treatments exist for PTSD, panelists agreed, especially cognitive behavioral therapy (CBT) and exposure therapy (see definitions).

Medications are also effective in dealing with symptoms, although symptoms may return when medication is stopped. They include "seeing stars," headaches, blurred vision, increased sensitivity to lights and sounds, and feeling dizzy or nauseated.

"Research suggests that psychotherapy can be successful; however, further research is needed," Dr. Friedman emphasized. "There's concern that TBI may impair the capacity for either cognitive therapy or the emotional processing in exposure therapy; however, that is only a concern, not a proven fact," he said. "We need to test how well PTSD/mild TBI patients can use CBT. It's possible that most patients can benefit from these treatments."

For example, in Australia successful CBT trials with motor vehicle accident survivors with PTSD/TBI have shown great promise.

Currently, no drugs have current FDA approval for TBI, although some appear to show benefit, Dr. Friedman added. "This is a clinical challenge," he said. Only additional research can resolve these clinical issues, Dr. Krengel and Dr. Friedman agreed.

(continued)

Definitions

Traumatic brain injury. A blow or jolt to the head or a penetrating head injury that disrupts the function of the brain.

Exposure therapy. Psychotherapy that involves repeated real, visualized, or simulated exposure to a traumatic memory to help the patient control feelings and thoughts about the trauma.

For more information on Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD) contact:

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Substance Abuse & Mental Health Services Administration
SAMHSA News - September/October 2008, Volume 16, Number 5
www.samhsa.gov/samhsaNewsletter/Volume_16_Number_5/TreatingInjury.aspx