

South Central (Rural) MIRECC: Promoting equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans



South Central (Rural) MIRECC Clinical Education Product

Making the Invisible Visible: Clinical Guide for Recognizing
Traumatic Brain Injury in Veterans

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Screen every veteran for TBI

Early intervention can significantly improve outcome.

Common Symptoms of TBI

- Personality change (short temper, mood swings, impulsivity, etc.)
- Having more trouble than usual remembering things, concentrating, or making decisions
- Persistent low-grade headaches
- Ringing in the ears
- Dizziness



Screening Questions

1. Have you ever hit your head or been injured in a blast? If so, did you black out, pass out, or lose consciousness?
2. After you were injured, were you dazed or confused?
3. Has anyone told you that you're different since your injury?

Next Steps

If any of the screening questions are positive:

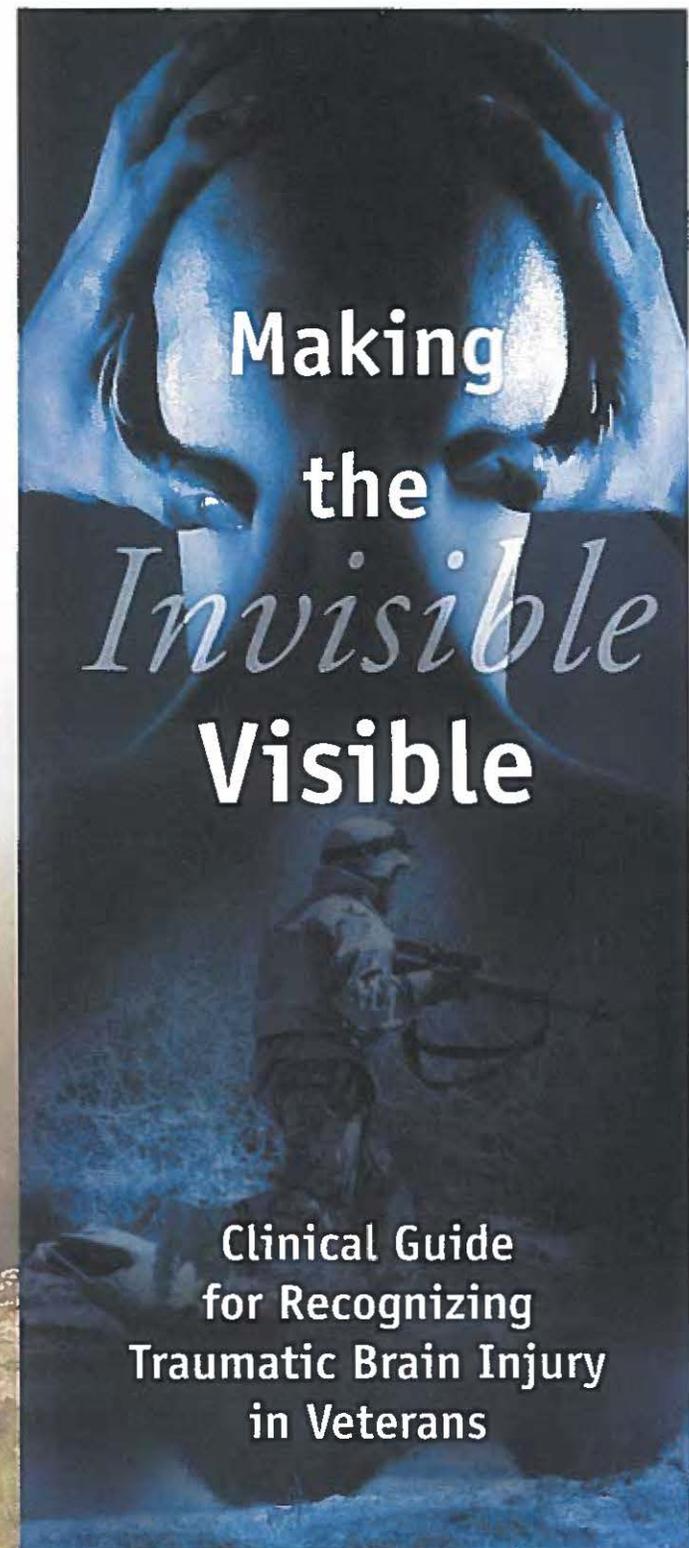
1. Educate the veteran and family about TBI
2. Refer the veteran to local VA medical services with expertise in TBI (physical medicine and rehabilitation, psychiatry, neurology)

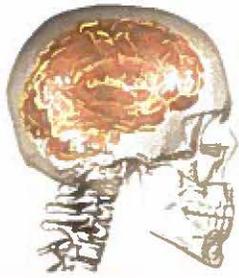
References

- Defense and Veterans Brain Injury Center (www.DVBIC.org)
- Veterans Health Initiative course on TBI (www.va.gov/vhi)
- Taber KH, Warden DL, Hurley RA. Blast-Related Traumatic Brain Injury: What Is Known? *J Neuropsychiatry Clin Neurosci* 2006;18:141-145

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What Is Traumatic Brain Injury (TBI)?

- An external force or blow applied to the head that causes altered mental status with or without loss of consciousness
- TBI can cause cognitive, emotional, and behavioral problems even with no loss of consciousness

Common Causes of TBI in Veterans

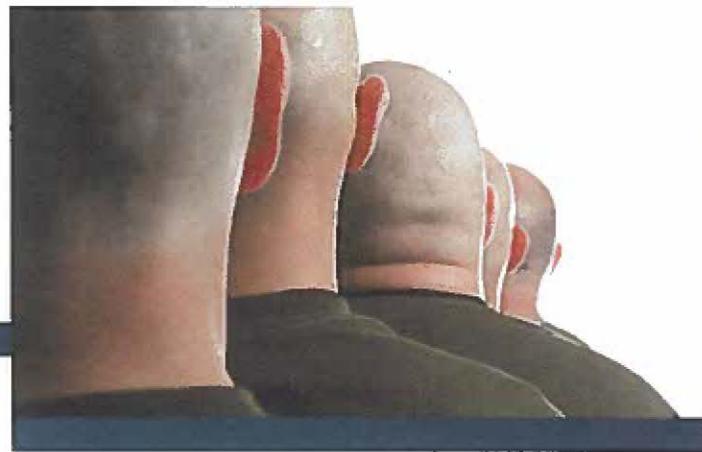
- Blast injuries
- Motor vehicle injuries
- Falls
- Penetrating and blunt trauma

How common is TBI in Veterans?

- Prior conflicts: TBI incidence 14-20% in surviving combat casualties
- Contemporary warfare: greater incidence of TBI, mostly due to blast injury

Veterans are at high risk for TBI because of...

- Combat experience
- Increased incidence of substance abuse
- Increased falls in elderly
- Male/female gender gap (TBI more common in men than women)



Making the Invisible Visible

Most TBIs are classified as “mild” and usually:

- invisible to the eye (no external signs of damage)
- invisible on neuroimaging (CTs and MRIs usually normal)
- invisible on exam (neurological exam usually normal and Mini-Mental State Examination fails to detect frontal lobe deficits)
- invisible to the patient (often doesn't recognize deficits or attribute problems to TBI, especially if related to a blast)
- invisible to the family (may recognize deficits but don't attribute to TBI)

Although the consequences of moderate and severe TBIs are more visible and long-lasting, the effects of mild TBI can also be life-changing.



Additional Education and Referral Resources for Veterans with TBI

1. VISN 16 Polytrauma Network Site, Michael E. DeBakey VA Medical Center
2. National Polytrauma Rehabilitation Centers
 - a. James A. Haley Veterans Hospital, Tampa, FL
 - b. Minneapolis Veterans Affairs Medical Center, Minneapolis, MN
 - c. Veterans Affairs Palo Alto Health Care System, Palo Alto, CA
 - d. Hunter McGuire Veterans Affairs Medical Center, Richmond, VA
3. Defense & Veterans Brain Injury Center, Walter Reed Army Medical Center, Washington, DC www.DVBIC.org
4. Brain Injury Associations at the state and national level www.biausa.org