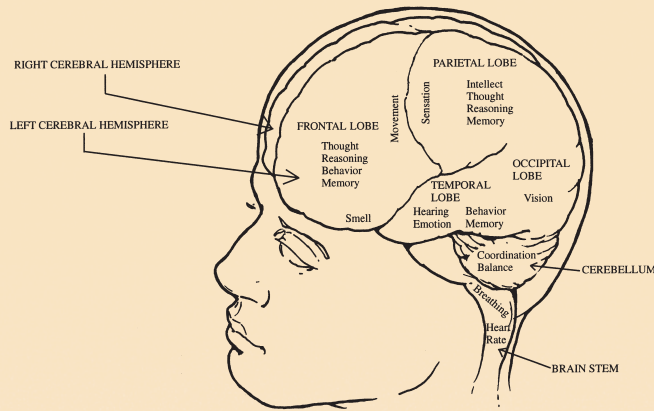


Differentiating Symptoms of Traumatic Brain Injury from Psychiatric Illness



Severe traumatic brain injury (TBI) is often associated with enduring changes in cognitive, physical, and psychological functioning. Persons who have experienced a significant TBI and related changes in their functioning may display symptoms that can be mistaken as signs of a psychiatric disorder. While TBI can result in the onset of psychiatric illness (e.g., depression or an anxiety disorder), misconstruing symptoms related to TBI as indications of a psychiatric condition can result in untoward treatment (e.g., placement in a mental health facility) and delay/prevent the application of interventions specific to TBI. Persons with a history of TBI who experience subsequent problems in their functioning should be evaluated by health care professionals trained in the assessment and management of TBI. The following table provides a review of symptoms related to TBI that may be mistaken as signs of a psychiatric disorder.

SURVIVORS OF TRAUMATIC BRAIN INJURY MAY DISPLAY...

WHICH MAY BE CONSTRUED AS SIGNS OF...

Anxiety and sadness as they adjust to changes related to their recent TBI	Mood disorder such as clinical depression or anxiety
Changes in expressive/receptive language (e.g., monotone voice or lack of prosody)	Flat affect/Depression/Diminished intelligence
Diminished cognitive, physical, or behavioral (e.g., decreased tolerance for frustration) functioning when tired or overstimulated	Depression/Indication of the person's optimal ability level
Fluctuations in mood	Manic episode/Bipolar disorder
Diminished tolerance for social interaction or changes in social ability or personality	Depression/Personality disorder
Sleep disturbance or changes in sexual functioning	Depression
Sensory Dysfunction (e.g., ringing in ears, blind spots in visual field)	Psychotic/Mood disorder
Changes in speech or diminished physical ability (e.g., hemiparesis or decreased balance)	Alcohol/Substance abuse
Apathy or diminished motivation and initiation ability	Depression
Changes in aspects of attention (e.g., divided attention)	Attention deficit disorder
Verbal/behavioral impulsivity	Suicidal or homicidal ideation/Mood disorder/Attention deficit disorder

For more information go to: <http://health.mo.gov/living/healthcondiseases/tbi/relatedlinks.php>

RECOGNIZING TBI

Many persons receiving mental health services may have a history of TBI and benefit from consideration of this injury because the consequences of significant brain trauma can mimic those associated with frequently seen psychiatric and behavioral disturbances.

Falls and motor vehicle crashes are leading causes of TBI. Children under the age of 5, teens and young adults age 15-24, and adults over the age of 85 have an increased risk of sustaining a TBI. Males also experience TBI at a higher rate than females.

In 2008 Missouri had 14,593 incidents of TBI. Of those incidents 2,924 occurred in children under the age of 15; 3,535 in youth ages 15-24 years; and 2,538 in individuals over the age of 65. These numbers reflect documented cases and are likely an underestimate of the total persons in Missouri who incur a TBI.

DIAGNOSING TBI

Understanding the definition, prevalence, etiology, and consequences of TBI can assist you in identifying persons you serve, who may be experiencing symptoms of TBI. Many persons are not aware what TBI is or they mistakenly believe that such an injury always results in loss of consciousness, coma or hospitalization.

You may promote identification of a past TBI by asking those you serve if they have had:

- ◆ A blow or jolt to the head
- ◆ Alterations in their mental status (e.g., feeling dazed or confused)
- ◆ Changes in cognitive abilities (e.g., diminished attention or memory)

- ◆ Physical changes (e.g., nausea, headaches or weakness of extremities)
- ◆ Sensory changes (e.g., ringing in ears or diminished balance)
- ◆ Emotional functioning (e.g., irritability)
- ◆ Speech difficulties

Inquiring about the duration of these symptoms may assist with clarifying severity of injury, more severe TBI is associated with longer periods of symptoms.

Many persons recover well after experiencing a concussion or transient alterations in their functioning. Persons who have a history of repeated brain injuries or who have incurred a more significant TBI may experience enduring changes in their functioning. These persons will benefit from specialized intervention by health care professionals trained in the assessment and management of TBI.

This brochure was authored by Dr. Tom Martin, Psy.D., ABPP, Department of Health Psychology Clinical Associate Professor, University of Missouri-Columbia. The Missouri Department of Health and Senior Services and the Brain Injury Association of Missouri have collaborated on this project, with funding provided in part by the Maternal and Child Health Bureau Title V, Social Security Act, Health Resources and Services Administration, Department of Health and Human Services.



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Differentiating Mental Health and Traumatic Brain Injury



TBI

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