2-717 Acquired Brain Injury and medication

TIPS Question:

The resident/case study I am using for my Practical Application assignment has dementia, but may also have a head injury. There is a CAT scan scheduled for her so that we can find out for sure. Her behaviour is very bizarre, and all approaches (i.e. meds, 1:1, redirection) have absolutely no impact on her behaviours.

My question is two-fold. First, I would like to know if there is a body of knowledge that refers to the combination of dementia and a head injury. Also, I was wondering if there is any evidence in this body of knowledge that states which meds may be used for head injuries that can be more effective than meds used for dementia?

Response:

There is a body of knowledge in terms of head injury, aging and dementia and mental health issues. The research, however, is not extensive. I have included a reference list that I hope may be helpful to you and have highlighted two specific articles.

A number of findings of ABI, dementia and mental illness have been identified: 1) head injury appears to be predisposed to dementia; 2) head injury is associated with increased mental health issues, particularly depression, post-traumatic stress disorder, personality change and sometimes psychosis; 3) location of the head injury will affect the type of presentation of the behaviour.

In respect to the second part of your question, the effects of meds on acquired brain injury individuals: do they react differently? The answer is yes.

It has been my personal experience that an individual specialist who has been working with ABI individuals certainly brings a set of knowledge that sometimes geriatric psychiatrists are not as familiar with, in terms of medication.
In respect to medications such as cognitive enhancers, they are indicated for dementia of the Alzheimer's type and now vascular. There has been some use in case studies with ABI; however this literature is very scant and there have been reports that sometimes things get worse, particularly if there has been frontal lobe issues.

Similar psychotropics that are used in dementia are also used in acquired brain injury for the mental health comorbid problems, but the dosing and response may be different.

Recommended Readings (* good review/overviews)

*Englander J., and Cifu, D. (1999). The Older Adult with Traumatic Brain Injury, in Rehabilitation of the Adult and Child with Traumatic Brain Injury, Third Edition, M. Rosenthal, J.S. Kreutzer, E.R. Griffith, and B. Pentland (Eds). F.A. Davis Company: Philadelphia. 453-470.
*Fields, R.B., Cisewski, D., and Coffey, C.E., (2002). Traumatic Brain Injury. In The American Psychiatric Press Textbook of Geriatric Neuropsychiatry, Second Edition. C. Edward Coffey and Jeffrey L. Cummings, (Eds.) American Psychiatric Press. 621-653.
Feinstein, A., Rapoport, M.J. (2000). Mild Traumatic Brain Injury: The Silent Epidemic. Canadian Journal of Public Health, 91(5), 325-326.
Mazzucchi, A., Cattelani, R., Missale, G., Gugliotta, M., Brianti, R., and Parma, M. (1992). Head-injured subjects aged over 50 years: Correlations Between Variables of Trauma and Neuropsychological Follow-up. Journal of Neurology, 239, 256-260.
Pentland, B., Jones, P., Roy, C.W., Miller, J.D. (1986). Head Injury in the Elderly. Age and Ageing, 15, 193-202.

Rapoport, M. J.,Feinstein, A. (2001). Age and Function After Mild Traumatic Brain Injury: The Acute Picture. Brain Injury, 15(10), 857-864.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*