

Traumatic brain injury shows strong link to depression, but treatments lack study

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(PhysOrg.com) -- Vanderbilt researchers conducting an extensive analysis of studies on traumatic brain injury (TBI), report today that 30 percent of TBI patients, or approximately 360,000 patients each year, will also suffer from depression after their injury.

The report, funded by the Agency for Healthcare Research and Quality (AHRQ), examined existing research on civilian blunt force trauma typically resulting from [motor vehicle accidents](#), falls, assaults and [sports injuries](#).

TBI injuries result in 1.2 million [emergency department](#) visits each year, with 25 percent of patients requiring hospitalization, said study co-author Oscar Guillamondegui, M.D., assistant professor in Vanderbilt's Division of Trauma and Surgical Critical Care.

“Any patient who has a [traumatic brain injury](#) is at a real risk for developing [depression](#), short and long term,” Guillamondegui said. “It doesn't matter where on the timeline that you check the patient population – six months, 12 months, two years, five years – the prevalence is always around 30 percent across the board. In the general population about 9 percent to 10 percent of people have depression.”

The findings are especially important when considering that studies are lacking as to whether available depression medications are a safe and effective treatment for persons with a brain injury.

“Even though it is possible that individuals with TBI and depression may warrant different approaches to treatment than the general population with depression, there were only two studies of treatment in this population,” said co-author Melissa McPheeters, Ph.D., co-director of the Vanderbilt Evidence-Based Practice Center.

“It's unacceptable, with so many people sustaining TBIs - both in combat and civilian life - that we know so little about treating depression in this population.”

The authors said TBI is also likely under-reported due to the high prevalence of mild injury where patients might not go to the emergency department.

“Patients and their families need to know about this,” McPheeters said. “They need to know what to look for because they are the ones who will see the changes first.”

Guillamondegui said practitioners should ask about history of TBI and follow-up when they hear symptoms such as irritability, restlessness, anxiety and sleeplessness.

Provided by Vanderbilt Medical Center

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