

Traumatic brain injury in veterans—differences from civilians may affect long-term care

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Veterans with traumatic brain injury (TBI) differ from civilians with TBI in some key ways—with potentially important implications for long-term care and support of injured service members and their families. New research from the Veterans Administration TBI Model System is assembled in the July/August special issue of the *Journal of Head Trauma Rehabilitation (JHTR)*.

"The VA TBI Model System is uniquely positioned to inform policy about the health, mental health, socioeconomic, rehabilitation, and caregiver needs following TBI," write Guest Editors Risa Nakase-Richardson, PhD, of James A. Haley Veterans' Hospital, Tampa, Fla., and Lillian Stevens, PhD, of Hunter Holmes McGuire Veterans Affairs Medical Center, Richmond, Va.

The special issue presents initial reports from a Department of Veterans Affairs (VA)-specific database of patients representing all [traumatic brain injury](#) (TBI) severity levels. The findings will play a critical role in VA's efforts to meet the long-term needs of veterans with TBI.

VA TBI Model System Will Guide Care for Veterans and Families Affected by TBI

The initial TBI Model System was developed by the National Institute on Disability and Rehabilitation Research— now the National Institute on

Disability, Independent Living, and Rehabilitation Research (NIDILRR)-in 1987. Over the years, 16 civilian hospitals have contributed data on the course of recovery and outcomes for more than 16,000 patients who received inpatient rehabilitation after TBI.

The VA TBI Model System, created in response to a Congressional mandate, collects similar data on rehabilitation outcomes of military TBI. Since 2010, over 1,000 patients with TBI hospitalized at five regional VA Polytrauma Rehabilitation Centers have been added to the database. The five premiere VA Polytrauma Rehabilitation Centers offer inpatient rehabilitation with specialized capacity to treat the more severely injured veterans and active duty service members.

Dr. Nakase-Richardson is the lead author of a study comparing the characteristics of 550 patients from the VA TBI Model System versus 5,270 patients from the original NIDILRR [system](#). The results suggested that military and civilian cases of TBI differ in most characteristics/outcomes compared. For example, the data showed that violent causes of TBI were more common in the VA group, while falls were more common in civilian cases. Most violence-related TBI cases in veterans were related to deployment.

At least 13 percent of the civilian TBI patients had previously served in the military. Dr. Nakase-Richardson and co-authors highlight the need for a complementary sample to broaden research findings to veterans and service members who seek primarily civilian health care.

The differences between databases make it difficult to directly compare outcomes between the military and civilian TBI groups. The researchers emphasize the need for further studies to clarify the differences and their implications for treatment and outcomes.

Other topics in the special issue include the critical long-term impact on

families and caregivers; and new insights for promoting health, quality of life, and community re-entry (i.e., employment) for veterans and service members with TBI.

These and future studies will have a major impact on VA's efforts to plan for ongoing care and support for the large numbers of veterans and families affected by TBI, according to Joel Scholten, MD, Director of Physical Medicine and Rehabilitation at the Veterans Health Administration.

"Participation in the TBI Model System allows VA to continue to define the unique needs of Veterans following TBI and translate these findings into policy, essentially creating a [model](#) of continuous quality improvement for TBI [rehabilitation](#) within VA," said Scholten.

More information: Risa Nakase-Richardson et al. Comparison of the VA and NIDILRR TBI Model System Cohorts, *Journal of Head Trauma Rehabilitation* (2017). [DOI: 10.1097/HTR.0000000000000334](https://doi.org/10.1097/HTR.0000000000000334)

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