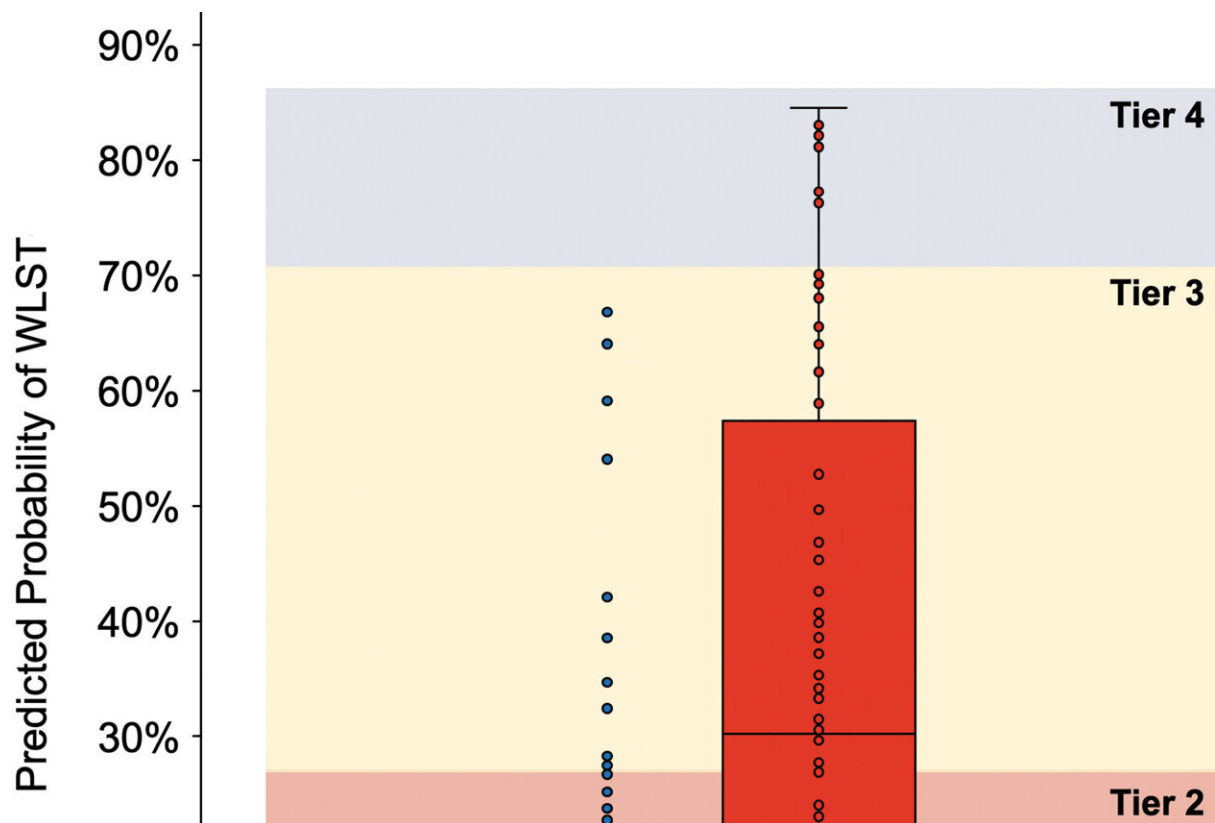


New study shows recovery potential in patients with traumatic brain injury

May 13 2024, by Kathryn Ryan



Withdrawal of life-sustaining treatment (WLST) propensity scores. The cohort with WLST (WLST+, red) had on average a substantially greater propensity (i.e., predicted probability) for WLST than those without WLST (WLST-, blue). However, the propensity for WLST in many WLST- participants overlapped with the WLST+ cohort. Box and whisker plots indicate median, interquartile

range (box), 1.5 × interquartile range (whiskers) and outliers (points outside the whiskers in the WLST– group). Credit: *Journal of Neurotrauma* (2024). DOI: 10.1089/neu.2024.0014

A [new study](#) in the *Journal of Neurotrauma* found that more than 30% of patients with traumatic brain injury (TBI) for whom withdrawal of life sustaining treatment (WLST) was not performed recovered at least partial independence.

Yelena Bodien, PhD, from Massachusetts Hospital and Harvard Medical School, and coauthors, cautioned that death or severe disability is a common outcome when the probability of WLST is high. The authors investigated the potential for survival and recovery of independence after acute TBI in patients who died after WLST. They compared patients with acute TBI who died after WLST to those with acute TBI for whom WLST was not withdrawn.

"Our results support recent calls for a cautionary approach toward early WLST after acute TBI and suggest that a lifetime in a [vegetative state](#) or with lower severe disability is not a common outcome, even after a very serious injury," stated the investigators.

"My congratulations to Dr. Bodien and colleagues for this carefully articulated communication. Their findings have important implications for the practice of critical care medicine around the world. Everyone who is involved in the care of patients with acute 'severe' [traumatic brain injury](#) should read this article carefully," says David L. Brody, MD, PhD, Editor-in-Chief of *Journal of Neurotrauma*.

More information: William R. Sanders et al, Recovery Potential in Patients Who Died After Withdrawal of Life-Sustaining Treatment: A TRACK-TBI Propensity Score Analysis, *Journal of Neurotrauma* (2024). [DOI: 10.1089/neu.2024.0014](https://doi.org/10.1089/neu.2024.0014)

Provided by Mary Ann Liebert, Inc

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