

Do you have a psychiatric condition or a TBI ?
Military TBI: Don't get misdiagnosed !

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As a neurologist and Traumatic Brain Injury (TBI) specialist, for many years I evaluated military veterans who were still active duty (as an independent practitioner, not at the VA) for the purpose of “ruling out” TBI. But that is not what happened. Every single soldier I evaluated from the army base had clinical exam findings, symptoms and complaints as well as MRI – DTI finding consistent with TBI but psychiatric diagnoses had been suggested. What is the problem ?

There seems to be a pervasive belief that if you were not knocked unconscious for some significant period of time that you cannot possibly have suffered a TBI. This is untrue. In fact the majority of the soldiers that I saw had never lost consciousness, but had been exposed to blast after blast after blast. They often recalled the acute onset of neurological symptoms associated with each blast injury.

There is also a belief that if you were not within 150 feet of the blast, that it did not have any effect. Wrong again. If you could feel the explosion, it may have had an impact. Not only the force of the impact but embolization of bubbles may cause injury. And just like in the NFL, more injuries equals worsened brain trauma.

Another misconception is that if you have “psychiatric” symptoms, then you have PTSD or some other psychiatric diagnosis rather than the symptoms representing a consequence of your TBI. Psychiatric symptoms arise from brain dysfunction. Psychiatrists prescribe medicine based on descriptions of emotions and behaviors. The unaddressed question is: what is the biological basis for symptoms that are occurring? Concussion causes generalized brain dysfunction, but often there are trauma associated focal areas of the brain that have experienced significant injury. Focal injury causes localized dysfunction. Damage to the frontal lobe of the brain may cause depression, mood instability, lethargy and poor decision making. Damage to the temporal lobes of the brain may cause seizures, poor memory, auditory and visual hallucinations.

There are important questions to ask yourself to determine if your symptoms actually represent TBI:

1. When did my symptoms begin ? Symptoms due to TBI are typically evident immediately following the physical injury.
2. Was I exposed to any blasts, jolts, blows to the head even stateside during training, that may have had an impact ? Many physical traumas create TBI.
3. Do I have headaches ? Headaches are common with TBI and begin after the physical injury.
4. Am I dizzy ? Loss of balance and a feeling of unsteadiness is a typical symptom of brain injury.
5. Am I tired ? Being tired but unable to sleep is a symptom of diffuse brain injury, although it can also be associated with hyper vigilance.
6. Am I able to read as long as I used to be able to read ? Difficulty with visual fixation (in order to read a word) and visual follow (reading across a line of print) is a complex integrated function of the brain and is a symptom of diffuse brain injury.
7. Can I remember how to do routine tasks of my life and my job ? Typically a person with primary PTSD is still able to recall how to perform routine tasks.

PTSD symptoms typically revolve more closely around an emotionally painful event. Some veterans are said to have “ complex PTSD” and it is likely that those veterans have experienced both kinds of trauma. Classic PTSD symptoms include re- experiencing the distressing event over and over again triggering a strong emotional response; being motivated to avoid situations that will trigger event – related memories and being hyper vigilant.

Treatment for TBI is different than treatment for primary PTSD. Make sure you have an accurate diagnosis. If you think you have had a TBI but are being diagnosed with a psychiatric condition: make sure you have a brain SPECT scan or a brain MRI – DTI as part of your evaluation. It is important to be diagnosed with both conditions if both injuries occurred. If both are not treated, true healing will not take place.

* Dr Phillip James recently published his book “Oxygen and the Brain The Journey of our Lifetime”. It is available through Best Publishing Company. His book includes a review of the mechanisms of brain healing with hyperbaric oxygen therapy.