

PTSD Bytes – Transcript

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Topic:	PTSD and TBI
Guest:	Micaela Cornis-Pop, Ph.D. and Joel Scholten, M.D.
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Dr. Colleen Becket-Davenport:

Welcome to the PTSD Bytes podcast, where we talk to experts about post-traumatic stress disorder and mental health, and how technology like mobile mental health apps can help. This is your host, Dr. Colleen Beckett-Davenport, clinical psychologist at the Veterans Affairs National Center for PTSD.

On today's episode, we'll be talking about PTSD and traumatic brain injuries. I'm joined today by Dr. Micaela Cornis-Pop and Dr. Joel Scholten. Dr. Cornis-Pop is a speech language pathologist and national program manager for the VA's Polytrauma System of Care. She's also an associate professor in the Department of Physical Medicine and Rehabilitation at Virginia Commonwealth University. Dr. Scholten is a physician and the executive director for the VA's Physical Medicine and Rehabilitation Program Office. Welcome Drs. Cornis-Pop and Scholten.

Dr. Joel Scholten:

Thank you for having us.

Dr. Micaela Cornis-Pop:

Thank you so much for having us on the podcast. It's exciting to be here.

Dr. Colleen Becket-Davenport:

So let's start with the basics. How do we define a traumatic brain injury or a TBI?

Dr. Joel Scholten:

So a TBI, or a traumatic brain injury, is damage to the brain that's caused by either a blow or jolt to the head. Signs that someone may have experienced a brain injury would include things like passing out or the person feels dazed or stunned. That would be evidence that there's damage that may have occurred to the central nervous system, which is the system that carries messages from the brain throughout the body through the spinal cord. If that occurs, then that signifies the criteria for making a TBI diagnosis.

Dr. Colleen Becket-Davenport:

And when someone has a TBI, what are some of the common symptoms they may experience?

Dr. Joel Scholten:

Well, there's a number of symptoms that can happen or can be reported after traumatic brain injury. Some that are very common include either headache, poor concentration, irritability, and dizziness that might be commonly reported after a traumatic brain injury. It's important to know though, that there's no one symptom that happens only after a traumatic brain injury, so these are very commonly reported symptoms even in the general population.

Dr. Colleen Becket-Davenport:

We know that TBIs have become more common in the recent conflicts in Iraq and Afghanistan. Can you tell us why is that?

Dr. Micaela Cornis-Pop:

Well, during those conflicts, service members were exposed to explosions or blast from mortars or improvised explosive devices. Depending on the strength and proximity to the explosion, these events can result in a TBI. We also see Veterans who report TBIs from training accidents as well as falls.

Dr. Colleen Becket-Davenport:

We talked a little bit about this in a previous episode about PTSD and pain, but TBIs are another invisible injury. I've heard from people with a TBI that sometimes their loved ones think that they're exaggerating or making up their symptoms. Is that something that you've encountered in your work? And if so, how do you help people with that?

Dr. Micaela Cornis-Pop:

We certainly did, and it's entirely correct. TBIs, like PTSD, are very often invisible injuries and it kind of makes sense that when you don't see a wound or an injury at the surface, it is difficult to appreciate the difficulties that the person experiences due to a brain injury or PTSD. The important point though is that the symptoms need to be managed with improved lifestyle habits as well as expectations of good function. It is important to manage symptoms with exercise, good nutrition, relaxation techniques, as well as improving sleep hygiene.

Dr. Colleen Becket-Davenport:

Some of the symptoms you listed earlier sounded a lot like symptoms of PTSD. Is it common for people with a TBI to also have PTSD?

Dr. Joel Scholten:

Yes. It's actually very common, especially for Veterans who have had a TBI to also have PTSD. We know that those post-9/11 Veterans who use VA for healthcare, 70% of those with a history of traumatic brain injury will also have a PTSD diagnosis. It's important to remember that there's no medical tests, such as a blood test or a brain scan, that can tell us with certainty that a particular symptom is due to either PTSD or TBI. So for example, poor concentration, we have no test or scan that can tell us that a hundred percent or even 75% of that symptom is due to a TBI or PTSD. It's also important to remember that any of these symptoms may be exacerbated by day-to-day issues that we all experience, such as varying stress levels, how well you sleep the night before and your overall general health. So in helping Veterans and patients with traumatic brain injury, we instead focus on how to best manage those particular symptoms. And it's important to remember that common symptoms of TBI like concentration and mood can be improved by incorporating healthy daily activities into your routine such as regular exercise, relaxation techniques and meditation.

Dr. Colleen Becket-Davenport:

Can you talk a little bit about treatment of TBI and PTSD? I'm wondering is there a cure or a fix for TBIs?

Dr. Micaela Cornis-Pop:

Unfortunately, there is no cure and there is no permanent fix for TBI. Rather than focusing on the negative experiences that the person with a traumatic brain injury has, we should focus on managing those symptoms and implementing strategies and lifestyle habits that support brain health now and in the future. We're thinking about the most important things that one can do to improve their brain health, being exercising, good hygiene, sleep hygiene, good nutrition, having positive social interactions, as well as managing stress. At the same time, it is also important to avoid future brain injuries. And in order to do this, we recommend that people continue to wear a helmet when they bike, that they use their safety belts when they drive, that they avoid substances that can affect their judgment, and also avoid participating in risky activities that may lead to a head injury.

Dr. Colleen Becket-Davenport:

We've heard the word polytrauma during your introduction and I'm wondering if you could talk a little bit about VA's Polytrauma System of Care.

Dr. Joel Scholten:

Of course. VA does have a system of care that's designed to help Veterans and active-duty service members that may have sustained a head injury or may have experienced injury to multiple organs or body systems during a single traumatic event, which is where we get the term polytrauma. So in VA, we've combined polytrauma and traumatic brain injury into our clinics and thus have put together an entire, Polytrauma System of Care to best help Veterans treat and manage symptoms of traumatic brain injury and/or polytrauma.

Dr. Colleen Becket-Davenport:

And what advice do you have for someone who thinks that they may have sustained a TBI and is interested in treatment?

Dr. Joel Scholten:

Well, first, you should seek care from your medical care team, whether that be with your private physician or provider or, or with your VA team. This is particularly important if you've experienced a blow or a jolt to your head in the very recent past because there are some specific things you should avoid doing immediately after a TBI or a concussion. And finally, if you're a Veteran, you should ask your primary care provider for referral to the local TBI team for a comprehensive assessment and the development of an individualized treatment plan to best manage your symptoms.

Dr. Colleen Becket-Davenport:

Can you recommend any tech-based resources that people can use to manage TBI symptoms on their own?

Dr. Micaela Cornis-Pop:

I would definitely recommend that people look over the Concussion Coach app, which is a terrific way of helping managing TBI symptoms. The updated version of the Concussion Coach app was released this summer and it is a very well put together app with a lot of features that I think people will find useful in their efforts to improve some of the concussion symptoms that they experience. I'm thinking about such features as very good and easy to digest, learning bits of information tools that you can utilize in order

to improve either your memory function, for example, or interaction with family members and with workers. I have to add that this Concussion Coach is actually an update of one that we developed almost 11 years ago in the same collaboration with our friends from the National Center for PTSD, from Menlo Park, and that particular app has been looked at by some researchers who published studies that showed positive outcomes from the utilization of app in managing TBI symptoms. Our team is very pleased with this collaboration and with the results of the collaboration, and we highly encourage the public and new listeners to open the Concussion Coach app and enjoy the features that to a large extent, gamey, and easy to follow. So please let us know what you think about the app or let us receive feedback from the utilization of the app in order to continue to improve the offerings that it has for you.

Dr. Colleen Becket-Davenport:

Well, that's all the time we have for today. Thank you both so much for joining us.

Dr. Joel Scholten:

Thank you for having us.

Dr. Micaela Cornis-Pop:

Thank you very much for having me.

Dr. Colleen Becket-Davenport:

As a reminder to our listeners, Concussion Coach is a free and publicly available mobile app that can be used by anyone who would find it helpful. You can download the app today from the App store or Google Play.

Dr. Andrea Jamison:

Hello, this is Andrea Jamison and I'm the executive producer of the PTSD Bytes podcast. Catch new episodes by following or subscribing to PTSD Bytes on your preferred podcast app. Show notes and more information are on our website, www.ptsd.va.gov/podcast. Thank you for joining us.