

Brain injuries pose unique health-care challenges

By Kelly Kennedy

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Troops with traumatic brain injuries face special circumstances that must be understood by their units, doctors and post-deployment counselors, experts at the annual Military Health System conference said.

First, the wounds are often closed, so people may not even know they've been injured. Second, traumatic brain injury symptoms are similar to those of post-traumatic stress disorder and could prompt a misdiagnosis. And third, they need time for recovery, even if the injury is not visible.

"If they're dazed, disoriented or confused — any alteration in mental state constitutes mild traumatic brain injury," said Deborah Warden, national director of the Defense and Veterans Brain Injury Center at Walter Reed Army Medical Center in Washington, D.C. "It can be really tough on military guys, because in their early 20s, their brains are still developing."

From January 2003 to April 2005, Walter Reed processed 433 people with traumatic brain injuries, 68 percent caused by explosions or blasts, Warden said. But those heading for the hospital after an explosion often have other, more obvious, injuries. Of the brain injuries at Walter Reed, 88.5 percent were closed, she said.

She emphasized that helmets and seat belts can prevent the injuries.

Troops often don't recognize the symptoms, which can range from physical or mental fatigue to decreased concentration and memory problems.

Warden defined a mild injury as one in which a service member is knocked out for about 20 minutes and may have up to 24 hours' worth of amnesia. If they're out for 24 hours or longer or have seven days' worth of amnesia, the injury is considered severe.

But even when they talk about an attack in a post-deployment interview, soldiers and Marines will often say, "Yeah I remember the whole thing," but not mention the "and then everything went black" part of the experience.

For that reason, Air Force Col. Kenneth Cox, director of force health readiness for the Pentagon's Office of Health Affairs, said two new questions have been proposed for addition to the post-deployment evaluation to alert doctors to potential brain injuries.

As time goes on, people with brain injuries may develop anxiety, depression, irritability, mood swings and sleep disturbances — all of which could lead to a

misdiagnosis of PTSD.

"There's a lot of controversy and disagreement about that issue," Cox said. "If they felt woozy or saw stars, is it useful to identify those people?"

He said the survey already con-

tains a blast-related question that should spark conversations about brain injuries.

Vice Adm. Donald Arthur, Navy surgeon general, said service members should have a baseline for brain function, like boxers do,

to make it easier to find out if someone has a brain injury.

Warden said researchers are working on that, possibly by using brain scans.

"To have the right objective measure is the holy grail right

now," she said.

Medics have asked for a field test to diagnose brain injuries, she said. "Sometimes it's a relief for people to realize symptoms are related to head injury — that they're not going crazy." □

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