

TALKING POINTS

Traumatic Brain Injury

A litany of programs and medical systems are also in place to care for Soldiers and their Families who need health care because of **Traumatic Brain Injury**.

- Army medical professionals collaborate and partner with the Defense and Veteran's Brain Injury Center (DVBIC). The Center, established after the first Gulf War, is the Defense Department's point on evaluation, treatment standards, education, and clinical research on traumatic brain injury. It has a participating network of military, VA and civilian sites which work together for a unified and seamless approach to TBI care. DVBIC also has worldwide contacts with TBI experts who participate in expert panels and research. More information is available at www.dvbic.org.
- In August 2006, the DVBIC produced a suggested clinical practice guideline for evaluation and treatment of mild Traumatic Brain Injury occurring in the combat theater and produced a more rigorous guideline in December 2006 with the assistance of a nationally recognized expert panel. The August guideline was adapted and adopted as a Joint Theater Trauma System clinical practice guideline.
- There are four Department of Veteran's Affairs (VA) Polytrauma Rehabilitation Centers (PRC) designed to meet the needs of Service Members and veterans who experienced severe injuries including TBI. Of the 249 Service Members with severe TBI, nearly all (240) have received acute, in-patient rehabilitation at one of the four VA PRCs.(people not cases)
- Mild TBI, commonly known as a concussion, may affect from 10 to 20 percent of Soldiers and Marines redeploying from combat in Iraq and Afghanistan. A screening tool for mTBI, the Military Acute Concussion Evaluation, or MACE, is available in theater to assist in diagnosing mTBI. About 70 percent of Soldiers with TBI have mild injuries and recover over time. Mild TBI causes acute somatic symptoms like headache, dizziness, nausea and light-sensitivity. Mild TBI may also cause behavioral health symptoms such as sleep problems, memory problems, confusion and irritability. Many Soldiers experiencing these temporary symptoms may not know why they have them. Medical treatment involves education for Soldiers and Family members as well as early and appropriate treatment for the symptoms. Most people recover from mTBI.
- At Fort Carson, Colo., for example, all redeploying Soldiers are surveyed by healthcare providers for indications of possible mTBI. Fort Carson doctors noted that survey responses indicated that approximately 17 percent of redeploying Soldiers could have mTBI. Their careful identification methods are a "best practice" of early and appropriate treatment. This model is currently undergoing expansion to other large Army posts. Leaders at Fort Carson, beginning with the Commanding General, have encouraged Soldiers to consider their mental health needs the same as any other medical need affecting their readiness and to seek any help needed without delay.
- ANAM or the automated neuropsychological assessment metric is a tool that takes about 15 minutes on average to administer and provides a baseline of Soldiers prior to deployment. The application of this instrument in theater will give front-line providers

another critical piece of information for the evaluation and management of injured Services Members. The ANAM does not diagnose Traumatic Brain Injury (TBI) but is able to measure the unseen, subtle effects of injury. The ANAM provides a standard, objective measurement for each soldier's reaction time, their short-term memory and other cognitive skills. As such the ANAM will also be utilized when Soldiers come home to help measure the effects of any identified mild brain trauma that may have gone unnoticed or untreated.

Overarching Themes

Traumatic Brain Injury –

- The Department of Defense (DoD) provides the world's best TBI medical care for our Service members.
- DoD medicine is developing the best process to evaluate and treat every Service member involved in an event that may result in brain injury.
- The overwhelming majority of TBI are concussions and most of those affected by mild TBI will experience a full recovery with no lasting symptoms or difficulties.
- However, reporting TBI and getting prompt medical attention – whether in a combat or non-combat environment-- is key to recovery.
- Improvised explosive device use in theater increased; as a result traumatic brain injury also increased. We armor our service member's torsos well: many soldiers are surviving wounds that would have been fatal in past conflicts.
- Indirect effects of blast waves on traumatic brain injuries from other blast-associated causes such as blunt or penetrating injury from blast fragments and being thrown into solid objects with head contact are poorly understood---but the Army in coordination with the VA, the Defense Center of Excellence on Psychological Health and many civilian partners are engaged in research to better understand this issue.
- A comprehensive blast injury research program has been established with the U.S. Army Medical Research and Materiel Command as the lead agency.
- The Army recognizes that TBI is a serious concern, and will continue to dedicate resources to research diagnose, treat and prevent mild, moderate and severe TBI.

Key Messages and Talking Points

General Messages

- Commanders and leaders are equally responsible for the mental and physical well being and the care of Soldiers and play a critical role in encouraging Soldiers and Family members to seek prompt medical care for traumatic brain injuries.
- Seeking prompt medical help for a brain injury is an act of strength and courage and is key to recovery.

- Our Army leaders want Soldiers and Family Members who need it to seek prompt help for brain injuries.
- There is no stigma attached to those who seek diagnosis or treatment for TBI.
- The Army Medical Department is working to develop the best process to evaluate and treat every Service member involved in an event that may result in TBI.
- In coordination with the VA and the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, the Army continues to expand resources dedicated to TBI research and treatment. The Defense Centers of Excellence (DCoE) leads a collaborative effort toward optimizing psychological health and traumatic brain injury (TBI) treatment for the Department of Defense (DoD). The DCoE establishes quality standards for: clinical care; education and training; prevention; patient, family and community outreach; and program excellence. The DCoE mission is to maximize opportunities for warriors and families to thrive through a collaborative global network promoting resilience, recovery, and reintegration for psychological health and TBI.
- The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) serves as an open front door for warriors, veterans and Families living with brain injury and is a source of information, understanding, help and strength in dealing with TBI.
- The DCoE Outreach Center is available 24 hours a day, seven days a week at 1-866-966-1020, or by email at resources@dcoeoutreach.org.
- The Defense and Veterans Brain Injury Center is the DoD point of evaluation, treatment and clinical research on TBI. It provides treatment and follow-up TBI care to active duty service members, Veterans and their family members.