



Brain Injury Association of Texas

Enewsletter

Upcoming Events

On June 14, 2008, BIATX will cosponsor the "Run for Recovery" with Easter Seals of Central Texas, the Department of Defense/Department of Veterans Affairs Brain Injury Centers and Helping a Hero. The fun run will raise money and support for our veterans who have suffered brain injuries.

The 2008 Walk For Thought will be held on November 8 at the West Athletic Field on the Texas State University campus in San Marcos from noon until 6pm. Please bring your friends and family and join us for our largest fund raising event of the year! All proceeds from the walk will be used to give hope, help and a voice to the 450,000 Texans who live with a disability caused by brain injury.

For information, contact us at:

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Depression Following Traumatic Brain Injury

Depression is one of the most common emotional issues that persons experience after traumatic brain injury (TBI). Approximately 27 to 42% of TBI survivors experience depression within the first year following injury. This rate is significantly higher than the depression rate in the general population, which is about 9.5%. The results of long-term studies indicate that the rate of depression in TBI survivors remains higher than the rate for persons without TBI for many years after injury.

Depression can negatively affect a person's recovery from TBI. Depression can interfere with a person's relationships with family and friends, and affect his or her ability to get and keep a job. Depression is also related to lower levels of life satisfaction following injury. Depression can affect recovery by lowering motivation to participate in therapy.

There are different theories to explain the high rate of depression in TBI survivors. One theory is that the parts of the brain which are important for mood and emotion are often injured as a result of TBI. As a result, a person may be more likely to experience depression following TBI. A second theory is that TBI causes disruption of neuro-chemical systems that help regulate mood. This neuro-chemical disruption may lead to depression following TBI. Another theory is that the significant life changes many persons experience after TBI, like increased stress, changes in friendships, and other lifestyle changes contribute to the development of depression following injury.

Depression should not be confused with normal sadness. It is perfectly normal to feel sad during a painful or difficult life situation. Normal feelings of sadness occur for a relatively short period of time and then pass. Depression is much more than normal sadness. Depression includes feelings of sadness as well as several other symptoms (please see below for a description of these symptoms) that hang around most of the day for weeks, months, or even years, and interfere with a person's ability to do things at home, work, or school.

Here are some of the common symptoms of depression:

Sad or depressed mood

- Feeling sad or depressed most of the day
- Adolescents may feel irritable or cranky rather than sad

Loss of interest or pleasure in activities

Trouble enjoying things like you used to, OR
Losing interest in hobbies or other activities

Changes in weight or appetite

- Gaining or losing weight without trying, OR
- Increased or decreased appetite
- Sleeping more than you used to, OR
- Having trouble falling asleep and/or staying asleep

Changes in activity level

- Feeling restless, OR
- Doing things at a much slower speed

Fatigue or loss of energy

- Feeling tired almost all the time, OR
- Feeling like you don't have enough energy to do things

Feeling worthless or guilty

- Feeling like you are 'good for nothing' or have no value, OR
- Feeling like things are all your fault

Trouble concentrating or making decisions

Trouble paying attention, like during conversation, when reading, or when watching television OR
Trouble making a choice or decision

Thinking a lot about death or about hurting yourself

- Persons may think it would have been better if they had not survived their injury, OR
- Thinking about hurting yourself, or thinking of ways to hurt yourself

If you or your loved one experience these symptoms, talk to your doctor. Your doctor can evaluate you for depression and make recommendations for treatment. Common treatments for depression include taking an anti-depressant medication, going to counseling or therapy, and increasing your activities. Your doctor can talk to you more about your treatment options.

If you are feeling sad or depressed, increasing the number and type of activities you do can help you feel better. People generally feel better when they have a schedule that includes regular activities. Activities offer an opportunity to have some fun, which can help improve your mood. Activities offer an opportunity to feel a sense of accomplishment or achievement, which can also help improve a sad or depressed mood. Activities also provide a 'time-out' from your worries. Concentrating on an activity for a short period of time rather than your worries, even though your worries may be very real, can help improve your mood.

If you have difficulty thinking of activities, ask yourself the following questions:

- What can I do with other people?
- What can I do by myself?

Changes in sleep habits

- What can I do that is free?
- What can I do that costs less than \$20?
- What outside activities can I do?
- What inside activities can I do?

You can also ask a family member or friend to help you come up with some ideas for activities. Or, you can ask a family member or friend if you can help them with something. Just remember that when you are feeling sad or depressed, doing something, no matter how small, is better than doing nothing.

Researchers at the Brain Injury Research Center at Memorial Hermann/TIRR and Baylor College of Medicine were recently awarded a grant by the National Institute on Disability and Rehabilitation Research to study a psychotherapeutic treatment for depression in persons with TBI. This treatment program uses cognitive-behavioral therapy, which is a type of talk therapy, to treat depressive symptoms. Cognitive-behavioral therapy is therapy to help you change your thoughts in order to change your feelings and behaviors. There have been many studies that have shown that this type of therapy is effective for treating depression in persons without TBI. We are interested in whether this type of therapy will be effective for persons with TBI. Participants with TBI will either participate in a cognitive-behavioral therapy group or a traditional support group. Participants have an equal chance of being assigned to either of those groups. We will look at whether those that participated in the cognitive-behavioral therapy group show greater improvements in mood than those who participated in the support group. We will also look to see if improvements in mood are related to improvements in activity levels and life satisfaction. For more information on this study, please contact Dr. Allison Clark, Memorial Hermann/TIRR, at 713-630-0519.

Strategic Plans for 2008

BIATX has firmed up its Strategic Plans for 2008. Along with continued community outreach and Walk For Thought 2008, the Association hopes to accomplish the following:

- Public Policy Committee will advocate for:
 1. the creation of a TBI waiver
 2. additional DARS appropriations
 3. sobriety checkpoints law
 4. additional appropriations and support for the Trauma Registry
- Chapter Relations committee: Produce written guide regarding the organization and facilitation of a support group.
- Member Services Committee: Consolidate resources from website and create a downloadable/printable PDF to distribute.
- Ad Hoc Veteran's Committee: see Members Services Committee.
- Finance Committee: Improve consistency and accountability of financial reporting within the Association.
- Conference Committee: Host three one day educational seminars (professional track and survivor track) in Houston, Lubbock and Tyler.
- Education Committee: Submit online CEU content for 1 - 4 courses.
- Nominations Committee: Identify officers and board members for 2009.
- Fund Raising Committee: Will send out a quarterly newsletter to donors and supporters.
- Walk for Thought Committee: Host and coordinate the Walk For Thought event in San Marcos with Delta Tau Omega.

The Brain Injury Association of America (BIAA) will present the 2008 National Brain Injury Caregivers' Conference June 6-8, 2008 at the Westin Dallas Fort Worth Airport Hotel in Dallas, TX.

You are not alone. As a caregiver of a person with a brain injury, you know first-hand how difficult it can be to juggle everything that comes at you. Get the information, support and guidance you need to help those you care for and to take better care of you at the 2008 National Brain Injury Caregivers' Conference.

Join special guest and best-selling author, **Lee Woodruff** and over 25 experts on all aspects of brain injury and caregiving at this vital education and networking opportunity. For more information contact BIAA at <http://www.biausa.org/>.

BIATX has received informational brochures and other literature from the Centers for Disease Control and Prevention (CDC) entitled “Preventing Traumatic Brain Injury in Older Adults”. This is a great resource for those caring for an older adult.

Topics include:

- What is a traumatic brain injury or TBI?
- What are the signs and symptoms of TBI?
- Can TBI be prevented?
- What should you do if you think the older adult in your care has a TBI?
- How long will it take for them to get better?

You can download PDF files directly from the CDC website

<http://www.cdc.gov/BrainInjuryInSeniors/> or call or email BIATX, and we will be happy to mail the preprinted brochures.