Mild Traumatic Brain Injury in Military Service Personnel; Key Issues and Considerations

Rehabilitation and long term outcomes: A Review

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1. Introduction

• Mild traumatic brain injury (mTBI) has been defined as ‘a traumatically induced physiological disruption of brain function’ [1], accompanied by an array of symptoms which differ per case.

• If unresolved within 3 months of injury, these evolve into what is known as persistent postconcussive symptoms (i.e., PCS; Table 1).

• MTBI is the most common form of TBI, resulting in between 800,000 and 900,000 cases being registered in UK emergency departments every year [1].

• Described as a ‘service-related mental disorder’ and a ‘signature war injury’ for those returning from Iraq and Afghanistan.

• The present review considers mTBI related to blunt head trauma in UK Service Personnel.

Table 1. Postconcussive symptoms reported following mTBI.

2. Aims and Objectives

• To present an objective, evidence-based review of the topic, incorporating as many of the different perspectives as possible.

• To discuss some of the serious long-term conditions that can follow from mTBI, as well as a number of approaches to managing the condition.

• The full report also provides information on the definition, classification, prevalence rates and markers of mTBI, as well as on its comorbidity with other disorders.

3. Method

• The most current reports (at the time of writing), published by the UK Ministry of Defence (MoD);

• Reports by The World Health Organization (WHO) Collaborating Centre Task Force on Mild Traumatic Brain Injury;

• High-impact academic research in the field, mainly making use of UK and US military data.

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4. Long-Term Effects

In a minority of cases mTBI can lead to a number of neuropathological, neurophysiological, and neurocognitive changes.

Table 2. Possible Long-Term Effects following mTBI.

5. Treatment and Management

Table 3. Current Practices in Approaching and Managing mTBI.

6. Conclusion

Still no agreement on the classification and the aetiology of the disorder:

• reflected in the array of reported PCS;

• the volatility in the course of the condition (i.e., while some recover within weeks, others develop long-term symptoms);

• the variety of approaches to the management and treatment of mTBI.

Future work should focus on identifying the predictors of the serious long-term conditions mTBI can evolve into and on bridging the gaps in the management and treatment of the condition.

7. References


8. Contact

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