

# Stress Management Summit

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## Neuropsychiatric ramifications following traumatic brain injury

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**B**rain injury is one of the most common forms of injuries inflicted by trauma. The traumatic brain injury (TBI) is most common in three age groups namely children, older adolescents and elderly. In all the age groups, the males are predominantly affected more than females. TBI is the leading cause of disability and mortality among the children.

There are two types of TBI, primary and secondary. Primary TBI occurs as a direct result of the trauma while secondary TBI manifests as a complication of the primary injury that resulted from trauma. The most common etiological factors for TBI are falls, road traffic accidents (RTAs), violent physical assaults as well as injuries associated with athletic activities.

The presentation of TBI may range from mild TBI, in the form of concussion, to severe TBI, which may be associated with loss of consciousness for an extended period of time as well as irreversible neuronal injury. The irreversible neuronal injury results in permanent physical or mental disability.

TBI lead to increased burden on health care due to increased emergency department visits, increased hospital admissions, and increased mortality rates. TBI also may lead to many complications. Most common short-term complications are problems with cognition, sensory processing, Post-traumatic stress disorder (PTSD), seizures as well as cranial nerve injuries. While the long-term complications can be Alzheimer's disease, seizures and dementia. TBI may also be associated with psychiatric disorders e.g. anxiety, depression, PTSD and affective disorders.

This paper will further review the neuropsychiatric symptoms as it could serve a huge role in developing better understanding of patient experiences regarding its symptoms and presentation. Similarly, it will also provide important evidence to clinicians for development of better practices in this area.

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