Depression After Traumatic Brain Injury (TBI)

A resource for individuals with traumatic brain injury and their supporters

This presentation is based on TBI Model Systems research and was developed with support from the National Institute on Disability and Rehabilitation Research (NIDRR).

Visit [www.MSKTC.org](http://www.MSKTC.org) for additional TBI resources.
Purpose of this resource

- This presentation summarizes research on the effects of depression on people with TBI.
- The information can help people with TBI and their caregivers recognize the symptoms and treatment options for depression.
Depression and TBI

- Depression is a feeling of sadness, loss, despair or hopelessness.

- Depression often does not get better over time and interferes with daily life.

- Depression becomes a concern when it occurs at least several days per week and lasts for more than two weeks.
Symptoms of depression

• Feeling down, sad, blue or hopeless
• Loss of interest or pleasure in usual activities
• Feeling worthless, guilty, or that you are a failure
• Changes in sleep or appetite
• Difficulty concentrating
• Withdrawing from others
• Tiredness or lack of energy
• Moving or speaking more slowly, or feeling restless or fidgety
• Thoughts of death or suicide
How common is depression after TBI?

- About half of all people with TBI experience depression within the first year after injury.
- Nearly two-thirds experience depression within seven years after injury.
- More than half of the people with TBI who are depressed also have significant anxiety.
- In the general population, depression affects fewer than one person in 10 over a one-year period.
What causes depression after traumatic brain injury?
Factors that contribute to depression

• Physical changes in the brain due to injury
  Depression may result from injury to the areas of the brain that control emotions. Changes in the levels of certain natural chemicals in the brain, called neurotransmitters, can cause depression.

• Emotional response to injury
  Depression can also arise as a person struggles to adjust to temporary or lasting disability, losses or role changes within the family and society.

• Factors unrelated to injury
  Some people have a higher risk for depression due to inherited genes, personal or family history, and other influences that were present before the brain injury.
What can be done about depression after traumatic brain injury?
What can you do about depression?

• Seek professional help as soon as possible, preferably with a healthcare provider who is familiar with TBI.

• Seek treatment early to prevent needless suffering and worsening symptoms.

• Seek psychotherapy (counseling) or consider using antidepressant medications and treatments, or a combination of the two.
Medications

- Antidepressant medications
  - help re-balance the natural chemicals in the brain,
  - are not addictive, and
  - help with other symptoms such as low energy, poor concentration, poor sleep, low appetite and anxiety.
Types of antidepressants

- Selective serotonin reuptake inhibitors, commonly called SSRIs, have been found to be the most effective antidepressants for people with TBI.

- Serotonin-norepinephrine reuptake inhibitors, or SNRIs, such as venlafaxine (Effexor®) are newer drugs that also may be a good option for people with TBI.

- Monoamine oxidase inhibitors (MAOIs) should be avoided because they have side effects that can cause problems in people with TBI.

- Tricyclic antidepressants (TCAs) are often used safely at low doses for sleep or pain, but may cause side effects at higher doses.
Psychotherapeutic (counseling) approaches

- **Cognitive-behavioral therapy (CBT)** helps people learn how to change the way they behave, think and feel about things that happen to them, and the way they see themselves.

- **Behavioral activation therapy** helps people with depression become more active and begin to enjoy doing pleasurable activities again.
Other treatment approaches

- Exercise
- Acupuncture
- Biofeedback
- Brain Injury Support Groups
How to find help

- Consult with a mental health professional trained in depression. Consider a psychiatrist, social worker, or counselor for help.

- Consult with your physician—such as primary care physicians, neurologists, physiatrists—and nurse practitioners with experience in treating depression.

- Try to get treatment from a comprehensive brain injury rehabilitation program that can address all aspects of TBI recovery.

- Visit the National Institute of Mental Health at [www.nimh.nih.gov](http://www.nimh.nih.gov) for more general information about depression.
For additional resources on living with a traumatic brain injury, please visit the Model Systems Knowledge Translation Center website at www.msktc.org.
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