Post-TBI Behavioral Change Management: Case Discussions

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Learning Objectives

- Review criteria for Bipolar & Psychosis
- Discuss two cases that highlight treatment/diagnostic complexities

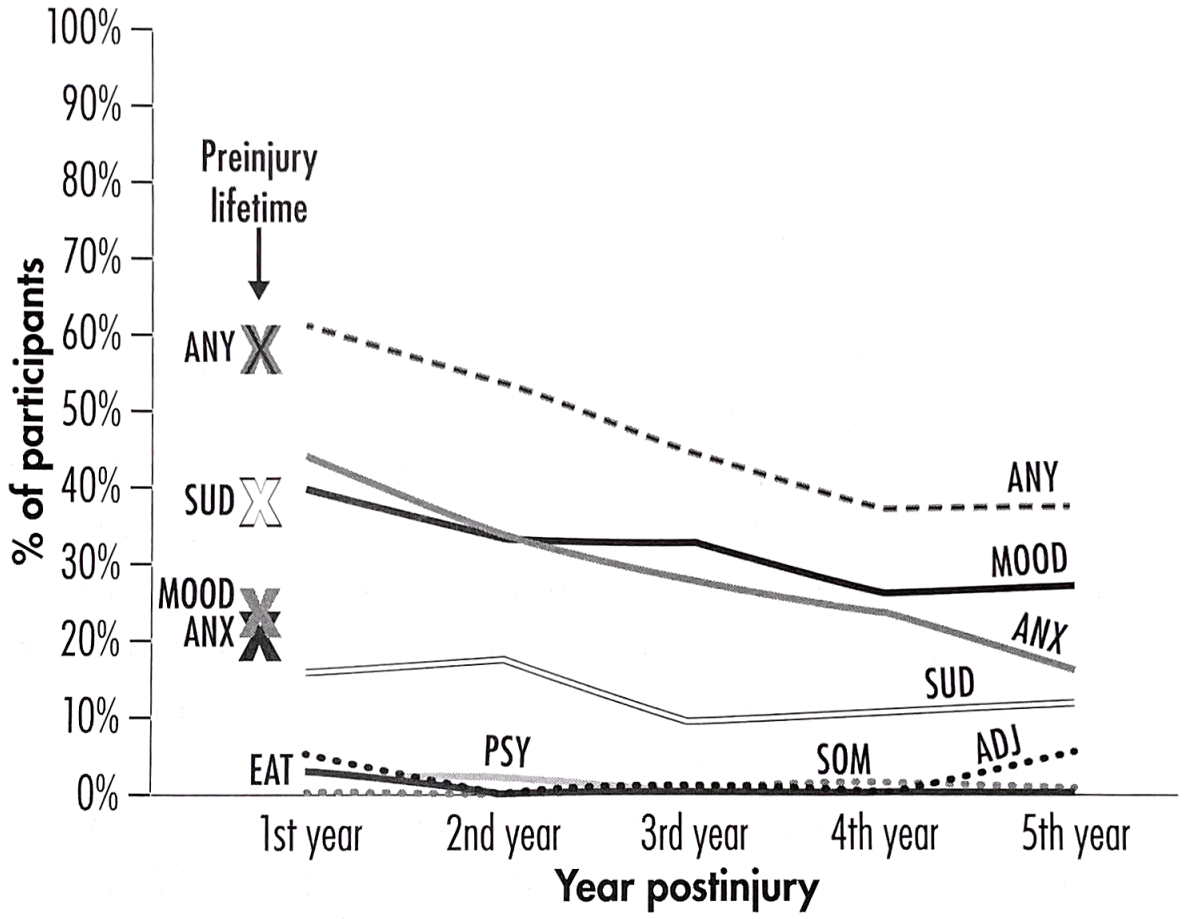


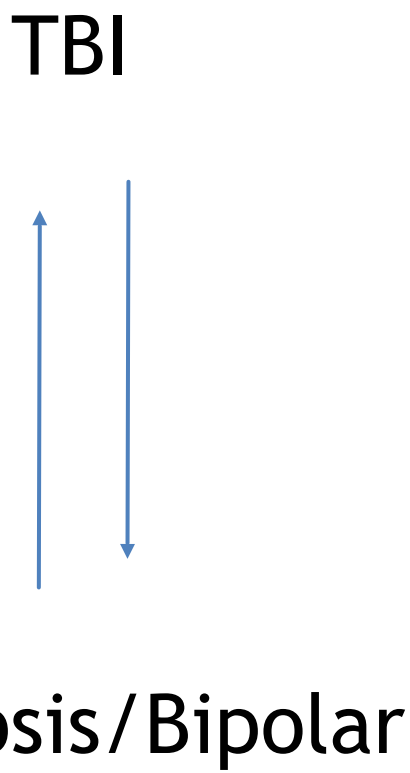
FIGURE 16–1. Disorder frequency—first 5 years postinjury.

Note. ADJ=adjustment disorders; ANX=anxiety disorders; ANY=any disorder; EAT=eating disorders; MOOD=mood disorders; PSY=psychotic disorders; SOM=somatoform disorders; SUD=substance use disorders.

Source. Data from Alway et al. 2016a.

Bipolar, Psychosis, & TBI

- Bipolar & psychosis increase the risk of TBI
- TBI increases risk of diagnosis of Psychosis & Bipolar
- While both are rare, both have potentially devastating consequences for patients



Diagnosis

- Bipolar Affective Disorder or Bipolar Affective Disorder Due to Another Medical Condition (TBI)
  - Still use DMS criteria
    - Manic episode
    - Hypomanic episode
    - Depressive episode

Mania	Hypomania	Major depressive episode
A. Abnormally and persistently elevated, expansive or irritable mood B. Increased goal directed activity and energy lasting at **least 1 week** (or hospitalized) C. **3 (4 if mood irritable):** - grandiosity -pressured speech/talkative -flight of ideas/racing thoughts -decreased need for sleep -distractibility -Increased goal directed activity - involvement in high risk pleasurable activities. D. **Marked impairment**/need for hospitalization/**psychotic features**	A. Abnormally and persistently elevated, expansive or irritable mood B. Increased goal directed activity and energy lasting at least **4 days.** C. **3 (4 if mood irritable**): - grandiosity -pressured speech/talkative -flight of ideas/racing thoughts -decreased need for sleep -distractibility -Increased goal directed activity -involvement in high risk pleasurable activities. D. Off baseline and observed by others **E. No marked impairment**.	A. 5 or more symptoms in **2 weeks** - **Depressed mood** - **Anhedonia** - Weight change (mostly loss) - Insomnia/hypersomnia - Psychomotor retardation/ agitation - Loss of energy - Feeling worthlessness/ inappropriate guilt (maybe delusional) - Diminished ability to think or concentrate - Recurrent death thoughts/ suicidal ideation without plan/plan/suicidal attempt B. Severe impairment

Case One

- 28 F Presents with increased mood swings since TBI 1 year ago
- Injury hx: MVA 1 year ago hit right forehead. She needed stitches to close a wound on her forehead. No finding on CT. She reports being dazed after it happened for a few hours. EMT report confirms no LOC. She was discharged home after a brief observation.
- Mental health hx: No prior dx or medications. Exhibited symptoms of impulsivity and irritability even before her TBI. However, the symptoms have worsened since the injury. Her impulsivity often leads to impulsive decision-making, risk-taking behaviors, and strained relationships with loved ones. She has had write-ups at work.
- Substance use hx: Smoked marijuana daily from 18- date of injury. 1st tried Marijauna at age 13. 4 months after injury restarted using and now uses daily.

Case One

- What is her diagnosis?
- What other pieces of information should be gathered?
- What do we think are reasonable next steps in treatment?

Case Two

- 32 M Construction worker who now has new-onset psychotic symptoms
- Injury hx: Patient fell three stories off of scaffolding. GCS 6 on admission. Multiple skull fractures, bilateral frontal contusions, and a large subdural hematoma. Underwent emergency craniotomy. Gradually improved over three weeks. Last documented GCS 12 and progressed to a Rancho Los Amigos VI. Suddenly, pts mental state changed he reported auditory hallucinations and paranoia about people plotting against him. He became agitated about being unable to safely cooperate with his therapy sessions.
- Mental health hx: None
- Substance use hx: None

Case Two

- What other information would we want for this case?
- What is this diagnosis?
- What if the symptoms are present for another week? What about one year after this injury?
- What about treatment?