

What is traumatic brain injury?

Traumatic brain injury (TBI) is the medical term for when your brain is injured by some force, such as:

- A direct hit to your head by an object.
- A fall to the ground or a hard surface.
- A car, motorcycle, or bike crash.
- An explosion or a blast very close to your head.

Doctors can tell whether your injury is mild, moderate, or severe based on what happened at the time of your injury (if you were knocked out, if you had trouble seeing clearly, or lost some memory) and by other tests. Around 1.5 million people who are not in the military experience some form of TBI each year in the United States. It is likely that more people are affected, because many people with mild TBI do not go to the emergency room or report their injury. Most TBI cases (75 percent) are mild.

Problems Caused by TBI

Any injury to your brain—even if it is mild—can cause problems such as headaches, ringing in your ears, mood changes, or trouble remembering or thinking for long periods of time. You may have found that your sleeping habits are different or that you feel tired more often.

Even several months or years after your brain injury, you may notice other difficulties, including depression or anxiety.

Depression and TBI

What is depression?

Depression is more than feeling sad every now and then. It is normal for someone who has had a TBI to feel sad by the problems caused by this injury. But for some people, those feelings can extend beyond normal feelings of sadness. People with depression feel sad, lack energy or feel tired, or have difficulty enjoying routine events almost daily. Other symptoms include difficulty sleeping, loss of appetite, poor attention or concentration, feelings of guilt or worthlessness, or thoughts of suicide.

Depression is a serious but treatable problem that should not be ignored. Many people require some form of treatment by a doctor or other health care professional to relieve their depression.



How common is depression for people with TBI?

Research has found that patients with TBI are more likely to experience depression than those who have not had a brain injury.

For every 10 people who do **NOT** have a brain injury, approximately one person (☹️) will have depression.



For every 10 people who **DO** have a brain injury, approximately three people (☹️) will have depression.



What increases my risk of depression?

The risk of depression after a TBI increases whether the injury is mild, moderate, or severe. Researchers cannot say if age, gender, the part of the brain that was injured, or the type of injury makes depression more likely.

How soon after my injury might I become depressed?

Researchers do not know when depression is most likely to occur after TBI. Some people experience depression right after their injury, while others develop depression a year or more later. It is important to tell your doctor about any symptoms of depression you may be having even if it has been a while since your head injury. Your doctor or health care professional will ask you a series of questions or have you fill out a questionnaire or form to see if you have depression.



How can I tell if I am depressed?

There are ways to tell if you are depressed.

- Feeling down, depressed, or sad most of the day.
- Changes in your sleeping habits, such as sleeping poorly or sleeping more than usual.
- Losing interest in usual activities such as favorite hobbies, time with family members, or activities with friends.
- Increasing your use of alcohol, drugs, or tobacco.
- Not eating as much or eating more, whether or not you are hungry.
- Strong feelings of sadness, despair, or hopelessness.
- Thoughts of suicide.

You may not notice some of these symptoms, but people living and working around you may see them. You may want to ask the people close to you if they notice these signs in you.

What should I do if these symptoms start to occur?

Tell your doctor or health care professional as soon as you or others around you notice any symptoms.

If you have suicidal thoughts, call the National Suicide Prevention Lifeline at 1-800-273-8255 or go to www.suicidepreventionlifeline.org for help.

How is depression treated?

Depression is usually treated two ways:

- Personal counseling with a special kind of health care professional. This is called “psychotherapy” (pronounced si-koh-THER-uh-pee).
 - In psychotherapy, you and a trained health care professional talk about your symptoms and how to develop ways to deal with them.
 - You might meet with your therapist weekly for several months or longer, depending on how you feel.
- Medicines called “antidepressants” (pronounced an-tee-dee-PRESS-uhnts).
 - Several types of antidepressants are used to treat depression and anxiety.
 - You might need to take these medicines for several months or longer, depending on how you feel.

Many times, people need both psychotherapy and medicines.

Researchers do not know the specific benefits and harms or side effects of psychotherapy and antidepressants for people with TBI. However, both psychotherapy and antidepressants have helped people with depression.



Are there any side effects from antidepressants?

All antidepressants can cause side effects.

Researchers do not know if the side effects are different for people with TBI than for other people who take antidepressants. However, research found that for some people antidepressants can cause:

- Stomach or intestinal pain and diarrhea.
- Weight gain or weight loss.
- Nausea and vomiting.
- Sexual problems.
- Trouble sleeping or sleepiness during the day.

Talk to your health care professional about the possible side effects of antidepressant medicines.

One special concern for people with TBI is how antidepressants may affect other medicines they take for their brain injury. It is important to tell your doctor or health care professional about other medicines you take.

Your health care professional can help you decide

Tell your health care professional:

It is important that you contact your health care professional when you experience:

1. Changes in sleeping or eating habits.
2. Frequent feelings of sadness, hopelessness, anxiety, or panic.
3. Disinterest in your favorite activities.
4. Thoughts about suicide.

Ask your health care professional:

Here are some questions you may want to ask your health care professional if you are going to be treated for depression or anxiety following your brain injury:

1. How often should we check to see if I am developing depression or an anxiety disorder?
2. How long do you think I will need psychotherapy or medications to treat these problems?

Other questions to ask your health care professional:

Write your answers here:

Sources

The information in this guide comes from the report *Traumatic Brain Injury and Depression*. It was produced by the Vanderbilt University Evidence-based Practice Center through funding by the Agency for Healthcare Research and Quality (AHRQ).

Information about the side effects of antidepressants comes from the report *Comparative Effectiveness of Second-Generation Antidepressants in the Pharmacologic Treatment of Depression*. It was produced by the RTI International–University of North Carolina Evidence-based Practice Center through funding by AHRQ. For a copy of either of these reports or for more information about AHRQ and the Effective Health Care Program, go to www.effectivehealthcare.ahrq.gov. Additional information for this guide came from the Medline-Plus Web site, a service of the U.S. National Library of Medicine and the National Institutes of Health. This site is available at <http://www.nlm.nih.gov/medlineplus/traumaticbraininjury.html>.

This summary guide was prepared by the John M. Eisenberg Center for Clinical Decisions and Communications Science at Baylor College of Medicine, Houston, TX.

