

HEALTH & NUTRITION

Head Injury

By Dr. Peter Bernad
10701 Main Street
Suite 3500
Fairfax, Virginia 22030
(703) 352-5861

Head injury is a major aspect of healthcare in the United States. Accidents, homicide, and suicide are the major determinants of mortality.

Up-to-date figures indicate that ten million Americans sustain head injury and Post Concussion Syndrome annually. Out of this, in 1980 there were 160 thousand deaths. Approximately 66% of the total number of deaths are caused by accidents and to a very large extent occur as a result of motor vehicle involvement.

Not only is this a major aspect of healthcare overall in terms of financial costs estimated to be greater than 75 billion dollars a year, but also the injuries occur to those who are young. Indeed, accidents are the leading cause of death for persons ages 1-44 years, whether black or white, male or female. Society loses a significant proportion of the most physically able to accidents, either temporarily or permanently.

Recently, major newspapers, including the Wall Street Journal, have raised public concern by referring to "mild head injury" or Post Concussion Syndrome as "the silent epidemic" of the 1980's.

I define minor head injury as injury that is sustained without causing either skull fracture or laceration to the brain and in which the individual usually recovers after a short period of unconsciousness and has a very short, if any, hospital stay. These individuals number almost nine million per year. Many of these individuals have persistent symptoms beyond the expected recovery period which

now has been thought to be approximately 2-3 months. Almost 100% of these patients have symptoms of headache.

Cervical, thoracic and lumbar pains, dizziness, tinnitus or ringing of the ears, a sense of imbalance, occasionally loss of libido, impotence and abnormal periods, loss of smell and occasionally taste, visual problems, numbness in arms and legs, memory problems (mostly short-term and occasionally intermediate), periods of amnesia and many other symptoms are grouped under the rubric of "Post Concussion Syndrome". I have defined Post Concussion Syndrome into two broad categories:

1) Type I which is benign and in which the prognosis is very good and the patient usually returns to work within approximately six to ten weeks and returns to premorbid functioning. These individuals essentially become normal after this period of recovery.

2) Type II Post Concussion Syndrome represents a group of patients who have persistent symptoms past the ten weeks. Many of those patients, unfortunately, never recover their premorbid state. They frequently do not go back to work, they either lose their jobs or terminate voluntarily. They have persistent symptoms of headache and dizziness, ringing of the ears, numbness, tingling, paresthesias and they go on to have multiple subjective symptoms with no neurological findings and have persistent low level of social and vocational achievement. One of the striking features of this particular group is that they appear to be well, and yet are remarkably impaired.

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Impairment of cognitive and intellectual functioning has been well demonstrated and documented following Post Concussion Syndrome. This information goes back to 1944 when intellectual functioning was evaluated hours after concussion and found to be abnormal, especially in measures of speed of thought and excessive fatiguability.

- Besides having a private practice, Dr. Bernad is a Consultant in Neurology with Hospice of Northern Virginia, Arlington; and Dominion Psychiatric Treatment Center in Falls Church. He also has patients at Fairfax Nursing Center.

Dr. Bernad is very interested in neurological research and is the author of several articles. He is Clinical Assistant Professor, Department of Psychiatry, Georgetown University Hospital and Clinical Assistant Professor, Department of Neurology, George Washington University. - Editor