Information & Resources

Traumatic brain injury, even a concussion, can have a significant impact on survivors and their families. BIA-MA can provide survivors, family members, and others information and resources helpful to elders with traumatic brain injury. Types of resources available include:

- Brain injury professionals in the medical and mental health fields
- Brain injury programs
- Community services specific to elders

BIA-MA has support groups for brain injury survivors and their caregivers throughout the state. For more information, call BIA-MA at (844) 839-7154 or email elders@biama.org.

Caregiving & Support

Traumatic brain injury can have a significant effect on families, particularly if the individual with a traumatic brain injury may require assistance from a spouse or family member in a caregiving capacity. Shock, anger, hurt, denial, and depression are all common in caregivers.

Caregivers must remember to take care of themselves. Support and guidance is needed for both survivors and caregivers in order to cope with difficult changes that are associated with traumatic brain injury.

Family members are encouraged to learn about traumatic brain injury, communicate regularly with the medical professionals treating the survivor, and talk openly about his or her gains and abilities.

MRC
Massachusetts Rehabilitation Commission

The Massachusetts Rehabilitation Commission (MRC), through its Statewide Head Injury Program (SHIP), proposed the "Improving the MA Systems of Care for Elders Sustaining a Traumatic Brain Injury" project.

This project was designed to fulfill the goals of the Traumatic Brain Injury State Implementation Partnership Program of the Health Resources Services Administration. MRC serves as the lead agency for the administration of this grant project.

BIA-MA
Brain Injury Association of Massachusetts

BIA-MA is a private, nonprofit organization that provides: **Support** to brain injury survivors and their families; **Prevention Programs** for the public; **Education** for professionals and all affected by brain injury; and **Legislative Advocacy** for safety laws and improved community services for survivors.

BIA-MA collaborates with the Massachusetts Rehabilitation Commission (MRC), Department of Public Health (DPH), Registry of Motor Vehicles (RMV), Executive Office of Elder Affairs (EOEA) and other associations to prevent brain injuries and provide services to survivors.

"This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant H21MC26927, "Improving the MA Systems of Care for Elders Sustaining a Traumatic Brain Injury", for 1 Million and 0 financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."

Traumatic Brain Injury In Elders

Traumatic Brain Injury Information & Resource Line for Elders

844-839-7154 | www.biama.org/elders

Definition & Causes

Traumatic brain injury is an injury to the brain which is externally caused.

Brain injuries are categorized as mild, moderate, or severe. Mild traumatic brain injuries, often referred to as concussions, are the most common. The most common causes of traumatic brain injury in elder populations are falls and motor vehicle accidents.

Traumatic brain injury symptoms in elders can often be confused with other disorders such as dementia. Family members and others may believe that changes in a survivor are the natural result of the aging process instead of the traumatic brain injury. Dementia is also a risk factor for sustaining a traumatic brain injury. Individuals with dementia, depression, and Parkinson's disease are at a greater risk of fall-related traumatic brain injuries.

Elders are more likely to have a chronic illness which can affect recovery from a traumatic brain injury. Because elders are at a higher risk of falls, it is especially important to take falls-prevention measures to avoid additional traumatic brain injuries.

Symptoms & Consequences

The effects of a traumatic brain injury vary for each person. Symptoms can be categorized as physical, cognitive, or emotional.

Examples of physical consequences include:

- Dizziness
- Fatigue
- Headache
- Motor impairment
- Changes in sensory functions such as hypersensitivity to light or sounds or sensory loss

Cognitively, elders may experience difficulty in:

- Communication
- Concentration
- Orientation
- Memory
- Organization
- Processing
- Initiative
- Judgment

Emotional symptoms may include:

- Anger
- Anxiety
- Depression
- Irritability
- Personality change
- Inability to control emotions

Survivors may experience seizures or sleep disorders as well. One of the most common co-occuring disorders exhibited by individuals who sustain traumatic brain injury is substance abuse. If you or someone close to you is experiencing any of these symptoms, contact your doctor immediately.

Treatment & Recovery

The recognition of and appropriate response to all traumatic brain injuries (including concussions) when they first occur can aid recovery and prevent further injury.

Neurological tests such as a CAT scan (computerized axial tomography), MRI (magnetic resonance imaging), or EEG (electroencephalogram) are utilized to detect traumatic brain injury, but do not always detect mild traumatic brain injury (concussion).

Neuropsychological testing is one of the most effective ways to identify mild traumatic brain injury. Recognition of a traumatic brain injury will allow for an appropriate treatment plan to be created which will include medical professionals from several disciplines.

Elders who sustain a traumatic brain injury tend to recover more slowly than younger survivors but can still achieve improved functioning with appropriate rehabilitation.

Older adults are at a higher risk for sustaining a concussion from a fall due to medication interactions and side effects, balance issues, vision problems, and home tripping hazards. They are more likely to have lasting symptoms and may be slower to recover than younger people.

-Centers for Disease Control and Prevention