Fact sheet

Emotional disorders following brain injury

A wide variety of persistent emotional disorders may occur after head injury. These may include:

- impaired social and coping skills
- reduced self-esteem and feelings of incompetence
- poor frustration tolerance and anger management
- denial
- self-centredness
- disturbance of emotional control including; Reduced insight, disinhibition, impulsivity, mood swings and lability
- anxiety
- depression
- post traumatic stress disorder
- psychosis
- apathy and reduced motivation
- personality changes
- persistent altered consciousness[1]

Depression

People with acquired brain injury (brain injury) are around 7.5 times more likely to develop major depression than the general population. This typically occurs two to three years post injury where self-awareness has developed, but most rehab programs have concluded.

Depression that develops in patients suffering from traumatic brain injury typically includes feelings of worthlessness, helplessness, guilt, loss of interest in work and family activities, and a sense of catastrophic loss over their abilities[2].

Management includes pharmacotherapy, cognitive-behaviour therapy and psychotherapy.

See Anger and Depression for further information.

Post Traumatic Stress Disorder

Post Traumatic Stress Disorder develops after someone is exposed to an extremely traumatic event and they reacted to the event with intense fear, horror or helplessness.

People with brain injury are 1.8 times more likely to develop Post Traumatic Stress Disorder than the general population. Research suggests that 82 per cent of patients who have acute stress disorder following traumatic brain injury develop Post Traumatic Stress Disorder. These outcomes are more likely in cases of mild brain injury.

[1] Khan, Baguely and Cameron, 2003; Parker, 1996

[2] Ownswortyh and Oei, 1998

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The 1996 study, conducted by Bryant, on Post traumatic stress disorder, flashbacks, and pseudo memories in closed head injury showed amnesic head injured patients can suffer pseudo memories that are phenomenologically similar to flashbacks observed in Post-Traumatic Stress Disorder.

Signs and symptoms

Intrusive symptoms: intense, distressing memories

Avoidance symptoms: withdraw from people and situations

Arousal symptoms: often on guard, wary of potential dangers, irritable and angry

Treatment

The aim of therapy is to help people accept the original trauma without being so overwhelmed by memories or planning their lives around avoiding situations that remind them of the trauma.

There is a range of effective psychological and pharmacological treatments available. Treatment may involve basic counselling - listening and allowing the person to tell his/her story. Further treatment may involve cognitive behavioural therapy and group work.

Anti-depressants, anxiety medication and/or sleeping medications may assist a person to cope with the symptoms whilst learning to gain some control over their behaviour, thoughts and feelings again.

Apathy/amotivational states

Apathy and amotivational states are likely to have a negative impact on the patients' participation in rehabilitation and the likelihood of their eventual return to successful employment.

Although apathy frequently occurs in association with a depressive disorder, it may also occur in isolation. The Apathy Evaluation Scale is a validated clinical tool for reliably assessing the presence of apathy in various neurological conditions.

Personality changes

Frontal lobe damage involves impairment of the higher cortical functions - those areas of the brain responsible for complex decision making, reasoning and planning functions.

Social processing and decision making is reliant on these higher order functions, as are aspects of a person's personality, and are often impaired in brain injury patients.

Anxiety disorders

People with a brain injury are 2.3 times more likely to develop generalised anxiety disorder and 5.8 times more likely to develop panic disorder than the general population.

Family functioning and quality of life

https://www.braininjuryaustralia.org.au/resource-category/fact-sheets-brain-injury-australia/

Relevant journal abstracts

Parker, R S, 1996, *The spectrum of emotional distress and personality changes after minor head injury incurred in a motor vehicle accident*, US National Library of Medicine, National Institutes of Health

Bogner, J, and Wallace, C A, 2000, *Awareness of deficits: emotional implications for persons with brain injury and their significant others*, US National Library of Medicine, National Institutes of Health

Dikmen, S, Machamer, J, and Temkin, N, 1993, *Psychosocial outcome in patients with moderate to severe head injury: 2-year follow-up*, US National Library of Medicine, National Institutes of Health

Curran, C A, Crowe, S, and Ponsford, J L, Dec 2000, *Coping Strategies and Emotional Outcome following Traumatic Brain Injury: A Comparison with Orthopaedic Patients*, Journal of Head Trauma Rehabilitation, *v*ol. 15, issue 6, pp. 1256-1274

For more information

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