CENC Longitudinal Study Purpose and Progress

Mission Statement:
This study seeks to establish a large cohort (over 1,000) of former U.S. OEF/OIF/OND combatants and follow them long-term to assess specific areas of physical and mental health that may show late effects of concussions. Given the unclear role of concussions on long term health, the study will include persons with combat exposure but no concussions.

Study Status:
The four active sites have already enrolled around 300 volunteers nationally.
As more and more military members serve overseas in OEF/OIF/OND, more and more also return home with possible health consequences, including effects of traumatic brain injury (TBI). The Department of Defense reports that as of October 2015, over 339,000 TBI casualties were measured worldwide in active duty service members since 2000. Mild TBI (also termed concussion), makes up more than 80 percent of these.

However, concussion is not the only common condition military members may have when they return home. CENC Observational Study researchers recently published findings on the prevalence of mental health conditions in service members who were exposed to blast during deployment, and compared those with and without concussion.

Using diagnostic interviews, these CENC researchers found that the chance of an active psychiatric condition, such as depression, PTSD, anxiety, OCD, phobias and others, does not increase when a service member has suffered a mild TBI. Surprisingly, the number of explosions experienced also does not appear to be linked to having a mental health condition. This means that although these mental health conditions are common after deployment, concussions do not seem to cause them, at least not during the first year or so after deployment when these study assessments were done.

To read the complete study in the medical journal Brain Injury, visit http://www.tandfonline.com/doi/full/10.3109/02699052.2015.1075151.


Brain Games!

Can you find all of the words in this winter-themed word find? All eleven words in the list on the right are hidden somewhere in the puzzle. Good luck!

BLIZZARD
FROSTY
hibernate
ICE
MELT
MITTENS
PARKA
SNOWFLAKE
SNOWMAN
sUNSHINE
WINTER

S K Y E N I H S N U S D
A N Q T T Z I E M G U R
K V O L S Z B A I Y X A
R D E W R O E A T Y M Z
A M K W F Q R C T U I Z
P S V Z L L N F E H H I
I S N O W M A N N Y S L
R E T N I W T K S O Y B
U G Z Y H H E I E I C E
A Balancing Act: Treating Veterans & Service Members with Brain Injury

Balance. Most of us don’t think twice about staying balanced and upright while walking or doing other daily activities. For some service members and veterans, however, balance problems can persist long after brain injuries.

CENC Observational Study researchers recently published findings from a related study in the Journal of Rehabilitation Research & Development showing that computerized balance scores can remain low many months after concussion, and might be of use to monitor recovery. PTSD was also linked to lower scores, and individuals with combined PTSD and concussion had more balance problems than those with isolated only concussion or only PTSD.

So, what does this mean for the general public? It means that thanks to the ability to measure balance, care providers may be able to offer service members and veterans with brain injury and PTSD more insight into their problems along with more focused treatments to improve their quality of life.

Meet the Staff – David X. Cifu, M.D.

Dr. Cifu is the Principal Investigator of the Chronic Effects of Neurotrauma Consortium.

David is also the Herman J. Flax, M.D. Professor of the Department of Physical Medicine and Rehabilitation (PM&R) at the Virginia Commonwealth University (VCU) School of Medicine in Richmond, Va. and serves as the Senior TBI Specialist for the Department of Veterans Affairs.

In his 20 years as an academic physiatrist, he has delivered more than 425 regional, national and international lectures, published more than 165 articles and 65 abstracts, and co-authored 20 books and book chapters. He is also the Past President of the American Academy of PM&R.

Tips for Managing Insomnia

Insomnia is a common after effect of mTBI. Here are nine tips from the Dana-Farber Cancer Institute for managing insomnia:

1. Avoid eating heavy meals, spicy foods, and sugary items close to bedtime
2. Avoid watching TV or working in the bedroom
3. Remove electronic devices from bedroom
4. Make sure your bedroom is free from light and noise
5. Avoid smoking
6. Limit caffeine, and avoid drinking alcohol particularly 4-8 hours prior to bedtime
7. Go to bed and wake up at the same time each day
8. Keep daytime naps to 30 minutes
9. Use relaxation techniques like yoga, a warm bath, deep breathing exercises, and muscle relaxation
Resources

External Resources

Defense and Veterans Brain Injury Center
Crisis Intervention: 1-800-273-8255
National Headquarters: 1-800-870-9244
DVBIC Information and Referral: 1-866-966-1020
Website: www.dvbic.dcoe.mil

Brain Injury Association of America
Phone: 703-761-0750
Brain Injury Information Only: 1-800-444-6443
Website: www.biausa.org

Brain Injury Association of Florida
Toll-Free: 800-992-3442
Phone: 850-410-0103
Email: biaftalla@biaf.org
Website: www.biaf.org

Brainline.org
Phone: 703-9998-2020
Email: info@brainline.org
Website: www.brainline.org

Family Caregiver Alliance
Phone: 1-800-445-8106
Website: www.caregiver.org

Educational Resources

Facts about Concussion and Brain Injury:

Where to get Help


National Institute of Neurological Disorders and Stroke Traumatic Brain Injury Information Page

Veteran’s Crisis Hotline: 1-800-273-8255 (Press 1)

Contact Information

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Check out our website!
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