

ORGANIZATION NEWS

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Depression After Traumatic Brain Injury

Feeling sad and “not yourself” are normal responses to the stresses of recovering from a traumatic brain injury (TBI). But if these feelings interfere with your daily life and do not get better over time, you may have depression. This guide will discuss the definition, prevalence, causes, and treatment options for depression in individuals recovering from TBI.

What is depression?

Symptoms of depression include:

- Feeling down, sad, or hopeless
- Loss of interest in usual activities
- Feeling worthless or guilty
- Changes in sleep or appetite
- Difficulty concentrating
- Withdrawing from others
- Lack of energy
- Feeling restless or fidgety
- Thoughts of suicide

You should seek help if you have 5 or more symptoms of depression several days per week for more than 2 weeks.

If you have specific thoughts of suicide, call your local crisis line, the National Suicide Prevention Lifeline (1-800-273-8255), 911, or go to an emergency room immediately.

How common is depression after TBI?

Depression is very common after TBI.

- About half of all people with TBI are affected by depression within 1 year after injury.
- About 2 out of every 3 people are affected within 7 years after injury.

In the general population, the rate of depression is only about 1 out of every 10 people over a 1-year period.

What causes depression after TBI?

- *Physical changes in the brain:* TBI can damage emotion-control areas of the brain and can also change the levels of natural chemicals called neurotransmitters, which play important roles in mood.

- *Emotional responses to injury:* Adjusting to the physical, cognitive (mental), and social changes after TBI can lead to depression.
- *Factors unrelated to injury:* Some people have a higher risk of depression due to genetic predisposition and other factors that were present before injury.

What can be done about depression after TBI?

Depression is a medical problem, just like high blood pressure or diabetes. It is not a sign of weakness. You cannot get over depression by “toughening up.” If you have depression, it is important to seek professional help immediately to prevent needless suffering and worsening symptoms. The good news is that, with help, most people get better.

Medications

Antidepressant medications work by rebalancing the natural chemicals (neurotransmitters) in the brain to improve mood, energy, concentration, sleep, appetite, and anxiety. It is important to know that antidepressants are not addictive and usually do not need to be taken forever. Since each person’s situation is unique, always plan your antidepressant schedule with a doctor.

There are many different types or “classes” of antidepressant medications. Studies have shown that some classes may work better than others.

- Selective serotonin reuptake inhibitors (SSRIs) are most effective. Specifically, sertraline (Zoloft[®]) and citalopram (Celexa[®]) have the fewest side effects and can even improve cognition (thinking ability) in people with TBI.
- Serotonin-norepinephrine reuptake inhibitors (SNRIs), such as venlafaxine (Effexor[®]), are newer drugs that can also reduce depression.
- Some types of antidepressants, like monoamine oxidase inhibitors (MAOIs) and high doses of tricyclic

antidepressants (TCAs), should be avoided because they can cause serious side effects.

After starting antidepressants, it can take a few weeks to feel better. It is important to take your antidepressant medication every day, even if you are feeling better. Do not stop it abruptly. Your doctor may need to change your dose or switch you to a different antidepressant if one isn't working well enough.

Psychotherapeutic approaches

There are several kinds of psychotherapy, or counseling, available:

- *Cognitive-behavioral therapy (CBT)* helps people learn how to change their behaviors, self-perceptions, and reactions to the things that happen to them. CBT has been proven highly effective in reducing depression in the general population and is currently under testing to determine the best ways to adapt it for people with TBI.
- *Behavioral activation therapy* helps people with depression become more active and participate in pleasurable activities again. This increased activity helps improve mood.

For many people, a combination of antidepressant medication and psychotherapy works best.

Other treatments

Other approaches like exercise, acupuncture, and biofeedback have been shown to decrease symptoms of depression in the general population. You should consult a professional specializing in TBI if you are interested in these alternative treatments.

How to find help

- Many mental health professionals (psychiatrists, psychologists, and some social workers or licensed professional counselors) are qualified to treat depression.
- Physicians (primary care physicians, neurologists, and psychiatrists, for example) and nurse practitioners with

experience in treating depression can get treatment started.

- If possible, it is best to seek treatment from a comprehensive TBI rehabilitation program that addresses all aspects of recovery. You can find accredited programs listed here: <http://www.carf.org>
- Brain injury support groups are another source of information and help. Your state chapter of the Brain Injury Association of America (www.biausa.org) might help you find one.
- For more information about depression, contact the National Institute of Mental Health (<http://www.nimh.nih.gov/health/topics/depression/index.shtml>) at 1-866-615-6464.

Disclaimer

This information is not meant to replace the advice from a medical professional. You should consult your health care provider regarding specific medical concerns or treatment.

Reference

Fann Jr, Hart T, Schomer KG. Treatment for depression after traumatic brain injury: a systematic review. *J Neurotrauma* 2009;26:2383-402.

Source

Our health information content is based on research evidence whenever available and represents the consensus of expert opinion of the TBI Model System directors.

Authorship

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