

Concussion, or Mild Traumatic Brain Injury (mTBI) is a common health issue in the military and veteran community. Although falls, motor vehicle accidents and sports injuries are the most common causes, military personnel can be exposed to additional risks from bomb blasts, firearm incidents or other combat and training-related incidents.

A concussion, or traumatic brain injury (TBI), occurs when a person receives a severe knock to their head, resulting in either confusion and disorientation or a loss of consciousness. TBIs can range from mild to severe, depending on the extent of damage to the brain. The severity of the injury is determined by the length of time the person was dazed and confused or unconscious, and/or a period of poor memory recall following the injury. A TBI is classified as mild when the person is confused for less than 24 hours, or had a brief loss of consciousness (less than 30 minutes) or had a period of poor memory recall for less than 24 hours following the injury. Another way of determining severity is by measuring and monitoring the person's level of consciousness using the Glasgow Coma Scale. A score of 13 -15 on the Glasgow Coma Scale indicates a mild head injury. Scores below 13 indicate moderate to severe injury.

In the military, being exposed to 'blast pressure waves' from an explosive device can be another cause of TBI. Even if the person does not receive a direct knock to the head, the pressure waves from the blast site can be powerful enough to shake the skull and cause the brain to move about, causing damage.

Symptoms of Concussion and Mild TBI

The terms Concussion and Mild TBI mean the same thing. Most people who suffer a concussion may experience a combination of one or more of the following symptoms for a week or two following the injury.

- Headaches
- Fatigue
- Nausea
- Vomiting
- Dizziness
- 'Fuzzy headiness'
- Blurred vision
- Ringing in the ears
- Hearing loss
- Feeling drunk or uncoordinated
- Feeling anxious and unhappy
- Difficulty organising themselves
- Slowed thinking
- Difficulty completing tasks
- Forgetting appointments, conversations, etc
- Easily confused
- Disturbed sleep
- Sensitivity to light and sounds
- Loss of smell or taste
- Feeling frustrated and angry

Post Concussion Syndrome and associated problems

Most people who sustain a concussion or mTBI recover fully within days or a few weeks. However, some people may take six months to a year to fully recover, and up to fifteen per cent of people can suffer persistent and ongoing physical and psychological symptoms.

A common complication following mTBI is known as Post Concussion Syndrome (PCS), where the person can suffer from headaches, memory and concentration problems, hearing and visual disturbances, irritability, and mood and anxiety symptoms in an ongoing way. Many of the symptoms of PCS and Posttraumatic Stress Disorder (PTSD) are similar and overlap and it is therefore not uncommon for people with a diagnosis of PCS to also be diagnosed with PTSD and/or another mood or anxiety disorder.

Although problems associated with a concussion may be subtle, they can impair the person's judgment and decision making, as well as their capacity to react quickly. In high risk occupations this can place both the affected person and their colleagues at further risk. Repeated concussions can cause more severe problems. It is therefore important that the person is monitored closely and that medical opinion is sought about fitness for duties.

Getting help

It is important that mTBI is diagnosed early so that it can be well managed and more serious complicating factors can be identified and addressed.

If following a blow to the head the person complains of feeling irritable, sick, excessively tired, having a headache, or not feeling like their usual self, they should see a doctor for assessment as soon as possible. If symptoms get worse, the person should be taken to a hospital for an urgent assessment to rule out a more severe problem such as bleeding in the brain.

The best treatment for mTBI is a period of rest from physical and mental work so that the brain has a chance to recover without additional stress being placed on it. Other components of treatment include education about the physical and psychological impacts of concussion and the recovery process, and a graded return to full duties/activities. Similar treatments apply to PCS with the addition of Cognitive Behavioural Therapy to address persistent emotional and psychological symptoms.

Self-management strategies

Self-help strategies to assist recovery include:

- monitoring and sensibly managing activity levels
- getting plenty of bed rest
- avoiding drugs and alcohol that can further harm the brain
- minimising stress.

These strategies should be used until the person has been symptom free for at least a month. However, if used sensibly in an ongoing way, they can help to minimise the risk of over-stressing the brain or being exposed to further risk of injury.

Resources

- Open Arms (<https://www.openarms.gov.au/>) has information on mental health and wellbeing, wellbeing programs, smartphone apps and information booklets. Open Arms - Veterans & Families counselling can be reached 24 hours a day across Australia for crisis support and counselling. Call 1800 011 046.
- Written materials for you and your family are available from websites such as: Headway (www.headway.org.uk)
- Brain Injury Australia (www.braininjuryaustralia.org.au)
- Traumatic Brain Injury A to Z (www.traumaticbraininjuryatoz.org)
- Better Health Channel (<https://www.betterhealth.vic.gov.au/>).