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INDIVIDUAL & FAMILY PSYCHOPHARMACOLOGIC TREATMENT OF:

- MOOD AND ANXIETY DISORDERS • OBSESSIVE-COMPULSIVE DISORDER
- PERVASIVE DEVELOPMENTAL DISORDERS/AUTISM
- ATTENTION DEFICIT DISORDER • MENTAL RETARDATION • TOURETTE'S DISORDER
- TRAUMATIC PSYCHIATRY • TRAUMATIC BRAIN INJURY
- POST-TRAUMATIC STRESS DISORDER • CHRONIC PAIN MANAGEMENT

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SYNOPSIS: NEUROPSYCHIATRIC ASPECTS OF TRAUMATIC BRAIN INJURY

Review of Neuropsychiatric Aspects of Traumatic Brain Injury

In the Textbook of Neuropsychiatry, which is the definitive textbook in the field, there is a Table giving a summary of Post-Concussive Syndrome in which the following symptoms are present:¹

Somatic Symptoms

1. Headaches
2. Fatigue
3. Insomnia

Cognitive Symptoms

1. Memory difficulties
2. Impaired concentration

Perceptual Symptoms

1. Sensitivity to noise
2. Sensitivity to light

Emotional Symptoms

1. Depression
2. Anxiety
3. Instability

Perceptual Symptoms

¹ Textbook of Neuropsychiatry by Jonathan M. Silver, M.D., Robert E. Hales, M.D., Stuart C. Yudofsky, M.D., "Neuropsychiatric Aspects of Traumatic Brain Injury" Table 1112, Page 35. American Psychiatric Association Press, June 1997.

The clinical findings in Traumatic Brain Injury depend on which area of the brain is damaged. Traumatic Brain Injury can cause most major psychiatric disorders:

1. Mood or Affective Disorders.
2. Psychotic Disorder.
3. Personality Disorder. There are three types of personality change which may occur: (1) Apathetic type; (2) Disinhibited type; and (3) Mixed type. (*Note: In the DSM-IV, this would be "Personality Change Secondary to a General Medical Condition" (310.1), in this case, the head trauma.*)
4. Impulse Disorders. These disorders occur especially if the head injury is sustained to the pre-frontal cortex.

Posttraumatic brain injury produces Post-Concussive Syndrome resulting in the following clinical symptomatology:

1. Mood of Affective Depressive Disorders.
2. Psychotic Disorder.
3. Anxiety Disorder.

Since the frontal cortex is involved in executive functioning, frontal hypometabolism results in a frontal lobe syndrome resulting in the patient complaining of apathy and lack of motivation which significantly impairs cognitive performance. In addition, there are numerous alterations in the main neurotransmitters in the brain which include dopamine, norepinephrine, serotonin and acetylcholine.