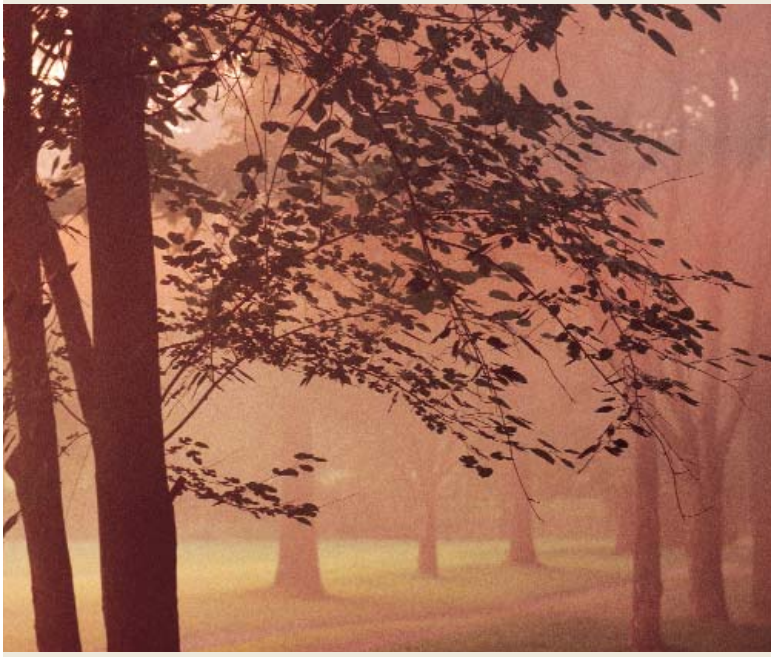
Coping with Depression after Traumatic Brain Injury

Living with Brain Injury



Brain Injury Association of America

This brochure was developed for friends, family members, and caregivers of persons with brain injury. It also may be used in discussions with health care professionals and others about the problems one may face when living with brain injury.

Coping with Depression after Brain Injury

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Coping with Post-TBI Depression

What Is Depression?

Depression is a condition marked by emotional and physical problems. People who are depressed experience a loss of pleasure in things that they once found enjoyable. They typically feel sad and hopeless and have trouble getting through each day. They may feel worthless, lack self-esteem and can see nothing good in themselves. They often complain of sleeping too much or being unable to sleep, eating or drinking too much or having no appetite. People who are depressed might start some task, but then feel they can't concentrate on it or get so irritated at the first difficulty that they just stop. Depression may be experienced as unrelenting fatigue, or feeling like sleep is the only relief from the drudgery that life has become. Unlike the ups and downs we all feel from time to time as part of being human, depression typically lasts for a long time - for weeks, months or years. And, as can be seen from the description above, depression can take many forms.

One of the reasons depression "looks" different on different people is that it varies in severity from one person to the next. For example, people with relatively mild depression feel "down" most of the time, but manage to get to work or to school, and in general "keep it together." Those diagnosed with severe depression may experience such sadness, anger and "being down in the depths" that they seriously consider suicide. Depression also may "look" different because it is often mixed with anxiety, so that the person may

feel restless, fearful or unable to focus. Whether one has a mild depression or feels suicidal or falls somewhere in between, and no matter the "look" of depression, help should be sought. **No one needs to suffer in silence.**

Is Depression After TBI Different?

In the general population, we would expect that 6 people in any group of 100 experience a significant depression over the course of their lives. However, one research study found that after having a TBI, ten times this number experienced one or more bouts of severe depression just in the period after the brain injury. Other studies are similar in documenting that **brain injury greatly increases the chances that a person will become depressed.**

Depression after TBI is not "just" a difficult and painful emotional experience. It also compounds many of the challenges that individuals with TBI typically face after injury. Many research studies show that post-TBI depression is associated with poorer rehabilitation outcomes, reduced activities of daily living, increased experience of failure, increased stress, reduced employment, more frequent divorce, increased family burden, reduced social-recreational activity, increased sexual problems, reduced life satisfaction and poorer health-related quality of life. Suicidal thoughts increase in individuals who experience a TBI and are depressed. It is not clear from these research studies whether depression causes these other problems or vice versa. It is clear, however, that depression implies a variety of other negative life circumstances. **Remove**

depression and, *perhaps*, a variety of positive consequences will also flow.

Why Are So Many People Depressed After Brain Injury?

People ask what it is about brain injury that leads to depression. Unfortunately, not enough research has been done to clarify the cause. It may be that the injured brain itself can no longer "handle" normal social and emotional signals, or it may chemically trigger feelings of depressed mood. Or, it may be that damage in the brain is not the direct cause of depression, but instead that the losses that come with injury - perhaps a lost job, poor memory, physical problems, loss of friends, or the like - trigger depression. Such losses are often triggers of depression whether a person has had a brain injury or not, but, for many people with TBI, loss is a major theme that overwhelms them. Depression may be a signal that an injured person is becoming more aware of his/her deficits. This greater awareness can be seen as a sign of hope - as without awareness, a person cannot see their challenges and cannot take steps to help themselves. In any case, **depression is a major problem for many people with TBI that demands attention.**

The good news is that depression is open to healing. After brain injury, people who become depressed often find paths leading them away from depression towards a more positive life.

What Should A Person Do If Depressed?

When people experience what seems to be depression, the first step is for them to **acknowledge having a problem.** Next, the person needs to take steps to cope actively with depression. This means moving away from behaviors that keep depression going, such as using drugs and alcohol to "drown ones sorrows," focusing on how "bad" one is and endlessly criticizing oneself or keeping ones hopes down by "hanging out" with equally negative friends. The person instead needs to accept that depression is a typical part of life for many and that it can be helped.

The next step is **seeking professional help.** The earlier help is sought the better, as waiting often makes things worse. And, depression *can* be helped. In seeking help, one should look for a professional who is both **familiar with brain injury** *and* who **specializes in helping people with emotional problems.** To obtain a suitable referral, one can call their state Brain Injury Association, or a local rehabilitation hospital or mental health clinic. Properly trained professionals come from many fields - they may be psychiatrists, psychologists or social workers.

In the first meeting, the depressed person needs to jointly determine with this professional if his/her depression is getting worse, improving or remaining the same. The emotional difficulties one experienced before injury (if any) and have been experiencing since TBI need to be discussed, as well as any attempts made to "self-medicate" - by using alcohol, drugs or other ways to try to feel better or "lose oneself."

The professional will discuss **the two most common treatment approaches** for depression - **medications** and **psychotherapy**. Either or both of these may be suitable in addressing the specific difficulties that one is experiencing. If medications are chosen, but the professional being seen is *not* an expert in prescribing and monitoring such medications, at that time the depressed person should be referred to a psychiatrist for selection and monitoring of an appropriate drug regimen.

What Should One Know About Medications?

Medications to reduce depression are often the first step taken in treating severe depression. They are often used in **combination** with psychotherapy. With many antidepressant drugs, the initial dosage is low and is increased slowly, during which time individual reactions to medications are carefully monitored. With some drugs, it takes a number of weeks for the full effect to be felt.

Persons being treated for depression need to be **active decision makers** when selecting a medication that is right for them. They should be fully informed about side effects, by asking questions: Is this drug associated with weight gain? A change in sexual desire? Fatigue? Decreased ability to concentrate? Which medications have the fewest side-effects? Would a non-medication approach be better?

Three "shoulds" apply to wise use of medications: First, one **should keep in contact** with the prescribing physician. Second, **the dosage should**

not be increased or decreased without consulting the doctor. And, third, one **should create a system to help in remembering to take medications as prescribed**. For example, some people ask a parent or spouse to remind them, or they use a pillbox holding each day's medications. Others tie their taking medications to a once-a-day event that they know they never forget to do, such as feeding the cat or eating breakfast or brushing ones hair. To doubly ensure their remembering, they place their medications next to the cat food, near the cereal bowls or on top of the brush, so that these visual cues aid their memory.

What Should One Know About Psychotherapy?

Psychotherapy ("talk therapy") may be used in combination with antidepressants, it can begin before or after medications are started, or it can "stand alone." If combined with a drug regimen, talk therapy should be continued for a time after stopping taking medications, as a means of insuring that improved emotional well-being continues. Talk therapy can occur between a single individual and a therapist, or it can be done in groups, with several people meeting together with one or two therapists.

Therapy is a place in which to share fears and worries, mourn the losses one has experienced as part of injury, talk about the "new person" emerging after TBI, deal with the reactions of others, plan for a new future and learn healthy strategies for coping with life's challenges. **Therapy should focus primarily on here-and-now issues related to adjustment to injury**.

Psychotherapy should encourage the person's attempts to better understand his/her situation, help build flexible ways of thinking, encourage use of compensatory strategies (such as memory aids) and address the behaviors that the depressed person and others find unacceptable. A major focus of therapy is to review recent activities to determine what went wrong in specific situations. This paves the way for anticipating problems in similar future situations and helps one plan strategies for preventing further failures. "Cognitive behavioral therapy" uses this approach in treating depression. In sum, psychotherapy after brain injury must focus on the reality of life right now, unlike some traditional talk therapies that focus on childhood or early-life trauma.

Who is a good therapist? One who engages in the kind of "talk therapy" described above. This is a person who listens well and is non-judgmental. The essential element is being **highly knowledgeable about TBI and how it can affect day-to-day life**. This person most likely will be a trained mental health professional but also can be a religious leader or a person in a community agency.

What Else Can Be Done To Help Overcome Depression?

Many people find **aerobic exercise** to be useful in overcoming or reducing depression. With sustained, fast-paced exercise such as running, walking, swimming or biking, they find themselves less tense and fatigued, and with increased energy and improved self-esteem. One study has shown that people with TBI who did systematic aerobic exercise

experienced **less depression and fewer cognitive problems** than non-exercisers. One way for the depressed person to get started is to ask a friend or family member who exercises to support his/her efforts to put more vigorous activity into daily life.

Some people find that simply by adding **structured activities** into their daily lives depression is reduced. This may mean they return to school, work a few hours a week or volunteer their time at a community agency. They might join a self-help group or church activities. They may even increase the number of everyday household activities in which they engage. This structure increases the individual's self-esteem and enhances his/her sense of contribution to the family's welfare.

Other people choose **non-medical therapeutic approaches** such as biofeedback, eye movement therapy, hypnosis, relaxation therapy and desensitization techniques. Other alternative treatments include acupuncture, massage, yoga, Tai Chi and other forms of meditation, as well as over-the-counter herbal medications for mood. These approaches help some individuals but not others.

A final point about getting help . . . The most important thing the depressed person can do is to **stay actively engaged** in seeking means to improve his/her mood. This means that one must **"own"** ones emotional state and define well-being as a **personal responsibility**. Thus, if one medicine, therapist or other action doesn't work, it is up to the person who is depressed to try another approach. Depression after TBI can be helped, especially when the depressed person **reaches out to others** in his/her family and community to help find the right path.

What About Those With TBI Who Are Not Depressed?

People with brain injury are at higher risk for depression, as noted above. Those who are not depressed (currently) need to become assertive in asking health care providers to monitor them carefully for depression post injury. Specifically, they should be asking their primary health care provider to be monitoring them regularly for symptoms of post-TBI depression, not just right after injury, but at every medical visit. If depression emerges, they should ask for referral for psychotherapy or for anti-depressive medications.

What Can Family And Friends Do To Help?

Family members and friends often are **more aware** of the depressed person's emotional state than he/she is. They recognize depression often before the person with TBI does. They can play a very important part in helping, as depression often carries with it a deep apathy that hinders depressed people from easily coping and helping themselves. They themselves are ultimately responsible for taking action, but help and encouragement from people who love them is "a good thing."

Help should take the form of encouragement, not criticism or treating the person as a child. Depression is very normal after brain injury - it is a fact that can be helped, not a flaw in the person, not a sign of anything except needing to find a positive path. This booklet talks about the many paths that can be taken. We clearly believe that "talk therapy" and/or

medications should be tried, in trying to alleviate depression. The **family can help by obtaining information** about resources in its local area and then by encouraging the depressed person to **make the phone call** to set up the first appointment or, if needed, to agree to have a family member call on his/her behalf. If the depressed person is unwilling to engage in medical/psychological treatment, the family member might help by reaching out to a trusted friend, doctor or religious leader who might encourage acceptance of treatment.

Family members need, then, to **support the person's therapy in positive ways**. As needed, this may mean helping remember medications or helping set up a reminder system for remembering. It may mean supporting the person's getting out of the house more often. It may mean participating in family therapy or marital therapy to discuss and address problems that can only be solved as a family group. It always means providing supportive actions, without turning the adult depressed person into a child.

What Does Research Tell Us About Depression?

Not enough! As mentioned above, research has shown that depression is found much more often in people with TBI than in those with no disability; similarly we know that people with TBI experience depression more frequently after injury than before. We also know that depression is the most common emotional challenge after TBI. However, many people who become depressed also experience an anxiety disorder at the same time - such as

general anxiety or PTSD (post-traumatic stress disorder). The course of depression after TBI follows many patterns. For example, depression may "come and stay" or "come and leave." It may appear immediately after injury or only several years later. Some individuals do not become depressed at all post TBI.

What do we know about what might lead to a person's getting depressed after injury? Again, not enough. Depression appears to be **unrelated** to factors such as gender, age, ethnic background, level of education, income or to characteristics of injury, for example, severity of injury or time since injury. We do know that if people have been depressed prior to their injury, they are more likely to become depressed after injury. But the difference is not very large - so that everyone who has had a brain injury should be aware that he or she is at risk for depression.

What do we know about the <u>treatment</u> of post-TBI depression? Research on treating depression in individuals with TBI is limited. For example, published studies of drug treatments of depression are few and have not provided sufficient information about which drugs work best and why they don't work for some people who try them. Research has also shown that caution should be taken when using antidepressant drugs. Side effects need to be carefully considered and monitored, as people with TBI may be more susceptible to side effects than are people in the general population.

Although talk therapy is an important means of treating depression in individuals with TBI, too few studies have been done evaluating psychotherapy in its

treatment. Because of inadequate knowledge, we know that treatment works for some people, but not enough about which treatments are best and what kinds of people benefit more from one type of therapy compared to another. However, we do know that in treating depression with talk therapy after TBI, the choice of method is important, as problems in memory and in thinking can interfere with the individual's ability to profit from some traditional psychotherapy approaches. Instead, individuals with TBI may benefit more from treatments that specifically take into account their cognitive challenges. For example, therapy needs to build in repetition because of memory problems that most people with TBI experience. Also, we know that a focus on the here-and-now works better than a focus on the past. Evidence is emerging that cognitive behavioral therapy may be particularly useful in treating post-TBI depression.

From available studies a relatively clear picture of post-TBI depression emerges: it is a highly prevalent and destructive disorder. However, too few studies lay an adequate groundwork for treatment and for understanding the dynamics of post-TBI depression. Future research should be shaped to improve the quality of research as well as to address pressing questions, particularly questions about how to prevent depression after brain injury and how to treat it most effectively.

Resources

We know of no specific printed literature on TBI and depression useful as a general resource. However, the following website provides many types of information on depression in general: www.docguide.com/news/contents.nsf/PatientResAllCateg/Depression.

The best approach for finding local help in treating post-TBI depression is by contacting ones state Brain Injury Association (BIA), a local rehabilitation hospital or mental health agency. Contact information for local BIAs is available on the BIA of America website: www.biausa.org/Pages/state_contacts.html.

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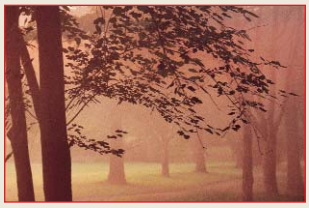
Notes

Coping with Depression after Traumatic Brain Injury is one in a series of brochures on "Living with Brain Injury."



Depression

Employment

Substance Abuse

Information: 1.800.444.6443
www.biausa.org

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