

TBI Updates

TRAUMATIC BRAIN INJURY MODEL SYSTEM
UNIVERSITY OF WASHINGTON
DEPARTMENT OF REHABILITATION MEDICINE



Volume 9

Number 1

TBI and Mood

Exercise Lifts Mood after a TBI

by Jeanne Hoffman

Exercise has been found to be helpful to improve many areas of health and specifically depression, or low mood, in otherwise healthy adults. We wanted to determine whether it had the same effect on individuals with low mood after traumatic brain injury (TBI).

We recruited individuals from the community who had experienced a TBI within 6 months to 5 years from participating in our study. A total of 80 people enrolled, half of whom participated in an exercise group for 10 weeks. The other half was invited to participate later. The exercise group occurred once a week and participants received education on exercise topics such as proper clothing and places to exercise in the community as well as met with a trainer to warm up and do 30 minutes of aerobic exercise. After the exercise group, participants were encouraged to find ways to exercise at home or in the community at least 3 other days per week.

At the end of the study when we compared those who participated in the exercise group to those who waited, we found no difference in mood. However, both groups showed improvement in mood. When we tried to figure out why, we realized that several people in the group who were to wait before exercising actually started exercising right away.

We then decided to look at whether the amount of exercise people did made a difference. We found that those participants (no matter which group they were in) who exercised more than 90 minutes per

week had better mood compared to those who exercised less than 90 minutes a week. We chose 90 minutes because doctors often recommend beginning exercise 3 times a week for 30 minutes. In addition to improved mood, those who exercised more than 90 minutes per week reported improved sleep, more involvement in their community and better quality of life.



Amantadine & Irritability Study Looking for Volunteers

Have you had a TBI and are you experiencing irritability? Are you arguing more with friends, family members or people at work? Irritability is a normal emotion for all of us to feel sometimes, but after a traumatic brain injury (TBI), an increase in irritability can be a common problem. Currently, researchers at the Department of Rehabilitation Medicine at the University of Washington are looking at whether the medication amantadine is

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Who's Who



Dr. Christian Shenouda

Dr. Shenouda is a new addition to our TBI Model Systems family. He completed his residency training in Houston, Texas at TIRR. During that time, he became interested in TBI with emphasis on severe injuries. He was drawn to the field as it addresses cognitive, emotional, physical and functional issues. In Texas, he explored the role of omega fatty acids in TBI recovery and continues to explore this topic here at UW. During his time in Texas, he also served as chief resident which gave him the opportunity to work with faculty and staff.

Despite his training in Texas, he chose to pursue additional training at the University of Washington to sub-specialize in brain injury rehabilitation. Here, he works with Dr. Kathleen Bell, who serves as his mentor. He acknowledges the UW system as a perfect compliment to his previous training to help develop a more well-rounded practice with an emphasis on research and community reintegration. In addition to research, he sees patients at UW and HMC clinics and is involved with resident teaching.

When out of the hospital, expect to see him in your local garden center or any restaurant with good portions and cheap prices.



Amantadine cntd

helpful in treating irritability in people who have had a TBI, and we are currently looking for volunteers to participate. Amantadine is a medication which was originally FDA approved in 1966 for the treatment of influenza. It has also been used to treat Parkinson's Disease. We are hoping it can be helpful to treat irritability for those who have had a TBI.

For this study, we enroll both the person who had a TBI, as well as someone chosen by them to be the 'Observer', usually a family member, close friend or caregiver who sees or talks with them about 5 days a week. The reason for this is that it can be very difficult to rate your own level of irritability; it's most often noticed by those around you. Participants will be asked to take either amantadine or a placebo (sugar pill) twice a day for 60 days. At day 60, all the participants will begin taking amantadine twice a day for one more month. There is no cost for the study medication or any of the office visits, tests or procedures associated with the study. Participants will receive compensation for each of the 3 study clinic visits to support travel to and from each clinic visit. We also ask the Observer to attend each of the 3 study clinic visits.

Possible volunteers are people between the ages of 18-75 who have had a Traumatic Brain Injury (TBI) more than 6 months ago and who are at least moderately irritable (easily annoyed or upset, poor temper control, may have verbal or physical outbursts).

Participation in the study will last for 90 days, and will involve:

3 in-person clinic visits at the University of Washington Medical Center lasting about 2 hours each.

10 telephone calls from study staff to check on how the participant is doing with the medicine. These calls will last about 20 minutes.

Participants will receive \$25 for each clinic visit.

Of course, participation is completely voluntary. If you are interested in learning more about our study, please call **Leslie Kempthorne, Study Coordinator at 206-543-0219** who will give you more details and discuss your possible participation in the study.

Telephone Intervention May Help Depressive Symptoms after a TBI.

Depression can impact your quality of life and help is not always easy to find. Dr. Bombardier and his co-workers looked whether scheduled telephone counseling for people with TBI improved their function and quality of life.

The telephone counseling focused on helping participants to be more active in setting goals and on problem-solving and self management. After one year symptoms of depression were measured. The subjects who did not receive the telephone counseling had more symptoms of depression at one year. When the data from only the subjects who were depressed at the beginning of the study were reviewed, those receiving the telephone intervention had a greater amount of improvement when compared to those who did not have the telephone intervention.

What does this mean? Although this study is not the final word, we think that proactive telephone counseling which helps persons with TBI to become more activated and to practice problem solving may also help to prevent depressive symptoms. Certain types of brief counseling by telephone or other types of communications may be a way to give services to persons with TBI, especially those who live far away from counselors or have transportation problems.



Young Adults with TBI Support Group

The “Young Adults with TBI Support Group” is geared specifically for individuals between the ages of 18 and 35. This group addresses the unique experience of young adults affected by TBI. Younger individuals with TBI and their loved ones have a different perspective than someone injured later in life.

The meetings have been well received by both survivors and their caregivers. Please join us at the next one.

Meetings will be the **2nd Wednesday** of each month from **6:00-7:30pm in the Plaza Cafe conference rooms at UW Medical Center.**

For more information contact **Silas James at 206-685-8354 or silast@uw.edu**

If you are older than 35, or looking for a different location, please check out this list of local support groups to find one that better fits your needs: <http://www.braininjurywa.org/supportgroups>

What's Hot

UW Magnesium Sulfate for Neuroprotection after Traumatic Brain Injury Study

Researchers at the University of Washington continue to study treatment for TBI. They published results of a major study. The study enrolled patients treated at Harborview who had moderate or severe TBI.

Researchers found that magnesium treatment was not effective. It neither decreased deaths nor improved functioning. Most subjects were unconscious. Family members consented for half to enroll. About half had no family there in time to ask. A waiver of consent made possible their participation. The researchers are grateful to the patients, their families and the community for their help in conducting the research. Researchers around the world continue to search for effective treatments. But TBI still leaves many with major disabilities.

The results from the study are in *Lancet Neurology*, a widely read medical journal. They are summarized at <http://depts.washington.edu/uwtbi/Projects/magnesium.htm>.

Introduction to Young Adults with TBI Support Group

The first Young Adults With TBI support group meeting was scheduled for the 11th of August of 2010. I was told that the classroom I reserved at University of Washington Medical Center could seat up to 20 people. But based on discussions with other support group facilitators I knew not to expect a lot of attendees. Low turnout seemed to be a pretty reasonable expectation since, as of the afternoon before our first meeting, only one woman had told me she would be there. I brought a book with me in case she couldn't make it. When I got there I immediately realized that, "up to 20 people" means different things to different people. The ten at the first meeting pretty much filled that room. We already needed a bigger space.

Our group is open to young adults (18-35) who have had a brain injury at any point in their lives. This means that we're also open to their friends, families, and caregivers. At an average meeting we have between 16 and 24 people in attendance.

It's really tough being a young adult, even without a brain injury. You're trying to be independent from your parents and at the same time you're still learning from them. You're trying to figure out who you want to be and what you want to do. We're hit with so many messages from the media and culture in general about who we really are or should be. Add a brain injury and it leaves us not being able to believe anyone who says that they "know what it's like". Most people literally have no clue.

Our group holds a structured meeting on the 2nd Wednesday of each month. We meet from 6:00pm to 7:30'ish in the Plaza

Café conference rooms at the University of Washington Medical Center.

Our typical meeting has four parts: announcements, information, discussions, and recap. The announcements are just what they sound like; this is where the group gets to hear about pertinent events in the community or upcoming changes to the group, anyone can announce anything. The information part is sometimes a dialogue and sometimes a brief Q+A; it's usually interactive and always pertinent to young adults and brain injury. The discussion session is many people's favorite; we break into randomly selected groups and talk about different issues. Parents and friends get to interact with different people than they normally do and everyone gets to share experiences and stories with other people who really do understand. The end of the meeting is where the "ish" after 7:30 comes from. We get back together as a big group and share little pieces from our conversations. This gives everyone a window into other discussions and we almost always get wrapped up in what other groups talked about and go over the scheduled time. Usually the topic for our next meeting comes from a small group discussion.

If you're interested in learning more about the group please visit our blog yawtbi.wordpress.com. There you can find directions to meetings; links to resources and information; and recaps of previous meetings and past agendas. The group is open to anyone who has a connection to a young adult with a brain injury. If you have questions that aren't answered on the blog please email me silast@uw.edu.

TBI Art Show

Last July was the 2nd TBI Art Show, *Recreating Me: Exploring & Healing through Artistic Expression*. We are pleased that it was such a great success and a beautiful event where art and stories were shared and connections and friendships were made.

The Brain Injury Association of Washington and UW TBIMS are bringing you the 3rd annual TBI Art Show. Opening Night is May 8th and the show will run through May 18th, 2011 at the Museum of History and Industry. The Art Show Committee is looking forward to another incredible art show.

To see the art and learn about the artists from the 2009 and 2010 shows visit our website <http://depts.washington.edu/uwtbi/Education/artshow.htm> where you will find links to a slideshow of the art, a show programs with artists' bios, a



Looking Out - Breathing In by Hilde Pfurttscheller

KPLU interviews and UW Daily and King 5 video coverage.

You can follow the TBI Art Show on Facebook. Search for our page "TBI Art Show."

TBI Forum Series

The UW Traumatic Brain Injury Model System invites you to join its quarterly information and discussion group.

At the most recent forum, "Feeling Anxious Feeling Blue: What the Heck Am I Going to Do?" Jo Ann Brockway, PhD, University of Washington Clinical Associate Professor in the Department of Rehabilitation Medicine, talked about brain injury, emotional & psychological issues, and mental health resources answering questions such as "What do I do when I can't get out of bed?" and "I'm so frustrated and angry all the time what can I do?"



The next TBI Forum

"Using Social Security to Attain your Full Potential."

will be **Wednesday, April 13th, 2011, 7:00pm** at the UW Medical Center Please join us.

For more information, including driving and parking directions, call Heather Porter 206-221-6441 (hporter@u.washington.edu) or visit our website at www.tbi.washington.edu.

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uwtbi@u.washington.edu

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www.depts.washington.edu/rehab/tbi/