

## Coping with post-TBI

Depression

By Margaret Brown, PhD

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### 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 described, depression can take many forms.

One of the reasons depression "looks" different from person to person is because it varies in severity. 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

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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 — 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.

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