Neuropsychiatric Sequelae of Traumatic Brain Injury
Andrew Farah, MD, DFAPA
Guest Editor

“This is a funny thing. Maybe—concussion is very strange—and I have been studying it: Double vision; hearing comes and goes, your capacity for scenting (smelling something) can become acute beyond belief.”

—Ernest Hemingway (letter from Kenya on February 2, 1954—1 week after surviving his second plane crash in 24 hours)

Concussive injury, postconcussive syndrome (PCS), and chronic traumatic encephalopathy have received a great deal of media attention in recent years, and deservedly so. It is estimated that 2% of the population live with some form of disability due to traumatic brain injury, which is more prevalent than schizophrenia or bipolar I disorder.1

Evaluating and treating a case of PCS is particularly challenging. For decades, most articles began with the cliché “postconcussion syndrome is controversial...” Clinicians were warned that issues of secondary gain, litigation, premorbid psychiatric conditions, and somatization all were to be factored into our assessment. Indeed, our earliest literature2 argued it was purely a conversion reaction, and there are still no standard protocols or treatment guidelines.

Concussion injury, postconcussive syndrome (PCS), and chronic traumatic encephalopathy have received a great deal of media attention in recent years, and deservedly so. It is estimated that 2% of the population live with some form of disability due to traumatic brain injury. This issue of Psychiatric Annals is designed to give clinicians a practical and inclusive guide to PCS. In the article, “Postconcussion Syndrome: An Overview for Clinicians,” Sydney T. Smith begins the issue with an excellent overview of PCS epidemiology, diagnostic criteria, risk factors, typical symptoms, and other sequelae. She further elaborates on the latest tool for “in-the-field” assessments of athletes with suspected concussive injury.

Next, in the article, “Pharmacology and Natural Therapies for Postconcussion Syndrome,” I discuss the traditional “symptom-targeting” approach to PCS treatment, but argue for the initiation of neuroprotective agents at the first patient encounter, and preferably at the first signs of concussion if possible.

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In the article, “Nonpharmacological Treatment of Post-concussion Syndrome,” sports-medicine specialist Kristina Eilbacher details the nonpharmacological treatments of value, such as vestibular rehabilitation and cognitive-behavioral therapy, and tackles the question we all must first answer when treating patients who are concussed: do we recommend rest or activity?

In the last article, “Postconcussion Syndrome: Neuropsychological Evaluation and Management,” noted neuropsychologist Dr. John M. Goeke explains the neuropsychological presentations of patients with PCS, and not only helps us sort out the traditional vagaries of neuropsychological test results in patients with concussions, but highlights management strategies as well.

With this issue, we have strived to provide readers with a comprehensive overview of PCS, and I am grateful to have researchers and clinicians of such stature kind enough to contribute.

REFERENCES

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Andrew Farah, MD, DFAPA, earned his undergraduate degree at Clemson University, his medical degree at the Medial University of South Carolina in Charleston, and completed his residency in psychiatry at Wake Forest University. He is currently the Chief of the Psychiatry Section for the High Point Division of University of North Carolina Healthcare, and an Associate Professor of Psychiatry at High Point University’s Division of Physician Assistant Studies.

Dr. Farah practices inpatient psychiatry and forensic/legal consulting. His research is focused on the role of homocysteine reduction in preventive neuropsychiatry. In 2014, he was designated as a Distinguished Fellow of the American Psychiatric Association.

His book, Hemingway’s Brain, a forensic examination of the demise of Ernest Hemingway, will be available by April 2017 and published by the University of South Carolina Press.

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