

# Has your patient had a brain injury?

## Factsheet to assist diagnosis and management of brain injuries

For patients with a previous diagnosis of meningitis, encephalitis, tumour or stroke, or who have had a blow to the head, and present with symptoms that may include:

Memory difficulties  
Anxiety

Behavioural, mood or personality changes  
Social, work and relationship problems  
Problems with planning, organisation, memory, reasoning

Motor or Sensory problems  
Imbalance, vertigo, or blurred vision  
Headaches

**Is there a previous diagnosis of meningitis, encephalitis, tumour or stroke? Have they at any stage had a blow to the head?**

**If so, the patient may have had an Acquired Brain Injury (ABI), due to trauma (TBI) or another pathology**

### Management for a person with an acquired brain injury

- Make sure that they have regular Neurological review as appropriate
- If they are not managing at home physically or functionally in their domestic or work environment, they may need to be referred for either inpatient or community multidisciplinary rehabilitation.
- If the patient has cognitive, relationship, or emotional difficulties, refer them to a Clinical Neuropsychologist, who may be part of the community rehabilitation team, for assessment.

### If you suspect a brain injury

- Speak to family members where possible
- Get confirmation of the original diagnosis
- Refer to a specialist trained in the assessment and management of the sequelae of brain injury
- Consider referral to specialist brain injury rehabilitation service

### Points to consider

- Loss of awareness at the time of a head injury is usually the result of associated brain injury
- When there have been multiple injuries, the hospital coding may not reflect a brain injury
- People who have had a minor injury may never have been to A&E or been admitted
- CT or MRI scans may fail to pick up damage that can result in long term consequences
- Symptoms overlap with other conditions
- Persisting psychological impairment may be the result of the initial brain injury or a reaction to the event
- The effects can be subtle – ‘hidden disability’
- The person themselves may lack insight and awareness
- Family members may minimise the symptoms

### Further information and support

#### Headway – National charity providing information and support

- Information [www.headway.org.uk/About-Brain-Injury.aspx](http://www.headway.org.uk/About-Brain-Injury.aspx)
- Helpline 0808 800 22 44 – free phone, nurse led, info for professionals and patients and families
- Factsheets – downloadable from [www.headway.org.uk/factsheets.aspx](http://www.headway.org.uk/factsheets.aspx)
- Network of groups offering support with larger centres offering social rehabilitation, skills developer and supported living - for groups in London [www.headway.org.uk/Regions/London.aspx](http://www.headway.org.uk/Regions/London.aspx)

#### ABIL – Acquired Brain Injury Forum for London [www.abil.co.uk](http://www.abil.co.uk)

- Forum for front-line professionals
- Encourages development & dissemination of good practice in care and management of brain injury
- Online database of specialist services for brain injury in London

### Traumatic Brain Injury Facts:

- Largest cause of acquired disability in the population of working age
- 70 – 90% of all treated brain injuries classed as mild, but
- The initial severity of a brain injury may not be an accurate predictor of long-term problems
- 20% mild brain injuries result in lasting impairment
- 75% of mild head injuries go unreported