Depression is one possible result of TBI. Overlapping symptoms of TBI and depression may make a diagnosis challenging. Depression reduces quality of life and impairs ability to function in social and work roles. In patients requiring physical therapy efforts, depression can undermine rehabilitation planning and treatment adherence.

The most salient consequence of depression is suicide. At least half of suicides occur in the context of a mood disorder.

While no single feature is seen in all depressed patients, common symptoms include sadness, persistent negative thoughts, apathy, lack of energy, fuzzy or irrational thinking, and an inability to enjoy normal events in life. Especially in a first episode, individuals and families may not recognize the changes as part of an illness, which makes identification and self-reporting of the condition challenging. Depression in patients with TBI may be comorbid with other psychiatric conditions, especially anxiety disorders.

Conclusions
Patients suffering from TBI are at an increased risk for depression, with prevalence rates (31 percent) that surpass the rates for the general population (8–10 percent). Increased prevalence is observed at multiple time points after injury. Because the risk of depression after TBI remains high over an extended period, early and continued screening over time may be warranted. Furthermore, severity of TBI has not been established as an accurate predictor of depression, suggesting the need for vigilance across all severities of TBI until more evidence is available. While evidence exists for treatment of depression in the general population, studies involving individuals who have sustained TBI are insufficient to guide treatment for this specific population.
What To Discuss With Your Patients

- The prevalence of depression and other concomitant psychological conditions for patients with a history of TBI and the need for continued screening and communication concerning emerging symptoms.
- Common symptoms of depression, general anxiety disorder, post-traumatic stress disorder, and panic disorder.
- Possible drug interactions and common adverse effects of antidepressants.

Gaps in Knowledge

- Additional research on treatment options for patients with depression following TBI is a priority.
- Studies are needed to compare the effectiveness of diagnosis, screening time, and screening tools for patients with TBI who also have depression.
- Additional research is also needed to determine whether patient factors such as area of the brain injured, severity of the injury, mechanism of injury, age, and gender are predispositions for depression in patients with TBI.
- Studies pertaining to long-term outcomes and results of depression treatment in patients with TBI are needed to facilitate further comparison of the safety and effectiveness of treatments for TBI-induced depression.
- Consensus is needed on outcomes that are important to both clinicians and patients to ensure consistency and comparability across future studies.

Resource for Patients

Depression After Brain Injury, A Guide for Patients and Their Caregivers is a free companion to this clinician guide. It can help patients talk with their doctors. The guide is designed to help patients:

- Understand the connection between TBI and depression.
- Recognize the symptoms of depression and concomitant psychiatric conditions.
- Communicate symptoms effectively to health care providers.

Ordering Information

For electronic copies of Depression After Brain Injury, A Guide for Adults and Their Caregivers, this clinician guide, and the full systematic review, visit www.effectivehealthcare.ahrq.gov/tbidep.cfm. To order free print copies, call the AHRQ Publications Clearinghouse at 800-358-9295.

Source

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