

Functional Status at Discharge is Higher Among Alcohol-positive Older Adults after TBI

Rachel A. Bernier¹, Arnab Roy¹, Jerry French, Jr.¹, & Frank G. Hillary^{1,2}



¹ Department of Psychology, The Pennsylvania State University, University Park, PA; ² Hershey Medical Center, Hershey, PA

Correspondence to: Rachel Bernier; rub221@psu.edu | Visit the Hillary Lab at www.neuropsychologypsu.com/hillary-about.htm

INTRODUCTION

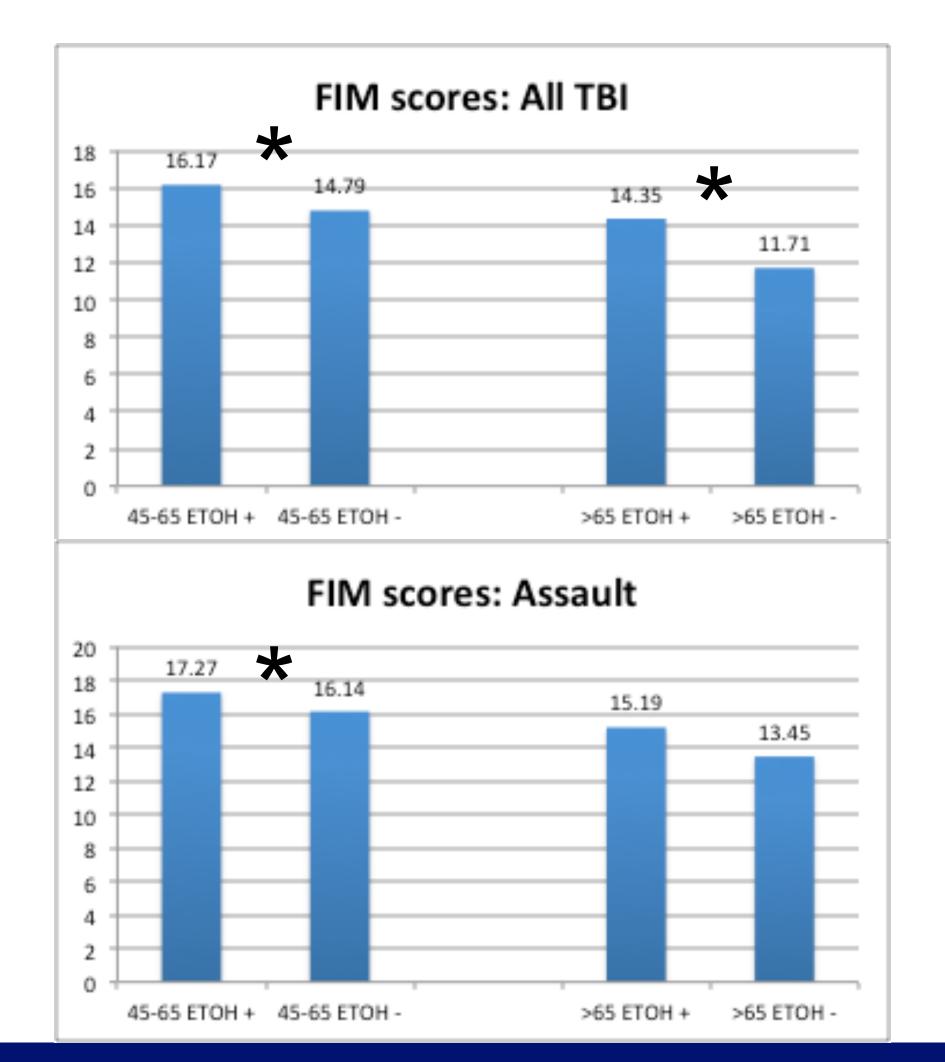
- Alcohol use is an important risk factor for TBI, (Corrigan, J.D., 1995)
- While rates of moderate to severe TBI generally are decreasing, rates among older adults are increasing in Pennsylvania (Ramanathan et al., 2012)
- However, there is little consensus surrounding the effects of alcohol intoxication at time
 of injury on TBI outcome
- Knowing this information would facilitate a more targeted prevention and treatment of TBI

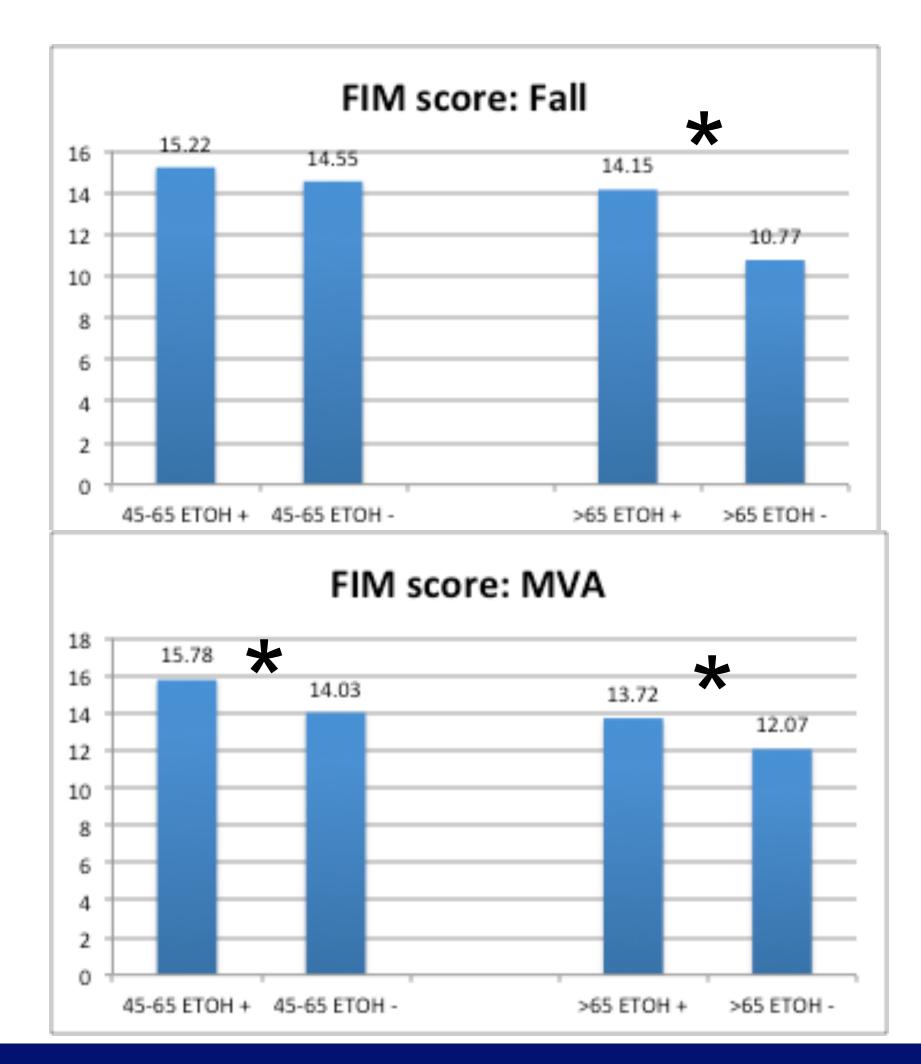
METHODOLOGY

- This study examined data among individuals 45 years and older from the Pennsylvania Trauma Outcome Study (PTOS), a database containing information about individuals with TBI who utilized emergency services at trauma institutions in Pennsylvania from 1992 to 2009
- Only patients who were administered a blood alcohol test at time of admission to the emergency department (ED), and who had a recorded mechanism of injury and age, and received an outcome assessment (FIM) score were included
- This sample included 5,715 patients with moderate to severe TBI (GCS score 3-12)

RESULTS

	45-65 years old			>65 years old		
	Alcohol +	Alcohol -	% positive	Alcohol +	Alcohol -	% positive
Overall (n)	1860	2057	47.49%	312	1486	17.35%
Male (<i>n</i>)	1559	1416	52.40%	241	799	23.17%
Female (n)	301	641	31.95%	71	687	9.37%
Assault (n)	409	391	51.13%	32	131	19.63%
Fall (<i>n</i>)	456	391	53.84%	124	537	18.76%
MVA (n)	812	1049	43.63%	104	548	15.95%





CONCLUSIONS

- Mean outcome (FIM) scores are consistently higher in alcohol-positive groups, but alcohol use accounts for only a small portion of the variance
- Rates of patients with alcohol-positive TBI differ by age and mechanism of injury among older adults

Limitations and Future Directions

- This dataset did not include measures of premorbid functioning which may contribute to differences in outcome among patients who were alcohol-positive and negative at time of admission to the ED
- Alcohol likely contributes to several physiological processes at time of injury (e.g., immunomodulation; Goodman et al., 2013), with positive and negative impacts
- Future studies should consider the role of premorbid functioning and parse out the different effects alcohol may have on recovery following TBI

REFERENCES

Corrigan, J.D., (1995). Substance abuse as a mediating factor in outcome from traumatic brain injury. Arch Phys Med Rehabil. 76(4):302-9.

Goodman, M.D., Makley, A.T., Campion, E.M., Friend, L.A., Lentsch, A.B., Pritts, T.A. (2013). Preinjury alcohol exposure attenuates the neuroinflammatory response to traumatic brain injury. J Surg Res.184(2):1053-8. doi: 10.1016/j.jss.2013.04.058.

Ramanathan, D., McWilliams, N., Schatz, P., Hillary, F.G. (2012). Epidemiological shifts in elderly traumatic brain injury: 18-year trends in Pennsylvania. J Neurotrauma. 1;29(7):1371-8. doi: 10.1089/neu.2011.2197.