

Mild Traumatic Brain Injury in the elderly: can it really be defined as “Mild”?

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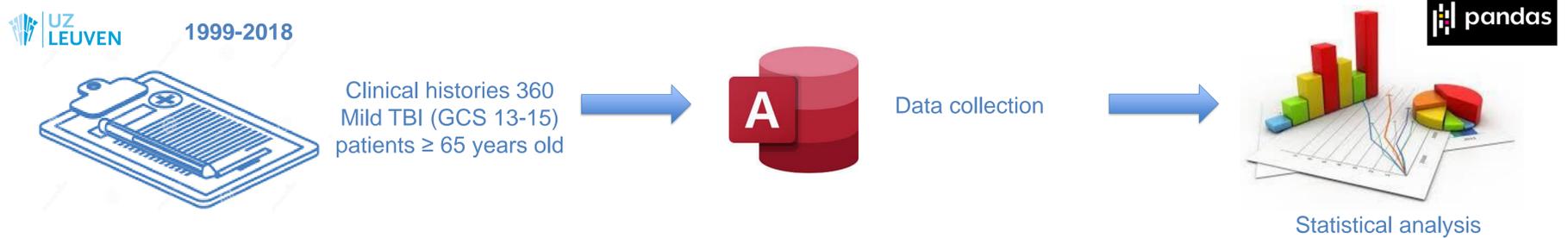
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INTRODUCTION

Traumatic Brain Injury (TBI) incidence in the elderly, mainly caused by fall accidents associated with the increased activity in this population, has been rising dramatically over the last two decades. Most cases are considered as “Mild TBI”, defined by a Glasgow Coma Scale (GCS) 13-15 upon admission. It is known that ageing leads to a reduction of the overall physiological reserve capacity and to psychosocial changes in later life, which are factors that worsen recovery. However, despite its importance for society, the impact of TBI in the elderly is still not well understood. Therefore, **this study aims to evaluate the long-term impact of ‘Mild’ TBI in terms of cognitive and motor function, dependence, and subsequent diagnosis of other types of neurodegenerative diseases, such as dementia or Parkinson’s disease.**

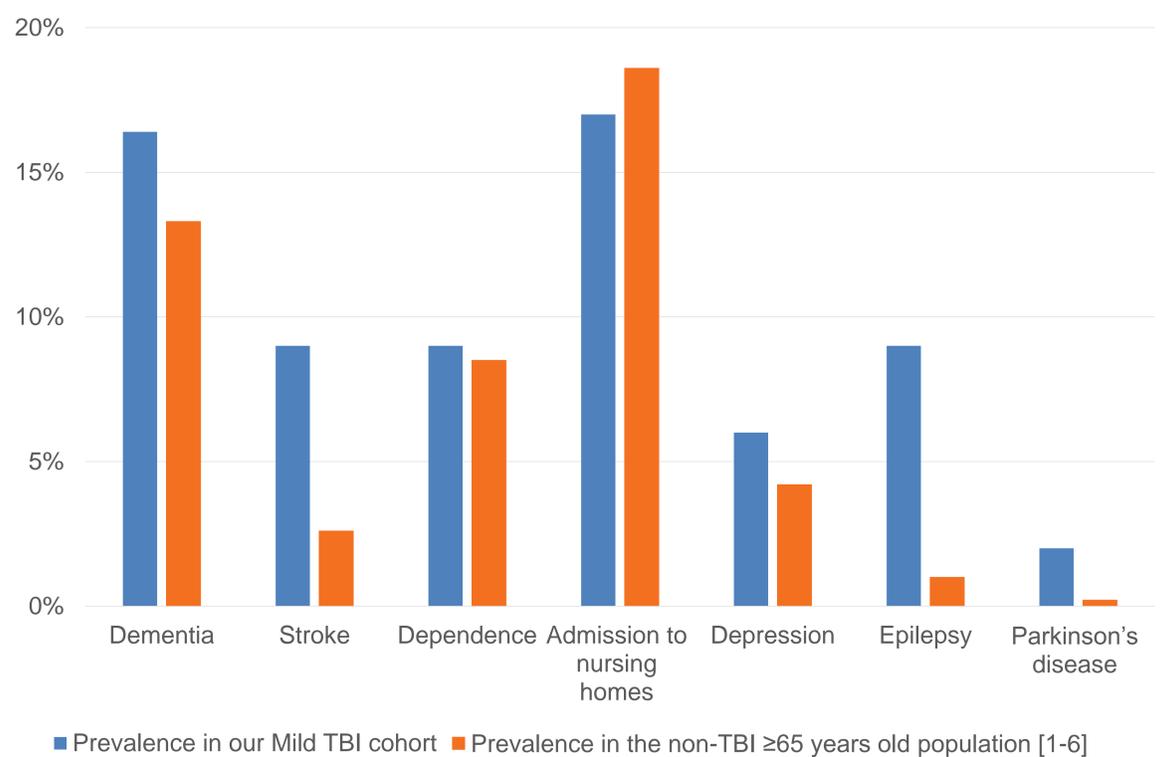
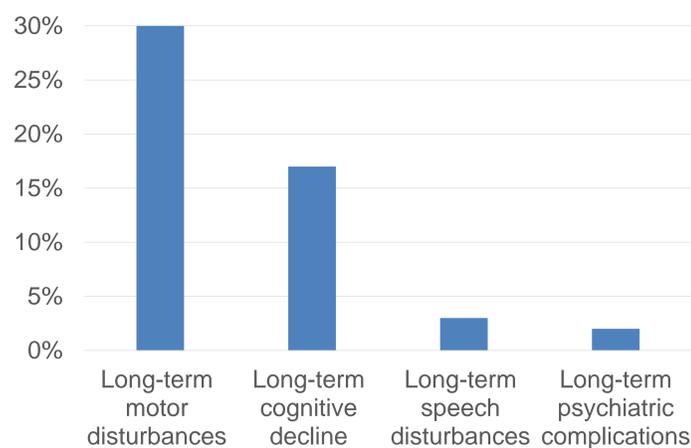
MATERIALS AND METHODS



RESULTS

360 patients (194 ♀, 166 ♂) Mild TBI

- 38% still alive in 2020
- Mean age at the moment of the accident: 78.0 years



Patients ≥65 years old with ‘Mild’ TBI in our cohort show **significant functional disturbances and a higher prevalence of dementia, stroke, depression, epilepsy and Parkinson’s disease** than the ≥65 years old non-TBI population according to literature.

CONCLUSION

Mild Traumatic Brain Injury in the elderly population is associated with significant functional disturbances and higher probability of suffering dementia, stroke, depression, epilepsy and Parkinson’s disease. This is related to dependence and may affect the quality of life. Underlying mechanisms of the association between TBI and other conditions need to be investigated.

REFERENCES

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