

Concussions/Mild TBI in the Elderly



A concussion is a type of mild traumatic brain injury (mTBI) and the most frequent type of brain injury and account for around 85% of all brain injuries, regardless of age. However, someone does not have to strike their head in order to have a concussion. Whiplash in a car accident or falling can produce enough force to shake the brain and cause an injury . There may or may not be a loss of consciousness; if it does occur, it's typically brief and lasts 30 minutes or less. There may be a period of time where the person is in a confused or disoriented state; that usually lasts for 24 hours or less. But even without loss of conciousness, a person, especially the elderly, can still have long-term problems caused by a mTBI.

What are the signs and symptoms?

Signs and symptoms of concussion can show up right after the injury or can take days or weeks to appear and may include:

- Headache
- Vomiting
- Double or fuzzy vision
- · Feeling groggy, foggy or sluggish
- Confusion
- Sadness
- Sleeping more or less than usual
- Nausea
- Balance problems or dizziness
- Sensitivity to light or noise
- Concentration or memory problems
- Irritability
- Nervousness or anxiety
- Trouble falling asleep

Special Considerations for Older Patients:

Older patients who may have a concussion are more likely to be admitted to the hospital for observation, especially if other injuries are present. However, family members should maintain more frequent contact and observation for several weeks after an individual strikes their head, because some serious consequences can occur weeks afterward. The use of blood thinners can increase the likelihood of a slow bleed on the brain.

Seek immediate medical attention if there is a significant/abrupt change in cognitive or physical abilities.

Recovery for Older Patients:

- Older patients are more likely to have other health issues, so it's important to provide medical staff with information about other conditions and current medications. Some symptoms of concussion such as dizziness, balance issues, memory problems, and anxiety can be mistaken as being part of their pre-injury "normal" when they are, in fact, due to the injury.
- Families can advocate for their loved ones by providing information about their pre-injury function, especially if they were active and well before the injury. This can help you and your loved one avoid medical professionals making false assumptions. The goal of concussion treatment for an older adult is similar to that of a young athlete to return the patient to the activity level they had prior to their injury.
- Depression can occur after TBI in patients of all ages. Families should be on the lookout for symptoms of depression (apathy, feeling worthless or hopeless, withdrawing from others, feeling sad or blue...). Depression is associated with poorer outcomes and decreased functioning, however treatment for depression is widely available.
- It is possible for an elderly patient to recover function after a brain injury, but they do so at a slower pace than younger people. Follow up with a doctor familiar with concussion if problems continue; concussion clinics are also a good source of treatment. Therapies can address issues with balance, dizziness, vision changes, headaches, and new/worsened cognitive issues.

Brain Injury Association of Virginia can help you better understand brain injury and consult with you about your personal situation. We can then direct you to services you might need in your area. Our services are confidential and free.

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