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Prevalence and determinants of depression and its association with quality of life in traumatic brain injury patients (TBI)

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Aims & hypothesis: This study has investigated prevalence and risk factors of depression in Traumatic brain injury (TBI). The study has also explored the connection between depression and neuroanatomical localization as well as QOL in TBI. Depression is hypothesized to be more prevalent with adverse impact on QOL in TBI.

Background: Assessment and treatment of TBI typically focuses on physical and cognitive impairments, yet psychological impairments represent significant causes of disability. Despite considerable research, the rates and predictors of MDD and its impact on QOL after TBI remain uncertain.

Material and method: All eligible participants were evaluated initially after two week interval for first 4 weeks and monthly interval subsequently till one year. Demographic and injury characteristics of the participants were assessed on a self-designed semi structured performa. Interviews focused on assessment of severity of TBI, depression and quality of life using GCS, PHQ-9 and WHOQOL-BREF respectively.

Results: Total 204 patients were included. 42.15% participants were found to have depression. None of the demographic variables were associated with depression except female sex. Among clinical variables, moderate TBI patient (55.80%) had significantly higher occurrence of depression than the mild cases (44.2%) ($P=0.000$, $df 1$). First three month after TBI witnessed more than half (50.2%) of those patient who had depression ($P<0.017$). Depressed patients also had poor quality of life than those without depression in all domains except physical health domain ($P=0.003$). Neuroanatomical localization was also correlated with depression. Cerebral contusions were the most common (44.24%) lesion associated with depression.

Conclusion: Depression after TBI is highly prevalent and associated with adverse impact on QOL. Because depression after TBI is an invisible disorder within invisible injury, aggressive and scrupulous efforts are needed to educate the clinician about the importance of mood symptoms in this population to promote integrated system of detection and multidisciplinary care.

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