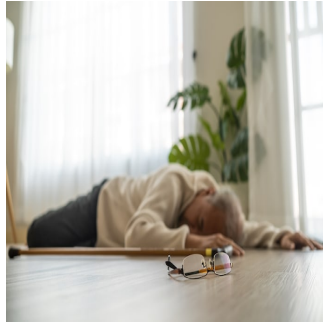

Incidence of Traumatic Brain Injury in Older Adults



According to a study by UC San Francisco and the San Francisco VA Health Care System, approximately 13% of older adults are diagnosed with traumatic brain injury (TBI), typically caused by ground-level falls. The findings are published in JAMA.

Researchers tracked around 9,200 Medicare enrollees, with an average age of 75 at the study's outset. The study aimed to identify factors making some patients more vulnerable than others over a follow-up period of up to 18 years.

While TBI can be treated successfully, these injuries increase the risk of several serious conditions, including dementia, Parkinson's disease, seizures, cardiovascular disease, and psychiatric conditions like depression and anxiety.

According to the researchers, the number of people 65 and older with TBI is shockingly high. There is a need for evidence-based guidelines to inform post-discharge care of this very patient population and more research on post-TBI dementia prevention and repeat injury prevention.

Earlier TBI studies show that males, non-whites, and those of lower socioeconomic status were more likely to be diagnosed with TBI. However, this study found that females and whites were overrepresented among the 1,148 participants with TBI. While 58% of the HRS participants were female and 84% were white, among those with TBI, the figures were 64% and 89%, respectively. Additionally, 31% of those with TBI were in the highest wealth quartile, compared to 22% in the lowest quartile. Healthier seniors' activities may place them at higher risk.

At the start of the study, participants diagnosed with TBI were less likely to have lung disease or difficulty with daily activities like bathing, walking, and getting out of bed. They also tended to have normal cognition.

Study findings reflect that healthier, wealthier, and more active adults are more likely to engage in activities that carry a risk for TBI. While most TBIs in older people occur from falls at ground level, those in a wheelchair or bedbound are at a lower risk for traumatic injuries. Also, individuals with cognitive impairment are more limited in their activity and have less opportunity to fall.

The study's findings are notable at a time when physical activity is strongly recommended to reduce or slow the development of dementia.

The overall evidence still supports physical activity as neuroprotective. However, it is critical to take measures to optimise safety and mitigate falls. These measures must change over time as an individual accumulates physical or cognitive disabilities or both.

Source: [University of California, San Francisco](https://www.ucsf.edu/news/2023/08/514887)

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