EDITORIAL

TBI a Major Cause of Disability

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Traumatic brain injury (TBI) is a major cause of death and disability worldwide. The Center for Disease Control (CDC) estimates that at least 5.3 million Americans, approximately 2% of the United States population, currently have long term or lifelong need for help to perform activities of daily living due to TBI.2

Let me share some more statistics for you to ponder as you read this special theme issue of Optometry & Vision Development, dedicated entirely to the topic of traumatic brain injury.

- 1.4 million people a year in the U.S. sustain a TBI.3
  - 50,000 die
  - 235,000 are hospitalized
  - 1.1 million are treated and released from an emergency department
- Among children up to 14 years of age, TBI results in an estimated:3
  - 2,685 deaths
  - 37,000 hospitalizations
  - 435,000 emergency department visits.
- Falls are the leading cause of TBI
  - Rates are highest for children ages 0-4 years and adults age 75 years or older
  - Two age groups are at highest risk for TBI, 0 to 4 year and 15-19 year olds.3
- It is unknown how many people with a TBI are not seen in an emergency department or who receive no care.

The statistics above do not include a growing segment of the population, our soldiers and veterans of the armed forces. Some experts have estimated the incidence of TBI among wounded service members to be upwards of 22%. At Walter Reed Army Medical Center, 32% of those evacuated from combat conditions suffered from TBI. In response to this threat to our servicemen, in 1992 the Department of Defense created the Defense and Veterans Brain Injury Center (DVIBC).4

Recently, the DVBIC, a multi-site medical care, clinical research and education center, became housed within the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. It conducts and advances research that enhances the quality, appropriateness, timeliness and cost-effectiveness of treatment delivered to military and veteran beneficiaries with TBIs across the continuum of care. DVBIC research findings are applied to improve clinical care programs. Additionally, the DVBIC has established a health care research infrastructure to conduct both single and multi-center studies that also collaborates with other governmental and civilian organizations.5

Realizing the breadth of this problem, the branches of the armed forces, as well as the Department of Veterans Affairs have implemented screening and evaluation protocols that are not only to take place off the field of battle, but immediately following the TBI. These include clinical management guidelines, reporting systems, and improved history questionnaires.6,7

The real question is what we as a profession have done to prepare for this increased incidence of TBI. Certainly there has been an increase in the number of articles, books and CE lectures concerning these topics, but has it translated into a greater number of practices that include neuro-optometric rehabilitation.
as one its practice areas? The answer is yes. I will let you decide whether it is enough.

Most students graduate from optometry school never having been involved in the care of a patient with a brain injury. Only one college of optometry offers a residency program specifically aimed at providing expertise in this specialized area. Only approximately one half of one percent of practitioners are members of the Neuro Optometric Rehabilitation Association (NORA), an organization dedicated to the treatment of patients with conditions including TBI. Essentially, that means that for every doctor in NORA, there are 7000 TBI sufferers.

Another organization with many individuals who diagnose and treat those with TBI are Associates and Fellows of the College of Optometrists in Vision Development. At the annual COVD meeting, you will find several hours of continuing education and discussion usually dedicated to those with acquired brain injury. In the exhibit hall, you will find many new and cutting edge tools to help in the diagnosis and treatment of those with visually related anomalies associated with TBI. But even with the added membership of COVD, there are still too few of us involved in the care of these patients.

So, how can we increase our profession’s awareness and treatment of this patient population? First, we must look at the root of our practice, optometric education. Perhaps the number of practitioners dedicated to treating TBI patients will increase if optometric educators, myself included, did more to bring this area of practice to students’ attention. For example, instructors should make room to teach this vital information in the courses they teach. Clinical educators should advise their students on the signs, symptoms and treatments they might encounter in this patient population. Moreover, clinicians whose practice includes neuro-optometry should contact any and/or all of the schools of optometry about having an intern spend a semester at their office. Going one step further, they can and should consider starting a private practice residency sponsored by one of the optometric programs.

Of course, all optometric physicians should consider joining NORA and COVD. Even if you are not an active member, lend your name and monetary support to the cause. There is strength in numbers. One voice can easily be ignored, the same cannot be said if that one becomes 1000 all screaming from the mountain tops. I am happy to say that my check is in the mail!

References

Call for Nominations • West Regional Director

The position of West Regional Director is up for election in 2009. Kathleen Kinney, OD, FCOVD, was appointed in October 2008 to fill the vacated slot. The term expires this October at the COVD 39th Annual Meeting.

This will serve as official notice requesting members to submit nominations for the West Regional Director position. Regional Directors represent COVD members in their region and serve a three year term on the Board of Directors. They play an important role in helping to develop and guide COVD programs and policies. Directors must attend two Board meetings per year and participate in Board discussion and activities by e-mail and telephone between meetings.

Individuals nominated must be COVD Fellows who live within the region they represent. Any COVD member may submit a nomination, including a self-nomination. If you know a COVD Fellow who would be interested in contributing to the continued growth of COVD, encourage them to seek election to the Board of Directors. Nominations should be emailed to info@covd.org, faxed to 330-995-0719, or call us with your nomination at 330-995-0718.

Deadline for nominations is April 17, 2009