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Nota di contenuto	1 Brain Injury Due to Blunt-Force Trauma The fundamental assumption of cognitive neuroscience is that the way we behave and the way we experience the world is determined by the way our brains work. -Chris Frith (2004), Brain, Vol. 127, No. 2, p. 239 Introduction The brains of human beings clearly are the products of our evolutionary past (Linden, 2007). Our skulls and brains have evolved to withstand glancing blows from rocks thrown as weapons, the blunt force of being struck by a wooden club, 2 Illustrative Case History of a Patient with MIND; The pain of the mind is worse than the pain of the body. -Publius Syrus, 1st century BC, Roman writer In this chapter, the case history of Jane is based on a composite of three female patients. This composite reflects none of the three patients entirely due to the need to safeguard clinical confidentiality. Demographic details from these real-world cases also have been altered to ensure anonymity. Jane was a 41-year-old professional woman who 3 Navigating the Health-Care System Following Mild TBI; When we don't even believe that something is possible or that it exists, we fail to see it at all. -Dorothy Otnow Lewis, American psychiatrist,Guilty by Reason of Insanity (1998, pp. 615-616) For the composite case study in the

previous chapter, let's review the number of different health-care providers with whom Jane had contact: Paramedics at the scene of the accident ER physicians and staff CT scan techs and radiologist Her primary care

4 Evidence for the Existence of MIND-like Neuropsychiatric Patients; The farther backward you look, the farther forward you are likely to see. -Winston Churchill Support From the Neuropsychiatric Literature Patients similar to those we have labeled as manifesting MIND have been described repeatedly in the modern, neuropsychiatric literature. (A neuropsychiatrist is a physician with extensive training in both psychiatry and neurology and is, thus, in an excellent position to assess and treat pat

5 Living with Untreated Symptoms of MIND; The way to get people to care is to provide context. -Chip and Dan Heath,Made to Stick: Why Some Ideas Survive and Others Die (2007) Introduction Most of us take the continuity of our thoughts and feelings more or less for granted. We assume, by and large, that we will be able to retrieve someone's name or information relevant to work when we need to do so. Barring some unforeseen occurrence, our mood later this afternoon probably will be similar to the

6 Reviewing the Evidence of Treatment Efficacy; Without therapeutic enthusiasm, there would be no innovation, and without skepticism, there would be no proof. -Vladimir Hachinski (Quoted in Fogel, Duffy, McNamara, & Salloway, 1992, p. 458) The joy of good clinical work is the ability to participate in a client's personal healing. But along with the potential for great impact comes a tremendous responsibility. . . . The first rule is "Do no harm," yet we harm when we do not prepare enough

Sommario/riassunto

Mild Traumatic Brain Injury proposes that there is a diagnosable and treatable sub-type of Persistent Post-Concussive Syndrome (PPCS) following mild Traumatic Brain Injury (TBI). This sub-type of PPCS is characterized by: (a) multiple intermittent (or "partial seizure-like") symptoms in the absence of a conventional epileptic syndrome; (b) untriggered, ego-dystonic mood-swings in the absence of clear environmental precipitants; (c) memory lapses and brief gap of "lost time;" and a high prior probability of responding well to treatment with anti-convulsant mood-stabilizers