Apathy and impulsivity: two disorders frequently encountered after severe traumatic brain injury (TBI). However, there has been little research on the underlying nature of these behavioural modifications.

**Objective.** To assess components of apathy and impulsivity after TBI, their psychosocial consequences, and the burden experienced by the relatives.

**Method.** 38 close relatives of severe TBI patients were asked to complete four questionnaires: the UPPS impulsivity scale, short version [1], the apathy inventory [2], the Sydney psychosocial reintegration scale [3] and the Zarit Burden Inventory [4].

**Results.** TBI patients showed on the UPPS significantly higher levels of urgency, lack of premeditation, and lack of perseverance, and a significant decrease of sensation seeking, as compared with their pre-injury status (P < 0.05). Apathetic symptoms were reported, concerning the three dimensions of apathy. Psychosocial problems, and the relatives’ burden both significantly and positively correlated with loss of initiative (P < 0.01) and with all dimensions of impulsivity (P < 0.05), except with sensation seeking. A significant positive correlation was found between lack of perseverance on the one hand and lack of initiative (P < 0.01) and loss of interest (P < 0.05).

**Discussion.** TBI patients showed, in comparison with pre-injury, a significant increase of both impulsivity and apathy. These modifications were significantly correlated with psychosocial problems and the relatives’ burden. The underlying cognitive and motivational bases of these changes need to be further studied.

**References**


[2] Robert PH et al. The Apathy Inventory, and the Inventory of behavioral incapacitating fatigability and apathy. Zolpidem allowed behavioral improvement, as evidenced by the Coma Recovery Scale Revisited, but no increase in cognitive performances.
