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Challenging behaviour following traumatic brain injury: Symptoms and assessments

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Keywords: Traumatic brain injury; Behavioural disorder; Symptoms; Assessments

The aim of this work is to establish a scientific argumentation for the definition of behavioural disorders after a traumatic brain injury (TBI) as two times more common than after an orthopaedic trauma without TBI.

(2) From this literature review, the experts suggest an assessment process of behavioural disorders (based on multiple sources, repeated assessment, integrating the evaluation of dangerousness and of associated cognitive and psychological disorders). The experts present the position of each assessment tool with respect to its specificity, validity, and translation into French. Only three behavioural scales (Neurobehavioural Rating Scale Revised, Behavioural Dysexecutive Syndrome Inventory, and European Head Injury Evaluation Chart) are specific to TBI and validated in French.

Discussion.— Recommendations by the French Haute Autorité de Santé will be developed from this literature review.

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Non-pharmacological treatment for behavioural troubles in brain injury patients. Review of literature

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Keywords: Traumatic brain injury; Behavioral troubles; Psychotherapy

Introduction.— Non pharmacological treatment is a major component to cure behavioral troubles of brain injury patients, unfortunately scientific literature remains poor about this theme.

Method.— Review of literature until 1980 on Medline by the documentation unit of the Haute Autorité de Santé (HAS). Other articles published in English or French referenced books were added. Classification in function of different psychotherapeutic currents and attribution of proof level, approved by the lecture group.

Results.— Four hundred and forty-one articles were notified and 81 were selected and classified by order of frequency in five types of therapy: cognitive behavioral (26), holistic (19), systemic (14), psychanalytic (ten), therapy with physical mediation (six). Finally only 12 studies were of proof level of 2, 46 of proof level of 4, and nine articles were reviews of literature. There is no study of level 1 and no work concerning certain classical approaches like hypnosis, relaxation or EMDR.

Discussion and conclusion.— Cognitive behavior therapy, systemic and holistic approaches are the most documented (level 2 to 4). Psychanalytic treatment and therapy with physical mediation are partially documented (level 4) and would need complementary studies. Some recommendations will be redacted from this analysis of literature by the HAS.

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