

PTSD, dementia, and traumatic brain injury

By Debbie Selsavage CDP

"PTSD" means "Post Traumatic Stress Disorder." It is not a disease; it is a syndrome, a collection of symptoms and behaviors that can emerge after we experience an especially traumatic or disturbing event. This can be something that happens to us, or simply something disturbing that we witness.

PTSD is often associated with military service, especially after the American wars in Vietnam, Iraq, and Afghanistan. Previous generations used the terms "Shell Shock" or "Battle Fatigue" to describe war-related PTSD. But PTSD is not just a combat phenomenon. It can be a response to trauma in any walk of life.

The symptoms of PTSD include nightmares, severe anxiety, flashbacks to the terrifying event or time that caused the PTSD, uncontrollable thoughts and fixation on the bad experience, inability to sleep, negative changes in thinking or mood, changes in physical and emotional reactions to routine events, loss of memory, and inability to concentrate.

Some of these symptoms – specifically memory loss, inability to concentrate, and mood changes – remind us of some of the classic symptoms of dementia. But they are not the same thing. While traumatic brain injury may be involved in the emergence of some cases of PTSD, it is not a factor in all cases of PTSD.

Dementia, however, involves; by definition, cellular degradation of the brain. It is progressive, irreversible, and terminal. This process is so dramatic that an adult human brain, which weighs about three pounds, can shrink to a weight of only one pound at the time of death from Alzheimer's disease and some other causes of dementia. PTSD, on the other hand, is not by definition terminal, and can be diminished or cured through therapy.

Traumatic brain injury (TBI), often associated with combat-related PTSD, can cause dementia, and probably at a higher rate than we realize. The brain is a fragile organ, and – without much evidence – we have too long believed that helmets used in contact sports play a significant role in eliminating concussions. We also believe that concussion is a minor injury that we will get over after a couple of days, but research has shown that dementia – a type we call chronic traumatic encephalopathy (CTE) -- can emerge years later. Concussion can lead also to Alzheimer's disease, which is the most common form of dementia.

TBI can be caused by falls, vehicle accidents, and sports injuries. American football, soccer, and rugby cause more TBIs than we once believed. In soccer, TBI can result from "heading," which was once thought a safe practice.

I am concerned that the symptomatic similarities between dementia and PTSD can result in unnecessary anxiety and incorrect diagnosis. When any of the symptoms described above begin to emerge, we need to seek diagnostic help or psychiatric

support to determine what the problem really is; dementia, PTSD, or something else. General medical practitioners are usually not qualified to accurately diagnose at this level of neurological specialty. We may get better results by turning to a psychologist or seeking a memory screening and MRI from a qualified research company. The latter is free and readily available.

My guidance? 1) PTSD is difficult enough to cope with. Do not jump to the conclusion that you have dementia. Get tested. 2) Do not take "head bumps" lightly, and do not assume protective gear has made you safe. Follow up on any head injury with examination and testing. 3) Please be especially wary of children's contact sports. As I said, little-noticed head trauma can emerge as dementia many years later. 4) Do not believe that you are immune to PTSD because you did not serve on active military duty. It can happen to anyone, and while it is not the same as dementia, it is a hard way to live.

Final point: Remember that we all deserve the best!

Debbie Selsavage is a Certified Trainer and Consultant in the Positive Approach to Care, and a Certified Dementia Practitioner. Her company, Coping with Dementia LLC, is dedicated to making life better for individuals living with dementia. Contact Debbie at deb@copinq.today to learn about free support groups on line.