

Medical Symposium Schedule

Tuesday, June 4, 2019



7:00 am Registration

8:00 am Traumatic Brain Injury as a Chronic Disease: The Scope of the Problem

Presented by Steven R. Flanagan, MD

TBI is not just an event, with a distinct beginning and end. Evidence has emerged that suggests that TBI often initiates a lifelong condition manifested by increased risk for several conditions, including but not limited to neurological, endocrine, psychiatric and neurodegenerative conditions. Early mortality has also been associated with TBI, even for those who survive the original hospitalization. This presentation will briefly describe the current and growing incidence of TBI and the potential medical problems faced by people with TBI over their lifetime.

8:30 am Medical Complications Associated with Traumatic Brain Injury

Presented by Prin X Amorapanth, MD, PhD and Emma Nally, MD

This talk will review the diagnosis and treatment of the most common medical conditions that occur in the acute and chronic stages after a brain injury. Topics discussed will be post-traumatic hydrocephalus, autonomic dysfunction, heterotopic ossification, spasticity, post-traumatic headaches, cognitive, mood, and executive functioning deficits.

9:30 am Break

10:00 am Neuropsychiatry of Traumatic Brain Injury

Presented by Jonathan M. Silver, MD

Individuals who experience a traumatic brain injury often develop neuropsychiatric symptoms and disorders, including depression, anxiety, posttraumatic stress disorder, and difficulty with irritability, sleep, fatigue, and cognition. Recognition and treatment, including psychopharmacological interventions, will be discussed.

Medical Symposium Schedule- cont.

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11:00 am **Neuroendocrine Dysfunction after Traumatic Brain Injury**

Presented by Tamara Wexler, MD, PhD

While increasing attention is being paid to the health effects of brain injury, the role that pituitary dysfunction may play in patients' health after TBI remains underappreciated. Pituitary deficiencies are seen at higher rates in patients who have sustained TBI, impact health and quality of life, and, untreated, are associated with increased morbidity and mortality – and they can be diagnosed and replaced. The overlap in symptoms seen in pituitary deficiencies and symptoms seen following TBI, and the potential clinical benefit of identifying hypopituitarism, make it particularly important to be aware of patterns that may suggest pituitary dysfunction. This talk will review the current understanding of pituitary dysfunction following TBI, the clinical relevance of pituitary axes, and a practical approach to clinical care.

12:00 pm **Lunch**

1:00 pm **Neurological Complications after Traumatic Brain Injury**

Presented by Kirk Lercher, MD

Following traumatic brain injury (TBI), patients often manifest neurological sequelae from their injury that can adversely affect their quality of life. Understanding of these neurologic impairments following TBI is important for the provider, as this will serve to help guide care and expectations following the injury. Some of the topics that will be discussed include post-traumatic seizures, post-traumatic hydrocephalus, cranial nerve dysfunction, movement disorders, and vision and balance impairments.

2:00 pm **Psychiatric Interventions / Disorders for the Traumatic Brain Injury Client with Substance Use**

Presented by Joe Kaszovitz, BS, CASAC, CBIS and Henry Mendez, MS, RN, NP, PMHNP-BC

Psychiatric symptoms can manifest post TBI clients. Identification of emotional and behavioral symptoms can steer interventions to improve TBI client's quality of life. Discussion will include available psychotropics with consideration to the comorbidity of substance use.

3:00 pm **Break**

3:30 pm **Effects of Traumatic Brain Injury: Guiding Families through the Continuum**

Presented by Erika L. Trovato, DO, MS and Carla Assenza, LCSW

Traumatic brain injury is a complex medical condition that can cause physical, functional and cognitive deficits. These residual deficits are felt not only by the patient but also by the caregiver and loved ones. Navigating the continuum of care, from the time of injury through rehabilitation and to the transition home, poses challenges and barriers. Studies show significant burnout for caregivers of patients who have sustained a brain injury. Therefore, we recognize that education and support of caregivers is crucial to not only the sustainability of their role as caregiver, but also the quality of life for both caregiver and patient.

4:45 pm **Closing Remarks**