

Care Pathways in Traumatic Brain Injury: a Scoping Review

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Background



- Traumatic Brain Injury (TBI) is a major international public health problem¹
- Affects 300-600 people per 100,000 per year²



- Incidence rising in both developed and developing countries³



- Affects all age groups¹



- "Mild" TBI represents 80% of all TBIs⁴
- Full recovery expected within a few weeks for mild TBI³
- 30% experience symptoms beyond the typical recovery frame: Post-Concussive Syndrome (PCS)³



- TBI can be operationalised as a long-term chronic condition

Results

Properties of the literature

- 32% Reviews
- 30% Cohort studies
- 14% Guidelines
- 12% Case reports
- 7 OECD countries
- Most from the US
- Majority in last decade
- Increasing publication trend

Current approach to care

- No systematic follow-up after uncomplicated mild TBI
- Stepped approach to care
 1. Watchful wait
 2. Symptomatic treatment
 3. Multi-disciplinary care approach

Current state of care

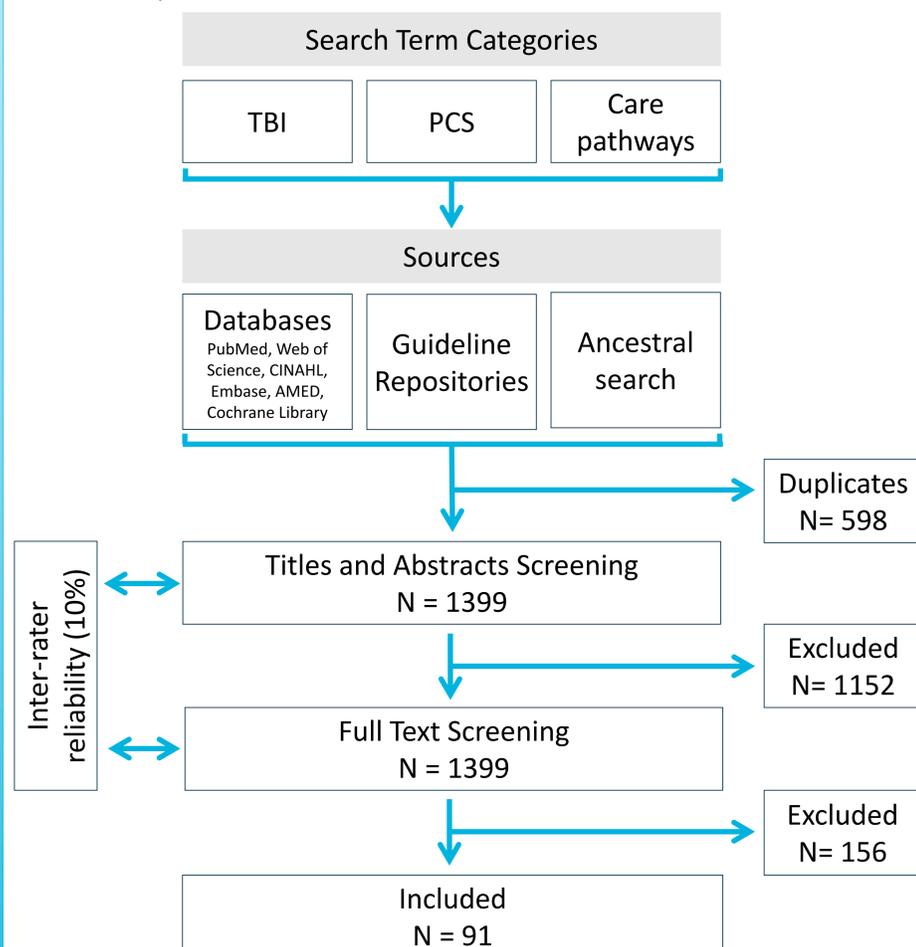
- Patients with PCS have complex and heterogeneous care needs
- The stakeholders involved in patients' care journeys are numerous and variable
- Access to care is highly variable
- There are no specific care guidelines for PCS following TBI

Research Question

What are the care pathways for people with Post-Concussive Syndrome following Traumatic Brain Injury?

Methods

A Scoping Review methodology was used⁵. Included studies were published in English in peer reviewed journals (except for guidelines), and explored care pathways either directly (primary or secondary research objectives) or indirectly (coincidental reporting of relevant information).



Discussion

There is a lack of a systematised care protocol for the management of patients who experience lasting symptoms following TBI. This is a likely contributor to poor and chaotic access to care and support services pivotal for recovery.

The paucity of evidence to guide PCS care can be explained by 2 factors:

Complexity of PCS

- Emergence of PCS is heterogeneous and unpredictable
- No systematic follow up after mild TBI
- Not all patients with PCS seek care

Methodological limitations in the literature

- Terminology debates reflecting vague conceptual boundaries between TBI and PCS
- Focus on specific subsamples of the population (i.e. military and athlete)
- Lack of population-based longitudinal cohort studies

Conclusions

There are no specific, defined care pathways for people with PCS. Management of patients with PCS is therefore palliative and stratified.

The literature presents significant methodological limitations preventing the production of evidence that may lead to the development of care protocols for the rehabilitation of patients with PCS.

There is a need for the development of new research approaches to investigate medium to long-term care needs and access to services for this patient population.

Ref.

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