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CONTACT: LESLIE CAPO  
(504) 568-4806; cell (504) 452-9166

## LSUHSC TO CONDUCT STUDY OF HYPERBARIC TREATMENT FOR TBI & PTSD

*New Orleans, LA* – Dr. Paul Harch, LSUHSC Clinical Associate Professor of Emergency Medicine, is the principal investigator of a pilot study to determine the effectiveness of one or two courses of hyperbaric oxygen therapy in treating chronic traumatic brain injury (TBI) and TBI with post traumatic stress disorder (PTSD). The study grew out of previous experience in treating TBI with hyperbaric oxygen therapy with improvement in symptoms and function.

Thirty participants will be recruited – half will have traumatic brain injury and half will have both traumatic brain injury and post traumatic stress disorder. The participants will undergo oral, written, and computer tests, as well as an MRI (if the participant has not had one since injury) and SPECT brain imaging. Participants will have 40 hyperbaric oxygen therapy treatments and can request up to 40 more if not improved to his/her satisfaction.

Certain conditions preclude participation including pregnancy and increased risk for rare HBOT complications.

Possible benefits include improvement in thinking ability, quality of life, and reduction of PTSD symptoms; however there may be no benefits.

Results will be measured by brain blood flow imaging, written tests for memory and thinking, and questionnaires about quality of life and health.

According to the Centers for Disease Control and Prevention, a traumatic brain injury (TBI) is caused by a blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. The severity of a TBI may range from “mild,” i.e., a brief change in mental status or consciousness to “severe,” i.e., an extended period of unconsciousness or amnesia after the injury. TBIs contribute to a substantial number of deaths and cases of permanent disability annually. CDC estimates that at least 5.3 million Americans, about 2% of the U.S. population, currently have a long-term or lifelong need for help to perform activities of daily living as a result of a TBI.

TBI has been called the signature wound of the Wars in Iraq and Afghanistan. A RAND Corporation study released in April “estimates that about 320,000 service members may have experienced a traumatic brain injury during deployment — the term used to describe a range of injuries from mild concussions to severe penetrating head wounds. Just 43 percent reported ever

being evaluated by a physician for that injury. One-year estimates of the societal cost associated with treated cases of mild traumatic brain injury range up to \$32,000 per case, while estimates for treated moderate to severe cases range from \$268,000 to more than \$408,000. Estimates of the total one-year societal cost of the roughly 2,700 cases of traumatic brain injury identified to date range from \$591 million to \$910 million.”

A 2005 article in the New England Journal of Medicine, *Traumatic Brain Injury in the War Zone*, by Susan Okie, MD, says “among surviving soldiers wounded in combat in Iraq and Afghanistan, TBI appears to account for a larger proportion of casualties than it has in other recent U.S. wars. According to the Joint Theater Trauma Registry, compiled by the U.S. Army Institute of Surgical Research, 22 percent of the wounded soldiers from these conflicts who have passed through the military's Landstuhl Regional Medical Center in Germany had injuries to the head, face, or neck. This percentage can serve as a rough estimate of the fraction who have TBI, according to Deborah L. Warden, a neurologist and psychiatrist at Walter Reed Army Medical Center who is the national director of the Defense and Veterans Brain Injury Center (DVBIC). Warden said the true proportion is probably higher, since some cases of closed brain injury are not diagnosed promptly.”

For more information or to find out if you qualify, call 504-309-4948.

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