

CASE CONFERENCE

VTC - DCoE

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History

- 51 yo LHM AD E-7 Army Career Counselor
- Concussion – hit head on bunker door beam while running for cover in mortar attack
- Sxs: H.A., confusion, dizziness, gait and balance problem, N/V, sleep disturbance,
- TX in Iraq: oxycodone and zolpidem
- Resolution of sxs in 2 wks except daily H.A.

History

- 3 mos later: witnessed 23 yo AD F from his unit burn to death after fuel tank explosion
- Repeated “She was the same age as my daughter”
- All initial sx's returned and worsened; nightmares, hypersensitivity to noise, increased startle, irritability, concentration, memory complaints, and visual illusory problems began
- Began “popping oxycodone and zolpidem like candy”

History

- Did not seek mental health help in Iraq
- Ft. Lewis: Continues work in unit as career counselor usually alone without direct supervision
- H.A. frequency and intensity decreased on rizatriptan and topiramate
- Topiramate helps patient sleep. He is weaned off of zolpidem and oxycodone
- Daughter becomes acutely ill and he begins to have increasing nightmares of the Soldier burning
- Wife says: “He is not the same man I knew”

History

- Anhedonic, depressed, irritable, loss of libido, indifferent to concerns of his wife, socially withdrawn, prone to going away without informing wife, developed gambling problem, can't do simple household tasks
- EXAM: No eye contact throughout the exam. Flat/bizarre affect. Problems with sustained vigilance, slow mental processing, executive dysfunction, concrete thinking, loss of empathy. Explicit memory is intact but working memory is impaired. Gait and balance instability with failure to utilize intact coping strategies
- MRI with FLAIR, DWI, and GRE: WNL

Treatment and Consults

- Started on sertraline – titrated to 100 mg/d – some improvement in mood after a month
- Started on prazosin for nightmares and middle night wandering- reduction in frequency
- Neurobehavior, Neuropsychology, PT/OT, Speech pathology, ENT, Neuroophthalmology, Psychology, Headache Education Class, Biofeedback
- Case manager assesses on-job function and notifies commander about need for oversight

Issues

- Wife revealed that she had a severe TBI 15 yrs ago, has post-traumatic epilepsy, cognitive impairment, and 100% medical disability
- Patient used to take care of finances and family business decisions – can't now, and wife is overwhelmed
- Wife started therapy with TBI Program psychologist
- Patient placed in Intensive Outpatient Psychiatry and “SMART” Programs

Issues

- Patient wants to stay in Army for another 5 yrs when he can retire
- Wife is concerned that his career will be in jeopardy if he is sent for in-patient cognitive-rehab program
- Would such a program be effective considering that the patient has problems with insight and self-monitoring?
- What impact do his age and marital issues have on recovery?