

Uncovering PTSD and TBI Treatments Despite Similarities

David Jahr May 28, 2015



Theodore Henderson, MD, PhD., uses brain SPECT images to help diagnose PTSD and TBI.

Psychiatrist Theodore Henderson, MD, PhD is now able to distinguish between two conditions with deceptive traits, but typically require

significantly different treatments.

([Newswire.net](#) -- May 28, 2015) Centennial, CO -- When a new patient walks in my door, typically they have been searching for answers for a long time, after many doctors and many pharmaceutical cocktails. Their questions have led to more questions, and unfortunately, more frustration. This dynamic is particularly true when symptoms can mimic others, yet have vastly different origins - like post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI).

Recently, I've devoted time and effort to in-depth study of the differences between PTSD and TBI. Like my colleagues in military and Veteran medicine, I have found these two intertwined diagnoses to cause profound suffering and turmoil for my patients.

As part of a team of clinical research colleagues, we discovered two breakthroughs that will be wonderful news for anybody with a loved one with PTSD or TBI. So often the only treatment for PTSD is talk therapy and those with TBI are simply told to "live with it."

Using SPECT brain imaging and quantitative analysis of these scans, we can now more accurately distinguish between PTSD and TBI, even if they are both present.

These findings are so strikingly different, for PTSD compared to TBI, that they can be thought of as biomarkers. In addition, knowing the areas of damage in TBI mean that we can target treatment to those areas.

It's exciting to be able to see the differences between the two conditions. For practitioners, it really narrows the treatment so specifically. But, coming to a conclusion on a diagnosis and related targeted treatment will require use of any variety of diagnostic tools. One of those tools, brain SPECT imaging, has been instrumental in helping identify differences between PTSD and TBI. Even more exciting is that these are not small studies with 10 or 20 patients. These studies have hundreds and even thousands of patients, which means that the strength of these findings is great. There is no question that these were not just lucky coincidences.

Mimic Symptoms

Without an accurate diagnosis, the practitioner is not as likely to succeed with treatment. The symptoms of PTSD and TBI can often mimic each other, like in these cases:

- Anxiety
- Depression
- Behavioral abnormalities
- Sleep disruption
- Attention deficits
- Loss of self-control

These symptoms could be treated a wide variety of ways, and two or more of the symptoms may be present (or "co-morbid"), hence the importance of investing resources to obtain a true diagnosis.

Treatment Variations

The currently available treatments of PTSD and TBI are different. Moreover, the treatments for PTSD may be harmful or, at best, not helpful in the case of TBI. I've authored a complete run down on the treatment variations in a soon to be published article. The bottom line is that well-established PTSD treatments probably won't improve the TBI.

Here are some of the key treatment differences between PTSD and TBI:

- PTSD often responds well to group therapy, cognitive behavioral therapy and other forms of talk therapy.
- Recently developed 3D simulation therapies have shown promise.
- Medications, such as antidepressants and mild tranquilizers, are also commonly used.
- Even transcranial stimulation has shown some usefulness.
- **However, these same treatments can be ineffective or harmful in TBI.**
- People with TBI can develop worse symptoms on antidepressants and antipsychotics. They can become more confused with tranquilizers which suppress parts of an already weakened brain.

Now, there is good news! A colleague of mine and I have developed a revolutionary new treatment for TBI. It can be targeted right to the areas of damaging and has shown very promising results in laboratory studies by us and others and in our clinical studies. Our articles on this exciting new treatment modality will be published soon

-end-

About the Author

Theodore A. Henderson, M.D., Ph.D., specializes in the diagnosis of complex adult, child, and adolescent psychiatric cases. Board certified, Dr. Henderson earned his Ph.D. in developmental neurobiology and has been widely published in journals of psychiatry, medicine, and nuclear medicine. Based in Denver, Dr. Henderson can be reached at 720-493-1101. More information available at: <http://childpsychiatristdenver.com/>

About Child, Adolescent and Adult Psychiatry

Theodore A. Henderson, M.D., Ph.D., specializes in the diagnosis of complex adult, child, and adolescent psychiatric cases. Board certified, Dr. Henderson earned his Ph.D. in developmental neurobiology and has been widely published in journals of psychiatry, medicine, and nuclear medicine. Based in Denver, Dr. Henderson can be reached at 720-493-1101. More information available at: <http://childpsychiatristdenver.com/>.

Child, Adolescent and Adult Psychiatry

3979 E. Arapahoe Road

Suite 200

Centennial, CO 80122

United States

720-493-1101

thesynapticpace7@gmail.com

Source: <http://newswire.net/newsroom/pr/00088858-drhendersontreatsptsdandtbi.html>