

TBI TODAY

News, Ideas, and Resources from the Virginia TBI Model System

THE VIRGINIA TBIMS TEAM

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MANAGING STRESS EFFECTIVELY AFTER TBI

Brain injury causes sudden, unexpected, and drastic changes in the lives of survivors and family members. Learning to effectively manage the stress associated with these changes may be one of the greatest challenges faced by family members after brain injury.

What is stress? For most people, stress is that uncomfortable feeling you get when you know there is something you should be doing and you're not doing it. Stress is often a "vicious circle." The more a person feels they have to do and the more that people are telling them what to do – the more stress they feel. People also feel more stress if they worry about failure.

Think of stress as like "carrying a stuffed backpack up a big mountain." Climbing the first hundred feet, your pack may not seem heavy at all. Though nothing gets added to the pack as you go, the weight seems heavier and heavier as you keep climbing without resting. If you're not careful, the bag gets so heavy you can't walk any more. Seriously, intense stress, over time, can have disastrous effects on your health.

Stress is a part of daily life. With or without being touched by brain injury, everyone will face stress at some point in their life. Through interviews and surveys, researchers have learned a lot about stress by studying people's everyday lives. Below is

a list of life events that surveys show are rated most stressful. Can you guess the "top five"? Circle your guesses (See page 8 for survey results)



- Spouse's retirement
- Single parenting
- Moving
- Spouse's illness
- Change in financial state



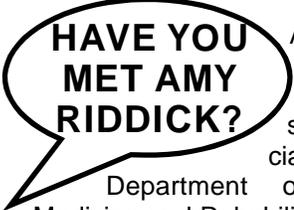
- Child's illness
- Depression
- Raising teens
- Parenting parents
- Marital separation



- Fired at work
- Child returning home
- Chemical dependency

On page 6 is a list of things that we've heard from survivors and family members. Do any sound like you or someone you know?

(Continued on page 6 - Managing Stress...)



Amy Riddick, B.F.A. has been a research specialist in the Department of Physical Medicine and Rehabilitation at Virginia Commonwealth University (VCU) Health System since January 2003. She is instrumental in collecting functional outcome data for the NIDRR funded VCU Traumatic Brain Injury Model System (TBIMS). Ms. Riddick is also active in administering measures of emo-

tional functioning to patients in research sponsored by the TBIMS. In addition to these duties, she is involved with patient recruitment and retention for the TBIMS studies, including the family project investigating support and education for patients and their family members or friends with brain injury. Ms. Riddick is a regular contributor of articles to the *TBI Today* newsletter.

Prior to joining our research team, she obtained her bachelor's in fine arts at VCU. Ms. Riddick spent several years in New York City and

participated in collaborative research between Beth Israel Medical Center, Columbia University, and Albert Einstein College of Medicine. Since her return to Richmond, she was accepted into the Master's program in Public Health at VCU. Ms. Riddick has successfully completed her first semester of coursework and is enjoying the peace and quiet of small town life. When not studying, she spends her time gardening and playing with her "children," Ramfu and Hobo.

RESOURCES TO THE RESCUE

VCU: EDUCATION PROGRAMS FOR SUCCESS

As a positive sign of the times, Virginia Commonwealth University (VCU) has seen an increased enrollment of all students with disabilities, including those with traumatic brain injury. These students, in particular, can have needs in learning, personal development, and career exploration that are often unrecognized and unmet by college campuses. In response to these needs, VCU has developed two different programs, the Professional Development Academy and Academic Strategies for Achievement, focusing on campus-wide and individualized services. These programs strive to make the university welcoming and supportive to students with traumatic brain injury.

PROFESSIONAL DEVELOPMENT ACADEMY

The Professional Development Academy (PDA), in existence since 1999, is funded through a training grant from the U.S. Department of Education. The PDA has worked to create a stronger campus experience for students with traumatic brain injury by providing continuing training to college staff and faculty. Training opportunities include disability awareness and student needs. In addition to staff and faculty training, the PDA offers the following services to students:

STAR PLUS SUMMER ORIENTATION

- ▶ Expansion of VCU's freshmen or transfer student registration program.
- ▶ Registration and placement services
- ▶ Understanding academic accommodations
- ▶ Discussions with other students with disabilities
- ▶ Tour of campus resources

CAREER CONNECTIONS

- ▶ A comprehensive, individual career planning and placement program.
- ▶ Work with a career specialist
- ▶ Connect to employment experiences
- ▶ Build resumes

- ▶ Explore work-site accommodations

EXPLORING DISABILITY AWARENESS

- ▶ A VCU 101 orientation course for all students with disabilities.
- ▶ Transition and adjustment
- ▶ Availability of support services
- ▶ Academic program planning
- ▶ Access to accommodations
- ▶ Coordination of academic-based services

ACADEMIC STRATEGIES FOR ACHIEVEMENT PROGRAM

Academic Strategies for Achievement Program (ASAP) has been in existence since 1999 and is also funded through a U.S. Department of Education grant. ASAP is an individualized academic program for students with traumatic brain injury and other disabilities. Through ASAP, students work one-to-one with an educational specialist in determining specific academic needs and solutions. Services from ASAP include:

- ▶ Sharpening reading and comprehension skills
- ▶ Acquiring study and test taking skills
- ▶ Enhancing memory through use of personal digital assistants
- ▶ Developing time management skills
- ▶ Strengthening writing and proofreading skills
- ▶ Exploring technology to improve all skills

IF YOU ARE INTERESTED...

Both the PDA and ASAP are voluntary participation programs and demonstrate VCU's commitment to the success of students with traumatic brain injury and other disabilities. If you would like more information concerning these programs and services, visit our website at www.students.vcu.edu/pda or feel free to call *Shannon McManus* at (804) 827-0745.

by Linda Albrecht

UPCOMING EVENTS

FIRST FRIDAY OF EACH MONTH (6:00 — 9:00 PM)

Event: T.G.I.F

Location: Typically at Belmont Recreation Center, 1600 Hilliard Rd. in the Lakeside area of Henrico Co.

Description: Henrico, Hanover, and Chesterfield County Departments of Parks and Recreation host monthly social events for adult survivors of brain injury

Contact: Call 501-7489 for more information.

JANUARY 19, 2004 (MONDAY, 6:00 PM)

Event: Speaker Meeting of the Richmond Chapter of the BIAV

Location: Children's Hospital, 2924 Brook Rd.

Description: *Elizabeth Horn* speaks on "The Social Security Maze"

Contact: BIAV at 355-5748 for more information

FEBRUARY 16, 2004 (MONDAY, 6:00 PM)

Event: Speaker Meeting of the Richmond Chapter of the BIAV

Location: Children's Hospital, 2924 Brook Rd.

Description: *Glenn Weiner* speaks on "Neurofeedback: An Alternative Approach for Helping Brain Injury-Related Problems"

Contact: BIAV at 355-5748 for more information

MARCH 25-26, 2004

Event: BIA of Maryland Conference

Location: Baltimore, MD

Description: *The Changing World of Brain Injury*: four-track conference focusing on issues related to: survivors and family members, children and adolescents in the school system, advocacy, and professional and clinical training. Visit <http://www.biamd.org/conference> for more information

Contact: BIA office at 410-448-2924 or info@biamd.org

If you have an upcoming event of interest to the Brain Injury community in Virginia, we would be glad to consider including it here. Please contact Debbie West at 804-828-8797 or ddwest@vcu.edu.

NIDRR TBI MODEL SYSTEM FAMILY SUPPORT PROGRAM UPDATE

Many of you may be aware of the NIDRR TBI Model Systems Family Support Program. The Family Support Program was designed to provide support, education, and referral services to survivors and their family members following TBI. Family members play an important role in the rehabilitation and recovery process following TBI. We have found that many family members have questions or concerns after hospital discharge, but are unsure where to turn for help. The Family Support Program was developed to learn about the potential for support, education, and referral services to ease the transition from inpatient rehabilitation to the community for both the survivor and their family members. In the Family Support Program, survivors and their families are provided with information and education about –

- ▶ understanding the changes that normally follow brain injury
- ▶ living with personality changes and other difficulties
- ▶ how brain injury affects the lives of family members
- ▶ understanding emotional and physical recovery
- ▶ coping with loss and change
- ▶ understanding and managing stress
- ▶ important things families and survivors can do to get better

We are pleased to tell you that the first group of families has completed the program. Here are a few comments offered by participants in the Family Support Program –

- ≥ I learned ways to handle my anger. *Survivor*
- ≥ The information will help us to find other resources. *Family Member*
- ≥ I learned some very helpful revelations from the meetings and the readings shared with us. I passed the information on to others too. *Family Member*

≥ For me, the program gave me hope! For my family, the program shed light on our situation and issues we are facing. *Survivor*

≥ It helped to learn that my symptoms are common after brain injury. It helped to learn ways to handle my injury. It was nice to hear I'm not alone. *Survivor*

≥ Support is out there for us. *Family Member*

≥ My family has a lot to deal with too. *Survivor*

≥ There is hope for me and my family. *Survivor*

If you would like to learn more about the TBI Model Systems Family Support Program or would like to enroll, please call or email the program coordinator: **Laura Taylor**, Phone: (804) 828-3703; Toll-free: 866-296-6904; Email: taylorla@vcu.edu.

IMPROVING ATTENTION AND CONCENTRATION

If you are a survivor of a brain injury, or a family member or caregiver for a survivor, you may have noticed that paying attention is more difficult now. Problems with attention and concentration often follow TBI. Since the injury, you or the survivor, may be having trouble concentrating on conversations, instructions, television programs, reading materials, or activities and tasks. These attention problems can be frustrating. They can delay recovery from brain injury because of further injury due to falls; slowness or difficulty when completing daily, self care, and money management tasks; and failure to learn or apply new skills.

If you are a survivor yourself, take the following quiz to see if you are having significant trouble concentrating.

ATTENTION QUESTIONNAIRE

Check the things below that you have trouble with:

- Keeping track of what's going on during television programs, even your favorites
- Staying focused when someone is talking to you
- Keeping track of what you're doing, while you're doing it
- Reading a book, letter, or magazine
- Concentrating on something when a lot of noise and activities are going on around you
- Paying attention to the road and where you're going while driving
- Cooking
- Crossing the street

The following conditions can make concentrating even more difficult for survivors:

- ▶ Not getting enough rest
- ▶ Sleep problems
- ▶ Pain
- ▶ Too many distractions
- ▶ Worry
- ▶ Stress

Here are some of the best suggestions for improving attention that survivors have shared with us. Try these out and use those that work for you. We would be interested in your suggestions, too. Please e-mail any of your strategies about improving attention to jniemeir@hsc.vcu.edu.

Some of the suggestions below are for things you can do yourself to improve your attention. Other ideas show how others can help.

What you can do:

- ▶ Do one thing at a time.
- ▶ Turn off televisions, radios, computer games, etc. before you try to do something that needs your full

(Continued on page 5)

JUST THE FREQUENTLY ASKED QUESTIONS

Q: Could my **balance problems** be connected to impairments in vision and hearing? I seem to have problems in all these areas since my brain injury.

A: Balance, or equilibrium, problems are common consequences of head injury that are often associated with vision and hearing impairments. You may wonder why. Balance is a complex function of the body. Normal balance requires three different sensory systems: (1) the visual system; (2) the vestibular system that is found in the inner ear; and (3) the somatosensory system that involves sensations from the skin, muscles, tendons and joints. Muscle strength is also required. If these three systems do not work together or if one of them is not functioning properly, balance problems may emerge. You may feel like you are spinning or light-headed. You may have trouble focusing your eyes on objects, and you may have poor balance or fall.

Post-trauma vision syndrome (PVS) is a common consequence of brain injury. The symptoms of PVS may include double vision, eye strain, visual fatigue, headaches, balance problems, dizziness, reading difficulties, trouble attending to visual stimuli, and the sensation that stationary objects are moving. Within PVS, there is a sub-classification referred to as "midline shift syndrome."

The midline shift syndrome results in a patient experiencing a constant sense of disequilibrium (being off balance); difficulty maintaining balance; inappropriate posture and weight distribution on the balls of the feet; and inappropriate gait, combined with a direc-

tional drift. Patients with this syndrome often remark that they see their world in a strange way. The horizon may seem tilted and/or walls may seem to be tilted or compressing in upon them.

Evaluation by a neuro-optometrist or neuro-ophthalmologist may be helpful in identifying the nature of vision difficulties and treatment options. Symptoms of midline shift syndrome are effectively addressed, in most cases, with *yoked prism reorientation*. Although not a cure, it can help manage symptoms in many cases.

Hearing problems can occur after brain injury for a variety of reasons. The inner ear may have been damaged. Damage to the temporal lobe of the brain may also be the source of hearing problems. If hearing problems are suspected, hearing or audiological screening may be warranted. In addition, an otoscopic examination would be important to identify possible inner ear damage. An otoscope is an instrument that your doctor uses to look into your ear. By looking into your ear, your doctor can check to see if there is any damage to your inner ear.

Vestibular rehabilitation may also be a helpful treatment. In vestibular rehabilitation, a physical or occupational therapist meets with the patient and teaches him/her balance retraining and vestibular habituation exercises. These exercises help to correct balance problems and dizziness.

Patients are asked to practice these exercises at home on a daily basis.

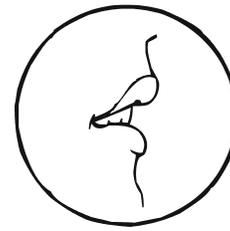


Questions for Pat or the FAQ column are welcomed.

**Send them to
"ASK PAT" OR
"FAQ"**

**P.O. BOX 980542
RICHMOND, VA
23298-0542**

**or e-mail:
ddwest@vcu.edu**



CHAT WITH PAT

Pat answers your personal questions about brain injury with compassion and practical advice. However, advice from Pat's column should not substitute for consultation with a doctor or rehabilitation specialist. The identity of authors submitting questions to "Chat with Pat" will be kept strictly confidential.

DEAR PAT: I've recently re-entered the dating scene after 4 years of absence. I had a brain injury in 1998 and lost my girlfriend soon after. It really hurt that she didn't stay with me. I was pretty mad and had a hard time trusting people for a while. I'm completely over her now, but I am afraid of dating someone new. I don't think anyone would really want me because of my head injury. I get embarrassed easily and can't think of the right words to say all the time. I don't want them to think I'm dumb, so I usually avoid being around a lot of people.

After many weeks of pestering me, my older brother finally talked me into going on a date with a family friend. I thought the date went great. We went out to dinner and then to a bar, partying until 2 a.m. I told her all about my ex-girlfriend, how she left me high and dry after the accident, and how long it's been since I've been out on a date. We talked for hours about my brain injury and what I went through getting better. I took her home, but she wouldn't give me a goodnight kiss. When I tried to call her the next day, she wouldn't even talk to me. I left messages, but she hasn't returned my phone calls. What do I do now? *Dating Dud*

PAT'S RESPONSE: Sounds like you two had quite a night! Without being a fly on the wall (or in your soup), it's hard for me to guess what

THE INFORMATION PROVIDED IN THE FAQ AND CHAT WITH PAT IS INTENDED TO FAMILIARIZE THE PUBLIC WITH ISSUES RELATED TO TRAUMATIC BRAIN INJURY. NO INFORMATION PROVIDED HEREIN SHOULD BE CONSTRUED AS THERAPEUTIC ADVICE OR AS A SUBSTITUTE FOR CONSULTATION WITH A COMPETENT MEDICAL OR MENTAL HEALTH PROFESSIONAL.



- ◆ *Keep your hands to yourself.*
- ◆ Don't assume it's okay; Ask before you touch.
- ◆ *Don't talk too much about yourself.*
- ◆ Encourage your date to talk about his or her interests, life experiences, etc.

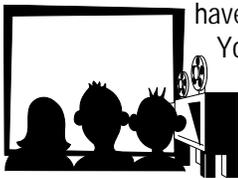
went wrong on your dinner date. I do know that you are not the only person to have ever felt confused after a date. Years of reading letters from brain injury survivors about this topic have certainly been educational for me. Dating can be a complicated process for anyone, but it may be especially hard for someone recovering from a brain injury. Let me share with you some ideas from "Pat's Secrets of Dating after a Brain Injury."

◆ *Get in shape.*

- ◆ Taking care of yourself shows that you respect yourself.

◆ *Before you ask for a first date, find out what the other person likes to do.*

- ◆ Does he or she like to go on picnics, see movies, or play golf?
- ◆ Have a set plan when you ask someone out if your date doesn't have a preference.



You might say, "Do you want to go to the movies with me on Friday?"

◆ *No matter what your friends say, hygiene is important.*

- ◆ Go beyond basic cleanliness (bathing, brushing teeth and hair). Treat yourself to a manicure or trip to the hair salon. Try out a new look!
- ◆ Your date may not tell you if you've got poor hygiene, but a second date is not likely.

◆ *Watch your temper.*

- ◆ Nothing turns a date off worse than yelling at the waiter.



- ◆ Look for social clues to change the topic (poor eye contact, yawning, waving down the waiter for the check).



◆ *Think before you speak.*

- ◆ You won't impress her by accurately guessing her real weight or age.
- ◆ Watch your drinking, especially when using medication when any alcohol use can be dangerous. Also, remember that someone needs to be the designated driver.
- ◆ Don't talk about sex on the first (and probably the second and third) date.

◆ *Good manners are always appreciated.*



- ◆ Tip the server, even if service is less than satisfactory. A 15-20% tip is standard.
- ◆ If you invite someone on a date, you should be the one to pay.
- ◆ Saying "Please" and "Thank you" creates a good impression.

Remember, dating can be complex with many "rules" to make things go more smoothly. Next time you ask someone out for a date, choose a person *you* are truly interested in knowing better. Good luck on all your future dating adventures!

Pat

(Continued from page 3, *Improving Attention...*)

- attention (for example, balancing your check book or transferring from a wheelchair to a bed).
- ▶ Look directly at the person speaking to you.
- ▶ Frequently tell yourself "Pay attention!"...especially if distracting thoughts come to mind.
- ▶ Get plenty of rest.
- ▶ Take pain medications only as prescribed.
- ▶ Organize important belongings in ways that will grab your attention (i.e., label certain types of things with brightly colored tags, put important notices or upcoming appointments on a **BIG** calendar in **bold** writing).
- ▶ Put a "Do Not Disturb" sign at home or at work when working on something important.

What others can do to help:

- ▶ Ask people to repeat themselves if you have not been able to focus on what they are saying.
- ▶ Politely ask others to be quiet if their talking or activity is distracting to you.
- ▶ Ask for help in turning off radios, televisions, etc. if you are not able to reach them and the noise is distracting.
- ▶ Ask your rehabilitation counselor, psychologist, or physician to help you learn pain control, relaxation, and stress management techniques.
- ▶ Sometimes physicians prescribe medication for improving attention.

If you follow the above suggestions and are still having problems concentrating, talk with your doctor about medication.

Paying attention is an important building block for memory. Practice the ideas we have provided. In the next volume of *TBI Today* we will feature ideas for improving your memory. **Jan Niemeier, Ph.D., ABPP**

Adapted from Niemeier, J. P. & Kreutzer, J. S., (2003) *First Steps Toward Recovery From Brain Injury*. Richmond, VA: National Resource Center for Traumatic Brain Injury.

(Managing Stress — Continued from page 1)

- ⇒ My mother's been afraid to leave my father at home since his injury. Sometimes my mom asks me to watch him when she goes out.
- ⇒ My brother's drinking problem got a lot worse after his injury. Now he drinks every day.
- ⇒ To help with finances, we sold our house and moved to an apartment.
- ⇒ My son was living in a dorm at school before the injury. He lives with us again and we're not sure when he'll go back to school.
- ⇒ We were married for nine years before the injury. Three years after he got hurt, we separated. He's living in an apartment and I'm living in our home.
- ⇒ Since my wife's injury, I am basically raising our 4 and 5 year old girls by myself. She really can't handle them alone.
- ⇒ Frank and I were arguing all the time since the accident. I had to move in with my sister because I couldn't take it anymore.
- ⇒ My husband was fired from his job. He prefers to call it "retirement."

The effects of stress can be sneaky. You may not even notice at first, or you may chalk up the problems to something else. Let's look at how your life might be affected by stress:

Stress Overload Signs

- ▶ Disorganization (forgetting your keys, losing things, making a lot of "dumb mistakes")
- ▶ Daydreaming about spending a few days somewhere, even in the hospital - to sleep, read, be taken care of
- ▶ Trouble making even small decisions (having difficulty figuring out what to wear, feeling stumped about what to have for lunch)
- ▶ Feeling depressed (wanting to curl up on a bed, pull the covers up over your head, and sleep for a week)

Still not so sure whether you need to worry about stress? We've come up with a brief questionnaire that can help you identify your levels of stress. Get that pencil back out again and circle the "T" for statements that are true about you or "F" for statements that are not true on the 13 Item Stress Test. Be honest, now. Nobody's grading this thing but you.

Pencils down! Well? What's the verdict? If you answered all F's then you're stress free or maybe fooling yourself. The more T's you circle, the greater your level of stress and the more you need to think about taking steps to change. Here are some ideas to help you better deal with stress. Try them out and use the ones that work best for you. Think, talk to other people, and try to come up with more ideas.

The 13 Item Stress Test

I have a lot to do.	T	F
I have more to do than I can handle.	T	F
I'm not being productive.	T	F
I'm trying really hard but getting nothing done.	T	F
I'm feeling unhealthy.	T	F
I can't afford to take breaks or time off.	T	F
I'm pushing myself too hard.	T	F
I don't sleep very well.	T	F
Too many people are telling me what to do.	T	F
I am not treating people the way I want to be treated.	T	F
I feel totally exhausted.	T	F
Nobody is happy with what I do.	T	F
I can't stand living like this.	T	F

Check your "pressure gauge" often.



Practice effective problem solving. Brainstorm ways to solve problems and try out different solutions.

Have a back up plan.

Take time for yourself, do things you enjoy



Tell yourself to relax, breathe slowly and deeply.

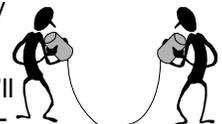
Seek support from trusted friends and family.

Close your eyes, imagine yourself in a pleasant situation or place.

Keep up a healthy lifestyle - exercise, eat right, avoid caffeine, alcohol, drugs, and tobacco.



Talk to others about how they cope successfully.

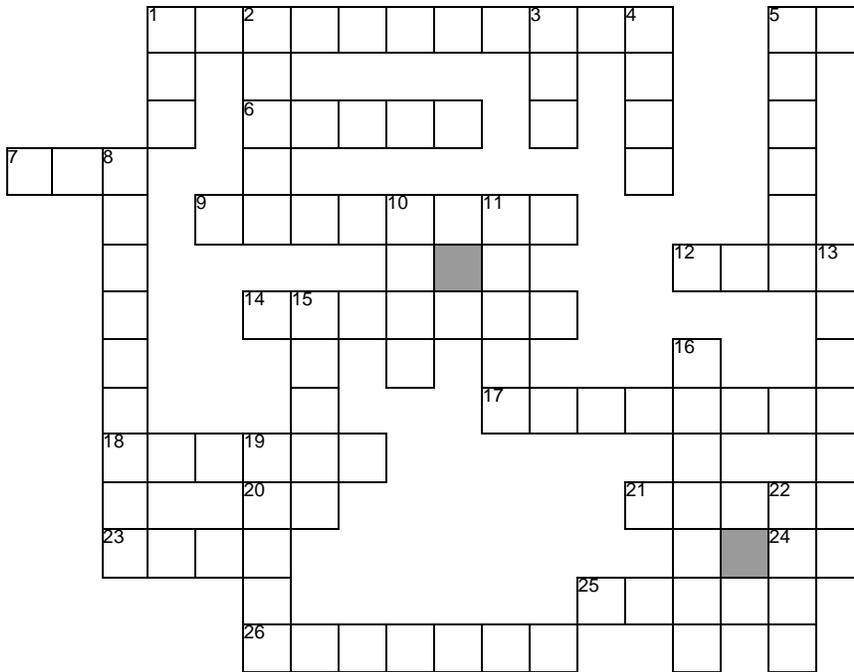


In the next issue of *TBI Today*, we'll have even more practical ideas on handling stress better.

By Debbie West and Jeff Kreutzer

JUST FOR FUN!

Working word puzzles can help keep you sharp. Just for fun, see how many squares you can fill up. If you need a hand, answers are on the back page. Try to peek only when you're stumped. The puzzle theme is taken from our feature story (page 1).



ACROSS

1. Feeling maximum tension (two words)
5. Abbreviation for United Nations
6. Giggle, guffaw, chuckle
7. Work — sometimes going here daily can be stressful
9. Eat right and ____ for a healthy lifestyle.
12. What you should ask from friends or family when you feel overwhelmed
14. Taking too many ____ (risks) can be stressful
17. "_____ is a virtue"
18. Traumatic brain _____.
20. Physical Therapy (abbrev.)
21. A new life _____ can cause stress.
23. "What ____ up, must come down."
24. You and me
25. Get support from a friend you _____ and feel comfortable with.
26. Stress causes this in your muscles.

DOWN

1. " ____ back and relax."
2. Unwind. "Sit back and ____."
3. Take life ____ day at a time.
4. Take ____ out.
5. Not real.
8. Deep _____ can help you calm down.
10. Long skinny stick to help with walking.
11. Be sure to get plenty of this at the end of the day.
13. Taking care of your aging _____ can be very stressful.
15. Lots of stress is not good for this vital organ.
16. Anxious, afraid
19. Unhappy, troubled.
22. Almonds, cashews, peanuts

This issue's puzzle is by Amy Riddick. Contributions to this feature are welcome. Contact Debbie West at 804-828-8797 or ddwest@vcu.edu.

RECOVERY FROM BRAIN INJURY: A CLINICAL TRIAL OF SELEGILINE



Mild brain injury is the most common type of brain injury suffered by patients. Over 80% of traumatic brain injuries are, in fact, considered to be "mild" in nature. The majority of patients with mild brain injury recover to pre-injury levels of function in 3 to 6 months. Researchers at VCU are investigating the ability of medication to increase the speed of recovery from mild to moderate brain injury in a study entitled, "Selegiline as a Treatment for Post-Traumatic Cognitive Dysfunction." Selegiline is a medication most commonly used for the treatment of symptoms of Parkinson's disease. This medication is generally well tolerated with few side effects. Selegiline works by increasing levels of a vital brain chemical (Dopamine) and preventing a cascade of cell damage caused by "free radicals." To qualify for participation in the study, patients must have suffered a mild brain injury within 7 days of contacting researchers. The study lasts for 3 months to monitor the effect of medication on patients' cognitive recovery in areas of memory and attention. To learn more about this study, please contact **Lee Livingston** by phone at (804) 828-3706 or via e-mail at lalivingston@vcu.edu.



FAST FUN FACTS

These little tidbits of information can be useful as conversation-starters.

January is:

- ▶ National Blood Donor Month
- ▶ National Oatmeal Month
- ▶ National Mentoring Month

February is:

- ▶ National Bird Feeding Month
- ▶ National Cherry Month
- ▶ National Hot Breakfast Month

March is:

- ▶ National Kidney Month
- ▶ National Umbrella Month
- ▶ National Poison Prevention Month

Source: <http://www.adsources.com>

