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TREATMENT OF ADHD SECONDARY TO TRAUMATIC BRAIN INJURY

L.J. Irastorza

MHC Arganda- Sureste Hospital, Madrid, Spain

Attention-deficit/hyperactivity disorder secondary to traumatic brain injury (ADHD/TBI) is one of the most common neurobehavioral consequences of TBI, occurring in 20% to 50% of individuals post-injury. Some of the most persistent problems include impairment in memory, attention and concentration, language, executive skills, social judgment, social behavior, and impulsiveness.

A female patient is presented with TBI and cognitive symptoms and behavior compatible with ADHD. The treatment with methylphenidate was useful for the behavioral problems. The 23 years old woman suffered 3 years earlier a car accident, causing severe TBI and polytrauma. She was in a coma with a CGS of 4 and 41 days in the intensive care unit. She received rehabilitation and continued to suffer from diplopia and posture alteration, semantic paraphasia, child-like behavior, and neuropsychological problems (reading comprehension, slow mental processing, inhibition control deficit, and memory loss).

During her visits to my MHC, she was often euphoric and made inappropriate comments and occasionally became angry. She did not have psychiatric antecedents prior to the TBI. Scales were used to diagnose post-traumatic ADHD. The patient was then treated with methylphenidate. After titration, the dosage reached was 0,3mg/kg. After 4 months, the child-like behavior disappeared and interpersonal relations became more fluid, with less irritability.

Stimulants have frequently been used in the treatment of behavioral and cognitive consequences of TBI in both children and adults. This clinical case demonstrates that the use of methylphenidate is favored for an extended period of time in patients suffering from behavioral and emotional consequences of TBI.