Brain Injury and Aging Health

Traumatic Brain Injuries may be missed or misdiagnosed in older adults because symptoms of TBI overlap with other medical conditions that are common among older adults, such as dementia.

75+

Nationally, people aged 75 years and older have the highest numbers and rates of TBI-related hospitalizations.

1 in 50

Over 1 in 50 Americans aged 75 or older experience a TBI-related ED visit, hospitalization or death.

3 Million

Each year, there are about 3 million emergency department visits due to falls in older adults. More than half will not tell their doctor. cdc.gov

BEST PRACTICE

People wo work with older persons should:

SCREEN for prior history of Brain Injury
ASSESS Cognitive & Functional Impairment
EDUCATE staff on Brain Injury
EDUCATE the person about their Brain Injury
PROVIDE and TEACH Accommodations
CONNECT person with Community Resources

COMMON PROBLEMS

After Brain Injury, we often see problems with:

Attention, memory and new learning

Slowed speed of processing
Organization, problem solving & impulsivity
Irritability, frustration & agitation
Balance, dizziness & headaches
Poor awareness of deficits & difficulties
Difficulty being flexible, poor self-monitoring

For an older adult who already has changes in abilities, look for a worsening in any of those areas after a fall or other injury.

WHAT TO LOOK FOR

People who work with older persons may see:

Looking uninterested because they cannot pay attention
Appearance of defiance because they cannot remember the rules
Slow to follow directions because they cannot process quickly
Being argumentative because of irritability, anger and impulsivity
Falling into things, often getting hurt
Difficulty re-entering community because of cognitive changes
Getting stuck on an idea or a way of doing something, does not recognize mistakes

STEADI is a fall prevention program of the CDC with user-friendly brochures to help identify and remove reasons for falling. cdc.gov/steadi/.

Common Accommodations for Brain Injury Challenges

Here are some common and simple accommodations:

For the person:

Working for shorter periods of time Getting rid of distractions around you, like noise or movement Taking notes (on paper, in a notebook, on a phone or computer) Using a phone to set timers to remember appointments

For the care provider:

Repeating information to the person

Slowing down when talking; giving them more time to respond

Giving the person a list of house rules, written directions, or pictures to help them understand and remember

Coaching the person with the injury to "Stop, think and plan" then act Coaching the person to take deep breaths when feeling angry or anxious

Tools for Best Practice

Brain Injury Screening Resources:

NASHIA's OBISSS: https://www.nashia.org/obisssprogram - The OBISSS is highly recommended. It is made up of the OSU screening tool, a Symptoms Questionnaire and Strategies. It can be used electronically, on a computer, phone or ipad. It can be self-administered. OSU TBI Identification Method: <a href="https://wexnermedical.osu.edu/neurological-institute/neuroscience-research-institute/research-centers/ohio-valley-center-for-brain-injury-prevention-and-rehabilitation/osu-tbi-id

Brain Links' Strategies & Accommodations Tool: https://www.tndisability.org/rehabilitation

Symptom Questionnaire and Cognitive Strategies:

Adult: bit.ly/4iS2bSC

Tennessee Resources

Brain Links' Website with many resources: https://www.tndisability.org/brain

Brain Links' Toolkits (for Service Professionals and Survivors):

https://www.tndisability.org/brain-toolkits

TN Department of Health TBI Program:

https://tinyurl.com/3v5jrdt3

Tennessee Brighter Futures' Resource Pages & Training for Brain Injury:

https://www.tndisability.org/tbf-brain-injury

Resource Pages & Training on Aging and Brain Injury:

https://www.tndisability.org/tbf-social-determinants-health

Tennessee Brighter Futures is organized and facilitated by Brain Links through a contract from the Tennessee Department of Health TBI Program.

References:

Gardner, RC; Dams-O'Connor, K; et al. (2018). Geriatric TBI: Epidemiology, Outcomes, Knowledge Gaps and Future Directions. *J of Neurotrauma*, Vol 35, No.7. https://doi.org/10.1089/neu.2017.5371

Peterson, AB; Thomas, KE. (2021). Incidence of Nonfatal Traumatic Brain Injury-Related Hospitalizations - United States, 2018. *Morbidity and Mortality Weekly Report (MMWR)*. Dec 3, 2021. 70(48);1664-1668.

Traumatic Brain Injury and Concussion, cdc.gov/traumaticbraininjury

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