

Detecting Brain Injury or Intellectual Disability

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A.M.B.E.R. clinic
**Albuquerque Multidisciplinary Behavioral Evaluation for Recovery
and Resiliency**

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**“Detecting
Brain Injury
or Intellectual Disability”**

Overview

- **What constitutes cognitive impairment, mood disorder, personality change...?**
- **Working with incomplete history**
- **Diagnostic supports**
- **Managing ongoing care.**

Symptom Assessment - Easy

- **Self-reported loss of consciousness**
 - duration, observers
 - amnesia: retrograde, antergrade
- **Dates of hospitalization, injury, rehabilitation**
- **Disability paperwork**

Symptom Assessment - Easy

- **Self-identified as I/DD**
 - guardian present
- **School documentation**
- **State-based eligibility determination**
 - Medicaid waiver
 - State general fund
 - Specific disability

Assessment - Hard

- **Vague details**
 - **Check orientation**
 - **Gaps in life chronology**
- **Processing / expression is “off”**
 - **Use of words; sentence structure**
 - **Concreteness of cognition**
- **Seems intent on gaining a Dx**

Assessment - Hard

- **Wanting to please the Dr.**
 - **clarify that responses are not right/wrong, good/bad**
- **Lack of insight**
 - **get independent sources**
- **Report of ability greater than what you observe**
 - **show compassion**
 - **ask for stepwise ADL solving**

Diagnostic Strategy

- **Document your observations**
- **Note inconsistencies in time, sx variation, waxing/waning**
- **Look for strengths and weaknesses**
 - patchiness typical in TBI, I/DD
 - processing speed (reception and production [verbal, nonverbal])

Confirmatory Sources

- **Independent sources**
 - **spouse/family/guardian**
 - **friends, neighbors, work**
- **Reports**
 - **formal testing**
 - **police or insurance reports**
 - **hospital records; treatment**
- **Birth records**

Confirmatory Sources

- **Imaging: CT; MRI; fMRI; PET; SPECT**
- **Labs:**
 - **B12, iron, thyroid, drug levels, NH3**
 - **drugs of abuse; genetic syndromes**
- **Neuropsychological testing**
 - **IQ: overall, specific deficits, dominant modality**
 - **Cognitive processing; strategies**
 - **Speed: motor v cognitive**

Documentation

- **Clinical impression**
 - **How impacts daily function**
 - **Risk for secondary complications**
 - **Source of consent/communication**
- **DSM – IV – TR**
- **ICD-10**
- **Keep as active Dx**

Management Issues

- **Provide instructions in more than one mode**
- **Get patient to state or show what they will do**
- **Frequent appointments until stable**
- **Provide copy of information to second reporter, guardian, team**
- ***Keep your team informed***

Summary

- **Use history and experience provided by patient and accompanying persons**
- **Do not disregard your clinical impressions**
- **Verify inconsistencies with independent sources, professional consultations, appropriate tests.**