POSITION STATEMENT:

SECURING THE NECESSARY NEUROLOGICAL CARE FOR VETERANS WITH TRAUMATIC BRAIN INJURY AND OTHER FORMS OF BRAIN INJURY

AMERICAN ACADEMY OF NEUROLOGY®

The American Academy of Neurology (AAN), representing over 36,000 neurologists and neuroscience professionals, supports provision of the best possible care and treatment for Veterans and military service men and women. The conflicts in Iraq and Afghanistan have led to traumatic brain injury (TBI) being labeled a "signature injury" among combat and non-combat Veterans and military service members, in addition to ongoing brain injury sustained from other mechanisms, such as training or sports. Brain injury may lead to cognitive dysfunction, epilepsy, headaches, neurodegenerative disease, sleep disorders, mood dysregulation, and other motor and sensory neurologic complications, and has been linked to an increased risk for suicide.

It is essential that the federal government allocate the resources to ensure all Veterans and military service members have access to the necessary interventions and long-term treatment they require. Specifically, the AAN strongly advocates that Congress should authorize and appropriate funds for:

1. The Department of Defense (DoD) to continue to promote a system-wide approach for the proper identification, surveillance, and referral of individuals who sustain TBI and those with exposure to percussive/blast exposure and injuries.
2. The DoD and the Department of Veterans Affairs (VA) to undertake all steps necessary to ensure the diagnosis of traumatic brain injury in all military personnel, particularly those with potential exposure to explosive blasts, whether or not such exposure resulted in medical attention.
3. The DoD and the VA to expand evaluation, treatment, and prevention of repetitive low-level blast and other subconcussive injuries and better understand the potential for long-term cognitive and behavioral sequelae.
4. The VA to fully integrate and coordinate neurology, neurosurgery, mental health, and rehabilitative services into the VA's comprehensive polytrauma program. These services should become equal partners with the Rehabilitation Services with respect to brain injury in the polytrauma centers and subsequent initiatives to care for brain injury.
5. The establishment of additional VA traumatic brain injury programs around the nation.
6. The VA to maintain the Epilepsy Centers of Excellence (CoEs), available to all Veterans with epilepsy. The VA should also implement epilepsy referral clinics in all Veterans Integrated Service Networks (VISNs).
7. The VA to expand the network of Headache Centers of Excellence (HCoE) for diagnosis and management of headache.
8. The VA to expand telehealth, including mental health, services to improve the surveillance and treatment of Veterans with brain injury and related seizure and headache disorders. This should include transmission and review of EEG recordings to epileptologists for interpretation, when needed. This should also include telehealth referrals to HCoE.
9. The DoD and the VA to build on the advancements in technology to both acutely identify structural brain abnormalities, as well as using electrophysiological devices and tools to help assess brain function.
10. The DoD and the VA to improve the role of symptom clustering to target treatments and track recovery.

11. The VA and DoD to independently and jointly conduct ongoing outreach to Veterans suffering brain injury, especially those who are discharged and returning to rural communities.
12. The VA to implement programs to train Veterans, their family caregivers, and personal care attendants in the skills necessary to manage the long-term consequences of brain injury and post-traumatic epilepsy.
13. The DoD and VA to continue utilizing consensus panels comprised of front-line medical providers and individuals with expert knowledge and specialty training in brain injury, including neurologists, neurosurgeons, psychiatrists, and rehabilitation specialists, to assist in the implementation of these recommendations.

Position Statement History

Originally drafted in 2007, updated in 2018 by Shannon Kilgore, MD, FAAN; Jason Sico, MD, FAAN; Jack Tsao, MD, DPhil, FAAN; Bert Vargas, MD, FAAN. Approved by the AAN Board of Directors January 2019.