Clinical concerns in dealing with brain-injured patients

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The clinical course of a patient with multiple contusions and a GCS of 6 evolves by different pathophysiological mechanisms than that of a patient with a subdural hematoma, skull fracture, and GCS of 6. In most epidemiologic studies, these two types of injury are grouped together. Although we did not restudy individual patients over time after their injury, evaluation of the distribution of NAA/Cr ratios relative to the timing of the study suggests that no large changes in NAA levels occur during the time intervals in which these patients were examined (Fig 6). Recent evaluation of whole-brain NAA levels in healthy patients has shown that NAA per. Despite these concerns, our data support a theory that decreases in NAA/Cr as detected interdisciplinary brain injury programs are characterized by a variety of disciplines that participate in the assessment, planning, and/or implementation of the treatment program. These programs provide outcome focused, coordinated, goal-oriented interdisciplinary team services to measure and improve the functioning of persons and are for patients with greater levels of perceived disability, dysfunction, de-conditioning, and psychological involvement. Studies in this area demonstrated a possible decrease in morbidity for severely injured patients but no clear overall improvement in outcome. It is also associated with possible long-term pulmonary damage. It is considered investigational at this time and not recommended.