204-825 Sherbrook Street
Winnipeg, MB R3A 1M5
Tel: (204) 953-5353
Fax: (204) 975-3027
www.mbia.ca
mbia@mts.net

Manitoba Brain Injury Association Inc.

WHEN WILL I GET BETTER?

Fact Sheet

Predictions of recovery are difficult in the months following a brain injury, with individuals and their families often frustrated with the lack of knowledge about the future. The uncertainty is common along the spectrum of brain injury. With a severe injury, doctors can make vague guesses on the degree of recovery expected, yet they will have seen exceptions to the rule, with some never emerging from a coma despite good prospects, and others who defied all odds and returned to work, albeit with cognitive problems to deal with.

Doctors also realize that in very mild brain injuries and concussions, they can once again make general statements about expected recovery yet some individuals with a brain injury may have lifelong problems that result in a major disability.

Why Predictions are Difficult

Physical injuries do not give an accurate picture of the degree of brain injury sustained. The victim of a terrible car accident may have numerous fractures yet there can be less brain trauma than someone who fell over in the bath tub.

The CT and MRI scans used to detect brain injury are good at detecting bleeding in the brain, yet fail to accurately show trauma at the microscopic level. Brain trauma can sever the connections between brain neurons over areas of the brain yet this will not show in many tests.

The brain does have a limited ability to heal itself. This process tends to occur over two years, with the most rapid improvement in the first six months as swelling and bruising of the brain subside. This pace of healing usually tapers off to the two year mark. This is only a guideline as some will find improvement stops after a year, while others may find gradual improvements two years afterwards. Generally, a slow rate of initial improvement is associated with a greater chance of permanent disability.

Proper rehabilitation is very important once a patient has emerged from coma and post-traumatic amnesia, and has a significant effect on the final outcome. It should be noted that discharge from rehabilitation does not mean that recovery has finished, but that the individual with a brain injury has hopefully learned the tools to continue with their own recovery.

Personal factors make a significant difference to the degree of recovery expected. For example, people who did well in the educational system and those with very determined, motivated personalities usually perform very well in rehabilitation. Those who had drinking or drug problems before the brain injury do not do as well in recovery, particularly if they continue their habit after the injury. Other personal factors that contribute to a good outcome are a tendency to be 'giving' and think of others, an optimistic and humourous approach to life, and religious faith.

When will I get better? …

How Predictions Are Made
In the early days of a brain injury, predictions of recovery are based primarily on the depth of coma and length of post-traumatic amnesia. The Glasgow Coma Scale is used to determine the depth of coma.

Post-traumatic amnesia (PTA) is the gradual process of regaining consciousness after coma. Individuals in PTA are partially or fully awake, but are confused about the day and time, where they are, what is happening, possibly who they are and will have problems with memory. Length of PTA is frequently used as a guide to the severity of brain injury. A commonly used interpretation of the scale involves the following:

- PTA less than 5 minutes = very mild injury
- PTA between 5-60 minutes = mild injury
- PTA between 1-24 hours = moderate injury
- PTA between 1-7 days = severe injury
- PTA greater than 7 days = very severe injury

A general finding is that if the PTA stage lasts for more than one week, ongoing cognitive problems can be expected.

Of every 1,000 people who survive a brain injury:

- 64% are expected to experience good recovery but may experience ongoing cognitive and/or behavioural problems
- 25% are expected to have a moderate disability
- 10% are expected to have a severe disability
- 1% are expected to remain in a permanent coma-like state

It is important for the person and the family to be optimistic but realistic about recovery and to develop a better understanding of what is or isn't possible. Some families with a loved one in hospital have likened this to hoping for the best while preparing for the worst.

Factors Influencing Long-Term Outcome
An injury to the brain results in a number of impairments that may create serious problems for the injured person. The ability of an individual to cope with these effects is influenced by four factors:

- Personal assets and limitations of the person before the injury
- The nature and severity of the injury
- The person's reaction to the injury
- The support of significant others

Of these four factors, it is the person's reaction to his or her ABI situation that is recognized as the one that can most likely be changed to improve future enjoyment and success in life. Self-awareness, motivation, goal setting, coping strategies (use of memory aids, etc) and management of emotions are important reactions which influence long-term outcome following an ABI.

Hard Work and Hope
A brain injury is very different from other conditions where full recovery is the norm. The reality is that even a mild brain injury will usually leave lifelong cognitive effects.

The brain is the most highly organized system in the universe and the bad news is that a complete recovery is usually not possible. The good news is that faith, hope, hard work and a systematic approach can dramatically affect the recovery process and life afterwards. Like a marathon, you have to pace yourself for the long race and keep a positive attitude on the way.