Electroacupuncture are more useful in chronic than in acute pain, and they have few adverse effects. More well-designed trials are necessary to help PRM and other doctors to decide if and how to use these modalities in pathologies.

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COST-BENEFIT OF NEUROPSYCHOLOGICAL ASSESSMENT IN TBI

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INTRODUCTION

An epidemiological study conducted in Portugal (Santos, 2003) estimates the annual incidence rate of TBI as 137/100000 people. Many TBI cases are due to work related accidents. However, there are no studies about this population in Portugal. Depending on the specific clinical characteristics of these brain-injured persons, standard neuropsychological assessment procedures can be sustained in order to reveal impaired functions, which need to be addressed in cost-effective rehab programs.

AIMS

To evaluate the general cognitive handicap and mental health needs of individuals suffering from work-related TBI, in order to sustain that neuropsychological evaluation provides useful data for rehabilitation. Methods: 815 individuals with work-related injuries were interviewed, 52 of them having TBI (48 male and 4 female; age=47.8 years). Participants responded to Center for Epidemiologic Studies Depression Scale (CES-D) and to Craig Handicap Assessment and Reporting Technique-SF (CHART-SF). A measure of Cognitive Independence (CI) was computed from CHART scores.

RESULTS

Participants scored 59.7 in the CI scale, well below a max. of 100 points, which represents the typical performance of the average non-disabled person. The CI handicap was larger than in other domains, namely Physical Independence (M=86.6), Mobility (M=88.6) and Occupation (M=70.4). Furthermore, CI scores tend to decrease with time after accident, with recently injured individuals showing less cognitive handicap (M=73.6) than those who were injured 5 or more years ago (M=50.5). On the contrary, CES-D scores reveal clinically significant depression signals (cut-off=16) with similar results for those injured in recent years (M=23.3) and those injured before 2000 (M=22.9). In addition, 59.6% of the individuals report cognitive sequels, including reasoning, attention and memory deficits.

CONCLUSION

A low result on the Cognitive Independence scale of CHART-SF means reduced ability to sustain a customary level of independence (without the need for supervision), in both inside and outside home activities, including increased difficulty in remembering, communicating and managing money. Apparently, these difficulties tend to increase over time. Combining these findings with other cognitive complaints, such as reasoning, attention and memory deficits, and sustained depressive signals, justifies in-depth neuropsychological and mental health assessment in order to ensure effective rehabilitation.