

NATIONAL
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Half-Time Touchpoint

Approaches to Address Unmet Research Needs in
Traumatic Brain Injury Among Older Adults: A
Workshop

October 21, 2024

NOVEMBER 2022 UPDATE

Summary of Key Points – *Clinical Care*

- The population of adults over the age of 65 **is growing rapidly**
- There is a **higher rate of death, hospitalizations and emergency department (ED) visits** for TBI in older adults, which are primarily caused by **unintentional falls**.
- There are many **opportunities in emergency medicine** for prevention, such as:
 - Improving characterization of head injury and pre-injury status of the patient.
 - Improving tools and guidelines for pre-hospital assessment, neuroprognostication, and triage
 - Improving identification of care interventions – ex: fall prevention strategies, identifying IPV
 - What is “age”? “Chronological age” and comorbidities. Age as a multidimensional construct.
- When communicating with older individuals with TBI, there needs to be **respect, patience, and clarity** (e.g., using probabilistic language).
- **Meaningful outcomes** should be decided **in conjunction** with **the patient, their families, and surrogates**.
- The **standard of care** for older adults with TBI **can be elevated** by not only increasing the knowledge about TBI but also by **disseminating research more effectively and implementing best clinical practices**.

Summary of Key Points – *Research Priorities*

- It is important to **distinguish pre-injury cognitive decline** and **post-injury neurodegeneration markers** from the **acute effects of TBI**.
- Research should also investigate how to **differentiate impairments** from **brain injury, ICU interventions** (e.g., ventilation, sedation), and **post-intensive care syndrome**.
- There needs to be consideration given to **how biological age is conceptualized**.
- **Platform trials** can be useful to investigate the **effectiveness of different therapies**
- Acute care research should contain **common data elements**, treat **pre-injury status** as a **demographic factor**, **discourage exclusion** of **pre-existing conditions** and have **multidisciplinary** teams.
- As evidence-based guidelines are developed, **subject-matter expert consensus statements** can simultaneously / in parallel also support **improved care**
- **Multimodal monitoring**, addressing **post-intensive care syndrome (PICS)**, and **improving neuroprognosis and communication** are important areas for future research.

Upcoming

- Perspectives on Addressing Unmet Research Needs in Post-Acute TBI Care for Older Adults
- Approaches to Remedy Research Gaps and Promising Future Directions
- Conclusions