

TBI's long-term follow-up—slow progress in science and recovery

July 13 2016

Eleven years ago in the *New England Journal of Medicine*, medical journalist Susan Okie, MD, first introduced readers to two U.S. Army veterans who suffered traumatic brain injuries in Iraq, and the challenges they faced in the recovery period after returning home. In the July 14 issue of the *NEJM*, Okie describes her follow-up interviews with the soldiers, and the slow journey to recovery that continues more than a decade later.

"Visiting with [Jason] Pepper and [David] Emme I've observed ample evidence of healing, not just in how they sound and what they're able to do, but in how they seem to experience feelings and dreams," Okie writes in the *NEJM* Medicine and Society article, "TBI's Long-Term Follow-up—Slow Progress in Science and Recovery."

Okie details the personal journeys of each man through years when they did and didn't have medical care. She explores how each encountered symptoms so often associated with TBI and PTSD: sleeplessness and nightmares, irritability, depression, guilt and anxiety.

Each man's recovery is "slow"—Pepper only received a comprehensive TBI evaluation at a VA hospital this year—but both continue to make progress, Okie says, and she attributes both men's resilience to a common factor.

"Although surgical and medical treatment were crucial to Emme and Pepper initially, close personal relationships have sustained them over

the past decade," she writes.

Okie observed that Emme survived a critical setback likely because a long-standing friend reached out to him just in time. And she says for Pepper, it appears that his marriage and devotion to family "helped him survive periods of grief for what he'd lost."

"For both men, courage, pride in having served in the military, and loyalty to their fellow soldiers have been additional sources of strength," she says.

Okie is a clinical assistant professor of family [medicine](#) at Georgetown University School of Medicine.

Provided by Georgetown University Medical Center

Citation: TBI's long-term follow-up—slow progress in science and recovery (2016, July 13) retrieved 13 July 2023 from <https://medicalxpress.com/news/2016-07-tbi-long-term-follow-upslow-science-recovery.html>

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