

St. John Hospital & Medical Center

[St. John Hospital & Medical Center](#) , [Detroit](#) , [Michigan](#) , [USA](#).

Hayward RD, Fessler MM, Buck J, Fessler RD. [Risk factors](#) for [recurrent neurotrauma](#): a [population based study](#) in Southeastern [Michigan](#). Brain Inj. 2018 Jun 18:1-4. doi: 10.1080/02699052.2018.1487584. [Epub ahead of print] PubMed PMID: 29913083

Studies have shown an increased [risk](#) of [traumatic brain injury](#) (TBI) for individuals who suffer an initial [TBI](#).

A [study](#) of Hayward et al., [St. John Hospital & Medical Center](#), [Detroit](#), [Michigan](#), [USA](#) hypothesized that individuals with [recurrent neurotrauma](#) would originate from populations considered 'vulnerable', i.e. low income and/or with [neuropsychiatric disorders](#).

Data from the [Michigan](#) State Inpatient [Database](#) from 2006 to 2014 for the [Detroit](#) metropolitan area enlisted a study population of 50 744 patients with [neurotrauma](#). [Binary logistic regression](#) was used to assess [risk factors](#) associated with admission for subsequent neurotrauma compared with single neurotrauma admission.

Patients with repeated neurotrauma admissions were similar to those with one-time trauma in terms of age at first admission and neighbourhood income levels. However, patients with repeated neurotrauma admissions were more likely to be [male](#) ($p < .001$) and African-American ($p < .001$). Comorbid [alcohol](#) use and drug use were 39% and 15% less likely to be readmitted with neurotrauma, respectively. Comorbid conditions associated with greater risk of repeat neurotrauma included [depression](#), [psychosis](#), and neurological disorders, increasing risk by 38%, 22%, and 58%, respectively.

This study validated the [hypothesis](#) that comorbid [psychiatric](#) conditions are a significant risk factor for recurrent neurotrauma and validate prior studies showing [gender](#) and [race](#) as significant risk factors. ¹⁾

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