

St. Michael's Hospital

A two-stage rolling cross-sectional sample of 6,048 adults aged 18 to 93 were interviewed by computer assisted telephone interviewing between 2011-2013 regarding their mental health and substance use in Ontario, Canada. TBI criteria were defined by loss of consciousness for minimum five minutes or at least one overnight hospitalization. Dimensions of functionality restrictions in the last 30 days were measured with the WHO Disability Assessment Schedule (WHODAS).

The estimated mean for global disability in this sample of Ontario adults was 2.75 (SD = 5.4, range 0-40). The estimated means of global disability for individuals who reported a history of lifetime TBI was 4.16 (SD = 7.12) and compared with 2.46 (SD = 4.98) for individuals who never had a TBI ($p < 0.001$). Adults with a history of lifetime TBI had greater odds of global and item disability including restricted cognition, decreased self-care, difficulties with social relationships, fewer life activities and reduced participation in society compared to adults without a history of TBI ($p < 0.001$), even after adjusting for values of age, sex, marital status, household income and education.

The co-occurrence of history of lifetime TBI with self-reported disability within the past 30 days provide evidence that careful consideration, planning and understanding of short and long term health needs of TBI survivors are critical ¹⁾.

A nationally representative, population-based database was used to identify [traumatic brain injury](#) (TBI) cases presenting to Ontario Emergency Department (ED)s between April 2009 and March 2010. Fu et al calculated unit costs for medical treatment and productivity loss, and multiplied these by corresponding incidence estimates to determine the lifetime costs of identified TBI cases across age group, sex, and mechanism of injury.

In 2009, there were more than 133,000 ED visits for TBI in Ontario, resulting in a conservative estimate of \$945 million in lifetime costs. Lifetime cost estimates ranged from \$279 million to \$1.22 billion depending on the diagnostic criteria used to define TBI. Peak rates of TBI occurred among young children (ages 0-4 year) and the elderly (ages 85+ years). Males experienced a 53% greater rate of TBI and incurred two-fold higher costs compared with females. Falls, sports/bicyclist-related injuries, and motor vehicle crashes represented 47%, 12%, and 10% of TBI presenting to ED, respectively, and accounted for a significant proportion of costs.

This study revealed an enormous health and economic burden associated with TBI identified in the ED setting. The findings underscore the importance of ongoing surveillance and prevention efforts targeted to vulnerable populations. More research is needed to fully appreciate the burden of TBI across a variety of health care settings ²⁾.

The University of [Toronto](#) Division of Neurosurgery, has 32 clinical faculty, 9 research faculty, 32 residents and 26 fellows.

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