



BRAIN INJURY AUSTRALIA

AND THE BIGGEST CAUSE OF ALL TRAUMATIC BRAIN INJURIES IS . . .

. . . falls. Falls are now the leading cause of not only traumatic brain injury hospitalisations nationwide but injury hospitalisations overall. These include the falls you're probably familiar with — children from furniture and playground equipment, and young men from scaffolding (weekdays) and balconies (weekends).

But the majority of falls occur at home and involve the aged. For men, it is often from ladders; for women, it is more likely to be slipping, tripping or stumbling on surfaces like wet bathroom floors or undulations in carpet. One in three Australians aged 65 and over fall and injure themselves every year, while one in ten have multiple falls.

DEADLIEST TBIs IGNORED

If you look at the where the Australian Government's \$18.5 million *National Falls Prevention for Older People Initiative* has been spent, the focus is on fractured hips and legs. No one could dispute the worth of these falls-prevention programs targetting the elderly, but the traumatic brain injuries (TBI) caused by falls are deadly — the deadliest of all TBIs. 63% result in death, compared to 27% for those resulting from transport accidents. But TBI rarely, if ever, gets a mention in the wealth of falls prevention information and programming. And for the elderly fallen who survive, how best to “manage” their TBI rarely gets a mention either.

Brain Injury Australia writes policy papers for the Australian Government. It's part of our funding agreement with the Department of Families, Housing, Community Services and Indigenous Affairs. Last year's focus

was on children, young people and acquired brain injury (available from our website). The next paper, due at the end of March, will focus on falls-related TBI, particularly in the elderly (Brain Injury Australia would be keen to hear from *Synapse* readers.)

I am embarrassed to admit that when I started working on the paper I didn't know what — if any — specialist brain injury rehabilitation services existed for elderly Australians. But I did know that when I was in rehab at the age of 32 I seemed to be the oldest person there.

DO THE AGED DESERVE LESS?

Making contact with some of the nation's geriatricians has set me straight. Maybe I'm being overly harsh in my characterisation, but the standard response seems to be the elderly who are injured in falls are demented/ dementing “anyway”, so their brain injury is merely a “complication” — an approach that resembles the “they've had a good innings” philosophy. Geriatricians reassure me that the nation's various dementia, post-stroke and general aged rehabilitation programs are an appropriate vehicle for post-traumatic brain injury in the

elderly but I wonder . . .

DON'T FALL AFTER 65

Instead, what I'm hearing from family members and carers is that when their otherwise healthy father, husband or brother takes that one-too-many trips up a ladder to clear guttering and falls on his head, they've got to fight to get him admitted to specialist brain injury rehabilitation if he 65 years old or older.

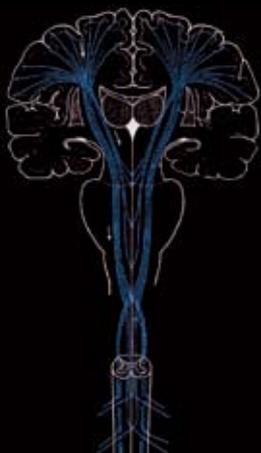
There isn't enough space here to debate the tyranny of determining access to disability services based on age, but they do say that 65 is the “new” 55, and 55 is the “new” 45; so if “working age” is the yardstick, governments are begging us to keep working beyond 65.

So I'm surprised and embarrassed. Perhaps it's because falls-related traumatic brain injury, like stroke, has had little advocacy. Perhaps a brain-injured 18 year-old survivor of a motor vehicle accident makes a more moving prospect for the public and politicians than Australians in the winter of their years. Australia's ageing population will — and is — changing all that.

NICK RUSHWORTH is Executive Officer of Brain Injury Australia (BIA) representing, through its State and Territory member organisations and network relationships, the needs and interests of people with an ABI, their families and carers. A major component of BIA's role is advocating for Australian Government program allocations and policies that reflect the needs of people with an ABI and their families, and providing input into policy, legislation and program development. Visit BIA's website at www.braininjuryaustralia.org.au



UPPER MOTOR NEURONS



Upper motor neurons start in the motor region of the cerebral cortex or the brain stem. They carry motor information down to any motor neurons that are not directly responsible for stimulating the target muscle. These neurons connect the brain to the appropriate level in the spinal cord, from which point nerve signals continue to the muscles by means of the lower motor neurons. Damage to these neurons can cause:

- Spasticity
- Clasp-knife response where initial resistance to movement is followed by relaxation
- Weakness in the lower or upper limbs, but no muscle wasting
- Brisk tendon jerk reflexes
- Increased Deep tendon reflex (DTR).