

Review Article

Open Access, Volume 3

A review on the impact of cognitive rehabilitation on patients with traumatic brain impairment

***Corresponding Author: Seyed Taher Mousavi**

Department of Neurosurgery, Tabriz University of medical sciences, Tabriz, Iran.

Email: m.marahem@yahoo.com

Received: Oct 25, 2022

Accepted: Nov 15, 2022

Published: Nov 22, 2022

Archived: www.jcimcr.org

Copyright: © Mousavi ST (2022).

DOI: www.doi.org/10.52768/2766-7820/2167

Abstract

Objectives: Traumatic Brain Injury (TBI) is one of the most major causes of disability, especially cognitive problems and mortality in worldwide. Present study aims are the effect of cognitive rehabilitation for improving cognitive function in patients with traumatic brain injury.

Methods: This study was reviewed by using a search of keywords including Cognitive Rehabilitation, Traumatic Brain Injury (TBI) in google scholar, pubmed, Elsevier databases. Approximately 30 articles were selected that were fully reviewed.

Conclusion: Cognitive rehabilitation with software improves brain injury patients and can be used as a complementary treatment method along with surgical and drug treatments.

Keywords: Cognitive rehabilitation; Attention; Traumatic brain injury (TBI).

Introduction

Traumatic Brain Injury (TBI) can be called a silent epidemic and is not of a degenerative, vascular, infectious, or congenital nature [1,2]. TBI is associated with significant disability and a variety of neurological and physical disturbances including fatigue, dizziness, headaches, chronic pain, balance problems, sensory loss, and sleep problems [3,4] and also it leads to cognitive disorders such as memory, attention, processing speed, word finding and executive functions [2,5]. Today, several treatment and rehabilitation methods are used with cognitive rehabilitation software that selects different educational programs to the specific conditions of each patient [6-9]. Therefore, due to the lack of people's information about the effect of computer-based cognitive rehabilitation and softwares in brain injury patients, the purpose of this review is to promote the effect of computer-based cognitive rehabilitation with software in patients with traumatic brain injury.

Discussion

Cognitive rehabilitation can be defined as the set of procedures and techniques that are aimed to design therapeutic strategies for the rehabilitation of cognitive disorders, based on neural plasticity [5]. Reports related to the use of programs

according to the techniques used and effectiveness evaluation tools have been done in the studies. Pantartzidou et al. investigated the effect of cognitive rehabilitation using Rahacom software in patients with traumatic brain injury and showed that the attention and concentration ability of the experimental group improved significantly after 4 months of using this software [10]. Reports of traumatic brain injury using computer-assisted cognitive rehabilitation have shown improvements in short term visual memory [11-13]. In a review article, it was suggested that computer-assisted memory training is effective if the sessions are therapist-driven train basic memory skills, and are tailored to the brain-damaged patient [14]. De Luca et al in an evaluation of a computer-based cognitive training program among 34 patients with TBI reported significant improvements in all dimensions of cognition, functioning and depression [15]. Fernandez and colleagues in evaluating the effectiveness of RehaCom cognitive training among participants with acquired brain injury showed that all dimensions of neuropsychological status and memory improved [16]. Lebowitz et al. evaluated the feasibility and using a software program for computer-based mental exercises, in people with a history of TBI. The study findings included small effect sizes on neuropsychological assessment scores and behaviors [17]. Zickefoose et al. examined the timing of two computerized brain game

software programs among participants with severe TBI with a mean time post-injury of 4 years. All participants significantly improved their level of difficulty on intervention tasks and there was a trend towards generalization to daily tasks [18].

Conclusion

TBI is associated with significant morbidity and mortality [19,20]. Previous studies have shown that TBI causes neural damage and neurodegeneration, which may lead to neurological, and psychiatric problems [21,22]. Recent studies have shown that about 40% of patients with severe TBI develop Cognitive deficits, which can seriously affect the patients' rehabilitation and quality of life [23,24]. One of the most effective ways to reduce the impact of cognitive disturbance in everyday life is cognitive rehabilitation, which is based on the principles of brain neuroplasticity [25]. Neuroplasticity includes a wide spectrum of changes at different levels of the nervous system's organization, which can also have a role in the recovery after brain damage [26]. Plasticity gives the brain a very different and distinctive feature and understanding the factors associated with plasticity will maximize behavioral gains during rehabilitation [27]. Evidence shows that computer programs following the concept of neural plasticity enhance memory, processing speed, executive functions, and reasoning capabilities in people with traumatic brain injury [28-30].

References

1. Gennarelli TA. Cerebral concussion and diffuse brain injuries. *Head injury.* 1987; 108-124.
2. Vaishnavi S, Rao V, Fann JR. Neuropsychiatric problems after traumatic brain injury: Unraveling the silent epidemic. *Psychosomatics.* 2009; 50: 198-205.
3. OtisJD, McGlinchey R, Vasterling JJ, Kerns RD. Complicating factors associated with mild traumatic brain injury: impact on pain and posttraumatic stress disorder treatment. *Journal of clinical psychology in medical settings.* 2011; 18: 145-154.
4. Viola-Saltzman M, Watson NF. Traumatic brain injury and sleep disorders. *Neurologic clinics.* 2012; 30: 1299-1312.
5. Berlucchi G. Brain plasticity and cognitive neurorehabilitation. *Neuropsychological rehabilitation.* 2011; 21: 560-578.
6. Parisi L, Rocca MA, Valsasina P, Panicari L, Mattioli F, Filippi M, et al. Cognitive rehabilitation correlates with the functional connectivity of the anterior cingulate cortex in patients with multiple sclerosis. *Brain Imaging and Behavior.* 2014; 8: 387-393.
7. Messinis L, Nasios G, Kosmidis MH, Zampakis P, Malefaki S, Ntoskou K, et al. Efficacy of a computer-assisted cognitive rehabilitation intervention in relapsing-remitting multiple sclerosis patients: A multicenter randomized controlled trial. *Behavioural neurology.* 2017; 2017.
8. Chen S, Thomas J, Glueckauf R, Bracy O. The effectiveness of computer-assisted cognitive rehabilitation for persons with traumatic brain injury. *Brain injury.* 1997; 11: 197-210.
9. Lefkovits AM, Hicks AJ, Downing M, Ponsford J. Surviving the "silent epidemic": A qualitative exploration of the long-term journey after traumatic brain injury. *Neuropsychological rehabilitation.* 2021; 31: 1582-1606.
10. Pantartzidou A, Dionyssiotis Y, Stefan E, Samliidi E, Georgiadis T, Kandykalis E, et al. Rehacom software application is effective in cognitive rehabilitation of patients with brain injuries. *Physical Medicine and Rehabilitation Research.* 2017; 2: 1-4.
11. De Noreña D, Ríos-Lago M, Bombín-González I, Sánchez-Cubillo I, García-Molina A, et al. Efectividad de la rehabilitación neuropsicológica en el daño cerebral adquirido (I): Atención, velocidad de procesamiento, memoria y lenguaje. *Rev Neurol.* 2010; 51: 687-698.
12. Matthews AJ, Maunder R, Scanlan JD, Kirkby KC. Online computer-aided vicarious exposure for OCD symptoms: A pilot study. *Journal of Behavior Therapy and Experimental Psychiatry.* 2017; 54: 25-34.
13. Jiménez LMV, Ramírez ES, Pineda DA. Efectos de un programa de estimulación cognitiva en la memoria operativa de pacientes con deterioro cognitivo leve amnésico. *Revista chilena de neuropsicología.* 2010; 5: 185-198.
14. Gontkovsky ST, McDonald NB, Clark PG, Ruwe WD. Current directions in computer-assisted cognitive rehabilitation. *NeuroRehabilitation.* 2002; 17: 195-199.
15. De Luca R, Calabrò RS, Gervasi G, De Salvo S, Bonanno L, Corallo F, et al. Is computer-assisted training effective in improving rehabilitative outcomes after brain injury? A case-control hospital-based study. *Disability and Health Journal.* 2014; 7: 356-360.
16. Fernández E, Bringas ML, Salazar S, Rodríguez D, García ME, Torres M. Clinical impact of RehaCom software for cognitive rehabilitation of patients with acquired brain injury. *MEDICC review.* 2012; 14: 32-35.
17. Lebowitz MS, Dams-O'Connor K, Cantor JB. Feasibility of computerized brain plasticity-based cognitive training after traumatic brain injury. *Journal of Rehabilitation Research & Development.* 2012; 49.
18. Zickefoose S, Hux K, Brown J, Wulf K. Let the games begin: A preliminary study using Attention Process Training-3 and Lumosity™ brain games to remediate attention deficits following traumatic brain injury. *Brain injury.* 2013; 27: 707-716.
19. Chesnut RM, Marshall LF, Klauber MR, Blunt BA, Baldwin N, Eisenberg HM, et al. The role of secondary brain injury in determining outcome from severe head injury. *The Journal of trauma.* 1993; 34: 216-222.
20. Wagner AK, Sasser HC, Hammond FM, Wiercisiewski D, Alexander J, et al. Intentional traumatic brain injury: Epidemiology, risk factors, and associations with injury severity and mortality. *Journal of Trauma and Acute Care Surgery.* 2000; 49: 404-410.
21. Greig NH, Tweedie D, Rachmany L, Li Y, Rubovitch V, Schreiber S, et al. Incretin mimetics as pharmacologic tools to elucidate and as a new drug strategy to treat traumatic brain injury. *Alzheimer's & Dementia.* 2014; 10: S62-S75.
22. Gardner RC, Yaffe K. Epidemiology of mild traumatic brain injury and neurodegenerative disease. *Molecular and Cellular Neuroscience.* 2015; 66: 75-80.
23. Mitchell AJ, Kemp S, Benito-León J, Reuber M. The influence of cognitive impairment on health-related quality of life in neurological disease. *Acta Neuropsychiatrica.* 2010; 22: 2-13.
24. Stocchetti N, Zanier ER. Chronic impact of traumatic brain injury on outcome and quality of life: A narrative review. *Critical Care.* 2016; 20: 1-10.

-
25. Galetto V, Sacco K. Neuroplastic changes induced by cognitive rehabilitation in traumatic brain injury: a review. *Neurorehabilitation and Neural Repair*. 2017; 31: 800-813.
 26. Cicchetti D, Blender JA. A multiple-levels-of-analysis perspective on resilience: implications for the developing brain, neural plasticity, and preventive interventions. *Annals of the New York Academy of Sciences*. 2006; 1094: 248-258.
 27. Cramer SC, Sur M, Dobkin BH, O'Brien C, Sanger TD, et al. Harnessing neuroplasticity for clinical applications. *Brain*. 2011; 134: 1591-1609.
 28. Kesler SR, Lacayo NJ, Jo B. A pilot study of an online cognitive rehabilitation program for executive function skills in children with cancer-related brain injury. *Brain injury*. 2011; 25: 101-112.
 29. Nousia A, Siokas V, Aretouli E, Messinis L, Aloizou AM, Martzoukou M, et al. Beneficial effect of multidomain cognitive training on the neuropsychological performance of patients with early-stage Alzheimer's disease. *Neural plasticity*. 2018; 2018.
 30. Hara T, Shanmugalingam A, McIntyre A, Burhan AM. The effect of Non-Invasive Brain Stimulation (NIBS) on executive functioning, attention and memory in rehabilitation patients with traumatic brain injury: A systematic review. *Diagnostics*. 2021; 11: 627.