

Key Points Summary

Walker WC, Werner J, Agyemang A, Allen C, Resch J, Troyanskaya M, Kenney K. Relation of Mild Traumatic Brain Injury history to abnormalities on a preliminary Neuroendocrine screen; A multicenter LIMBIC-CENC analysis. Brain Inj. 2022 Apr 16;36(5):607-619. doi: 10.1080/02699052.2022.2068185. Epub 2022 May 4. PMID: 35507697.

Primary Question this Study Addresses

Are pituitary disorders a potential late effect of mild traumatic brain injury (mTBI)?

Study Findings That Add to Our Knowledge

Growth hormone deficiency, hypothyroidism, and male hypogonadism rates did not differ across controls, single mTBI, repetitive mTBI and blast-etiology mTBI groups.

Having positive lab screens did not differentiate any of these disorders' clinical effects in the mTBI population (fatigue, depression, cognitive symptoms, poorer executive function or processing speed).

How Study Evidence Might Be Used in Practice

There is little evidence that remote mTBI(s) is a risk factor for developing pituitary disorders.

Clinicians should not assess for growth hormone deficiency, hypothyroidism, or male hypogonadism based on a positive mTBI history.

For more information on chronic conditions:



To access the study abstract, click here:



Abstract

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