



## Key Points Summary

Howard JT, Stewart IJ, Amuan M, Janak JC, Pugh MJ. Association of Traumatic Brain Injury With Mortality Among Military Veterans Serving After September 11, 2001. JAMA Netw Open. 2022 Feb 1;5(2):e2148150. doi: 10.1001/jamanetworkopen.2021.48150. PMID: 35147684; PMCID: PMC8837911.

### Primary Question this Study Addresses

Do post-9/11 Veterans with TBI compared to the adjusted U.S. population have higher mortality rates?

### Study Findings That Add to Our Knowledge

Post-9/11 veterans compared with the total US population had higher adjusted all-cause, accident, suicide, and homicide mortality rates.

Veterans with a history of TBI compared to Veterans with no TBI history had higher mortality rates.

Veterans who sustained moderate-severe TBI had the highest mortality rates across all cause of death groups including cardiovascular disease.

### How Study Evidence Might Be Used in Practice

Military Programs assisting with transition may mitigate excess deaths due to accident, suicide and homicide.

Health promotion approaches may mitigate excess deaths due to cardiovascular events, but research is needed to better understand the associations of cardiovascular mortality in moderate/severe TBI.

For more information on health promotion approaches:

 [Resource](#)

To access the study abstract, click here:

 [Abstract](#)

This work was supported by the Assistant Secretary of Defense for Health Affairs endorsed by the Department of Defense, through the Psychological Health/Traumatic Brain Injury Research Program Long-Term Impact of Military-Relevant Brain Injury Consortium (LIMBIC) Award/W81XWH-18-PH/TBIRP-LIMBIC under Awards No. W81XWH1920067 and W81XWH-13-2-0095, and by the U.S. Department of Veterans Affairs Awards No. I01 CX002097, I01 CX002096, I01 HX003155, I01 RX003444, I01 RX003443, I01 RX003442, I01 CX001135, I01 CX001246, I01 RX001774, I01 RX 001135, I01 RX 002076, I01 RX 001880, I01 RX 002172, I01 RX 002173, I01 RX 002171, I01 RX 002174, and I01 RX 002170.