



## Key Points Summary

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### Primary Question this Study Addresses

Do Veterans in the Chronic Effects of Neurotrauma Consortium with blast-related mTBI compared to those with non-blast related mTBI or no TBI have more mental health diagnoses, outpatient services utilization, and healthcare costs?

### Study Findings That Add to Our Knowledge

Veterans with blast-related mTBI had a higher prevalence of PTSD (8.5 of 10), headache (7 of 10), and anxiety (8.5 of 10) diagnoses. Veterans with nonblast-related mTBI still had a high prevalence of PTSD (6 of 10), headache (5 of 10), and anxiety (7 of 10).

On average, Veterans with blast-related mTBI had more outpatient services (26 visits) than those with either non-blast related mTBI (20 visits) or no mTBI (17 visits). Similarly, Veterans with blast-related mTBI had greater outpatient costs relative to those with either non-blast related mTBI or no mTBI.

### How Study Evidence Might Be Used in Practice

Evidence suggests that Veterans with blast-related and nonblast-related mTBI have high rates of headaches, anxiety, and PTSD.

Clinicians providing services to Veterans with a history of blast exposure or mTBI should stay particularly alert for signs and symptoms of headache, anxiety, and PTSD, and make appropriate service referrals when these symptoms present.

For more information on mTBI and comorbid diagnoses and treatments, please see the links below:

 [Resource](#)

To access the study abstract, click here:

 [Abstract](#)

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