Modeling post-trauma symptoms over time: interaction of sex and traumatic brain injury

Megan E. Huibregtse, Nathaniel G. Harnett, Kerry J. Ressler, Samuel A. McLean, Karestan C. Koenen, Ronald C. Kessler, & Jennifer S. Stevens



Grady Trauma Project

Background and research question

- Female sex is a critical risk factor for worse symptoms in both post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI)
- Do trauma-exposed female individuals with TBI report greater symptom burdens?

Methods

- Participants (N=2,943, 61.8% female) were recruited to the AURORA study from ED waiting rooms following a qualifying traumatic event
- TBI was established using the ACRM criteria (N_{TBI}=842, 56.9% female) and somatic, PTSD, and depression symptoms were assessed through 12 months post-trauma
- Linear mixed effects models were used to examine the main effects of sex, TBI, and time and the interaction effects, adjusted for age, ISS, perceived fatality risk, income, race/ethnicity, and trauma type

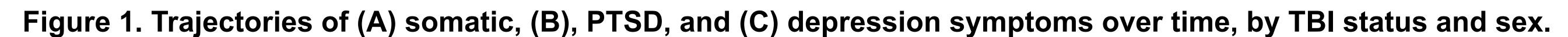
Results

- Main effects of TBI, sex, and time were observed for somatic, PTSD, and depression symptoms, such that participants with TBI and female participants exhibited worse symptoms, and all symptoms decreased over time (Fig 1, Table 1)
- The difference between TBI versus no TBI decreased over time for somatic and PTSD symptoms (Fig 1A-B)
- The sex difference in PTSD symptoms decreased over time (Fig 1B)
- The sex difference between TBI versus no TBI decreased over time for depression symptoms (Fig 1C)

Implications

Following trauma exposure, screening for possible TBI may identify those at risk for worse symptoms

Author affiliations: Department of Psychiatry & Behavioral Sciences, Emory University (Huibregtse & Stevens); Department of Psychiatry, McLean Hospital, Harvard Medical School (Harnett & Ressler); Institute for Trauma Recovery, Department of Anesthesiology, University of North Carolina (McLean); Department of Epidemiology, Harvard T.H. Chan School of Public Health (Koenen); Department of Health Care Policy, Harvard Medical School (Kessler)



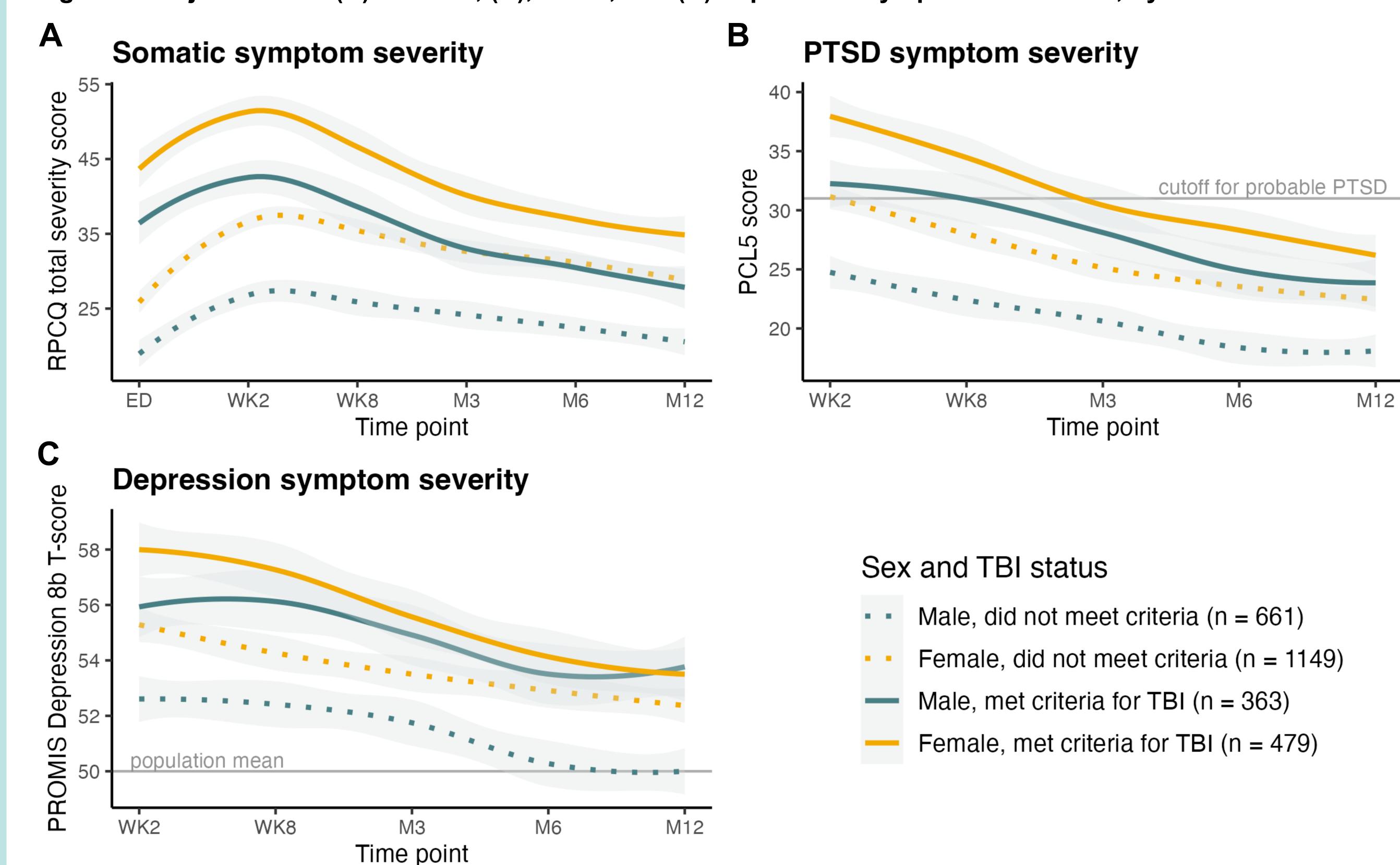


Table 1. Linear mixed model regression results.

	Somatic symptoms	PTSD symptoms	Depression symptoms
Female sex	8.83 (6.63 – 11.03), p<.001	6.49 (4.72 – 8.26), p<.001	2.34 (1.35 – 3.33), p<.001
Met TBI criteria	13.43 (10.46 – 16.39), p<.001	6.97 (4.59 – 9.34), p<.001	2.56 (1.23 – 3.90), p<.001
Time	-3.68 (-5.61 — -1.76), p<.001	-6.06 (-7.42 — -4.70), p<.001	-3.03 (-3.85 — -2.22), p<.001
TBI x time	-9.69 (-12.91 — -6.48), p<.001	-2.35 (-4.620.08), p=.042	0.62 (-0.74 - 1.98), p=.368
Sex x time	0.51 (-1.89 – 2.90), p=.679	-1.97 (-3.66 — -0.28), p=.022	0.35 (-0.66 - 1.37), p=.493
TBI x sex	-1.78 (-5.56 — 1.99), p=.354	-2.39 (-5.42 – 0.64), p=.123	-0.97 (-2.68 - 0.74), p=.266
TBI x sex x time	-1.73 (-5.88 - 2.42), p=.414	-0.72 (-3.65 - 2.21), p=.629	-2.27(-4.030.52), p=.011

Acknowledgements: Funding for the AURORA study was provided by NIMH U01MH110925, the US Army Medical Research and Material Command, The One Mind Foundation, and The Mayday Fund. This work was also supported by funds from the Atlanta VA CVNR (C2358-C) and the D2ISENTANGLE Focused Program Award (W81XWH-22-C-0122).