



Mild Traumatic Brain Injury: Episodic Symptoms and Treatment proposes that there is a diagnosable and treatable sub-type of Persistent Post-Concussive Syndrome (PPCS) following mild Traumatic Brain Injury (TBI). This sub-type of PPCS is characterized by: (a) multiple intermittent (or “partial seizure-like”) symptoms in the absence of a conventional epileptic syndrome; (b) untriggered, ego-dystonic mood-swings in the absence of clear environmental precipitants; (c) memory lapses and brief gaps of “lost time;” and a high prior probability of responding well to treatment with anti-convulsant mood-stabilizers, such as valproic acid (Depakote, Divalproex) and carbamazepine (Tegretol). Both pediatric and adults patients may suffer from this loosely-defined syndrome and may go untreated for months or even years following one or more instances of mild TBI.

The authors and contributors, from diverse professional backgrounds—including Adult Neuropsychology, Child Neuropsychology, Sports Medicine, and Neuropsychiatry—

present a valuable, expert insight into the needs and methods of treatment for this large and often underserved population. Clearly written, practical, and requiring little knowledge of brain structure and function, *Mild Traumatic Brain Injury: Episodic Symptoms and Treatment* provides all involved in client care with the tools they need to ensure good outcomes. Of particular value will be the near-unique coverage of the mechanisms underlying blast-induced neuro-trauma, a subject of great concern to military personnel, care-providers, and their families.

We earnestly hope that psychological and professionals who work with brain-injured clients will find this volume to be of value. It can be ordered through Plural Publishing of San Diego (information@pluralpublishing.com) (after Nov. 19, 2010) or through Barnes & Noble’s on-line bookstore. We believe that some cases of poorer-than-expected outcome following so-called “mild TBI” may be due largely to brain-based factors (e.g., neuro-electric dysfunction), as opposed solely to psychological factors, compensation-seeking, or malingering. We have tried to present both clinicians and patients with another clinical option for symptomatic relief for the “miserable minority” of minor head trauma patients who suffer with persistent symptoms.

Respectfully,

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