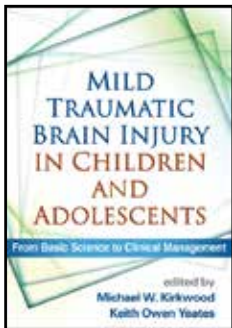




BOOK REVIEWS

Mild Traumatic Brain Injury in Children and Adolescents: From Basic Science to Clinical Management

Michael W. Kirkwood and Keith Owen Yeates, eds. *The Guilford Press: New York, NY, 2012. 400 pages. \$75 (US), hardcover.*



As the title suggests, this is a comprehensive survey of clinical and research topics related to mild traumatic brain injury (mTBI) in the pediatric population. This comprehensive volume summarizes both recent advances in this field as well as domains for future research.

This is a five-part survey edited by two neuropsychologists. Following introductory chapters, the main text outlines mTBI outcomes, evaluation methods, and clinical interventions, ending with specialized topics (including sport-related injuries and forensic evaluations). The editors bring together authors from a wide variety of disciplines, including psychology, pediatrics, radiology, neurosurgery, psychiatry, and sports medicine.

This book is well-organized and has a detailed academic approach. The mass of evidence presented throughout makes this book well-suited to answering specific questions of academic interest rather than providing practical tips for the average clinician. For example, one chapter contains information on commonly encountered post-concussion symptoms (headache, balance, visual symptoms) but includes limited treatment information.

A potential source of confusion for psychiatrists trained to rely on strict operational terms set out in the DSM-IV-TR (and now DSM-5), is the inconsistent definition of mTBI. The authors propose intracranial injury as a more important prognostic factor than mTBI itself. The authors acknowledge this lack of diagnostic clarity. The matters of whether mTBI is defined by loss of consciousness, or rather by any neurological symptoms, and how mTBI is defined in low-risk cases without a CT scan remain unclear upon review of

the various chapters of this book. Depending on the chapter, the answers to these questions vary.

There are useful clinical pearls at various points in the text. Two such examples include suggested referral options for particularly characteristic presentations and a review of decision-making rules for head CT scanning. Readers will likely appreciate and benefit from these guiding editorial statements for clinical management. However, these applied descriptions are embedded in the research-focused text in such a way as to make this book unwieldy to read from a psychiatrist's perspective.

Some guidance statements are fairly basic. For example, the reader is warned to be cautious in overcommitting or "undercommitting" to findings on tests, to be cognizant of a child's premorbid status, to be aware of the potential for psychometric errors, and to consider the influence of current stressors. These are all factors that would likely come to mind for any clinician who works with children.

Some lack of clarity was noted with some of the management suggestions. For example, with regard to when a clinician should encourage rest versus regular activity post-injury, after a presentation of the evidence for both rest in the acute period and the benefits of exercise as treatment, the authors conclude by stating that "clinicians must decide when to transition from activity restrictions and watchful waiting to more active treatment and rehabilitation."

Though it is of interest to review the history of progress in understanding mTBI and its manifestations, the book's narrow scope reduces its utility for many clinician-readers. The volume of management tips and approaches included in this book is limited. Overall, in terms of impact on practice, this work is likely best suited as a reference for the general child and adolescent psychiatrist. The editors have made an excellent effort in summarizing the current state of affairs in understanding mild traumatic brain injury in children and adolescents. The focus of the authors is weighted on basic science and assessment. This content is delivered in the form of a thorough review of current evidence.

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