KEY TAKEAWAY
Service members and veterans are at a high risk for comorbid mild traumatic brain injury and posttraumatic stress disorder. The clinical presentation of coexisting mTBI and PTSD may appear different than mTBI or PTSD alone.

CURRENT PERSPECTIVE FOR THE MILITARY CLINICIAN
Diagnosis and treatment of mTBI and comorbid PTSD is complicated due to overlapping symptoms and clinical features. Exposure to combat can lead to an increased risk of multiple lifetime TBIs and can increase PTSD symptom severity. Blast-related mTBI may be associated with more severe PTSD symptoms compared to non-blast related mTBI. Currently, no biomarkers or imaging techniques can reliably provide an objective diagnosis of either mTBI or PTSD, nor has a biomarker for comorbid mTBI and PTSD been identified.

CLINICAL PEARLS
- Screen service members and veterans for PTSD when presenting for evaluation following a known history of mTBI.
- Consider the mechanism of injury (e.g., combat or blast-related mTBI) as a risk factor for PTSD and increased symptom severity.
- Utilize a patient-centered approach for providing holistic treatment to individuals with persistent symptoms of mTBI and PTSD that includes integrated behavioral health care services and rehabilitation treatment plans.
- Promote participation in rehabilitation programs that address cognitive symptom management and additionally address emotional regulation for individuals with persistent cognitive dysfunction.
- Nonpharmaceutical management of mTBI and PTSD should be the first choice for treatment; however, if clinically appropriate, selective serotonin reuptake inhibitors and serotonin and norepinephrine reuptake inhibitors can be used in some cases to alleviate PTSD symptoms.

REFERENCES