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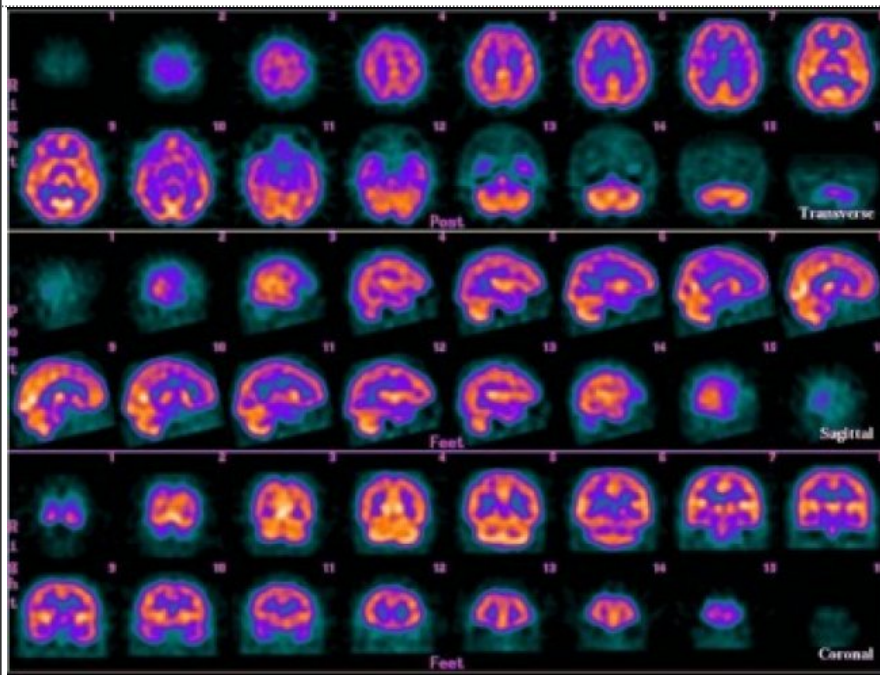
Is brain injury reaching epidemic levels in Canada. The scariest part? It goes mostly undetected.

BY STEVEN BOCHENEK

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1971. I come to in the arms of some grownup. It's cold and bright; I can see his breath but not smell it. His son bounces beside us, mouth agape; Richard, arms everywhere, babbles faster than Super Slider Snow Skates.

The man lays me in the back of his car. Richard directs him to our house. The boy kneels between them. He gawks at me, wide-eyed, doesn't appear to notice me staring back. Am I dead? I cross my eyes and stick my tongue out. He gasps, whirls about and doesn't look at me

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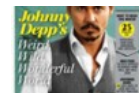
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again. I'm not dead.

Ten minutes later we're home from the tobogganing hill. One hour later we're at the hospital, my parents understandably frightened. Five hours later we're back home and "everything's fine."

Thirty-five years later the doctor asks there'd been any head injuries growing up. "It could explain a lot." It's been a troubled few decades.

1979. "You." SSFACK! "Put." SSFACK. "This." SSFACK. "School in peril!" SSFACK.

The priest is strapping me with an 18-inch rubber device affectionately called the Black Doctor. He's putting his back into it, administering fifteen full-arm-extended whuppings to each hand. I'm twelve.

Don't call Children's Aid. A little hellion, I set a locker on fire. I'm lucky the priest didn't expel me. "Just what." SSFACK. "Were you thinking?" SSFACK.

Well, there's a puzzler.

Two weeks before, here I am innocently yanking on Tompka's lock, bored and looking for laughs. Suddenly, POP, it just shatters in my hands. Whoops, look at that! My stupid friends and I laugh. H-huh. Now what could be funnier? "Let's start a fire in Tompka's locker! H-huh." That would be funny. Matches, a toilet roll for kindling and presto! We're funny!

The hall fills with smoke. Emergency crews come. Uh-oh.

2004. "You're fired! Your mouth has made you a liability the agency can't afford..." I'm being frog-marched from the chief creative position in one of Canada's top marketing companies. How can this be happening? All modesty aside, I'm a star. I've won dozens of awards, was even the Creative Director of the Agency of the Year two years in a row. Whatever childhood troubles I had, including a notoriously short attention span, have been assets in this career. Then again.

"... drinking, sloppy inattention to detail. There have been repeated warnings."

2005. "Don't wanna be an American Idiot." Join in. It's the easy-life countryside sing-along!

2 pm on a sweaty summer Thursday, and I'm the luckiest guy in the world. While you corporate slaves are doing 9 to 7 in the city, I've juggled my business online and by phone all week, here in the country. Right now, I'm ferrying my daughters and those of close friends from riding camp to their farm for a swim. We're all singing.

"One nation controlled by the media." Don't be shy. You know the words. Oh, you can't because you're stuck in a meeting with morons!

As a special salute to the life left behind, I step harder on the gas. Vroom! The girls sing louder as we bank into a trio of sharp turns on the dirt road. The car wobbles, the front right wheel smashes a post, we flip over and land in the ditch.

Thank christ no one's hurt. I gotta fix myself.

Recently. "Did you ever have a head injury?" I'm intrigued by the doctor's question. The possibility that some of my, umm, spontaneity could have a physical cause never occurred to me. The doctor says we could do a neuro-psych examination, scores of questions that cost thousands of dollars and take months to complete before reaching a fairly conclusive diagnosis, supported by lots of sound theory and the opinions of several doctors.

Or we could take a picture.

We schedule a Single Photon Emission Computerized Tomography, SPECT, scan. [Cue: *Star Trek* theme.] Though underused by Canadian doctors, SPECT has been widely available in hospitals for 15 years and is paid for by Medicare. Cheaper and faster than a neuro-psych test, it could revolutionize psychiatry by bringing theory and fact closer together. Doctors simply need to learn to interpret the results.

A SPECT scan is a nuclear medicine procedure. A gamma camera circles a subject, shooting pictures from assorted angles to create tomographic, or cross-sectional, pictures. While they don't sell the cameras at Black's, the technology is far less expensive than magnetic resonance imaging (MRIs) and position emission tomography (PET scans).

On the day of the SPECT scan, I spend an hour in the hospital. To work, it requires the subject to drink a mildly radioactive fluid and wait twenty minutes for it to permeate the bloodstream and brain. I lie down with my head in the SPECT machine. It's like an oversized billiards triangle

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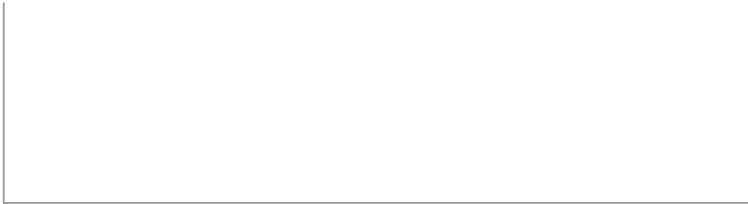
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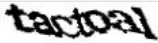

circling my head (yes, triangles can circle). It slowly rotates, photographing for twenty minutes. It's soothing and I doze.




Two weeks later. "A brain is like tofu," says the doctor. After a life of your-brain-is-a-complicated-series-of-superhighways-with-millions-of-messages-flying-hither-and-there, I appreciate his bluntness.

The scan clearly indicates areas of underperfusion in my temporal and frontal lobes. English? Not enough blood flows there. Healthy brains are symmetrical. The doctor says the asymmetrical dark holes in my SPECT scan suggest trauma. He displays a model skull and brain that comes apart. It's disgusting, really, but informative.

Your ethmoid and sphenoid bones both scoop upwards, creating ridges, cradling your frontal and temporal lobes. Normally these ridges are guardrails, protecting regions of your brain which regulate many everyday behaviours. But like any highway with traffic flying in all directions, given the right angle and speed, protective railings can suddenly become bayonets. With a 20-mph impact your temporal lobes can splice themselves on your sphenoidal ridge. And with a violent twist the cribriform plate of your ethmoidal ridge can impale the tofu that is your pre-frontal cortex.





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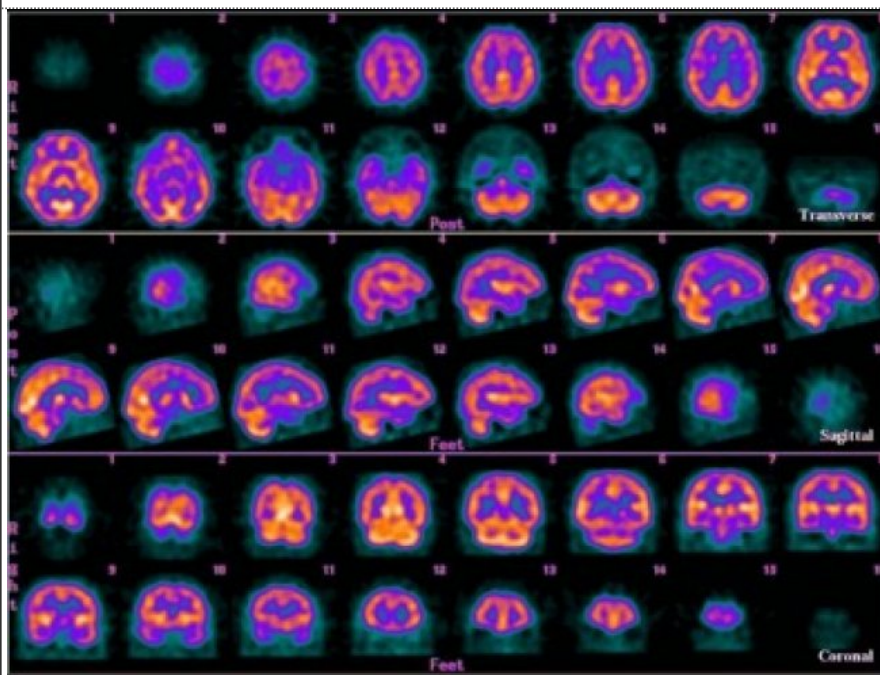
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Dim sum, anyone?

So, you wonder, what are the frontal and temporal lobes' functions? Nothing is black and white when you're talking about the brain. It's infinitely complicated. Renowned expert Dr. Daniel Amen marvels, "You have more connections in your brain than there are stars in the universe." However you can attribute generalities and, for me, the findings are like looking in a mirror.

Your frontal lobes help govern: impulsivity ("Hey, let's start a fire!"); judgment (ibid!);



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procrastination (this injury occurred in the 70s); focus and emotional control ("Don't wanna be an American Idiot."); oh yeah, organization goes atop that list.

Yes, we have trouble in the frontal lobes.

Trauma in your temporal region can result in "inattention and/or hyperactivity-impulsivity and mood instability, aggression, mild paranoia, anxiety with little provocation, atypical headaches or abdominal pain, visual or auditory illusions, and learning problems (especially reading and auditory processing)."

Oh dear. Somebody lock me up!

The doctor compares my brain to a power brownout. The underperfuse lobes depend on the energy-producing regions to work overtime. But demand too much of the overtaxed network and the the grid begins to collapse. Suddenly a life of sudden, inexplicable bouts of misbehaviour becomes, well, explicable.

The present

After learning the scan results, I begin to do a bit of research and learn I'm far from alone. Over 11,000 Canadians die annually from traumatic brain injuries (TBI). 6,000 more are permanently disabled. But what about subtler cases? An article in Parkhurst Exchange, an industry forum for Canadian MDs, estimates a staggering 200,000 minor head injuries occur in Canada yearly. And 80,000 of these still manifest symptoms over three months later. No wonder the Brain Injury Association of Canada uses the word epidemic to describe the prevalence of TBIs.

How many of these subtler TBIs are going undiagnosed out there, messing up lives? Dr. Amen makes a decent point: "When the brain works right, you work right. When the brain is troubled, you generally experience trouble in your relationships, work, or within yourself. Since the brain is recognized as the organ of behaviour, it makes sense that brain problems, such as...brain trauma are likely to decrease a person's effectiveness in life. Your success in life is associated with how well your brain works." Not to abdicate individual responsibility but maybe misbehaviour isn't always a matter of choice. Amen's scans continually show a clear connection between aggression – even severe criminality – and malfunctioning brains.

With 200,000 minor brain injuries out there each year, how many can be linked to the clogs in criminal, divorce and traffic courts, unemployment lines and inappropriate areas of the health care system? We don't know because right now, because nobody's looking. But that doesn't mean those injuries aren't expensive and slowing our major institutions.

Perhaps SPECT scans could flush much of the clog. (That and doctors directly asking patients whether they've ever had a bonk to the conch.) Then, basic coping strategies can make a huge difference. If SPECT were used more widely, couldn't medical practitioners quickly diagnose, treat, and radically improve the lives of tens of thousands of Canadians, sparing who knows how many millions of dollars throughout the rest of the system?

The future?

In his book *Scattered Minds*, Dr. Gabor Maté talks about the euphoria he experienced when he realized he had attention deficit disorder (ADD). I can empathize. Last year, after decades of poor decisions, it was a massive relief to learn that maybe there's something physically and not morally wrong with me. The doctor believes my condition to be trauma-induced ADD.

The euphoria wears off quickly, though, because the problems are still there. Diagnosis, I learn, is just the beginning of healing. There's work to be done, but now there's genuine hope, too.

I've incorporated changes that help: vigorous exercise, psychotherapy, meditation, journaling, goal setting, and less alcohol. I fail regularly at these but succeed more often. The depression, anxiety and compulsivity are significantly attenuated. We're scheduling another SPECT scan to do a before/after comparison and see whether the holes have filled in.

I'm not unique, but statistically I'm lucky. Adults with ADD, trauma-induced or otherwise, are more likely to be divorced, underemployed, poor, friendless and without a driver's license. At 42, unlike many brain-damaged adults, I still have all my digits and teeth. I run my own business. I have a beautiful family, the product of my first and still happy marriage. After decades, I can ascribe urges and compulsions to something other than moral defectiveness.

Sure, there's that niggling urge to ask "what if," but why bother. I'm clearly someone who's very fortunate. Hell, I'm brain damaged, not stupid!

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