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No conflicts of interest to disclose.

This work is supported by the US Army Medical Research and Materiel Command under Contract No. W81XWH-15-D-0039-0003. In the conduct of research where humans are the subjects, the investigator(s) adhered to the policies regarding the protection of human subjects as prescribed by Code of Federal Regulations (CFR) Title 45, Volume 1, Part 46; Title 32, Chapter 1, Part 219; and Title 21, Chapter 1, Part 50 (Protection of Human Subjects).

**Introduction:** In prior Department of Defense studies, participants with persistent post-concussive symptoms after mild traumatic brain injury exposed to hyperbaric oxygen (HBO<sub>2</sub>) or sham chamber sessions reported improvement regardless of allocation.





BIMA was conducted at 3 U.S. military sites: Fort Carson, Colorado, Camp LeJeune, North Carolina, and Joint Base Lewis-McChord, Washington.

#### PRIOR STUDY REFERENCES:

Wolf G, Cifu D, Baugh L, Carne W, Profenna L. The effect of hyperbaric oxygen on symptoms after mild traumatic brain injury. J Neurotrauma 2012;29:2606-12.

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Miller RS, Weaver LK, Bahraini N, et al. Effects of hyperbaric oxygen on symptoms and quality of life among service members with persistent postconcussion symptoms: a randomized clinical trial. JAMA Intern Med 2015;175:43-52.





#### Introduction

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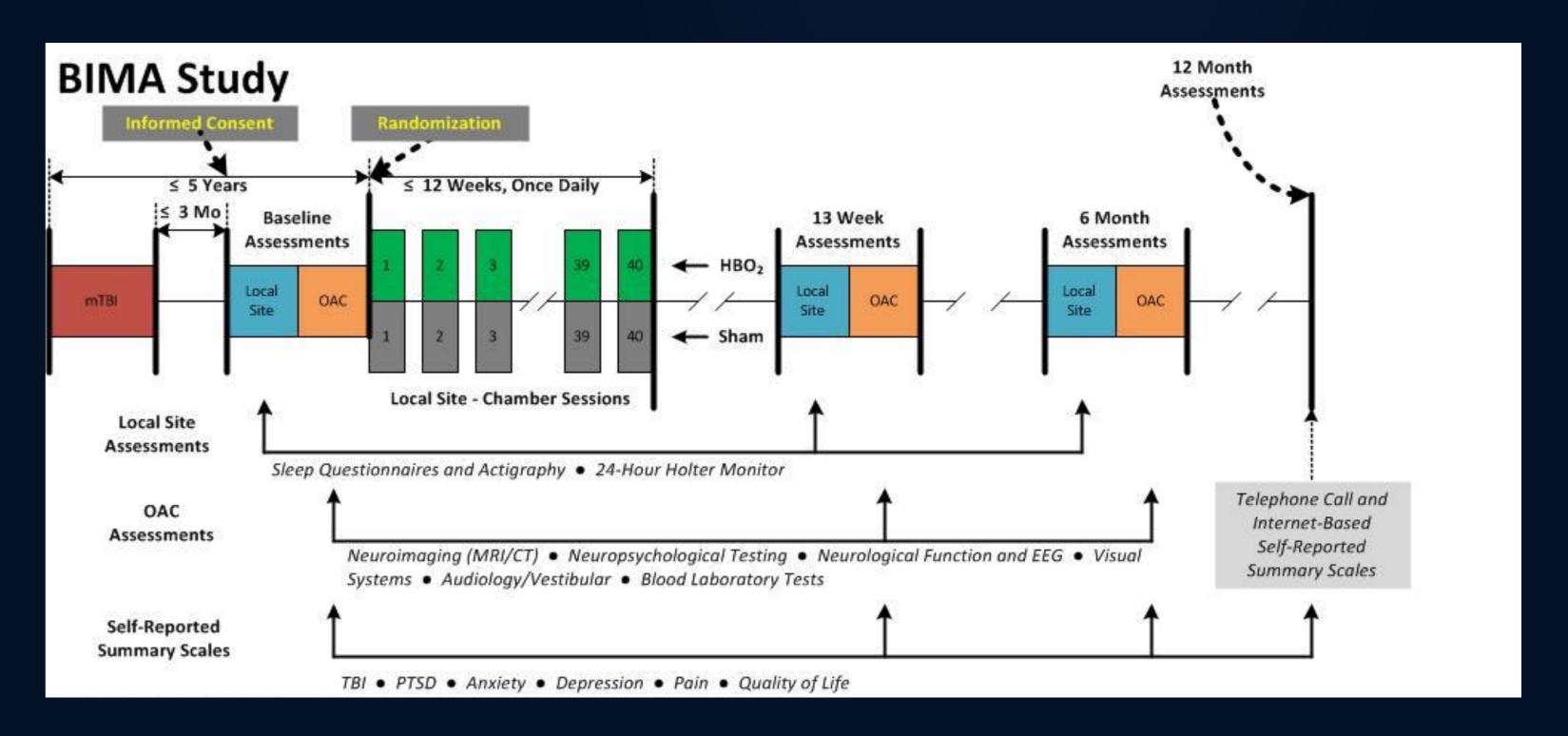
## Conclusions

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**Methods:** In this exploratory, double-blind, sham-controlled trial of HBO<sub>2</sub> for military personnel with persistent post-concussive symptoms, 71 randomized participants received forty 60-minute HBO<sub>2</sub> (1.5 atmospheres absolute, n=36) or sham chamber sessions (air, 1.2 atmospheres absolute, n=35). At baseline, 35 participants (49%) met post-traumatic stress disorder (PTSD) criteria.

Outcomes included post-concussive symptoms, quality of life, neuropsychological, neurological, EEG, sleep, audiology/vestibular, autonomic, visual, brain imaging, and laboratory testing, at baseline, 13 weeks (shortly post-intervention), and 6 months, plus 12-month symptom questionnaires.









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### Key findings:

- By the Neurobehavioral Symptom Inventory, the HBO<sub>2</sub> group had improved 13-week scores compared to sham (HBO<sub>2</sub> mean change -3.6 points, sham mean change +3.9 points, p=0.03).
- In participants with PTSD, change with HBO<sub>2</sub> was more pronounced (-8.6 points vs. +4.8 points with sham, p=0.02).
- Rivermead Post-Concussion Symptom Questionnaire RPQ-3 improved with HBO<sub>2</sub> compared to sham (mean change difference -1.5, p=0.01). The PTSD Checklist-Civilian version scores also improved in the HBO<sub>2</sub> group, and more so in the subgroup with PTSD.
- Improvements regressed at 6 and 12 months.
- HBO<sub>2</sub> improved some cognitive processing speed and sleep measures.







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## Key findings (continued):

- Participants with PTSD receiving HBO<sub>2</sub> had improved sensory organization test scores and reduced vestibular complaints at 13 weeks.
- Participants without PTSD had improved anger control with HBO<sub>2</sub>.
- Most measures independent of patient reports did not change over time or did not change in a way that consistently favored one intervention over another.

**Conclusions:** By 13 weeks, HBO<sub>2</sub> improved post-concussive and PTSD symptoms, cognitive processing speed, sleep quality, and vestibular symptoms, most dramatically in those with PTSD. However, most changes did not persist to 6-12 months. For military personnel, additional HBO<sub>2</sub> studies are warranted.

