

Who are we?

E.B.I.S. is a European association dedicated to activities for traumatic brain injured persons and victims of acquired cerebral lesions: stroke, anoxia, encephalitis, brain tumour...

E.B.I.S. brings together all persons concerned with head injury throughout Europe.

What are we doing?

1 Evaluation

How should one assess the person with a brain injury? How should one tackle and understand the disabilities in the head injured person that result in handicap?

In 1996 E.B.I.S. developed a head injury evaluation document which guides appropriate assessment of head injured persons. It is translated in many languages of the EU. In 2007, E.B.I.S. takes part in the elaboration of a questionnaire for the evaluation of quality of life (QOLIBRI).

2 Epidemiology

The precise magnitude of the head injury problem in Europe, and the numbers and proportions of patients with different grades of severity are unknown. E.B.I.S. contributes to the research in this field..

3 Training and education

With the support of the European Union, E.B.I.S. organises several seminars on various topics including family issues, legal matters, handicap and quality of life, rehabilitation, etc.

4 Specific programmes

Programmes for rehabilitation and for social reintegration of brain injured people are indispensable, yet such programmes are insufficient in Europe. E.B.I.S.' members organise and participate as experts in several projects in Great Britain, France, Germany, Italy, Belgium and Spain.

5 Promotion of patient and family groups

E.B.I.S. supports family organisations working in the field of head injury and their formation in different member States, such as Headway in the UK and UNAFTC in France.

6 Data bank

On a European level, E.B.I.S. has a database on medical / scientific and social aspects of head injury derived from the results of the research project (1989).

7 Standardising legislation

Across Europe there is a wide diversity of legal systems dealing with personal injury. There is a need for legal systems which assist in reducing prejudice after head injury, and facilitating all aspects of financial compensation.

8 Information

Authorities, public opinion, legal experts, insurance companies, and the mass media must therefore be informed about the myriad consequences of head injury and E.B.I.S. is increasingly involved in promoting public awareness.

9 Prevention

The best way to treat head injury is to prevent it happening in the first place, and E.B.I.S. recognises the need for European wide and national initiatives to reduce traffic and occupational accidents.

Why join E.B.I.S.?

E.B.I.S. members have access to a network of people and services involved in brain injury. Other benefits include seminars and workshops.

Membership

E.B.I.S. brings together members from many different backgrounds concerned by brain injury e.g. physicians, psychologists, therapists, social workers, lawyers, brain injured persons and their families. Applicants for membership should send a brief statement demonstrating the nature and extent of their involvement with brain injury. Applicants must be proposed by two current E.B.I.S. members for election at a General Assembly.

For any further information, please call +32 2 522 20 03



E.B.I.S.

European
Brain
Injury Society

ASSOCIATION EUROPÉENNE
D'ÉTUDE DES TRAUMATISÉS
CRÂNIENS ET DE LEUR RÉINSERTION



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History of E.B.I.S.

1986

C.O.F.A.C.E. (Confederation of Family Organisations in the European Union) and L.A.D.A.P.T. (Ligue pour l'Adaptation du Diminué Physique au Travail) organised the first European meeting on the topic of social rehabilitation of severely head injured people. This enterprise was supported by the European Commission.

1989

The European Brain Injury Society (E.B.I.S.) was created. At that time, the association brought together representatives of the 15 countries of the European Union.

From the start, E.B.I.S. is a member of the Dialogue Group on "Handicapped Persons" of the European Commission (DGV) and is a member of the European Disability Forum.

E.B.I.S. was awarded a research contract with the European Commission concerning epidemiology, evaluation and service delivery in the field of head injury.

2007

E.B.I.S. has 140 individual and institutional members coming from all the countries of the European Union, plus Switzerland. The current President is Mrs. Christine CROISIAUX (B).

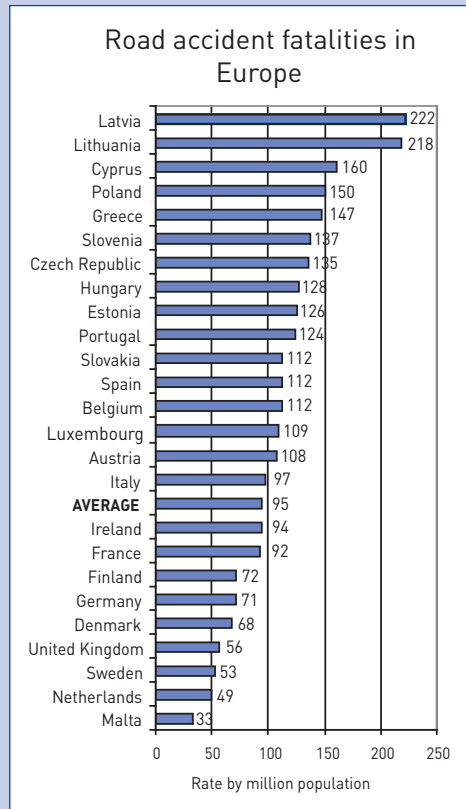
Head Injury

An international Scourge and a Silent Epidemic resulting largely from road accidents.

Each year in the European Union, head injury means:

- 1,000,000 hospital admissions
- the majority of the 50,000 deaths from road accidents.
- 150,000 severely handicapped persons.
- three quarters of the victims are children and young adults

This is a silent epidemic in which the primary focus is on early medical/surgical matters and early rehabilitation. There is little attention devoted to the long-term problems, for the injured person and the family.



An "invisible" and poorly known handicap

The physical sequelae aren't the most disabling. The injured often regains independent mobility, despite problems of hearing or vision, having a clumsy hand, a weak leg, a slurred voice, or epilepsy.

Many people who have had brain injury look well but have "invisible" deficits: intellectual, affective and behavioural sequelae affect the autonomy of the person in everyday life.

The disabilities linked to the invisible handicap are:

- Cognitive sequelae : in memory and learning, attention and concentration, information processing speed, communication, orientation in time and space, visual agnosia, reasoning, decision making, organisation, planning, flexibility, initiative, motivation.
- Behavioural or psycho-affective sequelae: desinhibition, lack of self-control, inhibition or apathy, lack of initiative, mood changes, indifference, anxiety, discouragement, depression.
- Anosognosia: lack of awareness of the difficulties or underestimation.
- Important tiredness

Head injury causes multiple disabilities which do not fit readily into better known categories of disability.

High quality care is usually available in the domains of acute medicine and surgery, but in the later stages difficulties arise as, all too often, little is done for the social reintegration of the victim. The family is often alone to support the burden of the "stranger in the house".