Background

- According to ICD-10 and DSM-IV criteria, Post-Concussion Syndrome (PCS) requires prior mild traumatic brain injury (mTBI).
- However, symptoms linked to the PCS are non-specific and are often found in non-mTBI populations (Wang et al., 2006; Iverson & Lange, 2003).
- In addition, PCS symptoms overlap with other diagnoses, such as depression (Iverson, 2006; McCauley et al., 2001).

Aim

To investigate the specificity of PCS in detail by looking at the extent to which these symptoms and other related factors exist in the non-mTBI population.

Methods

Online Survey

- Recruitment: University staff and students
- The Survey included:
  ✦ demographic information
  ✦ Rivermead Post-Concussion Questionnaire (RPQ)
  ✦ Cognitive Failures Questionnaire (CFQ)
  ✦ Hospital Anxiety and Depression Scale (HADS)
  ✦ Epworth Sleepiness Scale (ESS)
- PCS was diagnosed when 3 or more PCS symptoms (DSM-IV criteria) were present in RPQ.
- mTBI diagnosed using ICD-10 criteria (Holm et al., 2005).

Participants

- 373 Respondents (127 mTBI, 246 no mTBI history).
- Mean time since mTBI: 6.8 ± 0.7 years (Range: 0-35).

Participants

- 49 mTBI + PCS
- 78 mTBI - PCS
- 80 no mTBI (control) + PCS
- 166 no mTBI (control) - PCS

Conclusion

- PCS is equally common in a self-selected sample of persons with and without mild traumatic brain injury. Therefore, PCS is associated with, but not specific to, mTBI.
- Scores for depression, anxiety and daytime sleepiness are similar for people with and without mTBI, but they are significantly enhanced in people with PCS compared to people without PCS.
- Future studies will explore the cognitive differences observed between those with and without mTBI. It is worth screening normal populations for PCS in mTBI studies, as this could affect research findings.