



the brain injury
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Could it be a brain injury? A guide for General Practitioners

Brain injury is more common than you might think

Each year as many as 1 million people attending hospital in the UK will have sustained a head injury.

Acquired brain injury (ABI) is the largest cause of acquired disability in the working age population. By far the biggest category within ABI is traumatic brain injury (TBI), typically caused by a blow to the head that results in damage to the brain.

Those most at risk are people in the 15-29 age group, particularly men.

The most common causes are:

- Road traffic collisions
- Accidents during leisure pursuits or at work
- Assault
- Falls

70-90% of all treated brain injuries are classed as 'mild'.¹ Mild brain injury is usually differentiated from moderate and severe brain injury by the absence of an extensive period of unconsciousness.

The severity of the initial injury is not, however, an accurate indicator of long-term problems, and even mild injuries can result in lasting impairments.

The 'hidden disability' What to look out for

The symptoms of brain injury can be very subtle, and the fact that someone has a brain injury is often not obvious to others. Symptoms that may indicate the presence of a brain injury include:

Physical and sensory problems

- Persistent headaches
- Feelings of dizziness
- Nausea/vomiting
- Visual disturbances (blurred vision, double vision, dislike of bright lights)
- Being easily upset by loud noise

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Sleep disturbances

- Altered sleep patterns
- Fatigue

Behavioural and mood changes

- Being irritable or easily angered
- Restlessness
- Feeling frustrated or impatient
- Impulsivity and self-control problems
- Feeling depressed, tearful or anxious

Cognitive problems

- Difficulties with attention and concentration
- Memory problems
- Difficulties with problem solving
- Taking longer to think

After a mild brain injury, most people experience post-concussion symptoms for several days, and are able to carry out normal activities within a few weeks.

Full recovery from post-concussion symptoms usually occurs within three to six months of the injury.

However, in some cases symptoms fail to resolve and a significant minority of patients continue to experience disabling symptoms for months or even years after their injury.²

Longer-term social and personal problems that may come to light following a brain injury include:

- Problems with personal relationships
- Inability to cope with family demands
- Difficulties performing routine domestic activities
- Difficulties participating in conversations
- Problems at work, e.g. inability to carry out previous duties effectively, slowness in carrying out tasks, finding work more tiring
- Lack of motivation; loss of interest in previously-enjoyed activities
- Excessive sleeping
- Altered sexual drive or function

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Missed diagnosis

It is estimated that as many as three quarters of mild brain injuries may go unreported and unassessed by medical professionals.³

This may be because:

- There is no loss of consciousness at the time of the injury
- Brief loss of consciousness results in failure to realise what has happened
- Symptoms do not become fully apparent until several days, weeks, or months after the injury

In these cases, the person may not attend hospital and the diagnosis is missed. Where people do attend hospital, the focus is often on other, more visible, physical injuries. CT or MRI scans may fail to pick up tiny areas of damage that can have major long-term consequences.

Difficulties with diagnosis

Diagnosis of mild brain injury can be complicated by symptoms that overlap with those of other medical and psychological problems.

Stress and anxiety responses to brain injury can result in further secondary problems. Persisting psychological impairment may be due either to the brain injury itself, or a reaction to the traumatic event or the ensuing life disruption.

Brain injury is commonly misdiagnosed as depression. Patients often do suffer a genuine depression as a result of their brain injury, but this can also mask other underlying symptoms.

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If you suspect a brain injury

It is important to obtain a confirmation of the diagnosis. A referral should be made to a specialist trained in the assessment and management of sequelae of brain injury.

This could be any of the following, depending upon service provision in your area:

- Clinical Neuropsychologist
- Neurologist
- Neurosurgeon
- Specialist in Rehabilitation Medicine

Once the brain injury is confirmed, there are specialist brain injury rehabilitation services throughout the UK that can help patients to regain their functional and social skills.

Rehabilitation may involve developing strategies to help compensate for memory problems, advice about adapting a person's employment situation so that they can continue to work, or help in boosting confidence and regaining self-esteem.

Families and carers of persons with a brain injury may also need advice and support. The brain injury impacts greatly upon the lives of family members, and it is easy for their own needs and difficulties to be overlooked.

About Headway

The Headway UK Helpline exists to provide information, advise on sources of support, find local rehabilitation services or offer a listening ear to those experiencing problems.

There is a network of Headway Groups and Branches throughout the UK offering support to brain injury survivors and their families and carers. The larger Groups run Headway Centres. Services offered range from carer support meetings to social rehabilitation, relearning life skills and supported living.

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Useful clinical instruments

Rivermead post concussion symptoms questionnaire (RPQ)

King, N.S. et al. (1995). *The Rivermead Post Concussion Symptoms Questionnaire: a measure of symptoms commonly experienced after head injury and its reliability*. Journal of Neurology, 242, 587-592.

Rivermead head injury follow up questionnaire (RHFUQ)

Crawford, S. et al. (1996). *The Rivermead head injury follow up questionnaire: a study of a new rating scale and other measures to evaluate outcome after head injury*. Journal of Neurology, Neurosurgery & Psychiatry, 60 (5), 510-514.

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