

Background:

A significant amount of people who have sustained mild traumatic brain injury (mTBI) experience physical, emotional, and cognitive symptoms that persist for more than 3 months, a condition called persisting postconcussion symptoms (PPCS). The characteristics of PPCS have been extensively researched in prospective studies. There is, however, limited knowledge regarding whether patients seeking healthcare for PPCS are similar to people with PPCS in prospective research cohorts.

Objectives:

To compare characteristics of patients referred for treatment of PPCS with those of research subjects, followed in a prospective study of mTBI, who developed PPCS.

Methods:

The sample included 176 people between the ages of 18 and 60 years with PPCS, selected from two studies, a prospective mTBI study and a clinical PPCS study. The mTBI study included individuals presenting at the municipal ED or the university hospital in Trondheim with mTBI, and a proportion of these later developed PPCS (measured at 3- or 12-months following injury). Participants in the PCS study were referred to specialized health care with post-concussion symptoms. Data on these participants were collected from the initial clinical interview 3-18 months after injury. PPCS was defined as having British Columbia Post-Concussion Inventory (BC-PCI) scores consistent with moderate PPCS and/or Rivermead Postconcussion Symptom Questionnaire (RPQ) scores ≥ 12 .

Results:

More patients from the PCS study had not returned to work/school after injury (43%) compared to subjects from the prospective mTBI study (16%). Patients from the PCS study had a significantly higher total RPQ score ($p < 0.001$) and significantly greater number of monthly headache days ($p < 0.001$). There was also evidence of lower resilience among individuals in the PCS study ($p = 0.01$).

Conclusion:

Research subjects with mTBI and PPCS differ in clinically important ways from patients with PPCS referred for specialty health care. The clinical patients have greater symptoms, worse functional outcome, and lower resilience.