

Concussion Fact Sheet: Depression and Anxiety

Evidence shows the likelihood of recovering from a concussion without lingering symptoms is high, but if symptoms continue know these are strategies for individuals with delayed/prolonged recovery. (1)

Overview

- Post concussion depression symptoms were related to a higher level of baseline depression symptoms and baseline post-concussion symptoms (2)
- Nonwhite ethnicity was associated with increased post-concussion depression symptoms (2)
- Mood disturbance, a common consequence of brain injury, occurs in up to 50% of athletes following sports related concussion (3,4,5)
- High-school students' depressive symptoms were reported in 38.1% of patients with a history of concussion, compared to 29.2% of patients who did not report a concussion in the past 12 months (5)
- In a cohort of 587,057 adults (> or equal too 18) with a diagnosed concussion, 12.5% met the criteria for prolonged post-concussion syndrome (PPCS) at 6 months following injury. Risk of PPCS is highest among those with a pre-injury history of psychiatric disorders and history of anxiety and/or depression. (7)

Decision trees - from clinical practice guideline (1)

- Active recovery is important because the prolonged rest may lead to an increase in secondary effects that can be common with post-concussion such as anxiety and depression.
- Screening process (indicators of concussion): emotional/behavioral symptoms: depression and anxiety
- Screening process (history): medical conditions that could result in/present with symptoms like concussion symptoms: PMH of depression

What Influences Recovery and Outcomes- from clinical practice guideline (1)

- It is important to consider: self-efficacy and self-management abilities, potential psychological and sociological factors that may significantly influence recovery process and outcomes for PT

(1) The patient's expression and demonstration of good, healthy coping strategies in response to stressful situations

(2) The type of support system the patient has to enable self-management of symptoms and impairments

(3) The number and type of potential risk factors that may contribute to delayed or complicated recovery (eg, history of mental health or substance use disorders)

(4) The patient's understanding and attitude toward recovery (eg, expressing a positive outlook on recovery versus a more negative mindset or high anxiety toward recovery)

(5) The patient's access to resources and equipment that may facilitate recovery (eg, access to an athletic trainer)

Outcomes to consider

- Brief Symptom Inventory (BSI) -18 (8)
- Concussion Graded Symptom Checklist (9)

ANPT Concussion/mTBI Knowledge Translation Task force

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References

