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**PERSISTENT SYMPTOMS AFTER A TRAUMATIC BRAIN
INJURY AND THEIR RELATIONSHIP TO THE
PSYCHOLOGICAL IMPACT OF THE TRAUMA AND TO PTSD.**

A thesis presented in partial fulfilment of the requirements for the degree
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IAN WISHART
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ABSTRACT

The post-concussive syndrome (PCS) is the term used to describe the persisting and troublesome symptoms and complaints after a traumatic brain injury. Uncertainty exists about the cause of these symptoms, but usually the early symptoms are held to have their origin in the physical brain damage while the late-onset and persisting ones are thought to be caused by psychological factors. Previous studies indicate that head injured persons complain of more symptoms when they retained consciousness during the injury and when the injury was caused by someone else, especially if it was an assault. Such findings suggest that not only are psychological factors pertinent to the outcome of a head injury but that factors relating to the subjective impact of the traumatic event causing the injury may play a role. Because post-traumatic stress disorder (PTSD) is also a possible outcome of such an injury, it seems possible, if not likely, to confuse the two disorders, especially since they also share many symptoms in common. This study was intended to clarify the prevalence of symptoms of PCS and PTSD in persons who had suffered a brain injury more than three months previously, and to examine how these symptoms interact and whether different aspects of the subjective impact predicted either PCS or PTSD. The study was in two sections, Part 1 examining the records of 195 subjects, and results supported previous research showing that mild head injured subjects and those who had been assaulted, experienced more symptoms than those with injuries of greater severity or head injuries from other causes. Part 2 was developed to investigate these findings more fully and used 18 subjects who were administered questionnaires on PCS and PTSD symptoms and on the psychological (subjective) impact of the head injury trauma. Results showed that there was a trend for the subjective impact of the trauma to be associated with PCS and there was a significant association between the subjective impact and PTSD. It appeared that PTSD symptoms were acting as a confounding factor for the diagnosis of PCS after a traumatic brain injury with a high subjective impact. Another finding of this study was that, although subjects with memory of the trauma generally experienced more PTSD symptoms than those with no memory of it, there were several subjects who could not remember the trauma but who had a high number of intrusive PTSD symptoms. This contradicts the usual view that PTSD and amnesia for the trauma are incompatible.

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