

What may explain persistent symptoms following a mild head injury?



By DR LINDA MONACI, *Consultant Clinical Neuropsychologist*

➤ **A ROAD TRAFFIC ACCIDENT**, or any event which involves trauma to the head, may result in a brain injury which can cause cognitive, emotional and physical symptoms. The severity of a brain injury is usually graded as mild, moderate or severe and this can help provide guidance on recovery and the rehabilitation required.

Only a minority of individuals still experience cognitive and emotional symptoms a year after a mild brain injury. To date, there are disagreements about the conceptual framework in which persistent symptoms after a mild head injury should be considered and consequently treated. Some experts regard these symptoms as due to the neuronal and pathogenic process associated with a traumatic brain injury; others regard these symptoms as merely co-occurring after a brain injury, triggered by the same event, but produced by different mechanisms.

To complicate matters, there are also cases in which a very minor blow to the head can cause persistent cognitive and emotional symptoms, although arguably any brain injury is very unlikely. Given the secondary gains involved in a compensation claim, it is always necessary to consider symptom magnification and/or cognitive underperformance as potential contributing factors to an individual's presentation.

Case study

The following case does not represent any single particular individual in order to preserve confidentiality.

A young man does not receive any formal cognitive assessment or guidance on recovery by NHS services following a mild traumatic brain injury during a car accident. NHS treatment focuses on his other injuries, but he does experience cognitive problems. He goes online and reads about brain injury symptoms. During rehabilitation, funded by a compensation claim, his cognitive symptoms are attributed to emotional disturbances and he does not receive any expert formal assessment of his cognitive functioning.

He is referred to a charity for people with head injuries where he shares his difficulties with other attendees. He starts feeling that his life is ruined and feels resentful towards the driver of the car in which he travelled. Twelve months post-accident he has not yet returned to work due to his cognitive problems. He still suffers from anxiety and depression and his activities of everyday living are very limited. Eventually he receives an expert clinical neuropsychological assessment as part of his compensation claim.

At formal assessment his cognitive test results indicate intact cognitive skills and treatment recommendations are made. He then goes on to receive Cognitive-Behavioural Therapy (CBT) by a treating clinical neuropsychologist, including guidance on recovery following a mild brain injury and symptom misattribution. The aim is for the young man to feel satisfied again with his abilities, to feel able to cope, to gradually return to work, for his mood to improve and for his activities to return to normal levels.

This example highlights the importance of considering the whole clinical picture, also relying on validated and standardised tools, for the purpose of establishing diagnosis, causation and prognosis. Disregarding the complexities of psychosocial variables may otherwise lead practitioners to erroneously conclude that someone is intentionally feigning their symptoms when this is not the case.

Why involve a clinical neuropsychologist?

A clinical neuropsychologist will assess in detail someone's cognitive and emotional functioning. In addition, hospital and GP records should be reviewed. Such comprehensive assessment is essential to be able

to correctly identify the severity of a known or suspected brain injury as well as any pre-existing vulnerabilities, which in turn informs on recovery and provision of the most effective rehabilitation treatment – as well as impacting on the potential financial value of a case.

However, as Professor Jane Ireland's review has found, some practitioners appear to offer medico-legal services but lack the required professional qualifications. This is why it is important that only qualified clinical neuropsychologists are involved in carrying out medico-legal evaluations of cognitive functioning.

For those outside the field, being a chartered psychologist with the British Psychological Society (BPS) does not necessarily indicate that the psychologist is registered with the Health and Care Profession Council (HCPC), a statutory requirement to be employed in the NHS.

Recent BPS Professional Guidelines (2013) stated that "...although the title of clinical neuropsychologist is at present not a legally protected title, to refer to oneself as a clinical neuropsychologist, a consultant clinical neuropsychologist or to offer clinical neuropsychology services whilst not listed on the SRCN, is acting against this professional and ethical guidance. Professionals undertaking QiCN training should always have their clinical neuropsychological work supervised by a member of the SRCN". □

Dr Linda Monaci Consultant Clinical Neuropsychologist

Medico-legal assessments for suspected or known brain injury and/or brain dysfunction:

- Traumatic brain Injury,
- Post-Concussion Syndrome,
- Stroke,
- Dementia,
- Neuropsychiatric conditions,
- Including mental capacity and fitness to plead.



Dr Monaci can also carry out assessments in Italian.

Instructions from Claimants, Defendants and as a Single Joint Expert. Appointments: 2–4 weeks, reports: a further 2–4 weeks. Consulting rooms in Surrey, consultations available nationwide and home visits may be arranged.



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