BIBLIOGRAPHIC INFORMATION SYSTEM

Journal Full Title: Journal of Biomedical Research & Environmental Sciences

Journal NLM Abbreviation: J Biomed Res Environ Sci

Journal Website Link: <https://www.jelsciences.com>

Journal ISSN: 2766-2276

Category: Multidisciplinary

Subject Areas: Medicine Group, Biology Group, General, Environmental Sciences

Topics Summation: 128

Issue Regularity: Monthly

Review Process: Double Blind

Time to Publication: 21 Days

Indexing catalog: [Visit here](#)

Publication fee catalog: [Visit here](#)

DOI: 10.37871 ([CrossRef](#))

Plagiarism detection software: iThenticate

Managing entity: USA

Language: English

Research work collecting capability: Worldwide

Organized by: [SciRes Literature LLC](#)

License: Open Access by Journal of Biomedical Research & Environmental Sciences is licensed under a Creative Commons Attribution 4.0 International License. Based on a work at SciRes Literature LLC.

Manuscript should be submitted in Word Document (.doc or .docx) through

Online Submission

form or can be mailed to support@jelsciences.com

**IndexCopernicus
ICV 2020:
53.77**

Vision: Journal of Biomedical Research & Environmental Sciences main aim is to enhance the importance of science and technology to the scientific community and also to provide an equal opportunity to seek and share ideas to all our researchers and scientists without any barriers to develop their career and helping in their development of discovering the world.

OPINION

Assessment of Psychiatric Issues in Post-concussion Syndrome

Md Moshir Rahman* and Farzana Rabin

Department of Neurosurgery, Holy Family Red Crescent Medical College, Dhaka, Bangladesh
Department of Psychiatry, Holy Family Red Crescent Medical College, Dhaka, Bangladesh

The term "Post-Concussion Syndrome" (PCS) refers to a group of non-specific symptoms that occur after a concussion or Mild Traumatic Brain Injury (MTBI) and last longer than expected. Headaches, weariness, vertigo/dizziness, irritability, emotional lability or irritability, cognitive problems, sleep disturbance, anxiety, and depression are all possible symptoms. According to Silverberg and Iverson, both neurobiological and psychosocial factors influence symptoms during the early phases of recovery [1].

Prior history of head injury, neurological symptoms, female gender, older age, and psychological difficulties before and after the accident have been linked to persistent PCS development [1]. Following factor analysis, two distinct symptoms emerged: post-concussive-cognitive symptoms, which included typical PCS symptoms, and the second set of issues, which included decreased work capacity/efficiency, fatigue, and emotional-vegetative symptoms like heart palpitations, gastrointestinal problems, depression, and emotional lability. Gouvier and colleagues [2] investigated the notion of PCS as a decline in the ability to compensate for stressful situations as a result of residual harm. Rutherford and colleagues observed that 51% of people with mild head injuries reported PCS six months after the accident, and 14.5% had symptoms a year later [3]. Females, the elderly, and those with positive neurological indications 24 hours after damage were more likely to experience symptoms [3]. Fenton, et al. [4] discovered that PCS was substantially connected to older age and female gender and that moderate head injury patients with persistent PCS had a higher prevalence of pre-morbid social issues as well as anxiety or depression disorders six weeks after the injury. Bohnen, et al. [5] conducted a large study to look into the severity of everyday and post-concussion symptom complaints such as dysthymic complaints (depression, anxiety, tearfulness, and so on), vegetative/ bodily complaints (headache, vertigo, light-headedness), and performance complaints (decreased work performance, forgetfulness, etc.). In a cohort of college students with a self-reported history of MTBI, Ryan and colleagues [6] discovered that a combination of psychosocial, premorbid, and neurocognitive variables predicted persistent PCS. Level of current post-injury psychological discomfort and female gender were the most predictive variables. At six weeks after injury, Snell [7] found high impact sizes for anxiety and depression in patients with PCS than those without.

PCS is a collection of physical, cognitive, and behavioral symptoms that most commonly arise after an MTBI but can also occur after more serious injuries. PCS usually goes away after a month, but it might last for months or even years in some people. Several pre-morbid, injury-related, and post-morbid neuropathological and psychological variables are believed to contribute to the development and persistence of these symptoms, according to the body of research to date. If the post-concussion syndrome is diagnosed, it should not be presumed that the

*Corresponding author

Md Moshir Rahman, Department of Neurosurgery, Holy Family Red Crescent Medical College, Dhaka, Bangladesh

ORCID: 0000-0002-1183-6829

E-mail: dr.tutul@yahoo.com

DOI: 10.37871/jbres1392

Submitted: 31 Decmeber 2021

Accepted: 03 January 2022

Published: 04 January 2022

Copyright: © 2022 Rahman MM, et al. Distributed under Creative Commons CC-BY 4.0 ©

OPEN ACCESS

MEDICINE GROUP

PSYCHIATRY | NEUROLOGICAL DISORDERS | NEUROLOGY
BRAIN DISORDERS | DEPRESSION | MENTAL HEALTH

VOLUME: 3 ISSUE: 1 - JANUARY, 2022

How to cite this article: Rahman MM, Rabin F. Assessment of Psychiatric Issues in Post-concussion Syndrome. J Biomed Res Environ Sci. 2022 Jan 04; 3(1): 005-006. doi: 10.37871/jbres1392, Article ID: JBRES1392, Available at: <https://www.jelsciences.com/articles/jbres1392.pdf>

difficulties are mostly due to traumatically induced cellular damage without further investigation. The post-concussion syndrome should be treated as an excluding the diagnosis. The clinician should carefully examine the symptoms and their evolution through time and rule out the most evident differential diagnoses or competing explanations for the symptoms. Treatment (both psychological and pharmacological) that tackles the breadth and depth of elements that may be creating and perpetuating a person's symptom reporting and issues in everyday life can be implemented.

References

1. Silverberg ND, Iverson GL. Etiology of the post-concussion syndrome: Physiogenesis and Psychogenesis revisited. *NeuroRehabilitation*. 2011;29(4):317-329. doi: 10.3233/NRE-2011-0708. PMID: 22207058.

2. Gouvier WD, Cubic B, Jones G, Brantley P, Cutlip Q. Postconcussion symptoms and daily stress in normal and head-injured college populations. *Arch Clin Neuropsychol*. 1992;7(3):193-211. PMID: 14591254.
3. Rutherford WH. Post concussion symptoms: Relationship to acute neurological indices, individual differences, and circumstances of injury. In Levin HS, Eisenberg HM, Benton AL, Editors. *Mild head injury*. New York: Oxford University Press;1989. 217-228 p.
4. Fenton G, McClelland R, Montgomery A, MacFlynn G, Rutherford W. The postconcussional syndrome: social antecedents and psychological sequelae. *Br J Psychiatry*. 1993 Apr;162:493-7. doi: 10.1192/bjp.162.4.493. PMID: 8481741.
5. Bohnen N, Van Zutphen W, Twijnstra A, Wijnen G, Bongers J, Jolles J. Late outcome of mild head injury: results from a controlled postal survey. *Brain Inj*. 1994 Nov-Dec;8(8):701-8. doi: 10.3109/02699059409151024. PMID: 7849689.
6. Ryan LM, Gouvier WD, Schrager D. Predictors of post concussion symptoms in mild head injury. *Archives of Clinical Neuropsychology*. 1988;13:147.
7. Snell DL. Mild traumatic brain injury: A prospective repeated measures study investigating the influence of illness perceptions and coping on clinical outcome. Doctoral dissertation, University of Otago, New Zealand, 2010.

How to cite this article: Rahman MM, Rabin F. Assessment of Psychiatric Issues in Post-concussion Syndrome. *J Biomed Res Environ Sci*. 2022 Jan 04; 3(1): 005-006. doi: 10.37871/jbres1392, Article ID: JBRES1392, Available at: <https://www.jelsciences.com/articles/jbres1392.pdf>