the brain injury association

Mild head injury and concussion

This publication is about concussion, otherwise known as mild traumatic brain injury (mTBI). It describes what a concussion is, what to do after concussion and how to cope with concussion. The guidance in this publication applies to adults.

For more guidance on how Headway supports people affected by brain injury, visit our website at www.headway.org.uk.

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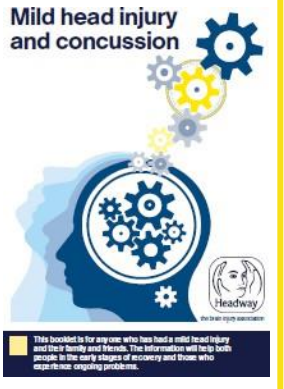
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This publication is also available as a printed booklet. For more information or to order, contact 0115 924 0800 or visit shop.headway.org.uk/publications-9-c.asp.

People directly affected by brain injury can receive limited free copies of Headway print booklets by contacting the helpline on 0808 800 2244.

*print copy may contain minor differences due to revision of content



Introduction

This publication is about concussion, otherwise known as mild traumatic brain injury (mTBI). It describes what a concussion is, what to do after concussion and how to cope with concussion.

The guidance in this publication applies to adults. Guidance for concussion in children is available from the NHS website and organisations such as the Child Brain Injury Trust and The Children's Trust.

This publication is divided into three sections:

- **Section 1** gives basic information about what a concussion is, what happens when someone has a concussion, what to do after concussion and where to get help and support for coping with concussion.
- **Section 2** gives information on post-concussion syndrome, a condition in which symptoms of concussion last for longer than a few weeks.
- **Section 3** gives more detailed guidance on additional issues such as why concussion is called a 'mild' brain injury, how to help others with understanding concussion, concussion sustained through sporting injuries or the workplace and claiming compensation for concussion.

Words in **bold and underlined** are defined in a glossary at the end.

You can contact our nurse-led helpline or online communities if you want to talk to someone about the information in this publication or need further support. Our helpline is available on 0808 800 2244 or helpline@headway.org.uk.

Section 1: Basic concussion information

What is concussion?

Concussion is normally a temporary and mild form of brain injury, also called 'mild traumatic brain injury' (mTBI). It happens when the brain is shaken inside the skull following an impact to the head.

Common causes of concussion include:

- accidents in the home or at work, such as hitting the head against a low shelf or car door;
- sporting accidents, such as players' heads knocking against one another;
- motor vehicle accidents;
- assaults in which the head is struck;
- falls.

What happens after concussion?

A person with concussion may experience immediate symptoms after an impact to the head, such as dizziness, confusion, nausea or feeling dazed. These are common symptoms of concussion and in most cases will resolve over a few days or weeks.

If assessed in hospital, a person may be given a brain scan to check for possible bleeding or swelling in or around the brain. However, brain scans are normally not needed after a concussion, and it is perfectly normal not to have been referred for one. Furthermore, not all concussions appear on brain scans, as the damage may be too miniscule for the scanner to detect.

If the person displays any of the following emergency symptoms, either directly after the injury or in the days or weeks that follow, they should be taken to their nearest Accident and Emergency department or call 999 immediately:

- Any loss of consciousness or deteriorating **consciousness**
- Drowsiness, difficulty staying awake or keeping eyes open, or inability to be woken up
- Repeated vomiting
- Bleeding from one or both ears
- Loss of balance or problems with walking
- Decreased sensation, numbness, weakness, or pins and needles down arms/legs
- Reduced neck movement or severe neck pain
- Any new seizures
- Clear fluid coming out of the ears or the nose
- Any new problems with vision or hearing
- Severe and worsening headache not relieved by painkillers
- Any new problems with thinking skills such as memory, understanding information or communicating
- Changes in behaviour, unusual behaviour or irritability that is out of character.

These symptoms could indicate that a more serious injury than concussion has taken place. An easy-print version of this list is available in our publication *Mild head injury discharge advice*.

If there is any suspicion of the injury being more serious, the person may need to undergo further assessment or treatment. More guidance on these stages is available in our publication *Hospital treatment and early recovery after brain injury*.

When the person is considered safe to return home, they should be given advice on what to do over the next few weeks and what symptoms to look out for. It is very important to follow the guidance given to prevent the effects of concussion from getting any worse.

If no information has been provided, you can find guidance in our *Mild head injury discharge advice* publication.

In any case of suspected or confirmed concussion, where the emergency symptoms listed above are not experienced, the person should:

- **Stop the activity they are doing immediately**, including participating in sports or working.
- **Get medical advice if available**, for instance through a sports doctor, their GP or NHS 111.
- **Report the accident or injury** to a manager if necessary.
- **Avoid driving.** This may mean someone else has to give them a lift to return home.
- **Be supervised for the next 24 hours**, so that someone can monitor their symptoms and be available to help if their condition worsens.

A person with confirmed or suspected concussion should not be forced or pressured to return to work or sports play until they feel ready to themselves. Returning to activity too soon can affect the person's recovery and make them feel worse for longer. When they do return to activity, a phased return should be considered, or a graded return to play sports protocol should be followed.

Further guidance on this is available in the UK government and Sport and Recreation Alliance's UK *Concussion Guidelines for Non-Elite (Grassroots) Sport*, available at www.sportandrecreation.org.uk/campaigns-and-policy/concussion/concussion-guidelines-for-grassroots-sport.

What are the common effects of concussion?

A concussion can commonly cause the following effects over the next few days or weeks:

- Headaches
- Dizziness
- Nausea
- Sensitivity to light or sound
- Problems with sleeping
- Fatigue
- Problems with concentrating, remembering things, processing information or reacting to information
- Anxiety, sadness, or feeling more emotional than usual
- Slowed reaction times

The symptoms of a concussion can last for several weeks. In this time, the effects can be very concerning and difficult to live with but do remember that most people eventually make a complete recovery. In the meantime, there are things you can do to ease your experience, and these are described in the following section.

A concussion can also cause hormonal imbalances resulting in a range of symptoms such as depression, mood swings, constipation, dry skin, increased sensitivity to cold, hot flashes, weight changes, muscle weakness among others. More information on this is available in our publication *Hormonal imbalances after brain injury*.

How do I cope with concussion?

Living with concussion can feel very tough, and you may have concerns and worries for the future. Do remember that for most people, the symptoms improve within a few weeks. Concussion can usually be self-managed in the meantime by doing the following.

- **Resting**; this includes keeping screen-time limited (such as watching TV or using phones).

- Doing some **gentle exercise**, such as walking. Avoid overly strenuous physical activity.

- Making **lifestyle changes**, such as having a more gently paced routine and avoiding stressful situations where possible.

- Having **someone with you for the first 24 hours** after your injury and keeping a phone at hand in the weeks that follow, in case you need medical help.

- Using **adaptations** to cope with the effects of the concussion, such as using diaries and calendars if you have problems with remembering information.

- **Avoiding drinking alcohol**, as your body will be more sensitive to its effects.

- **Avoiding driving** until you feel better. You can get advice from your GP about your fitness to drive if needed.

- Getting **support from your GP** for particularly problematic symptoms. There may be medications or therapies that can help. You should also speak to your GP if you are experiencing longer-term symptoms (known as **post-concussion syndrome**). Your GP might also be able to refer you onto professionals for specialised support, for example you may be referred onto a neuropsychologist for help with cognitive, emotional or behavioural issues, or an endocrinologist for hormonal imbalances.

- **Telling others in your life how you are feeling**, such as family, friends and colleagues. This can help others to understand why you may be needing to take time to yourself to recover, or why you may be needing extra support.

- Getting **emotional support** from family, friends, professional services or charities. Remember that our nurse-led helpline is available to offer you information, advice and emotional support on living with concussion.

- **Learning about concussion** so that you can better understand your experiences.

- Asking for **time off work or reasonable adjustments** to be made to your role. Concussion can make it particularly difficult to concentrate, meet deadlines, multitask, prioritise workloads or remember information. Depending on the role or workplace environment, it might even be dangerous to continue working. You should talk to your employer if you are struggling at work – they may consider making reasonable adjustments to help in the meantime.

- **Keeping things in perspective**, and reminding yourself that although things are difficult now, for most people the effects of concussion do improve within a few weeks, and help is available in the meantime.

Section 2: Post-concussion syndrome

What is post-concussion syndrome?

Most people make a good recovery from concussion after a few weeks. However, some people may have ongoing problems, lasting for weeks, months or, in a few cases, even longer - this is known as post-concussion syndrome.

Symptoms of PCS include headaches, **fatigue**, changes in vision, problems with balance and dizziness, confusion, changes in mood, problems with sleeping, and **cognitive** impairment (such as problems with memory, learning and concentration) and hormonal imbalances.

Some people with PCS develop more severe effects, such as anxiety, depression, psychological changes, aggression, or suicidal thoughts.

PCS may affect mental health and cause difficulties with the person's ability to socialise, work or complete daily activities.

How do I cope with post-concussion syndrome?

PCS can be very difficult to cope with, and it can be concerning or frightening to experience such intense symptoms for such a long time. Try to remember that things can improve. Sometimes this will involve learning new ways to do things, helping others to understand how they can support you or adjusting your lifestyle to accommodate for the effects of PCS. Remember as well that you are not alone, and that help is available.

Our freely downloadable publications offer detailed information and advice on coping with the various effects of brain injury.While these publications generally describe the experiences of people with more severe forms of brain injury, you may still find some of the self-help tips and guidance helpful. Many of the symptoms of PCS, like memory difficulties, are the same as those from very severe brain injuries, so although the tips for managing these symptoms are similar, it is important to remember that this does not mean you have had a severe brain damage.

You should talk to your GP about any difficulties you are having. You may be prescribed medication or referred onto other professional services that can help. For example, if you are having problems with depression, anxiety or suicidal thoughts, your GP may refer you onto local mental health services, counselling services or neurological/**neuropsychological** support. You may also be directed onto mental health charities such as Samaritans or Mind. Or if you are having problems associated with hormonal imbalances, you may get referred to an endocrinologist.

You can also contact our nurse-led helpline for information, advice or emotional support on 0808 800 2244 or helpline@headway.org.uk.

It is understandable to worry about PCS if you are having difficulties, but it is also important to consider, as times goes on, whether the issues you think are related to PCS may in fact be due to other things going on in your life, such as other health conditions. These could be new health conditions that have developed since the concussion, or underlying health conditions that the concussion has worsened.

For example, memory and concentration difficulties can arise from anxiety, low mood, pain, chronic fatigue and/or sleep difficulties. Some people do not notice

their concussion improving because their symptoms over time become increasingly caused by these other factors, rather than the brain injury itself.

It is always advisable to talk to your GP about your concerns, as they will be able to best advise on the support you need.

Section 3: Additional concussion issues

Why is concussion called a 'mild' brain injury?

Concussions are also called '**mild traumatic brain injury**' (mTBI). People living with concussion may question why it is classified as 'mild', when their personal experience is far from this.

All **traumatic brain injuries** (TBIs) are classified as either mild, moderate or severe. The classification given to a TBI helps to identify what level of treatment may be needed and what the outcome of the injury may be.

TBI classifications are based on the following clinical characteristics of the injury:

- Length of loss of consciousness (LOC) – in mTBI, this is either less than 30 minutes or there is no LOC;
- Length of **post-traumatic amnesia** (PTA) - in mTBI, this is less than 24 hours or there is no PTA;
- **Glasgow Coma Scale score** – in mTBI this is 13 or more.

Never feel like you can't ask for help for coping with concussion or post-concussion syndrome, even if this injury is classified as 'mild'.

How do I help others understand concussion?

Concussions are not visible to others because you cannot see the brain and the injury may not appear on a brain scan. This may make it difficult for others in your life, such as relatives, friends, your GP, sports coaches or an employer to understand what you are going through.

Concussion is being talked about a lot in the media and research these days. There is now more awareness of it, but there may still be a need to educate others in your life about concussion, and more specifically **how it affects you**.

No two concussions are ever exactly the same, and the impact of it will vary from one person to another. You should therefore be open and honest about how you feel with concussion, and work with others to identify ways they can support you through this time.

- Help **others** to understand what concussion is by showing them information such as this publication. You can also direct them to information on the NHS website.

- If relevant, the UK Government and Sport and Recreation Alliance's Concussion Guidelines for Non-Elite Grassroots Sports guide can be a helpful resource to direct **fellow sports players or coaches** to. If you are a professional sports player, your sports body may have their own set of concussion guidelines that you can direct others to so that you do not feel pressured into returning to play before you feel ready.

- Your **GP** will usually be the first point of contact if you need help with concussion or post-concussion syndrome. It is therefore vital that your GP understands what a concussion is and how they can best support you. Our GP's guide to mild brain injury can help with this.

- We also have a guide for **employers** that can help them with understanding some of the challenges you are experiencing and how they can best support you, both while you are recovering and when you decide to return to work.

- It is vital that **your nearest and dearest**, such as partners, relatives and close friends, understand what you are going through. This is so that you feel well supported through your experiences and do not become socially isolated. Be honest and keep communication open. Don't be afraid to share your true feelings, to ask for help, or to tell others how they can best support you.

Can I get a concussion through sports?

Concussion can be sustained through any injury in which the brain is shaken

inside the skull following an impact to the head. Contact, collision and combat sports all carry the risk of concussion.

In sports, concussion can be sustained through players' heads colliding into one another, falling over, falling from a height or the head striking a hard surface.

Some sports require the use of helmets. These are effective at reducing injuries to the face and skull and can reduce the force of injuries to the brain. However, they are not designed to completely prevent concussion.

It is very important that all sports players are aware of the risks and signs of concussion, as well as what to do if a concussion is suspected. The most important advice to follow is: *if in doubt, sit it out!* Inform your coach, remain under supervision and seek medical attention or contact NHS 111. Advice in the section *What happens after concussion?* of this publication should be followed.

Never risk continuing to play with a suspected concussion, as this can carry the risk of sustaining another injury to the brain too soon, which can be very dangerous and, in very rare cases, even fatal (known as **second impact syndrome**).

Many sporting bodies have specific guidance about concussion and return-to-play protocols following concussion in their respective sports, and these should be followed closely. Guidance for grassroots sports is available in the UK Government and Sport and Recreation Alliance's Concussion Guidelines for Non-Elite Grassroots Sports guide.

Further guidance on concussion sustained through sport is available through our Concussion Aware campaign at www.headway.org.uk/news-and-campaigns/campaigns/concussion-aware.

Can I get concussion at work?

Concussion can be sustained through any injury in which the brain is shaken inside the skull following an impact to the head. In the workplace, concussion can be sustained through objects falling on the head, falling from a height, hitting the head against a hard surface or falling over. Some industries may have higher risks of concussion, such as construction or firefighting.

It is very important that everyone is aware of the risks and signs of concussion, as well as what to do if a concussion is suspected. The guidance to follow is the

same as that given for sports-related concussions as described above, namely *if in doubt, sit it out!* Never risk continuing to work with a suspected concussion, as there may be a risk of sustaining another injury to the brain, especially in industries, settings or roles with a higher risk of concussion.

Inform your manager, remain under supervision and seek medical attention or contact NHS 111. Advice in the section *What happens after concussion?* of this publication should be followed.

Some industries require the use of hard hats or helmets. These are effective at reducing injuries to the face and skull and can reduce the force of injuries to the brain. However, they are not able to completely prevent concussion. It is very important that users of hard hats or helmets know how to properly look after their headgear and what to do if a concussion is suspected. Further guidance on this is available through our Hard Hat Awareness campaign at www.headway.org.uk/news-and-campaigns/news/2020/check-your-hard-hat-urges-brain-injury-charity.

Can I claim compensation for concussion?

Anyone can make a claim for compensation if they can show that someone else was either fully or partly responsible for their impairment or injury.

If your concussion was caused by an accident, assault or negligence, you may be entitled to compensation. It is important to consult a solicitor who specialises in head injury for further guidance. Headway provides a list of approved personal injury solicitors that may be able to help, at www.headway.org.uk/supporting-you/in-your-area/head-injury-solicitors-directory.

You can find more guidance on this topic in our publication *Claiming compensation after brain injury*.

Do I need a formal diagnosis to get help for concussion?

Not everybody who sustains a concussion will receive a formal diagnosis from their GP. In fact, many people do not need to see their GP, unless they have ongoing or serious complaints after the injury. If a diagnosis is given, this will be either ‘mild traumatic brain injury’, ‘post-concussion syndrome’ or ‘persistent post-concussive symptoms’.

Whether you receive a diagnosis or not, you can still follow the guidance in this publication to cope, contact our helpline for support and information, or speak to your GP about getting help if you are struggling with the long-term impact of concussion.

Can I drive with concussion?

Driving is a complicated skill which we usually take for granted, but concussion can affect important driving-related skills such as reaction times and concentration. Do not drive within the first 24 hours of injury and avoid driving until you feel much better. When you do return to driving, start carefully and avoid long, stressful journeys and heavy traffic where possible.

In some cases, it may be necessary to inform your licensing authority about your injury. You can speak to your GP about this, or any other concerns about your fitness-to-drive.

You can find further information on this in our publication *Driving after brain injury* - do remember though that whilst there may be very useful information in this it is mainly written for those with severe brain injuries and so it does not mean that you have had a severe brain injury.

Can I drink alcohol with concussion?

It is best to avoid drinking alcohol after concussion until your symptoms improve. This is because, at least for a short time, the brain may be more sensitive to the effects of alcohol. Drinking alcohol may also worsen symptoms you are experiencing such as problems with concentrating or balance. This may put you at greater risk of sustaining another injury, for instance if you lose your balance while intoxicated and fall over.

Further guidance on this is available in our publication *Alcohol after brain injury* – again, do remember that whilst there may be very useful information in this it is mainly written for those with severe brain injuries and does not mean that you have experienced a severe brain injury.

Conclusion

Concussion is a mild form of brain injury. For many, the effects will fully resolve within a few weeks, while a small number of people will have longer-lasting issues known as post-concussion syndrome (PCS). Getting support, information and making adaptations can help to cope with the impact of concussion or PCS.

We hope that this publication has been a helpful resource to learn about concussion, how to cope and where you can get support from. Contact our nurse-led helpline to discuss any of the information in this publication, or visit our website to find out more about how we can help at www.headway.org.uk/supporting-you.

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Glossary

Cognitive - thinking, learning and information processing skills.

Consciousness - a state of both wakefulness and awareness, in which a person's eyes are open, they are aware of both themselves and their surroundings, and they can interact with others.

Fatigue - an overwhelming tiredness that is very commonly felt after any type of brain injury. It is often described as a 'mental fog' that comes out of the blue and can affect the ability to concentrate on and process information.

Glasgow Coma Scale - a clinical tool used to score someone's ability to open their eyes, move and speak.

Mild traumatic brain injury (mTBI) – a mild injury to the brain following impact to the head.

Neuropsychological/neuropsychology/ neuropsychologist- professional support for the emotional, cognitive and behavioural impact of injury to the brain or central nervous system.

Post-concussion syndrome - a condition in which symptoms of concussion last for longer than a few weeks.

Post-traumatic amnesia – a temporary stage, sometimes after a period of unconsciousness, when a person with brain injury is conscious and awake but is not laying down moment by moment memories and may be behaving or talking in a bizarre or uncharacteristic manner.

Second impact syndrome – a very rare and potentially fatal condition in which a person experiences a secondary mild head injury before having first recovered from an initial one.

Traumatic brain injury – an injury to the brain following a trauma to the head.

As a charity, we rely on donations from people like you to provide free information to those affected by brain injury. To donate or find out how to support our work, visit www.headway.org.uk/get-involved.

If you would like to leave feedback for this publication, please complete our short survey at www.surveymonkey.co.uk/r/hwpublications or contact us at publications@headway.org.uk.

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