

The Effect of Varying Diagnostic Terminology Within Questionnaires on Mild Traumatic Brain Injury Symptom Reporting

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INTRODUCTION

Recovery from Mild Traumatic Brain Injuries (mTBIs) is believed to be influenced by individual expectations; those who expect worse outcomes often experience prolonged symptoms.

But what influences these expectations?

It could be as simple as the terminology used to describe head injuries. Studies suggest the public conceptualizes “mTBI” as a worse injury than a “concussion”, despite these terms being synonymous.

If people view these terms differently, will post-injury symptom reporting differ based on the diagnostic term used?

METHODS

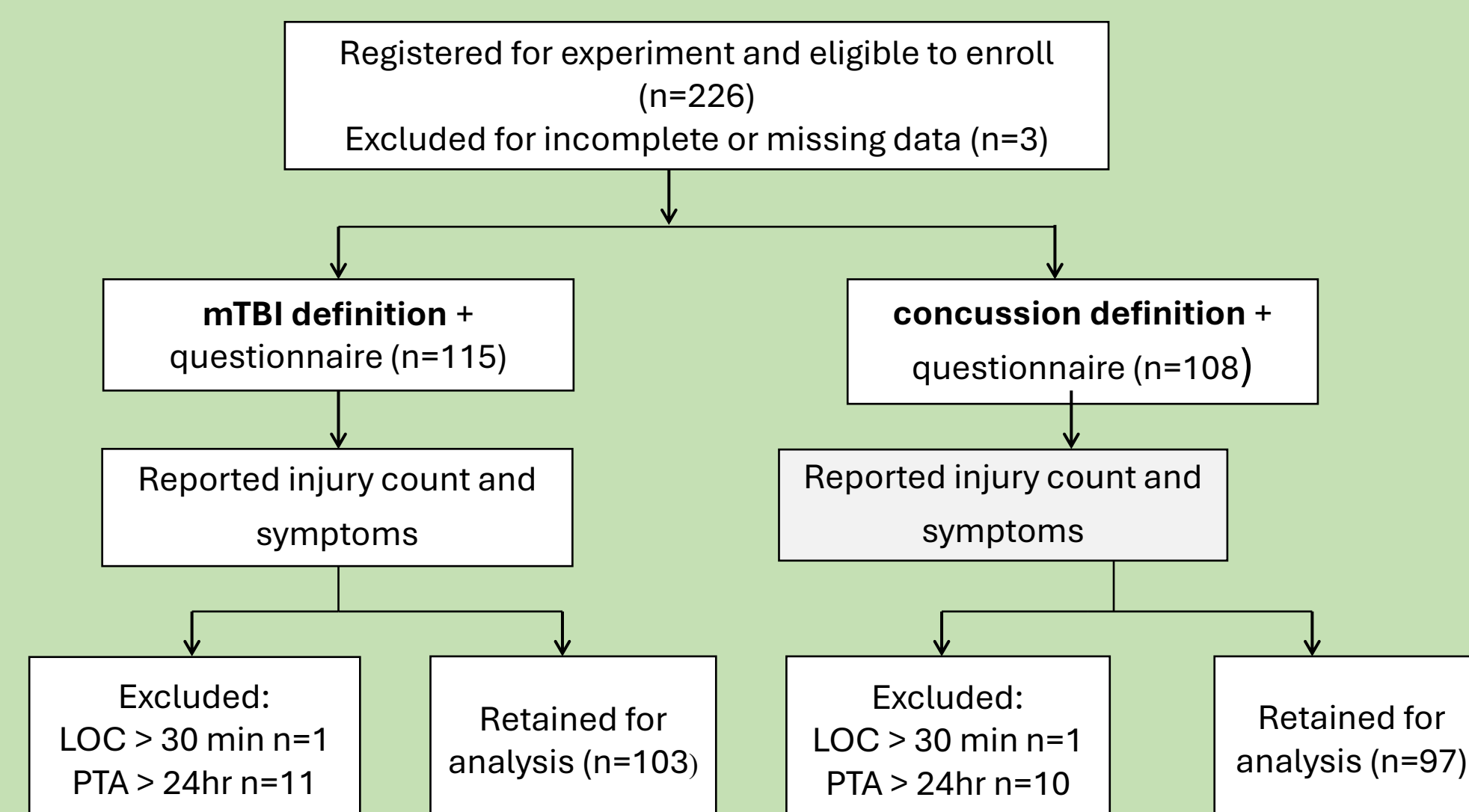
Participants:

- 200 SFU Undergraduate students who sustained at least one closed head injury in the past 5 years.

Measures:

- Rivermead Post-Concussion Questionnaire (RPQ)
 - Screens for 16 common symptoms. Each ranked from 0-4.
 - Total RPQ score: sum of scores on Qs 1-16
- Duration of Top three symptoms
- Injury Characterization
 - i.e. setting, mechanism, age at injury, etc.

Procedure:



University student’s reporting of post-concussion symptoms **did not change based on the terminology used.**

There is large variability in how long people experience post-concussive symptoms.

Younger generations may be more knowledgeable about concussions.

What terms should researchers and clinicians use? Should they be standardized?

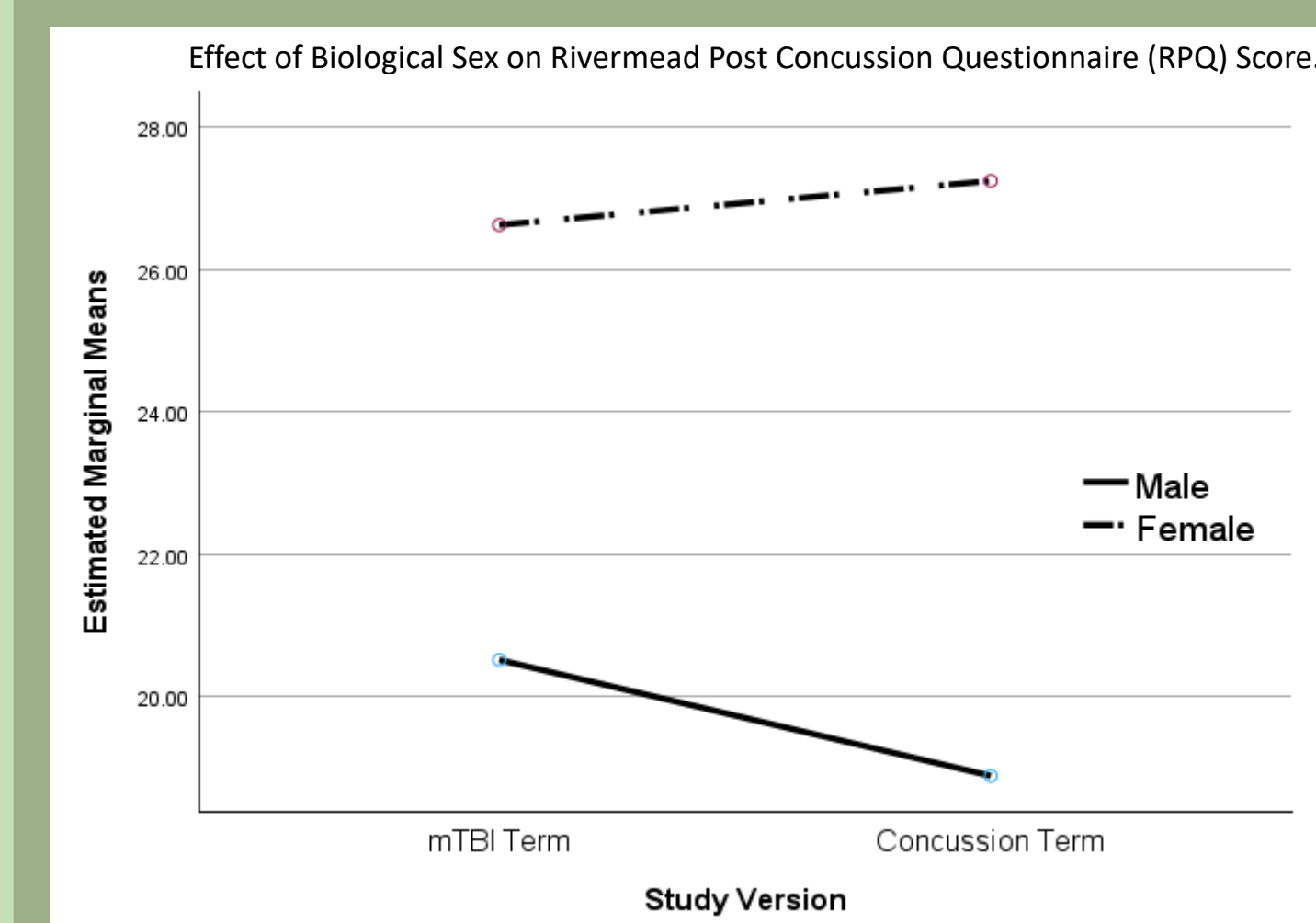
Would the same results still be found in a different method of symptom report?

HYPOTHESES

- The mTBI group will endorse more post-concussive symptoms, to a greater severity and for a longer duration than the concussion group.
- Participants assigned to the concussion term would endorse a higher count of injuries in the past 5 years as opposed to those assigned to the mTBI term.

RESULTS

No Significant differences were found between groups on **Total RPQ score, Duration** of top three most severe symptoms, or past five-year **injury count**.



- Females reported greater post-concussion symptom burden.
- Headaches were the most endorsed symptom.

DISCUSSION AND IMPLICATIONS

- Despite potentially differing conceptualization of diagnostic terms, changing terminology in questionnaires does not influence symptom self-report.
- By standardizing terminology, tools may become more refined in their ability to capture cases. Utilizing the correct terminology in public education may help reduce misconceptions about concussions

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