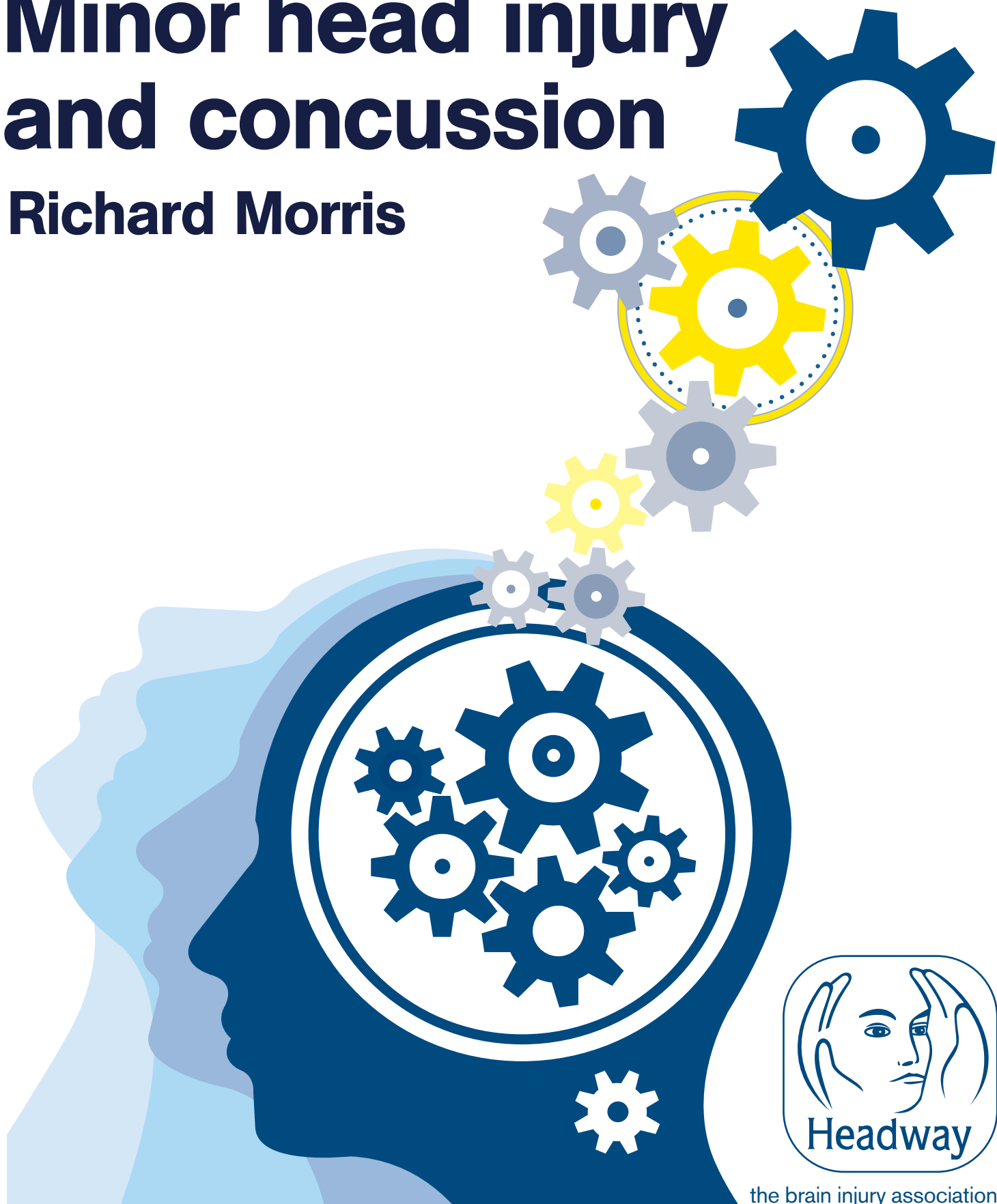


Minor head injury and concussion

Richard Morris



the brain injury association

This booklet is for anyone who has had a minor head injury and their family and friends. The information will help both people in the early stages of recovery and those who experience ongoing problems.

■ Minor head injury and concussion

This e-booklet is an adaptation, created in July 2018, of the Headway print booklet *Minor head injury and concussion* and may contain minor updates to the original version.

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Old Basford, Nottingham NG6 8SF

Author: Richard Morris, formerly of Headway - the brain injury association, Nottingham.

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It's important for the victim of a head injury to be aware of the signs and symptoms this booklet describes, attempting to carry on may be harmful to your recovery. Accurate diagnosis of a subtle condition requires a specialist - ensure that those advising you have the experience to identify your needs and select the most relevant expert.



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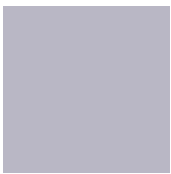
Contents

Introduction	2
Section one: What is a minor head injury?.....	3
Initial assessment	3
Early stages after discharge	4
Dos and don'ts in the first few days after injury	5
Section two: Post-concussion syndrome	6
Common symptoms and practical suggestions	7
Cognitive (thinking) symptoms	8
Physical symptoms	12
Emotional and behavioural symptoms	22
Section three: Other issues	27
Further information and support	30
Conclusion	31
Further reading	32
Useful organisations	35
Glossary	38
How to donate	40
Acknowledgements	40
About Headway	41



This booklet received a Commended Award at the British Medical Association Patient Information Awards 2010.

Introduction



This booklet is written for anyone who has had a minor head injury and their family and friends. While the majority of people recover from a minor head injury very quickly, the information in this booklet should prove useful, both for people in the early stages of recovery and for those who experience ongoing problems.

The booklet is divided into three sections for ease of reference. **Section one** gives information about the definition of minor head injury, initial assessment, signs of possible early complications and some dos and don'ts to aid the early stages of recovery.

Section two discusses post-concussion syndrome, which is the name given to the set of symptoms that can cause ongoing problems after minor head injury. This section provides information on some of the most common symptoms and some practical suggestions to compensate for problems and aid recovery.

Section three provides information on other practical issues which may be of concern and signposts to further sources of information and support.

Minor head injuries affect people in different ways and not all the information in this booklet may be relevant to your situation. The booklet is designed so that you can easily refer to the sections that apply to you, so don't feel that you need to read the whole booklet if you don't wish to.

Section one:

What is a minor head injury?

It is estimated that over a million people each year attend accident and emergency departments in the UK after a head injury, with the majority of these injuries being classed as minor. Minor head injury is commonly caused by falls, road crashes, assaults and sports accidents.

Minor head injury is also often referred to as concussion, mild head injury or minor brain injury. This booklet refers to head injury rather than brain injury, because most minor head injuries result in no long-term damage to the brain, but can cause temporary disruption of brain function.

Minor head injury is defined by:

- Loss of consciousness of less than 30 minutes (or no loss of consciousness)
- **Post-traumatic amnesia (PTA)** of less than 24 hours after injury (this is a period where people are confused, act strangely and are unable to remember what has just happened)

Initial assessment

Patients are assessed using the Glasgow Coma Scale (GCS), which assesses the level of consciousness on a scale from 3–15, with 15 being the best score. For a minor head injury the initial score will have been 13–15 and patients shouldn't be discharged until their GCS is 15. If patients are considered in danger of complications they should be given a CT scan.

CT stands for computerised tomography. A series of X-rays are taken to build up a detailed picture of the inside of the skull and brain. CT scans of the head are an effective method of checking for a possible brain haemorrhage (bleeding in or around the brain) or swelling of the brain.

For more information about scans, see the Headway factsheet *Scans and tests after brain injury*.

Early stages after discharge

Although it is unlikely, serious complications can arise in the days and even weeks after a minor head injury. It is important that you, and a responsible adult who can monitor your condition, are aware of the symptoms listed below:

- Loss of consciousness
- New deafness in one or both ears
- Loss of balance or problems walking
- Any weakness in one or both arms or legs
- Any vomiting
- Clear fluid coming out of your ears or nose
- Drowsiness when you would normally be wide awake
- Increasing disorientation
- Problems understanding or speaking
- Blurred or double vision
- Severe headache not relieved by painkillers such as paracetamol
- Bleeding from one or both ears
- Any fits (collapsing or passing out suddenly)
- Inability to be woken

If you experience any of these symptoms it is important that you go to an emergency department immediately.

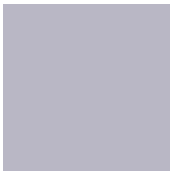
Dos and don'ts in the first few days after injury

- **Do** make sure you stay within reach of a telephone and medical help
- **Do** have plenty of rest and avoid stressful situations
- **Do** show this booklet to a friend or family member who can monitor your condition
- **Do** take painkillers such as paracetamol for headaches

- **Don't** stay at home alone for 48 hours after leaving hospital
- **Don't** drink alcohol until you feel better
- **Don't** take aspirin or sleeping tablets without consulting your doctor
- **Don't** return to work until you feel ready
- **Don't** play any contact sport for at least three weeks without consulting your doctor
- **Don't** drive until you feel you have recovered. If in doubt consult your doctor

Section two:

Post-concussion syndrome



After a minor head injury, people sometimes develop what is known as post-concussion syndrome (PCS). The symptoms of this condition can be very distressing, especially if you don't know what to expect.

In many cases these symptoms resolve themselves within a few days or weeks. However, in some cases problems can persist for months, but still resolve themselves eventually. This can be a frustrating time, as the effects may be subtle and you may not have been told about them.

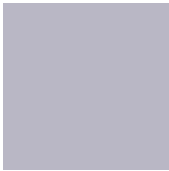
This may also be the most prolonged period of feeling ill that you have experienced and you may wonder if you will ever feel better. Following the suggestions in this section should help to make you feel better as quickly as possible, but be patient with yourself and try not to rush things.

It is important to realise that these symptoms often happen even when there is no damage to the brain and that the fear of having brain injury, even if there is none, can be very distressing and can delay recovery. So it is sensible, if you have these symptoms for more than about two weeks after the injury, or if they are severe and not getting any better, that you see your GP.

It may be appropriate to be referred to a head injury specialist, such as a neurologist or neuropsychologist, for assessment. If referral to a neuropsychologist is needed, but there are no NHS referrals available locally, you could try to get a private

appointment. You can find a directory of chartered neuropsychologists in private practice on the [British Psychological Society](#) website.

Common symptoms and practical suggestions

 The post-concussion symptoms outlined in this section are separated into the following categories:

- Cognitive (thinking) symptoms
- Physical symptoms
- Emotional and behavioural symptoms

You might experience any number of these symptoms at different times and the effects of a minor head injury are different for everyone. This section offers information on the most common symptoms and practical suggestions to help you recover more quickly. It may be possible to treat each of the symptoms in isolation, so it is important to consult your GP about possible referral to a relevant specialist.

This section contains references to other [Headway publications](#) which may be of help. While most of these publications are aimed at people with serious brain injuries and long term difficulties, this does not imply that your injury is severe, just that some of the strategies may be helpful.

Cognitive (thinking) symptoms

The cognitive symptoms of a brain injury affect the way a person thinks, learns and remembers. These symptoms are made worse by worry and stress, so it is important to try not to let the difficulties upset you too much.

Also, it is important to remember that thinking difficulties are experienced by everybody in everyday life. If you are experiencing difficulties after a head injury you might find yourself overestimating your pre-injury abilities and blaming any small errors on your injury. Try to maintain a realistic sense of how you are functioning now compared to before the injury and don't mislabel normal thinking mistakes as evidence of effects of the injury.

Memory problems

Loss of memory can make everyday life frustrating. You may be able to remember your wedding day, but not where you put your shoes. This can be because you're having problems concentrating and also because minor head injury disrupts the memory system for a while. Your memory should improve as you recover, but in the meantime there are ways that you can help yourself.

- Use calendars and diaries to remind you of events
- Use stick-on labels as reminders, for example, to make sure you lock the back door
- Carry a notebook to write down new information and things you need to remember
- Use cooking timers in the kitchen
- Assign a specific place for everyday items and make sure you keep them there

- Use calendars and apps on mobile phones
- Break down information into small chunks to make it easier to remember
- Get plenty of sleep and rest. Your memory will work better if you are fresh and rested

Some people might resist using these strategies, claiming that they don't want to become dependent on them, or that they want their own memory to do the work. This resistance should be discouraged because it is important to use anything that will aid memory. There is no evidence to suggest that using external aids and strategies slows down the natural recovery of memory function.

For more information on this subject see the Headway booklet *Memory problems after brain injury* and the factsheet *Coping with memory problems: practical strategies*.

Difficulties with attention and concentration

The ability to concentrate and attend to things is very often significantly reduced by minor head injury, particularly in the first few days. The problem usually takes two forms.

Firstly, it may be difficult to concentrate on more than one task, or to concentrate when there are distractions, such as when children are playing or the TV is on. You may find it difficult to cope in large groups of people when several conversations are going on at once.

Secondly, the concentration span can be reduced so you may find it difficult to concentrate on one thing for as long as usual. This can be particularly disruptive to work and study.

■ Case study

"I was in a car crash six months ago. I hit my head and the first thing I remember was the ambulance arriving. I was taken to hospital but discharged the following day. I was completely exhausted and slept for nearly three days.

"I felt awful and was tired, grumpy and irritable with my family. I couldn't concentrate and even cooking a meal became a planning nightmare. I couldn't think straight and I became frustrated with myself for not being able to cope. Everyone, including myself, put it down to the shock of the accident.

"After a while everyone lost sympathy and suggested I pull myself together, but the harder I pushed myself the worse I felt. After two months I went to see my GP who prescribed anti-depressants for me. To be honest they didn't help even though by this time I felt very depressed.

"Then, one day I was looking through a women's magazine and saw a story about a woman with a minor head injury. Her symptoms described perfectly how I was feeling.

"I rang [Headway's helpline](#) for information and haven't looked back since. I'm off anti-depressants now and in some ways I have improved enormously and in others I am learning to cope. Half the battle was understanding what was wrong and knowing how to handle it."

Sheila – Coventry

Some suggestions for dealing with attention and concentration problems are as follows:

- Start a task when you are feeling fresh, then stop as your attention begins to fade
- Cut out background noise
- Try to carry out important or complex tasks in a quiet area
- Do one task at a time
- Break down tasks into manageable chunks
- Concentration depends on being alert, so if you are tired and can't concentrate, have a rest

Difficulties with planning and organising

You may find it difficult to plan and organise. This can be frustrating, especially if these skills are needed for your job, and even everyday tasks such as preparing meals can become difficult. Some suggestions to help compensate for these difficulties are:

- Try to stick to a daily routine
- If your job requires high levels of planning and organisation, consider returning on part-time hours and taking on lighter duties until you feel better
- Try to stick to simple meal plans – follow set recipes from cookery books and, if possible, get someone to help
- Make 'to do' lists
- Set realistic goals for each day and don't be too disheartened if you don't always achieve them
- Use external aids, such as mobile phones, pagers, electronic watches or tablets, to provide reminders of tasks
- Use a diary, journal or online calendar (e.g. Google Calendar)
- Do one task at a time

- Try to plan and carry out tasks in a quiet area
- Get plenty of rest

For more information on this subject see the Headway factsheets *Difficulties with decision making after brain injury* and *Executive dysfunction after brain injury* and the booklet *Redeveloping skills after brain injury*.

Physical symptoms

Sleep problems

People tend to need more sleep than usual for a while after a minor head injury. Getting enough sleep and maintaining good sleep habits are essential to a good recovery. Lack of sleep leads to fatigue, which can worsen a lot of the other problems, such as difficulty concentrating, headaches and irritability. The following dos and don'ts should help you to maintain good sleep habits:

- **Do** establish a regular routine by going to bed and getting up at the same times each day
- **Do** take 'power naps' during the day but try to avoid doing so after 4pm, as this may disrupt your sleep/wake cycle
- **Do** use an alarm clock to wake you from naps to ensure you don't sleep too long
- **Do** use your bed for sleeping only – don't watch TV in bed
- **Do** develop rituals before bedtime to wind down and relax; for example, taking a bath or listening to gentle music
- **Do** get regular exposure to the outdoors and natural light
- **Do** exercise regularly
- **Do** create a calm bedroom that is cool, dark and quiet – earplugs and blackout blinds can help
- **Do** avoid stress and worry at bedtime

- **Do** use relaxation techniques
- **Don't** push yourself to stay awake and don't worry about 'giving in' to tiredness
- **Don't** eat heavy meals late in the evening
- **Don't** look at the time when you wake up as this may make it difficult to get back to sleep
- **Don't** have too much caffeine, nicotine or alcohol in the evening

As you recover you will find that you need less sleep. However, you may find that you can't get to sleep, or wake during the night. Typically, this can be made worse by:

- **Stress** – This may be caused by frustration with your rate of recovery, or by other people expecting you to recover sooner. Financial or family problems may also contribute, particularly if you are still absent from work.
- **Changes in your sleep cycle** – If you don't have regular times for getting up and going to bed then your sleep might be affected.

At this stage there are a number of strategies that can help:

- Relaxation training. Ask your GP about techniques such as meditation and yoga. You could also ask about referral to a counsellor who can teach relaxation techniques.
- If you have specific worries that are affecting your sleep try to resolve them. Talk the matter through with a close friend or family member, or ask your GP about referral to a counsellor.
- If you have cut out your daytime nap and are feeling more tired you could try taking naps again and then gradually phasing them out. If you are still taking daytime naps and are having trouble getting to sleep at night try cutting out the naps.

Fatigue

This is one of the most common effects of minor head injury and it is also the most important symptom to control, as being tired affects everything you do. You may get tired more quickly than before and even simple actions, like dressing or cooking, can make you feel exhausted.

Following the suggestions in the previous section on sleep problems should help you to manage your fatigue and there are a number of other things you could try:

- Set a daily routine – prioritise and set realistic targets to achieve each day
- Pace your workload by taking lots of short breaks during tasks
- Think about when you are most tired – try to do your more difficult and demanding tasks at times when you are most awake
- Identify the triggers to your fatigue – if you can recognize the activities and situations that are most tiring you can plan for them in your daily routine
- Build rest times into your day
- Don't overdo it, but try to build activities up slowly over time
- Explain to other people that you get tired – it can be difficult to recognize the signs of fatigue after a head injury, so ask family and friends to let you know when you appear fatigued and the signs they notice
- If going back to work, start with fewer hours and build up gradually

Don't push yourself or you may get into a cycle where you don't get enough rest. In the space of a few days you could become completely exhausted and all other symptoms may get worse. This is referred to as 'boom and bust' and you

should take care to avoid it. Your fatigue will decrease as you start to feel better but can return, along with other symptoms, if you try to do too much too soon. For further information on fatigue and sleep you may find it useful to refer to the Headway booklet *Managing fatigue after brain injury*.

Headaches

Headaches are a common complaint after minor head injury, particularly in the early stages. Remember, if the headache is severe, persistent and unrelieved by ordinary painkillers in the few days after injury then it can be a sign of complications and you should return to the emergency department.

■ **Case study**

"I slipped on ice and banged my head. I have never been the type of person to go to hospital, so I went home and slept. I went back to work the next day and found it hard to concentrate. I was tired and found myself getting really irritated with everyone and by the end of the day I had a whopping headache.

"My GP explained that I had concussion and told me to rest. I took a few days off but when I got back I found I couldn't bear the noisy atmosphere at work. I agreed with my boss that I would work part time and now, after three months, have gone back full time. I still feel tired but it's getting better all the time."

David – Southampton

In the later stages, headaches are often caused by other difficulties. For example, if you are fatigued, stressed, physically tense, or struggling with your concentration, you may get headaches. At this stage the following suggestions may help:

- Use the information on other symptoms in this booklet
- Write down when you get headaches – you may be able to see if there is a time or place that causes them and plan for that
- Try relaxation techniques – often headaches are due to muscle tension and techniques such as meditation and even moderate exercise could help
- Try not to take too many painkillers (especially ones containing codeine) as these can become addictive and can actually make headaches worse in the long run

You should discuss these issues with your GP or other healthcare professional.

Dizziness, balance and co-ordination problems

Minor head injury often disrupts the balance organs in the ears, so it is common in the first few days after injury to experience vertigo, where the world seems to spin around you. The slowing of information processing caused by the injury can also lead to a feeling of unreality, disorientation and a sense of 'floating'.

Symptoms which are closely related to dizziness are problems with balance and co-ordination. You may feel wobbly and unsteady on your feet because of the dizziness. You may also drop things or bump into people and objects due to your brain processing information less efficiently than usual.

You can be assured that these problems are common and usually settle within a few days or weeks and then disappear entirely. Take greater care in situations which could be dangerous, such as crossing the road, and don't drive until the symptoms have gone. If the symptoms are very problematic or persistent then see your GP as there are some therapeutic techniques which may help.

For further information, refer to the Headway factsheets [Balance problems and dizziness: causes and treatment](#) and [Balance problems and dizziness: tips and coping strategies](#).

Visual problems

It is important to remember that if you experience blurred or double vision in the first few days after the injury you should return to the emergency department. If you still experience double vision in the longer term then legally you must not drive and should consult your GP about this. Some other problems with vision that are common after minor head injury are photophobia (sensitivity to light) and loss of depth perception.

These symptoms are usually mild and should clear up within a week or two. However, if they persist or are very debilitating then see your GP.

Be extra careful in situations where clear, accurate vision is required and avoid driving until the symptoms have cleared. If your depth perception is affected, be very careful when crossing the road.

Sensitivity to light is one of the most common visual problems after minor head injury. This can even be triggered by indoor lighting, especially fluorescent lights and it helps to wear

sunglasses, even indoors. This problem can remain when other symptoms have cleared, meaning sometimes people have to carry on wearing dark glasses, even when they have otherwise recovered.

Hearing problems

Hearing problems usually take the following forms:

- Mild deafness
- Sensitivity to loud noise
- Tinnitus – the perception of sound without external cause. This can take the form of ringing, buzzing, humming, whistling, whining or other noises

Any deafness could be caused by damage to the inner ear or nerves in the brain and should be reported to a doctor to rule these possibilities out. Alternatively, you may only notice the deafness when you are in an environment such as a party, when many conversations are going on at once. In this case the deafness may be caused by impaired attention and concentration and should get better as information processing ability gets back to normal.

Sensitivity to loud noise is common after minor head injury, because coping with loud noise requires lots of energy and concentration. As with other symptoms this will go away in time, but until it does the only real strategy is to avoid noisy atmospheres that you find distressing. Tell family and friends about the problem and ask them to respect your need for a quiet environment.

Avoiding noisy situations can lead to avoiding environments that you would usually enjoy, such as parties and football matches. Talk to family and friends about this and try to organise enjoyable, social occasions where you can control

the noise levels. For example, ask a select few friends around for a quiet dinner.

Tinnitus is not one of the most common effects of minor head injury but can be extremely distressing when it occurs. See a doctor for an examination to rule out possible treatable causes and ask about referral to an ear specialist.

Communication problems

You may find it difficult to express yourself in an accurate way. You may not be able to find the right words, or you might muddle sentences. The following suggestions may help:

- Be patient with yourself
- Take the time to find the right words
- Prepare what you want to say by thinking of key words or making lists
- Explain to people that they need to be patient with you

You can also ask your GP to refer you to a Speech and Language Therapist who could be able to help.

For further information on this subject see the Headway booklet *Coping with communication problems after brain injury*.

Changes to taste or smell

Following a minor head injury some people report that their senses of taste and/or smell have been affected. The senses of taste and smell are linked so if the sense of smell is lost then the sense of taste will be affected.

■ Minor head injury and concussion

Changes to the senses of taste and smell can be extremely distressing and sadly there are no cures available. Recovery often occurs spontaneously after minor head injury, often within the first three months. In the meantime, there are strategies you can use to compensate:

- Fit a smoke alarm, have electrical appliances regularly serviced, unplug appliances when not in use and use an alarm to remind you of food cooking in the oven.
- Have gas appliances regularly serviced and fit a gas detector. You might want to consider fitting an electric cooker and fire.
- Always eat or throw out food by its 'use by' date. If in doubt, throw it out! Clear out the fridge and cupboards regularly.
- Try to keep products such as drinks, bleach, cleaning chemicals and solvents in their original bottles/packets. Make sure they are clearly labelled.
- Empty rubbish bins regularly and keep toilets and kitchen appliances clean to avoid health risks.
- Be aware of the need to wash yourself, your clothes and bed-sheets regularly. Use an antiperspirant deodorant and perhaps a shoe deodoriser too. You could ask a close friend or family member to advise on hygiene problems.
- It is important to keep your mouth clean and brush teeth regularly and thoroughly, including brushing your tongue as well. Using mouthwash and dental floss helps. It is important to pay regular visits to the dentist.
- Take precautions and follow manufacturer's advice when using products such as paint, cleaning chemicals and solvents. Wear a protective mask, ensure rooms are well ventilated and don't smoke.

It is also important to remember to maintain a healthy, balanced diet, as loss of taste and smell can affect eating habits.

For further information on this subject see the Headway factsheet *Loss of taste and smell after brain injury*. You can also find information on healthy eating on the [British Dietetic Association website](#) and on the [NHS Choices website](#).

Sexual problems

You may find that you have little or no sexual urge, or the complete opposite. In some cases this can continue longer than other symptoms and can be a major factor in preventing a return to a full life.

If you have a partner it is important to speak to them about this, as it can make relationships difficult. If you don't have a partner it is also important to discuss this with someone, as it can affect the way you feel about yourself and can lead to problems with depression.

The problems may be caused by several factors. They may be the direct result of injury to the brain, but after a minor head injury they are more likely to be a result of the psychological effects of other symptoms.

Alternatively, sexual problems can be a result of damage to the pituitary gland, which is situated at the base of the brain and controls hormone secretion in the body.

For more information on sexual problems after brain injury, including tips for coping with sexual problems, see the Headway booklet *Sex and sexuality after brain injury*.

Nausea

It is common to experience a sensation of nausea after a minor head injury, especially in the first few days. If the nausea is severe or accompanied by vomiting, then it is important to seek medical advice. However, although it can be very unpleasant, usually the symptom isn't serious, is relatively mild and goes away in time. Nausea may be a result of the injury itself or could be caused by medication you're taking. As with other symptoms, if the problem persists it would be a good idea to discuss it with a GP.

Emotional and behavioural symptoms

Irritability and anger

Things that wouldn't bother you before your head injury may anger or irritate you. You might lose your temper for no reason or snap at family and friends. This happens because self-control and calmness require the brain to be fresh and working well. As you recover the problem should improve, but it can be very upsetting to you and those around you, so it is important to try to manage it.

- Fatigue and lack of sleep can cause irritability – if you are feeling very tired follow the suggestions in the ‘[Sleep problems](#)’ and ‘[Fatigue](#)’ sections of this booklet
- A daily routine will make the causes of irritability easier to recognise – try to spot what activities contribute to irritability and anger and what times of day the problem is at its worst
- Find alternative, healthy outlets for anger, for example, exercising at the gym
- Try relaxation techniques such as meditation, or just make sure you make time in your day to relax in whatever way you find most comfortable, such as listening to music, reading or having a long bath
- If you find yourself in a situation where you recognise yourself about to lose control, take time out by leaving the room and taking some deep breaths

For further information on this subject see the Headway booklet [Managing anger after brain injury](#).

Depression and anxiety

These problems are common after minor head injury and are often caused by other difficulties, such as:

- Tiredness
- Concentration problems
- Difficulty controlling emotions
- Symptoms persisting longer than expected
- Financial concerns
- Family and relationship problems

Worrying about your health can be very stressful and this may be the longest period you have ever felt ill. If the symptoms don't clear up as quickly as you had hoped then depression and anxiety can become more of an issue.

One factor that can lead to depression is a lack of information on your condition, which makes some people think they are 'going mad'. Be assured that your symptoms are perfectly normal and should clear even if it takes longer than you expect.

Some important things to remember in order to help yourself are:

- Try to maintain good sleep habits – depression and anxiety lead to interrupted sleep and the resulting tiredness makes the problems worse
- Try relaxation techniques such as meditation
- Write down your worries and work through them one at a time
- Try to think positively and don't dwell too much on negative things – maintaining a positive outlook can significantly improve your rate of recovery
- Talk through your worries with family, friends, support group or GP

If your problems persist and you are worried about your state of mind see your GP. Make sure the GP understands that your depression stems from your injury and its effects and ask about referral to a neuropsychologist or a counsellor who specialises in depression after head injury. It is particularly

important to seek professional advice if you have a history of depression from before the injury, as this may make it more likely that you will experience depression now.

For more information and tips on coping with depression, see the Headway factsheet *Depression after brain injury*.

You can also talk through your worries and get more information on your condition by calling the [Headway helpline](#) free on **0808 800 2244**. Remember, you can also call the [Samaritans](#) 24 hours a day on **116 123**.

■ Case study

"I got caught in the middle of an argument in a pub and caught the end of a swing meant for someone else. I fell over and hit the bar before I hit the floor.

"The next day I had a really cracking headache and felt exhausted and ill like I had flu. I felt almost like I was drunk and was having difficulty getting the right words out.

"I went to see my GP and she referred me to a neurologist, who sent me for an MRI scan. Although there was no sign of injury on the scan, she explained that it would probably be a while before I felt completely back to normal. I'm feeling much better now."

Alex – Fife

Lack of insight

After minor head injury, many people are unable to accurately judge their own actions and may behave inappropriately without realising it.

This is fairly common in the first few days after injury when people may be uncharacteristically reckless and fail to recognise that they have any problems. Often people will insist on returning to work or to driving before they are ready. Usually, after a week or two, people will suddenly realize what they have been doing and find it difficult to believe they could have acted that way.

On occasions, the lack of insight might persist for longer and may result in problems at home or at work, or in socially unacceptable behaviour. This can be very distressing for friends, family and workmates and is a very difficult problem to deal with. Generally the problem will resolve itself in time, but there are some things that family and friends can do to help:

- Provide information and education on this issue, for instance by sharing the Headway factsheet *Lack of insight after brain injury*.
- Provide verbal feedback on behaviour – tell the person when they have behaved inappropriately, but do so in a discrete and non-confrontational way
- Meet others in a similar position – [Headway groups and branches](#) can offer family members support and a place to share their difficulties

Section three:

Other issues

Alcohol

Don't expect to be able to deal with alcohol in the usual way. A head injury can greatly reduce tolerance to alcohol so you should abstain as much as possible until you have fully recovered. Avoid alcohol completely in the first few days after injury. For more tips and guidance on this, see the Headway factsheet *Alcohol after brain injury*.

Compensation claims

If your injury 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 and Headway provides a list of [approved personal injury solicitors](#). You can find further information on claiming compensation in the Headway booklets *Claiming compensation after brain injury* and *Claiming compensation in Scotland after brain injury*.

Cumulative effects

It is important to note that head injuries have cumulative effects, so repeated injuries should be avoided. While recovering, your reactions and co-ordination may be affected, so you should take care to avoid dangerous situations.

Driving

Driving is a complex skill which we usually take for granted, but the effects of a minor head injury can make it very dangerous. Try to avoid driving until your concentration and

reactions are good enough, then start carefully and avoid long, stressful journeys and heavy traffic. In some cases it may be necessary to inform the licensing authority in your area of the UK about your injury so speak to your GP about this. You can find contact details of the UK licensing authorities in the 'Useful organisations' section of this booklet.

For further information on this subject see the Headway booklet *Driving after brain injury*.

Late diagnosis and misdiagnosis

If you are experiencing symptoms that you think are the result of a minor head injury that occurred some time ago see your GP. It can be difficult to assess the effects of a minor head injury because:

- The injury may have happened a long time ago
- The effects are not always obvious
- It can be difficult to explain the symptoms to your GP
- The symptoms can be the same as many other conditions
- Even if a CT scan has been clear there can still be persistent difficulties

For these reasons it would be useful to note down all your symptoms and take this booklet with you to show your GP. Headway also produces a factsheet aimed at GPs called *Minor brain injury: a guide for GPs*. You can download the factsheet and find other information to show your GP from [the Headway website](#).

Returning to work

It is important not to return to work before you are ready. You could try discussing the situation with your employer and explaining your symptoms to them. Showing your employer this booklet may also help them to better understand the effects of your injury. You could then try to arrange a gradual return, with part-time hours and starting with light, routine duties.

It would be advisable to avoid making major decisions and becoming involved in stressful situations until you feel you are ready. This is especially the case in jobs with high levels of stress and pressure and where margins for error are small. Mistakes made because of the injury could damage your confidence and hinder your recovery.

For further information on this subject see the [Headway factsheets](#) on employment and education after brain injury.

Social difficulties

Any worries or problems you have will affect those around you. Often people who don't know about the effects of head injury won't realise that your difficulties are a result of your injury. It is important that, if you have had a minor head injury yourself, you show this booklet to friends and family so they will be able to understand how you are feeling and therefore be more able to help you.

You can also show friends the Headway factsheet [Brain injury: a guide for friends](#).

Playing sports

If you have had a minor head injury and play contact sports, make sure you seek medical advice before continuing to play. Repeated minor head injuries can have cumulative effects and it is dangerous to expose yourself to the risk of a second injury whilst still recovering from the first one. Sports such as rugby and football have return to play protocols in place, but other sports have less rigorous rules. Consult your doctor and don't feel rushed to return to contact sport until you are ready.

For concussion information and resources, see the Headway factsheet *Concussion in sport*. You can also download the Sport Concussion Assessment Tool 3rd Edition (SCAT3), and other useful sport concussion resources, from the [Headway website](#).

Further information and support

When symptoms persist, finding the right information and support is essential. Your GP is the first point of contact, so please take this booklet along if you don't feel better after about two weeks.

Alternatively, if you need further information and support please contact the [Headway helpline](#) on **0808 800 2244**, or by email at helpline@headway.org.uk. Our trained staff can talk through your problems and signpost you to appropriate services, including our local [groups and branches](#), who may be able to offer support services in your area.

Depending on the cause of your injury there may be other sources of support which could help. For example, if the injury was caused by an assault or another traumatic incident.

The '[Useful organisations](#)' section at the back of this booklet has contact details of organisations relevant to the causes and effects of minor head injury. Further information on useful organisations can also be obtained by contacting the [Headway helpline](#).

Conclusion

Everyone who has a minor head injury experiences different symptoms and recovers at different rates. The majority are symptom free within a few days or weeks, but a significant minority have problems lasting for several months or more. The symptoms and other issues described in this booklet are the most common problems, but there may be other difficulties in individual cases. It is important to discuss any concerns with a GP and seek referral to an appropriate specialist if necessary.

Most people will get better eventually and information and support are vital factors in aiding recovery. Hopefully, the information in this booklet will help you to realise that the difficulties you, your friend or relative are experiencing are extremely common and should pass in time. Following the practical suggestions and seeking appropriate sources of information and support should help speed recovery and make a difficult time more manageable.

Further reading

The following books are available from Headway and provide a good introduction to brain injury and its effects:

- Clare, L. & Wilson, B.A. (1997) *Coping with Memory Problems: A practical guide for people with memory impairments, their relatives, friends and carers*. London: Pearson Assessment.
- Daisley, A., Tams, R. and Kischka, U. (2008) *Head Injury: The Facts*. Oxford: Oxford University Press.
- Hedley, N (2011) *Living with an Acquired Brain Injury: The Practical Life Skills Workbook*. Milton Keynes: Speechmark Publishing Ltd.
- Johnson, J. (2013) *My Dad Makes the Best Boats*. Milton Keynes: Speechmark Publishing Ltd.
- Johnson, J. (2013) *My Mum Makes the Best Cakes*. Milton Keynes: Speechmark Publishing Ltd.
- Johnson, J. (2011) *"My Parent has a Brain Injury..." ...a Guide for Young People*. Self-published.
- Powell, T (2013) *The Brain Injury Workbook: Exercises for Cognitive Rehabilitation*. Milton Keynes: Speechmark Publishing Ltd.
- Powell, T. (2004) *Head Injury: A Practical Guide*. Milton Keynes: Speechmark Publishing Ltd.

Headway also produces an extensive range of freely downloadable e-booklets and factsheets. To obtain a complete publications list, visit the Information Library on the [Headway website](#).

To order print copies of books and booklets, please visit [our website](#) or telephone **0115 924 0800**.

The following resources are also of importance for medical professionals:

- King, N., Crawford, S., Wenden, F., Moss, N., and Wade, D. (1995) The Rivermead Post-Concussion Symptoms Questionnaire: a measure of symptoms commonly experienced after head injury and its reliability, *J. Neurology* 242 (9): 587-592.
- Crawford, S., Wendon, F J., Wade, D T. (1996) The Rivermead head injury follow up questionnaire: a study of a new rating scale and other measures to evaluate outcome after head injury, *J. Neurology, Neurosurgery and Psychiatry* 60 (5): 510 – 514.

Clinical guidelines:

- *Head injury: triage, assessment, investigation and early management of head injury in children, young people and adults*. NICE (National Institute for Health and Clinical Excellence), 2014 – available at www.nice.org.uk/guidance/cg176
- *Early management of patients with a head injury*. SIGN (Scottish Intercollegiate Guidance Network), 2009 – available at www.sign.ac.uk

Useful organisations



ASSIST Trauma Care

Helpline: 01788 560 800

Email: assist@traumatic-stress.freeserve.co.uk

Web: www.assisttraumacare.org.uk

Brain and Spinal Injury Charity (BASIC)

Helpline: 0870 750 0000

Email: enquiries@basiccharity.org.uk

Web: www.basiccharity.org.uk

Brain and Spine Foundation

Helpline: 0808 808 1000

Email: helpline@brainandspine.org.uk

Web: www.brainandspine.org.uk

British Dietetic Association (BDA)

Tel: 0121 200 8080

Email: info@bda.uk.com

Web: www.bda.uk.com

British Tinnitus Association (BTA)

Tel: 0800 018 0527

Email: info@tinnitus.org.uk

Web: www.tinnitus.org.uk

Cerebra

Helpline: 0800 328 1159

Email: info@cerebra.org.uk

Web: www.cerebra.org.uk

Child Brain Injury Trust

Helpline: 0303 303 2248

Email: info@cbituk.org

Web: www.childbraininjurytrust.org.uk

Driver & Vehicle Agency (Northern Ireland)

Tel (medical enquiries):

0845 4024 000

Email: dvlni@doeni.gov.uk

Web: www.nidirect.gov.uk/information-and-services/motoring/guide-driver-vehicle-agency-services

Driver & Vehicle Licensing Agency (England, Scotland and Wales)

Tel (Drivers Medical Enquiries):

0300 790 6806

Web: www.gov.uk/driving-medical-conditions

Samaritans

Tel: 116 123

Email: jo@samaritans.org

Web: www.samaritans.org

Speakability

Helpline: 0808 808 9572

Email: speakability@speakability.org.uk

Web: www.speakability.org.uk

Victim Support

Tel (England and Wales):

0845 30 30 900

Tel (Scotland): 0131 668 4486

Tel (Northern Ireland): 028 9024 4039

Tel (Isle of Man): 01624 679 950

Tel (Jersey): 01534 440 496

Tel (Guernsey): 01481 713 000

Web: www.victimsupport.org.uk

Rehabilitation and counselling services

The following organisations provide information on rehabilitation or counselling services in the UK. Some have online directories of professionals in NHS or private practice.

Headway does not recommend any specific services and it is suggested that you contact more than one before making a decision.

Association of Speech and Language Therapists in Independent Practice
Tel: 01494 488 306
Web: www.helpwithtalking.com

BrainNav – The National Brain Injury Service Directory
Web: www.brainnav.info

British Association for Behavioural and Cognitive Psychotherapies (BABCP)
Tel: 0161 705 4304
Email: babcp@babcp.com
Web: www.babcp.com

British Association for Counselling and Psychotherapy
Tel: 01455 883 300
Email: bacp@bacp.co.uk
Web: www.bacp.co.uk

British Association of Brain Injury Case Managers (BABICM)
Tel: 0161 762 6440
Email: secretary@babicm.org
Web: www.babicm.org

British Association of Occupational Therapists and College of Occupational Therapists
Tel: 020 7357 6480
Email: reception@cot.co.uk
Web: www.cot.co.uk

British Psychological Society (BPS)
Tel: 0116 254 9568
Email: enquiries@bps.org.uk
Web: www.bps.org.uk

Chartered Society of Physiotherapy
Tel: 020 7306 6666
Web: www.csp.org.uk

College of Sexual and Relationship Therapists
Tel: 020 8543 2707
Email: info@cosrt.org.uk
Web: www.cosrt.org.uk

Counselling Directory
Tel: 0844 8030 240
Web: www.counsellingdirectory.org.uk

Find a Therapist – UK & Ireland Directory of Counselling and Psychotherapy
Web: www.cpdirectory.com

Physio First
Tel: 01604 684 960
Email: minerva@physiofirst.org.uk
Web: www.physiofirst.org.uk

Relate – the relationship people
Tel: 0300 100 1234
Email: enquiries@relate.org.uk
Web: www.relate.org.uk

**Royal College of Speech and
Language Therapists (RCSLT)**

Tel: 020 7378 1200

Email: info@rcslt.org

Web: www.rcslt.org

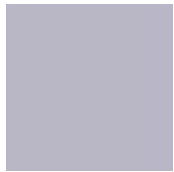
**United Kingdom Acquired
Brain Injury Forum (UKABIF)**

Tel: 0845 608 0788

Email: info@ukabif.org.uk

Web: www.ukabif.org.uk

Glossary



■ **Brain haemorrhage**

Bleeding in or around the brain due to a ruptured blood vessel.

■ **Concussion**

The temporary disturbance of brain function that can result from a minor head injury. The term is often used interchangeably with minor head injury.

■ **CT scan**

CT stands for computerised tomography. This works by taking a series of X-rays at different levels of the brain and is used to identify bruising, bleeding, clots and other injuries.

■ **Endocrinologist**

A specialist in the diagnosis and treatment of conditions affecting the endocrine (hormonal) system.

■ **Glasgow Coma Scale (GCS)**

A score given to head injured patients starting immediately after the head injury to measure the level of consciousness.

■ **Neurologist**

A medical specialist in disorders affecting the brain and central nervous system.

■ **Neuropsychiatrist**

A specialist in psychiatric disorders caused by injury or disease of the brain and central nervous system.

■ **Neuropsychologist**

A clinical psychologist specialising in psychological assessment and rehabilitation after injury or illness affecting the brain.

■ **Meditation**

A technique using deep breathing exercises to relax the body and mind.

■ **Photophobia**

Sensitivity to light.

■ **Pituitary gland**

The major gland of the endocrine (hormonal) system.

A pea-sized body attached to the base of the brain which regulates the activity of all other endocrine glands.

■ **Post-concussion syndrome**

The collective name for the set of symptoms which commonly occur after a minor head injury.

■ **Post-traumatic amnesia (PTA)**

The period after a head injury when there may be confused behaviour and inability to remember continuous events.

■ **Tinnitus**

A perception of sound within the ear without an external cause. This can take the form of ringing, buzzing, humming, whistling, whining or other noises and can be caused by damage to the inner ear.

How to donate



Headway – the brain injury association is a registered charity (1025852) and relies upon voluntary support to fund its work.

If you would like to help Headway by making a donation you can do so by [donating online](#), contacting the Fundraising Team on **0115 924 0800** or sending a cheque to:

Headway - the brain injury association
Bradbury House
190 Bagnall Road
Old Basford
Nottingham NG6 8SF

Alternatively, you can make a donation of up to £10 by simply texting **Head01** and the amount you wish to donate to **70070**.

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About Headway

Headway – the brain injury association is a charity set up to give help and support to people affected by brain injury.

A network of local [Headway groups and branches](#) throughout the UK offers a wide range of services including rehabilitation programmes, carer support, social re-integration, community outreach and respite care. The [Headway helpline](#) provides information, signposts to sources of support and rehabilitation services, and offers a listening ear to those experiencing problems. Other services provided by Headway include:

- Supporting and developing local [groups and branches](#)
- Promoting understanding of brain injury and its effects
- An award-winning range of [publications](#) on aspects of brain injury
- Accreditation of UK care providers through the [Approved Provider scheme](#)
- A comprehensive, newly launched [website](#)
- [Campaigning](#) for measures that will reduce the incidence of brain injury
- Providing grants from our [Emergency Fund](#) for families coping with financial difficulties
- [Headway Acute Trauma Support \(HATS\)](#) nurses to support families with loved ones in hospital

■ Freephone helpline: 0808 800 2244

(Monday–Friday, 9am–5pm)

■ Telephone: 0115 924 0800

■ Website: www.headway.org.uk

■ Fax: 0115 958 4446

■ Email: helpline@headway.org.uk

Minor head injury and concussion

Richard Morris

This booklet is written for anyone who has had a minor head injury and their family and friends. While the majority of people recover from a minor head injury very quickly, the information in this booklet will help both people in the early stages of recovery and those who experience ongoing problems.

