

Neuropsychological evaluation of mild head injury

MASSIMO GENTILINI,* PAOLO NICHELLI,* RUDOLF SCHOENHUBER,*
PAOLO BORTOLOTTI,* LUIGI TONELLI,† ANGELO FALASCA,† GIAN A MERLIT

From the *Clinica Neurologica dell'Università di Modena** and *Divisione di Neurochirurgia del Policlinico,† Modena, Italy*

SUMMARY Neuropsychological deficits following mild head injury have been reported recently in the literature. The purpose of this study was to investigate this issue with a strict methodological approach. The neuropsychological performance of 50 mildly head injured patients was compared with that of 50 normal controls chosen with the case-control approach. No conclusive evidence was found that mild head injury causes cognitive impairment one month after the trauma.

Effects of head injury on mental functions have usually been studied in patients with severe trauma. Studies on the consequences of mild injury are much rarer, in spite of the fact that these patients frequently complain of difficulties in concentration and memory and poor intellectual efficiency.

Gronwall and Wrightson¹ found reduced efficiency in 10 patients with mild head trauma and subjective post-concussion syndrome as revealed by the PASAT test (which requires the patient to sum a series of numbers given at a rapid rate) in comparison to the performance of a patient group with head injury of the same degree but without the subjective syndrome. Altered PASAT scores were found in the initial phase, and returned to normal within 30-35 days. In 1981 Rimel *et al*² published an exhaustive analysis on 538 patients with mild head injury defined on the basis of the following parameters: loss of consciousness for less than 20 min, Glasgow Coma Scale (GCS) values ranging between 13 and 15, length of hospitalisation less than 48 hours. Follow-up was performed on 424 patients 3 months after the trauma: of these 79% complained of persistent headaches, 59% had memory loss, and 34% had not resumed occupational activities. More precise results on a subgroup of 70 patients from this group were subsequently reported by Barth *et al*,³ who used the Halstead Neuropsychology Battery, the Wechsler Scale of Intelligence and Memory, and the Wide Range Achievement Test. The Halstead Battery showed moderate to severe impairment in 22 patients, a mild deficit in another 22, and a mini-

mal impairment in 26. Cognitive deficits did not seem related to the duration of loss of consciousness, post-traumatic amnesia, and the presence of sensory and motor deficits. The correlation between Halstead index, psychological disturbances, and difficulty in resuming occupational activities were significant, but at a low level. However, an adequate control group was not used in the comparison.

The purpose of this study was to evaluate neuropsychological deficits in a population of patients whose head injuries were defined as mild according to precise criteria and whose performances were compared to those of a control group closely matched for age, educational level, and socio-economic status with the study group.

Methods

Fifty consecutive mild head injury cases, referred to the Division of Neurosurgery of the Policlinic of Modena from November 1982 to September 1983, were studied. Criteria for admission to the study were loss of consciousness for less than 20 min, an initial score on the Glasgow Coma Scale* of 13 to 15, hospitalisation less than 3 days, negative neurological examination upon admission and discharge, and no medical complications. Patients younger than 13 or older than 75 years were excluded. Fifty controls were chosen one by one by each patient from his/her spouse, relatives, friends, and schoolmates (case-control pairing).

Table 1 Demographic features of the two experimental groups

	Sex	Age (yr)		Education	
		T	SD	T	SD
Patients	19 f + 31 m	35-38	19-11	7-60	3-46
Controls	27 f + 23 m	33-78	17-12	7-96	3-13

Address for reprint requests: Dr P Nichelli, Clinica Neurologica, Via Del Pozzo, 71 I-41100 Modena, Italy.

Received 30 May 1984. Accepted 21 July 1984

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