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ABSTRACT

Much confusion exists between post-concussive syndrome (PCS) and post-traumatic stress disorder (PTSD). This study evaluates the symptoms of both disorders, with the goal of illustrating their unique characteristics. A clinical neuropsychologist interviewed 41 males and 29 females who had previously received the diagnosis of PCS or PTSD. Each subject was asked to provide a highly detailed chronological history of the events which preceded, followed, and occurred during the traumatic event. While none of the PTSD patients reported a loss of consciousness or amnesia, 85.7% and 96.4% respectively, of PCS patients reported these symptoms. Other symptoms, such as intrusive recollections of the event, reluctance to discuss the episode, hypervigilance and nervousness while discussing the event were unique to PTSD patients. These results suggest that PCS and PTSD differ with respect to specific symptoms. PCS and PTSD appear to be mutually exclusive disorders in that patients who are involved in traumatic events develop either PCS of PTSD, but not both for the same event. The clinician should not rely on such symptoms to diagnose PCS or PTSD since an accurate diagnosis of whether a patient sustained either disorder depends on a detailed chronological history obtained from the patient and a careful review of the patient's medical records. (RJM)

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Post Concussive and Post Traumatic Stress Disorders: Two Mutually Exclusive Syndromes

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Introduction

A great deal of confusion currently exists between post-concussive and post-traumatic stress disorders. For example, many clinicians assume that a patient can develop both disorders for the same event (e.g. motor vehicle accident), or that patients who complain of cognitive and emotional symptoms following either motor vehicle accidents, blunt head trauma, or falls are exhibiting symptoms of a post-concussive syndrome. Furthermore, this diagnosis assumes that the patient has sustained brain damage, albeit mild. Unfortunately, this diagnosis is frequently made in the absence of a detailed clinical history or review of the patient's acute medical records even though such information may reveal no evidence of an alteration of consciousness, mental confusion, amnesia, or neurological abnormalities.

Thus, many patients who developed psychological symptoms as a reaction to a traumatic event (e.g., motor vehicle accident) are often misdiagnosed as having a brain injury rather than a post-traumatic stress disorder. The purpose of this study is to critically evaluate the symptoms of both disorders in order to shed some light on their unique characteristics so that clinicians practicing in the community

will better understand these disorders, and avoid mislabeling patients as brain damaged who are not.

Method

A total of 70 patients (41 males, 29 females) who had previously received the diagnosis of either a post concussive syndrome (PCS) or post-traumatic stress disorder (PTSD) were interviewed by a clinical neuropsychologist. Each interview lasted between 2-3 hours. During each interview each patient was asked to provide a highly detailed chronological history of the events which preceded, followed, and occurred during the traumatic event. Each patient was asked if they had been rendered unconscious and, if so, to estimate the duration of unconsciousness. Each patient was asked if they could recall the actual traumatic event and the events which occurred up to 15 minutes prior to the traumatic event. Their recall was then judged as to whether or not it was highly detailed. Each patient was also asked to describe the various symptoms they developed following the traumatic event. In the majority of cases, additional information was obtained from the significant others who accompanied the patient to the interview. This information was utilized to corroborate the patient's symptoms and provided supplemental information about the patient's symptoms.

Results

Table 2 presents the results of a comparison between PCS and PTSD patients. These data reveal that while none of the PTSD patients reported a loss of consciousness or amnesia, 85.7% and 96.4% of PCS patients reported such

symptoms. While PTSD and PCS patients reported that they were able to recall events that occurred 15 minutes prior to the traumatic event (100% and 71.4%, respectively), none of the PCS patients reported a clear recollection of these events in comparison to 100% of the PTSD patients.

Table 3 presents a comparison of the symptoms of PCS and PTSD patients. This table reveals that symptoms such as intrusive recollections of the traumatic event, anxiety following exposure to the traumatic event, nightmares of traumatic event, reluctance to discuss traumatic event, hypervigilance, and nervousness while discussing the traumatic event are unique to PTSD disorders as none of the PCS patients reported such symptoms. These data also reveal little difference between PCS and PTSD patients with respect to many of their cognitive, behavioral, and emotional symptoms. For example, no significant differences were found in symptoms such as memory and word finding difficulties, distractibility, speech problems, changes in libido, blurred vision, excessive sleep, photophobia, or hyperacusia.

Discussion

These data reveal that PCS and PTSD disorders differ dramatically with respect to specific symptoms. Moreover, these data suggest that PCS and PTSD are mutually exclusive disorders in that patients who are involved in traumatic events develop either PCS or PTSD, but not both for the same event. For example, none of the PTSD reported a loss of consciousness, amnesia for the traumatic event, and were able to provide highly detailed recollections of the events which occurred up to

15 minutes prior to the traumatic event in comparison to PCS patients who were either rendered unconscious or reported amnesia for the traumatic event, and were unable to provide detailed recollection of the events which occurred just prior to the traumatic event. In addition, none of the PCS patients reported symptoms which are commonly reported by PTSD patients.

These data suggest that while PCS and PTSD may report a variety of similar cognitive, behavioral, and emotional symptoms, the clinician should not rely on such symptoms to diagnose PCS or PTSD since it seems clear that an accurate diagnosis of whether a patient sustained a PCS or PTSD depends on a detailed chronological history obtained from the patient and careful review of the patient's acute medical records.

Table 1

COMPARISON BETWEEN PCS AND PTSD

	PCS	PTSD
Age	34.2 (13.5)	38.7 (12.9)
Sex		
Male	21 (75.0%)	20 (47.6%)
Female	7 (25.0%)	22 (52.4%)
Type of Injury		
MVA	18 (64.3%)	28 (66.7%)
Blunt Head Trauma	5 (17.9%)	5 (11.9%)
Fall	4 (14.3%)	3 (7.1%)
Other	1 (3.6%)	6 (14.3%)
Time Since Injury (Months)	20.8 (16.4)	29.1 (32.7)

Table 2

COMPARISON BETWEEN PCS AND PTSD

	n=28	n=42
Loss of Consciousness	PCS	PTSD
Yes	85.7%	0.0%
Unsure	10.7	21.3
No	3.6	78.7
Duration(Minutes)	6.2 (12.7)	0.0 (0)
Amnesia for Traumatic Event		
Yes	96.4%	0.0%
Unsure	3.6	19.1
No	0.0	80.9
Able to Recall Events 15 Mins. Prior to Traumatic Event		
Yes	71.4%	100.0%
No	28.6	0.0
Highly Detailed Recall?		
Yes	0.0%	100.0%
No	100.0	0.0

Table 3

COMPARISON BETWEEN PCS AND PTSD

SYMPTOMS	PCS	PTSD
Intrusive Recollections of Traumatic Event	0.0%	100.0%
Exposure to Traumatic Stimuiii	0.0	100.0
Nightmares of Traumatic Event	0.0	100.0
Flashbacks of Event	0.0	95.0
Reluctant to Discuss Event	0.0	93.0
Hypervigilance	0.0	79.1
Startle Reactions	0.0	97.7
Anxious Discussing Event	0.0	100.0
Anxiety-Panic Reactions	14.3	97.7
Emotional Lability	21.4	93.0
Memory Difficulties	89.3	97.7
Need for Isolation	21.4	95.3
Concentration Difficulties	60.7	100.0
Word Finding Difficulties	35.7	41.9
Social-Interpersonal Difficulties	67.8	81.4
Problem-Solving Difficulties	28.6	16.3
Fatigue	57.1	58.1
Appears Anxious	25.0	79.1
Appears Depressed	17.8	60.5
Distractibility	39.3	23.2
Speech Problems	14.3	2.3
Appears Confused	28.6	7.0
Decline in Libido	53.6	55.8
Driving Phobia	3.6	62.8
Sleeping Difficulties	21.4	90.7
Appetite Problems	7.2	55.8
Blurred Vision	0.0	16.3
Need for Excessive Sleep	25.0	27.9
Becomes Disoriented	21.4	2.3
Photophobia	3.6	9.3
Hyperacusia	14.3	0.0