The impact of Sport-Related Concussion and Physical Pain on Mental Health, Cognition, and Quality of Life

Daniel Walker, Adam Qureshi, David Marchant & Alex Bahrami Balani *Edge Hill University*

Project Overview

This project aims to investigate three commonly reported consequences of concussion; poor mental health, impaired cognition, and reduced quality of life. While there is alot of evidence that concussion is associated with the sethree outcomes, no project to date has investigated them simultaneously. Add itionally, physical pain often accompanies concussion, and the refore it is surprising that this is not included in much of the concussion literature. This project intends to shed light on the roles that both concussion and pain have on mental health, cognition,

Method

Participants: All paticipants completed a general information question naire gathering demographic variables including concussion his tory and pain (NRS-11).

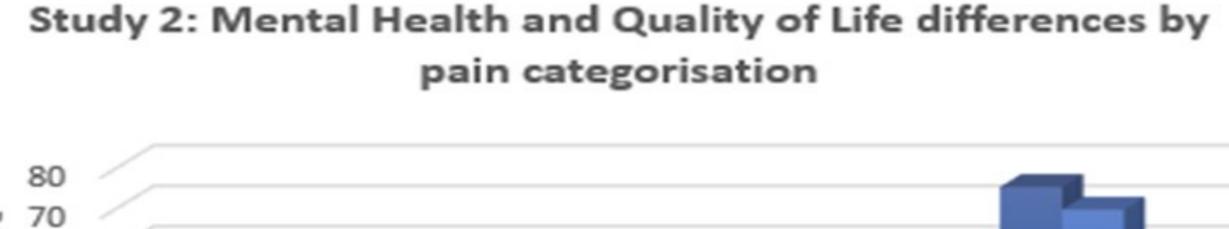
Measures: CESD (1) me asured depressive symptoms and STAI (2) me asured anxiety symptoms. Quality of life was recorded using SF-12 (3), and a Trail Making Task assessed cognitive flexibility.

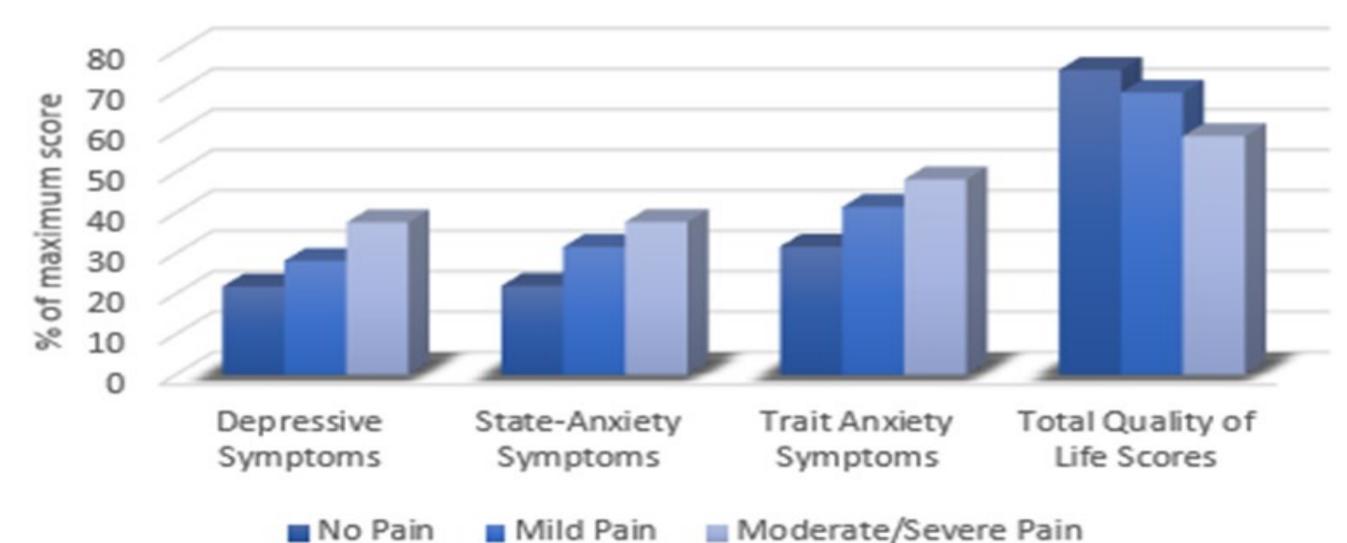
Study 1: Incorpor at ing physical pain in concussion research

Re sults: Analysis (N=67, 32 C oncussed) revealed (i) concussion had a significant effect on depressive symptoms when controlling for pain but no effect on quality of life when controlling the same variable (ii) pain had a significant effect on depressive symptoms and quality of life.

Conclusion: Concussion and physical pain negatively impact depressive symptoms, however, in dividuals may only recognise a reduction in quality of life with increased physical pain, suggesting pain may be more relevant than the concussive event its elf. The refore, physical pain ought to be incorporated into concussion research more often.







S tudy 2: Physical Pain vs. Concussion History: Which has the greater influence on Mental Health and Quality of Life?

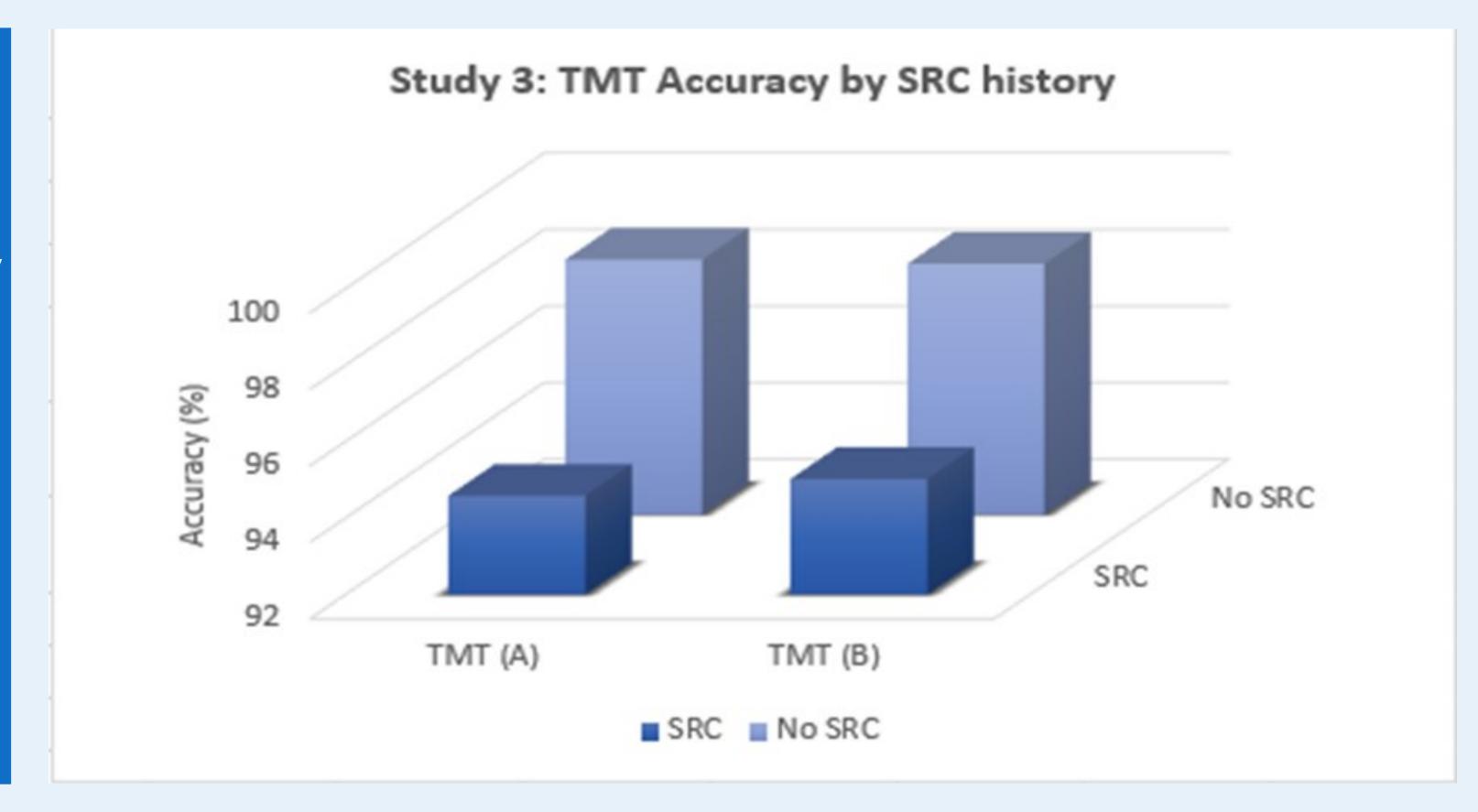
Re sults: Analysis (n=102, 56 C oncu ss ed) revealed (i) increasing levels of physical pain resulted in elevated depression and anxiety and lower quality of life (ii) concu ssion his tory was found to have no significant effect on the seo utcomes (iii) he adache scores also had no significant effect on said outcomes.

Conclusion: It appeas that physical pain has a greater influence on mental health and quality of life than concussion. Headache scores suggest that physical pain experienced cannot be attributed to persistent concussion symptoms.

S tudy 3: Providing a clearerinsight into how concussion and pain impact mental health, cognition, and quality of life

Re sults: Analysis (n=84, 45 C oncu ss ed) revealed (i) SRC his tory led to poor a ccuracy on TMT but had no be aing on mental health and quality of life, and (ii) physical pain did not impact cognitive flexibility but was responsible for poorer mental health and lower quality of life.

Conclusion: SRC and pain have differing influences on mental health, cognition, and quality of life. Concussion appeas to be more responsible for impaired cognition whereas physical pain is associated with poorer mental health and reduced quality of life. The refore, we can predict the outcome of these events and support athletes that have sustained SRC, are experiencing physical pain, or both.



Future Directions

From this reseach, physical pain ought to be incorporated in to concussion reseach as much as possible, due to the overlap of outcomes that are being reported. We illustrate here that concussion may be more responsible for cognitive impairment whereas pain may be more responsible for poor mental health and quality of life, and this requires more attention. In addition, the NRS-11 utilised to assess pain may not be the mostrobust, and therefore, we are currently collecting data in an attempt to develop an ew pain scale that captures different areas of

Refe r e nc e s

Radloff, L. S. (1977). Ap pl ied psyc h ologicame asur ement.
Speilberger, C. D., Gorsuch, R. L., & Lushene, R. E. (1970). Pao Al t o, Ca: Consul t ing Psyc h ologi s ts.

5. Kodali, S., & Fisque, M. A. M. M. (2021). Int e rnat ionalourna f Ch ild an d A dol esc ent He ath.

3. Ware Jr, J. E., Kosinski, M., & Keller, S. D. (1996). *Medicacar e.*

4. Mrazik, M. (2021). Arc h iv es o f Cl inica Neuropsyc h ology.

6. Doroszkiewicz, C., Gold, D., Green, R., Tartaglia, M. C., Ma, J., & Tator, C. H. (2021). Journho f Neurotr auma.

7. Walker, D., & Marchant, D. (2020). Sp ort an d Exe rci se Psyc hology Review.

8. Moriarty, O., Gorman, C. L., McGowan, F., Ford, G. K., Roche, M., Thompson, K., Dockery, P., McGuire, B. E., & Finn, D. P. (20 16). Scan dinavian journate of pain.

9. Vaegter, H. B., Christoffersen, L. O., Enggaard, T. P., & Holdggard, D. E. M. (2021). Journa of Pain Rese arc h.

10. Provance, A. J., Howell, D. R., Potter, M. N., Wilson, P. E., D'Lauro, A. M., & Wilson, J. C. (2020). *Journko f c h ild neurology*.