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Cognitive Difficulties

What is a cognitive difficulty?

Concussion/mTBI can cause cognitive difficulties. Cognitive difficulties can affect your ability to pay attention, remember, learn new things, make good decisions and make it harder to function in your everyday life.

Symptoms of cognitive difficulties can last longer and be more severe if a person has other pre-existing conditions. These include:

- Attention Deficit Hyperactivity disorder (ADHD)
- Learning disabilities
- Anxiety or mood disorders
- Sleep problems or pain

It is important to talk to your primary care provider or see a neuropsychologist if you think you have cognitive difficulties. If these difficulties become prolonged, you may need testing to help identify treatment and strategies to help.

These tests will:

- Assess your cognitive strength and challenges
- Help you set your goals for treatment
- Inform plans for return to work or school
- Provide information about your ability to function independently in your daily activities

The result of these tests will also help decide what treatments you may need and identify temporary accommodations for you at work or school.

What can I do to treat cognitive difficulties?

Treatment can include early management strategies, rehabilitation strategies, and/or Cognitive Behavior Therapy (CBT). These treatments can help you learn ways to cope with your cognitive difficulties and work around them. They can help reduce prolonged symptoms so that you can gradually return to your normal roles and activities at home, work, and school. Symptoms typically resolve in 3-6 months.



Key Guideline Recommendations for Healthcare Providers

The following key guideline recommendations for healthcare providers have been included here so you can see what the guideline recommends healthcare providers do in assessing and treating patients after concussion/mTBI.

9.1	A patient sustaining a concussion should be evaluated for the presence of cognitive difficulties, and consideration taken to the impact of such difficulties on functional areas such as performance at work or school and completing tasks within the home and community, etc. This can be done through a focused clinical interview regarding symptoms and administration of a validated post-concussion questionnaire (e.g. Rivermead or SCAT5) for the purpose of assessing and tracking symptoms.
9.4	Patients who have cognitive symptoms that are not resolving and continue to interfere in daily functioning (e.g. school or work) beyond 4 weeks should be considered for referral for specialized cognitive assessment (e.g. neuropsychological assessment). The evaluation may assist in clarifying appropriate treatment options based on individual patient characteristics and conditions.

Cautionary Note to Users

The content of the *Guideline for Concussion/mTBI & Prolonged Symptoms, 3rd Edition: for Adults over 18 years*, is based on the status of scientific knowledge available at the time of their finalization (2017) as well as on the consensus of the experts who participated in the guideline development.

This guideline has been created to provide recommendations and help with management of concussion/mild traumatic brain injury (mTBI). It is only for management for adults over 18 years of age. This guideline is not intended for use by people who have sustained or are suspected of having sustained a concussion/mTBI for any self-diagnosis or treatment.

The guideline can be used by patients when speaking with healthcare providers about their care. It covers getting a diagnosis, managing symptoms in the early phase (acute) and management in the longer recovery phase (prolonged symptoms). Patients may wish to bring their healthcare and other providers' attention to this guideline. It is based on up-to-date, quality research evidence, the expertise of providers and the input of patients.

