Head injuries – let’s face the facts

I have just read an interesting article that describes how concussion and other head injuries are becoming a national epidemic in America, where 1.7 million people are diagnosed with a traumatic brain injury every year. This number is increasing, not because the sporting environment is becoming more dangerous, but because there is a greater awareness of the consequences of concussion and therefore more cases are reported. To some extent this can be attributed to Drs Ellenbogen and Bajer, who in March 2010 were appointed to co-chair a medical committee of the NFL, which specialises in head neck and spine injuries. The turnabout has come because the two doctors are well-respected neurosurgeons who faced up to the problem of head injuries and concussion. They are quick to point out that concussion is a brain injury and all brain injuries are serious. They further acknowledge that although some cases are resolved in a few weeks, some children and adults show symptoms of the concussion that last for several months or even longer.

This honest, evidence-based approach was in contrast to their predecessor, a ‘denialist’ who was more conservative in making the link between concussion and negative long-term consequences. We have seen how the HIV problem in South Africa has been tackled full-on, with dramatic positive results, once the denialists were ousted. We are witnessing a similar scenario with the way the problem of concussion is being confronted in America.

There is mounting evidence that people who have repeated bouts of brain injury or concussion have a greater risk of getting Alzheimer-like dementia, Parkinson’s disease and motor neurone disease, and this message is being well communicated. More resources are being devoted to studies on concussion and the techniques for measurement are becoming more sophisticated.

The enlightened doctors have also encouraged everyone dealing with people who may have concussion to adopt the mantra ‘when in doubt, sit it out’ to ensure maximal recovery and reduce the risk of repeated trauma.

This approach raises new issues for participants in sport. For example, now that the risks are becoming better understood, is it not the right of the player to know the risks, so that he/she can make an informed decision about participating? If truth be told, every sport has some risk associated with participation. Are we heading to a point where these risks are stated clearly and unambiguously – like the mandatory statement ‘smoking causes cancer’ displayed on cigarette packets? Perhaps we are not too far off, particularly since the NFL has taken a much more concerned approach by producing posters for display in the locker rooms making the statement that ‘concussion can lead to the early onset of dementia.’

Some of these points are discussed further in two commentaries in this edition of the journal. One of the commentaries, ‘Ethical issues in return to sport decisions’ by Theresa Burgess) picks up on the ethical issues associated with sport, in particular the decision about returning to play after injury, and the other commentary by Ann Shuttleworth-Edwards debates the controversy around neuropsychological testing in managing concussion. Both papers provide insight into complex areas and will certainly stimulate lively discussion.

Before closing I would just like to thank all the reviewers who assisted this year. The difficulty of the editor’s job is defined by the community of reviewers who are prepared to contribute their time and expertise to the journal. My job is made much easier by the fact that I always seem to be able to find willing and competent reviewers – with their continued support the journal can grow from strength to strength.


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