

Nigel S. King – selected references

King, N. S. & Kirwilliam, S. (2011). Permanent post-concussion symptoms after mild head injury. *Brain Injury*, 25, 462-470.

Notes: OBJECTIVE: A small minority of individuals experience long-term or permanent post-concussion symptoms (PCS) after a mild head injury (MHI). There has been no systematic, quantitative research examining a wide range of variables in a representative sample of such patients (i.e. with PCS for more than 18 months). This study explores a broad spectrum of demographic, cognitive, emotional and psychosocial factors (known to be important in the development of early PCS) in a representative sample of patients with permanent PCS. METHOD: One hundred consecutively referred patients to a Community Head Injury Service in Buckinghamshire, UK for the treatment of persistent PCS, at least 18 months post-MHI, were identified and invited to participate. An exploratory design evaluated a range of demographic, cognitive, emotional and psychosocial variables and their relationship to PCS severity and quality-of-life (QoL). RESULTS: Twenty-four participants, with a mean time post-injury of 6.9 years, responded. They were characterized by: (i) older age compared to those typically presenting with MHI, (ii) very high levels of PCS, (iii) high post-injury unemployment, (iv) pre- or post-morbid factors which might exacerbate post-concussional difficulties, (v) elevated levels of anxiety and depression and (vi) mildly reduced scores on tests of short-term memory and speed of information processing. Post-hoc analysis of the total sample (n = 100) confirmed older age and a high proportion having pre- or post-morbid factors. QoL negatively correlated with PCS severity, and anxiety scores accounted for 45.9% of the variance in PCS severity. CONCLUSIONS: Very high levels of PCS, high post-injury unemployment and measurable cognitive deficits can be permanent features of MHI. Quality-of-life is directly related to symptom severity. Age, pre-/post-morbid concomitant factors, neuropsychological deficits and emotional status are key variables in understanding the phenomenon of permanent PCS. Important vulnerability factors in the development of such may therefore be older age and any additional compromise to an individual's emotional or cognitive capacities  
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King, N. S. & Tyerman, A. (2010). Neuropsychological presentation and treatment of traumatic brain injury. In J.M.Gurd, U. Kischka, & J. C. Marshall (Eds.), *The handbook of clinical neuropsychology* (2 ed., pp. 541-560). Oxford: Oxford University Press.

King, N. S. (2008). PTSD and traumatic brain injury: folklore and fact? *Brain Injury*, 22, 1-5.

Notes: A number of controversies and debates have arisen over the years surrounding the dual diagnosis of post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). Many of these have centred around the degree of protection provided by TBI against developing the disorder. The following is a brief review of the literature in this area to help resolve some of these issues and to address a number of specific challenges which arise when working with this patient group

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King, N. S., Crawford, S., Wenden, F. J., Caldwell, F. E., & Wade, D. T. (1999). Early prediction of persisting post-concussion symptoms following mild and moderate head injuries. *British Journal of Clinical Psychology*, 38, 15-25.

Notes: Oxford Regional Training Course in Clinical Psychology, Warneford Hospital, UK ; ABSTRACT: OBJECTIVES: King (1996) reported that a combination of emotional, organic and neuropsychological measures taken at 7- 10 days following mild and moderate head injury may significantly help predict patients most likely to suffer persisting post- concussion symptoms (PCS) at three months post-injury. This study investigated a cross- validation sample (N = 57) to determine whether the results would be replicated for the early prediction of longer-term sufferers (i.e. those with persisting symptoms at 6 months post-injury). DESIGN: Multiple regression analyses were used in which scores on the Hospital Anxiety and Depression Scale, Impact of Event Scale, Short Orientation Memory and Concentration Test, Rivermead Post- Concussion Symptoms Questionnaire and Post- Traumatic Amnesia taken at 7-10 days post-injury were the independent measures. Scoring on the Rivermead Post-Concussion Symptoms Questionnaire taken at 6 months post-injury was the dependent measure. METHODS: Sixty-six consecutive patients admitted to any trauma ward in Oxfordshire with a mild or moderate head injury were recruited from a largescale randomized controlled sample. The assessment measures were administered at 7- 10 days post-injury and the Rivermead Post-Concussion Symptoms Questionnaire at 6 months post- injury. Nine patients were unable to be followed up, leaving an active sample of 57. RESULTS: The cross-validation data confirmed that a similar combination of measures to that found in the original study best predicted persisting PCS but that the strength of prediction diminished for the longer term prediction (i.e. 6 months post-injury). CONCLUSIONS: The Hospital Anxiety and Depression Scale, Impact of Even Scale and Post-Traumatic Amnesia in combination are recommended as useful prognostic screening instruments for predicting persisting PCS, but great caution is required if they are used to aid predictions beyond 3 months post-injury