The results of this Best Evidence Synthesis are of great value in terms of overcoming past mistakes and properly orienting future MTBI research. However, in our opinion, they should not be used to dictate clinical and treatment standards (particularly at administrative decisional levels) as has been indicated by the authors.

REFERENCES

1. Carroll LJ, Cassidy JD, Holm L, Kraus J, Coronado VG. Methodological issues and research evaluation for mild traumatic brain injury: J Rehabil Med 2004; 36 (suppl 43): 113–125.
2. Carroll LJ, Cassidy JD, Peloso PM, Borg J, von Holst H, Holm L, et al. Prognosis for mild traumatic brain injury. J Rehabil Med 2004; 36 (suppl 43): 84–105.
3. Ponsford J, Willmott C, Rothwell A, et al. Factors influencing outcome following mild traumatic brain injury in adults. J Int Neuropsychol Soc 2000; 6: 568–579.
4. King NS, Crawford S, Wenden FJ, et al. Interventions and service need following mild and moderate head injury: the Oxford Head Injury Service. Clin Rehabil 1997; 11: 13–27.
5. Kay T. Neuropsychological treatment of mild traumatic brain injury. J Head Trauma Rehabil 1993; 8: 74–85.
6. Borg J, Holm L, Peloso PM, Cassidy JD, Carroll LJ, von Holst H, et al. Non-surgical intervention and cost for mild traumatic brain injury: results of the WHO Collaborating Centre Task Force on Mild Traumatic Brain Injury. J Rehabil Med 2004; 36 (suppl 43): 76–83.

RESPONSE TO MCKERRAL ET AL.'S LETTER TO THE EDITOR

We appreciate the letter by McKerral et al., highlighting several important issues in our Task Force Report on Mild Traumatic Brain Injury (MTBI), and would like to make some comments and clarifications.

Emotional distress and pain-related symptomatology certainly do appear to be an intrinsic part of a complex clinical picture in those individuals with poor outcome after MTBI. However, the question of exactly what is causing this poor outcome remains unanswered. This does not imply that the persistent symptoms experienced by some individuals are somehow not "real"; but, in order clearly to attribute the poor outcome to the MTBI itself, other potential factors causing or contributing to this poor outcome need to be ruled out. Identification of factors leading to or contributing to poor outcome is a crucially important area that deserves further attention from the MTBI research community.

We agree and recommend that identifying prognostic factors for recovery be seen as a priority in research (ref. 1, pp. 117–118). Identification of modifiable prognostic factors is important in identifying potential targets for effective interventions and prevention of poor outcome.

We agree that theories and models are important, and can guide research. A review of current theories in this area would be of value, although it was beyond the scope of our Task Force.

We do advocate identifying and intervening with those individuals with negative prognostic indicators (ref. 1, p. 118). However, at present our ability to identify those individuals is restricted by our limited knowledge of what those negative prognostic indicators are. It is likely (but not certain) that early intervention of the right sort in those individuals at highest risk of delayed or inadequate recovery would be helpful in preventing poor outcome. However, we are far from being able accurately to identify those individuals, nor do we yet have a clear evidence base on which to determine the best intervention or the best timing of that intervention. In our opinion, these questions deserve immediate attention in order to avoid or alleviate suffering in those individuals with poor recovery.

One of our mandates was to evaluate the economic costs of MTBI in general, including (but not limited to) healthcare costs. This is the area in which we found the fewest studies, and our ability to report on the overall costs of MTBI was therefore very limited.

REFERENCE

1. Carroll LJ, Cassidy JD, Holm L, Kraus J, Coronado VG. Methodological issues and research evaluation for mild traumatic brain injury. J Rehabil Med 2004; 36 (suppl 43): 113–125.

Linda Carroll, Lena Holm, Jörgen Borg, David Cassidy, Hans von Holst, Paul Peloso

DOI: 10.1080/16501970510026656
J Rehabil Med 37