

Outcome after mild to moderate traumatic brain injury: The role of dizziness

Archives of Physical Medicine and Rehabilitation

Volume 85, Issue 10, October 2004, Pages 1662-1666

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Abstract

Chamelian L, Feinstein A. Outcome after mild to moderate traumatic brain injury: the role of dizziness.

Objective

To assess the specific effect of dizziness on psychosocial outcome after mild to moderate traumatic brain injury (TBI).

Design

Six-month cross-sectional study.

Setting

An [outpatient](#) TBI clinic in a [tertiary care](#) referral center.

Participants

A consecutive sample of 207 adults with mild to moderate TBI, 138 (66.7%) of whom had subjective complaint of posttraumatic dizziness.

Interventions

Not applicable.

Main outcome measures

Psychosocial indices (Glasgow Outcome Scale [GOS], [General Health Questionnaire](#) [GHQ], Rivermead [Head Injury](#) Follow-Up Questionnaire [RHFUQ], return to work status) were collected from dizzy and nondizzy patients.

Results

Despite similar demographic, TBI, and global disability (GOS) profiles of both groups, psychosocial functioning (GHQ, RHFUQ, return to work) was significantly worse in dizzy subjects ($P < .01$ for all indices). A [logistic regression analysis](#) identified dizziness ($P = .006$), total [GHQ](#) ($P = .001$), and [psychotropic](#) and [analgesic](#) use ($P = .05$) as significant independent predictors of reemployment.

Conclusions

Although dizziness was closely linked to psychologic distress at 6 months after head injury, it also emerged as an independent predictor of failure to return to work, suggesting that not all its adverse effects on outcome are psychologically mediated. Clinicians need to be alert to the presence of dizziness as an adverse prognostic indicator after mild to moderate TBI.