

Title: Follow-up Patterns and Outcomes of Concussed Children and Youth in British Columbia
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Abstract

Background

Concussions are a significant health issue for children and youth. These brain injuries are considered one of the most complex injuries to diagnose, assess, and manage. Despite a yearly increase in concussion incidence, there has been limited research into the follow-up care of children and youth with concussion, particularly within the Canadian health care context.

Literature review

The literature review covered a range of articles on rates and timing of follow-up visits, factors affecting follow-up visits, and health outcomes after concussion in the pediatric population.

Methods

The purpose of the proposed study is to identify the rates and the timing of the first follow-up visit for children after a diagnosis of concussion (Objective 1), factors associated with follow-up timing (Objective 2), and the impact of time to first follow-up on children's health (Objective 3). The proposed study will employ a retrospective, descriptive-correlational design drawing on linked, population-based administrative data for children and youth in BC who have received care for a concussive injury.

Results

Findings will be presented based on objectives. Objective 1 will be addressed by calculating the percentage of cases for the binary follow-up (yes or no) and ordinal follow-up (timely, delayed, or no follow-up) variables. Objectives 2 and 3 will be addressed through the use of logistic regression, specifically ordinal logistic regression and binary logistic regression.

Discussion

Understanding the rates and timing of follow-up visits for pediatric concussion in British Columbia (BC), the factors that are associated with timely follow-up care, and the impact of follow-up on post-concussion health outcomes will have important implications for policy and practice. Ultimately, drawing attention to the problem of a lack of follow-up in pediatric concussion will provide the basis for future research that investigates the reasons for a lack of follow-up and appropriate point of intervention.