**Table 3: Summary of RCTs assessing treatment effectiveness of educational/early interventional studies**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Study** | **Total N =**  | **Intervention participant characteristics** | **Control participant characteristics** | **Intervention vs. control** | **Result of intervention on primary outcome** | **Overall Attrition** | **SIGN internal validity *bias* rating** |
| 19, UK | 354 | N = 161. Mean age and %male unclear | N = 154. Mean age and %male unclear  | Information/support/advice 7-10 days post injury vs. no intervention | No significant difference at 6 months on RHFUQ | 59% overall | Moderate risk |
| 20, UK | 79 | N = 48. Mean age and %male unclear | N = 31. Mean age and %male unclear | Information/support/advice 7-10 days post injury vs. no intervention | Significant difference at 6 months on RHFUQ | 31 % overall | Moderate risk |
| 21, Australia | 202 | N = 79. Mean age 24.1, %male unclear | N = 123.Mean age 28.1, %male unclear | Contact in 48 hours, neuropsychological assessment and information booklet 5-7 days post injury vs no intervention | Significant difference on PCSC at 3 months | 38 % intervention, not clear for control | High risk |
| 22, Canada\* | 121 | N = 60. Mean age 32.7, %male 50 | N = 59. Mean age 33.6, %male 43 | Single session educational intervention at up to 3 weeks, vs Extensive neuropsychology and personality assessment  | No significant difference at 3-4 months on PCL, CIQ and SF-36 | 6.5 % | High risk |
| 23, Canada\* | 105 | N = 53. Mean age 32.89, %male 47 | N = 52. Mean age 33.5, %male 44 | Single session educational intervention at up to 3 weeks, vs Extensive neuropsychology and personality assessment | No significant difference at 1 year on PCL, CIQ and SF-36. | 12% | High risk |
| 24, Canada | 191 | N = 97. Mean age 30.7, % male 64 | N = 94. Mean age 33.7, %male 60  | Multidisciplinary team management versus no intervention  | No significant difference at 6 months on RPDQ, RHFUQ, GHQ, & neurocognitive battery | 11% | High risk |
| 25, 26 Sweden^ | 173^^ | N = 48. Mean age 41, %male 31 | N = 49. Mean age 37.5, %male 47 | Early intervention visit and psychoeducation for patients with high risk for persisting disability following mTBI, vs. usual psychoeducation  | No significant difference at 3 months on RPQ and HADS; or activity, participation and quality of life. | 17.5% | Moderate risk |
| 27, Norway | 151 | N = 81. Mean age 31. %male 61 | N = 70. Mean age 35. %male 61 | Multidisciplinary outpatient follow up programme- individual and group psychoeducation vs. primary care follow up after multidisciplinary assessment. | No significant difference at 1 year in return to work post injury | 17% | Low risk |

**Legend: \* These two studies were on the same initial population but (23) was a 10 year follow up, with a slightly smaller population. ^These two studies were of the same population, but (25) was examining symptoms and (26) was looking at a different outcome – activity, participation and quality of life. ^^ 76 patients were not randomised. RHFUQ Rivermead Head injury Follow up Questionnaire, PCSC Post Concussion Symptom Checklist, PCL Problem CheckList, CIQ Community Integration Questionnaire, SF-36 Short Form 36 Health Survey, RPDQ Rivermead Post-concussion Disorder Questionnaire, GHQ General Health Questionnaire, HADS Hospital Anxiety and Depression Scale.**