

# “I think mild almost trivialises it”

## A Meta Synthesis of Experiences of Care Among Individuals with Mild Traumatic Brain Injury

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Supplementary  
Materials

The prevalence of concussion and mild traumatic brain injury (mTBI) Continues to rise globally (1).

A significant cohort of people experience persistent & burdensome symptoms (2).

Symptoms have a pervasive effect on quality of life (3).

Myriad of symptoms lead to variable experiences of mTBI.

Attempts to establish consensus guidelines have been unsuccessful.

Therefore, important to understand people's preferences for care.

### Aims

To understand the experiences & preferences of patients receiving intervention for mTBI.

To generate recommendations for future service delivery for people with mTBI.

23 studies were included (n = 306) :

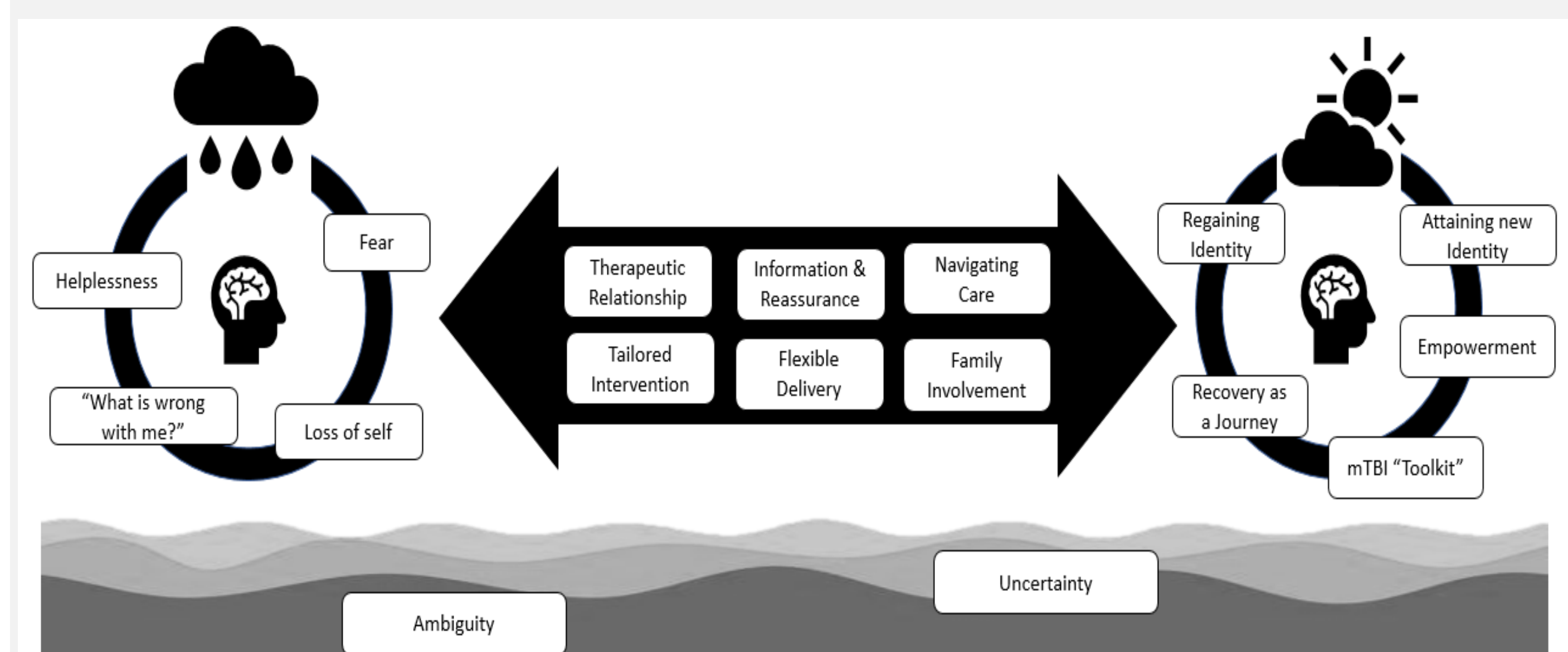
- 218 males : 76 females
- Mean age 40.21 (8.19 SD) years
- Predominant mechanism of injury was combat (n= 177)
- Majority of studies from the USA (n=15)

The experience of care for people with mTBI was defined by three predominant themes:

Ambiguity & Uncertainty	Care for the Person, not the Injury	Experience of Outcomes
<ul style="list-style-type: none"> <li>• Timely information &amp; reassurance</li> <li>• Navigating care</li> <li>• Therapeutic relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Tailored intervention</li> <li>• Flexible delivery</li> <li>• Family</li> </ul>	<ul style="list-style-type: none"> <li>• Coming to terms</li> <li>• Regaining identity</li> </ul>

"I didn't know what I was going through. I didn't know what I was feeling. I thought I was going mad. All I wanted to know was a name, of what's wrong with me" (4).

"What's the road to getting back to normal? Or am I going to have to get used to a different normal now?" (5)



Care for people with mTBI should be **timely, person centred, flexible, multimodal, multidisciplinary, and emphasize positive therapeutic relationships**. This study provides a strong foundation for further research, incorporating co-design principles in specific contexts to inform service design, development, and delivery.

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### Study Design

Systematic Review (Propsero CRD42024601642)  
MEDLINE, CINAHL, EMBASE, EMCARE databases searched. PRISMA Guidelines followed.

### Inclusion Criteria

**Included:** Primary qualitative or mixed methods studies.  
**Excluded:** (1) not published in English, (2) did not include qualitative data, (4) did not include a majority (i.e. >50%) of participants with mTBI, or (5) the mean age of participants was < 16 years.

### Quality Appraisal

The quality of included studies was assessed using the Mixed Methods Appraisal Tool (MMAT).

### Data Analysis

Qualitative meta-synthesis was used to analyse the qualitative data from included studies. Quantitative data was collated using Microsoft excel.

### References

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