

present. Accordingly, coaches play a crucial role in recognising the signs and symptoms of concussion, and ensuring that players with a suspected concussion are managed correctly. Coaches have also been found to play a central role in reinforcing or undermining a sport culture in which athletes report injuries, including concussion. The aim of this study was to assess perceived ability to assess and manage concussion; and to explore, coaches' communication practices about concussion safety with their players.

Methods Using a self-report questionnaire data were captured on coaches' communication practices about concussion safety and perceived ability to assess and manage concussion among their athletes. Data was collected electronically from June-September 2015. Results were analysed using SPSS Version 22.

Results The final sample consisted of 106 coaches (59 male, 37 female) from the island of Ireland. Results showed that a majority of coaches did not feel equipped to promote concussion education among their athletes (76.5%), determine if a player has sustained a concussion (69.7%) or to help an athlete who obtained a suspected concussion during training or a match (62.6%). Additionally, before the season, a majority of coaches did not talk to their athletes about concussion safety and the importance of concussion reporting.

Conclusions Findings from this study suggest that interventions should encourage communication about concussion safety with athletes and should provide coaches with communication skills and strategies about how to do this. Additionally, coach targeted interventions should focus on instructing coaches on how to recognise and manage a suspected concussion in one of their athletes.

685 UNDERSTANDING MENTAL HEALTH SYMPTOMS SUFFERED BY TRAUMATIC BRAIN INJURY PATIENTS IN MOSHI, TANZANIA

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Background Traumatic Brain Injury (TBI) is the most common cause of injury death and disability globally. While TBI increases mental health burden, there is no current literature in low and middle-income countries (LMIC) about these patients. This project evaluated the pre-injury mental health of TBI at the Kilimanjaro Christian Medical Centre (KCMC) in Moshi, Tanzania.

Methods Surveys were conducted of TBI patients between May September 2015. Participants were >18 years old and responded at discharge the questionnaires: PHQ-9, Kessler, CES-D, and AUDIT. Data were descriptively represented and questionnaires classified according to the cut-offs: PHQ-9 >4, CES >15, Kessler >20, and AUDIT >7. Frequencies, means with standard deviations (sd) were reported and a spearman correlation was used to evaluate associations.

Results Of all 77 TBI patients, most are male (84%) with mean age of 35 (sd 13) and married (61%). Patients were mainly farmers, skilled or unskilled workers or work in business. While a small percentage of patients have signs of depression (2.6% to 9.1%) and anxiety (4.2%) prior to their injury, a significant proportion have harmful or hazardous drinking behaviour (42.9%). A moderate correlation was observed between depression and anxiety symptoms ($R = 0.44$ and $R = 0.51$). A small and not significant association was found between hazardous or harmful

drinking and depression ($R = -0.02$ and $R = -0.09$) or anxiety ($R = 0.02$) amongst this population.

Conclusions This is the first report of pre-injury mental health of TBI patients in Tanzania. Although significant proportions of patients did not show large mental health systems hazard or harmful alcohol use was concerningly high. However, association patterns demonstrated that patients with harmful or hazardous drinking are not the same with depression and anxiety score. This is an important preliminary finding to understand the baseline mental health status of our TBI patients in a low income setting.

686 STUDY OF PREDICTORS OF PROGNOSIS OF MILD HEAD INJURY

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Background The mild head injury is a mild traumatic pathology in most cases and the role of emergencies often comes down to an early lesion assessment, analgesic treatment and practice of a brain scan. The follow up is assured by the neurology departments and no feedback is communicated to emergencies and thus no relationship between the original picture and the prognosis can be established. The aim of our study is to evaluate the prognosis of mild head injury after one month based on initial data.

Methods Descriptive prospective study of the clinical and evolutionary characteristics of mTBI isolated over a three months period (October-December 2009).

Results We collected 200 cases of mTBI. The average age of patients was 38.9 years with a sex ratio of 1.78. The initial loss of consciousness was reported in 95 patients (47.5%) and was predictive of the presence of intracranial lesions ($p = 0.02$). Follow up has been done in 84.5% of cases. CT scan was performed in 50.5% and allowed to reveal traumatic defects in 16.8% of cases. The existence of an epistaxis, agitation or periorbital hematoma was correlated with the existence of traumatic injuries to the scanner ($p < 0.05$). 169 patients were evaluated at one month by the Glasgow Outcome Scale (GOS). 50% of patients kept variable somatic complaints (headache, irritability, insomnia ...). GCS, agitation, CCEP, CT score, initial loss of consciousness, Masters score and the ISS score are prognostic indicators.

Conclusions The initial loss of consciousness, the initial GCS, evaluating the severity of the accident and the patient's condition are predictors of the existence of intracranial lesions indicating brain scan. These factors with brain damage, Masters Score and ISS are prognostic factors which are correlated with the appearance of post concussion syndrome. Early psychological treatment is necessary.

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687 ASSAULT RELATED MUSCULOSKELETAL INJURIES IN ADOLESCENTS AT ER

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