

Threatening Impairment: Assessing the Effects of Diagnosis Threat on Computerized Concussion Screening Tests

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Can expectations of being diagnosed with cognitive impairment actually result in poorer cognitive performance—a concept referred to as diagnosis threat? For example, following a head injury, might expectations of cognitive effects in and of themselves lead to poorer performance on tests used to diagnose and manage concussions?

Prior research on the effects of expectations in this context has largely relied on participants' self-report of symptoms (Mittenberg, DiGiulio, Perrin, & Bass, 1992; Panayiotou, Crowe, & Jackson, 2011). The few studies examining actual cognitive performance yield varied results: Suhr and Gunstad (2002) found evidence for diagnosis threat, while Ozen and Fernandes (2011) saw no effect.

We extend the investigation of diagnosis threat to athletes' performance on a short battery of computerized cognitive tests increasingly used in concussion diagnosis and management—a context in which expectations of impaired performance are likely to be rather high, thus highlighting the importance of determining whether expectations influence performance on these tests.

Method

- Participants: NCAA Division III field hockey and soccer players; 23 females, 2 males
- Experiment was conducted in a computer laboratory at individual computer terminals with headphones
- Participants read an excerpt of a news article (Neal, 2012) reporting research on cognitive impairment in contact sport athletes, selectively abridged to induce either negative or neutral expectations
- Participants completed a practice version and full version of the Axon Sports Computerized Cognitive Assessment Test (CCAT), consisting of four computerized playing card tasks: Detection, Identification, One Card Learning, One Back
- Participants completed a post-test questionnaire, including a manipulation check, demographics, and anxiety and mood inventories

Results

Condition and CCAT Response Speed

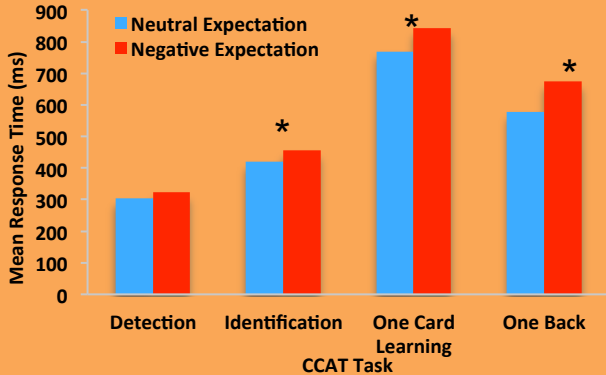


Figure 1. Mean response time (ms) for each CCAT task
*Denotes a significant univariate effect, $\alpha = .05$

Condition and CCAT Response Accuracy

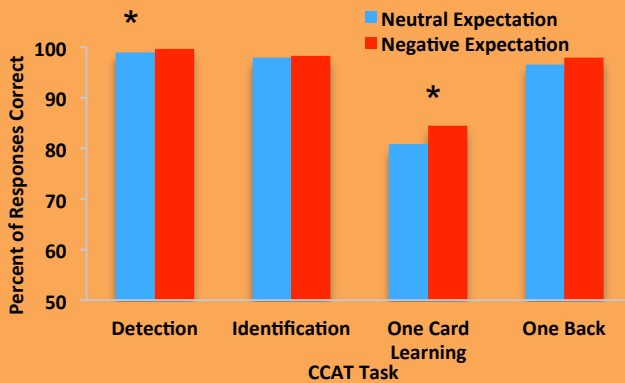


Figure 2. Mean response accuracy for each CCAT task
*Denotes a significant univariate effect, $\alpha = .05$

Conclusion

Participants who were primed with negative expectations responded slower but more accurately on CCAT tasks compared to participants who were primed with neutral expectations.

- Participants who expected to perform worse might have hesitated during CCAT tasks to verify their responses, leading to a slower but more accurate performance.
- Diagnosis threat can differentially affect response speed and accuracy, which should be evaluated separately when interpreting results of concussion tests, as opposed to using a composite score that includes both speed and accuracy.
- In a real world setting, the act of taking a concussion screening test following head trauma might induce stronger expectations of cognitive impairment than we were able to produce in an experimental setting, which in turn might produce even greater performance differences.
- By making cognitive screening more regular and routine, we might decrease the association between testing and injury and diagnosis threat.

References

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