

**NON-IMPROVING AND OR WORSENING POST-TRAUMATIC HEADACHE IS A BYPRODUCT OF LITIGATION AND CAN PREDICT MALINGERED COGNITIVE IMPAIRMENT**

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Neurologists referred 83 consecutive mild head injured patients for neuropsychological testing. While clinically referred, all sustained a compensable injury where there was a potential for litigation. Of these, 86% (n=71) reported headache; 32% (n=22) improving headache, 42% (n=30) non-improving headache and 26% (n=19) worsening headache. The 49 mild head injured patients (MHI) reporting non-improving and or worsening headache were compared on cognitive and personality testing (MMPI-2) to 31 consecutive inpatients sustaining a moderate to severe head injury (CHI) not in litigation. The MHI had more psychopathology on the MMPI-2 than did the CHI group, while the CHI group, as expected, had a significantly greater number of defective scores on cognitive testing (5.89 vs. 9.44). CHI patients with the worst scores (n=7) were removed from the analysis one at a time until there remained no statistical difference in the level of cognitive impairment between the MHI and CHI group. The level of cognitive impairment seen in the MHI group equaled 77% (n=24) of the CHI group. Despite being clinical referrals, the MHI group showed the same level of cognitive impairment as a separate sample of 50 consecutive mild head litigants examined on behalf of the defense. In an outpatient neurology practice, patients reporting non-improving or worsening headache show improbable cognitive impairment suggestive of malingering. The ideal control group would be a mild head injured group with persistent headache sustaining a non-compensable injury, yet such referrals in the 15-year data collection period of this study were very rare.