**Case Study 1B: Fictionalinterview transcript (Audio version is available)**

**Royal College of Pathologists of Australasia (RCPA) president, Dr Beverley Alexander, explains what chronic traumatic encephalopathy (CTE) is, how it is affecting Australians, and what preventative actions the Australian Government should be making to address it.**

**Q: How would you define CTE and what are the main symptoms?**

**A:** It’s essentially a progressive and fatal brain disease that’s been associated with repeated concussions or things that can cause a traumatic brain injury. Experts believe that CTE symptoms appear in two forms. In early life between the late 20s and early 30s, the first form of CTE may cause mental health and behavioural issues. Symptoms of this form include depression, anxiety, impulsive behaviour and aggression, and unfortunately in some cases, suicide. The second form of CTE is thought to cause symptoms later in life, around age 60. These symptoms include memory and thinking problems that are likely to progress to dementia. It’s a very difficult disease though, as it’s something that can only be diagnosed postmortem.

**Q: Are there other known causes?**

**A:** When you look at a medical or family history, you talk about drug, alcohol and tobacco use because you know those behaviours are associated with a constellation of diseases. In a similar way, we now know that exposure to contact sports participation, as well as the length of that participation, can often determine your risk of developing CTE later in life. I think that’s a really important thing for all doctors to know when assessing someone for mental health issues or cognitive or behavioural issues. CTE isn’t limited to professional athletes, either. We now are seeing more amateurs than professionals with CTE. This technically makes it a little more complex, but also means we are slowly gathering more data and getting more answers.

**Q: It is our understanding that the RCPA is the first Australian medical college to officially recognise a link between repeated traumatic brain injury and CTE. Can you discuss this further, and what does that mean for the next steps?**

**A:** Yes, many other peak bodies continue to downplay the links to concussions and brain injuries. However, we have significant evidence on the risks of these kind of injuries and the time to take action is now. There is a new position statement from the College that’s calling on the government to urgently look at evidence-based strategies to prevent this neurodegenerative disease, including a potential ban on high-contact sports for children. Once this has been reviewed, we hope that it may come into effect as early as next year.

**Q: Based on your research, what are your immediate recommendations for parents and sporting bodies?**

**A:** The college is specifically recommending that children under 14 play low or no-contact versions of contact and combat sports. For older children, we recommend the use of headgear in any contact or combat sports, and strict concussion protocols and limits. We’re also recommending that recording a patient’s sporting history – including all sport-related injuries - becomes standard for GPs when taking a medical history.

**Q: Can you comment on recent cases, such as the death of football star Matt Devine, and whether or not you believe Matt had developed CTE?**

**A:** Matt seemed to be experiencing many of the symptoms in his last few years, including concussions, cognitive impairment, depression, impulsive behaviour, loss of executive functions and short-term memory loss. The family is waiting on a definitive diagnosis, given it can only be obtained through an autopsy after death.

**Q: Could Matt’s suicide be attributed to CTE, in your judgement?**

**A:** Only a coroner could make that determination, but if his autopsy shows clear signs of CTE then our research says that could increase his risk of suicide, yes. It may not be the direct cause but could definitely contribute.

**Thank you for your time.**

**[ENDS]**