# SEX DIFFERENCES IN THE ACOUSTIC STARTLE RESPONSE OF ADOLESCENT ATHLETES FOLLOWING CONCUSSION

VERNITA 1838 - LINE



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### BACKGROUND

The brainstem is particularly vulnerable to injury from head impacts, [1,2] and the acoustic startle response is a cross-species, brainstem-mediated reflex that may be a sensitive marker for concussion-related impairment. [3]

Sex differences may be present across multiple domains following concussion in adolescents, [4] but further research is warranted.

While healthy females traditionally exhibit a larger startle response compared to males, [5] it is currently unknown whether this difference persists following concussion.

## **OBJECTIVE**

To examine sex differences in the acoustic startle response in adolescent athletes following concussion.

We hypothesized that female adolescent athletes would have a more suppressed acoustic startle response compared to male athletes.

## **PARTICIPANTS**

	Female (n = 14)	Male (n = 12)
Age (years)	14.9 ± 2.5	14.5 ± 1.9
Concussion History (%)	0: 29% 1: 43% 2: 21% 3+: 7%	0: 41% 1: 17% 2: 17% 3+: 25%
Time Since Concussion (days)	36.6 ± 18.0	36.3 ± 15.8

Table 1. Participant Demographics.

#### METHODS

Design: Prospective, cross-sectional

Setting: Specialized children's hospital concussion clinic

**Procedures:** The eye blink component of the startle reflex was recorded via electromyography activity of the orbicularis oculi muscle. Measurement sessions began with a one-minute period of white noise followed by twelve 103db acoustic startle probes delivered 15-25 seconds apart. Acoustic startle probes were administered through noise-canceling headphones.





**Data Analysis:** The outcome was mean startle magnitude (µV), and biological sex (male/female) was the independent variable. We used an independent samples t-test to determine if mean startle magnitude differed between sexes at p<0.05.

## CONCLUSION

There do not appear to be statistically significant sex differences in the acoustic startle response of adolescent athletes following concussion.

Greater variability in the acoustic startle magnitudes of the female cohort may indicate that startle response is influenced by physiological variables (e.g, hormone levels, phase of cycle), and future research is warranted.

While not the primary focus, the mean startle magnitudes of both sexes were suppressed following concussion compared to healthy controls, suggesting concussions may result in physiological dysfunction that is detectable through evaluation of the acoustic startle reflex.

This work is supported by the Thrasher Research Fund and grant 8K12AR084233-03.

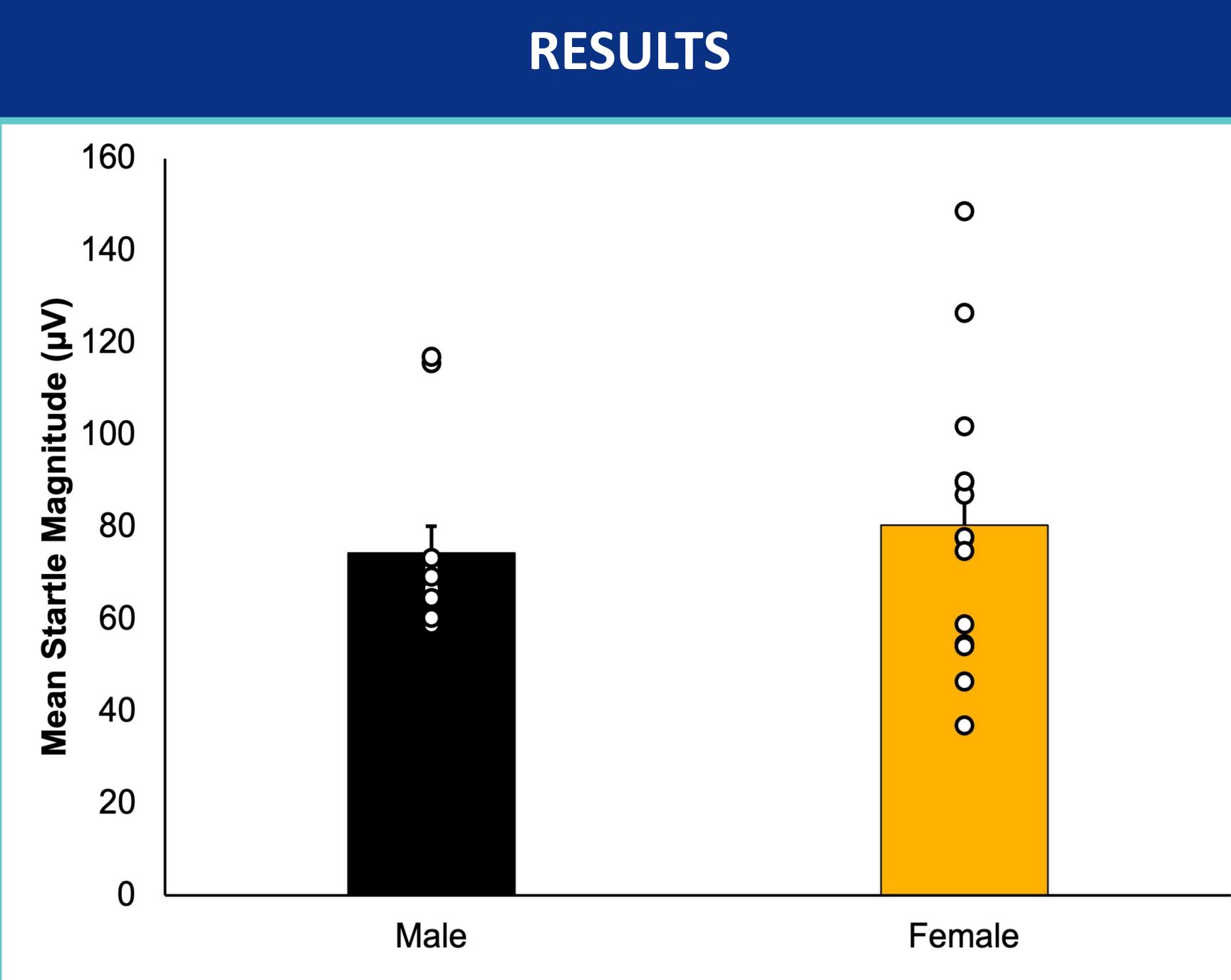


Figure 1. Mean startle magnitude compared between sexes

- Male and female adolescent athletes did not significantly differ in age (p=0.69) or time since concussion (p=0.96). (Table 1)
- No significant sex differences in acoustic startle response were observed in adolescent athletes following concussion (p=0.57, 95% CI= 61.7, 87.1)
  Mean Acoustic Startle Magnitudes

Female: 80.4 ± 30.8 μV Male: 74.4 ± 20.0 μV (**Figure 1**)

#### REFERENCES

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