

concussion has an impact

[00:00] [background music]

Leigh Hatcher: [00:06] Hello, and welcome to another nerve podcast, Hope Beyond Brain Disease. I'm Leigh Hatcher. This time, the sport of kings, horse racing, and the often unacknowledged price that jockeys pay for it. I'd call Dale Spriggs a survivor. He's 55, with a career of four decades.

[00:25] He's written close to 3,000 winners, but the price he's paid was featured in a major report by Tracy Bowden on the ABC's 7:30 program.

Announcer 1: [00:34] It's going to [inaudible] , for Dale Spriggs.

Tracy Bowden: [00:36] Jockey Dale Spriggs rode almost 3,000 winners, in a career spanning close to 40 years.

Announcer 1: [00:43] He's cruising down to the line, two and a half [inaudible] .

Announcer 2: [00:47] It's a brilliant dashing win.

[00:49] [background conversation]

Announcer 3: [00:49] Dashing Spriggs has been able to win it on this outstanding little career.

Tracy: [00:50] Along with the wins came plenty of hard knocks.

Dale Spriggs: [00:53] It's a very touchy subject I feel, at the moment. I've had numerous concussions through my career.

Tracy: [01:01] Dale Spriggs estimates he's suffered between 20 and 30 concussions, not just in races but during track work and in the barriers.

Leigh: [01:10] It's left Dale with brain disease, under investigation for chronic traumatic encephalopathy, CTE, a form of dementia. Dale joined us with his wife, Danny, and Dale's neurologist Dr Rowena Mobbs.

[01:23] I wanted him first to take us into the sport of kings, on top of those magnificent beasts, and to all the highs and lows. Like when he's heading down the final straight on a winner, what's it feel like?

Dale: [01:36] I think it's the best feeling you could get in the world. You know you're going to win. Once you go past that winner post first, there's definitely no better feeling in the world. In my career I road all, about 3,000 winners. It's one thing you never get sick of. I've rode horses for over 38 years. To this day, I still can't beat the feeling of going past the post first.

Leigh: [01:56] They are the highs. Take us through the challenges.

Dale: [01:58] In any business, you face challenges like keeping your weight down, that's a big part of it, a strict diet that you got to follow, keeping fit. I know when I've come back from injuries, and I've had a personal trainer try and get me fit, she can't believe how fit a jockey has to be to be fit.

[02:14] I remember one time I was in the gym, and I was training in the same gym where the Newcastle Knights trained at. I was on the stair master, and she couldn't believe how quick I went up to 100 flights of stairs.

Leigh: [02:24] Why have you got to be so fit?

Dale: [02:25] Because it's the position that your body gets in. You got to control a 500-kilo horse. I'd say, you just need to be fit, to be able to ride it out. Even today when you see jockeys after a race, and they've got the interviewers straight there on the pony afterwards, the jockey is huffing and puffing.

[02:42] Even though he might ride a thousand races a year, he's still huffing and puffing straight after. It's such physical work.

Leigh: [02:48] You were 14 when you first left school and went to the stables.

Dale: [02:53] I always knew what I wanted to be. Even when I was at school, we'd go to pony camps. The first time I ever hopped on a horse...and I just hopped on it and I started showing everybody else what to do, even though I'd never been on one before. [laughs]

[03:03] It's just a natural instinct for me. My father, he was a jockey. When I was little, we used to go to work farm races, and from then I was going to be a jockey.

Leigh: [03:12] You mentioned the injuries. Tell us about that side of the business.

Dale: [03:16] If you read my injury list, it looks like a long list. When you spent it over 38 years, it's probably par for the course. Anything to do with sport, you get injured in. Jockey is no different. I broke most of the bones in my body. Even when I was working on a horse, I'd come off it and I got trampled on by the clack of the course's horse.

[03:34] I ruptured my spleen, punctured my lungs, broke a heap of ribs. Touch and go there for a while, whether I was going to live. I went on life support for a few days.

Leigh: [03:41] How many concussions do you reckon you've suffered?

Dale: [03:44] I always thought I'd had five or six concussions. After I spoke to a specialist, and including Dr. Mobbs, we put it at probably 30 or more. I didn't realise it at the time. Most people didn't. Coming back through the old school, we thought a concussion was when you're knocked silly. You don't have to be knocked silly to have a concussion.

Leigh: [04:05] Can you tell me what they feel like? Might sound like a silly question, but it's worth asking.

Dale: [04:10] Basically, what I could remember from them is mainly the foggy feeling in

your head afterwards. You don't know what's going on around you. I remember one time in an ambulance, [inaudible] was asking me my address. I couldn't tell him my address, even though I knew other things.

[04:26] I knew everything else was going on. I couldn't talk to him about my address. Another time, a friend of mine, Brad Stanley, he comes to visit me in hospital. He told me the story a couple of weeks later. He said, "Coming to see you and I say good day to you." He said, "You turned around and say, 'Good day, Brad.'"

[04:42] He said, "I went out of the room." He said, "I'd come back and you'd say, 'Good day, Brad. Thank you for coming to see me.'" He said, "You've done that about four times to me." [laughs]

Leigh: [04:48] One thing I've learned about your story, is when we say concussions with jockeys you think falls.

Dale: [04:53] Yes.

Leigh: [04:54] It's not just that.

Dale: [04:56] No.

Leigh: [04:57] It's the head knocks that you get.

Dale: [04:59] That's what I was saying. I always thought I had only five or six, because of falling off and being knocked senseless. There's that many times that you're training on riding a horse, and it will throw its head back and hit you in the head.

Leigh: [05:07] That's a big weight, isn't it?

Dale: [05:08] It is. 30 odd kilos. You're going one way, and the horse's head is coming back at a rapid speed when you get hit by it. I learned to realise if your eyes water, that's considered a concussion these days. Jeez, I couldn't remember how many times my eyes watered by a horse.

Leigh: [05:25] Dani, you've been married to Dale.

Dani: [05:27] Yes.

Leigh: [05:27] You only have the side of it. What's it like on race day for you, as he goes off?

Dani: [05:33] It's scary. I find myself holding my breath when he goes off. When he gets on a horse in the mounting yard, that's when it gets scary. His worst accident happened in the mounting yard, where he nearly died. When the gates open you just hold your breath, and you pray that he just comes home safely.

Leigh: [05:55] When Dale's had a big fall or a big concussion, describe to us what he's like away from the crowds, away from the cameras, when he comes home.

Dani: [06:06] It's an uneasy quietness. You can hear a pin drop at home. You just get to move, because you don't want to wake him up. You become his 24/7 nurse, where you have to bathe him, take him to the toilet, make sure he's OK, that he's not in pain. You've got to take him to his doctor's appointments. You become his personal nurse.

Leigh: [06:32] When would you say that you first noticed that there were changes in Dale, related to what you both now know is brain injury?

Dani: [06:40] He had a pain in his head that just wouldn't go away. We took him to doctors. They just told him to drink more water, because of his wasting. That's probably why he has this pain in his head. He started forgetting things, everyday things like running the bath water. He'd forget.

[07:00] He'd be running the bathwater, putting the stove on, forgetting to switch it off, loss of memory. He'd forget things. He'd forget his race bag going to the races. We'd get to the races and he'd open up the boot, and the bags not there.

Leigh: [07:15] Do you notice mood changes?

Dani: [07:20] Yes. He would snap at anything. I had to be cautious about what I would approach him with, and the way I would approach him with certain things. If things didn't go his own way, he'd get frustrated with himself. I think I'd be the first person in the firing line. You just got to cop it on the chin and carry on. You've just got to have a sense of humour, and just keep plugging along.

Leigh: [07:47] What a wife. [laughs] Dale, did it take time for you to realise or acknowledge to yourself, and I suppose to Dani, that these changes were taking place?

Dale: [07:56] Leigh, with a concussion, I've always found you get foginess straight after. The fog tends to lift a little bit afterwards, like a day or two after. A couple of days afterwards, and everything is all OK again. With my last one, the fog didn't really go away. It's still there today. Now, it's just a part of everyday life.

Leigh: [08:18] What was your last one? What was that big one?

Dale: [08:22] 2013.

Leigh: [08:22] A fall.

Dale: [08:22] Yeah. A horse backed with me at the barriers, and I'd come off and land on my head. I knew in the days afterwards that I wasn't right. Even a week later I went back, and I actually got a clearance from the doctor to ride again. When I rode track work, the first time I got out of the horse's neck, I felt sick. I felt violently ill and I had to come straight back in.

[08:45] I kept it from Dani. On the way home...she knows now, but at the time she didn't know on the way home I had to stop and vomit in the car going home. I had spent a few days on the lounge just in pain.

Leigh: [08:55] That's a really serious impact.

Dale: [08:56] It was. I was doing something that I love doing, and I didn't want anyone to tell me I couldn't do it.

Leigh: [09:02] Was that when you came to Dr Mobbs?

Dale: [09:04] No. I continued trying to ride. I knew my career was gone downhill very quickly. I knew my balance was affected. I was having to ride a lot longer. My timing was out. My rides were dropping away quite quickly.

Leigh: [09:17] When and why did you come to Dr Mobbs?

Dale: [09:22] I went through a stage. I knew myself, I'd be suffering depression. I'd be getting headaches. As Dani said, you go to a doctor and they just say, "Just drink more water. Drink more water and take some headache tablets." We saw on the TV the brain bank story.

[09:40] Dani wrote the bank an email and explained to them what I was going through. They put me in touch with Dr Mobbs. I came to see Dr Mobbs. From that day, it's like a weight's been lifted, knowing what I'm going through and someone else understands what I'm going through.

Leigh: [09:58] Dale, that's interesting.

Dale: [09:59] It is amazing. I don't know where I'd be without Dr Mobb's help.

Leigh: [10:03] Speaking of her, can I bring you in, Rowena? What did you listen for, when you first met Dale and Dani?

Dr Rowena Mobbs: [10:11] I had a little bit of luck here in diagnosing with Dale. I actually knew him from before, a little bit. He'd written a winner for my mom. I was into resources.

Leigh: [10:21] You have a background in horse racing?

Rowena: [10:23] Yeah. I get it. I understand how great a sport it is. It's thrilling. I love the horses. For a long time, I saw the jockeys on their mounts. I don't think I really comprehended what they went through, certainly, as we've heard from Dale, of the risk of head injury and concussion.

Leigh: [10:40] I've not, until I've been speaking with you today, actually. We've always got to acknowledge that in addition to the patient, it's also the family living with these conditions and the consequences. Can I ask you, Dani, what has this experience been like for you?

Dani: [10:53] It's been challenging. Every day is different. You sometimes feel like you're walking on eggshells because you don't know what the day is going to bring, the way he's going to be. I've had days where he gets so frustrated with himself that he'll just climb in a car and just take off. I don't hear from him for hours, and then he'll just walk in

as if nothing has happened.

[11:16] For those two hours, you sitting there wondering what he's doing just scared about the outcome. It's been tough. It's been a tough couple of years for us because we'd always had that underlying question. We knew that there was something wrong, but nobody could tell us what was wrong.

Leigh: [11:38] How would you say you keep going through this?

Dani: [11:41] I suppose with a sense of humour. You just got to take a spoon of cement and harden up, and just keep plugging along.

Leigh: [11:49] That's a remarkable attitude to have.

Dani: [11:51] It is. I could have packed my bags and left, but I just love him so much.

Leigh: [11:55] How good is she?

Dani: [11:58] She's amazing. I know. I've admitted to myself those times when I was in the dark spots, it was only Dani that got me through them.

Leigh: [12:09] You're an amazing couple both of you.

Dani: [12:11] At the end of the day, life goes on. We still got a life to live.

Leigh: [12:18] You're both amazing.

Dani: [12:19] No. He's the amazing one. [laughs]

Leigh: [12:19] Rowena, this is a rapidly growing area of research and interest across a range of sports, isn't it?

Rowena: [12:25] Yes, absolutely. It's a rather hot topic of our times. In the US, there have been studies that are well known now, looking at the gridiron on the American football players. They detected that things weren't quite right in the brain after, and probably in association with lots of head knocks.

[12:43] Not just concussion episodes, but probably what we call sub-concussion episodes, where the patient doesn't have any symptoms afterwards, but they get a head knock. This was the old dementia pugilistica, or the boxer's disease, similar to Mohammed Ali, perhaps.

Leigh: [12:56] Punch-drunk.

Rowena: [12:57] The punch-drunk syndrome, where they have the symptoms that can relate to concussion-like memory loss, and fogginess, and headaches, and so on. They don't feel right. It can persist and decline over time. People are dealing with this inexhaustible worsening.

[13:13] They studied this in the US and identified this particular protein called tau, an

abnormal form of it, in different areas of the brain. This is a curious finding. They're working very hard to correlate that with the patient in life, both through the story that they give, their history, but also their tests like blood tests, lumbar puncture, or spinal fluid tests, and brain imaging with things like MRI.

Leigh: [13:40] Leading on from that, let's have another listen to Tracy Bowden's report on 7:30.

Tracy: [13:45] Leading this area of research, is the Australian Sports Brain Bank, a collaboration between Royal Prince Alfred Hospital and the University of Sydney.

Associate Professor Michael Buckland: [13:53] This is our main brain bank freezer we use all the time. Once the brains are retrieved and cut, we'll keep these frozen at minus 80.

Tracy: [14:08] Dale Spriggs is one of 40 former sports people so far who've pledged their brains so that neuropathologist Michael Buckland and his team can study the relationship between concussion, head injury, and CTE.

Leigh: [14:22] Dale, can I ask you? What drove you to pledge your brain to the brain bank?

Dale: [14:28] Leigh, you see all the good work that Dr. Mobbs and the brain bank do. Everybody else is quick to donate their organs, like in car crashes and everything like that. I said, "Well, I'll donate the brain. I'm not going to need it." [laughs] I'm not going to need it. Some goods going to come out of it.

[14:46] I hope that Dr. Mobbs and the brain bank are proven right [inaudible] with my symptoms, and that they can go on and help future generations of sports people.

Leigh: [14:56] Bravo. Rowena, what are you looking for with the brain bank? How might that both help people in Dale's position, and how it might impact what I think is a range of sports?

Rowena: [15:08] Certainly. The key often to understanding diseases is to go for what we call the gold standard, which is pathology under the microscope. Understanding that, and running various tests to look at the molecular and often genetic profile of diseases, and then to correlate it in life.

[15:25] The brain bank at the University of Sydney, Brain and Mind Centre, up here is really important here, with courageous people such as Dale to pledge their brains. We can study them well in life, and understand this disease. You're right. Concussion is not just a single entity. It's probably got a whole spectrum both through individuals for patients, but also across the board.

[15:49] If you think about different sports, say rugby, there's a lot of collision in that without helmets.

Leigh: [15:54] Ugly.

Rowena: [15:54] Although helmets may be a bad thing potentially, in the US. Also, if you think about soccer, hitting the ball. The soccer ball can be really heavy. When they're hitting the ball, we think that that was not exactly a good thing, and probably had some injuries associated with that.

[16:10] There's sports like diving, where you're just hitting the water time and time again. There's some early research that that may impact and cause some injury. Also, then we've heard racing, or out to the extremes like boxing, where the aim is to cause injury and knock them out.

[16:29] With the range of concussion that we see, I think there'll be different guidelines that are important in these different sports. We're certainly seeing some nice guidelines to assist in the community and reduce our risk of sport. Nobody wants to tell kids not to play sport. It's a great thing for their physical health and socially psychological health. It's just a wonderful thing really.

[16:51] We're aiming to reduce the risk, and at least understand that risk, prevent. If people have had concussions, manage them well. If they do have this potential picture of decline, we need to follow them closely, and then hopefully one day treat or cure this.

Leigh: [17:07] For now, can I ask you what you've done to help Dale as he is, and into the future?

Rowena: [17:15] The very first thing was understanding Dale's story a little in and listening to him. I think it's common in concussion to be told, "You'll be all right. Off you go back on the horse," if I can use the pun.

Leigh: [17:28] I saw your eyes wide open when Dale said, "I went to the doctor and he gave me a clearance to ride again."

Rowena: [17:33] If a person is symptomatic still from a concussive episode, that's not ideal to be back. You're at greater risk of the concussions, once you've had one. Certainly, if you're symptomatic, your judgment's not good. You could easily fall off again, let's say, and have another perhaps more serious episode.

Leigh: [17:49] For now, there are things you can do to help Dale.

Rowena: [17:51] Yes. We try to treat his headache and his pain, and with that hopefully lift some of the cloudiness and other symptoms that he has, as far as we can, with our medication. We try to offer support as far as any mood changes and emotional ability. There might be psychology involved, or other medications and supports.

[18:11] We got him to an occupational therapist, in particular, a neuro-occupational therapist. An OT who's been there, done that, understands these conditions, and help him with memory tasks and strategies around his day to day life. Very important.

[18:26] We also try to understand his illness and characterise what trouble he was having in the brain, so neuropsychology assessment, to really pinpoint which parts of the brain were affected and in what way. Did this all constitute a syndrome of neurodegeneration?

There's a couple of important points to mention about the symptoms that people can have and diagnosing them.

[18:50] One is that sometimes, in fact, often a migraine can cloud the picture. We try to treat that and deal with that. Then we're left with often these symptoms that can go on and on, and worsen over time. We don't know. We can't be certain that someone has CTE in life. There is that cloud of uncertainty in a way, for patients often and their relatives.

[19:11] We try to be there to treat any symptoms as they arise, as far as we can, and to watch them over time, and be there if there is a worsening.

Leigh: [19:19] How's it helped Dale?

Dale: [19:21] It's been amazing, Leigh. As I said earlier, after the first visit with Dr Mobbs, a big weight had been lifted. The medications helped a lot, as far as the headaches are concerned and in my depressions. I try and make it a little bit light of it now because I prefer to look on the bright side than all doom and gloom.

[19:39] I consider that I've still got plenty of life to live, so I've got to make the most of it. I've got a great job now, by helping other people in the racing industry. It gives me something to strive for, to keep my brain working.

[19:51] Dr Mobbs told me that's the main thing, is to keep improving your brain right now. I get by really good. I've got two diaries I take every day with me everywhere, and I writing everything down.

Leigh: [20:01] Good stuff.

Dale: [20:01] I could always just go back and look at it. On my phone...if I get in the car, I've got the app. I just plug my phone, and it will take me anywhere I want to go.

Leigh: [20:07] There is still life to live.

Dale: [20:09] Yeah. There's life to live. I'm not planning on giving up. I don't want to give up. I'm never going to give up in my life.

Leigh: [20:15] Dani, how's it made a difference for you?

Dani: [20:16] It has. After seeing Dr. Mobbs, just that weight that's been lifted off his shoulder, and the smile that's come back to his face.

Dale: [20:27] It's just understanding. Now I know what I'm going through, and there's someone there. Dr Mobbs has been amazing. I can ring her up and talk to her anytime I like. She's always there offering support for me. It's amazing.

Leigh: [20:40] Can I ask you both the same question? Starting with you Dani, what's the future look like for you two.

Dani: [20:48] I think the future is looking great now. We've got a lot to live for. Starting afresh now in Melbourne, the two of us, Dale's already there now, it's opened everything

up for us.

Leigh: [20:58] You're still being realistic about it, though.

Dani: [21:03] Yes.

Dale: [21:03] Yeah. Realistic. I know there's other jockeys that have had head knocks over there, that I talk to them all the time. We try to help each other out. I got to be realistic about it. I know what the end is for me, but I'm not going to mop about it.

Dani: [21:22] I just feel like we've been given a second chance with everything now, that there is somebody out there that knows what we're going through. We were walking around both of us in a cloud because we didn't know what was wrong.

[21:26] Just that reality that set in that we weren't going mad, that there was really something physically wrong with him, I think it's just changed our whole perspective on life now.

Leigh: [21:36] What an amazing transformation. [laughs] It really is.

Dale: [21:39] It's like a weight lifted, but she knows what you're going through. It's just like a big weight's been lifted off my shoulders. Someone understands and knows what I'm going through and could help me.

Leigh: [21:48] You know where you are.

Dale: [21:50] Sometimes I know where I am.

[21:52] [laughter]

Dale: [21:52] Not all the time.

Leigh: [21:54] I think all three of you are truly remarkable. Can I just say that?

[21:59] [background music]

Leigh: [21:59] Dale Spriggs, and Dani, and Rowena, thank you so much indeed for a really important conversation. Thanks for joining us.

Dani: [22:05] Thank you.

Dale: [22:06] Thank you, Leigh.

Dr. Mobbs: [22:07] Thank you.

Leigh: [22:08] Thanks so much for joining us for this nerve podcast, Hope Beyond Brain Disease. I'm Leigh Hatcher. There's a whole host of information and resources at www.sydcog.com.au.

Transcription by CastingWords