

screening were searched to identify any studies that may have been missed. Methodological quality was assessed using an adaptation of Tooth *et al* (2005). Studies were included if they presented rates for an entire country, an adequate region of a country, or the data was the only data available for that country or GBD region. Studies were excluded if the data did not adequately represent a country or region. While included studies were predominantly of sound methodological quality, reliability issues surrounded; country-wide rate estimations from hospitals data, ambiguity of demographic groups and injury classification differences.

0356 **THE GLOBAL BURDEN OF DISEASE PROJECT 2005  
METHODS UTILISED BY THE INJURY EXPERT GROUP  
FOR ESTIMATING WORLD-WIDE INCIDENCE AND  
PREVALENCE RATES**

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The Injury Expert Group within the Global Burden of Disease (GBD) 2005 project aimed to estimate incidence and prevalence rates, and duration of impact for 30 specified injuries and 12 external causes of injury. The aim of both the GBD and the Injury Expert Group is to develop estimates for each of the 21 global regions that are as valid as possible, despite differences in data collection and quality, and in the availability of and access to hospital treatment. The group sought and analysed data (deaths, hospital admissions, population surveys) and reviewed literature. The literature review method is presented here. Searches were conducted using Medline, Embase and PsychInfo. The results of these searches were screened for relevancy and placed into groups described as either relevant, maybe relevant, not sure or not relevant. All groups, except those deemed not relevant were screened a second time and the bibliographies of the relevant studies after the second