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PREDICTORS OF LONG TERM OUTCOMES FOLLOWING MAJOR TRAUMA: A POPULATION-BASED STUDY

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Background Measuring the disability associated with injury is important for quantifying the burden of injury, evaluating the quality of trauma care, and for guiding the provision of health care for trauma survivors. The population-based, Victorian State Trauma Registry routinely collects post-discharge outcomes of trauma survivors.

Aims/Objectives/Purpose This study aimed to describe the pattern of recovery and predictors of outcome of major trauma survivors.

Methods 4368 adult major trauma patients, eligible for 6, 12 and 24-months post-injury follow-up (injured July 2007–December 2009) were analysed. SF-12, Glasgow Outcome Scale-Extended (GOS-E), pain scores and return to work (RTW) were collected by telephone interview. Multivariate random effects regression models were fitted to identify predictors of, and change in, outcomes over time.

Results/Outcome 96% of cases were followed-up at one; 86% at two; and 69% at all, time points. 26% had fully recovered at 24-months, 71% had RTW, 62% were pain-free, but physical (PCS-12) and mental (MCS-12) health were below population norms. The adjusted odds of functional recovery (GOS-E=8), RTW, and pain free status increased from 6- to 12-months, and from 12- to 24-months. MCS-12 scores were unchanged from 6- to 12-months, but increased from 12- to 24-months, while PCS-12 scores increased from 6- to 12-months only. Predictors of outcome were age, gender, nature of injury and intent, compensable status, educational level, and comorbid status.

Significance/Contribution to the Field The pattern of recovery for each outcome differed but improvement to 24-months post-injury was evident. Ongoing disability was prevalent, with clear predictors of poor outcome.