Splinters & Fragments

Documents such as the 1999 IOM report on injury prevention call for increasing the public's understanding of preventability; what does the public think? A random digit dial telephone survey in the *United States* queried 943 adults on the proportion of various causes of injury deaths that they believed were preventable. Respondents believed that 70% of accidental poisonings could be prevented, 67% of drownings, 62% of fire deaths and motor vehicle crash deaths, and 53% of fall deaths. On average, 56% of injury deaths were thought preventable. The respondents were also asked about their own risk taking proclivity, personal history of serious injury, and perceived alcohol involvement in the above injury causes, as well as various socio-demographic questions. People who had been hospitalized as a result of a motor vehicle crash were more likely to believe that motor vehicle deaths could be prevented. Younger respondents were more likely to believe that deaths due to poison, drowning, and crashes could be prevented. Is this a result of the development of the injury prevention movement over the past 30 years? (Girasek DC. Public beliefs about the preventability of unintentional injury deaths. *Accid Anal Prev* 2001;**33**:455-65.)

Snowboarding is very popular in *Japan*. Researchers examined five years of head injuries occurring to snowboarders and skiers at one resort area. There were about half again as many snowboarding head injuries as skiing injuries. Four of the 634 snowboarders and one of 442 skiers died as a result of their injuries. Both types of sport injuries occurred primarily during falls. The authors conclude that head protection is needed, and beginning boarders should be discouraged from jumping activities. (Fukuda O, Takaba M, Saito T, *et al*. Head injuries in snowboarders compared with head injuries in skiers. A prospective analysis of 1076 patients from 1994 to 1999 in Niigata, Japan. *Am J Sports Med* 2001;**29**:437-40.)

From *Brazil*, promising word that new strategies have resulted in fewer traffic deaths. In 1998, a new traffic code was introduced, with much larger fines for violations and a stepped method of penalty, ultimately resulting in the revocation of drivers licenses. The researchers found declines in traffic accidents (21.3%), related deaths (24.7%), emergency room admissions (33.2%), and traffic tickets (49.5%) in Sao Paulo. They conclude that these measures have been effective, and that additional educational efforts hold promise to reduce mortality even further. (Poli de Figueiredo LF, Rasslan S, Bruscin V, *et al*. Increases in fines and driver licence withdrawal have effectively reduced immediate

deaths from trauma on Brazilian roads: first year report on the new traffic code. *Injury* 2001;**32**:91-4.)

For the first time, the experiences of older injured drivers and pedestrians in *Ireland* have been documented by examining the records of patients in two trauma centers. Similar to other studies, older patients tended to be female, pedestrians, to have been injured during daytime hours, and to have pre-existing medical conditions. This study also found that 8% of the elderly had been injured while on public transport. (Cunningham C, Howard D, Walsh J, *et al*. The effects of age on accident severity and outcome in Irish road traffic accident patients. *Ir Med J* 2001;**94**:169-71.)

United States researchers found that some non-seat belt wearers became "converts" after injuries sustained in a crash. Telephone interviews were conducted among patients discharged from a level I trauma center and seat belt use before and after the crash was self reported. Altogether 54% of patients reported that they always wore their belt before their injuries, while 85% reported always wearing it now. EMS records were also reviewed to substantiate the usage at the time of the crash. Higher injury severity scores were associated with a greater improvement in frequency of seat belt use, as were the demographic variables of younger age, males, and whites. The authors propose that promotional efforts could make use of "seat belt converts". (Passman C, McGwin GJ, Taylor AJ, *et al*. Seat belt use before and after motor vehicle trauma. *J Trauma* 2001;**51**:105-9.)

A recent analysis of mortality among young men in *Israel* found starkly different patterns between Jews and Arabs. Ten years of mortality data were examined. Death rates reached a peak among young men ages 18-21. Although overall mortality decreased by almost 10% over the decade, the differences in injury causes became more pronounced. Motor vehicle related deaths doubled over time among Arab males. The rate of completed suicide among Jewish males increased by 110%. Death rates overall were higher among Arab males. The authors call for targeted interventions to address these causes of death. (Wilf-Miron R, Nathan K, Sikron F, *et al*. Trends in youth mortality in Israel, 1984-1995. *Isr Med Assoc J* 2001;**3**:610-14.)

Although violence and self injury are frequently addressed in the psychiatric literature, the broader topics of physical trauma and injury are seldom broached.

Happily, a 10 year review of child and adolescent injuries, and the implications for psychiatrists, has been published. The authors point out that psychiatric aspects of injuries are frequently neglected by health professionals and researchers, and that progress has been made in the past decade in both injury control and in mental health interventions. They call for increased teamwork among pediatricians, emergency responders, surgeons, and rehabilitation specialists. The authors recommend further research in early identification of psychiatric cases, pain alleviation, and treatment of patients and their families to prevent injuries and disability. (Stoddard FJ, Saxe G. Ten-year research review of physical injuries. *J Am Acad Child Adolesc Psychiatry* 2001;**40**:1128-45.)

Another study from *Brazil* examined childhood injury occurrences and patterns. A retrospective survey of homes in one area of a town found 260 injuries to children in one year. Falls were the leading cause, and most injuries occurred in the home. Unlike many other analyses of injuries to young children, boys accounted for only 55% of the cases. The authors documented that three quarters of children were accompanied when the injury occurred. They point out the need to continue to gather data and to use known interventions to prevent injuries. (Del Campo LA, Ricco RG, De Almeida CA, *et al*. Incidence of childhood accidents determined in a study based on home surveys. *Ann Trop Paediatr* 2001;**21**:239-43.)

An aptly named article, "Beyond our borders", examines injury in developing nations, noting that injuries account for three of the leading six causes of death for children aged 5-14, and four of the leading causes for young adults aged 15-44. But little attention has been paid to this problem or to funding or solving it. The author suggests that this may be in part due to the fact that the solutions lie outside of the "usual domain of health professionals", such as road engineering and legislation. He goes on to argue for the development of improved injury surveillance, prevention and treatment, using examples from *Ghana*. (Mock C. Beyond our borders: injury in the developing world. *West J Med* 2001;**175**:372-4.)

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