Issues around care how to manage life after a road crash?

Why ESPARR?

(Étude et Suivi d'une Population d'Accidentés de la Route dans le Rhône)







Grants from

 The French minister for equipment and transport (PREDIT 3)



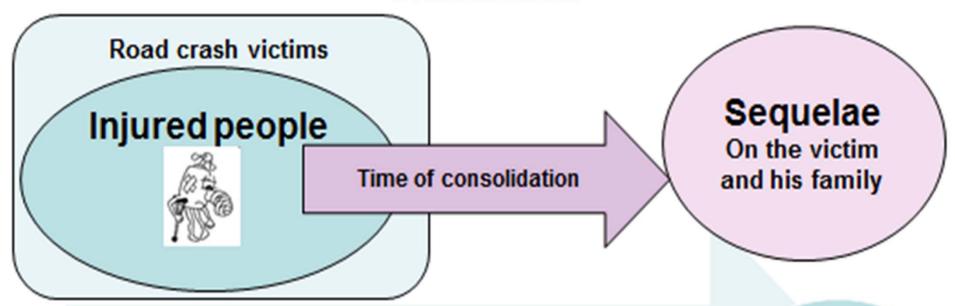
The French minister for health (PHRC 2003-2005)



 The National Agency for Research (ANR) (PREDIT 4)



Why our interest in the consequences resulting from a trauma caused by a road accident?



Identify predictive factors of the futur of the victims

Improve the prognosis of consequences Accompagny every victim in a adapted way

Avoid and find out the negative consequences of the crash

Need to have complete and systematic information about the victims during all the follow up

A prospective cohort of road crash victims

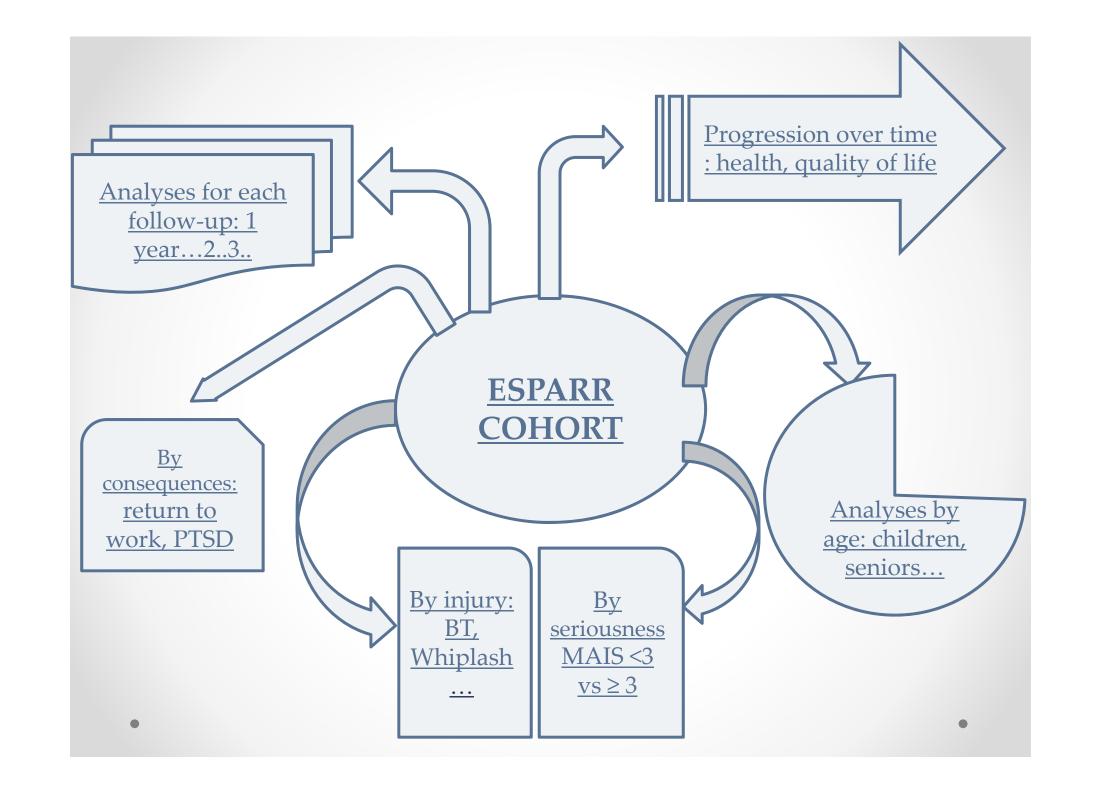
- Based on systematic inclusion
- Using validated tools and measurements
- Exploring all aspects of physical, mental, social, familial, occupational consequences
- Representative of the casualties observed in the Rhône département (registered in the ARVAC Registry) (however the sampling scheme favours the seriously injured people)

The ESPARR Cohort

 Objectives: to assess the consequences of road crashes at a short and mid-term (functional independence, familial -, social -, occupational -, financial consequences)

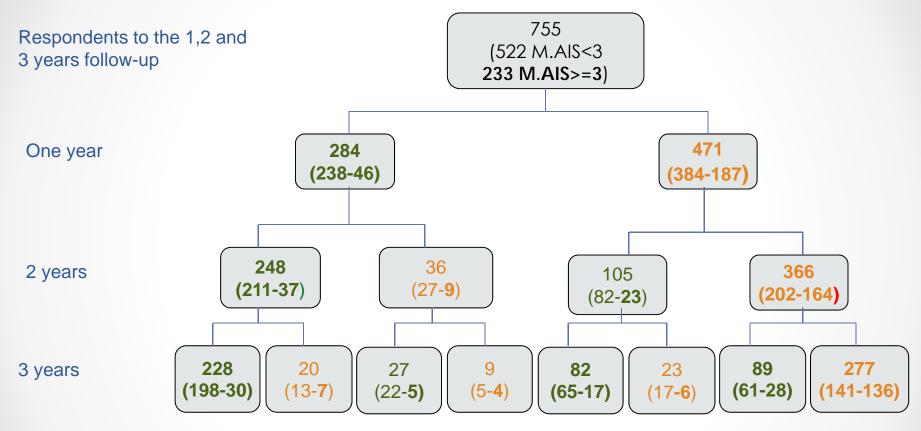
Population :

- o between October 1st. 2004 and December 31th 2005
- 1372 victims of road crashes in the Rhône administrative
 - 1168 adults (16 years +) and 134 children (<16 y)
 - 1020 Sujets M-AIS <3 (1/10 Registre)
 - 352 Sujets M-AIS ≥ 3 (43% Registre)
- Follow-up six months, one year, two, three, five years after the accident:
 - Self-administered questionnaire or face to face interview for the most seriously injured people
 - Cognitive and medical examination for a sub-group of the cohort



Some examples

Evolution of the subjective health....



43% whose health is not recovered at 3 years (half of the severe causalties).

Good health recovery Health not recovered

Sequellae at one year

Sequellae:

- o 89 % NISS16+
- o 76 % NISS9-15
- o 47 % NISS<9

Disabilities

- o In the daily life or occupational life (10%)
- o Esthetical: 23 à 31%
- o Cognitive: 1 to 6%
 - Memory troubles (40% NISS16+)
 - Attention troubles (30% NISS16+)
- o paraplegia: 5 cases
- 10,6 % of severe casualties are already recognized as disabled workers (1% -mild- and 5%-moderate)
- The affective life is disrupted (# 45% NISS 9-15 and
 - 16+)

Brain trauma versus other severe casualties

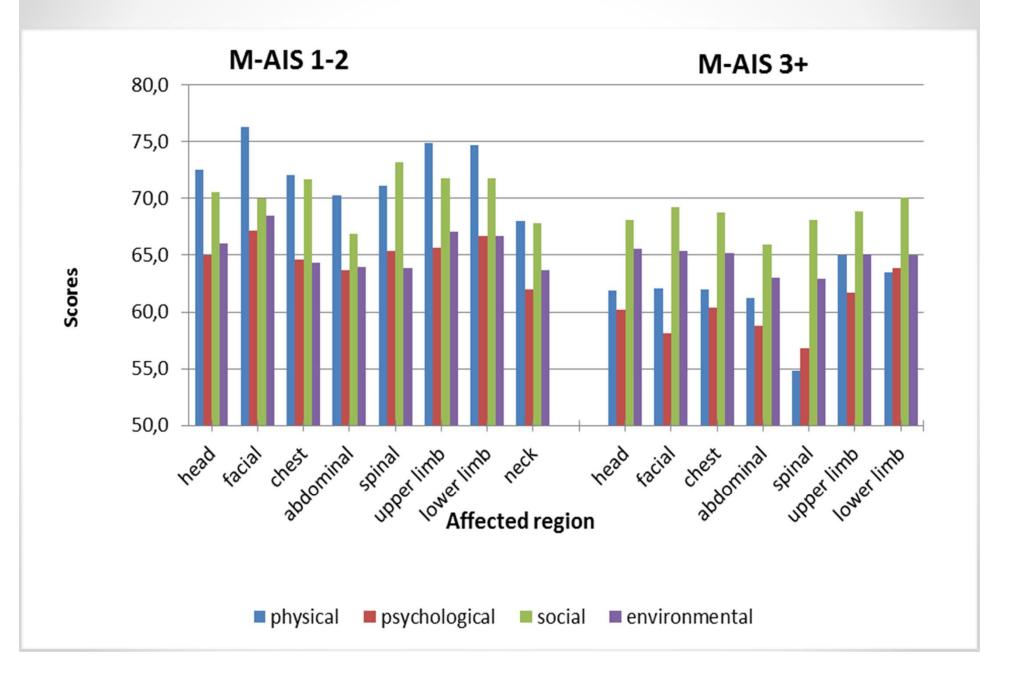
(MAIS3+)

| Cognitive evaluation at one year | Moderate/severe brain trauma/ other severe casualties | | | | Mild brain trauma/ other severe casualties | | | |
|--|---|----------|------|----------|--|-------|------|---------|
| | RR | 95% CI p | | p | RR | 95%CI | | p |
| Attention disorders | 1.59 | 1.38 | 1.83 | p<0.0001 | 1.16 | 1.03 | 1.29 | p<0.05 |
| Memory disorders | 1.60 | 1.37 | 1.87 | p<0.0001 | 1.26 | 1.12 | 1.42 | p<0.001 |
| Anxiety | 1.25 | 1.05 | 1.48 | p<0.05 | 1.25 | 1.08 | 1.44 | p<0.05 |
| Difficulties in oral expression* | 1.26 | 1.12 | 1.41 | p<0.0001 | - | - | - | - |
| Lability of mood* | 1.20 | 1.03 | 1.39 | p<0.05 | _ | _ | _ | - |
| Blunted affect* | 1.27 | 1.11 | 1.45 | p<0.001 | _ | _ | _ | - |
| Emotional withdrawal* | 1.20 | 1.04 | 1.37 | p<0.05 | - | - | _ | - |
| Difficulty in mental flexibility* | 1.28 | 1.11 | 1.48 | p<0.001 | _ | _ | _ | - |
| Decreased initiatives* | 1.29 | 1.10 | 1.51 | p<0.01 | - | - | _ | - |
| * Variable NS entre le groupe des TC légers et le groupe témoins | | | | | | | | |
| | | | | | | | | |

Post-traumatic stress Syndrom

- At six month after the accident, 18% suffered from PTSD
 - 13% of MAIS1-2 suffered from PTSD
 - o 30% of MAIS3+
 - Approximately 1000 persons by year in the Rhône département
- 16% ever suffering from PTSD one year after the accident

Quality of life at one year (WhoQol-Bref)



Occupational consequences

- Immediate consequence: sick leave
 - o MAIS1-2: median =30 days (3èquartile : 90 days)
 - o MAIS3+: médiane = 227 days (3^èquartile : 375 days)
- A close person needs to modify his/her work
 - o MAIS1-2: 5,8%
 - o MAIS3+: 7,6%
 - Immediate financial consequences as well as over the long haul

Occupational consequences at one year (subjects 16 - 65 years old)

MAIS1-2

MAIS3+

When subjects were working at the time of accident

- Have lost their job
- Are looking for job
- Are always in sick2,2% leave
- 4,5%
- 8%

- 8%
- 9%
- 27,7%

When subjects were not working at the time of accident

- Have found a job
- 27%

• 8%

Severe injuries (AIS 4-5)... and the familial caregivers...(3 years)

| | All familial caregivers | « principal caregiver » |
|-------------------|---|-------------------------|
| Health problems | 1/3 (33%) have health problems related to the accident | 46% |
| Familial problems | 31% have familial or affective disruption | 44% |
| Social life | 33% consider « their social » life as modified | 40% |
| Occupational life | 9% have to change some job conditions (week duration, job lost) | 12% |
| Burden (Zaritt) | 14% shows a severe burden with the Zaritt Scale | 20% |

In the future...

- A question to be solved
 - How to predict at the moment of the accident, the seriousness of the consequences? Are they only related to the immediate seriousness of the injuries (AIS)
- IIS (injury Impairment scale) is currently used but it does not predict all the dimensions of the consequences
- A new indicator (the FCI) was built in the view of better predicted consequences, but very few validation studies have been done
 - One of our objectives is to validate the FCI from the ESPARR data



Thank you for your attention

http://esparr.inrets.fr/

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