Helmet Use in Bicyclists Struck



Innovations in Translating Injury Research into Effective Prevention Annual Meeting of the Center for Injury Epidemiology and Prevention at Columbia University

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Background

- Injuries to cyclists are very common, particularly in large cities
- Helmets have been pursued as injury prevention mechanism
- Many previous studies have shown efficacy of helmets in preventing head/face injury but there is little data on social-economic differences and behavior patterns



Identify <u>prevalence and impact</u> of helmet use on bicyclists in New York City

Assess <u>behavior patterns</u> to assist providers and aid in targeted prevention



Methods

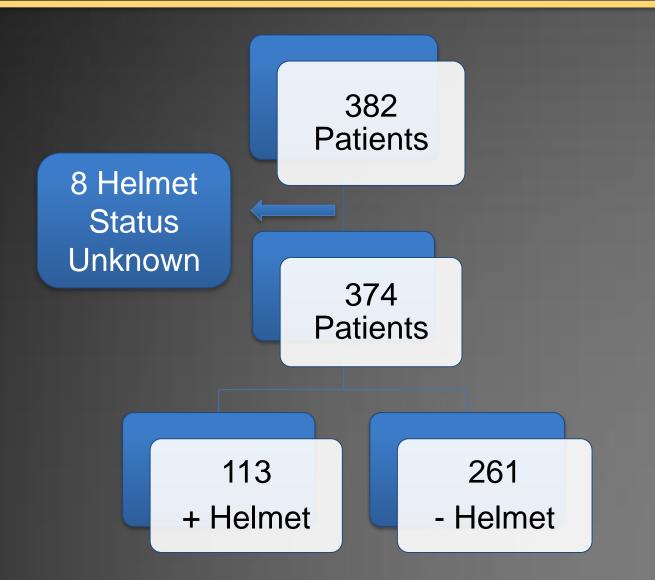
- Prospective cohort study (Dec 2008 to Jun 2011)
- All bicyclists-struck who presented to Bellevue Hospital Center ≤24hrs of injury
 - Catchment area: Lower Manhattan (and Western Brooklyn)
- Variables obtained by interviewing patients, witnesses, first responders, and review of medical records

Collected variables

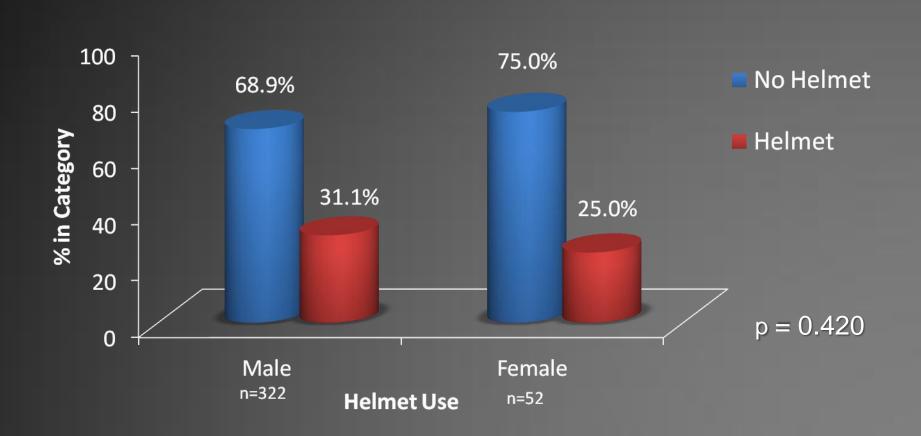
- Demographics, helmet use, biking
- Glasgow Coma Scale (GCS)
- Abbreviated Injury Score (AIS) and Injury Severity Score (ISS)
- Disposition
- Mortality

Verbal consent obtained prior to study enrollment

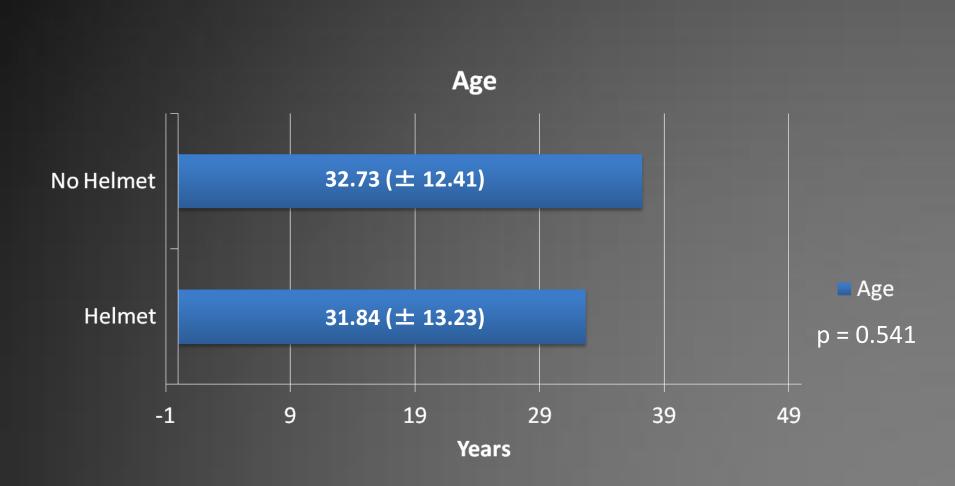
Patient Flow Diagram



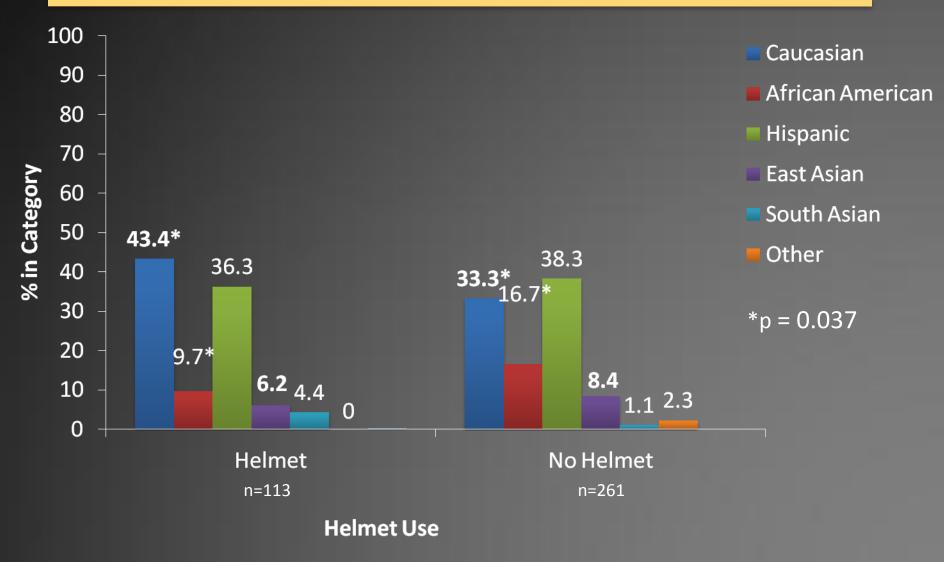
Demographics: Gender n = 374



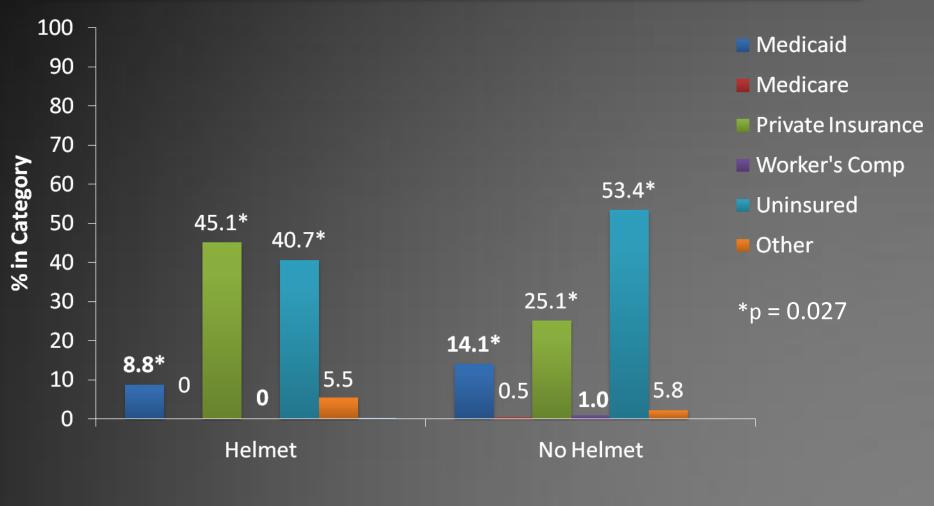
Demographics: Age n =374



Demographics: Ethnicity n = 374



Demographics: Insurance n = 365



Helmet Use

Behavior Patterns n = 374

Categories		Helmet (n=113)	No Helmet (n=261)	p Value
Riding Patterns				
	With flow of traffic (%)	106 (97.2%)	204 (83.6%)	<0.001
	Against flow of traffic (%)	3 (2.8%)	30 (12.3%)	0.003
	Riding in bike lane (%)	36 (83.7%)	46 (61.3%)	0.013
	Crossing against signal (%)	6 (5.5%)	30 (12.6%)	0.057
Alcohol Involvement				
	Yes (%)	7 (6.3%)	29 (11.1%)	0.181

Behavior Patterns n = 374

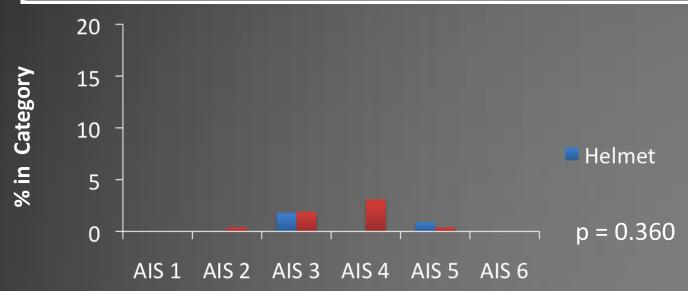
Working Status	Helmet	No Helmet	p Value
Working When Struck	52 (31.9%)	111 (68.1%)	0.110
Not Working When Struck	60 (28.8%)	148 (71.2%)	

Glasgow Coma Scale n= 371

Eye Opening Response	Verbal Response	Motor Resp	onse
4 = Spontaneous 3 = To verbal stimuli 2 = To pain 1 = None	5 = Oriented 4 = Confused 3 = Inappropriate word 2 = Incoherent 1 = None	 6 = Obeys commands 5 = Localizes pain 4 = Withdraws from pain 3 = Flexion to pain or decorticate 2 = Extension to pain or decerebrate 1 = None 	
	Helmet n=111	No Helmet n=260	p Value
Glasgow Coma Sco			p Value 0.285
Glasgow Coma Scor GCS ≤ 8		n=260	

Head AIS n=374

AIS Score	Injury
1	Minor
2	Moderate
3	Serious
4	Severe
5	Critical
6	Unsurvivable

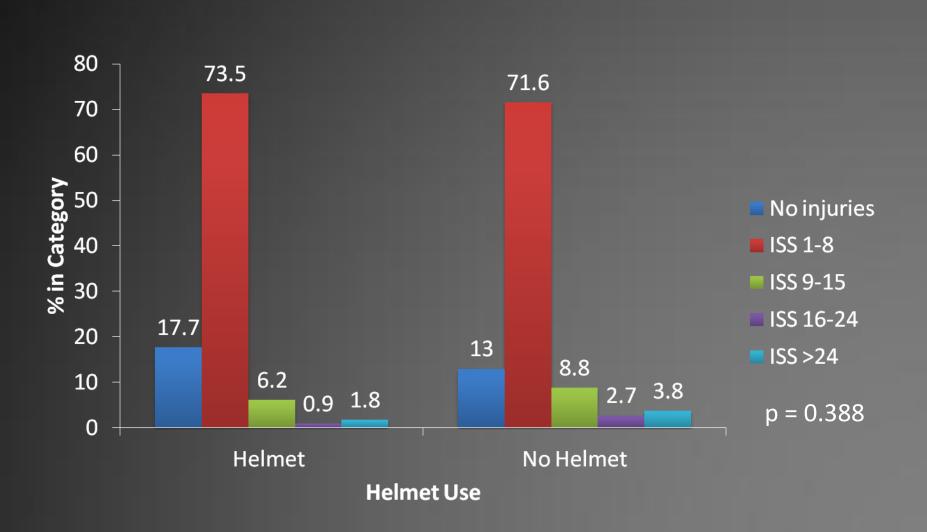


Outcomes: Bicyclists n= 374

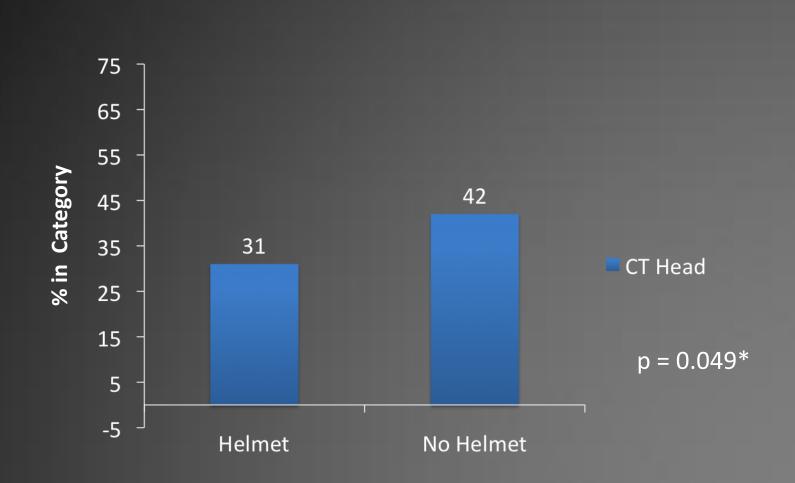
	Helmet n=113	No Helmet n=261	p Value
Injury Severity Score*	3.18 (±7.205)	4.13 (±7.478)	0.255
*3 unknown excluded			

Injury Severity Score = A² + B² + C² where A, B and C are the AIS scores of the three most injured ISS body regions.

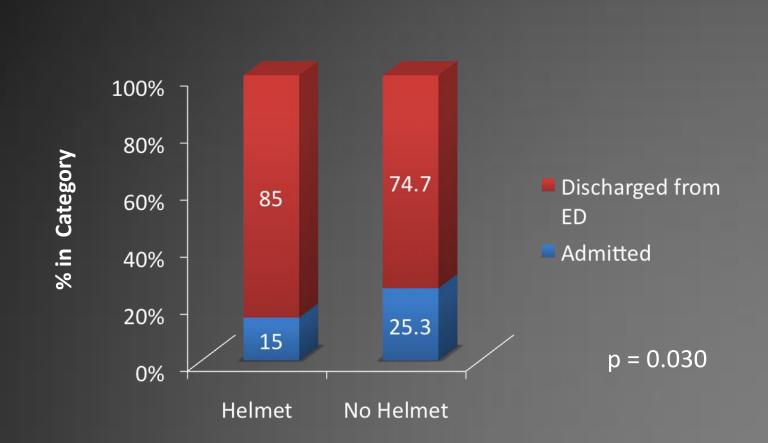
Outcomes: ISS n= 374



Management: CT head n= 374



Disposition from Emergency Department n= 374



Outcomes: Bicyclists n= 374

	Helmet n=113	No Helmet n=261	p Value
Mortality	0 (0%)	3 (1.1%)	0.555



- Ethnic and socio-economic disparities regarding helmet use exist.
- Helmeted bicyclists practice safer riding behaviors.
- Few differences were found in injuries or outcomes comparing helmet users and nonusers.
 Lower admission rate in helmeted cohort
- A larger population must be studied to delineate the number of preventable brain injuries or human lives saved by helmet use.



New Grant: New Project

"Road Safety NYC"

A project designed to investigate all bicycle related injuries (versus motor vehicles, other bicyclists, or pedestrians)

Thank You

- Grant Support
 - Highway Safety Grant from State of New York Governor's Traffic Safety Committee
- Principal Investigator
 - Dr. Spiros Frangos
- Project Coordinator
 - Dekeya Slaughter
- Statistician

- Study Design and Data Collection
 - Sally Jacko
 - Deborah Levine
 - Ronald Simon
 - S. Rob Todd
 - Chad Wilson
 - Nina Glass
 - Rachel Webman
 - Omar Bholat

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