Clinical effective risks of mortality in road traffic injury victims depending on the severity of damage

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Road traffic accidents cause significant trauma to the population and are one of the main causes of mortality in working age. The novelty of the study risk-oriented patterns of severity of damage and mortality of victims of road accidents have been established.

The aim – to create of a fundamental basis for the formation of clinical routes and protocols for victims of road accidents by establishing and verification the relationship between the severity of damage and the death of the victims.

Material and methods. An analysis of 1,696 cases of road traffic injuries was carried out, and the standardized New Injury Severity Score (NISS) assessment system was used.

Results. A probable, but indirect dependence of the clinical effective risk of a negative outcome of the traumatic process in victims on the severity of the damage was established. It was established that the sign of participation in the traffic the formation of clinical effective risks of a negative outcome of the traumatic process, starting with the severity of damage according to the NISS with 25 points. With the same qualitative characteristics, pedestrians have the highest risk of fatality, drivers have the lowest risk. The synergistic effect of the severity of damage and the clinical and anatomical form of the injury was established.

Conclusions. The risk of a fatal outcome of a road traffic injury in general directly depends on the severity of damage to the victim, although the dependence is not direct. The clinical and anatomical form of damage together with the severity of the damage have a synergistic effect on the formation of the clinically effective risk of mortality in victims of a road traffic accident, and the predominant influence is the clinical and anatomical form of damage.

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Keywords: risks, mortality, traffic injury, severity of damage.
Original articles. Orthopedics

Introduction
Road traffic injury remains one of the most important causes of death of the population almost all over the world. Unfortunately, there has been no steady trend of decreasing mortality and lethality due to traffic accidents in recent years. An important component of solving this problem is establishing the relationship between the lethality of the victims and the clinical signs of damage. Taking into account the variety of clinical signs of road traffic injury to describe the clinical characteristics, the method of standardization using standardized rating systems (scales) is used. We authors considered it expedient to determine the dependence of the victim’s mortality risk on the results of a standardized clinical assessment.

The aim of the research – to establish the presence and nature of the dependence of lethality (a negative outcome of the course of the traumatic process) of victims of road traffic injuries on the severity of damage based on a risk-oriented assessment.

Materials and methods of the study
The array of the study was 1,696 cases of road traffic injuries in victims of road traffic accidents. The formation of the research array took place in the order of an epidemiological experiment on real-life models (a metropolis, a rural area, a regional city). The models were formed on the basis of actually existing administrative and territorial entities of Ukraine in accordance with the requirements of the Law of large numbers. The victims were injured in the period 2018–2020. Standardization of the clinical characteristics of the injury was carried out using the New Injury Severity Score (NISS) standardized assessment system. A standardized scoring system is recommended for road traffic injury victims [3]. At the same time, the following gradations of damage severity were established in each anatomical and functional area from 1 to 4 points in ascending order of damage severity, total score from up to 16 points (minor damage), 16–24 points (light damage), 25–34 points (moderate severity damage), 35–44 points (severe damage), 45–75 points (extremely severe damage and agonizing Clinical outcome risks were defined as the ratio of the probability of death and recovery of victims. The analysis was carried out with the help of computer technologies. All obtained results meet the criteria and requirements of evidence-based medicine.

Results of the study
The analysis of the distribution of the study array based on the indicator of the standardized NISS assessment system allowed us to obtain the following results (Table 1). The analysis of the distribution of the study array according to the severity of the damage is given in Table 1.

Set out in Table 1, the data allow us to state that there is a clear tendency to increase the indicator of the clinical effective risk of a negative outcome of the course of the traumatic process as the indicator of the severity of the damage increases. Moreover, fluctuations in risk indicators are large, from theoretically impossible to cata-

Table 1
Analysis and evaluation of clinical effective risks according to the risk factor «severity of damage»

<table>
<thead>
<tr>
<th>The NISS index, points*</th>
<th>Quantitative risk characteristics</th>
<th>Qualitative risk characteristics</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor damage, up to 16</td>
<td>0.001</td>
<td>theoretically impossible</td>
<td>5</td>
</tr>
<tr>
<td>Light damage, 16–24</td>
<td>0.06</td>
<td>minimal</td>
<td>4</td>
</tr>
<tr>
<td>Moderate severity damage, 25–34</td>
<td>0.47</td>
<td>significant</td>
<td>3</td>
</tr>
<tr>
<td>Severe, damage 35–44</td>
<td>0.83</td>
<td>catastrophic</td>
<td>2</td>
</tr>
<tr>
<td>Extremely severe damage and agonizing, 45–75</td>
<td>1.59</td>
<td>catastrophic</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: * – in total for all anatomical and functional areas.
the indicators of clinical effective risk are within the following:

tomical signs of the form of damage and the severity of view to determine the influence of the clinical and ana-

In victims with mild injuries (16–24 points), the indicator of clinical effective risk is 1.50, which indicates a very high level of distribution dissipation.

In victims with severe damage to all clinical and anatomical areas, the qualitative characteristic of the indicator of clinical effective risk is catastrophic, except for victims with pelvic injuries, where such an indicator is critical. According to the quantitative characteristic, the clinical effective risk is the highest in the group of 25 points with cranial injuries. The probable influence of the clinical and anatomical feature on the formation of the clinical effective risk is observed in the group of victims, starting with 4 points (light damage).

It is also worth noting that the influence of the standardized indicator of the severity of damage on the formation of clinical effective risk is not the same for each clinical and anatomical form of damage in traffic accident victims. It was established that the ratio of the maximum to the minimum indicators in the clinical-anatomical group for and neck injuries is 2.24, for spine damage – 1.17, for chest damage – 2.42, for abdominal damage – 2.20, for pelvic damage – 2.07, with damage to the limbs – 1.57. Thus, the standardized indicator of the severity of damage has the greatest influence on the formation of the risk indicator in victims with head and neck injuries 2.42, and the smallest impact was recorded in the case of chest injuries – 2.42. That is, in victims with such clinical and anatomical forms of damage, such as the abdomen, pelvis, spine and chest, the clinical and anatomical sign of damage when forming an indicator of the clinical effective risk of the occurrence of a nega-

<table>
<thead>
<tr>
<th>NISS index, points*</th>
<th>Drivers</th>
<th>Passengers</th>
<th>Pedestrians</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>quantitative risk characteristics</td>
<td>rank</td>
<td>quantitative risk characteristics</td>
</tr>
<tr>
<td>Up to 16</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Light, 16–24</td>
<td>0.03</td>
<td>4</td>
<td>0.06</td>
</tr>
<tr>
<td>Moderate severity, 25–34</td>
<td>0.20</td>
<td>3</td>
<td>0.32</td>
</tr>
<tr>
<td>Severe, 35–44</td>
<td>0.75</td>
<td>2</td>
<td>1.13</td>
</tr>
<tr>
<td>Extremely severe and agonizing, 45–75</td>
<td>1.11</td>
<td>1</td>
<td>1.50</td>
</tr>
</tbody>
</table>

Note: * – in total for all anatomical and functional areas.
It is quite interesting that the dependence of the clinical outcome risk of the occurrence of a negative outcome of the course of the traumatic process in victims of road traffic injuries directly depends on the severity of damage to the victim, although the dependence is not direct.

References


