Do Motorcycle Helmet Laws Affect Craniomaxillofacial injuries?

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Do Motorcycle Helmet Laws Affect the Incidence of Craniomaxillofacial Injuries?

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The Effects of Motorcycle Helmet Legislation on Craniomaxillofacial Injuries

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Background: Motorcycle helmet legislation has been a contentious topic for over a half-century. Benefits of helment use in motorcycle trauma patients are well documented. In 2012, Michigan repealed its universal motorcycle helmet law in favor of a partial helmet law. The authors describe the early clinical effects on facial injuries throughout Michigan.

Methods: Retrospective data from the Michigan Trauma Quality Improvement Program trauma database were evaluated. Included were 4645 motorcycle trauma patients presenting to 29 Level I and II trauma centers
throughout Michigan 3 years before and after the law repeal (2009 to
2014). Demographics, external cause of injury codes, International Classification of Diseases, Ninth Revision diagnosis codes, and injury details were
gathered.

Results: The proportion of unhelmeted trauma patients increased from 20 percent to 44 percent. Compared with helmeted trauma patients, unhelmeted patients were nearly twice as likely to sustain craniomaxillofacial injuries (relative risk, 1.90), including fractures (relative risk, 2.02) and soft-tissue injuries (relative risk, 1.94). Unhelmeted patients had a lower Glasgow Coma Scale score and higher Injury Severity Scores. Patients presenting after helmet law repeal were more likely to sustain craniomaxillofacial injuries (relative risk, 1.46), including fractures (relative risk, 1.28) and soft-tissue injuries (relative risk, 1.68). No significant differences were observed for age, sex, Injury Severity Score, or Glasgow Coma Scale score (by > 0.05).

Conclusions: This study highlights the significant negative impact of relaxed motorcycle helmet laws leading to an increase in craniomaxillofacial injuries. The authors urge state and national legislators to reestablish universal motorcycle helmet laws. (Plast. Reconstr. Surg. 139: 1453, 2017.)

otorcyclists are 30 times more likely to die and five times more likely to be injured when compared mile for mile to passenger car occupants. Motorcycle helmets have been shown to prevent nearly 40 percent of fatal injuries and 13 percent of nonfatal serious injuries. ¹⁻⁵ However, as many as one-third of motorcycle riders still do not wear helmets, with a larger percentage

riding unhelmeted in states without universal helmet laws. The effects of motorcycle helmet legislation on helmet use, patient injuries, and outcomes have been demonstrated. Be However, few to no data are available evaluating the effects of motorcycle helmet laws on craniomaxillofacial trauma.

Complex facial injuries are common among motorcycle trauma patients and are over twice as

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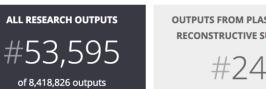
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Demographic breakdown

| Members of the public 35 63' Practitioners (doctors, other healthcare professionals) 16 29' Scientists 4 7' | | | | |
|---|---------------------|--|-------|------|
| Practitioners (doctors, other healthcare professionals) 16 29 Scientists 4 7 | | Туре | Count | As % |
| Scientists 4 7 | Members of the pu | ublic | 35 | 639 |
| | Practitioners (doct | ors, other healthcare professionals) | 16 | 29% |
| Science communicators (journalists, bloggers, editors) 1 2 | Scientists | | 4 | 79 |
| | Science communic | ators (journalists, bloggers, editors) | 1 | 29 |

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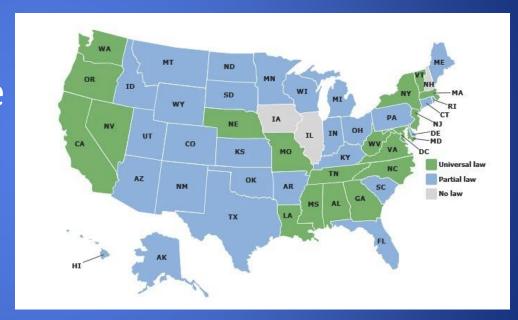
Motorcycle Helmet Law

- National Highway Safety Act
 - -1966
- Act rescinded
 - -1976
- Motorcycle fatalities
 - **25-46%**



Michigan Motorcycle Helmet Law

- April 13, 2012
- ≥21yo + 2y experience
 - OR
- Safety course
 - Plus
- \$20,000 insurance



Impact of Helmet Use

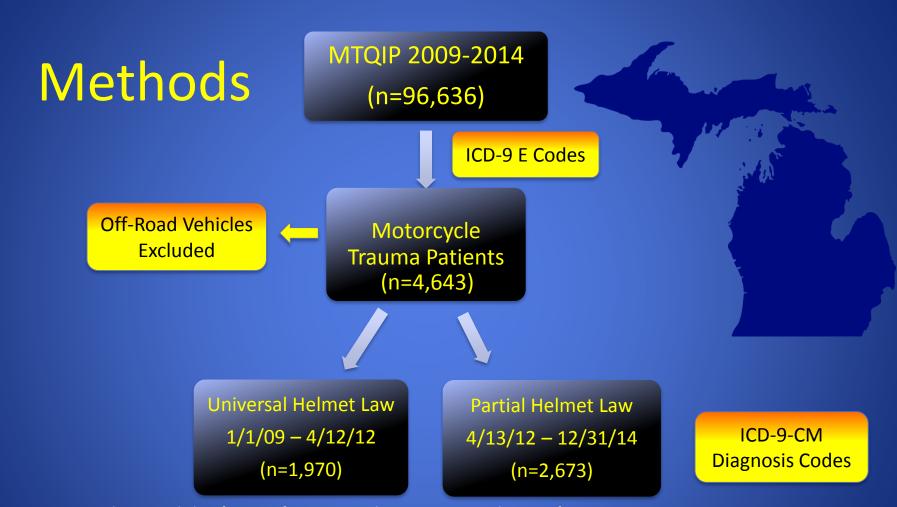
- • Mortality, head trauma
- Hospital admission and cost
- Ucraniomaxillofacial trauma

HELMETS ARE MANDATORY

Do helmet laws make a difference?

Objective

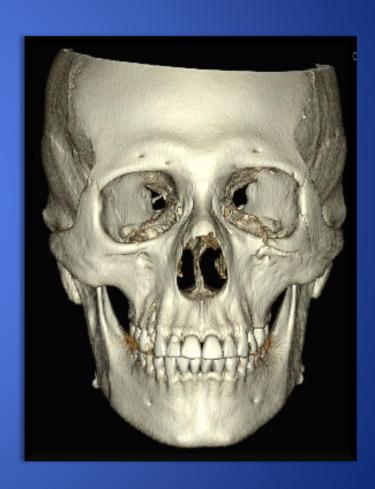
- Asses the impact of helmet laws on motorcycle trauma patients
 - Helmet use
 - Craniomaxillofacial (CMF) injuries
- Assess the impact of helmet use on motorcycle trauma patients
 - CMF Injuries



ICD-9 E = International Statistical Classification of Disease, Ninth Revision, External Cause of Injury ICD-9-CM = International Statistical Classification of Disease, Ninth Revision, Clinical Modification

ICD-9-CM Diagnosis Codes

- Facial Fracture Codes
 - Nasal Bone Fractures 802.0-1
 - Orbital Fractures 802.6-8
 - Malar Fractures 802.4-5
 - Mandibular Fractures 802.20-39
- Soft Tissue Trauma Codes
 - Facial Laceration 873.2-7
 - Facial Abrasion 910
 - Facial Contusion 920



Methods

- Statistical Analysis
 - STATA v14.1
 - Descriptive statistics
 - Chi-square test
 - Two sample t-test

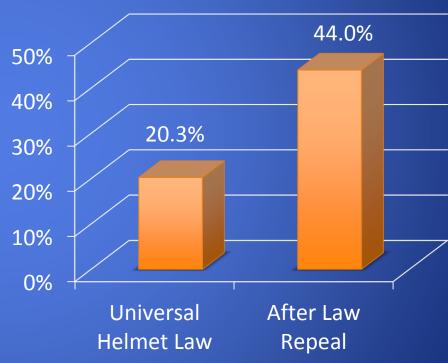


Results

- Descriptive Statistics
 - 87% male
 - 43.7±14.7 years

Tunhelmeted patients

Rate of Unhelmeted Trauma Patients



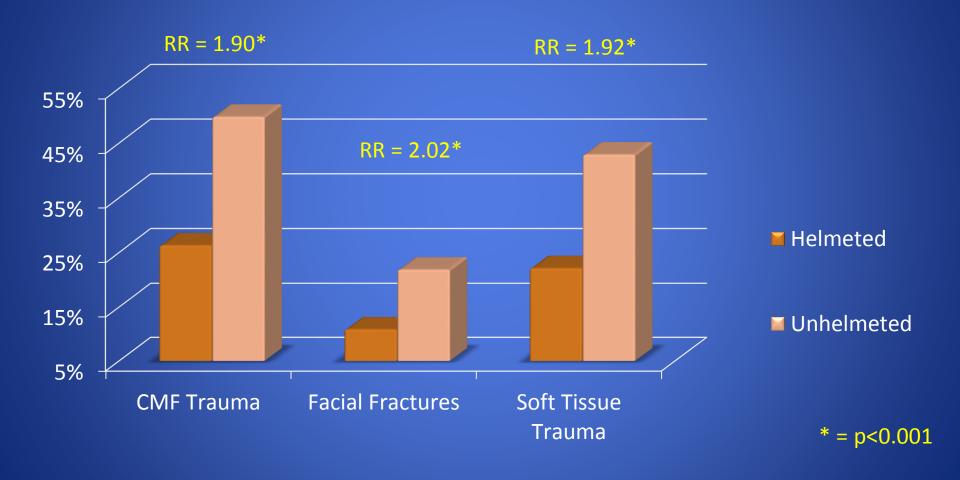
p<0.0001

Helmet vs. No Helmet

| | Helmet | No Helmet | p Value |
|--|--|--|-------------------------------------|
| Age (y) | 43.9 | 43.6 | NS |
| Any EtOH - BAC (>0) | 111.5 | 148.8 | <0.0001 |
| Intoxicated - BAC (>79) | 178.4 | 198.6 | 0.0022 |
| GCS (ED) | 13.9 | 13.1 | <0.0001 |
| ISS | 14.3 | 15.2 | 0.0100 |
| NISS od alcohol content (mg/dL), GCS = Glasgow Com | 17.7 a Scale, ISS = Injury Severity S | 19.5 Score, NISS = New Injury Severity Sc | 0.0001 ore, ICU = Intensive Care |
| ICU Days | 7.0 | 6.9 | NS |

BAC = Bl

Facial Injuries: Helmet vs. No Helmet



Helmet vs. No Helmet

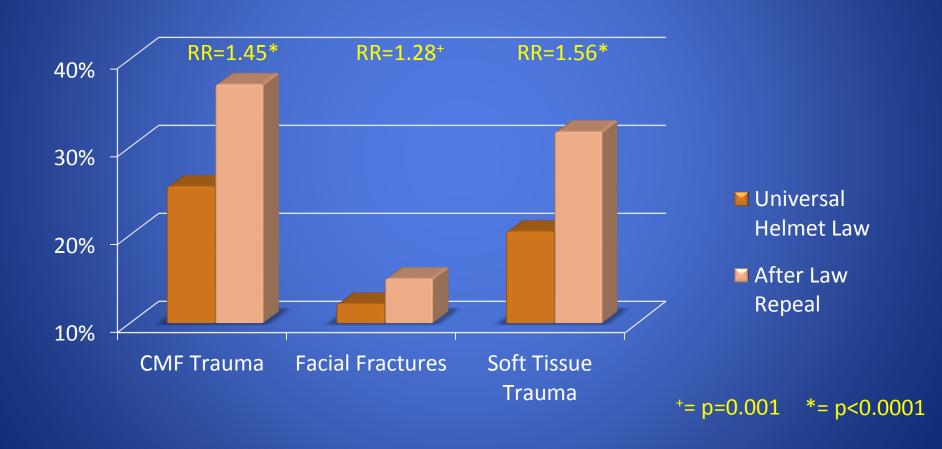
| | Helmeted Patients | Unhelmeted Patients | p Value | Relative Risk |
|----------------------|----------------------|------------------------|---------|------------------|
| Nasal Bone Fractures | 5.14% | 8.96% | <0.0001 | 1.74 |
| Orbital Fractures | 4.96% | 11.31% | <0.0001 | 2.28 |
| Malar Factures | 5.38% | 12.53% | <0.0001 | 2.33 |
| Mandibular Fractures | 1.82% | 3.34% | 0.005 | 1.83 |
| Facial Lacerations | 12.77% | 23.01% | <0.0001 | 1.89 |
| Facial Abrasions | 7.39% | 11.77% | <0.0001 | 1.59 |
| Facial Contusions | 6.36% | 16.25% | <0.0001 | 2.55 |

Effects of Helmet Law Repeal

| | Universal Law | Partial Law | p Value |
|---|----------------------------------|---|--------------------------------------|
| Age (y) | 43.6 | 43.7 | NS |
| Any EtOH - BAC (>0) | 135.5 | 130.7 | NS |
| Intoxicated - BAC (>79) | 182.3 | 191.7 | NS |
| GCS (ED) | 13.7 | 13.6 | NS |
| ISS | 15.3 | 14.7 | NS |
| lood Nac Scontent (mg/dL), GCS = Glasgow Coma | Scale, ISS = 1,9ry 2everity Scor | re, NISS = New likeryG everity Score | e, ICU = Inte nsis e Care Uni |
| ICU Days | 6.4 | 6.9 | NS |

BAC = Bl

Facial Injuries: Effects of Helmet Law Repeal



Effects of Helmet Law Repeal

| | Universal Helmet Law | Partial Helmet Law | p Value | Relative Risk |
|----------------------|-------------------------|-----------------------|---------|------------------|
| Nasal Bone Fractures | 5.84% | 6.81% | 0.181 | 1.17 |
| Orbital Fractures | 6.40% | 7.59% | 0.116 | 1.19 |
| Malar Factures | 5.99% | 8.45% | 0.002 | 1.41 |
| Mandibular Fractures | 2.34% | 2.32% | 0.972 | 0.99 |
| Facial Lacerations | 10.86% | 17.73% | <0.0001 | 1.62 |
| Facial Abrasions | 7.01% | 9.24% | 0.006 | 1.32 |
| Facial Contusions | 5.18% | 11.11% | <0.0001 | 2.26 |

Discussion

- Craniomaxillofacial Injuries are common
- Helmet law affect behaviors and injuries
 - Unhelmeted patients
 - More CMF trauma
- Poor health outcomes

Long-Term Physical Impairment and Functional Outcomes after Complex Facial Fractures

John A. Girotto, M.D., Ellen MacKenzie, Ph.D., Carolyn Fowler, Ph.D., M.P.H., Rick Redett, M.D., Bradley Robertson, M.D., D.D.S., and Paul N. Manson, M.D.

Baltimore, Md.

Limitations

- Retrospective
- Evolving database
- Multiple sources
- Incomplete data
- No frontal bone/frontal sinus codes



Conclusion

- Unhelmeted Trauma Patients
 - − ↑CMF trauma by 90%
 - $-\Psi$ GCS, \uparrow ISS, \uparrow NISS
- Following Repeal
 - The training of the second of t
 - − ↑CMF trauma by 45%
 - Fractures (28%♠) and Soft tissue injuries (56%♠)



Thank you!

MTQIP

