
Injuries after violence and accidents – the forgotten pandemic?

OPINIONS

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All information on injuries should be collected in a national injury registry devised for research. This will pave the way for a new strategy for injury prevention.

We have insufficient knowledge about the prevalence of injuries after violence and accidents. How many injuries can be prevented, how do the injured people cope, and what is the total cost for Norway?

In 2009, the government submitted a national strategy for prevention of accidents that cause personal injury [\(1\)](#). The current knowledge base is fragmented and consists of many different data registries that vary greatly in terms of quality and degree of completeness. However, the coronavirus pandemic has shown us that it is possible both to monitor prevalence at the individual level and to react quickly with targeted interventions at the national level.

How many are injured?

Each year, approximately 12 % of the Norwegian population seek medical assistance for injuries [\(2\)](#). More than one-half of these are treated by the primary healthcare services and are therefore excluded from most studies that describe injuries resulting from accidents [\(2\)](#). The Norwegian National Trauma Registry (NTR) includes those who are most severely injured, with a degree of coverage in excess of 90 % at the individual level. In 2020, this comprised only 9 008 of the 600 000 patients who injure themselves each year [\(2, 3\)](#).

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In 1990, the Norwegian Institute of Public Health established the National Injury Registry, which was intended to include all injuries irrespective of the degree of seriousness. This registry was discontinued in 2003 for economic reasons [\(4\)](#). A new injury registry was established in 2009, with a renewed intention to include all injuries irrespective of their degree of seriousness [\(4\)](#). In 2019, it was declared that the quality of the data in this registry was inadequate to provide a satisfactory overview of the burden of injuries [\(4\)](#).

Long-term consequences

Over the last 50 years there has been a clear decline in the number of fatal accidents, mainly as a result of fewer road accident fatalities [\(5\)](#). However, approximately 2000 persons still die from their injuries [\(5\)](#). It has been shown that many survivors of injuries suffer from significant mental and physical sequelae [\(6, 7\)](#). In parallel we can see a worrying increase in the use of strong opioids in Norway, which indicates that many people are living with chronic pain [\(8\)](#). Reports indicate that 58 % of the injury/trauma patients are afflicted by pain, 35 % have problems related to anxiety and depression, and 75 % report a reduced quality of life after their injury [\(9\)](#).

There is no complete economic overview of the costs that injuries inflict on Norwegian society. An estimate of costs associated with injuries sustained in the home, in schools and during leisure activities amounted to approximately NOK 200 billion per year [\(5\)](#). However, an overview of the total cost profile that includes the disease burden, costs to the health services and loss of production has proved difficult to estimate.

What can we learn from the COVID-19 pandemic?

Patients with injuries caused by accidents or violence are more likely to survive than previously, but they experience an abrupt change in their situation. No standard patient pathway is available for serious injuries. The health system fails to sufficiently follow up the patients, and long-term health problems as well as use and abuse of strong analgesics is an increasing problem. Despite good intentions we have no overview of long-term consequences and costs to society.

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In the management of the COVID-19 pandemic, a preparedness registry for COVID-19 was quickly established. In addition, the Norwegian Intensive Care Registry was quickly adapted to record intensive care of COVID-19 patients (10, 11). The Norwegian Institute of Public Health continuously monitors research that describes the potential long-term consequences of a COVID-19 infection (12, 13). In June 2021, the Coronavirus Commission submitted a report that evaluated the authorities' management of the pandemic (13). In this report, the costs of the pandemic, measured in terms of loss of value creation, were estimated at more than NOK 330 billion for the years 2020–2023 (13).

To prevent injuries from violence and accidents from being forgotten, increased effort and involvement by professionals, researchers and politicians are required. The COVID-19 pandemic has shown that this is possible. We suggest that all information on injuries that is not included in the Norwegian National Trauma Registry be coordinated in a national injury registry devised for research as part of a new national strategy for prevention of injuries.

REFERENCES

1. Ulykker i Norge – Nasjonal strategi for forebygging av ulykker som medfører personskade 2009–2014.
https://www.regjeringen.no/globalassets/upload/hod/vedlegg/ulykker_i_norge-hefte.pdf Accessed 22.3.2022.
2. Ohm E, Holvik K, Madsen C et al. Incidence of injuries in Norway: linking primary and secondary care data. *Scand J Public Health* 2020; 48: 323–30. [PubMed][CrossRef]
3. Nasjonalt traumeregister.
<https://www.kvalitetsregistre.no/register/skade-og-intensiv/nasjonalt-traumeregister> Accessed 22.3.2022.
4. Trygg Trafikk. Helsevesenbasert skaderegistrering som verktøy for å forebygge trafikkulykker. <https://www.tryggtrafikk.no/wp->

content/uploads/2019/11/Skaderegistreringsrapport2019_nettslag.pdf
Accessed 22.3.2022.

5. Folkehelseinstituttet. Injuries in Norway.

<https://www.fhi.no/en/op/hin/injuries/injuries-in-Norway/> Accessed 22.3.2022.

6. Gabbe BJ, Simpson PM, Cameron PA et al. Long-term health status and trajectories of seriously injured patients: A population-based longitudinal study. *PLoS Med* 2017; 14: e1002322. [PubMed][CrossRef]

7. Finstad J, Røise O, Rosseland LA et al. Discharge from the trauma centre: exposure to opioids, unmet information needs and lack of follow up-a qualitative study among physical trauma survivors. *Scand J Trauma Resusc Emerg Med* 2021; 29: 121. [PubMed][CrossRef]

8. Odsbu I, Handal M, Borchgrevink PC et al. Endringer i opioidbruken i Norge må tas på dypeste alvor. *Tidsskr Nor Legeforen* 2022; 142. doi: 10.4045/tidsskr.21.0909. [PubMed][CrossRef]

9. Ulvik A, Kvåle R, Wentzel-Larsen T et al. Quality of life 2-7 years after major trauma. *Acta Anaesthesiol Scand* 2008; 52: 195–201. [PubMed][CrossRef]

10. Folkehelseinstituttet. Beredskapsregisteret for covid-19.

<https://www.fhi.no/sv/smittestomme-sykdommer/corona/norsk-beredskapsregister-for-covid-19/> Accessed 22.3.2022.

11. 2022. Norsk Pandemiregister. <https://helse-bergen.no/norsk-pandemiregister> Accessed 22.3.2022.

12. Folkehelseinstituttet. Senfølger etter covid-19.

<https://www.fhi.no/publ/2022/senfolger-etter-covid-19.-hurtigoversikt-2022-ny-versjon/> Accessed 22.3.2022.

13. NOU 2021: 6. Myndighetenes håndtering av koronapandemien – Rapport fra Koronakommisjonen.

https://files.nettsteder.regjeringen.no/wpuploads01/blogs.dir/421/files/2021/04/Koronakommisjonens_rapport_NOU.pdf Accessed 22.3.2022.

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