

## **A Study of Correlation of Alcohol Consumption and Non Fatal, Non Grievous Injuries Presenting to the Causality of a Tertiary Teaching Hospital.**

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**Abstract:** An accident usually happens due a judgmental error of either of the drivers or the driver alone. Factors like vehicle repairs, bad weather or roads related can be a cause but driver related is the most deciding factor. And an altered judgment is caused by influence of alcohol and other recreational drugs. Our study aim was to see any correlation of alcohol consumption and non fatal, non grievous injuries presenting to the causality of a tertiary teaching hospital. We have analyzed the records and questioning the patients and found that most of them were men and the active productive age group is involved, injuries ranging from abrasions to head injuries. And mostly due to acute bingeing or usual drinking patterns.

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### **I. Introduction**

Trauma is the most common cause of death in the present civilized world. As per definition damage to the body caused by an exchange with environmental energy that is beyond the body's resilience.

The resilience is low against the speed of impact with modern vehicle. No adherence to the proper driving skills. This is compounded by social habits of consumption of alcohol and driving. So we have increased environmental energy, reduced body resilience all leading to trauma prone.

This is a major loss to the country and to individual families as well. Hence strict adherences to the traffic rules and avoid judgment impairing substances while driving. The study to correlate with the pattern of injury in a non fatal injuries and the association with alcohol.

### **II. Material And Methods**

This a prospective study conducted in a tertiary teaching hospital.

All patients admitted with non fatal injuries to the casualty and OPD for observation and evaluation were taken for the study population.

#### **INCLUSION CRITERIA:**

1. All patients with non fatal injuries
2. All patients with non grievous injuries

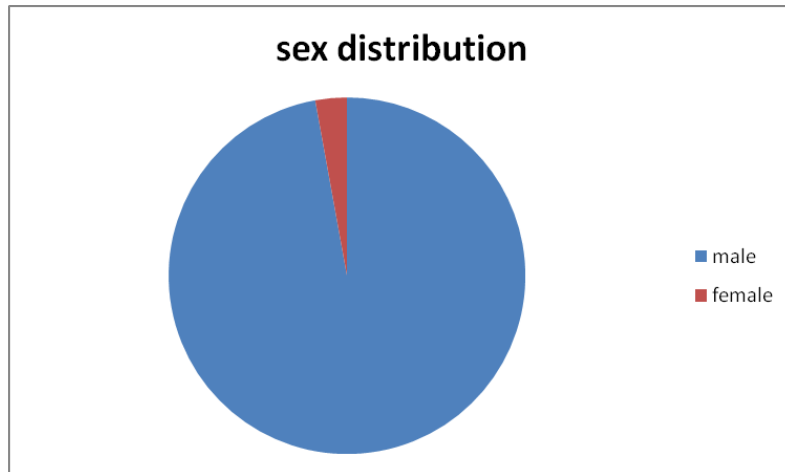
**EXCLUSION CRITERIA:** trauma patients who have not consumed alcohol

#### **Statistical analysis**

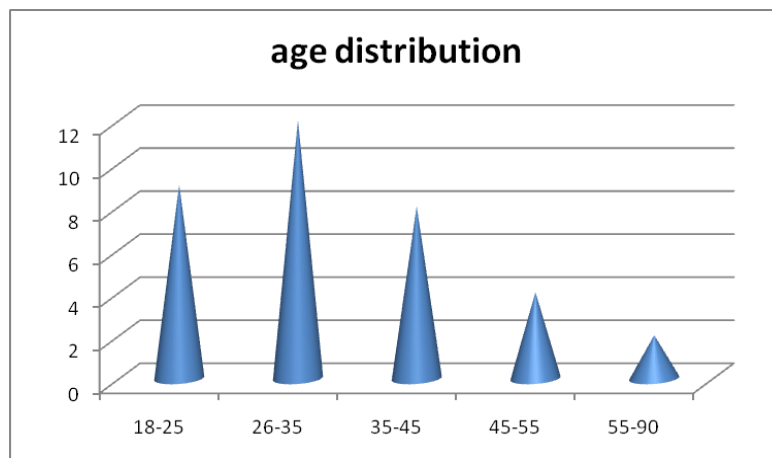
Data was analyzed using Microsoft excel and chart created.

### III. Result

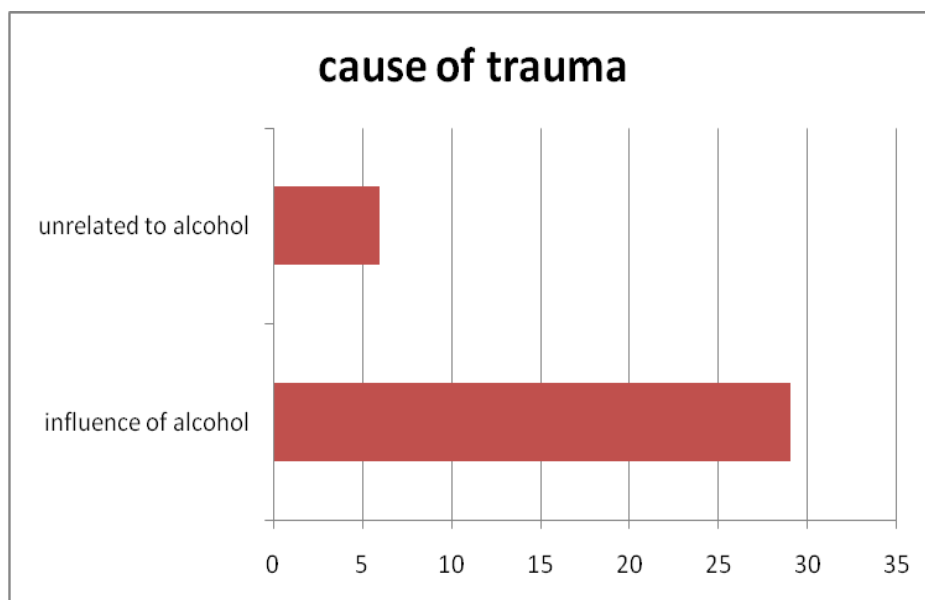
The study population was 99.9% of males.



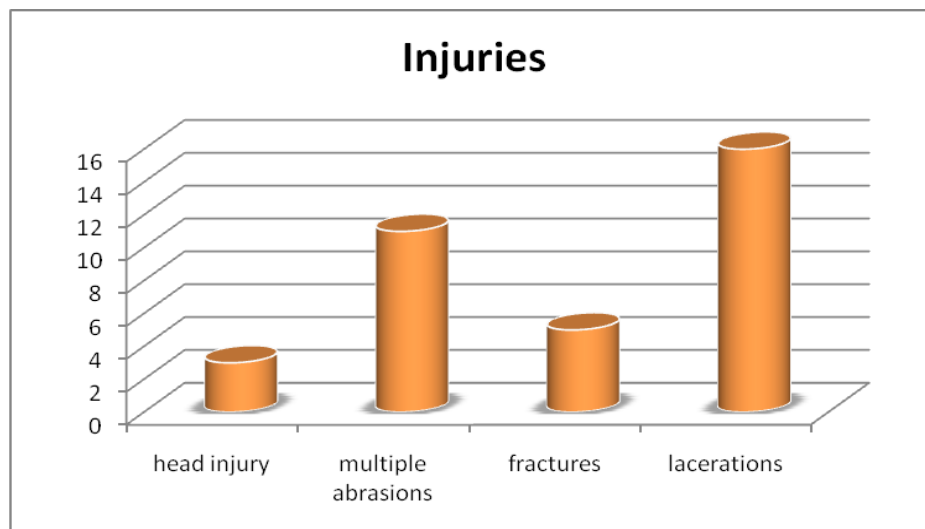
The age group was between 26-35 years



Out of the study population 82.8% of the injuries were purely due to influence of alcohol and the remaining 17.2% was not related to alcohol.



**The injuries range from simple abrasion to head injuries. Lacerations 45.7%, abrasion 31.4%. Fractures 14.2 %, head injury 8.5%.**



#### **IV. Discussion**

In our study we observed a male dominance pattern in the association of non fatal injuries and alcohol consumption but the western studies have seen an equal predominance<sup>1</sup>. Which reflects the Indian standards as not many women drink and not many women drive as well which is a Indian perspective of the burden of the disease and association with alcohol when compared to the rest of the world<sup>2, 3</sup>. Also a report generated by the WHO in 2002 reducing risks, promoting healthy life<sup>4</sup> with relation to alcohol consumption.

The study population belonged to the active productive ages between 26-35 years and an untoward incidence is a disaster to the family and to the society losing a productive individual.

In our study population 82.8% of the injuries were directly proportional to the influence of alcohol. And the list of injuries were lacerations 45.7%, abrasion 31.4%, fractures 14.2 %, head injury 8.5%. A detailed multicentre studies<sup>5</sup> are available and our study is the Indian perspective.

As per the literature the association of the injury and alcohol is due to unusual and acute alcohol consumption are the most important risk factor for non fatal injuries<sup>6</sup>. We also had a similar association our study patients as well.

In our study injuries range from simple abrasions to a near fatal injuries necessitating admission in the hospital, a surgical procedure to rectify the impact of alcohol related injuries, which involved a period of absence from work and expense to treat the disease as well. So a double impact on the individual economy, loss of the productivity to the society which adds to social and health statistics in measuring harm from alcohol<sup>7</sup>.

Cherpitel C et al<sup>8</sup> have suggested a screening for alcohol related issue in ER is needed. Hence a screening system for all patients with trauma in causality is a necessary along with a drug abuse<sup>9</sup> and will help to assess the patients in a better way. This will create awareness and avoid fatal injuries<sup>10</sup> related to alcohol consumption. Intoxicated driving is a social problem which cannot be eradicated but is possible to moderation<sup>11</sup> and avoid fatal consequences. Also establishing safe roads and safe driving practices is the key to limit the loss in productivity and life.

#### **V. Conclusion**

Alcohol has a very direct influence on the road traffic accident and we live in a society where it is a social practice to have alcohol at parties but if you are drunk better take a public transport or hire a taxi to avoid untoward incidents to you and other people on the road. Hence it is a best practice to avoid driving and alcohol.

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