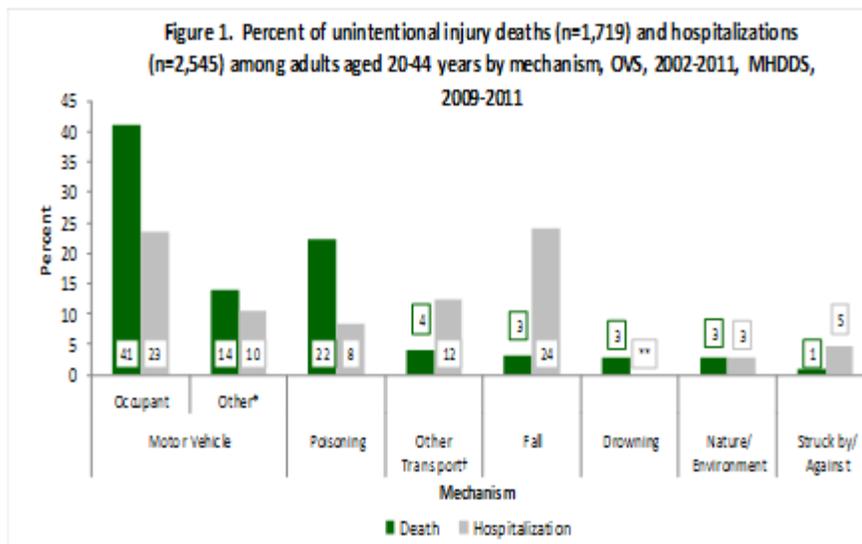


## Common causes of injuries among adults aged 20-44 years

*Unintentional injuries cause more than one third (36%) of all deaths among adults aged 20-44 years*

Data source: OVS, 2002-2011

For more than a decade, injury has been the leading cause of death for people aged 20-44 years in Montana. Sixty percent of all deaths in this age group were due to injuries, with the most common being unintentional injuries (OVS, 2002-2011). Awareness of age-specific risks is key to effective prevention. This report examines the specific injury-related causes of death and hospitalization for adults aged 20-44 years.



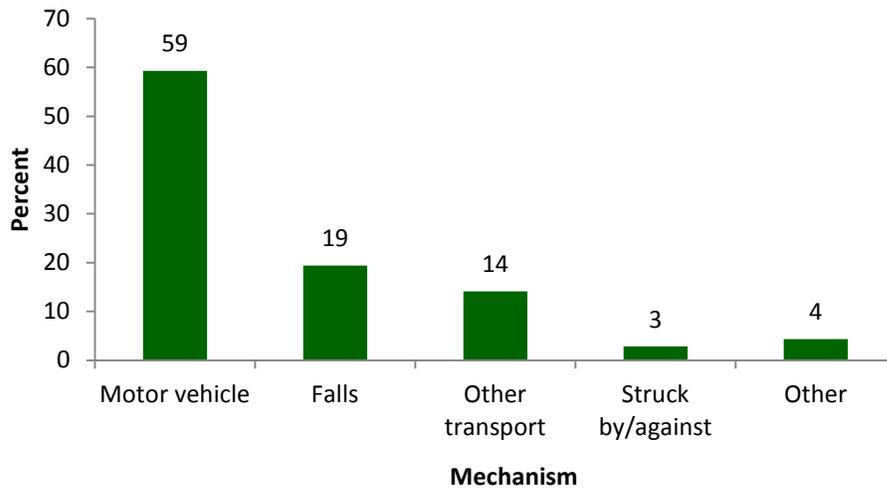
\*Injured person was motorcyclist, pedal cyclist, pedestrian, or other person injured in traffic

† Other transport include non-traffic transport such as ATVs, snowmobiles, boats, and cars or motorcycles not in traffic.

\*\* Too few hospitalizations to report

- Most unintentional injury deaths among adults aged 20-44 years were due to motor vehicle (MV) crashes, with the majority of events involving the occupants of the vehicle. The second most common cause was poisoning (Figure 1).
- One third of unintentional injury hospitalizations for adults aged 20-44 years were MV crashes (Figure 1). Sixty-nine percent of those crashes involved occupants in the vehicle.
- The next most frequent causes of hospitalizations among adults aged 20-44 years were falls, other transport crashes (non-traffic transport such as ATVs and snowmobiles), and poisonings (Figure 1).

**Figure 2. Percent of unintentional injury hospitalizations involving a TBI by mechanism, MHDDS, Montana, 2009-2011**



- One fifth (21%) of unintentional injury hospitalizations among adults aged 20-44 years included traumatic brain injuries (TBI) (data not shown).
- The most frequent cause of injury-related TBI hospitalizations were MV crashes (Figure 2). Seventy-two percent were among occupants in a vehicle.
- One fifth of injury-related TBI hospitalizations were due to falls. Nearly half (47%) of these falls were due to falling down stairs, slipping or tripping, or falling out of or off a building (e.g. off a roof). About one quarter (23%) of the falls leading to a TBI hospitalization did not specify the type of fall.

## Prevention Opportunities

**MV crash:** Proper restraint is crucial to protect occupants in the event of a crash. Seatbelts should be used during every trip in a vehicle. Montana law requires every vehicle occupant be properly restrained. Never drive while under the influence of alcohol or other substances and do not drive while distracted by texting, talking on a phone, or other disturbances.

**Falls:** Severe injuries, including serious head injuries, can be associated with a fall. Wear appropriate foot wear to prevent slipping, tripping, or falling down stairs. Use handrails and make sure aisles and walkways are clear of items. Wear protective equipment when working at heights such as on ladders, roofs, trees, or scaffolding.

**Drowning:** Open water like lakes, streams, and rivers pose hazards that may not be apparent. Never dive into waters without first assessing the depth, always swim with another person, and wear a personal flotation device when swimming or boating. Do not swim or boat while under the influence of alcohol or drugs.

**Poisoning:** Talk to your health care provider (HCP) if you are taking prescription pain medications to learn how to manage and store these drugs to prevent accidental misuse. Keep all medications in a secure place in their original containers. Seek help if you or someone you know is exhibiting signs of depression or talks about suicide. Post the poison control center hotline number (1-800-222-1222) in easy-to-find locations.

**TBI:** Wearing a helmet is an important step in protecting the brain when biking, skiing, snowboarding, skating, horseback riding, or riding an all-terrain vehicle (ATV). Recognize signs and symptoms of a TBI, which can include confusion, loss of coordination, nausea, headache,

or memory problems. People experiencing a hit to the head and having any of these signs and symptoms should be evaluated by a HCP. Do not resume activity until cleared by an HCP.<sup>1</sup>

For more information on injury prevention in Montana see the Montana Injury Prevention Program's website at <http://www.dphhs.mt.gov/ems/prevention/> or contact the Montana Injury Prevention program at: [bperkins@mt.gov](mailto:bperkins@mt.gov), 406-444-4126.

## Methods

Data for this report are from the Montana Office of Vital Statistics (OVS) for 2002-2011 using ICD-10.<sup>2</sup> Hospitalization data are from the Montana Hospital Discharge Data System (MHDDS) for 2009-2011 using ICD-9-CM;<sup>3</sup> external cause of injury coding (E-coding in MHDDS was incomplete before 2009). Hospital Discharge Data are made available courtesy of the Montana Hospital Association. Injuries leading to deaths or hospitalization were classified by intent and mechanism according to the CDC Injury Matrices and the Safe States Alliance criteria.<sup>4,5</sup>

## References

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