

Seniors don't bounce back fast from car crashes

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Many seniors injured in motor vehicle crashes remain in pain for months afterwards, which negatively affects their quality of life, including the ability to live independently. The results of a study of older auto accident victims treated in emergency departments were published online yesterday in *Annals of Emergency Medicine* ("Persistent Pain Among Older Adults Discharged Home from the Emergency Department Following Motor Vehicle Collision: A Prospective Cohort Study").

"The types of injuries that younger people recover from relatively quickly seem to put many seniors into a negative spiral of pain and disability," said lead study author Timothy Platts-Mills, MD, MSc of the Department of Emergency Medicine at the University of North Carolina Chapel Hill. "Older adults are an important subgroup of individuals injured by motor vehicle crashes and their numbers are expected to double over the next two decades. Safe and effective management of acute pain in [older adults](#) is challenging and once pain becomes persistent, it has profound negative consequences for function and quality of life."

Of study participants, 72 percent reported moderate to severe pain at the time of the emergency department evaluation. At 6 months, 26 percent were still reporting moderate to severe motor vehicle crash-related pain. Of patients with persistent moderate to severe pain, 73 percent had experienced a decline in their physical function and 23 percent had experienced a change in living situation in order to obtain additional help. Compared to those without persistent pain, patients with persistent

pain were also twice as likely to have visited the emergency department at some point during the 6 months after the motor vehicle crash (30 percent vs. 15 percent).

At 6 months, more than half (54 percent) were still taking some type of pain reliever, and approximately 10 percent had become new daily users of opioid [pain](#) relievers.

"Patients with [severe pain](#) in the emergency department who expected to require more than 30 days to recover and who reported symptoms suggestive of depression were more likely to develop [persistent pain](#)," said Dr. Platts-Mills. "These findings suggest that we may be able to identify high-risk patients at the time of the emergency department evaluation and initiate therapies to prevent the transition from acute to [chronic pain](#)."

Provided by American College of Emergency Physicians

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