

Thank you for taking part in our study. We are now writing to share some of our findings with you.

Who took part in the study?

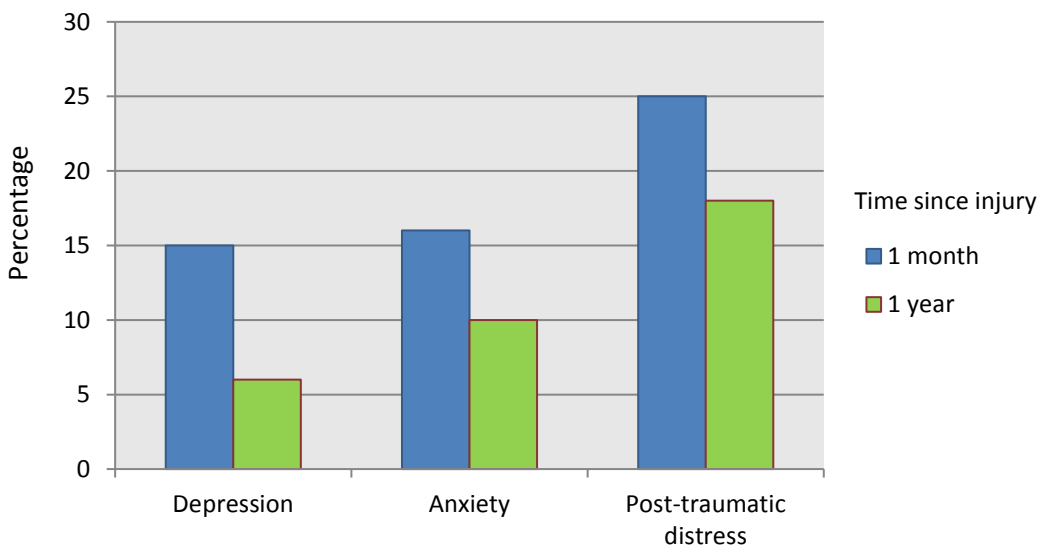
668 people took part. Just over half (52%) were women. The average age was 49 years, but the youngest was 16 and the oldest was 70 years old. Most people were injured during a fall or a road traffic injury, most often affecting their lower limbs. Most were injured on the road or at home.

What did we find?

Most people's injuries had a major impact on many aspects of their lives and on the lives of family members and others they were close to.

Recovering from injury

Recovery was slow for most people – only 31% had fully recovered one year after their injury. Problems with pain, mobility and doing usual activities were common and lasted for at least a year after injury for many people (pain = 64%; mobility=38%; usual activities=38%). Depression, anxiety and symptoms of post-traumatic distress were common in the first month after injury, and for some people, these lasted for at least a year after injury as shown in the graph (depression = 6%, anxiety = 10%, post-traumatic distress=18%).



Depression had a greater negative effect on recovering from injury than anxiety or post-traumatic distress. Those who were depressed one month after injury were less likely to have recovered from their injury one year later.

People described the depression that occurred after their injury in a variety of ways:

“I went to my GP, it must have been the first month or so because I wasn't sleeping and I was finding it really hard to deal with anything, just crying all the time“

“I'd sooner have had all this [the injury] ten times over rather than the depression that settled in. That's been the one thing that's really done for me to be honest“

People's quality of life was badly affected by injury. This was especially the case for people who were anxious or depressed in the first month after injury or who stayed in hospital longer, had more severe and/or multiple injuries, or had injured an upper or lower limb. People's quality of life was also affected by pain and having less support from family and friends. 60% of people said that their quality of life one year after injury was still lower than their quality of life before the injury.

Experiences of care

The impact of injury is felt in the context of people's everyday lives – life stage, social support, work, leisure activities etc. For everyone, injury disrupted life for a number of weeks or months. For some, injury brought about more permanent change. People were very grateful for the expertise of NHS staff – in particular, ambulance staff, surgeons and physiotherapists. Serious injury was a traumatic experience for patients and family members and people were appreciative of instances when staff had recognised that they were frightened or in pain and responded with kindness and skill.

Many people had little or no experience of being in hospital and were unsure how much they could ask of staff. They were aware that nursing staff were busy but felt they were sometimes 'just a body in a bed'. When surgery was postponed due to competing priorities, patients were often not told for several hours and given little explanation.

Most people found physiotherapy sessions very helpful – not only to assist strength and mobility but also for providing information and reassurance about their progress. Some people felt they needed more physio sessions than were available through the NHS whilst others sought more specialist physiotherapy – e.g. sports physio

People had many questions they wanted to ask about the injury, how long recovery would take, what they could and couldn't do in terms of physical movement, how to interpret symptoms such as continuing pain and when they should seek medical advice. Patients were usually given information about medical procedures, but most felt insufficiently prepared when discharged from hospital and early days at home were often an anxious time. Injury to different parts of the body brought different challenges in terms of what they needed other people to do for them (for example, help with washing and dressing or mobility) and the effects of injury on people's confidence. Patients understood it might be difficult for health professionals to predict how long it would take to recover but those patients who had been told it might take many months seem to cope better than those who expected to resume normal activities sooner, for example, as soon as the plaster cast was off.

Many people experienced depression and anxiety following injury, and described this as worse than the injury itself. Health professionals were generally aware of the potential psychological effects of injury but were rarely proactive in offering support. Only a few patients had gone to their GP about the psychological effects of injury and had not always found their GP very sympathetic.

How we have used our findings to improve patient care

- Training days in 3 of the hospitals involved in the study for a range of staff covering the psychological effects of injury, their effects on recovery and how these could be better managed within trauma care.
- Developing a leaflet for injured patients on discharge from A&E or the wards. It gives useful information about how to optimise physical and emotional recovery, signs that may suggest things are not going so well and contact details for additional support.
- Developing a flyer for practitioners summarising key findings from the study.
- Kate Beckett in Bristol has been awarded a 3 year grant from the National Institute of Health Research to develop ways for NHS staff to use our findings about the psychological impact of injury to improve patient care.

For further information please see:

<http://www.nottingham.ac.uk/research/groups/injuryresearch/projects/index.aspx>