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# **RISK PERCEPTION BY THE PATIENT AND THE PRIMARY CARE HEALTH PROFESSIONAL AND TRAFFIC INJURIES. BASELINE RESULTS FROM THE LESIONAT COHORT STUDY**

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**Aim** To assess the relationship between risk perception and reported traffic collisions (TC) and traffic injuries (TI) the year before.

**Methods** Design: Cohorts.

**Setting** Primary Care (PC). Urban area. Barcelona (Spain).

**Population** 1938 subjects possessing driving license, who attended a participating practice from March to November/2009.

**Measurements** Outcome: TC, TI the year before.

**Main exposures** Perception of risk for TCs (self-perception (SPR) and as assessed by a health professional (HPPR)), scored 0–10.

**Covariates** Age, gender, seatbelt use, adherence to speed limits, long-term conditions (LTC) and drugs which increase risk for TC (LTD), psychoactive substance (PS).

**Data collection** Interview with a health professional during the recruitment visit. Checked with medical records.

**Statistics** Wilcoxon-test to assess differences in risk perception between categories. Logistic regression to assess relationship between risk perception scores, covariates and TC, TI.

**Results** Patients that take LTD scored SPR lower (mean difference (MD) -0.561(-0.938 to -0.183); $p=0.019$ ); those with LTC, and PS users dont score higher ( $p=0.09$ ,  $p=0.35$  respectively). Health professionals score higher those with LTC (MD 0.879(0.634 to 1.123);  $p<0.001$ ), LTD (MD 0.967 (0.722 to 1.212);  $p<0.001$ ) and PS users (MD 0.857 (0.497 to 1.216);  $p<0.001$ ). HPPR is independently associated with TCs ( $p=0.026$ ), and TIs ( $p=0.025$ ). SPR is not related with TCs, nor it is with TIs (both  $p>0.5$ ).

**Discussion** PC patients are not aware of the increased risk associated with their LTD, nor with the LTC they are prescribed; PS users arent either. By contrast, HPPRs know about the excess of risk associated with these. Their advice could be an effective intervention.