

# PostScript

## LETTERS

### The Barell matrix

In the latest issue of *Injury Prevention* we were pleased to note that an editorial had been written about the Barell matrix.<sup>1</sup> Unfortunately, the editorial gives the reader the impression that the Barell matrix is one whose two dimensions are the (1) ICD-9 CM injury diagnosis codes (often referred to as "N" codes) and the (2) ICD-9 CM external cause of injury codes (E codes). This is not the case. The Barell matrix uses the two dimensions of the diagnosis code—(1) the nature of the injury and (2) the body site of the injury—to describe injuries more completely.

Historically, users of ICD-9 CM have used only the nature of the injury (the fractures, open wounds, burns) to describe patterns of injury. The Barell matrix is useful for allowing the researcher (both the epidemiologist and the clinician) to fully characterize the injury so that demographics and health related outcomes for patients, for example, with fractures to the lower extremity can be readily distinguished from patients with fractures of the vertebral column.

The Barell matrix says nothing about E codes. In fact, there is a completely separate matrix of external cause codes that can be found under the title of "frameworks" at <http://www.cdc.gov/nchs/about/otheract/ice/projects.htm>.

**L A Fingerhut, L Aharonson-Daniel, E J Mackenzie, A Ziv, V Boyko, A Abargel, M Avitzour, R Heruti**

- 1 Barell V, Aharonson-Daniel L, Fingerhut LA, et al. An introduction to the Barell body region by nature of injury diagnosis matrix. *Inj Prev* 2002;8:91-6.

### Visual impairment and risk of falls and fracture

We welcome the article from Legood and colleagues on visual impairment and risk of injury.<sup>1</sup> More results from the Blue Mountains Eye Study which may be of interest to readers have recently been published. In June 2002 we published a paper in *Osteoporosis International* detailing visual and other risk factors for wrist, shoulder, and ankle fractures in the Blue Mountains Eye Study.<sup>2</sup> Although no visual risk factors were found to be associated with fractures of the wrist or shoulder (possibly because of limited power) we found that visual field deficits were significantly associated with an increase in ankle fractures. Another paper from this cohort study currently in press in the *Journal of the American Geriatric Society* will detail associations between visual impairment and risk of hip fracture.<sup>3</sup>

In addition, we are about to begin recruitment for a randomized trial to assess the effect of improving vision on risk of falls. This trial will recruit 1100 community dwelling people aged 75 years and older. We plan to conduct relatively simple tests of vision (including visual acuity, contrast sensitivity, and visual fields) and perform an eye examination, often in subjects' homes, and then arrange appropriate interventions (including new spectacles, cataract surgery, laser therapy, and vision related home modifications and aids). Falls during 12 months of follow up will be ascertained with a falls calendar system.

Improving vision is likely to have other benefits besides preventing falls, including improved physical and social function and improved health related quality of life. If the intervention proves effective, our project has great potential to improve the health of many older people.

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### References

- 1 Legood R, Scuffham P, Cryer C. Are we blind to injuries in the visually impaired? A review of the literature. *Inj Prev* 2002;8:155-60.
- 2 Ivers RQ, Cumming RG, Mitchell P, et al. Risk factors for fractures of the wrist, shoulder and ankle. *Osteoporos Int* 2002;13:513-18.
- 3 Ivers RQ, Cumming RG, Mitchell P, et al. Visual risk factors for hip fracture in older people: the Blue Mountains Cohort. *J Am Geriatr Soc* 2002 (in press).

## CALENDAR

### European Child Safety Alliance Workshop

10-12 October 2002, Sintra, Portugal. The European Child Safety Alliance is running a workshop *What works in Child Injury Prevention: Bridging the Gap between Research and Practice*. The intention of the workshop is to create an information exchange, open discussion, and ways to determine and apply what works in child injury prevention. Hopefully it will be a forum to provide more understanding between child injury research and practice and initiate more collaborative work for best practices in child injury prevention. The focus of the workshop will be discussing examples of good practice for child accident injury prevention as children live, learn, and play. Programme details and further information can be obtained from [www.ecosa.org](http://www.ecosa.org).

### 2002 Road Safety Research, Policing, and Education Conference

3-5 November 2002, Adelaide. Deadline for abstracts: 15 September 2002. Contact: Road Safety 2002 Secretariat (tel: +61 8 8379 8222; fax: +61 8 8379 8177; email: [events@plevin.com.au](mailto:events@plevin.com.au)).

### International Conference on Inter-Sectoral Approach for Injury Prevention and Control

14-16 November 2002, New Delhi. Contact: Conference Secretariat, C-179, Jeevan Nagar, New Delhi, 110014, India (tel: +91 11 6913195; email: [injuryconf@hotmail.com](mailto:injuryconf@hotmail.com)).

### Short course: Health Program Evaluation

25 November to 1 December 2002, Melbourne. Contact: Joy Yeadon, Centre for Health Program Evaluation (tel: +61 3 9496 4440; fax: +61 3 9496 4424; email: [j.yeadon@unimelb.edu.au](mailto:j.yeadon@unimelb.edu.au)).

### Partnership for the future

16-18 March 2003, Perth, Western Australia. The Australian Injury Prevention Network, World Health Organisation, and Western Australian and Commonwealth Departments of Health will sponsor the meeting to be held in conjunction with the 1st Asia-Pacific meeting on injury prevention. The issues facing developing countries and those facing indigenous people will have a specific focus but other issues will also be included. To register interest: [www.congresswest.com.au/injury](http://www.congresswest.com.au/injury).

### XXII Congress of the International Association for Suicide Prevention

10-14 September 2003, Stockholm. Deadline for abstracts: 15 March 2003. Contact: Congress Secretariat (tel: +46 8 5465 15 00; fax: +46 8 5465 15 99; email: [iasp2003@stocon.se](mailto:iasp2003@stocon.se)).