

Counseling during Doctors' Visits to Prevent Motor Vehicle Injuries: Recommendations from the U.S. Preventive Services Task Force

Summaries for Patients are a service provided by *Annals* to help patients better understand the complicated and often mystifying language of modern medicine.

The full reports are titled "Counseling about Proper Use of Motor Vehicle Occupant Restraints and Avoidance of Alcohol Use while Driving: U.S. Preventive Services Task Force Recommendation Statement" and "Counseling about Proper Use of Motor Vehicle Occupant Restraints and Avoidance of Alcohol Use while Driving: A Systematic Evidence Review for the U.S. Preventive Services Task Force." They are in the 7 August 2007 issue of *Annals of Internal Medicine* (volume 147, pages 187-193 and pages 194-206). The first report was written by the U.S. Preventive Services Task Force; the second report was written by S.B. Williams, E.P. Whitlock, E.A. Edgerton, P.R. Smith, and T.L. Beil.

Who developed these guidelines?

The U.S. Preventive Services Task Force (USPSTF) is a group of health experts that makes recommendations about preventive health care.

What is the problem and what is known about it so far?

Motor vehicle accident injuries are the leading cause of death among Americans between the ages of 3 and 33 years. Increasing the proper use of child safety seats and seat belts is one way to prevent accident-related injuries. Another way to prevent accidents is to prevent people from driving while drunk or from riding with drunk drivers. Many public health programs use these strategies to decrease accident-related injuries. Some organizations also recommend that doctors counsel their patients or their patients' parents about safety restraints (car seats and seat belts) and about drunk driving. However, it is uncertain whether making such counseling a regular part of doctors' visits adds much benefit to public health strategies to improve motor vehicle safety.

How did the USPSTF develop these recommendations?

The USPSTF reviewed published research to evaluate the benefits and harms of counseling during doctors' visits about child safety seats, seat belts, and drunk driving to prevent injuries related to car accidents.

What did the authors find?

The authors found good evidence that community-based programs, such as laws, car seat distribution programs, and public service announcements, improve the use of child safety seats and seat belts. They also found that targeted counseling for people with a history of alcohol problems or drunk driving can decrease future accidents. However, they did not find evidence to show that counseling about child safety seats, seat belts, and drunk driving during doctors' visits provides additional benefit beyond other programs that promote driving safety, or that such counseling improves age- and weight-appropriate use of child safety seats. The authors found no good studies that addressed the harms of counseling, but they believe that counseling is unlikely to be harmful.

What does the USPSTF suggest that patients and doctors do?

Because the evidence is lacking to suggest a clear benefit from counseling about motor vehicle safety during regular doctors' visits, doctors and patients may choose to spend time on other preventive care issues during doctors' visits. However, because counseling is unlikely to be harmful, some doctors may choose to make it a regular part of their visits.

What are the cautions related to these recommendations?

The recommendations may change as new studies become available.

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