





Charles McC Mathias Jr.

National Study Center
for Trauma and Emergency Medical Systems

Challenges in Assessing if Hangovers Increase the Risk of Motor Vehicle Crash (MVC) Injuries: Is Alcohol's Influence Greater Than Expected?

Gordon Smith¹, Patricia Dischinger¹, Paul Marques², Jonathan Howland³

¹ National Study Center for Trauma & EMS Shock Trauma Center, University of Maryland, Baltimore ²PIRE and ³Boston University

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William Hickey 1768

My first return of sense or recollection was upon waking in a strange, dismal-looking room, my head aching horridly, pains of a violent nature in every limb, and deadly sickness at the stomach. From the latter I was in some degree relieved by a very copious vomiting....I passed some moments in a state little



Introduction

 Elevation of blood alcohol concentration (BAC) is a well-recognized risk factor for motor vehicle crashes (MVCs)

 Little is known however regarding hangovers and crash risk.







Aim

- Examine evidence that hangovers could increase injury risk
- Develop a methodology to determine if hangovers represent a real injury hazard
 - Measurement of hangovers
 - Biomarkers to identify people at risk for hangovers
 - Evidence recent heavy drinking when BAC zero
 - Surrogate measures of risk

Hangovers: the neglected area of alcohol research

- After years of little research interest in hangovers, increasing interest in research on their etiology and impact
- Number recent review articles
- Etiology hangovers remains unknown
- Alcohol Hangover Research Group
 - Special issue Current Drug Abuse Reviews
 - Joris Verster

What evidence of injury risk is there?

- Experimental evidence suggests that the residual effects of alcohol impair performance in simulated tasks
 - Occupational performance
 - flying and driving simulators
 - Neurocognative performance
 - Improved methods for measurement
- No studies examine real-world crash risk
 - Objective data to document hangovers was lacking

BAC negative trauma patients have high prevalence problem drinking

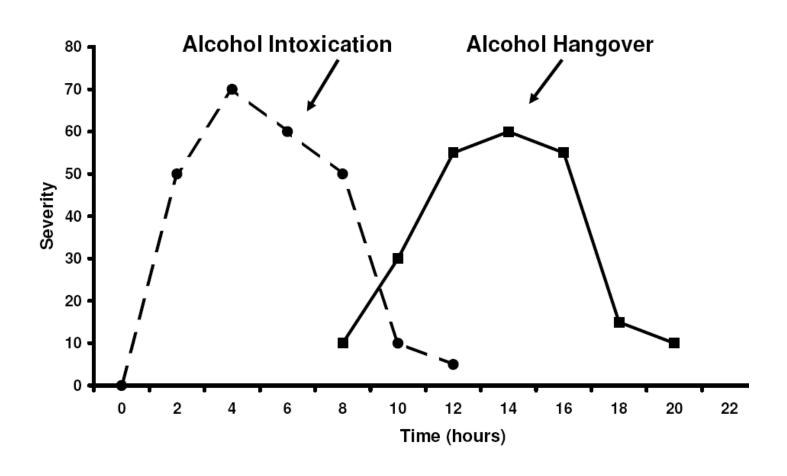
- Studies screening for alcohol problems
- Trauma patients with negative BACs on admission
 - 12% met criteria for current dependence
 - 24% for lifetime dependence
 - 4-5 times higher than in the general population
- Are some injured drivers hung over?

Definitions

- "Residual alcohol effects":
 - any subjective, physiological, and/or behavioral effects of heavy intoxication
 - after blood alcohol concentration (BAC) has fallen to about zero.
- "Hangover":
 - self-reported unpleasant residual effects:
 - feeling lousy, thirst, headache, dizziness, faintness, fatigue, nausea, stomach ache, and feeling as though one's heart were racing.
 - validated Acute Hangover Scale measures hangover symptoms

Commonly observed changes over time in blood alcohol concentration (BAC) and alcohol hangover severity.

Joris Verster: Derived from data of Ylikahri et al. (1974).



Measurement

Hangover Incidence:

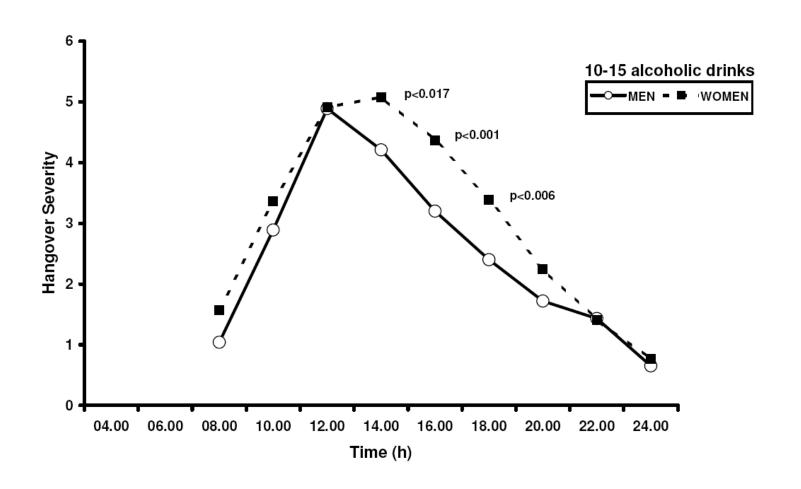
"Rate your hangover now on a scale of 0 ("none") to 7 ("incapacitating").

Hangover if answer ≥ 1.

Hangover Severity:

Acute Hangover Scale (Rohsenow, et al. 2007)
The sum of 9 validated items, rated from 0 ("none") to 7 ("incapacitating").

Hangover severity reported by men and women after consumption of 10 to 15 alcoholic drinks by time of day (Penning et al. 2010)



Hangover Resistance

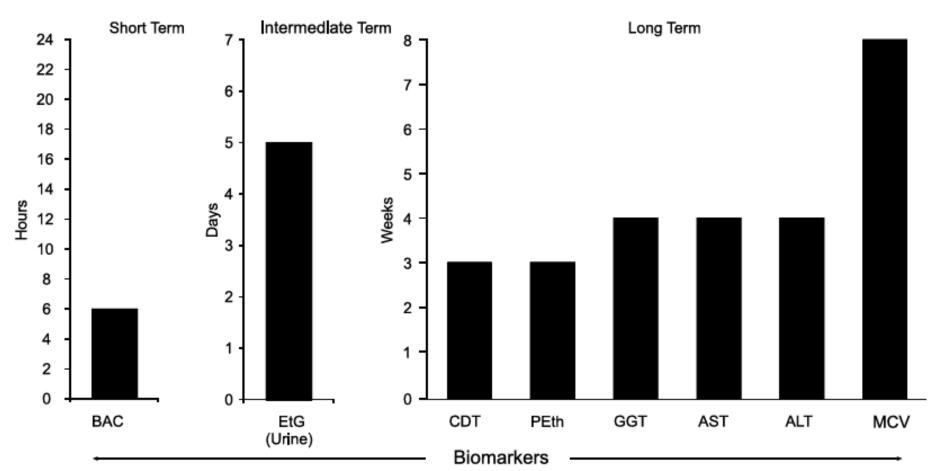
About 25% of the population is resistant to hangover in survey and experimental studies (Howland et al., 2008 a,b).

No hangover reported after drinking to BACs that produce hangover for most people.

Hangover studies in real world crashes

- Major limitations in evaluating the effects of hangovers in non-experimental situations
 - Reliance on self reports of heavy drinking the night before
 - No objective marker available to detect residual effects when the BAC is zero
- Can we use biomarkers to indicate recent heavy alcohol use?

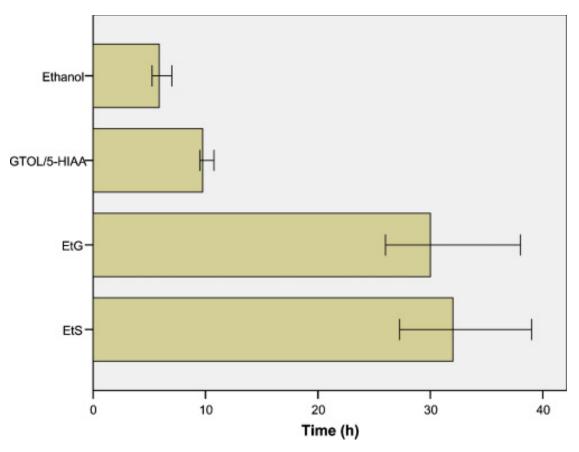
Windows of Assessment for Various Alcohol Biomarkers (i.e., the period during which the biomarker level may remain high after it originally rose assuming that no further drinking occurred) SAMSA 2006



Biomarker

- Ethyl glucuronide (EtG) and ethyl sulfate (EtS) formed by alternate metabolic pathway for alcohol
 - Less than 0.5% alcohol metabolized this way
- Used in alcohol treatment programs to monitor abstinence
 - E.g., pilots or surgeons who lost license due alcoholism
 - Only formed after recent drinking
 - Identifies persons whose BAC now zero but who drank in past 20-30 hours

Median detection times of ethanol, EtG, EtS, and GTOL/5-HIAA (n = 10) in urine samples after oral ingestion of 0.5 g/kg ethanol in a fasted state Error bars represent 95%



Hoiseth G, Bernard JP, Stephanson N, et al. Comparison between the urinary alcohol markers EtG, EtS, and GTOL/5-HIAA in a controlled drinking experiment. *Alcohol Alcohol*. 2008;43(2):187-191.

Hangover study

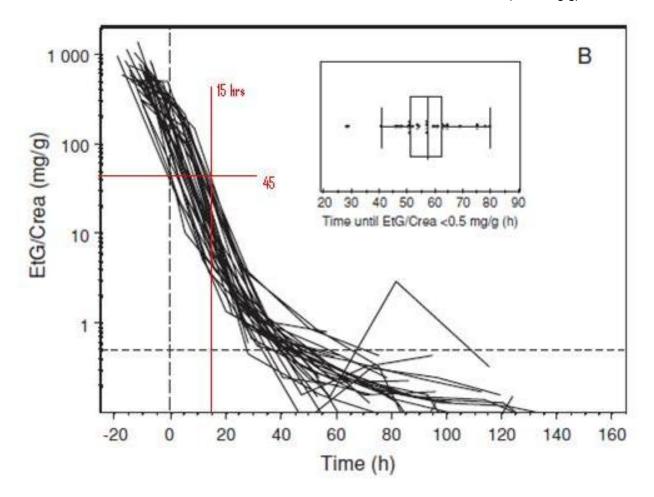
Hangovers and Traffic Injuries: Is Alcohol's Influence Greater Than Expected?

- Quantify potential for residual effects ethanol in injured drivers
- Use, ethyl glucuronide (EtG) and ethyl sulfate (EtS) to indicate recent heavy drinking even when blood alcohol is zero.
- Assess biomarkers EtG & EtS in urine

Initial grant review

- Lack of information about the time course of the metabolite in at-risk subject samples
 - no information on how our proposed biomarkers EtG and EtS, performed among chronic drinkers and those with very high BACs.
 - Prior studies restricted to controlled dosing studies
 - only BAC levels up to 100 mg/dl evaluated due ethical concerns.
- Saved by 2 studies of biomarker among those admitted to alcohol withdrawal unit
 - High BACs
 - Elimination EtG in heavy drinkers not differ from health volunteers

Figure 3. Urinary excretion time profiles for EtG concentrations in relation to the estimated time for a zero ethanol concentration after normalizing the results to urinary creatinine (B) in 32 alcohol-dependent patients during detoxification. Solid red lines represent our proposed residual effects cut-off of 45 mg/L. Inset: Box-and-whisker plots for the times from estimated zero ethanol concentration until urinary EtG/creatinine had returned to below their cut-off limits (<0.5 mg/g)³



Helander A, Bottcher M, Fehr C, Dahmen N, Beck O. Detection times for urinary ethyl glucuronide and ethyl sulfate in heavy drinkers during alcohol detoxification. Alcohol Alcohol. Jan-Feb 2009;44(1):55-61.

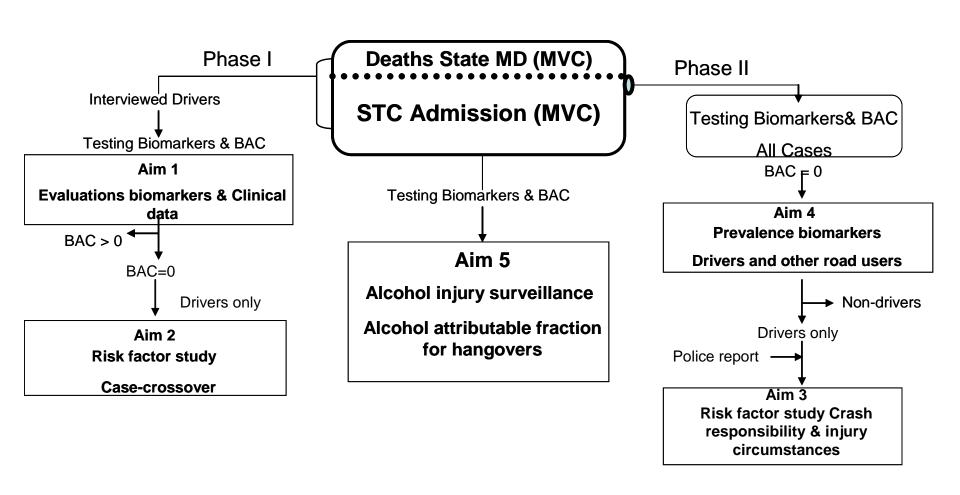


Methods



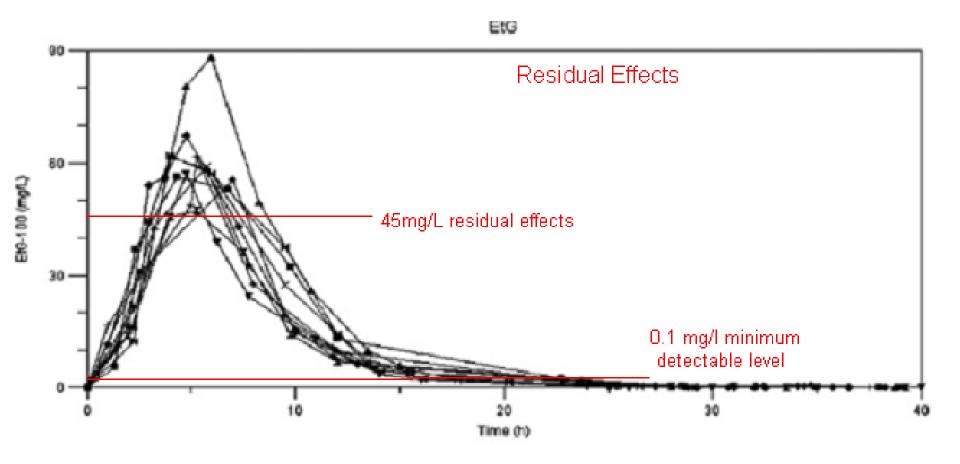
- Admissions drivers to Shock/Trauma UM Baltimore
- Admissions from all over state of MD
- Only trauma patients
 - Blood alcohol testing all admissions
 - Urine drug screen
- Use urine for EtG and EtS testing
- Deaths for whole state also to be studied- medical examiner

Hangovers and Traffic Injuries: Is Alcohol's Influence Greater Than Expected? Overview of Study Plan:



Individual concentrations of EtG in urine after ingestion of 0.5 g ethanol/kg body weight. Each line represents one subject (n = 10).

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Updated from: Hoiseth G, Bernard JP, Stephanson N, et al. Comparison between the urinary alcohol markers EtG, EtS, and GTOL/5-HIAA in a controlled drinking experiment. *Alcohol Alcohol.* 2008;43(2):187-191.

Risk estimation

- Case-crossover analyses will provide one estimate of risk
- Compare self-reported drinking 12 hours prior to injury with:
 - Comparable period week before
 - Usual drinking patterns

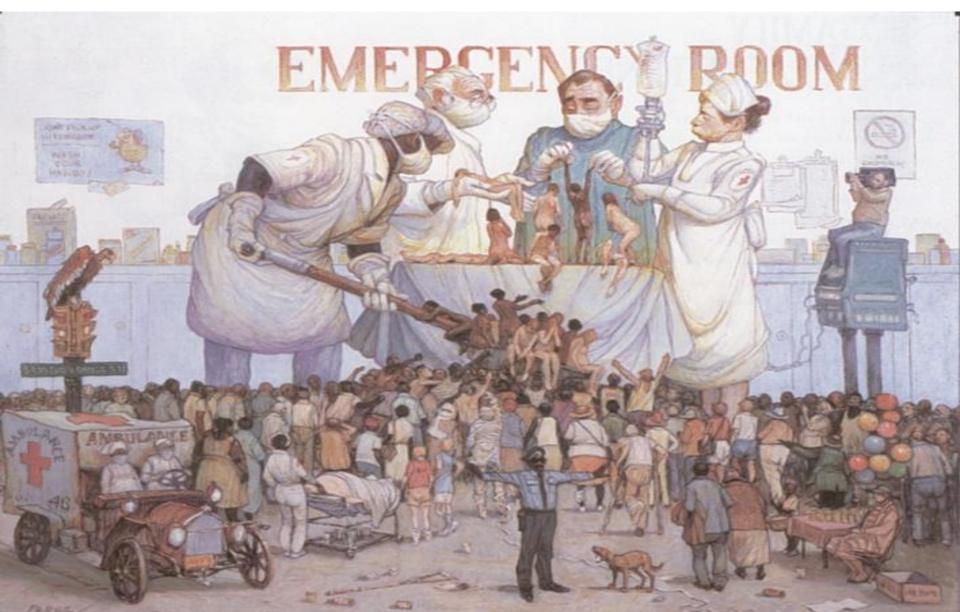
Risk estimation

- Culpability studies will be used as another estimate of risk
- Determine the extent to which injured zero BAC drivers with biomarker evidence of hangover are responsible for causing their crash, compared with drivers without hangover biomarkers
 - Can include fatalities

Conclusion

 This study is an innovative use of biomarkers in injury research and may indicate that hangovers are an important but unrecognized risk factor in many injuries.

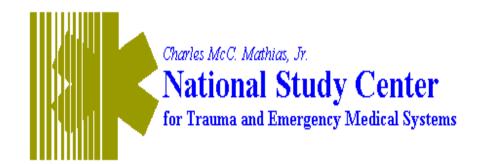
Questions and advice



Questions???

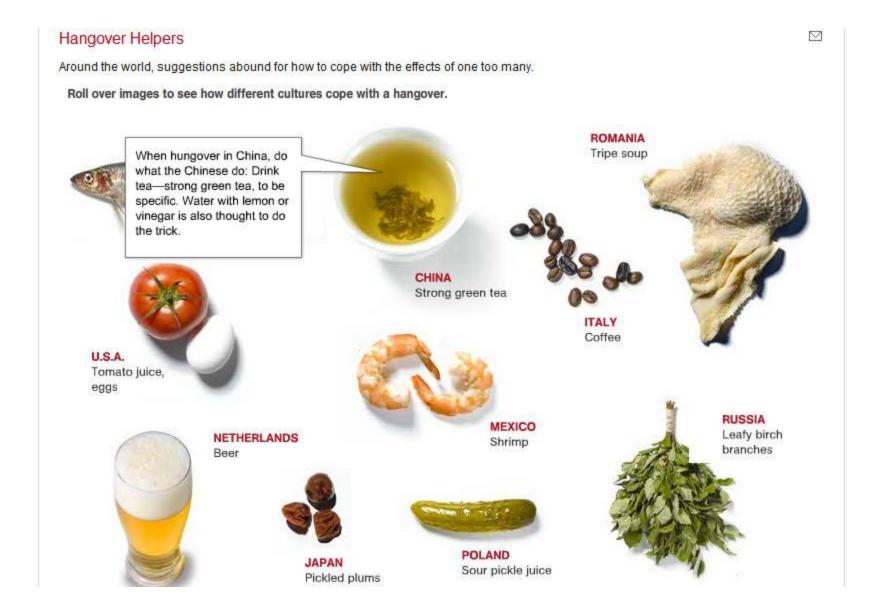
Dr. Gordon Smith

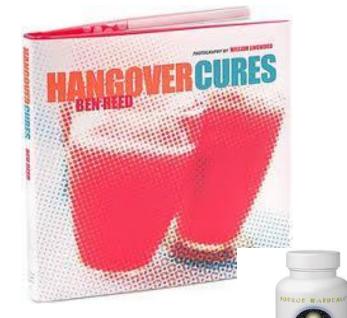
gssmith@som.umaryland.edu 410-328-3847



Hangover Helpers From Around the World

http://ngm.nationalgeographic.com/2009/01/hangover/cures-interactive





Cures









HANGOVER FORMULA











The Future



"You may already be a Nobel Prize winner!"