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# Cycling is good for you, but there are risks involved

EDITORIAL

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## Knowledge about cycling and bicycle injuries must be put to use so that we can improve public health and prevent debilitating cycling accidents.

Every year in Norway, accidents cause approximately 2500 fatalities. Statistically, accidents make up the most significant cause of death in the age group 15–40 years (1). Based on figures from the Norwegian National Trauma Registry, road traffic accidents accounted for approximately 4000 admissions to A&E units in 2017; of those, approximately 700 (18 %) had been involved in a cycling accident (2). A large number of the most seriously injured patients suffer permanent sequelae, poor quality of life, and disability (3). Consequently, accidents cause enormous harm to people's lives and significant losses to society.

The beneficial health effects of physical activity are well documented. Not only does exercise prevent cardiovascular diseases, it also appears to have a positive impact on a series of other illnesses, and a favourable influence on mental health(4). In the face of this knowledge, it is something of a paradox that the focus of our health service is on reparative work rather than on prevention of disease and injury. It appears that our entire culture is conservative, and that we are unable to prioritise prevention, which ultimately would lead to a lower disease burden and lower treatment costs.

Mjåland et al. at Sørlandet Hospital are currently presenting the results of a four-year survey of patients who were admitted to hospital after a cycling accident (5). Just under 300 patients were treated at the hospital, of whom 53 were children under the age of 16. Most of the injuries were light or moderate, but 6 children and 22 adults had suffered extremely serious or critical injuries. Fractures and minor head injuries dominated, and as many as 45 % of patients needed surgery. Four adults had significant sequelae after 12 months as a consequence of serious head and neck injuries.

The cycling accidents featured in the study carried out at Sørlandet Hospital were largely solo accidents rather than the result of a crash with other road users. This matches the findings of other reports (6). The study suffers from limitations in that the collection of data was not prospective, and in that only hospitalised patients were registered. Cycling injuries have been systematically recorded at Oslo University Hospital's Orthopaedic Emergency Section for years. Here, admissions to hospital make up only 2 % of cases (6). Nevertheless, the study carried out by Mjåland et al. provides important information that we should not only take note of; we should make use of the findings to call for and support action. This requires society to spend resources on acquiring knowledge about the causes of accidents – where they happen, when they happen, and the detailed chain of events involved. Without such knowledge we will be unable to implement measures that work.

> ***«We already know enough about the risk factors to say for definite that infrastructure improvements are needed»***

In addition to the beneficial health effects of cycling, an increase in active travel is desirable in view of the climate action that everyone has acknowledged is needed. This realisation, however, has not yet led to political action in the form of sufficient adaptive measures. We already know enough about the risk factors to say for definite that infrastructure improvements are needed. This is particularly the case in towns and cities, where provision of separate routes for cyclists, pedestrians and motor vehicles is essential (7). As a cyclist with debilitating illness, I am well acquainted with the positive effects of exercise on disease, as well as the hazards involved with cycling. The risk is partly caused by deficient infrastructure, and partly by road users who underestimate the risks. Motorists carry a particular responsibility, in that their potential for causing injury in a crash with an unprotected cyclist is the greatest.

> ***«In order to meet our climate targets while also improving public health, we need, more than ever, politicians who dare to be trailblazers.»***

The interventions required go beyond the scope of measures available to the health service. Our politicians must dare to allocate resources to increasing the level of knowledge and, not least, to implementing injury preventive measures. In these electioneering times, it is depressing that the political will to invest in cycling appears to be faltering in the face of demands to reduce toll road

charges. In order to meet our climate targets while also improving public health, we need, more than ever, politicians who dare to be trailblazers, like Dagfinn Høybråten, the former Minister of Health and Care Services, who defied opposition and introduced the smoking ban.

## LITERATURE


1. Folkehelseinstituttet. Dødsårsaksregisterets statistikkbank. http://statistikkbank.fhi.no/dar/ Lest 19.8.2019.

2. Nasjonalt traumeregister. https://www.kvalitetsregistre.no/registers/555/resultater Lest 19.8.2019.

3. Soberg HL, Finset A, Bautz-Holter E et al. Return to work after severe multiple injuries: a multidimensional approach on status 1 and 2 years postinjury. J Trauma 2007; 62: 471–81. [PubMed][CrossRef]

4. Vina J, Sanchis-Gomar F, Martinez-Bello V et al. Exercise acts as a drug; the pharmacological benefits of exercise. Br J Pharmacol 2012; 167: 1–12. [PubMed][CrossRef]

5. Mjåland O, Nygaard A, Storm-Larsen C et al. Sykkelrelaterte skader ved Sørlandet sykehus Kristiansand 2012–2015. Tidsskr Nor Legeforen 2019; 139. doi: 10.4045/tidsskr.19.0142. [CrossRef]

6. Melhuus K, Siverts H, Enger M et al. Sykkelskader i Oslo 2014. Oslo: Oslo Skadelegevakt, 2015. https://docplayer.me/3925703Sykkelskader-i-oslo-2014-oslo-skadelegevakt.html Lest 20.8.2019.

7. Høye A. Trafikksikkerhet for syklister. TØI rapport 1597/2017. Oslo: Transportøkonomisk institutt, 2017. https://www.toi.no/getfile.php/1346548/Publikasjoner/TØI%20rapporter/2017/1597-2017/1597-2017_Sammendrag.pdf Lest 20.8.2019.



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