Traumatic brain injury registry: Need of the hour

India contributes and considerably impacts global health indicators. A remarkable progress has been made in recent decades to reduce the number of deaths on road, though it is still one of the ten leading causes worldwide. A large proportion of road crashes are preventable with capacity building in prehospital care, development of dedicated trauma care center, and functional neurotrauma care practices at non-neurosurgical health facilities with the potential to reduce the burden of needless morbidity, disability, and mortality. Traumatic brain injury (TBI) is one of the critical causes of death and poses a global public health problem affecting billions to outshine quite a few causes of mortality and morbidity by the end of the present decade. In India, trustworthy information on TBIs and their predictable outcomes are still unavailable in the absence of a comprehensive national level trauma and/or TBI database. Yet, TBI has been recognized as the research interest by a good number of Indian doctors with growing efforts to address these preventable events on a priority basis. Further, it is extremely encouraging that a systematic research-based data collection drive on injuries, in general, and TBI-related research, in particular, have been gaining momentum at different corners of our country. Experience from developed countries has proved beyond doubt that “Trauma Registries” are an integral part of the methodology of trauma systems for the systematic collection of data and concurrent evaluation of outcome and they have been an established instrument in trauma care practices. Thus, a trauma registry will provide a comprehensive instrument to process data and analyze the epidemiological and research gap between developed countries and India.^[1-5]

Globally, trauma registries have become important sources of data for TBI research. Yet, a dedicated TBI registry is able to delineate more precise evidence on effective interventions to clearly demark timelines for implementation, monitoring, and evaluation, and scale up futuristic plans. In the downstream effects, TBI registry in our country will help in reducing the burden, and it is expected that all stakeholders working toward improving health will stridently work for an effective implementation with a systematic plan for monitoring and evaluation with a list of dashboard indicators. With our commitment to end preventable TBIs, a clear understanding is needed for risk factors of all these deaths

and disabilities. In addition, a concerted effort toward translating these commitments into meaningful changes should have been an important part of TBI registry agenda. A major initiative, launched by Dr. Amit Agarwal by indigenously structured “TBI registry,” has been well piloted at the Narayana Medical College, Nellore, and presented at NIMHANS at NEUROTRAUMA 2015. This ongoing “TBI registry” has been designed to serve a number of purposes, including quality of intervention, prehospital injury prevention, health service research, and in the long run countrywide policy development in launching a national-level TBI registry. Yet, there is always an urgent need to find a scope to improve any TBI registry, such as consistency in quality and type of data by dedicated personnel, addition of value to registry with more data pertaining to long-term and functional outcomes, information on prehospital care and emergency medical services, and complications as well as other obstacles born out of logistics and other measures that augment the efficacy of registry data in clinical and epidemiologic translational researches.^[6]

Every effort must be made to address avoidable deaths to overcome barriers for the vulnerable sections of society by improving access to health care by systematic data collection in the first place. Government machinery with collaboration from all other stakeholders needs to provide sincere efforts toward improving safety by stepwise sensitization and harness the strengths of professional bodies, nongovernmental organizations, corporate sector, and social activists, among others. Dedicated efforts are crucial to overcome barriers at service-community level with socioeconomic upgradation, effective communication and infrastructure development on one hand and capacity building on the other. Fortunately, various efforts have demonstrated the political commitment to recognize trauma as a national development necessity. Trauma as well as TBI registry needs substantial restructuring for true representation of the incredible problem. The utility of a TBI registry is directly related to the constituents and correctness of the data entry by dedicated trained personnel. The rationale behind the establishment of these registries is identifying injured to facilitate and coordinate continuum of care till their rehabilitation and other needed services, to gather data for injury prevention and control, to gather data for

health-care planning, and to the evaluation of services for injured persons. The world shall be looking at the Indian experience in the days to come. The strategic plan that is well outlined in the above-mentioned indigenous TBI registry will stimulate others to determine the success stories of limiting TBI-related misfortunes.

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Quick Response Code:

Website:

www.ruralneuropractice.com

DOI:

10.4103/0976-3147.188633

How to cite this article: Pal R. Traumatic brain injury registry: Need of the hour. *J Neurosci Rural Pract* 2016;7:483-4.

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