REFERENCIAS SOBRE SERVICIOS DE URGENCIA Y CONSUMO DE ALCOHOL

Alcohol consumption and casualties: a comparison of emergency room populations in the United States and Mexico.

CJ Cherpitel, H **Rosovsky** - Journal of studies on alcohol, 1990 - jsad.com
This study compares alcohol consumption and casualties in probability samples of emergency room populations in the US and Mexico: four hospitals representative of a Bay Area California county (N= 3,609) and eight hospitals representative of Mexico City (N …

El papel del consumo de alcohol en las urgencias médicas y traumáticas

H **Rosovsky**, G García, JL López, A Narváez - 2014 - repositorio.inprf.gob.mx
Se presentan los resultados de un estudio llevado a cabo en 8 servicios de urgencias de la ciudad de México y en 3 del puerto de Acapulco, cuyo propósito fue estimar la relación del consumo de alcohol con los traumatismos y problemas médicos agudos.

Drinking in the injury event: A comparison of emergency room populations in the United States, Mexico, and Spain

…, A Parés, J Rodés, H **Rosovsky** - International journal of the addictions 28(10):931-45, 1993 - Taylor & Francis.
doi: 10.3109/10826089309062174.
Variables related to drinking in the injury event were compared among probability samples of emergency room patients in Contra Costa County, California (N = 1,001), Mexico City (N = 1,688) and Barcelona, Spain (N = 1,684). Drinking companions and places of drinking prior to injury, place of injury associated with drinking, amount of alcohol consumed, proximity of drinking with the injury event, perceived drunkenness at the time, and causal attribution of drinking with the event were all found to vary among the samples. The data suggest that the context in which alcohol is involved in the injury event is affected by the context in which alcohol is typically consumed in a culture and is important in analyzing alcohol's role in injury occurrence and situations which may be considered high-risk for alcohol-related injuries.

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Validity of self-reported alcohol consumption in the emergency room: data from the United States, Mexico and Spain.

CJ Cherpitel, A Parés, J Rodés, H **Rosovsky** - Journal of studies on Alcohol…, 1992 - jsad.com
The validity of self-reported alcohol consumption within 6 hours prior to injury based on breath-analyzer readings obtained at the time of emergency room (ER) admission is compared among probability samples of ER patients in Contra Costa County, California (

RESEARCH REPORT Male drinking and violence-related injury in the emergency room

G Borges, CJ Cherpitel, H **Rosovsky** - Addiction, 1998 - Wiley Online Library
https://doi.org/10.1046/j.1360-0443.1998.93110310.x

Abstract Aims. To present epidemiological measures of associations between violence-related injuries (assaults and fights), alcohol consumption prior to the event, and drinking

patterns among males attending hospital emergency rooms (ERs) in Mexico City. Design. All patients were interviewed and breath tested for alcohol consumption. The data were analyzed using a case-control design. Setting. Eight ERs in Mexico City that were representative of the types of emergency care systems available in that city (from public, private and social security systems hospitals). Participants. Cases were males patients (n= 445) admitted to the ER because of a fight or an assault. The control group was comprised of patients (n= 320) admitted to the ER because of accidents that are less frequently reported as alcohol-related (i.e. work-place accidents, animal bites or recreational accidents excluding near drowning). Measurements. A breath sample to estimate BAC, as well as an interviewer-administered questionnaire were used. Findings. Alcohol consumption prior to injury was found to be a more important risk factor than usual drinking for injuries resulting from violence, while quantity of usual alcohol consumption was more predictive of violence-related injuries than frequency of drinking. Conclusions. These data suggest the importance of using more appropriate control groups when estimating associations of alcohol and violence-related injuries so that associations will not be underestimated. More research is needed to establish unbiased estimates of alcohol-related violence.

Suicide attempts and alcohol consumption in an emergency room sample.

G Borges H Rosovsky

+ Affiliations

Objective: The aim of this study was to obtain an epidemiologic measure of association between suicide attempts and alcohol consumption in eight emergency room (ER) hospitals. **Method:** All patients were interviewed and breath tested for alcohol consumption. The data were analyzed using the case-control methodology. Cases were patients (N = 40; 21 male) admitted to ER because of a suicide attempt. The control group comprised patients (N = 372) admitted to ER because of accidents that are less frequently reported as alcohol related (i.e., workplace accidents, animal bites, and recreational accidents, except drowning). **Results:** The proportion of suicide attempts under the effects of alcohol was significantly higher than that of the control group. The bivariate odds ratios (and 95% confidence intervals) for self-report of alcohol consumption in the 6 hours prior to the suicide attempt were: abstainers (baseline); 0.001-100 g of alcohol = 2.01 (0.44, 7.85); > 100 g = 31.11 (10.13, 98.61). For habitual alcohol consumption; abstainers (baseline); 0.001-100 g of alcohol = 0.67 (0.25, 1.77); > 100 g = 1.10 (0.44, 2.75). For Alco-Sensor: < or = 9 mg of alcohol/100 ml of blood (baseline); 10.99 mg/100 ml = 8.21 (2.81, 23.73); > or = 100 mg/100 ml = 2.97 (0.42, 15.95). Multiple logistic models did not change these findings. **Conclusions:** Alcohol consumption prior to the suicide attempt is a more important risk factor than the habitual alcohol consumption pattern. New research should emphasize life

events and psychiatric variables and find explanations for differences between the self-reported and the Alco-Sensor estimates.

Alcohol consumption and casualties: a comparison of emergency room populations in the United States and Mexico.

Cherpitel CJ(1), Rosovsky H. Author information: (1)Alcohol Research Group, Medical Research Institute of San Francisco, Berkeley, California 94709.

This study compares alcohol consumption and casualties in probability samples of emergency room populations in the U.S. and Mexico: four hospitals representative of a Bay Area California county (N = 3,609) and eight hospitals representative of Mexico City (N = 2,507). Both studies used similar methods and data collection instruments. Patients were breath analyzed and interviewed regarding self-reported alcohol consumption 6 hours prior to the injury or illness event, usual drinking patterns and alcohol-related problems. Similar associations of alcohol consumption and casualties were found between the two populations with positive admission breath-analyzer readings and moderate consumption being positively associated with injuries. Both samples reported higher rates of heavy drinking, drunkenness and alcohol-related problems than that found in general surveys of their respective populations. Differences found between the two samples were largely due to varying drinking patterns in the two cultures and to differing uses of the emergency room for treatment.

Author information: (1)Division de Investigaciones Epidemiologicas Sociales, Instituto Mexicano de Psiquiatria, Calzada Mexico-Xochimilco. guimar@servidor.unam.mx Comment in Addiction. 1998 Aug;93(8):1261-2.

AIMS: To present epidemiological measures of associations between violence-related injuries (assaults and fights), alcohol consumption prior to the event, and drinking patterns among males attending hospital emergency rooms (ERs) in Mexico City. DESIGN: All patients were interviewed and breath tested for alcohol consumption. The data were analyzed using a case-control design. SETTING: Eight ERs in Mexico City that were representative of the types of emergency care systems available in that city (from public, private and social security systems hospitals). PARTICIPANTS: Cases were males patients (n = 445) admitted to the ER because of a fight or an assault. The control group was comprised of patients (n = 320) admitted to the ER because of accidents that are less

frequently reported a alcohol-related (i.e. work-place accidents, animal bites or recreational accidents excluding near drowning). FINDINGS: Alcohol consumption prior to injury was found to be a more important risk factor than usual drinking for injuries resulting from violence, while quantity of usual alcohol consumption was more predictive of violence-related injuries than frequency of drinking. CONCLUSIONS: These data suggest the importance of using more appropriate control groups when estimating associations of alcohol and violence-related injuries so that associations will not be underestimated. More research is needed to establish unbiased estimates of alcohol-related violence.

Suicide attempts and alcohol consumption in an emergency room sample. Borges G(1), Rosovsky H.

Author information: (1)Division of Epidemiological and Social Sciences, Mexican Institute of Psychiatry, Mexico D.F., Mexico.

OBJECTIVE: The aim of this study was to obtain an epidemiologic measure of association between suicide attempts and alcohol consumption in eight emergency room (ER) hospitals. METHOD: All patients were interviewed and breath tested for alcohol consumption. The data were analyzed using the case-control methodology. Cases were patients (N = 40; 21 male) admitted to ER because of a suicide attempt. The control group comprised patients (N = 372) admitted to ER because of accidents that are less frequently reported as alcohol related (i.e., workplace accidents, animal bites, and recreational accidents, except drowning). RESULTS: The proportion of suicide attempts under the effects of alcohol was significantly higher than that of the control group. The bivariate odds ratios (and 95% confidence intervals) for self-report of alcohol consumption in the 6 hours prior to the suicide attempt were: abstainers (baseline); 0.001-100 g of alcohol = 2.01 (0.44, 7.85); > 100 g = 31.11 (10.13, 98.61). For habitual alcohol consumption; abstainers (baseline); 0.001-100 g of alcohol = 0.67 (0.25, 1.77); > 100 g = 1.10 (0.44, 2.75). For Alco-Sensor: < or = 9 mg of alcohol/100 ml of blood (baseline); 10.99 mg/100 ml = 8.21 (2.81, 23.73); > or = 100 mg/100 ml = 2.97 (0.42, 15.95). Multiple logistic models did not change these findings. CONCLUSIONS: Alcohol consumption prior to the suicide attempt is a more important risk factor than the habitual alcohol consumption pattern. New research should emphasize life events and psychiatric variables and find explanations for differences between the self-reported and the Alco-Sensor estimates.

Validity of self-reported alcohol consumption in the emergency room: data from the United States, Mexico and Spain. Cherpitel CJ(1), Parés A, Rodés J, Rosovsky H. Author information: (1)Alcohol Research Group, Medical Research Institute of San Francisco, Berkeley, California 94709.13/4/2021

The validity of self-reported alcohol consumption within 6 hours prior to injury based on breath-analyzer readings obtained at the time of emergency room (ER) admission is

compared among probability samples of ER patients in Contra Costa County, California (n = 450), Mexico City (n = 500) and Barcelona, Spain (n = 864). The same questionnaire, study design and methods were used in all three countries to maintain comparability for comparative analyses. The analysis was restricted to those breath analyzed within 6 hours of injury occurrence who reported no drinking following the event. Validity of self-reports was high in all three samples. The proportion of those reporting not drinking prior to injury who had positive breath-analyzer readings was .5% in the U.S., 1.5% in Spain and 3.3% in Mexico. Validity of self-reports was not associated with cause of injury in the United States. In Mexico those injured in motor vehicle accidents or by violence were most likely to deny drinking, while in Spain those injured in violent situations were most likely to report not drinking. Validity of selfreports in these studies is much higher than that found in other U.S. studies, but this may be partly due to the fact that self-reports were obtained after the patient had been breath analyzed.