

degeneration in the dorsal raphe nucleus, as well as increased hippocampal neurogenesis of stress vulnerable animals.

DISCUSSION

These results suggest that vmPFC HFS effectively restores depressive-like behaviors by mechanisms of dorsal raphe dopaminergic neurons restoration and enhanced hippocampal neuroplasticity in the vulnerable CUS-induced model. Further studies are needed to understand the underlying mechanisms of HFS on the resilience and vulnerable group of CUS-induced depression models.

PP 90

TRAUMA SCORING SYSTEMS IN MALAYSIA: WHICH ONE?

Sabariah F Jamaluddin, Ikhwan H M N, Choy R X Y, Thyagarajan Ravi C, Yeo Y L
Hospital Sungai Buloh, Sungai Buloh, Selangor, Malaysia

INTRODUCTION

In Malaysia, trauma is the third most common cause of admission to government hospitals, and 6th principle cause of death. A good trauma score can be used to estimate the severity of the disease, assist in appropriate triaging of the patient, a benchmark tool to compare between centres and research utility for epidemiological databases. Trauma and Injury Severity Score (TRISS) commonly used to evaluate the severity and probability of survival is complicated and resource intensive. Our objective is to study whether simpler trauma scorings is comparable to TRISS in evaluating severity of trauma.

METHODS

A retrospective analysis of data from the National Trauma Database (NTrD), which included 8 secondary hospitals in Malaysia were done. Patients above the age of 16 who presented between 1/1/2006 to 31/12/2009 were sampled. Cases with missing variables were excluded from analysis. The trauma scores of TRISS, Kimura simplified TRISS (sTRISS), Revised Trauma Score (RTS), Kampala Trauma Score (KTS), KTS II, GAP, mGAP were calculated for each patient. Discrimination was assessed using the area under the receiver operating characteristic curve (AUROCC).

RESULTS

A total of 3322 patients were included after exclusion of missing variables. All scores performed equally well with AUROCC value of between 0.84-0.85; TRISS 0.85 (95% CI 0.84-0.86), RTS 0.84 (95% CI 0.82-0.85), KTS 0.84 (95% CI 0.83-0.85), KTS II 0.84 (95% CI 0.83-0.85), GAP 0.85 (95% CI 0.84-0.86); mGAP 0.84 (95% CI 0.83-0.86), Kimura sTRISS 0.85 (95% CI 0.84-0.86).

DISCUSSION

Malaysia a middle-income nation does not have the capacity for highly resource intensive trauma scoring system such as TRISS which are often complex and time consuming. Our study has shown that using simpler trauma scoring systems perform as well as internationally accepted TRISS and can be used for benchmarking and trauma quality audits.