



BMJ Open is committed to open peer review. As part of this commitment we make the peer review history of every article we publish publicly available.

When an article is published we post the peer reviewers' comments and the authors' responses online. We also post the versions of the paper that were used during peer review. These are the versions that the peer review comments apply to.

The versions of the paper that follow are the versions that were submitted during the peer review process. They are not the versions of record or the final published versions. They should not be cited or distributed as the published version of this manuscript.

BMJ Open is an open access journal and the full, final, typeset and author-corrected version of record of the manuscript is available on our site with no access controls, subscription charges or pay-per-view fees (<http://bmjopen.bmj.com>).

If you have any questions on BMJ Open's open peer review process please email info.bmjopen@bmj.com

BMJ Open

Individual and environmental factors associated with death on cyclists involved in road crashes in Spain

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2018-028039
Article Type:	Research
Date Submitted by the Author:	19-Nov-2018
Complete List of Authors:	Molina-Soberanes, Daniel; University of Granada, Preventive Medicine and Public Health Martínez-Ruiz, Virginia; University of Granada, Preventive Medicine and Public Health Lardelli-Claret, P; Department of Preventive Medicine and Public Health, Facultad de Medicina, Universidad de Granada Pulido-Manzanero, José; Universidad Complutense de Madrid Martín-delosReyes, Luis; University of Granada, Preventive Medicine and Public Health Moreno-Roldán, Elena; University of Granada, Preventive Medicine and Public Health Jiménez-Mejías, E; University of Granada, Preventive Medicine and Public Health
Keywords:	EPIDEMIOLOGY, PUBLIC HEALTH, SOCIAL MEDICINE, STATISTICS & RESEARCH METHODS

SCHOLARONE™
Manuscripts

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1 Individual and environmental factors associated with death on cyclists involved in road
2 crashes in Spain

- 3
4 Daniel Molina-Soberanes^{a,b}
5 Virginia Martínez-Ruiz^{a,c,d}
6 Pablo Lardelli-Claret^{a,c,d}
7 José Pulido-Manzanero^{c,e,f}
8 Luis Miguel Martín-delosReyes^{a,b}
9 Elena Moreno-Roldán^{a,c,d}
10 Eladio Jiménez-Mejías^{a,c,d}

12 Affiliations

- 13 (a) Department of Preventive Medicine and Public Health, School of Medicine, University of
14 Granada. Granada, Spain
15 (b) Doctoral Program in Clinical Medicine and Public Health, University of Granada, Spain
16 (c) Centros de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP),
17 Spain
18 (d) Instituto de Investigación Biosanitaria de Granada (ibs.GRANADA), Spain
19 (e) Escuela Nacional de Sanidad, Instituto de Salud Carlos III. Madrid, Spain
20 (f) Department of Public and Maternal and Child Health, School of Medicine, Universidad
21 Complutense de Madrid. Madrid, Spain

24 **Corresponding author:**

25 Virginia Martínez-Ruiz

26 Department of Preventive Medicine and Public Health, School of Medicine, University of

27 Granada. Avenida de la Investigación 11, 18071 Granada, Spain

28 Telephone: +34 958242064

29 E-mail: virmruiz@ugr.es

31 **ABSTRACT**

32 **Objective:** To quantify the magnitude of associations between cyclist fatalities and both cyclist-
33 and environment-related characteristics in Spain during the first 24 hours after a crash.

34 **Methods:** We designed a case series study to analyze data for all 65,977 cyclists recorded
35 between 1993 and 2013 in the Spanish Register of Road Crashes with Victims. To mitigate the
36 effect of missing values, we used a multiple imputation procedure. Differences between regions
37 were assumed and managed with a multilevel approach including cyclist and province levels.
38 Incidence density ratios (IDR) with 95% confidence intervals (95%CI) were calculated with a
39 multivariate Poisson model.

40 **Results:** Lack of helmet use was directly associated with death (IDR 1.43, 95%CI 1.25–1.64).
41 Among other cyclist's characteristics, age after the third decade of life was also directly
42 associated with death, especially in older cyclists ("over 74" category, IDR 4.61, 95%CI 3.49–
43 6.08). Work-related cyclists showed no differences compared to other types of cyclists.
44 There was a direct association with death for crashes on rural roads and highways. Any adverse
45 meteorological condition also showed a direct association but altered road surfaces were

1
2
3 46 associated inversely. Crashes during night-time were directly associated with death, with its peak
4
5 47 between 3:00 to 5:00 am (IDR 1.58, 95%CI 1.03–2.41).
6
7

8 48 **Conclusions:** We found strong associations between several cyclist- and environment-related
9
10 49 variables and death, either directly or inversely. These variables should be considered in efforts
11
12 50 to prioritize public health measures aimed at reducing the number of cycling-related fatalities.
13
14

15 51
16
17 52 **Keywords:** cyclist; risk factor; road crash; fatality
18
19 53

20
21 54 **Word count:** 2933
22
23 55

24
25
26 56 **ARTICLE SUMMARY**
27

28 57 **Strengths and limitations of this study**
29

- 30
31 58 - We used a nationwide database which contains information of nearly 66,000 cyclists.
32
33 59 - The database compiles huge information on the characteristics of the people involved, their
34
35 60 vehicles and the environment.
36
37 61 - As the database is a police-based registry, it can be assumed that less serious crashes are
38
39 62 underrepresented
40
41 63 - We had to cope with missing data, so information biases cannot be discarded even if we used a
42
43 64 multiple imputation procedure.
44
45 65

BACKGROUND

Cycling is increasing as an alternative to private cars.¹ But it can also be harmful: there are about 5.5 times more traffic deaths per kilometer traveled by bicycle than by car.² In Spain, the number of people who use bicycles daily or almost daily has nearly doubled since the mid-2000s.³ Although the annual number of cyclist deaths decreased from 75 to 58 between 2006 and 2015,⁴ there are still peaks in certain years, highlighting the importance of cycling as a cause of death. Nevertheless, relatively few studies have aimed to quantify the association between different factors and cycling fatalities, given that most previous studies were based mainly on non-fatal injuries, and their results are far from consistent. Furthermore, for factors that have shown a clear association in one direction (for example, the protective effect of helmets) there is no consensus regarding the magnitude of effect.⁵ The present study was designed to quantify the magnitude of the associations between cyclist- and environment-related characteristics and the likelihood of cyclist fatality within the first 24 hours post-crash in Spain between 1993 and 2013.

METHODS

We analyzed the case series comprising all 65,977 cyclists involved in road crashes recorded in the Spanish National Registry of Road Crashes with Victims between 1993 and 2013. Crashes in the autonomous cities of Ceuta and Melilla were excluded because of their specific characteristics and low mortality: both cities are located in northern Africa, and all road crashes involving cyclists occurred in urban areas. The aforementioned nationwide database, maintained and anonymized by the Spanish National Directorate of Traffic, contains information recorded by national police agents at the crash scene, and compiles information on the characteristics of the persons involved (e.g. age, sex), their vehicles (e.g. type, condition), and

1
2
3 90 the environment (e.g. type of crash, road characteristics).⁶ A detailed description of this database
4
5 91 can be consulted in a previous publication.⁷
6
7

8 92 From this Registry we collected information about a subset of variables which, according
9
10 93 to previous studies and based on univariate analysis, could be associated (directly or indirectly)
11
12 94 with injury severity (see the list below). The categories used in our analysis of each variable are
13
14 95 shown in parentheses, along with their original categories from the database (see Appendices A.1
15
16 96 and A.2 for frequencies).
17
18
19 97

20
21
22 98 **Study variables**

- 23
24 99 - Death within the first 24 hours after the crash (Yes/No)
25
26 100 - Helmet use (Yes/No)
27
28 101 - Age (3 to 94 years, stratified in 5-year subgroups except in the categories “under 10”
29
30 102 and “75 and older”)
31
32 103 - Sex (Male/Female)
33
34 104 - Psychophysical circumstances (No/Yes – including alcohol consumption with breath
35
36 105 test, alcohol consumption without breath test, drug consumption, sudden illness,
37
38 106 sleepiness or drowsiness, tiredness, or appearing worried, as perceived by the police
39
40 107 officer –)
41
42 108 - Nationality (Spanish/Other – including French, Moroccan, German, British, Italian,
43
44 109 Swiss, Belgian, Dutch, American, other Magreb countries, other countries –)
45
46 110 - Commission of infraction (None/Distracted/Incorrect use of lighting/Wrong
47
48 111 way/Crossing into opposite lane/Incorrect turning/Illegal passing/Disregarding safety
49
50 112 distance/Failure to yield right of way/Disregarding traffic lights/Disregarding stop
51
52
53
54
55
56
57
58
59
60

lights/Disregarding crossing signals/Disregarding other signals/Not signaling a
 maneuver/Entering traffic flow without caution/Cycling while standing/Cycling in
 parallel/Cycling off traffic lanes/Other)

- Reason for cycling (To or From work, Other work-related/Other reasons – leaving for
 or returning from vacation, leaving for or returning from holiday or long weekend,
 emergency, leisure –)
- Type of crash (Collision with moving vehicle/Other – collision with an obstacle
 including stopped vehicles, collision with a pedestrian, collision with an animal,
 overturning, running off the road, other type of crash –)
- Traffic lane characteristics (Intersection – T or Y configuration, X or + configuration,
 entrance ramp, exit ramp, traffic circle, other intersection – /Other – straightaway, gentle
 curve, unmarked sharp curve, marked sharp curve without posted speed limit, marked
 sharp curve with posted speed limit –)
- Area (Highway/Urban area/Community road)
- Meteorological conditions (Good weather/Any adverse circumstances – heavy fog, light
 fog, light rain, heavy rain, hail, snow, strong winds, other –)
- Road surface (Normal/Altered – shaded, wet, ice, snow, slick formed from water + dirt
 + oil, loose gravel, oil, other –)
- Time (stratified in 3-hour subgroups from 0:00–2:59 to 21:00–23:59 in the 24-h clock)
- Year (stratified backwards triennially from 2011–2013 until 1993–1995)
- Province (see below)

Statistical analysis

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

136 We built a fixed-effect multivariate Poisson regression model (a generalized linear model
137 which uses log [rate] as the link function) to obtain adjusted incidence density ratios (IDR) of
138 death for each category of every variable, to assess the magnitude of associations with cyclist
139 death rates. IDR is a good estimate of the relative risk (RR) of death across categories of
140 independent variables when, as in this analysis, the risk of death yields exactly the same value as
141 the death rate for a fixed amount of persons-time (i.e., the number of cyclists involved in road
142 crashes multiplied by the same follow-up period for all of them). For each IDR, its
143 corresponding 95% confidence interval (95%CI) was also calculated.

144 Spain is divided in 50 provinces, which differ markedly regarding cycling density, cyclist-
145 friendly environment, socioeconomic conditions and health care facilities, among other
146 important factors potentially related with cyclists' risk of death. Therefore, we first tested the
147 hypothesis that the province level would explain a significant part on the total variance in the
148 outcome variable (cyclist fatalities). For this purpose, we constructed both unilevel (Appendices
149 A.3 and A.4) and multilevel (province level) empty models, and compared the variances
150 explained by each. Significant differences ($P<0.001$ for the likelihood ratio test) between the two
151 models were obtained, thus confirming our hypothesis. This led us to choose a multilevel
152 multivariate model for the main results.

153 More than 25% of the data were missing for some variables (e.g. helmet use) (see
154 Appendices A.1 and A.2 for details). The overall amount of these missing values may be
155 explained by missing at random (MAR) and missing not at random (MNAR) mechanisms.
156 Although we cannot compensate for MNAR values, we can control MAR values through a
157 multiple imputation procedure. Therefore, we initially assumed that some missing values might
158 be explained by the combination of the values observed for some of the remaining variables in

the database. To test this assumption, for each variable with missing values we constructed a multivariate regression model with the existence or not of missing values as the dependent variable, and the observed values for the remaining variables as independent terms. In all cases we observed parameters of association significantly away from the null. These results supported our initial hypothesis and led us to build 50 files in which missing data were represented as stabilized variances estimated from different variables, according to the chained equations method described by van Buuren⁸ and implemented with the ice command in Stata.⁹ This is a community-contributed Stata command focused on simplifying the imputation of categorical variables. However, this procedure was unable to provide missing values for many categorical variables with more than two strata when the frequency of responses in different categories was low, and we thus opted to dichotomize these variables. Age was imputed based on its logarithm to maintain positive values, and its antilogarithm was then used to transform it into a categorical variable. We therefore built a multilevel (including cyclist-level and province-level) fixed-effect multivariate Poisson regression model for each of our 50 complete datasets to obtain adjusted incidence density ratios (IDR). We then used the community-contributed mim command for Stata¹⁰ to combine the estimates obtained for each imputed file according to the Rubin method.¹¹

All analyses were performed with Stata software (v. 14).¹²

RESULTS

Appendices A.1 and A.2 summarize descriptive information on cyclist- and crash/environment-related characteristics. Fatality was a rare event (2.49%). The male-to-female ratio was greater than 8:1. The main mechanism for crashes was collision with another vehicle (69.40%), and most crashes occurred in urban areas (60.71%) followed by highways (35.71%)

and community roads (3.58%). Although most crashes occurred during the day (83.44% between 9:00 and just before 21:00), many of them (47.48%) occurred shortly after the end of the morning and afternoon work shifts, i.e. from 12:00 to just before 15:00, and from 18:00 to just before 21:00.

Table 1 shows the IDR for the association between cyclist characteristics and the risk of death. A direct association was found with cyclists’ age from the 30-to-34 years old group onward, and was greatest in the “over 74 years” category (IDR 4.61, 95%CI 3.49–6.08). Non-use of a helmet was associated with a 43.45% higher chance of death (IDR 1.43, 95%CI 1.25–1.64). Male gender, psychophysical circumstances, nationality other than Spanish, and committing an infraction (except for “distraction” and “disregarding safety distance”) showed also a direct association with death. Work-related cyclists showed no differences compared to other types of cyclists (i.e., those who cycled as a leisure activity or for other reasons).

Table 1. Adjusted incidence-density ratios (IDR) for the association between cyclist-related variables and the risk of death in the first 24 hours after a road crash. Spain, 1993–2013.

Variable	Category	IDR	95% CI		P value	FMI**
Sex	Male*	1	-	-	-	-
	Female	0.82	0.68	1.00	0.047	0.019
Age	< 10	0.95	0.60	1.50	0.813	0.020
	10 a 14	1.02	0.75	1.38	0.906	0.038
	15 a 19	1.12	0.85	1.49	0.416	0.036
	20 a 24	0.97	0.70	1.33	0.832	0.047
	25 a 29*	1	-	-	-	-
	30 a 34	1.26	0.93	1.71	0.134	0.057
	35 a 39	1.79	1.35	2.39	0.000	0.035
	40 a 44	1.67	1.24	2.25	0.001	0.039
	45 a 49	1.85	1.37	2.48	0.000	0.035
	50 a 54	2.15	1.59	2.90	0.000	0.029

	55 a 59	2.91	2.17	3.90	0.000	0.033
	60 a 64	3.59	2.70	4.77	0.000	0.034
	65 a 69	4.49	3.43	5.89	0.000	0.034
	70 a 74	3.67	2.62	5.13	0.000	0.028
	> 74	4.61	3.49	6.08	0.000	0.038
Helmet use	Yes*	1	-	-	-	-
	No	1.43	1.25	1.64	0.000	0.091
Psychophysical circumstances	Normal*	1	-	-	-	-
	Altered	1.43	1.08	1.89	0.011	0.305
Nationality	Spaniard*	1	-	-	-	-
	Other nationality	1.39	1.18	1.62	0.000	0.016
Commission of infraction	None*	1	-	-	-	-
	Distracting conduction	0.73	0.58	0.90	0.004	0.004
	Incorrect use of lighting	1.54	0.96	2.45	0.072	0.007
	Wrong way driving	1.21	0.79	1.84	0.386	0.004
	Invading the opposite lane	2.04	1.57	2.66	0.000	0.004
	Incorrect turning	1.58	1.30	1.92	0.000	0.004
	Anti-regulation overtaking manoeuvres	2.15	1.30	3.54	0.003	0.001
	Close driving	0.45	0.20	1.01	0.052	0.003
	Not respecting priority	1.84	1.43	2.37	0.000	0.005
	Not respecting the signal of the traffic lights	1.47	0.88	2.43	0.140	0.016
	Not respecting the stop lights	2.61	2.09	3.26	0.000	0.003
	Not respecting crossing signals	1.70	1.05	2.74	0.031	0.001
	Not respecting other signals	2.95	1.39	6.24	0.005	0.017
	Not indicating a manoeuvre	1.23	0.55	2.76	0.613	0.000
	Entering to traffic flow without precaution	1.96	1.39	2.76	0.000	0.004
	Driving stand up in a dangerous way	2.08	0.29	14.87	0.465	0.000
	Driving in parallel	1.95	1.07	3.56	0.030	0.002
	Driving off the traffic lanes	2.16	1.70	2.74	0.000	0.004
	Other	1.92	1.66	2.22	0.000	0.014
Reason for cycling	Work-related*	1	-	-	-	-
	Other reason	1.12	0.93	1.34	0.249	0.081

* Reference category

** Fraction of missing information

Table 2 shows the IDR for the association between environmental characteristics and the

risk of death. There were no conclusive trends according to the type of crash (IDR 0.89, 95%CI

0.78–1.00), but cyclists traveling through an intersection, on rural roads (i.e., roads outside urban areas) and on highways had a direct association with death. This association was also found with adverse meteorological conditions. Nevertheless, when the road surface was altered, the association was inverse. Direct association with death was found after midnight, with a peak between 3:00 and 5:00 (IDR 1.58, 95%CI 1.03–2.41), whereas it was an inverse association at midday between 12:00 and 14:00 (IDR 0.40, 95%CI 0.29–0.56). In the 10-year period analyzed here, there was a trend toward higher chance of death in the earlier years.

Table 2. Adjusted incidence-density ratios (IDR) for the association between crash/environment-related variables and the risk of death in the first 24 hours after a road crash. Spain, 1993–2013.

Variable	Category	IDR	95% CI		P value	FMI**
Type of crash	Collision*	1	-	-	-	-
	Other	0.89	0.78	1.00	0.056	0.013
Traffic lane characteristics	Intersection*	1	-	-	-	-
	Other	1.65	1.46	1.87	0.000	0.007
Area	Highway*	1	-	-	-	-
	Urban area	0.18	0.16	0.21	0.000	0.016
	Community road	0.61	0.48	0.76	0.000	0.002
Meteorological conditions	Good weather*	1	-	-	-	-
	Any adverse circumstances	1.36	1.07	1.72	0.011	0.005
Traffic lane surface	Normal*	1	-	-	-	-
	Altered	0.75	0.59	0.96	0.022	0.006
Time of the day (hours)	0:00-2:59*	1	-	-	-	-
	3:00-5:59	1.58	1.03	2.41	0.036	0.010
	6:00-8:59	0.78	0.54	1.11	0.165	0.013
	9:00-11:59	0.46	0.33	0.64	0.000	0.015
	12:00-14:59	0.40	0.29	0.56	0.000	0.015
	15:00-17:59	0.45	0.32	0.63	0.000	0.013
	18:00-20:59	0.49	0.35	0.68	0.000	0.013
	21:00-23:59	0.61	0.43	0.87	0.006	0.013
Years	2011 - 2013*	1	-	-	-	-

	2008 - 2010	1.34	1.07	1.68	0.011	0.012
	2005 - 2007	2.11	1.71	2.61	0.000	0.015
	2002 - 2004	2.16	1.75	2.67	0.000	0.012
	1999 - 2001	2.42	1.97	2.99	0.000	0.011
	1996 - 1998	2.30	1.86	2.84	0.000	0.012
	1993 - 1995	2.67	2.17	3.28	0.000	0.015
* Reference category						
** Fraction of missing information						

DISCUSSION

Our results are generally in agreement with those of previous studies regarding the direction and magnitude of the associations between cyclist- and environment-related factors and the severity of crashes involving cyclists.^{5,13-25} Perhaps our most important finding is the association between non-use of a helmet and a higher chance of death. Although the protective effect of helmet use on the risk of head trauma is widely accepted,^{13,22} this effect has not been shown for risk of death given that relatively few studies to date have focused on this association, and their results are inconsistent.⁵ Although our study is observational and causality cannot be demonstrated, it is unlikely that residual confounding could entirely explain an association of the magnitude we observed. We are confident that our approach to the analysis was robust given that it included appropriate management of missing values, controlling for between-province-level variance, and multivariate adjustment for most well-known confounders of the association between helmet use and death. Therefore, taking into account that helmet use is the most easily modifiable cyclist-dependent risk factor, our results suggest that a non-negligible amount of cyclist deaths might be prevented by increasing helmet use in our population of cyclists.

Regarding other cyclist-related variables, the association we found between age and risk of death is consistent with previous studies.^{14,18,19,25} This association is usually explained on the basis of mechanisms such as greater fragility, loss of physical agility, decreased visual acuity and

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

concomitant diseases. In contrast to other authors,^{23,26} we found no association between young age and death.

In relation to gender, we found that hazard of death was higher for males, as it was reported previously.^{17,25,26} This association has been explained as a result of either physical differences or safer behaviors in females,¹⁶ which may be associated with the severity of the crash itself. However, some authors have not observed this association^{18,19} or have found an association in the opposite direction.¹⁴

We identified a direct association between alcohol consumption, along with other psychophysical circumstances, and death, which was also noted previously.^{19,24} According to some authors, alcohol consumption is associated with risky behaviors^{15,21} when cycling and driving other types of vehicles. However, the association found in our study should be viewed with caution because of potential shortcomings in the validity of our data source. The low number of cyclists in the original categories for this variable forced us to combine alcohol consumption, drug consumption, tiredness, sleepiness and other psychophysical circumstances into the single category “altered”, obscuring the true association between each type of psychophysical circumstance and death. Non-Spanish nationality also showed a higher probability of death, but this should likewise be interpreted with care. We could not obtain information about cyclists’ expertise, and for non-Spanish cyclists, we did not know how long they had been living in Spain, or whether they had changed their cycling patterns while living abroad. Furthermore, all non-Spanish cyclists were clustered in a single subgroup which included people from countries which may differ widely in a large variety of aspects such as social and cultural characteristics as well as cycling infrastructure in their country of origin. This subgroup

was thus too heterogeneous for informative comparisons. Consequently, the association found in our study undoubtedly deserves further research designed to address its underlying factors.

Like Kim and colleagues,²⁰ we observed that committing an infraction was directly associated with death, except for the “distraction” and “disregarding safety distance” categories. In relation with the reason for cycling, we found no associations with chance of death. However, previous studies showed a lower risk of fatalities in work-related cyclists associated with their expertise, their choice of safer routes and their helmet use,¹⁷ and a higher risk was associated with higher exposure in terms of kilometers traveled.¹⁴ Although most authors have reported different risks of injury depending on the type of crash,^{14,17-19,23} in the present study the direct association with death observed for collisions was not significantly different than for other types of crashes (IDR 0.89, 95%CI 0.78–1.00). Nevertheless, because type of crash was a binary variable in our analysis (see section 2.2 Analysis), all other types of collisions were included in a single category and compared to other types of crashes (such as running over or overturning), hence the two groups were heterogeneous. Furthermore, unless the cyclist is fatally injured, cyclists are probably more likely to receive police assistance when they collide with another vehicle. Therefore cyclists who sustained minor injuries in the “other crashes” category were likely to be underrepresented in our sample.

Regarding environment-related variables, in accordance with some findings^{14,19} we identified an inverse association between intersections and death compared to other places (straight roads or curves). But again, our two categories were heterogeneous, and there may be very different risks for different types of intersections.²⁷

The location of the crash showed a close relationship with fatalities. As in previous studies,^{14,19,23} there was a direct association between rural roads and highways, and death. This

association is probably related with the speeds reached by cyclists or the other vehicles involved in crashes.

Adverse meteorological conditions were directly associated with death, as reported by other authors.²⁰ This association is probably due to lower cyclist conspicuity under adverse weather conditions. On the other hand, altered road surfaces were inversely associated with risk of death, which may be a result of cycling or driving at lower speeds. More research is needed to characterize the influence of weather and road conditions on risk of death among cyclists, given that our findings differ from previous studies.¹⁹

Although the frequency of crashes was much greater during daylight hours, there was a direct association between night hours and death, with a peak in the early morning hours.¹⁴ Apart from lack of conspicuity,²⁸ factors such as alcohol consumption, speed and exhaustion may play major roles in this association.²⁹ Finally, the lower risk of death in crashes recorded in more recent years may be explained by improvements in cycling infrastructure,²⁸ improved health care for injured cyclists,¹ and increased reporting of less serious road crashes by the police.

Limitations

A main limitation of our study is its observational nature, which prevents us from suggesting causal interpretations of the associations we found. Given that our analysis is based on information from a police-based registry designed to collect information on all types of road traffic crashes, as noted in the Methods section, selection bias is an important issue because it can be assumed that less serious crashes were underrepresented.³⁰⁻³³ Although we used a multiple imputation procedure to address missing information, this method only partially resolves issues related with missing data; therefore our results may still be affected by biases of an undetermined

magnitude. Information bias is also a potential limitation, due to the subjective nature of some variables recorded by police officers at the scene of the crash.

Finally, the lack of information regarding vehicle speed is an important limitation in our study. Although this is probably the most important factor affecting the severity of cyclists' injuries, no direct information was available for vehicle speed when the crash occurred.

CONCLUSIONS

We found strong associations between several cyclist- and environment-related variables and the probability of death, and suggest that these associations should be taken into account in efforts to prioritize public health measures aimed at reducing the number of cycling-related fatalities. In particular, we believe helmet use by cyclists needs to be encouraged. Although we are aware that the magnitude of the association between non-helmet use and death is not entirely causal, it supports the hypothesis that helmet use may significantly reduce the risk of death among cyclists involved in road crashes. Although using a helmet is now mandatory for all cyclists on open roads in Spain, our data show that even in recent years, the proportion of non-helmet-use has been non-negligible. Another topic which deserves attention is the risk in older cyclists, considering that this subgroup of cyclists will very likely grow in the coming years. Finally, the reasons for the higher risk of death during nighttime cycling merit further investigation in order to manage factors which are potentially modifiable by, for example, encouraging measures to improve the conspicuity of cyclists.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Acknowledgments: This work was partially supported by the National Council of Science and Technology of Mexico [grant number 410668]. We wish to thank the Spanish General Directorate of Traffic Directorate (DGT) for allowing access to their database of Road Crashes with Victims, CIBERESP and ibs.GRANADA for their help, and K. Shashok for improving the use of English in the manuscript.

Author Contributions: All authors meet the conditions for authorship. PLC conceived and designed the study, helped to redact the manuscript and performed a critical revision. DMS and VMR executed the revision of the literature and redacted the first draft of the manuscript. JPM, EMR and LMMR helped with the revision of the literature and critically reviewed the manuscript. EJM did a critical revision of the original manuscript, proposed corrections and did methodological contributions. All authors have approved the final version of this manuscript. The present article is part of the doctoral thesis of Daniel Molina-Soberanes at the University of Granada.

Competing interests: None declared.

Funding: This work was partially supported by the National Council of Science and Technology of Mexico [doctorate grant number 410668].

Ethics approval: Not needed

KEY MESSAGES

What is already know on this subject

- Cycling is increasing but it can be harmful
- Helmets are intended to protect against injury severity, but its effect on death remains unclear.

What this study adds

- Helmet non-use is associated directly with death in cyclists, especially on highways
- Work-related cyclists showed no difference in their association with death than other cyclists
- As age increases, direct association with death increases, especially after the third decade of life.

REFERENCES

1. World Health Organization. *Global status report on road safety 2015*. World Health Organization, 2015.
2. de Hartog JJ, Boogaard H, Nijland H, *et al*. Do the health benefits of cycling outweigh the risks?. *Environ Health Perspect* 2010;**118**(8):1109-1116.doi.org/10.1289/ehp.0901747
3. GESOP. *Barómetro de la bicicleta en España. Informe de resultados*. Gabinet d’Estudis Socials i Opinió Pública S.L., 2015
4. Dirección General de Tráfico. *Las principales cifras de la Siniestralidad Vial España 2015*. Dirección General de Tráfico, 2016.
5. Olivier J, Creighton P. Bicycle injuries and helmet use: A systematic review and meta-analysis. *Int J Epidemiol* 2017;**46**(1):278-292.doi.org/10.1093/ije/dyw153
6. Boletín Oficial del Estado, num 289, 2014. *Orden INT/2223/2014, de 27 de octubre, por la que se regula la comunicación de la información al Registro Nacional de Víctimas de Accidentes de Tráfico*.
7. Martínez-Ruiz V, Lardelli-Claret P, Jiménez-Mejías E, *et al*. Risk factors for causing road crashes involving cyclists: An application of a quasi-induced exposure method. *Accid Anal Prev* 2013;**51**:228-237.doi.org/10.1016/j.aap.2012.11.023
8. van Buuren S. Multiple imputation of discrete and continuous data by fully conditional specification. *Stat Methods Med Res* 2007;**16**(3):219-242.doi.org/10.1177/0962280206074463
9. Royston P. Multiple imputation of missing values: Further update of ice, with an emphasis on categorical variables. *Stata J* 2009;**9**(3):466-477.

10. Royston P, Carlin JB, White IR. Multiple imputation of missing values: New features for
mim. *Stata J* 2009;**9**(2):252-264.
11. Li KH, Raghunathan TE, Rubin DB. Large-sample significance levels from multiply
imputed data using moment-based statistics and an F reference distribution. *J Am Stat
Assoc* 1991;**86**(416):1065-1073.doi.org/10.2307/2290525
12. StataCorp. *Stata Statistical Software: Release 14*. College Station, TX: StataCorp LP,
2015.
13. Bambach MR, Mitchell RJ, Grzebieta RH, *et al*. The effectiveness of helmets in bicycle
collisions with motor vehicles: A case-control study. *Accid Anal Prev* 2013;**53**:78-
88.doi.org/10.1016/j.aap.2013.01.005
14. Crompton PA, Shen H, Brubacher JR, *et al*. Severity of urban cycling injuries and the
relationship with personal, trip, route and crash characteristics: Analyses using four
severity metrics. *BMJ Open* 2015;**5**(1):e006654.doi.org/10.1136/bmjopen-2014-006654
15. Crocker P, Zad O, Milling T, *et al*. Alcohol, bicycling, and head and brain injury: A study
of impaired cyclists' riding patterns R1. *Am J Emerg Med* 2010;**28**(1):68-
72.doi.org/10.1016/j.ajem.2008.09.011
16. Emond C, Tang W, Handy S. Explaining gender difference in bicycling behavior.
Transport Res Rec 2009;**2125**:16-25.doi.org/10.3141/2125-03
17. Hagel BE, Romanow NTR, Enns N, *et al*. Severe bicycling injury risk factors in children
and adolescents: A case-control study. *Accid Anal Prev* 2015;**78**:165-
172.doi.org/10.1016/j.aap.2015.03.002

18. Juhra C, Wieskötter B, Chu K, *et al.* Bicycle accidents – Do we only see the tip of the iceberg?: A prospective multi-centre study in a large german city combining medical and police data. *Injury* 2012;**43**(12):2026-2034.doi.org/10.1016/j.injury.2011.10.016

19. Kaplan S, Vavatsoulas K, Prato CG. Aggravating and mitigating factors associated with cyclist injury severity in Denmark. *J Safety Res* 2014;**50**:75-82.doi.org/10.1016/j.jsr.2014.03.012

20. Kim J, Kim S, Ulfarsson GF, *et al.* Bicyclist injury severities in bicycle–motor vehicle accidents. *Accid Anal Prev* 2007;**39**(2):238-251.doi.org/10.1016/j.aap.2006.07.002

21. Orsi C, Ferraro OE, Montomoli C, *et al.* Alcohol consumption, helmet use and head trauma in cycling collisions in Germany. *Accid Anal Prev* 2014;**65**:97-104.doi.org/10.1016/j.aap.2013.12.019

22. Persaud N, Coleman E, Zwolakowski D, *et al.* Nonuse of bicycle helmets and risk of fatal head injury: A proportional mortality, case–control study. *Can Med Assoc J* 2012;**184**(17):E921-E923.doi.org/10.1503/cmaj.120988

23. Rivara FP, Thompson DC, Thompson RS. Epidemiology of bicycle injuries and risk factors for serious injury. *Injury Prev* 2015;**21**(1):47-51.doi.org/10.1136/injprev-00002-0038rep

24. Sethi M, Heyer JH, Wall S, *et al.* Alcohol use by urban bicyclists is associated with more severe injury, greater hospital resource use, and higher mortality. *Alcohol* 2016;**53**:1-7.doi.org/10.1016/j.alcohol.2016.03.005

25. Vanparijs J, Panis L, Meeusen R, *et al.* Exposure measurement in bicycle safety analysis: A review of the literature. *Accid Anal Prev* 2015;**84**:9-19.doi.org/10.1016/j.aap.2015.08.007

26. Vanlaar W, Hing MM, Brown S, *et al.* Fatal and serious injuries related to vulnerable road users in Canada. *J Safety Res* 2016;**58**:67-77.doi.org/10.1016/j.jsr.2016.07.001
27. Harris MA, Reynolds C, Winters M, *et al.* Comparing the effects of infrastructure on bicycling injury at intersections and non-intersections using a case-crossover design. *Injury Prev* 2013;**19**(5):303-310.doi.org/10.1136/injuryprev-2012-040561
28. Reynolds C, Harris MA, Teschke K, *et al.* The impact of transportation infrastructure on bicycling injuries and crashes: A review of the literature. *Environ Health* 2009;**8**(47):1-19.doi.org/10.1186/1476-069X-8-47
29. de Waard D, Houwing S, Lewis-Evans B, *et al.* Bicycling under the influence of alcohol. *Transport Res F-Traf* 2016;**41**(Part B):302-308.doi.org/10.1016/j.trf.2015.03.003
30. Elvik R, Mysen A. Incomplete accident reporting: Meta-analysis of studies made in 13 countries. *Transpor Res Rec* 1999;**1665**:133-140.doi.org/10.3141/1665-18
31. Langley JD, Dow N, Stephenson S, *et al.* Missing cyclists. *Injury Prev* 2003;**9**(4):376-379.doi.org/10.1136/ip.9.4.376
32. Shinar D, Valero-Mora P, van Strijp-Houtenbos M, *et al.* Under-reporting bicycle accidents to police in the COST TU1101 international survey: Cross-country comparisons and associated factors. *Accid Anal Prev* 2018;**110**:177-186.doi.org/10.1016/j.aap.2017.09.018
33. Tin ST, Woodward A, Ameratunga S. Completeness and accuracy of crash outcome data in a cohort of cyclists: A validation study. *BMC Public Health* 2013;**13**(1):420.doi.org/10.1186/1471-2458-13-420

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3

APPENDICES

Appendix A.1. Distribution of cyclist-related variables. Spain, 1993–2013.

Variable	Category		N	% Total	N	% Excluding missing values
	For analysis	Original*				
Death	Yes		1,643	2.49	1,643	2.54
	No		62,969	95.44	62,969	97.46
	Unknown		1,365	2.07	-	-
	Total		65,977	100	64,612	100
Helmet use	Yes		17,183	26.04	17,183	35.38
	No		31,378	47.56	31,378	64.62
	Unknown		17,416	26.40	-	-
	Total		65,977	100	48,561	100
Age (years)	< 10		1,596	2.42	1,596	2.60
	10 - 14		6,073	9.20	6,073	9.89
	15 - 19		9,065	13.74	9,065	14.76
	20 - 24		6,130	9.29	6,130	9.98
	25 - 29		5,963	9.04	5,963	9.71
	30 - 34		5,797	8.79	5,797	9.44
	35 - 39		5,244	7.95	5,244	8.54
	40 - 44		4,632	7.02	4,632	7.54
	45 - 49		4,119	6.24	4,119	6.71
	50 - 54		3,357	5.09	3,357	5.46
	55 - 59		2,555	3.87	2,555	4.16
	60 - 64		2,256	3.42	2,256	3.67
	65 - 69		1,804	2.73	1,804	2.94
	70 - 74		1,361	2.06	1,361	2.22
Sex	> 74		1,477	2.24	1,477	2.40
	Unknown		4,548	6.89	-	-
	Total		65,977	100	61,429	100
	Male		55,901	84.73	55,901	87.13
Psychophysical circumstances	Female		8,259	12.52	8,259	12.87
	Unknown		1,817	2.75	-	-
	Total		65,977	100	64,160	100
	Normal		53,622	81.27	53,622	98.32
	Altered		915	1.39	915	1.68
	Alcohol consumption without breath test		207	0.31	207	0.38
	Alcohol		190	0.29	190	0.35

		consumption with breath test					
		Drug consumption	32	0.05	32	0.06	
		Sudden illness	137	0.21	137	0.25	
		Sleepiness or drowsiness	36	0.05	36	0.07	
		Tired	194	0.29	194	0.36	
		Worried	119	0.18	119	0.22	
	Unknown		11,440	17.34	-	-	
	Total		65,977	100	54,537	100	
Nationality	Spanish		57,208	86.71	57,208	91.69	
	Other		5,184	7.86	5,184	8.31	
		French	199	0.30	199	0.32	
		Moroccan	632	0.96	632	1.01	
		German	731	1.11	731	1.17	
		British	298	0.45	298	0.48	
		Italian	125	0.19	125	0.20	
		Swiss	75	0.11	75	0.12	
		Belgian	130	0.20	130	0.21	
		Dutch	115	0.17	115	0.18	
		USA	50	0.08	50	0.08	
		From other Maghreb countries	91	0.14	91	0.15	
		From other countries	2,738	4.15	2,738	4.39	
		Unknown		3,585	5.43	-	-
		Total		65,977	100	62,392	100
Commission of infraction	None		34,607	52.45	34,607	52.45	
	Distraction		6,851	10.38	6,851	10.38	
	Incorrect use of lighting		296	0.45	296	0.45	
	Wrong way		1,335	2.02	1,335	2.02	
	Crossing into opposite lane		1,200	1.82	1,200	1.82	
	Incorrect turning		1,879	2.85	1,879	2.85	
	Illegal passing		489	0.74	489	0.74	
	Disregarding safety distance		676	1.02	676	1.02	
	Not yielding right of way		1,595	2.42	1,595	2.42	
	Disregarding traffic lights		1,558	2.36	1,558	2.36	
	Disregarding stop lights		1,639	2.48	1,639	2.48	
	Disregarding crossing signals		937	1.42	937	1.42	
	Disregarding other signals		214	0.32	214	0.32	
	Failure to signal a maneuver		157	0.24	157	0.24	
	Careless merging		1,112	1.69	1,112	1.69	
	Cycling while standing		22	0.03	22	0.03	
	Cycling in parallel		213	0.32	213	0.32	

Reason for cycling	Cycling outside traffic lanes	914	1.39	914	1.39
	Other	10,283	15.59	10,283	15.59
	Total	65,977	100	65,977	100
	Work-related	6,770	10.26	6,770	12.49
	<i>To or from work</i>	2,395	3.63	2,395	4.42
	<i>Other work-related</i>	4,375	6.63	4,375	8.07
	Other reason	47,450	71.92	47,450	87.51
	<i>Leaving for or returning from vacation</i>	70	0.11	70	0.13
	<i>Leaving for or returning from holiday or long weekend</i>	606	0.92	606	1.12
	<i>Emergency</i>	156	0.24	156	0.29
	<i>Leisure</i>	34,396	52.13	34,396	63.44
	<i>Other</i>	12,222	18.52	12,222	22.54
	Unknown	11,757	17.82	-	-
	Total	65,977	100	54,220	100

* Original categories are shown in italics, and their frequencies are included in the categories in the For analysis column.

4

Appendix A.2. Distribution of crash- and environment-related variables. Spain, 1993-2013

Variable	Category		N	% Total	N	% Excluding missing values
	For analysis	Original*				
Type of crash	Collision with moving vehicle		45,791	69.40	45,791	69.90
	Other		19,722	29.89	19,722	30.10
		<i>Collision with an obstacle (including stopped vehicles)</i>	<i>2,127</i>	<i>3.22</i>	<i>2,127</i>	<i>3.25</i>
		<i>Collision with a pedestrian</i>	<i>4,404</i>	<i>6.68</i>	<i>4,404</i>	<i>6.72</i>
		<i>Collision with an animal</i>	<i>197</i>	<i>0.30</i>	<i>197</i>	<i>0.30</i>
		<i>Overtaking</i>	<i>2,993</i>	<i>4.54</i>	<i>2,993</i>	<i>4.57</i>
		<i>Running off the road</i>	<i>2,753</i>	<i>4.17</i>	<i>2,753</i>	<i>4.20</i>
		<i>Other</i>	<i>7,248</i>	<i>10.99</i>	<i>7,248</i>	<i>11.06</i>
	Unknown		464	0.70	-	-
	Total		65,977	100	65,513	100
Traffic lane characteristics	Intersection		28,283	42.87	28,283	43.23
		<i>T or Y configuration</i>	<i>11,263</i>	<i>17.07</i>	<i>11,263</i>	<i>17.22</i>
		<i>X or + configuration</i>	<i>11,332</i>	<i>17.18</i>	<i>11,332</i>	<i>17.32</i>
		<i>Entrance ramp</i>	<i>603</i>	<i>0.91</i>	<i>603</i>	<i>0.92</i>
		<i>Exit ramp</i>	<i>377</i>	<i>0.57</i>	<i>377</i>	<i>0.58</i>
		<i>Traffic circle</i>	<i>3,792</i>	<i>5.75</i>	<i>3,792</i>	<i>5.80</i>

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Other	<i>Other intersection</i>	916	1.39	916	1.40
		37,139	56.29	37,139	56.77
	<i>Straightaway</i>	30,220	45.80	30,220	46.19
	<i>Gentle curve</i>	3,945	5.98	3,945	6.03
	<i>Unmarked sharp curve</i>	1,533	2.32	1,533	2.34
	<i>Marked sharp curve without posted speed limit</i>	696	1.05	696	1.06
	<i>Marked sharp curve with posted speed limit</i>	745	1.13	745	1.14
	Unknown	555	0.84	-	-
	Total	65,977	100	65,422	100
	Highway	23,561	35.71	23,561	35.71
Area	Urban area	40,056	60.71	40,056	60.71
	Community road	2,360	3.58	2,360	3.58
	Total	65,977	100	65,977	100
Meteorological conditions	Good weather	61,972	93.93	61,972	93.95
	Any adverse circumstances	3,991	6.05	3,991	6.05
	<i>Heavy fog</i>	69	0.10	69	0.10
	<i>Light fog</i>	176	0.27	176	0.27
	<i>Light rain</i>	1,849	2.80	1,849	2.80
	<i>Heavy rain</i>	271	0.41	271	0.41
	<i>Hail</i>	5	0.01	5	0.01
	<i>Snow</i>	14	0.02	14	0.02
	<i>Strong winds</i>	385	0.58	385	0.58
	<i>Other</i>	1,222	1.85	1,222	1.85
Unknown		14	0.02	-	-

	Total	65,977	100	65,963	100
	Normal	60,835	92.21	60,835	92.58
	Altered	4,876	7.39	4,876	7.42
	<i>Shaded</i>	283	0.43	283	0.43
	<i>Wet</i>	2,780	4.21	2,780	4.23
	<i>Ice</i>	65	0.10	65	0.10
	<i>Snow</i>	34	0.05	34	0.05
	<i>Slick formed from water + dirt + oil</i>	62	0.09	62	0.09
	<i>Loose gravel</i>	654	0.99	654	1.00
	<i>Oil</i>	289	0.44	289	0.44
	<i>Other</i>	709	1.07	709	1.08
	Unknown	266	0.40	-	-
	Total	65,977	100	65,711	100
	0:00 - 2:59	972	1.47	972	1.47
	0:00 - 0:59	419	0.64	419	0.64
	1:00 - 1:59	351	0.53	351	0.53
	2:00 - 2:59	202	0.31	202	0.31
	3:00 - 5:59	401	0.61	401	0.61
	3:00 - 3:59	144	0.22	144	0.22
	4:00 - 4:59	123	0.19	123	0.19
	5:00 - 5:59	134	0.20	134	0.20
	6:00 - 8:59	3,580	5.43	3,580	5.43
	6:00 - 6:59	328	0.50	328	0.50
	7:00 - 7:59	1,020	1.55	1,020	1.55
	8:00 - 8:59	2,232	3.38	2,232	3.38
	9:00 - 11:59	12,582	19.07	12,582	19.07
	9:00 - 9:59	3,180	4.82	3,180	4.82
	10:00 - 10:59	3,985	6.04	3,985	6.04
	11:00 - 11:59	5,417	8.21	5,417	8.21
	12:00 - 14:59	15,753	23.88	15,753	23.88
	12:00 - 12:59	6,059	9.18	6,059	9.18

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

		13:00 – 13:59	5,413	8.20	5,413	8.20
		14:0 – 14:59	4,281	6.49	4,281	6.49
	15:00 - 17:59		11,144	16.89	11,144	16.89
		15:00 – 15:59	3,232	4.90	3,232	4.90
		16:00 – 16:59	3,536	5.36	3,536	5.36
		17:00 – 17:59	4,376	6.63	4,376	6.63
	18:00 - 20:59		15,572	23.60	15,572	23.60
		18:00 – 18:59	5,134	7.78	5,134	7.78
		19:00 – 19:59	5,421	8.22	5,421	8.22
		20:00 – 20:59	5,017	7.60	5,017	7.60
	21:00 - 23:59		5,973	9.05	5,973	9.05
		21:00 – 21:59	3,304	5.01	3,304	5.01
		22:00 – 22:59	1,774	2.69	1,774	2.69
		23:00 – 23:59	895	1.36	895	1.36
	Total		65,977	100	65,977	100
Years	2011 - 2013		16,315	24.73	16,315	24.73
		2013	6,134	9.30	6,134	9.30
		2012	5,444	8.25	5,444	8.25
		2011	4,737	7.18	4,737	7.18
	2008 - 2010		10,468	15.87	10,468	15.87
		2010	3,766	5.71	3,766	5.71
		2009	3,618	5.48	3,618	5.48
		2008	3,084	4.67	3,084	4.67
	2005 - 2007		7,826	11.86	7,826	11.86
		2007	2,808	4.26	2,808	4.26
		2006	2,594	3.93	2,594	3.93
		2005	2,424	3.67	2,424	3.67
	2002 - 2004		7,229	10.96	7,229	10.96
		2004	2,576	3.90	2,576	3.90

	<i>2003</i>	<i>2,340</i>	<i>3.55</i>	<i>2,340</i>	<i>3.55</i>
	<i>2002</i>	<i>2,313</i>	<i>3.51</i>	<i>2,313</i>	<i>3.51</i>
1999 - 2001		6,628	10.05	6,628	10.05
	<i>2001</i>	<i>2,239</i>	<i>3.39</i>	<i>2,239</i>	<i>3.39</i>
	<i>2000</i>	<i>2,038</i>	<i>3.09</i>	<i>2,038</i>	<i>3.09</i>
	<i>1999</i>	<i>2,351</i>	<i>3.56</i>	<i>2,351</i>	<i>3.56</i>
1996 - 1998		8,154	12.36	8,154	12.36
	<i>1998</i>	<i>2,543</i>	<i>3.85</i>	<i>2,543</i>	<i>3.85</i>
	<i>1997</i>	<i>2,817</i>	<i>4.27</i>	<i>2,817</i>	<i>4.27</i>
	<i>1996</i>	<i>2,794</i>	<i>4.23</i>	<i>2,794</i>	<i>4.23</i>
1993 - 1995		9,357	14.18	9,357	14.18
	<i>1995</i>	<i>3,149</i>	<i>4.77</i>	<i>3,149</i>	<i>4.77</i>
	<i>1994</i>	<i>3,206</i>	<i>4.86</i>	<i>3,206</i>	<i>4.86</i>
	<i>1993</i>	<i>3,002</i>	<i>4.55</i>	<i>3,002</i>	<i>4.55</i>
Total		65,977	100	65,977	100

* Original categories are shown in italics, and their frequencies are included in the categories in the For analysis column.

7

Appendix A.3. Adjusted incidence-density ratios (IDR) in a multivariate unilevel model for the imputed associations between cyclist-related variables and the risk of death in the first 24 hours after a road crash. Spain, 1993-2013.

Variable	Category	IDR	95% CI		P value	FMI**
Helmet use	Yes*	1	-	-	-	-
	No	1.41	1.23	1.62	0.000	0.091
Age	< 10	0.93	0.58	1.47	0.744	0.020
	10 a 14	1.02	0.75	1.38	0.904	0.038
	15 a 19	1.13	0.85	1.50	0.389	0.036
	20 a 24	0.98	0.71	1.34	0.879	0.046
	25 a 29*	1	-	-	-	-
	30 a 34	1.27	0.94	1.73	0.124	0.057
	35 a 39	1.81	1.36	2.41	0.000	0.035
	40 a 44	1.68	1.25	2.26	0.001	0.039
	45 a 49	1.85	1.37	2.49	0.000	0.036
	50 a 54	2.15	1.59	2.90	0.000	0.029
	55 a 59	2.92	2.18	3.91	0.000	0.033
	60 a 64	3.55	2.67	4.72	0.000	0.034
Sex	Male*	1	-	-	-	-
	Female	0.82	0.68	1.00	0.045	0.019
Psychophysical circumstances	Normal*	1	-	-	-	-
	Altered	1.44	1.09	1.90	0.011	0.309
Nationality	Spaniard*	1	REF	REF	REF	REF
	Other nationality	1.37	1.16	1.61	0.000	0.017
Commission of infraction	None*	1	-	-	-	-
	Distraction	0.71	0.57	0.89	0.002	0.005
	Incorrect use of lighting	1.48	0.93	2.37	0.097	0.007
	Wrong way	1.19	0.78	1.82	0.423	0.004
	Crossing into opposite lane	2.00	1.53	2.60	0.000	0.004
	Incorrect turning	1.52	1.25	1.85	0.000	0.004
	Illegal passing	2.12	1.28	3.49	0.003	0.001

	Disregarding safety distance	0.44	0.20	0.99	0.047	0.003
	Failure to yield	1.77	1.38	2.28	0.000	0.005
	Disregarding traffic lights	1.44	0.87	2.39	0.161	0.016
	Disregarding stop lights	2.53	2.02	3.15	0.000	0.003
	Disregarding crossing signals	1.65	1.02	2.66	0.041	0.001
	Disregarding other signals	2.94	1.39	6.24	0.005	0.017
	Failure to signal a maneuver	1.19	0.53	2.66	0.679	0.000
	Careless merging	1.94	1.37	2.74	0.000	0.004
	Cycling while standing	2.01	0.28	14.39	0.487	0.000
	Cycling in parallel	1.89	1.04	3.46	0.038	0.002
	Cycling outside traffic lanes	2.09	1.64	2.66	0.000	0.004
	Other	1.89	1.63	2.19	0.000	0.014
Reason for cycling	Work-related*	1	-	-	-	-
	Other reason	1.13	0.94	1.36	0.204	0.081

* Reference category

** Fraction of missing information

Appendix A.4. Adjusted incidence-density ratios (IDR) in a multivariate unilevel model for the imputed associations between crash- and environment-related variables and the risk of death in the first 24 hours after a road crash. Spain, 1993-2013.

Variable	Category	IDR	95% CI		P value	FMI**
Type of crash	Collision*	1	-	-	-	-
	Other	0.89	0.78	1.00	0.058	0.014
Road characteristics	Intersection*	1	-	-	-	-
	Other	1.64	1.45	1.86	0.000	0.007
Area	Highway*	1	-	-	-	-
	Urban area	0.18	0.16	0.21	0.000	0.015
	Community road	0.59	0.47	0.74	0.000	0.003
Meteorological conditions	Good weather*	1	-	-	-	-
	Any adverse circumstances	1.37	1.08	1.73	0.009	0.005
Road surface	Normal*	1	-	-	-	-
	Altered	0.76	0.59	0.97	0.030	0.006
Time of day (hours)	0:00-2:59*	1	-	-	-	-
	3:00-5:59	1.55	1.01	2.38	0.043	0.009
	6:00-8:59	0.77	0.54	1.09	0.141	0.012
	9:00-11:59	0.45	0.33	0.64	0.000	0.014
	12:00-14:59	0.40	0.28	0.55	0.000	0.014
	15:00-17:59	0.45	0.32	0.63	0.000	0.012
	18:00-20:59	0.48	0.35	0.67	0.000	0.012
	21:00-23:59	0.60	0.43	0.85	0.004	0.012
Years	2011 - 2013*	1	-	-	-	-
	2008 - 2010	1.34	1.07	1.69	0.010	0.012
	2005 - 2007	2.10	1.70	2.60	0.000	0.015
	2002 - 2004	2.16	1.75	2.68	0.000	0.012
	1999 - 2001	2.42	1.96	2.98	0.000	0.010
	1996 - 1998	2.31	1.87	2.85	0.000	0.012
	1993 - 1995	2.67	2.17	3.29	0.000	0.015
Province	Alava	1	-	-	-	-
	Albacete	1.51	0.80	2.87	0.206	0.004
	Alicante	1.02	0.61	1.71	0.928	0.004
	Almería	1.61	0.92	2.83	0.095	0.006
	Ávila	0.29	0.07	1.25	0.097	0.001
	Badajoz	1.96	1.06	3.62	0.032	0.007
	Baleares	1.25	0.76	2.07	0.373	0.005

Barcelona	1.01	0.62	1.64	0.974	0.009
Burgos	1.35	0.76	2.43	0.308	0.003
Cáceres	1.48	0.64	3.39	0.360	0.002
Cádiz	1.04	0.56	1.91	0.907	0.007
Castellón	1.08	0.61	1.91	0.798	0.005
Ciudad Real	1.28	0.71	2.31	0.417	0.005
Córdoba	1.12	0.60	2.10	0.715	0.003
Coruña, La	1.12	0.62	2.02	0.714	0.003
Cuenca	2.95	1.45	6.02	0.003	0.003
Girona	1.07	0.62	1.85	0.799	0.006
Granada	1.18	0.66	2.10	0.584	0.005
Guadalajara	1.91	0.76	4.80	0.169	0.001
Guipúzcoa	0.65	0.36	1.18	0.157	0.003
Huelva	0.89	0.41	1.93	0.774	0.002
Huesca	1.36	0.70	2.66	0.365	0.003
Jaen	1.41	0.65	3.04	0.386	0.003
León	1.49	0.88	2.54	0.140	0.004
Lleida	1.38	0.75	2.57	0.302	0.003
La Rioja	2.15	1.18	3.92	0.013	0.003
Lugo	1.16	0.60	2.25	0.654	0.003
Madrid	1.10	0.66	1.82	0.725	0.006
Málaga	1.24	0.69	2.21	0.474	0.004
Murcia	1.76	1.05	2.94	0.031	0.005
Navarra	1.91	1.08	3.41	0.027	0.005
Orense	1.96	1.04	3.67	0.037	0.003
Asturias	0.76	0.43	1.33	0.335	0.004
Palencia	1.24	0.63	2.42	0.537	0.004
Palmas, Las	1.70	0.93	3.08	0.084	0.003
Pontevedra	0.96	0.52	1.75	0.886	0.003
Salamanca	1.49	0.74	2.99	0.261	0.003
Santa Cruz	1.43	0.76	2.73	0.270	0.003
Cantabria	0.97	0.53	1.75	0.909	0.004
Segovia	1.53	0.69	3.41	0.298	0.006
Sevilla	1.38	0.82	2.35	0.230	0.003
Soria	1.81	0.72	4.56	0.207	0.002
Tarragona	1.52	0.91	2.54	0.111	0.005
Teruel	1.77	0.74	4.24	0.201	0.002
Toledo	2.37	1.36	4.12	0.002	0.003
Valencia	1.28	0.78	2.10	0.324	0.005
Valladolid	1.58	0.87	2.86	0.134	0.004

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Vizcaya	0.68	0.37	1.22	0.193	0.003
Zamora	2.54	1.36	4.73	0.003	0.004
Zaragoza	1.71	0.99	2.95	0.056	0.005

* Reference category
** Fraction of missing information

15

For peer review only

STROBE Statement—Checklist of items that should be included in reports of *cross-sectional studies*

	Item No	Recommendation	Page No
Title and abstract	1	(a) Indicate the study’s design with a commonly used term in the title or the abstract	2
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	2
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	4
Objectives	3	State specific objectives, including any prespecified hypotheses	4
Methods			
Study design	4	Present key elements of study design early in the paper	4
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	4
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants	4
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	5
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	4
Bias	9	Describe any efforts to address potential sources of bias	7
Study size	10	Explain how the study size was arrived at	4
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	N/A
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	7
		(b) Describe any methods used to examine subgroups and interactions	7
		(c) Explain how missing data were addressed	7
		(d) If applicable, describe analytical methods taking account of sampling strategy	N/A
		(e) Describe any sensitivity analyses	N/A
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Supplementary tables
		(b) Give reasons for non-participation at each stage	N/A
		(c) Consider use of a flow diagram	N/A
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	8

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

		(b) Indicate number of participants with missing data for each variable of interest	Supplementary tables
Outcome data	15*	Report numbers of outcome events or summary measures	8
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	9
		(b) Report category boundaries when continuous variables were categorized	Supplementary tables
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	N/A
Discussion			
Key results	18	Summarise key results with reference to study objectives	12
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	15
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	16
Generalisability	21	Discuss the generalisability (external validity) of the study results	16
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	17

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at www.strobe-statement.org.

BMJ Open

Individual and environmental factors associated with death of cyclists involved in road crashes in Spain: a cohort study

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2018-028039.R1
Article Type:	Research
Date Submitted by the Author:	22-Apr-2019
Complete List of Authors:	Molina-Soberanes, Daniel; University of Granada, Preventive Medicine and Public Health Martínez-Ruiz, Virginia; University of Granada, Preventive Medicine and Public Health Lardelli-Claret, P; Department of Preventive Medicine and Public Health, Facultad de Medicina, Universidad de Granada Pulido-Manzanero, José; Universidad Complutense de Madrid Martín-delosReyes, Luis; University of Granada, Preventive Medicine and Public Health Moreno-Roldán, Elena; University of Granada, Preventive Medicine and Public Health Jiménez-Mejías, E; University of Granada, Preventive Medicine and Public Health
Primary Subject Heading:	Public health
Secondary Subject Heading:	Epidemiology, Public health
Keywords:	EPIDEMIOLOGY, PUBLIC HEALTH, SOCIAL MEDICINE, STATISTICS & RESEARCH METHODS

SCHOLARONE™
Manuscripts

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1 Individual and environmental factors associated with death of cyclists involved in road
2 crashes in Spain: a cohort study

3
4 Daniel Molina-Soberanes^{a,b}
5 Virginia Martínez-Ruiz^{a,c,d}
6 Pablo Lardelli-Claret^{a,c,d}
7 José Pulido-Manzanero^{c,e,f}
8 Luis Miguel Martín-delosReyes^{a,b}
9 Elena Moreno-Roldán^{a,c,d}
10 Eladio Jiménez-Mejías^{a,c,d}

12 Affiliations

- 13 (a) Department of Preventive Medicine and Public Health, School of Medicine, University of
14 Granada, Granada, Spain
15 (b) Doctoral Program in Clinical Medicine and Public Health, University of Granada, Granada,
16 Spain
17 (c) Centros de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP),
18 Spain
19 (d) Instituto de Investigación Biosanitaria de Granada (ibs.GRANADA), Granada, Spain
20 (e) Escuela Nacional de Sanidad, Instituto de Salud Carlos III, Madrid, Spain
21 (f) Department of Public and Maternal and Child Health, School of Medicine, Universidad
22 Complutense de Madrid, Madrid, Spain

24

Corresponding author:

Virginia Martínez-Ruiz

Department of Preventive Medicine and Public Health, School of Medicine, University of

Granada, Avenida de la Investigación 11, 18071 Granada, Spain

Telephone: +34 958242064

E-mail: virmruiz@ugr.es

31

ABSTRACT

Objective: To quantify the magnitude of associations between cyclist fatalities and both cyclist- and environment-related characteristics in Spain during the first 24 hours after a crash.

Design: Cohort study

Setting: Spain

Participants: 65,977 cyclists injured in road crashes recorded between 1993 and 2013 in the Spanish Register of Road Crashes with Victims

Main outcome: Death within the first 24 hours after the crash

Methods: A multiple imputation procedure was used to mitigate the effect of missing values.

Differences between regions were assumed and managed with multilevel analysis at the cyclist and province levels. Incidence density ratios (IDR) with 95% confidence intervals (95%CI) were calculated with a multivariate Poisson model.

Results: Non-use of a helmet use was directly associated with death (IDR 1.43, 95%CI 1.25–1.64). Among other cyclist characteristics, age after the third decade of life was also directly associated with death, especially in older cyclists (“over 74” category, IDR 4.61, 95%CI 3.49–

1
2
3 47 6.08). The association with death did not differ between work-related cycling and other reasons
4
5 48 for cycling.

6
7
8 49 There was an inverse association with death for crashes in urban areas and on community roads.

9
10 50 Any adverse meteorological condition also showed a direct association with death, whereas
11
12 51 altered road surfaces showed an inverse association. Crashes during nighttime were directly
13
14 52 associated with death, with a peak between 3:00 and 5:59 am (IDR 1.58, 95%CI 1.03–2.41).

15
16
17 53 **Conclusions:** We found strong direct and inverse associations between several cyclist- and
18
19 54 environment-related variables and death. These variables should be considered in efforts to
20
21 55 prioritize public health measures aimed at reducing the number of cycling-related fatalities.

22
23
24 56
25
26 57 **Keywords:** cyclist; bicycling; injuries; fatality; risk factor; road crash

27
28 58
29
30
31 59 **Word count:** 4142

32
33 60
34
35 61 **ARTICLE SUMMARY**

36
37 62 **Strengths and limitations of this study**

- 38
39
40 63 - We used a nationwide database with information on 65,977 cyclists.
41
42 64 - The database compiles abundant information on the characteristics of the people involved, their
43
44 65 vehicles and the environment.
45
46 66 - Because the database is a police-based registry, it can be assumed that less serious crashes are
47
48 67 underrepresented.
49
50 68 - Because of missing data, information biases cannot be ruled out despite the multiple imputation
51
52 69 procedure used.
53
54
55
56
57
58
59
60

INTRODUCTION

Cycling is considered a healthy alternative to private cars because it helps increase physical activity and reduce carbon emissions.[1] But it can also be harmful: there are about 5.5 times more traffic deaths per kilometer traveled by bicycle than by car.[2] In fact, cyclists along with pedestrians are the most vulnerable road users because of their lack of protection and comparatively greater likelihood of suffering severe injuries or dying after a crash.[3] These outcomes can be caused mainly by factors related to the cyclist (as in single-vehicle crashes) or related to other road users (as in collisions with other vehicles), or even by environment-related factors. Understanding the factors involved in cyclist injuries and deaths is necessary in order to design and promote better public policies worldwide to encourage safe cycling. The current transition in commuting patterns in Spain merits attention, because the number of people who use bicycles daily or almost daily has nearly doubled since the mid-2000s.[4] Public policies in this country promote cycling not only as a leisure activity, but as a regular mode of transport. Although the annual number of cyclist deaths decreased from 75 to 58 between 2006 and 2015,[5] this tendency is expected to revert in the absence of interventions aimed at making cycling a safer activity.

Many previous studies have identified individual and/or environmental factors associated with injury severity or fatalities among cyclists.[6-17] However, there is no consensus regarding the magnitude or even the direction of some observed associations. Death is sometimes considered the most severe injury category along with other serious injuries, rather than as a specific category itself.[6-8,10,15] Because death of one or more cyclists after a crash is uncommon, some studies found no statistically significant associations between this outcome and a number of variables,[6] and multivariate analysis was not possible in some studies because of

the small numbers involved.[15] In studies that did report significant associations, the findings may still be debatable: recent metaanalyses have consistently shown an inverse association between helmet use and head injury severity, although these studies focused mainly on non-fatal injuries.[18,19] Olivier and Creighton[18] found only two studies that reported effect sizes for fatalities, and Høye[19] was obliged to merge fatalities with serious injuries in a single category for most of her analyses.

Regarding age and gender differences, the biological effect of aging is a plausible cause for the association between cyclist involvement in a road crash and greater injury severity,[7–11,13,15,17] but the relationship between age and death in some age groups (e.g. children or adolescents) awaits clarification.[8,12,13,15,17] Both males[12,15,17] and females[11] have been reported to be at increased risk of more severe injuries. Physical and behavioral aspects related to gender have been argued to explain differences in injury severity,[20–22] but there is no consensus.

Although alcohol consumption is known to be associated with risky behavior while cycling,[23,24] studies focusing on the association between this factor and injury severity or fatality are inconclusive.[9,11,13,16,17] The commission of infractions is reportedly associated with injury severity or death, but only in bicycle collisions with a motor vehicle, not on other types of crashes.[9]

Environmental factors can also play a major role as independent variables in fatal outcomes. Traffic lane characteristics, e.g. intersections as opposed to open roadways, are usually related to an increased risk of collision but not necessarily with more severe injuries [10,11,13] except in unsignalized intersections.[8] Road surface and adverse weather circumstances appear to be related to the likelihood of crashes, but their association with injury

severity or death also requires clarification, given that previous studies have found both a direct association with injuries or death[8,9,13] and no association.[6,10–12] Time of day is related to conspicuity, and has been linked to crash rates. However, the association found for injury severity has not shown a clear direction: a direct association with severity has been reported during daytime[6,9,13] and during nighttime,[8,10] with some analyses finding no association at all.[11,12]

It seems obvious that cycling speed would be related to death after a crash. Because it is almost impossible to measure speed at the time of the crash, proxy variables such as speed limit at the site of the crash,[9,10,12,13] or the area of the crash[6,10,13] have been widely used. In fact, speed may be the main reason for the greater severity of cyclists' injuries in crashes involving a motor vehicle compared to single crashes, as reported in previous studies.[11,12,15]

Previous research in Spain has focused on impacts on cyclists' health,[25,26] their behavior and other correlates with crash involvement,[20,21,27,28] and the causal chain of events related to death after a crash.[29] However, to our knowledge there have been no attempts to analyze personal and environmental characteristics and their relationship with the risk of death.

To help fill the gaps in our current knowledge, we designed a large nationwide study to quantify the magnitude of the associations between cyclist- and environment-related characteristics and the likelihood of cyclist fatality within the first 24 hours post-crash in Spain between 1993 and 2013.

METHODS

Data source and study population

1
2
3 139 We analyzed the cohort comprising all 65,977 cyclists involved in road crashes recorded
4
5 140 in the Spanish National Registry of Road Crashes with Victims between 1993 and 2013 once the
6
7
8 141 crashes in the autonomous cities of Ceuta and Melilla were excluded because of their specific
9
10 142 characteristics and low mortality: both cities are located in northern Africa, and all road crashes
11
12 143 involving cyclists occurred in urban areas.

14
15 144 The aforementioned registry is a nationwide electronic database maintained by the
16
17 145 Spanish General Directorate of Traffic. It has high security standards to protect anonymity, and
18
19 146 was developed to support the design and evaluation of public policies concerning road safety.
20
21 147 Researchers can use this data upon specific request, after a motivation letter is accepted by the
22
23 148 Directorate authorities. This database contains information from the Statistical Questionnaire of
24
25 149 the Accident documents submitted for every crash resulting in injury or death and involving at
26
27 150 least one moving vehicle in areas subject to traffic laws. Information in the registry includes the
28
29 151 characteristics of the persons involved (e.g. age, sex), their vehicles (e.g. type, condition), and
30
31 152 the environment (e.g. type of crash, geographic coordinates, road characteristics). It does not
32
33 153 include information that may lead to personal identification. Victims are categorized as injured if
34
35 154 they are seen by a health care service, or as dead if they die at the crash scene or within the first
36
37 155 30 days. This questionnaire is completed by national police agents at the crash scene, and filed
38
39 156 within the first 24 hours for crashes that result in death or severe injury (needing hospitalization),
40
41 157 or within the next 10 days after the crash. All data must be submitted within the first 30 days
42
43 158 post-event, including follow-up information from health care services. Amendments to the
44
45 159 infrastructure data recorded at the crash scene can be made within the next 30 days by the
46
47 160 appropriate authorities.[30]

162 Patient and public involvement

163 This study relies on data collected by the Spanish General Directorate of Traffic; no
164 patients or participants interacted with the study authors.

166 Variables

167 We collected information about a subset of variables which, according to previous studies
168 and based on univariate analysis, may be associated directly or indirectly with injury severity.
169 Our dependent variable was death within the first 24 hours after the crash as our main outcome,
170 and the independent variables were cyclist-related (age, sex, helmet use, psychophysical
171 circumstances, nationality, commission of infraction and reason for cycling) and crash- or
172 environment-related (type of crash, traffic lane characteristics, area, meteorological conditions,
173 road surface, time of day, year and province). Original categories and dichotomized categories
174 (see “Statistical analysis”) can be viewed in the frequency distribution tables (Table 1 and Table
175 2).

177 Statistical analysis

178 Univariate analysis was first done for each variable included as an independent variable
179 and for death as the dependent variable. Then we built a Poisson regression model (a generalized
180 linear model which uses log [rate] as the link function). Spain is divided in 50 provinces which
181 differ markedly regarding cycling density, cyclist-friendly environment, socioeconomic
182 conditions and health care facilities, among other important factors potentially related with
183 cyclists’ risk of death. Therefore, we first tested the hypothesis that the province level would
184 explain a significant part on the total variance in the outcome variable (cyclist fatalities). For this

purpose, we constructed both unilevel (Appendices 1 and 2) and multilevel empty models (including cyclist-level and province-level), and compared the variances explained by each. Significant differences ($P<0.001$ for the likelihood ratio test) between the two models were obtained, thus confirming our hypothesis. This led us to choose a multilevel multivariate model for the main results.

More than 25% of the data were missing for some variables (e.g. helmet use) (see Tables 1 and 2 for details). The overall amount of these missing values may be explained by missing at random (MAR) and missing not at random (MNAR) mechanisms. Although we cannot compensate for MNAR values, we can control MAR values through a multiple imputation procedure. Therefore, we initially assumed that some missing values might be explained by the combination of the values observed for some of the remaining variables in the database. To test this assumption, for each variable with missing values we constructed a multivariate regression model with the existence or not of missing values as the dependent variable, and the observed values for the remaining variables as independent terms. In all cases we observed parameters of association significantly away from the null. These results supported our initial hypothesis and led us to build 50 files in which missing data were represented as stabilized variances estimated from different variables, according to the chained equations method described by van Buuren[31] and implemented with the “ice” command in Stata.[32] This is a community-contributed Stata command focused on simplifying the imputation of categorical variables. However, this procedure was unable to provide missing values for many categorical variables with more than two strata when the frequency of responses in different categories was low, and we thus opted to dichotomize these variables. The dichotomization process considered theoretical similarities between original categories (e.g. any adverse weather circumstances such

as rain, snow and hail were grouped in the category “any adverse circumstances”) and tried to keep the most important category for analysis unaltered (e.g. intersections). Age was imputed based on its logarithm to maintain positive values, and its antilogarithm was then used to transform it into a categorical variable. We used this approach to build a multilevel fixed-effect multivariate Poisson regression model for each of our 50 complete datasets. Thus we obtain adjusted incidence density ratios (IDR) for death for each category of every variable, to assess the magnitude of associations with cyclist death rates. IDR is a good estimate of the relative risk (RR) of death across categories of independent variables when, as in this analysis, the risk of death yields exactly the same value as the death rate for a fixed amount of persons-time (i.e., the number of cyclists involved in road crashes multiplied by the same follow-up period for all of them). For each IDR, its corresponding 95% confidence interval (95%CI) was also calculated. We then used the community-contributed “mim” command for Stata[33] to combine the estimates obtained for each imputed file according to the Rubin method.[34]

All analyses were done with Stata software (v. 14).[35]

RESULTS

Table 1 and Table 2 summarize descriptive information on cyclist- and crash/environment-related characteristics. Fatality was a rare event (2.49%). The male-to-female ratio was almost 8:1. The main mechanism for crashes was collision with another vehicle (69.40%), and most crashes occurred in urban areas (60.71%), followed by highways (35.71%) and community roads (3.58%). Although most crashes occurred during the day (83.44% between 9:00 and just before 21:00), many of them (47.48%) occurred shortly after the end of the

morning and afternoon work shifts, i.e. from 12:00 to just before 15:00, and from 18:00 to just before 21:00.

Table 1. Distribution of cyclist-related variables. Spain, 1993–2013.

Variable	Category	N	% Total	N	% Excluding missing values
Death	Yes	1,643	2.49	1,643	2.54
	No	62,969	95.44	62,969	97.46
	Unknown	1,365	2.07	-	-
	Total	65,977	100	64,612	100
Sex	Male	55,901	84.73	55,901	87.13
	Female	8,259	12.52	8,259	12.87
	Unknown	1,817	2.75	-	-
	Total	65,977	100	64,160	100
Age (years)	< 10	1,596	2.42	1,596	2.60
	10 - 14	6,073	9.20	6,073	9.89
	15 - 19	9,065	13.74	9,065	14.76
	20 - 24	6,130	9.29	6,130	9.98
	25 - 29	5,963	9.04	5,963	9.71
	30 - 34	5,797	8.79	5,797	9.44
	35 - 39	5,244	7.95	5,244	8.54
	40 - 44	4,632	7.02	4,632	7.54
	45 - 49	4,119	6.24	4,119	6.71
	50 - 54	3,357	5.09	3,357	5.46
	55 - 59	2,555	3.87	2,555	4.16
	60 - 64	2,256	3.42	2,256	3.67
	65 - 69	1,804	2.73	1,804	2.94
	70 - 74	1,361	2.06	1,361	2.22
Helmet use	> 74	1,477	2.24	1,477	2.40
	Unknown	4,548	6.89	-	-
	Total	65,977	100	61,429	100
Psychophysical circumstances	Yes	17,183	26.04	17,183	35.38
	No	31,378	47.56	31,378	64.62
	Unknown	17,416	26.40	-	-
	Total	65,977	100	48,561	100
Nationality	Normal	53,622	81.27	53,622	98.32
	Altered(1)	915	1.39	915	1.68
	Unknown	11,440	17.34	-	-
	Total	65,977	100	54,537	100
Nationality	Spanish	57,208	86.71	57,208	91.69

	Other nationality(2)	5,184	7.86	5,184	8.31
	Unknown	3,585	5.43	-	-
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>62,392</i>	<i>100</i>
Commission of infraction	None	34,607	52.45	34,607	52.45
	Distraction	6,851	10.38	6,851	10.38
	Incorrect use of lighting	296	0.45	296	0.45
	Wrong way	1,335	2.02	1,335	2.02
	Invading the opposite lane	1,200	1.82	1,200	1.82
	Incorrect turning	1,879	2.85	1,879	2.85
	Illegal passing	489	0.74	489	0.74
	Disregarding safety distance	676	1.02	676	1.02
	Failure to yield right of way	1,595	2.42	1,595	2.42
	Disregarding traffic lights	1,558	2.36	1,558	2.36
	Disregarding stop lights	1,639	2.48	1,639	2.48
	Disregarding crossing signals	937	1.42	937	1.42
	Disregarding other signals	214	0.32	214	0.32
	Not indicating a maneuver	157	0.24	157	0.24
	Entering traffic flow without precaution	1,112	1.69	1,112	1.69
	Cycling while standing	22	0.03	22	0.03
	Cycling in parallel	213	0.32	213	0.32
	Cycling outside traffic lanes	914	1.39	914	1.39
	Other	10,283	15.59	10,283	15.59
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>65,977</i>	<i>100</i>
Reason for cycling	Work-related	6,770	10.26	6,770	12.49
	Other reason(3)	47,450	71.92	47,450	87.51
	Unknown	11,757	17.82	-	-
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>54,220</i>	<i>100</i>

(1) Including alcohol consumption with breath test, alcohol consumption without breath test, drug consumption, sudden illness, sleepiness or drowsiness, tiredness, or appearing worried, as perceived by the police officer

(2) Including French, Moroccan, German, British, Italian, Swiss, Belgian, Dutch, American, other Magreb countries, and other countries

(3) Including leaving for or returning from vacation, leaving for or returning from a holiday or long weekend, emergency, and leisure

Table 2. Distribution of crash- and environment-related variables. Spain, 1993–2013

Variable	Category	N	% Total	N	% Excluding missing values
Type of crash	Collision with moving vehicle	45,791	69.40	45,791	69.90
	Other(1)	19,722	29.89	19,722	30.10
	Unknown	464	0.70	-	-

	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>65,513</i>	<i>100</i>
Traffic lane characteristics	Intersection(2)	28,283	42.87	28,283	43.23
	Other(3)	37,139	56.29	37,139	56.77
	Unknown	555	0.84	-	-
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>65,422</i>	<i>100</i>
Area	Highway	23,561	35.71	23,561	35.71
	Urban area	40,056	60.71	40,056	60.71
	Community road	2,360	3.58	2,360	3.58
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>65,977</i>	<i>100</i>
Meteorological conditions	Good weather	61,972	93.93	61,972	93.95
	Any adverse circumstances(4)	3,991	6.05	3,991	6.05
	Unknown	14	0.02	-	-
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>65,963</i>	<i>100</i>
Road surface	Normal	60,835	92.21	60,835	92.58
	Altered(5)	4,876	7.39	4,876	7.42
	Unknown	266	0.40	-	-
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>65,711</i>	<i>100</i>
Time of day (24-hour clock)	0:00 - 2:59	972	1.47	972	1.47
	3:00 - 5:59	401	0.61	401	0.61
	6:00 - 8:59	3,580	5.43	3,580	5.43
	9:00 - 11:59	12,582	19.07	12,582	19.07
	12:00 - 14:59	15,753	23.88	15,753	23.88
	15:00 - 17:59	11,144	16.89	11,144	16.89
	18:00 - 20:59	15,572	23.60	15,572	23.60
	21:00 - 23:59	5,973	9.05	5,973	9.05
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>65,977</i>	<i>100</i>
Years	2011 - 2013	16,315	24.73	16,315	24.73
	2008 - 2010	10,468	15.87	10,468	15.87
	2005 - 2007	7,826	11.86	7,826	11.86
	2002 - 2004	7,229	10.96	7,229	10.96
	1999 - 2001	6,628	10.05	6,628	10.05
	1996 - 1998	8,154	12.36	8,154	12.36
	1993 - 1995	9,357	14.18	9,357	14.18
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>65,977</i>	<i>100</i>

(1) Including collision with an obstacle (e.g. stopped vehicles, pedestrians or animals), overturning, running off the road, or other types of crash

(2) Including T or Y configuration, X or + configuration, entrance ramp, exit ramp, traffic circle, or other intersections

(3) Including straightaway, gentle curve, unmarked sharp curve, marked sharp curve without posted speed limit, marked sharp curve with posted speed limit, or others

- (4) Including heavy fog, light fog, light rain, heavy rain, hail, snow, strong winds, or other adverse meteorological conditions
- (5) Including shaded, wet, ice, snow, slick formed from water + dirt + oil, loose gravel, oil, or other altered surfaces

Table 3 shows the IDR for the association between cyclist characteristics and the risk of death. A tendency towards a direct association between cyclists' age and death was observed from the third decade of life; the association was statistically significant ($P < 0.05$) in categories from 35-to-39 years and older, and was greatest in the "over 74 years" category (IDR 4.61, 95%CI 3.49–6.08). Non-use of a helmet was associated with a 43.45% higher chance of death (IDR 1.43, 95%CI 1.25–1.64). Male gender, psychophysical circumstances, and nationality other than Spanish showed a direct association with death. Committing an infraction was, in general, directly associated with death. "Disregarding safety distance" and "distraction" were inversely associated with death, but this association was statistically significant only for the latter ($P < 0.05$). The association for work-related cycling did not differ compared to other motives for cycling (i.e., for leisure or for other reasons).

Table 3. Adjusted incidence-density ratios (IDR) for the association between cyclist-related variables and the risk of death in the first 24 hours after a road crash. Spain, 1993–2013.

Variable	Category	IDR	95% CI		P value	FMI(2)
Sex	Male(1)	1	-	-	-	-
	Female	0.82	0.68	0.99	0.047	0.019
Age (years)	< 10	0.95	0.60	1.50	0.813	0.020
	10 - 14	1.02	0.75	1.38	0.906	0.038
	15 - 19	1.12	0.85	1.49	0.416	0.036
	20 - 24	0.97	0.70	1.33	0.832	0.047
	25 - 29(1)	1	-	-	-	-
	30 - 34	1.26	0.93	1.71	0.134	0.057

	35 - 39	1.79	1.35	2.39	< 0.001	0.035
	40 - 44	1.67	1.24	2.25	0.001	0.039
	45 - 49	1.85	1.37	2.48	< 0.001	0.035
	50 - 54	2.15	1.59	2.90	< 0.001	0.029
	55 - 59	2.91	2.17	3.90	< 0.001	0.033
	60 - 64	3.59	2.70	4.77	< 0.001	0.034
	65 - 69	4.49	3.43	5.89	< 0.001	0.034
	70 - 74	3.67	2.62	5.13	< 0.001	0.028
	> 74	4.61	3.49	6.08	< 0.001	0.038
Helmet use	Yes(1)	1	-	-	-	-
	No	1.43	1.25	1.64	< 0.001	0.091
Psychophysical circumstances	Normal(1)	1	-	-	-	-
	Altered	1.43	1.08	1.89	0.011	0.305
Nationality	Spanish(1)	1	-	-	-	-
	Other nationality	1.39	1.18	1.62	< 0.001	0.016
Commission of infraction	None(1)	1	-	-	-	-
	Distraction	0.73	0.58	0.90	0.004	0.004
	Incorrect use of lighting	1.54	0.96	2.45	0.072	0.007
	Wrong way	1.21	0.79	1.84	0.386	0.004
	Invading the opposite lane	2.04	1.57	2.66	< 0.001	0.004
	Incorrect turning	1.58	1.30	1.92	< 0.001	0.004
	Illegal passing	2.15	1.30	3.54	0.003	0.001
	Disregarding safety distance	0.45	0.20	1.01	0.052	0.003
	Failure to yield right of way	1.84	1.43	2.37	< 0.001	0.005
	Disregarding traffic lights	1.47	0.88	2.43	0.140	0.016
	Disregarding stop lights	2.61	2.09	3.26	< 0.001	0.003
	Disregarding crossing signals	1.70	1.05	2.74	0.031	0.001
	Disregarding other signals	2.95	1.39	6.24	0.005	0.017
	Not indicating a maneuver	1.23	0.55	2.76	0.613	< 0.001
	Entering traffic flow without precaution	1.96	1.39	2.76	< 0.001	0.004
	Cycling while standing	2.08	0.29	14.87	0.465	< 0.001
	Cycling in parallel	1.95	1.07	3.56	0.030	0.002
	Cycling outside traffic lanes	2.16	1.70	2.74	< 0.001	0.004
	Other	1.92	1.66	2.22	< 0.001	0.014
Reason for cycling	Work-related(1)	1	-	-	-	-
	Other reason	1.12	0.93	1.34	0.249	0.081

(1) Reference category
(2) Fraction of missing information

253

Table 4 shows the IDR for the association between environmental characteristics and the risk of death. There were no conclusive trends according to the type of crash (IDR 0.89, 95%CI 0.78–1.00), but cycling through an intersection (IDR 1.65 for “other”, 95%CI 1.46–1.87), in urban areas, and on community roads were inversely association with death. This association was also found for adverse meteorological conditions. However, when the road surface was altered, the association was inverse. A direct association with death was found after midnight, in the category “03:00-05:59” (IDR 1.58, 95%CI 1.03–2.41), whereas an inverse association was found during the day, with a peak at midday between 12:00 and 14:59 (IDR 0.40, 95%CI 0.29–0.56). Over the 10-year period analyzed here, there was a trend toward a higher likelihood of death in the earlier years.

Table 4. Adjusted incidence-density ratios (IDR) for the association between crash- and environment-related variables and the risk of death in the first 24 hours after a road crash. Spain, 1993–2013.

Variable	Category	IDR	95% CI		P value	FMI(2)
Type of crash	Collision with moving vehicle(1)	1	-	-	-	-
	Other	0.89	0.78	1.00	0.056	0.013
Traffic lane characteristics	Intersection(1)	1	-	-	-	-
	Other	1.65	1.46	1.87	< 0.001	0.007
Area	Highway(1)	1	-	-	-	-
	Urban area	0.18	0.16	0.21	< 0.001	0.016
	Community road	0.61	0.48	0.76	< 0.001	0.002
Meteorological conditions	Good weather(1)	1	-	-	-	-
	Any adverse circumstances	1.36	1.07	1.72	0.011	0.005
Road surface	Normal(1)	1	-	-	-	-
	Any adverse circumstances	0.75	0.59	0.96	0.022	0.006
Time of day (24-hour clock)	0:00 - 2:59(1)	1	-	-	-	-
	3:00 - 5:59	1.58	1.03	2.41	0.036	0.010

	6:00 - 8:59	0.78	0.54	1.11	0.165	0.013
	9:00 - 11:59	0.46	0.33	0.64	< 0.001	0.015
	12:00 - 14:59	0.40	0.29	0.56	< 0.001	0.015
	15:00 - 17:59	0.45	0.32	0.63	< 0.001	0.013
	18:00 - 20:59	0.49	0.35	0.68	< 0.001	0.013
	21:00 - 23:59	0.61	0.43	0.87	0.006	0.013
Years	2011 - 2013(1)	1	-	-	-	-
	2008 - 2010	1.34	1.07	1.68	0.011	0.012
	2005 - 2007	2.11	1.71	2.61	< 0.001	0.015
	2002 - 2004	2.16	1.75	2.67	< 0.001	0.012
	1999 - 2001	2.42	1.97	2.99	< 0.001	0.011
	1996 - 1998	2.30	1.86	2.84	< 0.001	0.012
	1993 - 1995	2.67	2.17	3.28	< 0.001	0.015

(1) Reference category
(2) Fraction of missing information

DISCUSSION

Our results are generally in agreement with those of previous studies regarding the direction and magnitude of the associations between cyclist- and environment-related factors and the severity of crashes involving cyclists.[6–17] Perhaps our most important finding is the association between non-use of a helmet and a higher chance of death. Although the protective effect of helmet use on the risk of head trauma is widely accepted,[7–10,12–15] its association with injury severity has been addressed mostly for non-fatal injuries given that relatively few studies to date have focused on its association with death.[18,19] Although our study is observational and causality cannot be demonstrated, it is unlikely that residual confounding could entirely explain an association of the magnitude we observed. We are confident that our approach to the analysis was robust given that it included appropriate management of missing values, controlling for between-province-level variance, and multivariate adjustment for most well-known confounders of the association between helmet use and death. Therefore, taking into account that helmet use is the most easily modifiable cyclist-dependent risk factor, our results

suggest that a non-negligible amount of cyclist deaths might be prevented by increasing helmet use in our population of cyclists.

Regarding other cyclist-related variables, the association we found between age and risk of death is consistent with previous studies.[7,9,10] This association is usually explained on the basis of mechanisms such as greater fragility, loss of physical agility, decreased visual acuity and concomitant diseases. In contrast to other authors,[8,13,17] we found no association between younger age and death.

In relation to gender, we found that the risk of death was higher for males, as reported previously.[15,17] This association has been explained as a result of either physical differences or safer behaviors in females,[22] which may be associated with the severity of the crash itself. Other explanations have been based on the presumably riskier behavior in males when failing to stop for red lights[36] and when their risk perception is lower.[20] On the other hand, female gender has been associated with higher rates of reporting road crashes.[37] Because we considered only injured cyclists or death as our main outcomes, and assuming there was no difference between genders in deaths recorded in our database, differences in reporting non-fatal road crashes could lead to overestimation of the association with death (if any) in the underreported category. In fact, some authors did not observe this association,[7] or found female gender to be related with injury severity.[11]

According to some authors, alcohol consumption is associated with risky behaviors[23,24] when cycling and driving other types of vehicles, and is directly associated with injury severity.[9,11,13,16] This condition could not be investigated in our study because of the dichotomization process used to account for missing values. The low number of cyclists in the original categories for the “psychophysical circumstances” variable forced us to combine

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

306 alcohol consumption, drug consumption, tiredness, sleepiness and other psychophysical
307 circumstances into a single “altered” category, obscuring the true association between each type
308 of psychophysical circumstance and death. Nevertheless, alcohol consumption with and without
309 a breath test was the most prevalent condition included in the “altered” category, and showed a
310 direct association with death. However, this association should be viewed with caution because
311 of potential shortcomings in the validity of our data source.

312 Non-Spanish nationality also showed a stronger association with death, but this should
313 likewise be interpreted with care. We could not obtain information about cyclists’ expertise, and
314 for non-Spanish cyclists, we did not know how long they had been living in Spain, or whether
315 they had changed their cycling patterns while living abroad. Furthermore, all non-Spanish
316 cyclists were clustered in a single subgroup which included people from countries which may
317 differ widely in a large variety of aspects such as social and cultural characteristics as well as
318 cycling infrastructure in their country of origin. This subgroup was thus too heterogeneous for
319 informative comparisons. Consequently, the association found in our study undoubtedly deserves
320 further research designed to address its underlying factors.

321 Like Kim and colleagues,[9] we observed that most traffic infractions (11 out of 18) were
322 directly associated with death. “Distraction” was the only infraction inversely associated with
323 death, perhaps because it may be inversely associated with speed, an unobserved variable. In
324 relation with the reason for cycling, we found no associations with the likelihood of death.
325 However, previous studies showed that work-related or utilitarian cycling was associated with
326 less severe injuries because of cyclists’ expertise, choice of safer routes and helmet use,[12]
327 although greater injury severity was also associated with more experience and more frequent
328 cycling.[11] Although some authors have reported different injury severity depending on the

type of crash, especially when a motor vehicle was involved,[11,12,15,38] in the present study the direct association between death and collisions with moving vehicles did not differ significantly in comparison to other types of crashes (IDR 0.89, 95%CI 0.78–1.00). Nevertheless, because type of crash was a binary variable in our analysis (see Statistical analysis), all other types of collisions with moving vehicles were included in a single category and compared to other types of crashes (such as collisions with an obstacle, overturning or running off the road), hence the two groups were heterogeneous. Furthermore, unless the cyclist is fatally injured, cyclists are probably more likely to receive police assistance when they collide with another vehicle. Therefore cyclists who sustained minor injuries in the “other crashes” category were likely to be underrepresented in our sample.

Regarding environment-related variables, although some authors found no clear association with traffic lane characteristics or road geometry,[10,11] we identified an inverse association between intersections and death compared to other road configurations (straight roads or curves), in accordance with previous findings for injury severity.[13] But again, our two categories were heterogeneous, and the risks may differ among for different types of intersection.[8,39]

The location of the crash showed a close relationship with fatalities. Previous studies have reported less severe injuries in dense urban settings, and more severe injuries on rural or community roads. We found an inverse association with death for crashes in urban areas and community roads compared to highways. This association is probably related to the higher speeds reached on highways by cyclists or the other vehicles involved in crashes. In fact, speed has been previously associated with injury severity.[9,10,12,13,15]

Adverse meteorological conditions were directly associated with death, as reported by other authors.[8,9] This association is probably due to lower cyclist conspicuity under adverse weather conditions, although other authors found no clear association.[6,11,12] On the other hand, altered road surfaces were inversely associated with risk of death, which may be the result of cycling or driving at lower speeds. Nevertheless, other authors have reported more severe injuries on altered surfaces,[8,13] or found no association at all.[6,10] More research is needed to characterize the influence of weather and road conditions on risk of death among cyclists, given the discrepancies among findings from different studies.

Although the frequency of crashes was much greater during daylight hours, there was a direct association between crashes that occurred at night and death, as also found by Boufous et al.[10] and Wang et al.,[8] with a peak in the early morning hours, as reported by Asgarzadeh et al.[6] Other authors, however, found no association between time of the crash and injury severity or death, although one Danish study reported an association with daylight hours, probably because of the high standard of nighttime roadway lighting in Denmark[13]. Apart from the lack of conspicuity,[40] factors such as alcohol consumption, speed and exhaustion may play major roles in this association.[6,41] Finally, the lower risk of death in crashes recorded in more recent years in Spain may be explained by improvements in cycling infrastructure,[42] improved health care for injured cyclists,[1] and increased reporting of less serious road crashes by the police.

Strengths and limitations

Our data source for this analysis was the Spanish National Registry of Road Crashes with Victims. This registry contains information recorded over many years by police officers on a standard form. Our large sample size and total number of cyclist deaths made it possible for us to precisely estimate the magnitude of the associations between each variable in the model and fatal

injuries. Our choice of main outcome categories reduced the possible effect of misrepresentation for certain independent variables in this police-based registry. Furthermore, the statistical approach used here considered variability in the outcome variable across provinces in Spain, and was intended to decrease the effect of missing values that could be explained by the remaining variables.

Nevertheless, a main limitation of our study is its observational nature, which prevents us from suggesting causal interpretations for the associations we found. Given that our analysis is based on information from a police-based registry designed to collect information on all types of road traffic crashes, as noted in the Methods section, selection bias is an important issue given the assumption that less serious crashes were underrepresented, because of a direct association between injury severity and reporting rates to the police.[43–45] Behavioral differences and differences in representation rates related to the categories for specific variables (e.g. gender) could not be measured with the available data, and this may have led to over- or underestimation of some of the observed associations. Regarding helmet use, we do not have information on the characteristics of the helmets, and cannot confirm that they were being worn correctly at the moment of the crash. Although we used a multiple imputation procedure to compensate for missing information, this method only partially resolves issues related with missing data; therefore our results may still be affected by biases of an undetermined magnitude. Furthermore, the dichotomization used for our multiple imputation procedure forced us to combine heterogeneous categories for some of the variables (e.g. psychophysical circumstances), so the results for these variables should be considered with due caution. Bias is also a potential limitation, because of the subjective nature of some variables recorded by police officers at the crash scene.

Finally, the lack of information regarding vehicle speed is an important limitation in our study. Although this is probably the most important factor affecting the severity of cyclists' injuries, no direct information was available for vehicle speed when the crash occurred.

CONCLUSIONS

We found strong associations between several cyclist- and environment-related variables and the probability of death, and suggest that these associations should be taken into account in efforts to prioritize public health measures aimed at reducing the number of cycling-related fatalities. In particular, we believe helmet use by cyclists needs to be encouraged. Although we are aware that the magnitude of the association between non-helmet use and death is not entirely causal, it supports the hypothesis that helmet use may significantly reduce the risk of death among cyclists involved in road crashes. Although using a helmet is now mandatory for all cyclists on open roads in Spain, our data show that even in recent years, the proportion of non-helmet-use has been non-negligible. Another topic which deserves attention is the risk in older cyclists, considering that this subgroup of cyclists will very likely grow in the coming years. Finally, the reasons for the higher risk of death during nighttime cycling merit further investigation in order to manage factors which are potentially modifiable by, for example, encouraging measures to improve cyclist conspicuity.

Acknowledgments: We wish to thank the Spanish General Directorate of Traffic (DGT) for allowing access to their database of Road Crashes with Victims, CIBERESP and ibs.GRANADA for their help, and K. Shashok for improving the use of English in the manuscript.

Author Contributions: All authors meet the conditions for authorship. PLC conceived and designed the study, helped to draft the manuscript and critically revised it. DMS and VMR carried out the literature review and prepared the first draft of the manuscript. JPM, EMR and LMMR helped with the literature review and critically reviewed the manuscript. EJM critically reviewed the first draft of the manuscript, proposed corrections, and provided methodological advice. All authors approved the final version of this manuscript. The present article is part of the doctoral thesis of Daniel Molina-Soberanes at the University of Granada.

Competing interests: None declared.

Funding: This work was partially supported by the National Council of Science and Technology of Mexico [doctorate grant number 410668].

Ethics approval: Not needed

Data sharing statement: All data relevant to the study are included in the article or uploaded as supplementary information.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

KEY MESSAGES

What is already know on this subject

- Cycling is increasing but is associated with risks.
- Helmets are intended to protect against severe injury, but their effect on the risk of death remains unclear.

What this study adds

- Helmet non-use is directly associated with cyclist deaths, especially on highways.
- Work-related and non-work-related cycling did not differ in their association with the risk of death.
- Increasing age was directly associated with increasing risk of death, especially after the third decade of life.

REFERENCES

- 1 World Health Organization (WHO). Global status report on road safety 2015. 2015.
- 2 Johan de Hartog J, Boogaard H, Nijland H, *et al.* Do the health benefits of cycling outweigh the risks? *Environ Health Perspect* 2010;**118**:1109–16.
- doi:10.1289/ehp.0901747
- 3 Rifaat SM, Tay R, de Barros A. Effect of street pattern on the severity of crashes involving vulnerable road users. *Accid Anal Prev* 2011;**43**:276–83.
- doi:10.1016/j.aap.2010.08.024
- 4 GESOP, Gabinet d'Estudis Socials i Opinió Pública SL. Barómetro de la Bicicleta en España. Informe de Resultados. 2015. <http://www.ciudadesporlabicicleta.org/web/wp-content/uploads/Barómetro de la Bicicleta en España 2015 - Red de Ciudades por la Bicicleta.pdf>
- 5 Dirección General de Tráfico. Las principales cifras de la Sinistralidad Vial España 2015. 2016. <http://www.dgt.es/Galerias/seguridad-vial/estadisticas-e-indicadores/publicaciones/principales-cifras-siniestralidad/Las-principales-cifras-2016.pdf>
- 6 Asgarzadeh M, Fischer D, Verma SK, *et al.* The impact of weather, road surface, time-of-day, and light conditions on severity of bicycle-motor vehicle crash injuries. *Am J Ind Med* 2018;**61**:556–65. doi:10.1002/ajim.22849
- 7 Bambach MR, Mitchell RJ, Grzebieta RH, *et al.* The effectiveness of helmets in bicycle collisions with motor vehicles: a case-control study. *Accid Anal Prev* 2013;**53**:78–88.
- doi:10.1016/j.aap.2013.01.005
- 8 Wang C, Lu L, Lu J. Statistical analysis of bicyclists' injury severity at unsignalized intersections. *Traffic Inj Prev* 2015;**16**:507–12. doi:10.1080/15389588.2014.969802

1
2
3 476 9 Kim J-K, Kim S, Ulfarsson GF, *et al.* Bicyclist injury severities in bicycle-motor vehicle
4
5 477 accidents. *Accid Anal Prev* 2007;**39**:238–51. doi:10.1016/j.aap.2006.07.002
6
7
8 478 10 Boufous S, de Rome L, Senserrick T, *et al.* Risk factors for severe injury in cyclists
9
10 479 involved in traffic crashes in Victoria, Australia. *Accid Anal Prev* 2012;**49**:404–9.
11
12 480 doi:10.1016/j.aap.2012.03.011
13
14
15 481 11 Cripton PA, Shen H, Brubacher JR, *et al.* Severity of urban cycling injuries and the
16
17 482 relationship with personal, trip, route and crash characteristics: analyses using four
18
19 483 severity metrics. *BMJ Open* 2015;**5**:e006654. doi:10.1136/bmjopen-2014-006654
20
21
22 484 12 Hagel BE, Romanow NTR, Enns N, *et al.* Severe bicycling injury risk factors in children
23
24 485 and adolescents: A case-control study. *Accid Anal Prev* 2015;**78**:165–72.
25
26 486 doi:10.1016/j.aap.2015.03.002
27
28
29 487 13 Kaplan S, Vavatsoulas K, Prato CG. Aggravating and mitigating factors associated with
30
31 488 cyclist injury severity in Denmark. *J Safety Res* 2014;**50**:75–82.
32
33 489 doi:10.1016/j.jsr.2014.03.012
34
35
36 490 14 Persaud N, Coleman E, Zwolakowski D, *et al.* Nonuse of bicycle helmets and risk of fatal
37
38 491 head injury: a proportional mortality, case-control study. *CMAJ* 2012;**184**:E921-3.
39
40 492 doi:10.1503/cmaj.120988
41
42
43 493 15 Rivara FP, Thompson DC, Thompson RS. Epidemiology of bicycle injuries and risk
44
45 494 factors for serious injury. *Inj Prev* 1997;**3**:110–4. doi:10.1136/injprev-00002-0038rep
46
47
48 495 16 Sethi M, Heyer JH, Wall S, *et al.* Alcohol use by urban bicyclists is associated with more
49
50 496 severe injury, greater hospital resource use, and higher mortality. *Alcohol* 2016;**53**:1–7.
51
52 497 doi:10.1016/j.alcohol.2016.03.005
53
54 498 17 Vanlaar W, Mainegra Hing M, Brown S, *et al.* Fatal and serious injuries related to

- 499 vulnerable road users in Canada. *J Safety Res* 2016;**58**:67–77.
 500 doi:10.1016/j.jsr.2016.07.001
- 501 18 Olivier J, Creighton P. Bicycle injuries and helmet use: a systematic review and meta-
 502 analysis. *Int J Epidemiol* 2017;**46**:278–92. doi:10.1093/ije/dyw153
- 503 19 Høye A. Bicycle helmets - To wear or not to wear? A meta-analyses of the effects of
 504 bicycle helmets on injuries. *Accid Anal Prev* 2018;**117**:85–97.
 505 doi:10.1016/j.aap.2018.03.026
- 506 20 Useche SA, Montoro L, Alonso F, *et al*. Does gender really matter? A structural equation
 507 model to explain risky and positive cycling behaviors. *Accid Anal Prev* 2018;**118**:86–95.
 508 doi:10.1016/j.aap.2018.05.022
- 509 21 Useche SA, Alonso F, Montoro L, *et al*. Distraction of cyclists: how does it influence their
 510 risky behaviors and traffic crashes? *PeerJ* 2018;**6**:e5616. doi:10.7717/peerj.5616
- 511 22 Emond CR, Tang W, Handy SL. Explaining Gender Difference in Bicycling Behavior.
 512 *Transp Res Rec J Transp Res Board* 2009;**2125**:16–25. doi:10.3141/2125-03
- 513 23 Crocker P, Zad O, Milling T, *et al*. Alcohol, bicycling, and head and brain injury: a study
 514 of impaired cyclists' riding patterns R1. *Am J Emerg Med* 2010;**28**:68–72.
 515 doi:10.1016/j.ajem.2008.09.011
- 516 24 Orsi C, Ferraro OE, Montomoli C, *et al*. Alcohol consumption, helmet use and head
 517 trauma in cycling collisions in Germany. *Accid Anal Prev* 2014;**65**:97–104.
 518 doi:10.1016/j.aap.2013.12.019
- 519 25 Rojas-Rueda D, de Nazelle A, Tainio M, *et al*. The health risks and benefits of cycling in
 520 urban environments compared with car use: health impact assessment study. *BMJ*
 521 2011;**343**:d4521. doi:10.1136/bmj.d4521

1
2
3 522 26 Rojas-Rueda D, de Nazelle A, Teixidó O, *et al.* Health impact assessment of increasing
4 523 public transport and cycling use in Barcelona: a morbidity and burden of disease
5 approach. *Prev Med (Baltim)* 2013;**57**:573–9. doi:10.1016/j.ypmed.2013.07.021
6
7
8 524
9
10 525 27 Useche SA, Alonso F, Montoro L, *et al.* When age means safety: Data to assess trends and
11 526 differences on rule knowledge, risk perception, aberrant and positive road behaviors, and
12 traffic crashes of cyclists. *Data Br* 2019;**22**:627–34. doi:10.1016/j.dib.2018.12.066
13
14 527
15
16 528 28 Alonso F, Esteban C, Useche S, *et al.* Effect of Road Safety Education on Road Risky
17 529 Behaviors of Spanish Children and Adolescents: Findings from a National Study. *Int J*
18 530 *Environ Res Public Health* 2018;**15**:2828. doi:10.3390/ijerph15122828
19
20
21 531 29 Martínez-Ruiz V, Jiménez-Mejías E, Amezcua-Prieto C, *et al.* Contribution of exposure,
22 532 risk of crash and fatality to explain age- and sex-related differences in traffic-related
23 cyclist mortality rates. *Accid Anal Prev* 2015;**76**:152–8. doi:10.1016/j.aap.2015.01.008
24
25
26 533
27
28 534 30 Boletín Oficial del Estado, num 289, 2014. Orden INT/2223/2014, de 27 de octubre, por
29 535 la que se regula la comunicación de la información al Registro Nacional de Víctimas de
30 536 Accidentes de Tráfico. [https://www.boe.es/boe/dias/2014/11/29/pdfs/BOE-A-2014-](https://www.boe.es/boe/dias/2014/11/29/pdfs/BOE-A-2014-12411.pdf)
31 537 12411.pdf
32
33 538 31 van Buuren S. Multiple imputation of discrete and continuous data by fully conditional
34 539 specification. *Stat Methods Med Res* 2007;**16**:219–42. doi:10.1177/0962280206074463
35
36
37 540 32 Royston P. Multiple Imputation of Missing Values: Further Update of Ice, with an
38 541 Emphasis on Categorical Variables. *Stata J Promot Commun Stat Stata* 2009;**9**:466–77.
39 542 doi:10.1177/1536867X0900900308
40
41
42 543 33 Royston P, Carlin JB, White IR. Multiple Imputation of Missing Values: New Features for
43 544 Mim. *Stata J Promot Commun Stat Stata* 2009;**9**:252–64.
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

- doi:10.1177/1536867X0900900205
- 546 34 Li KH, Raghunathan TE, Rubin DB. Large-Sample Significance Levels from Multiply
547 Imputed Data Using Moment-Based Statistics and an F Reference Distribution. *J Am Stat*
548 *Assoc* 1991;**86**:1065–73. doi:10.1080/01621459.1991.10475152
- 549 35 StataCorp. Stata Statistical Software: Release 14 SE. 2015.
- 550 36 Pai C-W, Jou R-C. Cyclists' red-light running behaviours: an examination of risk-taking,
551 opportunistic, and law-obeying behaviours. *Accid Anal Prev* 2014;**62**:191–8.
552 doi:10.1016/j.aap.2013.09.008
- 553 37 Loo BPY, Tsui KL. Factors affecting the likelihood of reporting road crashes resulting in
554 medical treatment to the police. *Inj Prev* 2007;**13**:186–9. doi:10.1136/ip.2006.013458
- 555 38 O'Hern S, Oxley J. Fatal cyclist crashes in Australia. *Traffic Inj Prev* 2018;**19**:S27–31.
556 doi:10.1080/15389588.2018.1497166
- 557 39 Harris MA, Reynolds CCO, Winters M, *et al.* Comparing the effects of infrastructure on
558 bicycling injury at intersections and non-intersections using a case-crossover design. *Inj*
559 *Prev* 2013;**19**:303–10. doi:10.1136/injuryprev-2012-040561
- 560 40 Thornley SJ, Woodward A, Langley JD, *et al.* Conspicuity and bicycle crashes:
561 preliminary findings of the Taupo Bicycle Study. *Inj Prev* 2008;**14**:11–8.
562 doi:10.1136/ip.2007.016675
- 563 41 de Waard D, Houwing S, Lewis-Evans B, *et al.* Bicycling under the influence of alcohol.
564 *Transp Res Part F Traffic Psychol Behav* 2016;**41**:302–8. doi:10.1016/j.trf.2015.03.003
- 565 42 Reynolds CCO, Harris MA, Teschke K, *et al.* The impact of transportation infrastructure
566 on bicycling injuries and crashes: a review of the literature. *Environ Health* 2009;**8**:47.
567 doi:10.1186/1476-069X-8-47

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

568 43 Elvik R, Mysen A. Incomplete Accident Reporting: Meta-Analysis of Studies Made in 13
569 Countries. *Transp Res Rec J Transp Res Board* 1999;**1665**:133–40. doi:10.3141/1665-18
570 44 Langley JD, Dow N, Stephenson S, *et al.* Missing cyclists. *Inj Prev* 2003;**9**:376–9.
571 doi:10.1136/ip.9.4.376
572 45 Shinar D, Valero-Mora P, van Strijp-Houtenbos M, *et al.* Under-reporting bicycle
573 accidents to police in the COST TU1101 international survey: Cross-country comparisons
574 and associated factors. *Accid Anal Prev* 2018;**110**:177–86. doi:10.1016/j.aap.2017.09.018
575

Appendix 1. Adjusted incidence-density ratios (IDR) in a multivariate unilevel model for the imputed associations between cyclist-related variables and the risk of death in the first 24 hours after a road crash. Spain, 1993-2013.

Variable	Category	IDR	95% CI		P value	FMI(2)
Helmet use	Yes(1)	1	-	-	-	-
	No	1.41	1.23	1.62	<0.001	0.091
Age (years)	< 10	0.93	0.58	1.47	0.744	0.020
	10 a 14	1.02	0.75	1.38	0.904	0.038
	15 a 19	1.13	0.85	1.50	0.389	0.036
	20 a 24	0.98	0.71	1.34	0.879	0.046
	25 a 29(1)	1	-	-	-	-
	30 a 34	1.27	0.94	1.73	0.124	0.057
	35 a 39	1.81	1.36	2.41	<0.001	0.035
	40 a 44	1.68	1.25	2.26	0.001	0.039
	45 a 49	1.85	1.37	2.49	<0.001	0.036
	50 a 54	2.15	1.59	2.90	<0.001	0.029
	55 a 59	2.92	2.18	3.91	<0.001	0.033
	60 a 64	3.55	2.67	4.72	<0.001	0.034
Sex	Male(1)	1	-	-	-	-
	Female	0.82	0.68	1.00	0.045	0.019
Psychophysical circumstances	Normal(1)	1	-	-	-	-
	Altered	1.44	1.09	1.90	0.011	0.309
Nationality	Spanish(1)	1	REF	REF	REF	REF
	Other nationality	1.37	1.16	1.61	<0.001	0.017
Commission of infraction	None(1)	1	-	-	-	-
	Distraction	0.71	0.57	0.89	0.002	0.005
	Incorrect use of lighting	1.48	0.93	2.37	0.097	0.007
	Wrong way	1.19	0.78	1.82	0.423	0.004
	Invading the opposite lane	2.00	1.53	2.60	<0.001	0.004
	Incorrect turning	1.52	1.25	1.85	<0.001	0.004
	Illegal passing	2.12	1.28	3.49	0.003	0.001

	Disregarding safety distance	0.44	0.20	0.99	0.047	0.003
	Failure to yield right of way	1.77	1.38	2.28	<0.001	0.005
	Disregarding traffic lights	1.44	0.87	2.39	0.161	0.016
	Disregarding stop lights	2.53	2.02	3.15	<0.001	0.003
	Disregarding crossing signals	1.65	1.02	2.66	0.041	0.001
	Disregarding other signals	2.94	1.39	6.24	0.005	0.017
	Not indicating a maneuver	1.19	0.53	2.66	0.679	<0.001
	Entering traffic flow without precaution	1.94	1.37	2.74	<0.001	0.004
	Cycling while standing	2.01	0.28	14.39	0.487	<0.001
	Cycling in parallel	1.89	1.04	3.46	0.038	0.002
	Cycling outside traffic lanes	2.09	1.64	2.66	<0.001	0.004
	Other	1.89	1.63	2.19	<0.001	0.014
Reason for cycling	Work-related(1)	1	-	-	-	-
	Other reason	1.13	0.94	1.36	0.204	0.081

(1) Reference category
(2) Fraction of missing information

Appendix 2. Adjusted incidence-density ratios (IDR) in a multivariate unilevel model for the imputed associations between crash- and environment-related variables and the risk of death in the first 24 hours after a road crash. Spain, 1993-2013.

Variable	Category	IDR	95% CI		P value	FMI(2)
Type of crash	Collision with moving vehicle(1)	1	-	-	-	-
	Other	0.89	0.78	1.00	0.058	0.014
Traffic lane characteristics	Intersection(1)	1	-	-	-	-
	Other	1.64	1.45	1.86	<0.001	0.007
Area	Highway(1)	1	-	-	-	-
	Urban area	0.18	0.16	0.21	<0.001	0.015
	Community road	0.59	0.47	0.74	<0.001	0.003
Meteorological conditions	Good weather(1)	1	-	-	-	-
	Any adverse circumstances	1.37	1.08	1.73	0.009	0.005
Road surface	Normal(1)	1	-	-	-	-
	Altered	0.76	0.59	0.97	0.030	0.006
Time of day (24-hour clock)	0:00-2:59(1)	1	-	-	-	-
	3:00-5:59	1.55	1.01	2.38	0.043	0.009
	6:00-8:59	0.77	0.54	1.09	0.141	0.012
	9:00-11:59	0.45	0.33	0.64	<0.001	0.014
	12:00-14:59	0.40	0.28	0.55	<0.001	0.014
	15:00-17:59	0.45	0.32	0.63	<0.001	0.012
	18:00-20:59	0.48	0.35	0.67	<0.001	0.012
	21:00-23:59	0.60	0.43	0.85	0.004	0.012
Years	2011 - 2013(1)	1	-	-	-	-
	2008 - 2010	1.34	1.07	1.69	0.010	0.012
	2005 - 2007	2.10	1.70	2.60	<0.001	0.015
	2002 - 2004	2.16	1.75	2.68	<0.001	0.012
	1999 - 2001	2.42	1.96	2.98	<0.001	0.010
	1996 - 1998	2.31	1.87	2.85	<0.001	0.012
	1993 - 1995	2.67	2.17	3.29	<0.001	0.015
Province	Alava	1	-	-	-	-
	Albacete	1.51	0.80	2.87	0.206	0.004
	Alicante	1.02	0.61	1.71	0.928	0.004
	Almería	1.61	0.92	2.83	0.095	0.006
	Ávila	0.29	0.07	1.25	0.097	0.001

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Badajoz	1.96	1.06	3.62	0.032	0.007
Baleares	1.25	0.76	2.07	0.373	0.005
Barcelona	1.01	0.62	1.64	0.974	0.009
Burgos	1.35	0.76	2.43	0.308	0.003
Cáceres	1.48	0.64	3.39	0.360	0.002
Cádiz	1.04	0.56	1.91	0.907	0.007
Castellón	1.08	0.61	1.91	0.798	0.005
Ciudad Real	1.28	0.71	2.31	0.417	0.005
Córdoba	1.12	0.60	2.10	0.715	0.003
Coruña, La	1.12	0.62	2.02	0.714	0.003
Cuenca	2.95	1.45	6.02	0.003	0.003
Girona	1.07	0.62	1.85	0.799	0.006
Granada	1.18	0.66	2.10	0.584	0.005
Guadalajara	1.91	0.76	4.80	0.169	0.001
Guipúzcoa	0.65	0.36	1.18	0.157	0.003
Huelva	0.89	0.41	1.93	0.774	0.002
Huesca	1.36	0.70	2.66	0.365	0.003
Jaen	1.41	0.65	3.04	0.386	0.003
León	1.49	0.88	2.54	0.140	0.004
Lleida	1.38	0.75	2.57	0.302	0.003
La Rioja	2.15	1.18	3.92	0.013	0.003
Lugo	1.16	0.60	2.25	0.654	0.003
Madrid	1.10	0.66	1.82	0.725	0.006
Málaga	1.24	0.69	2.21	0.474	0.004
Murcia	1.76	1.05	2.94	0.031	0.005
Navarra	1.91	1.08	3.41	0.027	0.005
Orense	1.96	1.04	3.67	0.037	0.003
Asturias	0.76	0.43	1.33	0.335	0.004
Palencia	1.24	0.63	2.42	0.537	0.004
Palmas, Las	1.70	0.93	3.08	0.084	0.003
Pontevedra	0.96	0.52	1.75	0.886	0.003
Salamanca	1.49	0.74	2.99	0.261	0.003
Santa Cruz	1.43	0.76	2.73	0.270	0.003
Cantabria	0.97	0.53	1.75	0.909	0.004
Segovia	1.53	0.69	3.41	0.298	0.006
Sevilla	1.38	0.82	2.35	0.230	0.003
Soria	1.81	0.72	4.56	0.207	0.002
Tarragona	1.52	0.91	2.54	0.111	0.005
Teruel	1.77	0.74	4.24	0.201	0.002
Toledo	2.37	1.36	4.12	0.002	0.003

Valencia	1.28	0.78	2.10	0.324	0.005
Valladolid	1.58	0.87	2.86	0.134	0.004
Vizcaya	0.68	0.37	1.22	0.193	0.003
Zamora	2.54	1.36	4.73	0.003	0.004
Zaragoza	1.71	0.99	2.95	0.056	0.005

- (1) Reference category
- (2) Fraction of missing information

4

STROBE Statement—Checklist of items that should be included in reports of *cross-sectional studies*

	Item No	Recommendation	Page No
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	1
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	2
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	4
Objectives	3	State specific objectives, including any prespecified hypotheses	6
Methods			
Study design	4	Present key elements of study design early in the paper	7
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	7
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants	7
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	8
Data sources/measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	8
Bias	9	Describe any efforts to address potential sources of bias	9
Study size	10	Explain how the study size was arrived at	7
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	N/A
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	8
		(b) Describe any methods used to examine subgroups and interactions	8
		(c) Explain how missing data were addressed	9
		(d) If applicable, describe analytical methods taking account of sampling strategy	N/A
		(e) Describe any sensitivity analyses	N/A
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Table 1 and Table 2
		(b) Give reasons for non-participation at each stage	N/A
		(c) Consider use of a flow diagram	N/A
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	10
		(b) Indicate number of participants with missing data for each variable of interest	Table 1 and Table 2
Outcome data	15*	Report numbers of outcome events or summary measures	10
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear	14

		which confounders were adjusted for and why they were included	
		(b) Report category boundaries when continuous variables were categorized	Table 1 and Table 2
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	N/A
Discussion			
Key results	18	Summarise key results with reference to study objectives	17
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	21
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	23
Generalisability	21	Discuss the generalisability (external validity) of the study results	23
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	24

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at www.strobe-statement.org.

BMJ Open

Individual and environmental factors associated with death of cyclists involved in road crashes in Spain: a cohort study

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2018-028039.R2
Article Type:	Research
Date Submitted by the Author:	16-Jul-2019
Complete List of Authors:	Molina-Soberanes, Daniel; University of Granada, Preventive Medicine and Public Health Martínez-Ruiz, Virginia; University of Granada, Preventive Medicine and Public Health Lardelli-Claret, P; Department of Preventive Medicine and Public Health, Facultad de Medicina, Universidad de Granada Pulido-Manzanero, José; Universidad Complutense de Madrid Martín-delosReyes, Luis; University of Granada, Preventive Medicine and Public Health Moreno-Roldán, Elena; University of Granada, Preventive Medicine and Public Health Jiménez-Mejías, E; University of Granada, Preventive Medicine and Public Health
Primary Subject Heading:	Public health
Secondary Subject Heading:	Epidemiology, Health policy
Keywords:	EPIDEMIOLOGY, PUBLIC HEALTH, STATISTICS & RESEARCH METHODS

SCHOLARONE™
Manuscripts

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1 Individual and environmental factors associated with death of cyclists involved in road
2 crashes in Spain: a cohort study

3
4 Daniel Molina-Soberanes^{a,b}
5 Virginia Martínez-Ruiz^{a,c,d}
6 Pablo Lardelli-Claret^{a,c,d}
7 José Pulido-Manzanero^{c,e,f}
8 Luis Miguel Martín-delosReyes^{a,b}
9 Elena Moreno-Roldán^{a,c,d}
10 Eladio Jiménez-Mejías^{a,c,d}

12 Affiliations

- 13 (a) Department of Preventive Medicine and Public Health, School of Medicine, University of
14 Granada, Granada, Spain
15 (b) Doctoral Program in Clinical Medicine and Public Health, University of Granada, Granada,
16 Spain
17 (c) Centros de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP),
18 Spain
19 (d) Instituto de Investigación Biosanitaria de Granada (ibs.GRANADA), Granada, Spain
20 (e) Escuela Nacional de Sanidad, Instituto de Salud Carlos III, Madrid, Spain
21 (f) Department of Public and Maternal and Child Health, School of Medicine, Universidad
22 Complutense de Madrid, Madrid, Spain
23

24

Corresponding author:

Virginia Martínez-Ruiz

Department of Preventive Medicine and Public Health, School of Medicine, University of

Granada, Avenida de la Investigación 11, 18071 Granada, Spain

Telephone: +34 958242064

E-mail: virmruiz@ugr.es**ABSTRACT**

Objective: To quantify the magnitude of associations between cyclist fatalities and both cyclist- and environment-related characteristics in Spain during the first 24 hours after a crash.

Design: Cohort study

Setting: Spain

Participants: 65,977 cyclists injured in road crashes recorded between 1993 and 2013 in the Spanish Register of Road Crashes with Victims

Main outcome: Death within the first 24 hours after the crash

Methods: A multiple imputation procedure was used to mitigate the effect of missing values.

Differences between regions were assumed and managed with multilevel analysis at the cyclist and province levels. Incidence density ratios (IDR) with 95% confidence intervals (95%CI) were calculated with a multivariate Poisson model.

Results: Non-use of a helmet use was directly associated with death (IDR 1.43, 95%CI 1.25–1.64). Among other cyclist characteristics, age after the third decade of life was also directly associated with death, especially in older cyclists (“over 74” category, IDR 4.61, 95%CI 3.49–

1
2
3 47 6.08). The association with death did not differ between work-related cycling and other reasons
4
5 48 for cycling.

6
7
8 49 There was an inverse association with death for crashes in urban areas and on community roads.

9
10 50 Any adverse meteorological condition also showed a direct association with death, whereas
11
12 51 altered road surfaces showed an inverse association. Crashes during nighttime were directly
13
14 52 associated with death, with a peak between 3:00 and 5:59 am (IDR 1.58, 95%CI 1.03–2.41).

15
16
17 53 **Conclusions:** We found strong direct and inverse associations between several cyclist- and
18
19 54 environment-related variables and death. These variables should be considered in efforts to
20
21 55 prioritize public health measures aimed at reducing the number of cycling-related fatalities.

22
23
24 56
25
26 57 **Keywords:** cyclist; bicycling; injuries; fatality; risk factor; road crash

27
28 58
29
30
31 59 **Word count:** 4325

32
33 60
34
35 61 **ARTICLE SUMMARY**

36
37 62 **Strengths and limitations of this study**

- 38
39
40 63 - We used a nationwide database with information on 65,977 cyclists.
41
42 64 - The database compiles abundant information on the characteristics of the people involved, their
43
44 65 vehicles and the environment.
45
46 66 - Because the database is a police-based registry, it can be assumed that less serious crashes are
47
48 67 underrepresented.
49
50 68 - Because of missing data, information biases cannot be ruled out despite the multiple imputation
51
52 69 procedure used.

INTRODUCTION

Cycling is considered a healthy alternative to private cars because it helps increase physical activity and reduce carbon emissions.[1] But it can also be harmful: there are about 5.5 times more traffic deaths per kilometer traveled by bicycle than by car.[2] In fact, cyclists along with pedestrians are the most vulnerable road users because of their lack of protection and comparatively greater likelihood of suffering severe injuries or dying after a crash.[3] These outcomes can be caused mainly by factors related to the cyclist (as in single-vehicle crashes) or related to other road users (as in collisions with other vehicles), or even by environment-related factors. Understanding the factors involved in cyclist injuries and deaths is necessary in order to design and promote better public policies worldwide to encourage safe cycling. The current transition in commuting patterns in Spain merits attention, because the number of people who use bicycles daily or almost daily has nearly doubled since the mid-2000s.[4] Public policies in this country promote cycling not only as a leisure activity, but as a regular mode of transport. Although the annual number of cyclist deaths decreased from 75 to 58 between 2006 and 2015,[5] this tendency is reverting, and interventions aimed at making cycling a safer activity are needed.[6]

Many previous studies have identified individual and/or environmental factors associated with injury severity or fatalities among cyclists.[7-18] However, there is no consensus regarding the magnitude or even the direction of some observed associations. Death is sometimes considered the most severe injury category along with other serious injuries, rather than as a specific category itself.[7-9,11,16] Because death of one or more cyclists after a crash is uncommon, some studies found no statistically significant associations between this outcome and a number of variables,[7] and multivariate analysis was not possible in some studies because of

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

93 the small numbers involved.[16] In studies that did report significant associations, the findings
94 may still be debatable: recent meta-analyses have consistently shown an inverse association
95 between helmet use and head injury severity, although these studies focused mainly on non-fatal
96 injuries.[19,20] Olivier and Creighton[19] found only two studies that reported effect sizes for
97 fatalities, and Høye[20] was obliged to merge fatalities with serious injuries in a single category
98 for most of her analyses.

99 Regarding age and gender differences, the biological effect of aging is a plausible cause
100 for the association between cyclist involvement in a road crash and greater injury severity,[8–
101 12,14,16,18] but the relationship between age and death in some age groups (e.g. children or
102 adolescents) awaits clarification.[9,13,14,16,18] Both males[13,16,18] and females[12] have
103 been reported to be at increased risk of more severe injuries. Physical and behavioral aspects
104 related to gender have been argued to explain differences in injury severity,[21–23] but there is
105 no consensus.

106 Although alcohol consumption is known to be associated with risky behavior while
107 cycling,[24,25] studies focusing on the association between this factor and injury severity or
108 fatality are inconclusive.[10,12,14,17,18] The commission of infractions is reportedly associated
109 with injury severity or death, but only in bicycle collisions with a motor vehicle, not on other
110 types of crashes.[10]

111 Environmental factors can also play a major role as independent variables in fatal
112 outcomes. Traffic lane characteristics, e.g. intersections as opposed to open roadways, are
113 usually related to an increased risk of collision but not necessarily with more severe injuries
114 [11,12,14] except in unsignalized intersections.[9] Road surface and adverse weather
115 circumstances appear to be related to the likelihood of crashes, but their association with injury

severity or death also requires clarification, given that previous studies have found both a direct association with injuries or death[9,10,14] and no association.[7,11–13] Time of day is related to conspicuity, and has been linked to crash rates. However, the association found for injury severity has not shown a clear direction: a direct association with severity has been reported during daytime[7,10,14] and during nighttime,[9,11] with some analyses finding no association at all.[12,13]

It seems obvious that cycling speed would be related to death after a crash. Although the speed at the time of the crash can be estimated with ad hoc studies using accident reconstruction techniques,[26] proxy variables such as speed limit at the site of the crash,[10,11,13,14] or the area of the crash[7,11,14] have been widely used. In fact, speed may be the main reason for the greater severity of cyclists' injuries in crashes involving a motor vehicle compared to single crashes, as reported in previous studies.[12,13,16]

Previous research in Spain has focused on impacts on cyclists' health,[27,28] their behavior and other correlates with crash involvement,[21,22,29,30] and the causal chain of events related to death after a crash.[31] However, to our knowledge there have been no attempts to analyze personal and environmental characteristics and their relationship with the risk of death.

To help fill the gaps in our current knowledge, we designed a large nationwide study to quantify the magnitude of the associations between cyclist- and environment-related characteristics and the likelihood of cyclist fatality within the first 24 hours post-crash in Spain between 1993 and 2013.

METHODS

Data source and study population

We analyzed the cohort comprising all 65,977 cyclists involved in road crashes recorded in the Spanish National Registry of Road Crashes with Victims between 1993 and 2013 once the crashes in the autonomous cities of Ceuta and Melilla were excluded because of their specific characteristics and low mortality: both cities are located in northern Africa, and all road crashes involving cyclists occurred in urban areas.

The aforementioned registry is a nationwide electronic database maintained by the Spanish General Directorate of Traffic. It has high security standards to protect anonymity, and was developed to support the design and evaluation of public policies concerning road safety. Researchers can use this data upon specific request, after a motivation letter is accepted by the Directorate authorities. This database contains information from the Statistical Questionnaire of the Accident documents submitted for every crash resulting in injury or death and involving at least one moving vehicle in areas subject to traffic laws. Information in the registry includes the characteristics of the persons involved (e.g. age, sex), their vehicles (e.g. type, condition), and the environment (e.g. type of crash, geographic coordinates, road characteristics). It does not include information that may lead to personal identification. Victims are categorized as injured if they are seen by a health care service, or as dead if they die at the crash scene or within the first 30 days. This questionnaire is completed by national police agents at the crash scene, and filed within the first 24 hours for crashes that result in death or severe injury (needing hospitalization), or within the next 10 days after the crash. All data must be submitted within the first 30 days post-event, including follow-up information from health care services. Amendments to the infrastructure data recorded at the crash scene can be made within the next 30 days by the appropriate authorities.[32]

162

163 Patient and public involvement

164 This study relies on data collected by the Spanish General Directorate of Traffic; no
165 patients or participants interacted with the study authors.

166

167 Variables

168 We collected information about a subset of variables which, according to previous studies
169 and based on univariate analysis, may be associated directly or indirectly with injury severity.
170 Our dependent variable was death within the first 24 hours after the crash, and the independent
171 variables were cyclist-related (age, sex, helmet use, psychophysical circumstances, nationality,
172 commission of infraction and reason for cycling) and crash- or environment-related (type of
173 crash, traffic lane characteristics, area, meteorological conditions, road surface, time of day, year
174 and province). Original categories and dichotomized categories (see “Statistical analysis”) can be
175 viewed in the frequency distribution tables (Table 1 and Table 2).

176

177 Statistical analysis

178 Univariate analysis was first done for each variable included as an independent variable
179 and for death as the dependent variable. Then we built a Poisson regression model (a generalized
180 linear model which uses log [rate] as the link function). Spain is divided in 50 provinces which
181 differ markedly regarding cycling density, cyclist-friendly environment, socioeconomic
182 conditions and health care facilities, among other important factors potentially related with
183 cyclists’ risk of death. Therefore, we first tested the hypothesis that the province level would
184 explain a significant part on the total variance in the outcome variable (cyclist fatalities). For this

purpose, we constructed both unilevel (Appendices 1 and 2) and multilevel empty models (including cyclist-level and province-level), and compared the variances explained by each. Significant differences ($P<0.001$ for the likelihood ratio test) between the two models were obtained, thus confirming our hypothesis. This led us to choose a multilevel multivariate model for the main results.

More than 25% of the data were missing for some variables (e.g. helmet use) (see Tables 1 and 2 for details). The overall amount of these missing values may be explained by missing at random (MAR) and missing not at random (MNAR) mechanisms. Although we cannot compensate for MNAR values, we can control MAR values through a multiple imputation procedure. Therefore, we initially assumed that some missing values might be explained by the combination of the values observed for some of the remaining variables in the database. To test this assumption, for each variable with missing values we constructed a multivariate regression model with the existence or not of missing values as the dependent variable, and the observed values for the remaining variables as independent terms. In all cases we observed parameters of association significantly away from the null. These results supported our initial hypothesis and led us to build 50 files in which missing data were represented as stabilized variances estimated from different variables, according to the chained equations method described by van Buuren[33] and implemented with the “ice” command in Stata.[34] This is a community-contributed Stata command focused on simplifying the imputation of categorical variables. However, this procedure was unable to provide missing values for many categorical variables with more than two strata when the frequency of responses in different categories was low, and we thus opted to dichotomize these variables. The dichotomization process considered theoretical similarities between original categories (e.g. any adverse weather circumstances such

as rain, snow and hail were grouped in the category “any adverse circumstances”) and tried to keep the most important category for analysis unaltered (e.g. intersections). Age was imputed based on its logarithm to maintain positive values, and its antilogarithm was then used to transform it into a categorical variable. We used this approach to build a multilevel fixed-effect multivariate Poisson regression model for each of our 50 complete datasets. Thus we obtain adjusted incidence density ratios (IDR) for death for each category of every variable, to assess the magnitude of associations with cyclist death rates. IDR is a good estimate of the relative risk (RR) of death across categories of independent variables when, as in this analysis, the risk of death yields exactly the same value as the death rate for a fixed amount of persons-time (i.e., the number of cyclists involved in road crashes multiplied by the same follow-up period for all of them). For each IDR, its corresponding 95% confidence interval (95%CI) was also calculated. We then used the community-contributed “mim” command for Stata[35] to combine the estimates obtained for each imputed file according to the Rubin method.[36]

All analyses were done with Stata software (v. 14).[37]

RESULTS

Table 1 and Table 2 summarize descriptive information on cyclist- and crash/environment-related characteristics. Fatality was a rare event (2.49%). The male-to-female ratio was almost 8:1. The main mechanism for crashes was collision with another vehicle (69.40%), and most crashes occurred in urban areas (60.71%), followed by highways (35.71%) and community roads (3.58%). Although most crashes occurred during the day (83.44% between 9:00 and just before 21:00), many of them (47.48%) occurred shortly after the end of the

morning and afternoon work shifts, i.e. from 12:00 to just before 15:00, and from 18:00 to just before 21:00.

Table 1. Distribution of cyclist-related variables. Spain, 1993–2013.

Variable	Category	N	% Total	N	% Excluding missing values
Death	Yes	1,643	2.49	1,643	2.54
	No	62,969	95.44	62,969	97.46
	Unknown	1,365	2.07	-	-
	Total	65,977	100	64,612	100
Sex	Male	55,901	84.73	55,901	87.13
	Female	8,259	12.52	8,259	12.87
	Unknown	1,817	2.75	-	-
	Total	65,977	100	64,160	100
Age (years)	< 10	1,596	2.42	1,596	2.60
	10 - 14	6,073	9.20	6,073	9.89
	15 - 19	9,065	13.74	9,065	14.76
	20 - 24	6,130	9.29	6,130	9.98
	25 - 29	5,963	9.04	5,963	9.71
	30 - 34	5,797	8.79	5,797	9.44
	35 - 39	5,244	7.95	5,244	8.54
	40 - 44	4,632	7.02	4,632	7.54
	45 - 49	4,119	6.24	4,119	6.71
	50 - 54	3,357	5.09	3,357	5.46
	55 - 59	2,555	3.87	2,555	4.16
	60 - 64	2,256	3.42	2,256	3.67
	65 - 69	1,804	2.73	1,804	2.94
	70 - 74	1,361	2.06	1,361	2.22
Helmet use	> 74	1,477	2.24	1,477	2.40
	Unknown	4,548	6.89	-	-
	Total	65,977	100	61,429	100
Psychophysical circumstances	Yes	17,183	26.04	17,183	35.38
	No	31,378	47.56	31,378	64.62
	Unknown	17,416	26.40	-	-
	Total	65,977	100	48,561	100
Nationality	Normal	53,622	81.27	53,622	98.32
	Altered(1)	915	1.39	915	1.68
	Unknown	11,440	17.34	-	-
	Total	65,977	100	54,537	100
Nationality	Spanish	57,208	86.71	57,208	91.69

Commission of infraction	Other nationality(2)	5,184	7.86	5,184	8.31
	Unknown	3,585	5.43	-	-
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>62,392</i>	<i>100</i>
	None	34,607	52.45	34,607	52.45
	Distraction	6,851	10.38	6,851	10.38
	Incorrect use of lighting	296	0.45	296	0.45
	Wrong way	1,335	2.02	1,335	2.02
	Invading the opposite lane	1,200	1.82	1,200	1.82
	Incorrect turning	1,879	2.85	1,879	2.85
	Illegal passing	489	0.74	489	0.74
	Disregarding safety distance	676	1.02	676	1.02
	Failure to yield right of way	1,595	2.42	1,595	2.42
	Disregarding traffic lights	1,558	2.36	1,558	2.36
	Disregarding stop lights	1,639	2.48	1,639	2.48
	Disregarding crossing signals	937	1.42	937	1.42
	Disregarding other signals	214	0.32	214	0.32
	Not indicating a maneuver	157	0.24	157	0.24
	Entering traffic flow without precaution	1,112	1.69	1,112	1.69
	Cycling while standing	22	0.03	22	0.03
	Cycling in parallel	213	0.32	213	0.32
	Cycling outside traffic lanes	914	1.39	914	1.39
	Other	10,283	15.59	10,283	15.59
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>65,977</i>	<i>100</i>
Reason for cycling	Work-related	6,770	10.26	6,770	12.49
	Other reason(3)	47,450	71.92	47,450	87.51
	Unknown	11,757	17.82	-	-
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>54,220</i>	<i>100</i>

(1) Including alcohol consumption with breath test, alcohol consumption without breath test, drug consumption, sudden illness, sleepiness or drowsiness, tiredness, or appearing worried, as perceived by the police officer

(2) Including French, Moroccan, German, British, Italian, Swiss, Belgian, Dutch, American, other Magreb countries, and other countries

(3) Including leaving for or returning from vacation, leaving for or returning from a holiday or long weekend, emergency, and leisure

Table 2. Distribution of crash- and environment-related variables. Spain, 1993–2013

Variable	Category	N	% Total	N	% Excluding missing values
Type of crash	Collision with moving vehicle	45,791	69.40	45,791	69.90
	Other(1)	19,722	29.89	19,722	30.10
	Unknown	464	0.70	-	-

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

BMJ Open: first published as 10.1136/bmjopen-2018-028039 on 22 August 2019. Downloaded from <http://bmjopen.bmj.com/> on April 9, 2024 by guest. Protected by copyright.

	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>65,513</i>	<i>100</i>
Traffic lane characteristics	Intersection(2)	28,283	42.87	28,283	43.23
	Other(3)	37,139	56.29	37,139	56.77
	Unknown	555	0.84	-	-
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>65,422</i>	<i>100</i>
Area	Highway	23,561	35.71	23,561	35.71
	Urban area	40,056	60.71	40,056	60.71
	Community road	2,360	3.58	2,360	3.58
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>65,977</i>	<i>100</i>
Meteorological conditions	Good weather	61,972	93.93	61,972	93.95
	Any adverse circumstances(4)	3,991	6.05	3,991	6.05
	Unknown	14	0.02	-	-
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>65,963</i>	<i>100</i>
Road surface	Normal	60,835	92.21	60,835	92.58
	Altered(5)	4,876	7.39	4,876	7.42
	Unknown	266	0.40	-	-
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>65,711</i>	<i>100</i>
Time of day (24-hour clock)	0:00 - 2:59	972	1.47	972	1.47
	3:00 - 5:59	401	0.61	401	0.61
	6:00 - 8:59	3,580	5.43	3,580	5.43
	9:00 - 11:59	12,582	19.07	12,582	19.07
	12:00 - 14:59	15,753	23.88	15,753	23.88
	15:00 - 17:59	11,144	16.89	11,144	16.89
	18:00 - 20:59	15,572	23.60	15,572	23.60
	21:00 - 23:59	5,973	9.05	5,973	9.05
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>65,977</i>	<i>100</i>
Years	2011 - 2013	16,315	24.73	16,315	24.73
	2008 - 2010	10,468	15.87	10,468	15.87
	2005 - 2007	7,826	11.86	7,826	11.86
	2002 - 2004	7,229	10.96	7,229	10.96
	1999 - 2001	6,628	10.05	6,628	10.05
	1996 - 1998	8,154	12.36	8,154	12.36
	1993 - 1995	9,357	14.18	9,357	14.18
	<i>Total</i>	<i>65,977</i>	<i>100</i>	<i>65,977</i>	<i>100</i>

(1) Including collision with an obstacle (e.g. stopped vehicles, pedestrians or animals), overturning, running off the road, or other types of crash
(2) Including T or Y configuration, X or + configuration, entrance ramp, exit ramp, traffic circle, or other intersections
(3) Including straightaway, gentle curve, unmarked sharp curve, marked sharp curve without posted speed limit, marked sharp curve with posted speed limit, or others

(4) Including heavy fog, light fog, light rain, heavy rain, hail, snow, strong winds, or other adverse meteorological conditions

(5) Including shaded, wet, ice, snow, slick formed from water + dirt + oil, loose gravel, oil, or other altered surfaces

Table 3 shows the IDR for the association between cyclist characteristics and the risk of death. A tendency towards a direct association between cyclists' age and death was observed from the third decade of life; the association was statistically significant ($P < 0.05$) in categories from 35-to-39 years and older, and was greatest in the "over 74 years" category (IDR 4.61, 95%CI 3.49–6.08). Non-use of a helmet was associated with a 43.45% higher chance of death (IDR 1.43, 95%CI 1.25–1.64). Male gender, psychophysical circumstances, and nationality other than Spanish showed a direct association with death. Many recorded cyclist infractions were directly associated with death, with IDR higher than 2 for infractions such as disregarding stop lights or other signals, cycling while standing, illegal passing, invading the opposite lane and cycling outside traffic lanes. However, "Disregarding safety distance" and "distraction" were inversely associated with death, but this association was statistically significant only for the latter ($P < 0.05$). The association for work-related cycling did not differ compared to other motives for cycling (i.e., for leisure or for other reasons).

Table 3. Adjusted incidence-density ratios (IDR) for the association between cyclist-related variables and the risk of death in the first 24 hours after a road crash. Spain, 1993–2013.

Variable	Category	IDR	95% CI		P value	FMI(2)
Sex	Male(1)	1	-	-	-	-
	Female	0.82	0.68	0.99	0.047	0.019
Age (years)	< 10	0.95	0.60	1.50	0.813	0.020
	10 - 14	1.02	0.75	1.38	0.906	0.038
	15 - 19	1.12	0.85	1.49	0.416	0.036

	20 - 24	0.97	0.70	1.33	0.832	0.047
	25 - 29(1)	1	-	-	-	-
	30 - 34	1.26	0.93	1.71	0.134	0.057
	35 - 39	1.79	1.35	2.39	< 0.001	0.035
	40 - 44	1.67	1.24	2.25	0.001	0.039
	45 - 49	1.85	1.37	2.48	< 0.001	0.035
	50 - 54	2.15	1.59	2.90	< 0.001	0.029
	55 - 59	2.91	2.17	3.90	< 0.001	0.033
	60 - 64	3.59	2.70	4.77	< 0.001	0.034
	65 - 69	4.49	3.43	5.89	< 0.001	0.034
	70 - 74	3.67	2.62	5.13	< 0.001	0.028
	> 74	4.61	3.49	6.08	< 0.001	0.038
Helmet use	Yes(1)	1	-	-	-	-
	No	1.43	1.25	1.64	< 0.001	0.091
Psychophysical circumstances	Normal(1)	1	-	-	-	-
	Altered	1.43	1.08	1.89	0.011	0.305
Nationality	Spanish(1)	1	-	-	-	-
	Other nationality	1.39	1.18	1.62	< 0.001	0.016
Commission of infraction	None(1)	1	-	-	-	-
	Distraction	0.73	0.58	0.90	0.004	0.004
	Incorrect use of lighting	1.54	0.96	2.45	0.072	0.007
	Wrong way	1.21	0.79	1.84	0.386	0.004
	Invading the opposite lane	2.04	1.57	2.66	< 0.001	0.004
	Incorrect turning	1.58	1.30	1.92	< 0.001	0.004
	Illegal passing	2.15	1.30	3.54	0.003	0.001
	Disregarding safety distance	0.45	0.20	1.01	0.052	0.003
	Failure to yield right of way	1.84	1.43	2.37	< 0.001	0.005
	Disregarding traffic lights	1.47	0.88	2.43	0.140	0.016
	Disregarding stop lights	2.61	2.09	3.26	< 0.001	0.003
	Disregarding crossing signals	1.70	1.05	2.74	0.031	0.001
	Disregarding other signals	2.95	1.39	6.24	0.005	0.017
	Not indicating a maneuver	1.23	0.55	2.76	0.613	< 0.001
	Entering traffic flow without precaution	1.96	1.39	2.76	< 0.001	0.004
	Cycling while standing	2.08	0.29	14.87	0.465	< 0.001
	Cycling in parallel	1.95	1.07	3.56	0.030	0.002
	Cycling outside traffic lanes	2.16	1.70	2.74	< 0.001	0.004
	Other	1.92	1.66	2.22	< 0.001	0.014
Reason for cycling	Work-related(1)	1	-	-	-	-
	Other reason	1.12	0.93	1.34	0.249	0.081

- (1) Reference category
(2) Fraction of missing information

Table 4 shows the IDR for the association between environmental characteristics and the risk of death. There were no conclusive trends according to the type of crash (IDR 0.89, 95%CI 0.78–1.00), but cycling through an intersection (IDR 1.65 for “other”, 95%IC 1.46–1.87), in urban areas, and on community roads were inversely associated with death. This association was also found when the road surface was altered. However, for adverse meteorological conditions the association was direct. A direct association with death was also found after midnight, in the category “03:00–05:59” (IDR 1.58, 95%CI 1.03–2.41), whereas an inverse association was found during the day, with a peak at midday between 12:00 and 14:59 (IDR 0.40, 95%CI 0.29–0.56). Over the 10-year period analyzed here, there was a trend toward a higher likelihood of death in the earlier years.

Table 4. Adjusted incidence-density ratios (IDR) for the association between crash- and environment-related variables and the risk of death in the first 24 hours after a road crash. Spain, 1993–2013.

Variable	Category	IDR	95% CI		P value	FMI(2)
Type of crash	Collision with moving vehicle(1)	1	-	-	-	-
	Other	0.89	0.78	1.00	0.056	0.013
Traffic lane characteristics	Intersection(1)	1	-	-	-	-
	Other	1.65	1.46	1.87	< 0.001	0.007
Area	Highway(1)	1	-	-	-	-
	Urban area	0.18	0.16	0.21	< 0.001	0.016
	Community road	0.61	0.48	0.76	< 0.001	0.002
Meteorological conditions	Good weather(1)	1	-	-	-	-
	Any adverse circumstances	1.36	1.07	1.72	0.011	0.005

Road surface	Normal(1)	1	-	-	-	-
	Any adverse circumstances	0.75	0.59	0.96	0.022	0.006
Time of day (24-hour clock)	0:00 - 2:59(1)	1	-	-	-	-
	3:00 - 5:59	1.58	1.03	2.41	0.036	0.010
	6:00 - 8:59	0.78	0.54	1.11	0.165	0.013
	9:00 - 11:59	0.46	0.33	0.64	< 0.001	0.015
	12:00 - 14:59	0.40	0.29	0.56	< 0.001	0.015
	15:00 - 17:59	0.45	0.32	0.63	< 0.001	0.013
	18:00 - 20:59	0.49	0.35	0.68	< 0.001	0.013
	21:00 - 23:59	0.61	0.43	0.87	0.006	0.013
Years	2011 - 2013(1)	1	-	-	-	-
	2008 - 2010	1.34	1.07	1.68	0.011	0.012
	2005 - 2007	2.11	1.71	2.61	< 0.001	0.015
	2002 - 2004	2.16	1.75	2.67	< 0.001	0.012
	1999 - 2001	2.42	1.97	2.99	< 0.001	0.011
	1996 - 1998	2.30	1.86	2.84	< 0.001	0.012
	1993 - 1995	2.67	2.17	3.28	< 0.001	0.015

(1) Reference category
(2) Fraction of missing information

DISCUSSION

Our results are generally in agreement with those of previous studies regarding the direction and magnitude of the associations between cyclist- and environment-related factors and the severity of crashes involving cyclists.[7–18] Perhaps our most important finding is the association between non-use of a helmet and a higher chance of death. Although the protective effect of helmet use on the risk of head trauma is widely accepted,[8–11,13–16] its association with injury severity has been addressed mostly for non-fatal injuries given that relatively few studies to date have focused on its association with death.[19,20] Although our study is observational and causality cannot be demonstrated, it is unlikely that residual confounding could entirely explain an association of the magnitude we observed. We are confident that our approach to the analysis was robust given that it included appropriate management of missing

values, controlling for between-province-level variance, and multivariate adjustment for most well-known confounders of the association between helmet use and death. Therefore, taking into account that helmet use is the most easily modifiable cyclist-dependent risk factor, our results suggest that a non-negligible amount of cyclist deaths might be prevented by increasing helmet use in our population of cyclists.

Regarding other cyclist-related variables, the association we found between age and risk of death is consistent with previous studies.[8,10,11] This association may be explained on the basis of mechanisms such as greater fragility, loss of physical agility, decreased visual acuity and concomitant diseases[38]. In contrast to other authors,[9,14,18] we found no association between younger age and death.

In relation to gender, we found that the risk of death was higher for males, as reported previously.[16,18] This association has been explained as a result of either physical differences or safer behaviors in females,[23] which may be associated with the severity of the crash itself. Other explanations have been based on the presumably riskier behavior in males when failing to stop for red lights[39] and when their risk perception is lower.[21] On the other hand, female gender has been associated with higher rates of reporting road crashes.[40] Because we considered only injured cyclists or death as our main outcomes, and assuming there was no difference between genders in deaths recorded in our database, differences in reporting non-fatal road crashes could lead to overestimation of the association with death (if any) in the underreported category. In fact, some authors did not observe this association,[8] or found female gender to be related with injury severity.[12]

According to some authors, alcohol consumption is associated with risky behaviors[24,25] when cycling and driving other types of vehicles, and is directly associated

1
2
3 305 with injury severity.[10,12,14,17] This condition could not be investigated in our study because
4
5 306 of the dichotomization process used to account for missing values. The low number of cyclists in
6
7 307 the original categories for the “psychophysical circumstances” variable forced us to combine
8
9 308 alcohol consumption, drug consumption, tiredness, sleepiness and other psychophysical
10
11 309 circumstances into a single “altered” category, obscuring the true association between each type
12
13 310 of psychophysical circumstance and death. Nevertheless, alcohol consumption with and without
14
15 311 a breath test was the most prevalent condition included in the “altered” category, and showed a
16
17 312 direct association with death. However, this association should be viewed with caution because
18
19 313 of potential shortcomings in the validity of our data source.
20
21
22
23

24 314 Non-Spanish nationality also showed a stronger association with death, but this should
25
26 315 likewise be interpreted with care. We could not obtain information about cyclists’ expertise, and
27
28 316 for non-Spanish cyclists, we did not know how long they had been living in Spain, or whether
29
30 317 they had changed their cycling patterns while living abroad. Furthermore, all non-Spanish
31
32 318 cyclists were clustered in a single subgroup which included people from countries which may
33
34 319 differ widely in a large variety of aspects such as social and cultural characteristics as well as
35
36 320 cycling infrastructure in their country of origin. This subgroup was thus too heterogeneous for
37
38 321 informative comparisons. Consequently, the association found in our study undoubtedly deserves
39
40 322 further research designed to address its underlying factors.
41
42
43
44

45 323 Like Kim and colleagues,[10] we observed that most traffic infractions (11 out of 18)
46
47 324 were directly associated with death. Distraction while walking or driving has been deeply
48
49 325 explored, but it is not the case while bicycling.[41] There are inherent limitations to record
50
51 326 distractions when the cyclist died at the crash scene. In our study, “Distraction” was
52
53 327 unexpectedly the only infraction inversely associated with death and statistically significant, but
54
55
56
57
58
59
60

328 this category included a wide range of sources of distraction, such as involuntary risky behaviors
329 and intentionally committed behaviors (e.g. use of technological devices). Although other
330 authors have found distraction to be associated with a higher risk of crash [22], to our knowledge
331 the association between distractions and the severity of the crash has not been previously
332 assessed. A possible explanation for this inverse association with death could be the lower speed
333 (an unobserved variable) while cycling distracted.[41] In relation with the reason for cycling, we
334 found no associations with the likelihood of death. However, previous studies showed that work-
335 related or utilitarian cycling was associated with less severe injuries because of cyclists’
336 expertise, choice of safer routes and helmet use,[13] although greater injury severity was also
337 associated with more experience and more frequent cycling.[12] Although some authors have
338 reported different injury severity depending on the type of crash, especially when a motor
339 vehicle was involved,[12,13,16,42] in the present study the direct association between death and
340 collisions with moving vehicles did not differ significantly in comparison to other types of
341 crashes (IDR 0.89, 95%CI 0.78–1.00). Nevertheless, because type of crash was a binary variable
342 in our analysis (see Statistical analysis), all other types of collisions with moving vehicles were
343 included in a single category and compared to other types of crashes (such as collisions with an
344 obstacle, overturning or running off the road), hence the two groups were heterogeneous.
345 Furthermore, unless the cyclist is fatally injured, cyclists are probably more likely to receive
346 police assistance when they collide with another vehicle. Therefore cyclists who sustained minor
347 injuries in the “other crashes” category were likely to be underrepresented in our sample.

348 Regarding environment-related variables, although some authors found no clear
349 association with traffic lane characteristics or road geometry,[11,12] we identified an inverse
350 association between intersections and death compared to other road configurations (straight

1
2
3 351 roads or curves), in accordance with previous findings for injury severity.[14] But again, our two
4
5 352 categories were heterogeneous, and the risks may differ among for different types of
6
7
8 353 intersection.[9,43]
9

10 354 The location of the crash showed a close relationship with fatalities. Previous studies
11
12 355 have reported less severe injuries in dense urban settings, and more severe injuries on rural or
13
14 356 community roads. We found an inverse association with death for crashes in urban areas and
15
16
17 357 community roads compared to highways. This association is probably related to the higher
18
19 358 speeds reached on highways by cyclists or the other vehicles involved in crashes. In fact, speed
20
21 359 has been previously associated with injury severity.[10,11,13,14,16]
22

23
24 360 Adverse meteorological conditions were directly associated with death, as reported by
25
26 361 other authors.[9,10] This association is probably due to lower cyclist conspicuity under adverse
27
28 362 weather conditions, although other authors found no clear association.[7,12,13] On the other
29
30
31 363 hand, altered road surfaces were inversely associated with risk of death, which may be the result
32
33 364 of cycling or driving at lower speeds. Nevertheless, other authors have reported more severe
34
35 365 injuries on altered surfaces,[9,14] or found no association at all.[7,11] More research is needed to
36
37 366 characterize the influence of weather and road conditions on risk of death among cyclists, given
38
39 367 the discrepancies among findings from different studies.
40

41
42 368 Although the frequency of crashes was much greater during daylight hours, there was a
43
44 369 direct association between crashes that occurred at night and death, as also found by Boufous et
45
46
47 370 al.[11] and Wang et al.,[9] with a peak in the early morning hours, as reported by Asgarzadeh et
48
49 371 al.[7] Other authors, however, found no association between time of the crash and injury severity
50
51 372 or death, although one Danish study reported an association with daylight hours, probably
52
53 373 because of the high standard of nighttime roadway lighting in Denmark[14]. Apart from the lack
54
55
56
57
58
59
60

of conspicuity,[44] factors such as alcohol consumption, speed and exhaustion may play major roles in this association.[7,45] Finally, the lower risk of death in crashes recorded in more recent years in Spain may be explained by improvements in cycling infrastructure,[46] improved health care for injured cyclists,[1] and increased reporting of less serious road crashes by the police.

Strengths and limitations

Our data source for this analysis was the Spanish National Registry of Road Crashes with Victims. This registry contains information recorded over many years by police officers on a standard form. Our large sample size and total number of cyclist deaths made it possible for us to precisely estimate the magnitude of the associations between each variable in the model and fatal injuries. Our choice of main outcome categories reduced the possible effect of misrepresentation for certain independent variables in this police-based registry. Furthermore, the statistical approach used here considered variability in the outcome variable across provinces in Spain, and was intended to decrease the effect of missing values that could be explained by the remaining variables.

Nevertheless, a main limitation of our study is its observational nature, which prevents us from suggesting causal interpretations for the associations we found. Given that our analysis is based on information from a police-based registry designed to collect information on all types of road traffic crashes, as noted in the Methods section, selection bias is an important issue given the assumption that less serious crashes were underrepresented, because of a direct association between injury severity and reporting rates to the police.[47–49] Behavioral differences and differences in representation rates related to the categories for specific variables (e.g. gender) could not be measured with the available data, and this may have led to over- or underestimation of some of the observed associations. Regarding helmet use, we do not have information on the

characteristics of the helmets, and cannot confirm that they were being worn correctly at the moment of the crash. Although we used a multiple imputation procedure to compensate for missing information, this method only partially resolves issues related with missing data; therefore our results may still be affected by biases of an undetermined magnitude. Furthermore, the dichotomization used for our multiple imputation procedure forced us to combine heterogeneous categories for some of the variables (e.g. psychophysical circumstances), so the results for these variables should be considered with due caution. Bias is also a potential limitation, because of the subjective nature of some variables recorded by police officers at the crash scene.

Finally, the lack of information regarding vehicle speed is an important limitation in our study. Although this is probably the most important factor affecting the severity of cyclists' injuries, no direct information was available for vehicle speed when the crash occurred.

CONCLUSIONS

We found strong associations between several cyclist- and environment-related variables and the probability of death, and suggest that these associations should be taken into account in efforts to prioritize public health measures aimed at reducing the number of cycling-related fatalities. In particular, we believe helmet use by cyclists needs to be encouraged. Although we are aware that the magnitude of the association between non-helmet use and death is not entirely causal, it supports the hypothesis that helmet use may significantly reduce the risk of death among cyclists involved in road crashes. Although using a helmet is now mandatory for all cyclists on open roads in Spain, our data show that even in recent years, the proportion of non-helmet-use has been non-negligible. Another topic which deserves attention is the risk in older

420 cyclists, considering that this subgroup of cyclists will very likely grow in the coming years.

421 Finally, the reasons for the higher risk of death during nighttime cycling merit further

422 investigation in order to manage factors which are potentially modifiable by, for example,

423 encouraging measures to improve cyclist conspicuity.

424

For peer review only

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Acknowledgments: We wish to thank the Spanish General Directorate of Traffic (DGT) for allowing access to their database of Road Crashes with Victims, CIBERESP and ibs.GRANADA for their help, and K. Shashok for improving the use of English in the manuscript.

Author Contributions: All authors meet the conditions for authorship. PLC conceived and designed the study, helped to draft the manuscript and critically revised it. DMS and VMR carried out the literature review and prepared the first draft of the manuscript. JPM, EMR and LMMR helped with the literature review and critically reviewed the manuscript. EJM critically reviewed the first draft of the manuscript, proposed corrections, and provided methodological advice. All authors approved the final version of this manuscript. The present article is part of the doctoral thesis of Daniel Molina-Soberanes in the Clinical Medicine and Public Health program at the University of Granada.

Competing interests: None declared.

Funding: This work was partially supported by the National Council of Science and Technology of Mexico [doctorate grant number 410668].

Ethics approval: Not needed

Data sharing statement: All data relevant to the study are included in the article or uploaded as supplementary information.

448

449 KEY MESSAGES

450

451 What is already know on this subject

- 452 - Cycling is increasing but is associated with risks.
- 453 - Helmets are intended to protect against severe injury, but their effect on the risk of death
- 454 remains unclear.

455

456 What this study adds

- 457 - Helmet non-use is directly associated with cyclist deaths, especially on highways.
- 458 - Work-related and non-work-related cycling did not differ in their association with the risk
- 459 of death.
- 460 - Increasing age was directly associated with increasing risk of death, especially after the
- 461 third decade of life.

462

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

463 **REFERENCES**

464 1 World Health Organization (WHO). Global status report on road safety 2015. 2015.

465 2 Johan de Hartog J, Boogaard H, Nijland H, *et al.* Do the health benefits of cycling
466 outweigh the risks? *Environ Health Perspect* 2010;**118**:1109–16.
467 doi:10.1289/ehp.0901747

468 3 Rifaat SM, Tay R, de Barros A. Effect of street pattern on the severity of crashes
469 involving vulnerable road users. *Accid Anal Prev* 2011;**43**:276–83.
470 doi:10.1016/j.aap.2010.08.024

471 4 GESOP, Gabinet d’Estudis Socials i Opinió Pública SL. Barómetro de la Bicicleta en
472 España. Informe de Resultados. 2015. [http://www.ciudadesporlabicicleta.org/web/wp-](http://www.ciudadesporlabicicleta.org/web/wp-content/uploads/Barómetro%20de%20la%20Bicicleta%20en%20España%202015%20-%20Red%20de%20Ciudades%20por%20la%20Bicicleta.pdf)
473 content/uploads/Barómetro de la Bicicleta en España 2015 - Red de Ciudades por la
474 Bicicleta.pdf

475 5 Dirección General de Tráfico. Las principales cifras de la Siniestralidad Vial España 2015.
476 2016. [http://www.dgt.es/Galerias/seguridad-vial/estadisticas-e-](http://www.dgt.es/Galerias/seguridad-vial/estadisticas-e-indicadores/publicaciones/principales-cifras-siniestralidad/Las-principales-cifras-2016.pdf)
477 indicadores/publicaciones/principales-cifras-siniestralidad/Las-principales-cifras-2016.pdf

478 6 Dirección General de Tráfico. Las principales cifras de la Siniestralidad Vial España 2017.
479 2018. [http://www.dgt.es/Galerias/seguridad-vial/estadisticas-e-](http://www.dgt.es/Galerias/seguridad-vial/estadisticas-e-indicadores/publicaciones/principales-cifras-siniestralidad/Las-principales-cifras-2017-Internet.pdf)
480 indicadores/publicaciones/principales-cifras-siniestralidad/Las-principales-cifras-2017-
481 Internet.pdf.

482 7 Asgarzadeh M, Fischer D, Verma SK, *et al.* The impact of weather, road surface, time-of-
483 day, and light conditions on severity of bicycle-motor vehicle crash injuries. *Am J Ind*
484 *Med* 2018;**61**:556–65. doi:10.1002/ajim.22849

485 8 Bambach MR, Mitchell RJ, Grzebieta RH, *et al.* The effectiveness of helmets in bicycle

- collisions with motor vehicles: a case-control study. *Accid Anal Prev* 2013;**53**:78–88.
doi:10.1016/j.aap.2013.01.005
- 9 Wang C, Lu L, Lu J. Statistical analysis of bicyclists' injury severity at unsignalized intersections. *Traffic Inj Prev* 2015;**16**:507–12. doi:10.1080/15389588.2014.969802
- 10 Kim J-K, Kim S, Ulfarsson GF, *et al.* Bicyclist injury severities in bicycle-motor vehicle accidents. *Accid Anal Prev* 2007;**39**:238–51. doi:10.1016/j.aap.2006.07.002
- 11 Boufous S, De Rome L, Senserrick T, *et al.* Risk factors for severe injury in cyclists involved in traffic crashes in Victoria, Australia. *Accid Anal Prev* 2012;**49**:404–9.
doi:10.1016/j.aap.2012.03.011
- 12 Cripton PA, Shen H, Brubacher JR, *et al.* Severity of urban cycling injuries and the relationship with personal, trip, route and crash characteristics: analyses using four severity metrics. *BMJ Open* 2015;**5**:e006654. doi:10.1136/bmjopen-2014-006654
- 13 Hagel BE, Romanow NTR, Enns N, *et al.* Severe bicycling injury risk factors in children and adolescents: A case-control study. *Accid Anal Prev* 2015;**78**:165–72.
doi:10.1016/j.aap.2015.03.002
- 14 Kaplan S, Vavatsoulas K, Prato CG. Aggravating and mitigating factors associated with cyclist injury severity in Denmark. *J Safety Res* 2014;**50**:75–82.
doi:10.1016/j.jsr.2014.03.012
- 15 Persaud N, Coleman E, Zwolakowski D, *et al.* Nonuse of bicycle helmets and risk of fatal head injury: a proportional mortality, case-control study. *CMAJ* 2012;**184**:E921-3.
doi:10.1503/cmaj.120988
- 16 Rivara FP, Thompson DC, Thompson RS. Epidemiology of bicycle injuries and risk factors for serious injury. *Inj Prev* 1997;**3**:110–4. doi:10.1136/injprev-00002-0038rep

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

509 17 Sethi M, Heyer JH, Wall S, *et al.* Alcohol use by urban bicyclists is associated with more
510 severe injury, greater hospital resource use, and higher mortality. *Alcohol* 2016;**53**:1–7.
511 doi:10.1016/j.alcohol.2016.03.005

512 18 Vanlaar W, Mainegra Hing M, Brown S, *et al.* Fatal and serious injuries related to
513 vulnerable road users in Canada. *J Safety Res* 2016;**58**:67–77.
514 doi:10.1016/j.jsr.2016.07.001

515 19 Olivier J, Creighton P. Bicycle injuries and helmet use: a systematic review and meta-
516 analysis. *Int J Epidemiol* 2017;**46**:278–92. doi:10.1093/ije/dyw153

517 20 Høye A. Bicycle helmets - To wear or not to wear? A meta-analyses of the effects of
518 bicycle helmets on injuries. *Accid Anal Prev* 2018;**117**:85–97.
519 doi:10.1016/j.aap.2018.03.026

520 21 Useche SA, Montoro L, Alonso F, *et al.* Does gender really matter? A structural equation
521 model to explain risky and positive cycling behaviors. *Accid Anal Prev* 2018;**118**:86–95.
522 doi:10.1016/j.aap.2018.05.022

523 22 Useche SA, Alonso F, Montoro L, *et al.* Distraction of cyclists: how does it influence their
524 risky behaviors and traffic crashes? *PeerJ* 2018;**6**:e5616. doi:10.7717/peerj.5616

525 23 Emond CR, Tang W, Handy SL. Explaining Gender Difference in Bicycling Behavior.
526 *Transp Res Rec J Transp Res Board* 2009;**2125**:16–25. doi:10.3141/2125-03

527 24 Crocker P, Zad O, Milling T, *et al.* Alcohol, bicycling, and head and brain injury: a study
528 of impaired cyclists’ riding patterns R1. *Am J Emerg Med* 2010;**28**:68–72.
529 doi:10.1016/j.ajem.2008.09.011

530 25 Orsi C, Ferraro OE, Montomoli C, *et al.* Alcohol consumption, helmet use and head
531 trauma in cycling collisions in Germany. *Accid Anal Prev* 2014;**65**:97–104.

- doi:10.1016/j.aap.2013.12.019
- 533 26 Peng Y, Chen Y, Yang J, *et al.* A study of pedestrian and bicyclist exposure to head injury
534 in passenger car collisions based on accident data and simulations. *Saf Sci* 2012;**50**:1749–
535 59. doi:10.1016/j.ssci.2012.03.005
- 536 27 Rojas-Rueda D, de Nazelle A, Tainio M, *et al.* The health risks and benefits of cycling in
537 urban environments compared with car use: health impact assessment study. *BMJ*
538 2011;**343**:d4521. doi:10.1136/bmj.d4521
- 539 28 Rojas-Rueda D, de Nazelle A, Teixidó O, *et al.* Health impact assessment of increasing
540 public transport and cycling use in Barcelona: a morbidity and burden of disease
541 approach. *Prev Med (Baltim)* 2013;**57**:573–9. doi:10.1016/j.ypmed.2013.07.021
- 542 29 Useche SA, Alonso F, Montoro L, *et al.* When age means safety: Data to assess trends and
543 differences on rule knowledge, risk perception, aberrant and positive road behaviors, and
544 traffic crashes of cyclists. *Data Br* 2019;**22**:627–34. doi:10.1016/j.dib.2018.12.066
- 545 30 Alonso F, Esteban C, Useche S, *et al.* Effect of Road Safety Education on Road Risky
546 Behaviors of Spanish Children and Adolescents: Findings from a National Study. *Int J*
547 *Environ Res Public Health* 2018;**15**:2828. doi:10.3390/ijerph15122828
- 548 31 Martínez-Ruiz V, Jiménez-Mejías E, Amezcua-Prieto C, *et al.* Contribution of exposure,
549 risk of crash and fatality to explain age- and sex-related differences in traffic-related
550 cyclist mortality rates. *Accid Anal Prev* 2015;**76**:152–8. doi:10.1016/j.aap.2015.01.008
- 551 32 Boletín Oficial del Estado, num 289 2014. Orden INT/2223/2014, de 27 de octubre, por la
552 que se regula la comunicación de la información al Registro Nacional de Víctimas de
553 Accidentes de Tráfico. [https://www.boe.es/boe/dias/2014/11/29/pdfs/BOE-A-2014-](https://www.boe.es/boe/dias/2014/11/29/pdfs/BOE-A-2014-12411.pdf)
554 12411.pdf

1
2
3 555 33 van Buuren S. Multiple imputation of discrete and continuous data by fully conditional
4
5 556 specification. *Stat Methods Med Res* 2007;**16**:219–42. doi:10.1177/0962280206074463
6
7
8 557 34 Royston P. Multiple Imputation of Missing Values: Further Update of Ice, with an
9
10 558 Emphasis on Categorical Variables. *Stata J Promot Commun Stat Stata* 2009;**9**:466–77.
11
12 559 doi:10.1177/1536867X0900900308
13
14
15 560 35 Royston P, Carlin JB, White IR. Multiple Imputation of Missing Values: New Features for
16
17 561 Mim. *Stata J Promot Commun Stat Stata* 2009;**9**:252–64.
18
19 562 doi:10.1177/1536867X0900900205
20
21
22 563 36 Li KH, Raghunathan TE, Rubin DB. Large-Sample Significance Levels from Multiply
23
24 564 Imputed Data Using Moment-Based Statistics and an F Reference Distribution. *J Am Stat*
25
26 565 *Assoc* 1991;**86**:1065–73. doi:10.1080/01621459.1991.10475152
27
28 566 37 StataCorp. Stata Statistical Software: Release 14 SE. 2015;**Release 14**.
29
30
31 567 38 Anstey KJ, Wood J, Lord S, *et al*. Cognitive, sensory and physical factors enabling
32
33 568 driving safety in older adults. *Clin Psychol Rev* 2005;**25**:45–65.
34
35 569 doi:10.1016/j.cpr.2004.07.008
36
37
38 570 39 Pai C-W, Jou R-C. Cyclists’ red-light running behaviours: an examination of risk-taking,
39
40 571 opportunistic, and law-obeying behaviours. *Accid Anal Prev* 2014;**62**:191–8.
41
42 572 doi:10.1016/j.aap.2013.09.008
43
44
45 573 40 Loo BPY, Tsui KL. Factors affecting the likelihood of reporting road crashes resulting in
46
47 574 medical treatment to the police. *Inj Prev* 2007;**13**:186–9. doi:10.1136/ip.2006.013458
48
49 575 41 Stavrinou D, Pope CN, Shen J, *et al*. Distracted Walking, Bicycling, and Driving:
50
51 576 Systematic Review and Meta-Analysis of Mobile Technology and Youth Crash Risk.
52
53 577 *Child Dev* 2018;**89**:118–28. doi:10.1111/cdev.12827
54
55
56
57
58
59
60

- 578 42 O'Hern S, Oxley J. Fatal cyclist crashes in Australia. *Traffic Inj Prev* 2018;**19**:S27–31.
579 doi:10.1080/15389588.2018.1497166
- 580 43 Harris MA, Reynolds CCO, Winters M, *et al.* Comparing the effects of infrastructure on
581 bicycling injury at intersections and non-intersections using a case-crossover design. *Inj*
582 *Prev* 2013;**19**:303–10. doi:10.1136/injuryprev-2012-040561
- 583 44 Thornley SJ, Woodward A, Langley JD, *et al.* Conspicuity and bicycle crashes:
584 preliminary findings of the Taupo Bicycle Study. *Inj Prev* 2008;**14**:11–8.
585 doi:10.1136/ip.2007.016675
- 586 45 de Waard D, Houwing S, Lewis-Evans B, *et al.* Bicycling under the influence of alcohol.
587 *Transp Res Part F Traffic Psychol Behav* 2016;**41**:302–8. doi:10.1016/j.trf.2015.03.003
- 588 46 Reynolds CCO, Harris MA, Teschke K, *et al.* The impact of transportation infrastructure
589 on bicycling injuries and crashes: a review of the literature. *Environ Health* 2009;**8**:47.
590 doi:10.1186/1476-069X-8-47
- 591 47 Elvik R, Mysen A. Incomplete Accident Reporting: Meta-Analysis of Studies Made in 13
592 Countries. *Transp Res Rec J Transp Res Board* 1999;**1665**:133–40. doi:10.3141/1665-18
- 593 48 Langley JD, Dow N, Stephenson S, *et al.* Missing cyclists. *Inj Prev* 2003;**9**:376–9.
594 doi:10.1136/ip.9.4.376
- 595 49 Shinar D, Valero-Mora P, van Strijp-Houtenbos M, *et al.* Under-reporting bicycle
596 accidents to police in the COST TU1101 international survey: Cross-country comparisons
597 and associated factors. *Accid Anal Prev* 2018;**110**:177–86. doi:10.1016/j.aap.2017.09.018
598

Appendix 1. Adjusted incidence-density ratios (IDR) in a multivariate unilevel model for the imputed associations between cyclist-related variables and the risk of death in the first 24 hours after a road crash. Spain, 1993-2013.

Variable	Category	IDR	95% CI		P value	FMI(2)
Helmet use	Yes(1)	1	-	-	-	-
	No	1.41	1.23	1.62	<0.001	0.091
Age (years)	< 10	0.93	0.58	1.47	0.744	0.020
	10 a 14	1.02	0.75	1.38	0.904	0.038
	15 a 19	1.13	0.85	1.50	0.389	0.036
	20 a 24	0.98	0.71	1.34	0.879	0.046
	25 a 29(1)	1	-	-	-	-
	30 a 34	1.27	0.94	1.73	0.124	0.057
	35 a 39	1.81	1.36	2.41	<0.001	0.035
	40 a 44	1.68	1.25	2.26	0.001	0.039
	45 a 49	1.85	1.37	2.49	<0.001	0.036
	50 a 54	2.15	1.59	2.90	<0.001	0.029
	55 a 59	2.92	2.18	3.91	<0.001	0.033
	60 a 64	3.55	2.67	4.72	<0.001	0.034
Sex	Male(1)	1	-	-	-	-
	Female	0.82	0.68	1.00	0.045	0.019
Psychophysical circumstances	Normal(1)	1	-	-	-	-
	Altered	1.44	1.09	1.90	0.011	0.309
Nationality	Spanish(1)	1	REF	REF	REF	REF
	Other nationality	1.37	1.16	1.61	<0.001	0.017
Commission of infraction	None(1)	1	-	-	-	-
	Distraction	0.71	0.57	0.89	0.002	0.005
	Incorrect use of lighting	1.48	0.93	2.37	0.097	0.007
	Wrong way	1.19	0.78	1.82	0.423	0.004
	Invading the opposite lane	2.00	1.53	2.60	<0.001	0.004
	Incorrect turning	1.52	1.25	1.85	<0.001	0.004
	Illegal passing	2.12	1.28	3.49	0.003	0.001

	Disregarding safety distance	0.44	0.20	0.99	0.047	0.003
	Failure to yield right of way	1.77	1.38	2.28	<0.001	0.005
	Disregarding traffic lights	1.44	0.87	2.39	0.161	0.016
	Disregarding stop lights	2.53	2.02	3.15	<0.001	0.003
	Disregarding crossing signals	1.65	1.02	2.66	0.041	0.001
	Disregarding other signals	2.94	1.39	6.24	0.005	0.017
	Not indicating a maneuver	1.19	0.53	2.66	0.679	<0.001
	Entering traffic flow without precaution	1.94	1.37	2.74	<0.001	0.004
	Cycling while standing	2.01	0.28	14.39	0.487	<0.001
	Cycling in parallel	1.89	1.04	3.46	0.038	0.002
	Cycling outside traffic lanes	2.09	1.64	2.66	<0.001	0.004
	Other	1.89	1.63	2.19	<0.001	0.014
Reason for cycling	Work-related(1)	1	-	-	-	-
	Other reason	1.13	0.94	1.36	0.204	0.081

(1) Reference category

(2) Fraction of missing information

Appendix 2. Adjusted incidence-density ratios (IDR) in a multivariate unilevel model for the imputed associations between crash- and environment-related variables and the risk of death in the first 24 hours after a road crash. Spain, 1993-2013.

Variable	Category	IDR	95% CI		P value	FMI(2)
Type of crash	Collision with moving vehicle(1)	1	-	-	-	-
	Other	0.89	0.78	1.00	0.058	0.014
Traffic lane characteristics	Intersection(1)	1	-	-	-	-
	Other	1.64	1.45	1.86	<0.001	0.007
Area	Highway(1)	1	-	-	-	-
	Urban area	0.18	0.16	0.21	<0.001	0.015
	Community road	0.59	0.47	0.74	<0.001	0.003
Meteorological conditions	Good weather(1)	1	-	-	-	-
	Any adverse circumstances	1.37	1.08	1.73	0.009	0.005
Road surface	Normal(1)	1	-	-	-	-
	Altered	0.76	0.59	0.97	0.030	0.006
Time of day (24-hour clock)	0:00-2:59(1)	1	-	-	-	-
	3:00-5:59	1.55	1.01	2.38	0.043	0.009
	6:00-8:59	0.77	0.54	1.09	0.141	0.012
	9:00-11:59	0.45	0.33	0.64	<0.001	0.014
	12:00-14:59	0.40	0.28	0.55	<0.001	0.014
	15:00-17:59	0.45	0.32	0.63	<0.001	0.012
	18:00-20:59	0.48	0.35	0.67	<0.001	0.012
	21:00-23:59	0.60	0.43	0.85	0.004	0.012
Years	2011 - 2013(1)	1	-	-	-	-
	2008 - 2010	1.34	1.07	1.69	0.010	0.012
	2005 - 2007	2.10	1.70	2.60	<0.001	0.015
	2002 - 2004	2.16	1.75	2.68	<0.001	0.012
	1999 - 2001	2.42	1.96	2.98	<0.001	0.010
	1996 - 1998	2.31	1.87	2.85	<0.001	0.012
	1993 - 1995	2.67	2.17	3.29	<0.001	0.015
Province	Alava	1	-	-	-	-
	Albacete	1.51	0.80	2.87	0.206	0.004
	Alicante	1.02	0.61	1.71	0.928	0.004
	Almería	1.61	0.92	2.83	0.095	0.006
	Ávila	0.29	0.07	1.25	0.097	0.001

Badajoz	1.96	1.06	3.62	0.032	0.007
Baleares	1.25	0.76	2.07	0.373	0.005
Barcelona	1.01	0.62	1.64	0.974	0.009
Burgos	1.35	0.76	2.43	0.308	0.003
Cáceres	1.48	0.64	3.39	0.360	0.002
Cádiz	1.04	0.56	1.91	0.907	0.007
Castellón	1.08	0.61	1.91	0.798	0.005
Ciudad Real	1.28	0.71	2.31	0.417	0.005
Córdoba	1.12	0.60	2.10	0.715	0.003
Coruña, La	1.12	0.62	2.02	0.714	0.003
Cuenca	2.95	1.45	6.02	0.003	0.003
Girona	1.07	0.62	1.85	0.799	0.006
Granada	1.18	0.66	2.10	0.584	0.005
Guadalajara	1.91	0.76	4.80	0.169	0.001
Guipúzcoa	0.65	0.36	1.18	0.157	0.003
Huelva	0.89	0.41	1.93	0.774	0.002
Huesca	1.36	0.70	2.66	0.365	0.003
Jaen	1.41	0.65	3.04	0.386	0.003
León	1.49	0.88	2.54	0.140	0.004
Lleida	1.38	0.75	2.57	0.302	0.003
La Rioja	2.15	1.18	3.92	0.013	0.003
Lugo	1.16	0.60	2.25	0.654	0.003
Madrid	1.10	0.66	1.82	0.725	0.006
Málaga	1.24	0.69	2.21	0.474	0.004
Murcia	1.76	1.05	2.94	0.031	0.005
Navarra	1.91	1.08	3.41	0.027	0.005
Orense	1.96	1.04	3.67	0.037	0.003
Asturias	0.76	0.43	1.33	0.335	0.004
Palencia	1.24	0.63	2.42	0.537	0.004
Palmas, Las	1.70	0.93	3.08	0.084	0.003
Pontevedra	0.96	0.52	1.75	0.886	0.003
Salamanca	1.49	0.74	2.99	0.261	0.003
Santa Cruz	1.43	0.76	2.73	0.270	0.003
Cantabria	0.97	0.53	1.75	0.909	0.004
Segovia	1.53	0.69	3.41	0.298	0.006
Sevilla	1.38	0.82	2.35	0.230	0.003
Soria	1.81	0.72	4.56	0.207	0.002
Tarragona	1.52	0.91	2.54	0.111	0.005
Teruel	1.77	0.74	4.24	0.201	0.002
Toledo	2.37	1.36	4.12	0.002	0.003

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Valencia	1.28	0.78	2.10	0.324	0.005
Valladolid	1.58	0.87	2.86	0.134	0.004
Vizcaya	0.68	0.37	1.22	0.193	0.003
Zamora	2.54	1.36	4.73	0.003	0.004
Zaragoza	1.71	0.99	2.95	0.056	0.005

- (1) Reference category
- (2) Fraction of missing information

4

For peer review only

STROBE Statement—Checklist of items that should be included in reports of *cross-sectional studies*

	Item No	Recommendation	Page No
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	1
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	2
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	4
Objectives	3	State specific objectives, including any prespecified hypotheses	6
Methods			
Study design	4	Present key elements of study design early in the paper	7
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	7
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants	7
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	8
Data sources/measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	8
Bias	9	Describe any efforts to address potential sources of bias	9
Study size	10	Explain how the study size was arrived at	7
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	N/A
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	8
		(b) Describe any methods used to examine subgroups and interactions	8
		(c) Explain how missing data were addressed	9
		(d) If applicable, describe analytical methods taking account of sampling strategy	N/A
		(e) Describe any sensitivity analyses	N/A
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Table 1 and Table 2
		(b) Give reasons for non-participation at each stage	N/A
		(c) Consider use of a flow diagram	N/A
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	10
		(b) Indicate number of participants with missing data for each variable of interest	Table 1 and Table 2
Outcome data	15*	Report numbers of outcome events or summary measures	10
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear	14

		which confounders were adjusted for and why they were included	
		(b) Report category boundaries when continuous variables were categorized	Table 1 and Table 2
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	N/A
Discussion			
Key results	18	Summarise key results with reference to study objectives	17
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	22
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	23
Generalisability	21	Discuss the generalisability (external validity) of the study results	23
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	25

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at www.strobe-statement.org.