

Study Of Poisoning In Adults At Poison Control Center, Loqman-E Hakeem Hospital Tehran-Iran From April 25, 2000 To April 25, 2001

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Abstract

To determine the cause of high prevalence of poisonings in adults referred to the poison control center of Loqman-e hakeem hospital, 19511 acute poisoning cases attended at this center from April 25, 2000 to April 25, 2001 were studied.

Nowadays we observe an increase in the number of poisonings in adults annually. (1,2). Over 20000 people suffer from acute poisoning referring to this center each year. (6).

The studies with limited variables don't help us arrange more detailed researches and we don't now have so many studies about clinical variables. (6)

Following a determined protocol, we consider not only epidemiology of poisonings but also clinical findings and outcome of poisoned patients.

METHODS

This is an observational and case-series study. All poisoned patients who were referred to this center, have been entered into the study. Staff emergency physicians performed a standardized assessment to include history and clinical variables and filled out an available questionnaire. Informed consent was implied one and type of sampling was non-probability and convenient one. Psychiatric evaluation was done by a psychiatrist on admitted cases. Concerning society was Tehran and our data was analyzed via spss software.

RESULTS

1) Of total 19511 patients, 8284 cases (42.45%) were admitted into ward and 11227 cases (57.55%) were discharged after 3 to 6 hours observation and management.

2) Of total 19511 patients, 12233 cases (62.7%) were female and 7278 cases (37.3%) were male.

3) The number of patients in seasons of year in descending frequency is as follows:

summer (5412, 27.7%), spring (5123, 26.2%), winter (4724, 24.3%), fall (4254, 21.8%)

4) The number of cases according to age and sex has been shown in table 1.

Figure 1

Table 1. Age and gender variables

Age group	Number of patients male	Number of patients female	Total
13 - 20	1228 (22%)	4352 (78%)	5580 (29.5%)
20 - 30	2823 (41.7%)	3947 (58.3%)	6770 (34.6%)
30 - 40	1380 (42.1%)	1898 (57.9%)	3278 (16.8%)
40 - 50	760 (46.4%)	879 (53.6%)	1639 (8.4%)
>50	1067 (47.59%)	1177 (52.41%)	2244 (11.5%)

5) Poisonings based on type has been shown in table 2.

Figure 2

Table 2. Poisonings based on type

	TYPE OF DRUG AND POISON	PERCENT	NUMBER
1	Benzodiazepines	16.4	3200
2	Unknown*	12.84	2505
3	Analgesics	12.65	2468
4	Antidepressants	11.8	2302
5	Opiates	11.2	2165
6	Alcohols	4.8	937
7	Cardiovascular drugs	4.6	898
8	Antipsychotics	4.1	800
9	Anticonvulsants	3.7	722
10	Pesticides	3.36	656
11	Arsenic**	2.8	546
12	Rodenticides	2.6	507
13	Petroleum distillates&Turpentine	1.82	355
14	Detergents	1.4	273
15	Gases	1.25	244
16	Hallucinogens	1.2	410
17	Bites(insect,snake,scorpion)	0.8	176
18	Mushrooms&poisonous plants	0.7	136
19	Corrosive	0.68	132
20	Iron	0.4	78

*In coingestion situations while it hasn't been detected surpassing specific drug or name of drug hasn't been become specified ,it has been entered into this group.

**Arsenic is used in depilatory powders.

6) Cases of poisonings according to nature have been shown in table 3.

Figure 3

Table 3.Causes of poisonings in nature

Nature of poisoning	Percent	Number
Voluntary	93.7	18282
Accidental	4.86	948
Occupational	1.38	269
Criminal	0.06	12

7) From viewpoint of marital status, single female 54% ,married female 39.5%and unknown 5.5% and single male 61%,married male 36%, unknown 3%.

8) About accidental poisonings, Carbon monoxide and other gases 25.5% (242 cases) , Petroleum distillates & turpentine 23% (218 cases), Opiates 19%(180 cases), Bites 18.6% (176 cases) and other substances constitute 13.9% (132 cases).

We must emphasize that poisonings due to occupational type are mostly managed in occupational medicine units of large factories.

Unknown cases are due to inexact reply of patient or his/her family.

9) Regarding route of poisonings, this study shows of the total referrals, oral 1854 cases (95.026%),inhalation 400 cases (2.05%) , bites 176 cases (0.9%), injection 291cases (1.49%) and cutaneous contact 7 cases (0.034%).

We must emphasize that slight poisonings due to cutaneous contact are managed in a department of dermatology and thus actual statistics of poisonings via cutaneous route constitute more than this data.

10) Of total cases, 18262 cases (93.6%) didn't have past history of psychological disorders and 1249 cases (6.4%) had a past history of psychological disorders.

Of cases with a past history of psychological disorders, 985 cases (79%) have been suffering from anxiety and depression.

11) Accompanying disease:

Diabetes mellitus 63 cases (0.32%) Cardiovascular disease 183 cases (0.94%), Epilepsy 59 cases (0.3%)

12) Job and occupation variables:

Pupil (2419 , 12.4%), Student (261 , 1.34%), House-keeper (5268 , 27%) , Employee (2497 , 12.8%) , Self-employment (4936 , 25.3%) , Unemployment (842 , 4.6%) and unknown (3287 , 17%).

The last is due to inexact enrollment.

13)D eterioration in consciousness (from drowsiness to coma):

Benzodiazepines 24% , Analgesics 9.5% , Opiates 49%, Antidepressants 17.1% , Hallucinogens 9% , Cardiovascular drugs 10.5% , Antipsychotics 54.3% , Alcohols 32.2% , Petroleum distillate&Turpentine 9.5% , Herbicides 9.4% , Anti-convulsants 36% , Detergents 2% , Corrosives 12% , Mushrooms and poisonous plants 16% , Multidrug (coingestion and unknown drugs 18.5% , Iron 1.3% , Rodenticides 6% Arsenic 4.8% , Bites 6.5%, Gases 36% ..

14) Gastrointestinal sign & symptom:

Nausea 5853 cases (31%) , Vomitting 2771 cases (14.2%) , ,Abdominal pain 1225 cases (6.28%) , Haematemesis 41 cases (0.21%) , Diarrhea 297 cases (1.52%) , salivation 605 cases (3.1%)

15) Respiratory sign and symptom:

Tachypnea (RR>12): 889cases (4.6%) , Bradypnea (RR<8) : 1776 cases (9.1%) , Respiratory distress : 204 cases (1.05%) ,Respiratory arrest :47 cases (0.24%)

16) Ocular sign&symptom:

Miosis 283 cases (12.2%) , Midriasis 1803 cases (9.24%) , Nystagmus 16 cases (0.08%) , Blurred vision 1206 cases (6.2%)

17) Neurologic Findings:

Convulsion 39 cases (0.2%) , Increased DTR (deep Tendon reflexes) 1641 cases (8.41%) and decreased DTR : 2166 cases (11.1%)

18) Of total cases :

Pharmaceuticals 13004 (66.65%) and Non-pharmaceuticals 6507 cases (33.35%).

19) Separation of Analgesic poisonings by type of drug:

Acetaminophen 31.4% , Aspirin 6.07%, Mefenamic Acid 4.2% , Ibuprophen 5.14% , Diclofenac 5.72 % , Indomethacine 0.86% , Adult cold 18.1% and mixed 28.5%.

20) The level of consciousness in poisonings is shown in table 4.

Figure 4

Table 4. Consciousness level in poisonings

	POISONING	CONSCIOUS	GRADE I	GRADEII&MORE
1	Benzodiazepines	2432(76%)	541(16.9%)	229(7.1%)
2	Analgesics	2233(90.5%)	161(6.5%)	74(3%)
3	Opiates	1104(51%)	629(29%)	432(19.1%)
4	Antidepressants	1908(82.9%)	255(11.1%)	138(6%)
5	Hallucinogens	374(91%)	26(6.5%)	10(2.5%)
6	Cardiovascular drugs	804(89.5%)	85(9.5%)	9(1%)
7	Antipsychotics	366(45.7%)	256(32%)	178(22.3%)
8	Alcohols	635(67.8%)	169(18%)	133(14.2%)
9	Petroleum distillates&turpentine	335(90.5%)	18(5%)	2(0.5%)
10	Pesticides	594(90.6%)	52(0.8%)	10(1.4%)
11	Anticonvulsants	462(64%)	166(23%)	94(24%)
12	Gases	156(64%)	29(12%)	58(24%)
13	Detergents	268(98%)	5(2%)	
14	Corrosives	120(88%)	16(12%)	
15	Poisonous plants	114(84%)	22(16%)	
16	Iron	77(98.7%)	1(1.3%)	
17	Rodenticides	477(94%)	30(6%)	
18	Arsenic	520(95.2%)	26(4.8%)	
19	Bites	164(93.5%)	11(6.5%)	
20	Poisoning of unknown origin	1663(81.5%)	364(18.5%)	

*Stages of coma as shown in ref.1 p. 525

DISCUSSION

There is a significant increase in the number of self-poisoning referred to this poison control center as compared with the year 1991 by over 1.5 times.

The number of cases admitted in the ward (425 of 1000 cases) indicate more increase than a similar study in year 1991 in this center.

Most of the cases are in the range of 13 to 40 years with 15628 cases (80.1%) and in this range , group of 20 to 30 year constitute most of the cases with 6770 cases (34.7%).

In general, problems associated with marriage and living costs , activities of group in social and industrial occupations, crowded population in this range in our community are the causes of the high rate of cases in this group.

Decrease of cases after age 40 years is probably due to the lesser numbers of individuals in this range, logical decision about living difficulties and lower incidence of suicide attempts.

Benzodiazepine with 16.4% , Analgesic with 12.65% and Antidepressants with 11.8% of total cases constitute the most common drug-induced poisonings .

In Non-pharmaceutical poisonings , opiates with 2165 cases (11.2% of total) have been increased as compared with the study of year 1991 in this center. The most common cause of poisoning is voluntary in nature 18282 cases (93.7%) , overall , suicide attempts accounted for the most frequent type of acute poisoning 12762(65.41%).

Herbicide poisoning is less than similar studies that is due to availability of drugs and other poisons.

The low incidence of carbon monoxide poisoning in comparison with other studies is due to both preventive facilities and the referral of carbon monoxide-induced deaths to the legal medicine organization of IRAN.

Deterioration in consciousness level is mostly seen in antipsychotics (52.3%) because of probable co-ingestion of other drugs .Because we don't have statistics of death due to poisoning before hospitalization ,the mortality rate of 0.96% has been only considered at this center.

At last , to reduce the number of poisonings in adults and subsequent mortality and morbidity, it is suggested to

emphasize the importance of primary health care especially making focus on psychology health care in Adolescence.

References

1. Haddad lester M., Shannon Michael W., Winchester James F., clinical management of poisoning and drug overdose ;3rd edition; philadelphia; W.B.Sannders company;1998.P.2-31
2. MC Aleer-J;Murphy-Gj;Taylor-RH;Moran-jl;o'connor-fa;Trends in the severity of self-poisoning;j-R-soc-Med.1986;79(2);74-5
3. Dorado-pombo-s;Martin_Fernandez-j;sabugal-Rodelgo-G;Caballero-valles-Pj;Epidemiology of acute poisoning :study of 613 cases in the community of madrid in 1994;Rev-Clin-Esp;1996;196(3):150-6 ISSN:0014-2565
4. Goldacre-M;Hawton-K;Repetition of self-poisoning snd subsequent death in Adolescent who take overdoses;Br-J-Psychiatry;1985;146;395-8; ISSN:0007-1250
5. Bouknight-RR;Alguire-Pc;Lofgren-Rp;Hoppe-RB;Self-poisoning:Outcome and complications in the community hospital;J-Fam-Pract.1986;23(3):223-5 ISSN:0094-3509
6. Pajoomand A.;Shari-ate torbaqani A.;Diagnosis and Management of poisonings;1st edition;Tehran;CHEHR;1998; ISBN:964-409-073-X

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