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CURRENT AWARENESS PAPERS OF THE MONTH

Child poisonings with methadone in France: a 6-year prospective national survey since the availability of capsules in 2008

Background
Methadone for opiate substitution was available only in syrup formulation prior to 2008. In 2007, the French Health Authorities made solid forms available. A national survey was performed in order to evaluate the modification of child poisonings induced by such a new pharmaceutical formulation.

Methods
A prospective study was set up (April 15, 2008 to April 15, 2014) with the analysis of cases of unintentional ingestion of methadone by patients under 18 years old and managed by the 10 French poison control centers at the national level. As soon as a new pediatric exposure was recorded in the informatics data bank of the Poison Centers, a telephone survey was performed by the Marseilles' Poison Center to obtain the evolution and all the necessary details.
Results
87 cases of child poisonings with the 2 forms were reviewed (syrup, 56 patients; capsules, 31 patients). Comparison shows that patients were similar for both formulations (no significant difference concerning age [median 2 years], sex ratio [M/F 0.85], previous history, and ingested quantities of methadone). There was a similar severity profile with both formulations proving that methadone can lead to lethal child intoxications (1 death with capsules and 4 with syrup). The relative risk of pediatric accidents is also the same with 2 formulations, leading the health authorities, in collaboration with laboratories, to design and distribute flyers. The aim was to inform patients who are also parents about the high danger risk of their treatment for children, whatever the formulation of methadone present in the house.

Discussion
The results of this survey were similar to those of another national study by the French Poison Centers concerning adult suicide attempts with methadone. Both prospective studies led to the conclusion that methadone must be considered as a dangerous molecule for patients and their families. The recent availability of a solid formulation in France did not change the profile of poisonings with this opiate substitute treatment.

Full text available from:
http://www.tandfonline.com/doi/full/10.3109/15563650.2015.1073298#abstract

External validation of the paracetamol-aminotransferase multiplication product to predict hepatotoxicity from paracetamol overdose

Context
Risk prediction in paracetamol (acetaminophen, or APAP) poisoning treated with acetylcysteine helps guide initial patient management and disposition. The paracetamol-aminotransferase multiplication product may be a useful and less time-sensitive risk predictor.

Objective
The aim of this study was to validate this multiplication product in an independent cohort of patients with paracetamol overdose.

Materials and methods
Using an existing toxicology dataset of poisoned patients from two large inner-city United Kingdom teaching hospitals, we retrospectively identified by electronic search all paracetamol overdoses from February 2005 to March 2013. We assessed the diagnostic accuracy of the multiplication product (serum APAP concentration × alanine transaminase [ALT] activity), especially at the pre-specified cut-off points of 1 500 mg/L × IU/L (10 000 micromol/L × IU/L) and 10 000 mg/L × IU/L (66 000 micromol/L × IU/L). The primary outcome was hepatotoxicity defined by a peak ALT > 1000 IU/L.

Results
Of 3823 total paracetamol overdose presentations, there were 2743 acute single, 452 delayed single (> 24 h post overdose), 426 staggered (ingestion over > 1 h), and 202 supratherapeutic ingestions. Altogether, 34 patients developed hepatotoxicity. Among the acute single-ingestion patients, a multiplication product > 10 000 mg/L × IU/L had a sensitivity of 80% (95% confidence interval [CI]: 44%, 96%) and specificity of 99.6% [99.3%, 99.8%], while a product > 1 500 mg/L × IU/L had a sensitivity of 100% [66%,...
100%] and specificity of 92% [91%, 93%]. Overall, 16 patients with a multiplication product > 10 000 mg/L × IU/L developed hepatotoxicity (likelihood ratio: 250, 95% CI: 130, 480), and 4 patients with a multiplication product between 1 500 and 10 000 (likelihood ratio: 2.5, 95% CI: 1.0, 6.0). No patient with a product < 1 500 mg/L × IU/L who received acetylcysteine developed hepatotoxicity.

Conclusions
Regardless of ingestion type, a product > 10 000 mg/L × IU/L was associated with a very high likelihood, and < 1 500 mg/L × IU/L with a very low likelihood, of developing hepatotoxicity in patients treated with acetylcysteine.

Full text available from: http://dx.doi.org/10.3109/15563650.2015.1066507

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Warfarin

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Lacosamide

Phenytoin
Valproate

Antidepressants
Bupropion

Trazodone

Antihistamines
Diphenhydramine

Antimalarial drugs
Chloroquine

Antineoplastics

Cisplatin

Crizotinib

Subutinib

Vinblastin

Antipsychotics
Olanzapine

Quetiapine


Antituberculous drugs
Ethambutol

Antitussives

Baclofen

Barbiturates
Pentobarbital

Benzodiazepines


**Phenazepam**

**Beta-blockers**

**Beta2 agonists**
**Salmbutamol**

**Trantinterol**

**Caffeine**


**Calcium channel blockers**

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**Cochaine**


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**Arsenic**


**Cadmium**


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Chlordecone

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Endosulfan


Organophosphorus insecticides
General


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**CHEMICAL WARFARE, BIOLOGICAL WARFARE AND RIOT CONTROL AGENTS**

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**VX**

**PLANTS**

**General**


**Irvingia gabonensis (African mango)**

**Camellia sinensis (Tea)**

**Cassia occidentalis**

**Colchicum autumnale (Autumn crocus)**

**Ginkgo biloba**

**Lamprocapsn spectabilis (Bleeding Heart)**

**Rhamnus alaternus (Italian buckthorn)**

**Taxus baccata (Yew)**

**Mushrooms and other fungi**


**Mycotoxins**

**ANIMALS**

**Fish/marine poisoning**

**Anemone**

**Megalopyge spp.**

**Micro-organisms**
Snake bites

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