



AACT*ion* News & Announcements

Volume 25, Number 1
American Academy of Clinical Toxicology

Message from the President: *Karen Simone, PharmD, DABAT, FAACT*

Little things are big ... (Yogi Berra)

It is clear that if you work with biting dogs and wrestle alligators, you might get hurt. So, we prepare for that, take precautions and are a little more careful. It is a little less clear, however, that a tiny ten- or fifteen-pound feline might land you in the hospital for the better part of a week, especially if it is "your" feral barn cat. The littlest things might actually be bigger than you think.

Many of us probably feel that doing our job well, treating poisoned patients with the most cutting-edge, evidence-based interventions and giving our best effort to get patients out of the hospital sooner while providing them with the fastest and best care is sufficient. And, in some ways, it should be. Knowing that we are doing an excellent job managing patients, decreasing costs and improving care, we should feel good about what we do. Why then, are we challenged financially? Understanding the importance of caring for people and saving health care costs, it is somewhat mystifying that we must spend so much time scraping the bottom of the barrel for enough funding to survive. Why are we



You can accomplish much, more easily, when you work collaboratively

spending so much time justifying our existence? Why do we have such difficulty getting appropriate funding for the most basic toxicology practice? It might be that we aren't addressing the littlest thing. By little, I am not referring to small in scope, perhaps just small in relative importance to us as clinicians who focus mainly on caring for our patients.

What is the feral feline in the room? Advocacy, partnerships, collaboration and relationships. It is not enough to do a good job. It is not even enough to perform and publish research to prove we are doing a good job. Otherwise, we would be fully funded to do the work we do. What we are missing is sufficient time and effort building the relationships and becoming part of the infrastructure.

Unfortunately, we are the best-kept secret in health care. We say that we do not have time. We are overwhelmed with clinical, academic and other patient- or student-related obligations. I say, if we want to survive, we need to make the time. Funding will follow. That will allow us to better care for our patients.

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AACT^{ion}

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PRESIDENT'S MESSAGE CONTINUED

What can you do? Alone, not a lot; together as part of a larger American Academy of Clinical Toxicology, more than you might think. We need to move toward a more public health perspective, beyond simply caring for the patients currently in front of us. Over the coming years, the Academy will work to enhance our ongoing relationships and forge new ones. We will become a bigger part of/contributor to public health by addressing more of the toxicology issues all around us. We will get involved. We will be part of the solution. This is where I depart from Yogi Berra and adopt JFK. Ask not what your Academy can do for you; ask what you can do for your Academy. Your Academy will be asking you to get involved. This will take time and effort. You will gain personally, professionally and academically, but you will also help further toxicology while improving the health of patients and their families.

Important Dates to Remember!

Date (s)	Event
March 9, 2015 at 12:00p EDT	ABAT Journal Club
April 14, 2015	NACCT Abstract Deadline
May 26 - 29, 2015	EAPCCT Congress St. Julians, Malta
June 1, 2015	AACT Fellow Application Deadline
October 8-12, 2015	NACCT San Francisco, CA
November 1, 2015	Lampe-Kunkel Research Award Deadline
November 1, 2015	AACT Junior Investigator Award Deadline

Upcoming Continuing Education Events

AACT will be offering continuing education webinars that will occur on the 2nd Tuesday every other month at 1:00pm Eastern. Stay tuned for more details!

Toxicology in the News

Susan Smolinske, Pharm.D., DABAT

In this issue, we review some of the most interesting toxicology-related popular press stories from 2014. Online news often results in toxicologists needing to explore the science behind the hype. These are the top ten AACT editor's choice stories for 2014, with thanks to Donna Lotzer, "The Internet", and thepoisonreview.com (The 5th Annual Alexander Awards: The Best Tox Reading of 2014). My hope is that more of you will contribute links to me during 2015. Please send to smolinske@comcast.net.

We invite you and encourage you to submit commentaries and perspective on these stories and we will highlight those in the subsequent issues of AACTion.

1. We think of tetrodotoxin as an unusual, once in a lifetime story, but here were two clusters in the same year, June and October, 2014.

<http://www.livescience.com/49181-pufferfish-poison-recovery.html>

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6351a2.htm?s_cid=mm6351a2_w

2. This December FDA blog posting put a personal touch on two young adults who died from powdered caffeine.

<http://blogs.fda.gov/fdavoices/index.php/2014/12/tragic-deaths-highlight-the-dangers-of-powdered-pure-caffeine/>

3. The best part of this December short story from across the pond is the commentaries.

<http://www.npr.org/2014/12/15/370878806/hallucinogenic-mushrooms-found-at-buckingham-palace>

We asked EAPCCT President, Alexander Campbell BSc (Hons) Dip. Med.Tox. FEAPCCT to comment: "I cannot speak for my other UK colleagues, but I have not (yet) been invited to dine with Her Majesty the Queen at Buckingham Palace. I am certain, however, that any mushrooms served for the royal palate would be exquisitely prepared, and dinner would go with a swing! It's not the first report I have heard about fungi on royal estates in the UK being implicated in possible poisonings. In my days of involvement with the UK Veterinary Poisons Information Service there was

an autumnal phenomenon called Seasonal Canine Illness where exercising dogs were falling ill and sometimes dying inexplicably on various woodland areas, including the Queen's Sandringham Estate in Norfolk.

Those interested can find more at http://www.aht.org.uk/cms-display/sci_doginvestigation.html

4. Here is a June story about a whiskey product banned in Europe for containing propylene glycol (PG). It may be worth asking those patients **not** on lorazepam drips, intubated with etomidate, or treated with phenytoin for seizures, who have PG levels present, if they have been "fireballing".

The product: <http://www.businessweek.com/articles/2014-04-24/fireball-whisky-gains-on-jagermeister-via-social-media-bar-sales#p1>

The outcry: http://www.huffingtonpost.com/2014/10/29/fireball-whiskey-recall_n_6067486.html

We really would like to hear your thoughts on this story especially our European Colleagues. Please submit your commentaries to smolinske@comcast.net by March 1, 2015 and they will be in the next issue of AACTion.

5. If 2014 had a theme, it would be a serious rise in opiate deaths and the increasing use of naloxone for out-of-hospital management. This is a very readable September story that brings it home.

<http://www.newyorker.com/magazine/2014/09/08/antidote>

6. The Cheech and Chong photo is enough to make this February story worthy of reading, especially if you live or drive in Colorado.

http://www.nytimes.com/2014/02/18/health/driving-under-the-influence-of-marijuana.html?hpw&rref=health&_r=1

7. And speaking of marijuana, the edibles surely have had their press. I usually think of "couch lock" associated with synthetic cannabinoids, but looks like it can also occur with the "real thing".

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From the American Board of Applied Toxicology (ABAT)

Kristin Engebretsen, Pharm.D., DABAT, FAACT

Hello and Happy New Year from the American Board of Applied Toxicology (ABAT)!

ABAT is a subcommittee of AACT and is charged with credentialing and administering the toxicology exam for all American candidates (other than medical physicians or veterinarians) who would like to become board certified in clinical toxicology.

ABAT is a fairly small membership with only about 118 individuals ever passing the board exam. This year I am proud to say we had 6 out of 9 candidates pass the ABAT exam. This is quite a bit higher than the passing rate over the last few years. The reason for the increased passing rate is easy- great candidates, with strong preceptors/training programs and lots of experience. It is my pleasure to be able to introduce our newest ABAT members: Dayne Laskey, Rachel Gorodetsky, Karen Thomas, Rachel Schult, Sheila Goertemoeller, and Nicole Reid. Please help me congratulate them on their passing of the ABAT exam.

This year, ABAT is focusing on education. We will be looking at ways to bring educational opportunities to both ABAT and AACT members. In this process, we hope to be able to offer multiple aspects of inter-professional learn-



*ABAT President-Kristin Engebretsen,
PharmD, DABAT, FAACT*

ing including educational toxicology modules, journal clubs and Life Long Learning and Assessment (LLSA) opportunities.

As our ABAT membership continues to mature, many of our original members and founders of ABAT are looking to retirement. In order to maintain our success and member numbers, ABAT will also be evaluating other possible areas of opportunity for recruitment. We will be focusing on healthcare professionals who possess a strong interest in toxicology with supporting experience. Populations we are

currently considering reaching out to include -emergency medicine and critical care trained healthcare professionals and CSPI's.

This year's ABAT Board of Directors are highly motivated and are working extremely hard to bring about some new and wonderful changes. We hope these changes will increase educational opportunities for all our ABAT and AACT members and also help reinforce the future success of ABAT. This year's ABAT Board of Directors include: Sue Gorman- Past President, Kristin Engebretsen-President, Mark Winter- President Elect, Steven David Baker-Secretary, Bryan Hayes, Dawn Sollee, Richard Thomas, Fred Aleguas, and Howard McKinney.

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<http://www.nytimes.com/2014/06/04/opinion/dowd-dont-harsh-our-mellow-dude.html?partner=rssnyt&emc=rss>

8. Do we really need a long-acting hydrocodone product?

<http://nymag.com/health/bestdoctors/2014/zohydro-2014-6/>

<http://www.forbes.com/sites/melaniehaiken/2014/02/28/is-zohydro-the-super-potent-new-opiate-painkiller-just-too-dangerous/>

9. As the mother of two boys with ADHD, this article really hit home.

<http://www.esquire.com/features/drugging-of-the-american-boy-0414>

10. And last, for anyone interested in the discovery of LSD.

<http://www.theatlantic.com/health/archive/2014/09/the-accidental-discovery-of-lsd/379564/>

Want to Become More Involved?

Two New Sections have been Created

Geriatric Section

Chairs: Mark Thoman, MD
paro1795@aol.com

Tom Kurt, MD
tomkurtmd@comcast.net

Sports Section

Chair: Christopher Hoyte, MD
christopher.hoyte@ucdenver.edu

AACT Sports Toxicology Section

Christopher Hoyte, MD, Chair, Sports Toxicology Section

Sports and competition has always been a major part of society. From the elite athlete to the weekend warrior, participation in sport has become competitive to the point that athletic performance enhancement has become a multibillion dollar industry. Products used for performance enhancement includes anabolic steroids, human growth hormone, caffeine, dietary supplements, drugs of abuse, and pharmaceutical products. The widespread use of these products has implications not only for the governing bodies policing the integrity of the sport, but also for the overall health of the athlete.

In our Sports Toxicology Section, we will:

1. Discuss the current use of pharmaceuticals and other products used for athletic performance enhancement.

2. Describe the methodology behind the latest analytic drug testing and forensic toxicology.
3. Determine whether a specific patient using athletic performance enhancers is at risk for toxicity.

The Sports Toxicology Section welcomes all AACT members. We will provide a forum for education and networking among medical toxicologists interested in forensics as it related to sports and performance enhancing drugs. We will provide webinars, lecture series, and conduct research in order to achieve this goal.

Sad News

Alexander Campbell, BSc, Dip.Med.Tox., FEAPCCT

EAPCCT is mourning the loss of Professor Albert Jaeger. Albert was a President of the EAPCCT from 1998-2002, a period of exciting change for the association. He was the principal organizer of the memorable 40th celebrations of the EAPCCT at the fondly remembered congress in Strasbourg in 2004. An outstanding physician and advocate for our science, he was at the same time a true gentleman, a

notable gourmet and wine enthusiast and excellent company. I myself feel very honoured to have known him, as must many of you.

We will of course devote some pages of the next EAPCCT newsletter to his memory and legacy, and I will write to his wife, Marie-Laure, on behalf of the association.

Geriatric Toxicology

Tom Kurt, MD, MPH, FAACT and Mark Thoman, MD, FAACT

With older adults, seniors 65 and older, comprising 13% of the US population and growing, geriatric toxicology is emerging. Seniors take 30% of all prescription drugs (RR 2.3) and 50% of all over-the-counters (OTCs) (RR 3.85), account for 40% of drug-related hospitalizations (RR 3.1) and for 50% of drug-related deaths (RR 3.85).

Most are acquainted with multisystem organ function declining 1% from the previous year. Less are familiar with how with aging, pharmacokinetics becomes gerontokinetics. The resultant longer half-lives and larger AUCs, mandate decreased dosing. This is detailed in an eye-awakening book, Gerontokinetics with an inventory of common drugs. Gerontokinetic comparisons of pharmacokinetic modeling have also been performed and explained in FDA industry guidelines. This is part of the reluctance to cover certain drug classes, such benzodiazepines, under Medicare Part D.

In addition, there is the “polypharmacy” issue in seniors with surveys showing that the typical senior is taking 3 to 4 prescription drugs and 3 to 4 over-the-counter meds. making drug interactions a common critical issue as well.

These factors as a whole are “geriatric toxicology”. The consequences that occur are increased morbidity and mortality manifest through emergency department visits and hospitalizations. In parallel, geriatric toxicology results in more poison center calls as well as medical toxicologists being consulted to provide consultant care.

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On the Move

On The Move?!

Have you started a new job or have updated contact information? **We want to know!**
Please send an email to your AACTion Co-editors at marraffj@upstate.edu or smolinske@comcast.net

AACT Members Making Strides!

Daniel J. Cobaugh, Pharm.D., DABAT, FAACT has been named by ASHP as the new Assistant Vice President and Editor in Chief of AJHP (American Journal of Health-System Pharmacy). Dr. Cobaugh began his tenure in this role on January 1, 2015. Congratulations on this accomplishment!

Susan Smolinske, Pharm.D., DABAT was the recipient of the Wayne County Pharmacists Association's John H. Webster Award for exemplary contributions to the profession of pharmacy. Congratulations!!

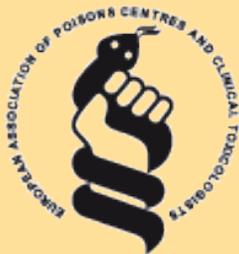
Want to be a Fellow of AACT?

Christine Stork, PharmD, DABAT, FAACT

For those of you active in the Academy, now is the time to begin the application for consideration of becoming a Fellow of the AACT. If you have any questions about the process or if you have the qualifications for Fellowship Status, please contact Christine Stork, Pharm.D. at storkc@upstate.edu. Applications are being accepted until 6/1/15. For those of you that are new to the Academy or want to become more involved, please send an email to admin@clintox.org.

For those new to the Academy or those wanting to be more active: Make sure you have clicked the box about wanting to be more active in the academy. If you would like some other ideas, please contact Christine Stork, Pharm.D. at storkc@upstate.edu.

EAPCCT Malta 2015



The EAPCCT is looking forward to seeing and welcoming AACT members to our annual congress on the beautiful Island of Malta at the end of May.

We can promise sun, great hospitality and great science! Presenters will be receiving confirmations in the next week or so.

The Congress brochure can be found at:
http://www.eapcct.org/publicfile.php?folder=congress&file=Malta_Brochure.pdf

Congress registrations ("early bird" deadline March 24th 2015) can be made at:
<http://www.eapcct.org/congress/cgregistrationform.php>

Hotel bookings can be made at the following:
Congress hotel:

<http://www.hilton.com/en/hi/groups/personalized/M/MLAHITW-GEP-20150520/index.jhtml>

Other hotels:

<http://www.alpinemalta.net/eapcct15/>

Delegates are recommended to book flights early as Malta is a popular destination at this time!

Visa requirements are to be found in the congress brochure and website.

Question of the Day

Do you have a “favorite” Question of the Day? We are going to highlight at least 1-2 in each issue of AACTion. If you have a suggestion, please email marraffj@upstate.edu

The Question of the Day is just one of the great member-only benefits of AACT! Looking for a previously released QOD....sign in to www.clintox.org and go to the members only side and click on QOD and that database is searchable by keyword.

Here is one of the AACTion Co-editors favorite from January 23, 2015:

Question: The cited reference notes “E-cigarette liquids are typically solutions of propylene glycol, glycerol, or both, plus nicotine and flavorant chemicals. Which chemicals are produced as a result of the vaporization (“vaping”) process associated with the use of e-cigarettes?
Answer: The authors of the cited reference report they have “observed that formaldehyde-containing hemiacetals....can be formed during the e-cigarette “vaping” process. Formaldehyde is a known degradation product of propylene glycol that reacts with propylene glycol and glycerol during vaporization to produce hemiacetals.” (Jensen RP et al. Hidden formaldehyde in e-cigarette aerosols. 2014 NEJM 372:392-394)

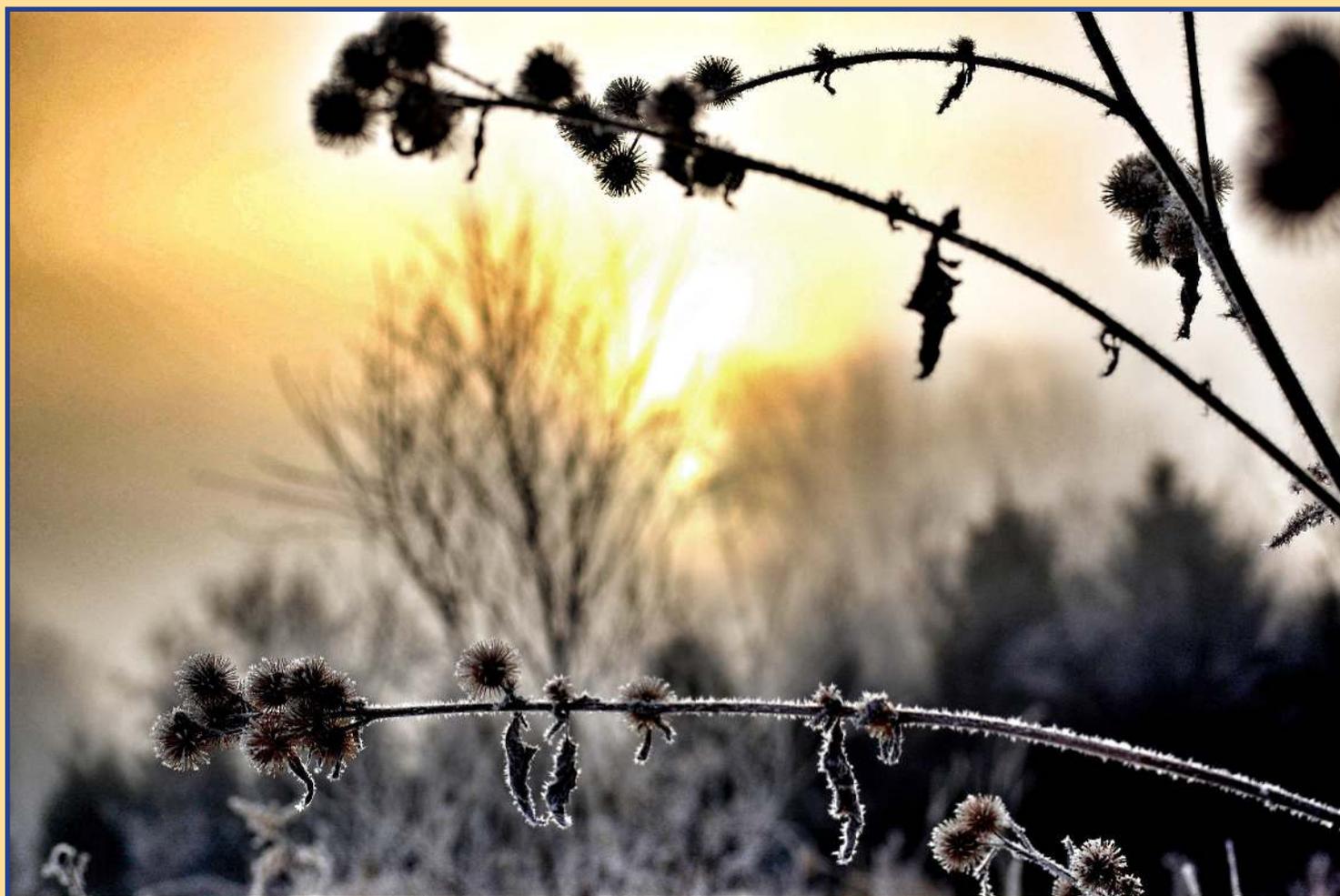


Photo submitted by Mary Halsey-Claps, RN, CSPI