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E. Martin Caravati & Bruno Mégarbane

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EDITORIAL

Update of position papers on gastrointestinal decontamination for acute overdose

E. MARTIN CARAVATI¹ and BRUNO MÉGARBANE²

¹Division of Emergency Medicine, University of Utah, Salt Lake City, UT, USA

²Department of Medical and Toxicological Critical Care, Lariboisière Hospital, Paris, France

Therapies such as induced vomiting, gastric lavage, activated charcoal, and cathartics have been used for decades to decontaminate the gastrointestinal tract of patients with acute drug overdose.¹ These methods were in frequent use in homes (e.g., ipecac), emergency departments, and hospitals and seemed *a priori* to be a logical intervention that would benefit these patients (i.e., get the poison out). However, over the years, it became increasingly recognized that indications, utilization, and effectiveness of these decontamination methods were unclear, variable, or nonexistent. In order to better guide clinicians in the use of these procedures and reduce patient risk, the American Academy of Clinical Toxicology (AACT) and the European Association of Poisons Centres and Clinical Toxicologists (EAPCCT) appointed clinical toxicology experts to review the medical literature and issue the position statements on the indications, effectiveness, and adverse events of these therapies. The first set of position papers was published in *Clinical Toxicology* in 1997 on five decontamination procedures: ipecac, gastric lavage, single-dose activated charcoal, cathartics, and whole bowel irrigation. These were followed by papers on multi-dose activated charcoal in 1999 and urinary alkalization in 2004. Since medical knowledge evolves at a rapid pace and often leads to changes in medical practice, it is prudent to update clinical treatment recommendations on a regular basis. The last update of these position papers was in 2004–2005.

Recently, a new panel of nine authors was selected by the sponsoring academic organizations (four AACT members and five EAPCCT members) to once again update the position paper recommendations. The panel represents a wide range of expertise that includes acute and intensive care, poison centers, epidemiology, literature search expertise, and prior poison management guideline-writing experience. All members have extensive experience in the evaluation and treatment of poisoned patients. The

methodology for this round of updates included a systematic review of the literature, assigning levels of evidence to the newly cited literature, generating an evidence table of articles used in decision-making, and utilizing a Delphi process to produce the final draft paper. The final drafts were posted on both society websites for six weeks for member review, comment and were returned to the panel for revision. The boards of directors of AACT and EAPCCT endorsed the final papers. As opposed to clinical guidelines, which are editorially independent of any organization, these papers reflect the endorsement of the sponsoring societies, and as such are “position papers” rather than “guidelines”.

This issue of *Clinical Toxicology* contains two updated position papers on gastric emptying techniques for acute overdose, ipecac-induced emesis,² and gastric lavage,³ which were last published in 2004–2005. The findings of the prior position statements are summarized in each paper and updated with new peer-reviewed evidence since last publication. The evidence tables for each update are available as online appendices. The recommendations are evidence based whenever possible. Where high-quality evidence is lacking, consensus was required of the panel and the sponsoring boards. These position papers are accompanied by a very insightful commentary by Milton Tenenbein.

Declaration of interest

The authors are members of the position paper expert panel and editors of the journal. The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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Address correspondence to E. Martin Caravati, Division of Emergency Medicine, University of Utah, 50 North Medical Drive, SOM 1C26 Salt Lake City, UT 84132, USA. E-mail: martin.caravati@hsc.utah.edu