

Current Awareness in Clinical Toxicology

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CURRENT AWARENESS PAPERS OF THE MONTH

Fatal unintentional non-fire-related carbon monoxide poisoning: England and Wales, 1979-2012

Fisher DS, Leonardi G, Flanagan RJ. Clin Toxicol 2014; online early: doi: 10.3109/15563650.2014.887092:

Context

Unintentional carbon monoxide poisoning remains a significant cause of morbidity and mortality in England and Wales.

Methods

Study design: observational case series. Data on fatal carbon monoxide poisoning in England and Wales from 1979 to 2012 were obtained from coroner reports. Data on unintentional non-fire-related carbon monoxide poisoning were extracted and were analysed by year of registration of death, sex, age group, and whether death occurred at a private house, flat, associated garage, or residential caravan ('home'), or elsewhere.

Results and discussion

There were 28,944 carbon monoxide-related deaths, of which 82% were male. Deaths increased from 965 (1979) to 1700 (1987), and then fell to 182 (2012). Of these 2208 (64% male) were recorded as unintentional non-fire-related deaths. Annual numbers of these latter deaths fell from 166 in 1979 to 25 in 2012 (i.e. from 3.37 to 0.44 per million population). Some 81 and 92% of such deaths in males and in females, respectively, occurred at 'home'. A clear preponderance of male versus female deaths was seen in the 10–19, 20–39 and 40–64 years age groups, with similar numbers of deaths in males and in females in the younger (< 1 and 1–9 year) and higher (65–79 and 80 + years) age groups. A higher proportion of these excess deaths in males occurred outside the deceased's 'home' in those aged 10–19, 20–39 and 40–64 years.

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Conclusion

Deaths from unintentional non-fire-related carbon monoxide poisoning are now much less common in England and Wales than in earlier years, but remain a cause for concern. Installation and proper maintenance of carbon monoxide alarms in dwellings and outhouses, for example, and education not only of the public, but also of health and other professionals as to the danger posed by carbon monoxide could help prevent such deaths.

Full text available from: <http://dx.doi.org/10.3109/15563650.2014.887092>

Pediatric ergot alkaloid exposures reported to the California Poison Control System: 1997–2008

**Armenian P, Kearney TE. Clin Toxicol 2014; online early:
doi: 10.3109/15563650.2014.885037:**

Context

The risk of toxicity from exposure to ergot alkaloid-containing medications in children is uncertain. Due to the alarming historical experience with severe toxicity and the syndrome of ergotism from natural and synthetic ergot alkaloids, triage recommendations for pediatric exposures to medicinal agents containing ergot alkaloids may be inappropriate and inconsistent.

Objectives

The goal of this study was to describe the clinical effects of unintentional ergot alkaloid exposures in children and to identify the need for hospitalization in these cases.

Methods

This was a retrospective cohort study of all pediatric (< 7 years old) ergot alkaloid exposures reported to the California Poison Control System (CPCS) from 1997 to 2008. Case narratives were reviewed and assessed for patient demographics, ergot alkaloid agent and dose, route of and reason for exposure, symptoms, therapy, hospitalization period, and final outcome.

Results

Of the 374 cases, 353 met the inclusion criteria. The median age was 24 months (Range: 7–72 months) with more than 99% oral route of exposure. The most frequent clinical effect was gastrointestinal distress (16%), followed by lethargy (5%). Two cases with significant vascular and CNS symptoms were identified, both with complete recovery. For symptomatic patients, all symptoms were there at time of initial presentation. The majority, 62%, of all patients were treated in the hospital setting. The median length of hospital stay was 4 h (Range: 1–36 h). Ergot exposures had a similar number of serious outcomes (moderate or worse effects) compared to all other pediatric poisonings reported to the CPCS during the study period (odds ratio [OR], 0.98; 95% confidence interval [CI], 0.25–3.95), but were associated with a disproportionately higher number of hospitalizations (OR, 13.8; 95% CI, 11.1–17.1).

Conclusions

Pediatric ergot exposures were associated with few transient adverse effects but multiple hospitalizations. Rare cases of significant toxicity associated with methylergonovine exposures were found. Current poison control send-in protocols and emergency department (ED) guidelines should consider home management and short ED stays as opposed to

lengthy critical care bed admissions.

Full text available from: <http://dx.doi.org/10.3109/15563650.2014.885037>

Trend analysis of anonymised pooled urine from portable street urinals in central London identifies variation in the use of novel psychoactive substances

Archer JRH, Dargan PI, Lee HMD, Hudson S, Wood DM. Clin Toxicol 2014; online early: doi: 10.3109/15563650.2014.885982:

Context

There is increasing interest in the analysis of waste water at sewage treatment plants to monitor recreational drug use. This technique is limited for novel psychoactive substances (NPS) due to limited knowledge on their human and bacterial metabolism and stability in waste water. Small studies have reported the detection of NPS using pooled anonymous urine samples, which eliminates some of these potential confounders.

Objective

To determine patterns of recreational drug, including NPS, use by confirming their presence in analysis of pooled urine from portable street urinals across a wide geographical area in central London over a 6-month period.

Materials and methods

Pooled anonymous urine samples were collected from 12 four-bay stand-alone portable urinals distributed once a month across central London for six consecutive months. Samples were analysed using high-performance liquid chromatography coupled to high-resolution accurate mass spectrometry (LC-HRAM-MS); acquired data were processed against target compound databases.

Results

With regards to Classical Recreational Drugs, there was consistency of detection of cathine, cocaine, morphine, MDMA over the 6 months, with variability of detection of amphetamine, ketamine and cannabis. With regards to NPS, a total of 13 NPS were detected during the six months. Mephedrone and methylhexanamine were detected consistently each month. Other commonly detected NPS included methiopropamine (5 months), pipradrol (4 months), cathinone (4 months), 5-(2-aminopropyl)benzofuran (3 months) and 4-methylethcathinone (3 months). Of note, methoxetamine and the synthetic cannabinoid receptor agonists were not detected in any samples. Discussion. Previous studies using the same method detected three and five NPS in a nightclub and pissoir setting, respectively, on a single night. The longer sampling time of 6 months has allowed detection of 13 NPS. Of note, mephedrone showed the least month-to-month variation in detection over the 6-month sampling period. With regards to classical recreational drugs, those detected were consistent with use-data from UK population surveys. The only exception is amphetamine which these surveys have shown a steady decline in use since 1996 but our study showed some variation in the frequency of its detection. However, the sampling period was too short and a longer study is needed to detect the trend in decreasing use.

Conclusion

This study demonstrates that analysis of anonymous pooled urine samples from stand-alone urinals can be used to detect and monitor trends in the use of classical recreational drugs

and NPS in a large city centre over time. This technique has the potential to be a novel key indicator alongside other existing indicators to provide a more robust picture of the use of recreational drugs including NPS.

Full text available from: <http://dx.doi.org/10.3109/15563650.2014.885982>

Stratification of paracetamol overdose patients using new toxicity biomarkers: current candidates and future challenges

Dear JW, Antoine DJ. Expert Rev Clin Pharmacol 2014; online early: doi: 10.1586/17512433.2014.880650:

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CHEMICAL WARFARE, BIOLOGICAL WARFARE AND RIOT CONTROL AGENTS

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