The American Academy of Clinical Toxicology (AACT) is thrilled to announce this year’s winner of the AACT Research Award. Nicholas Nacca, MD, and his mentor Michael Hodgman, MD, both of the SUNY Upstate Medical University, were awarded $5716 for their project entitled, “Can Lactic Acidosis Cause False Elevation in Ethanol Measurement Using an LDH-Dependent Ethanol Assay?” The investigators plan to quantitatively assess the correlation of hyperlactatemia and high serum LDH in causing spurious elevations of serum ethanol when measured in a standard clinical laboratory enzymatic assay for ethanol. Samples in which ethanol is reportedly detected by enzymatic assay will undergo confirmatory quantitative ethanol analysis by gas chromatography.

Dr. Nacca noted that high lactate in trauma victims and critically ill patients can result in the oxidation of lactate to pyruvate, with NAD+ being reduced to NADH at the same molar ratio. The analytical method used by most hospitals indirectly measures ethanol by detecting NADH produced by the LDH-mediated oxidation of ethanol to acetaldehyde. Therefore, patients with high serum lactate and LDH may have falsely elevated serum ethanol measurements when enzymatic assays are used. While such false ethanol elevations are a known limitation in postmortem ethanol analysis, scant published evidence exists supporting or refuting this observation in living patients. Further, a quantitative model of the relationship between elevated serum lactate/LDH and the enzymatically-measured ethanol concentration does not yet exist.

The AACT Research Award provides competitive funding for clinical research that encourages the development of new therapies and treatments, and adds to the understanding of the principles and practice of clinical toxicology. The AACT offers four unique research grants which are awarded in alternating years. Announcement of these awards for 2015, along with the all-important submission deadline date (December 1), is posted on the AACT website (www.clintox.org). We look forward to reviewing many submissions for the upcoming awards – you can do it, and the AACT is there to help!
NACCT Meeting Information

NACCT 2015…San Francisco, here we come!
There’s still time to sign up for the 2015 North American Congress of Clinical Toxicology, which will be held from October 8-12 in San Francisco. We have a terrific meeting scheduled, some highlights of which include:

* A jointly-sponsored AACT-ACMT two-day pre-meeting on Clinical Toxicology led by Prof. Julian White

* An evening dinner cruise around the San Francisco Bay (“Night on the Bay”) as a wonderful social event

* A world-class keynote lecture by Prof. Sandra de Castro-Buffington of UCLA entitled, “Transforming Hollywood: Improving Health & Well-Being Through TV, Film and New Media”

* And an exciting scientific program throughout the Main Congress!

Additional details on these events, plus a detailed schedule grid, and online registration form can be found on the AACT website (www.clintox.org), and there will be a special issue of AACTion next month devoted to the meeting – stay tuned, and we hope to see you there!

REGISTRATION INFORMATION

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* Includes both physician and non-physician (e.g., PharmD, PhD) currently enrolled in a medical/clinical toxicology fellowship program

** Armed Forces of the United States of America (US Army, USN, USMC, USAF, USCG)

*** NACCT Night on the Bay “Spirit Hornblower Yacht” fee is 100.00 per person (all attendees must be over the age of 18 to attend)

Stay tuned for a special issue of AACTion dedicated to NACCT in September.
Important Dates to Remember!

<table>
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<td>September 1, 2015** at 1:00p EDT*</td>
<td>AACT Webinar Series</td>
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<td>October 8-9, 2015</td>
<td>Clinical Toxinology: A 2-Day Mini Course</td>
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<td>October 9, 2015</td>
<td>AACT Business Meeting and Fellow Induction Ceremony at NACCT</td>
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<td>October 10-12, 2015</td>
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<td>December 1, 2015</td>
<td>AACT Junior Investigator Award Deadline</td>
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<td>December 1, 2015</td>
<td>Lampe-Kunkel Research Award Deadline</td>
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<td>September 12 – 16, 2016</td>
<td>NACCT 2016 in Boston, MA</td>
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**AACT Webinar Series will be the FIRST Tuesday EVERY OTHER Month Starting on September 1, 2015

2015 Update from Clinical Toxicology
by Martin Caravati, MD, MPH, FAACT, Editor-in-Chief

Dear AACT members,

I am pleased to announce that the Journal’s latest (2014) Impact Factor is 3.67, up from 3.12 in 2013 and 1.62 in 2010. This is a measure of the frequency that an average article has been cited in a particular year and the relative “importance” of the journal content. “Clin Tox” now ranks #15 out of 187 (top 10%) toxicology journals for Impact Factor. As a result, the journal is more attractive to readers, libraries and researchers. The journal has a large international audience and on-line presence with article downloads increasing every year.

Submissions from AACT members are encouraged and publication ensures that your article will reach a large audience. The average time to final decision on a submission is 25 days. In addition to Research studies, Review articles are encouraged by the editors and valued by readers. Please consult the Instruction for Authors on the submission website (http://informahealthcare.com/ctx) for details on submitting Reviews or other articles.

In January 2015, the journal publisher changed from Informa HealthCare to Taylor & Francis. This positive transition will continue through 2015 with migration to a new T&F journal website. A new PDF article format (“Interact”) with improved style, readability and functionality is scheduled for launch in 2016.

Two new Associate Editors were added in the past year: Martin Wilks, MD, PhD, in Basel, Switzerland, with expertise in pesticides and environmental toxicology, and Steven Seifert, MD, in Albuquerque, NM, with expertise in envenomations, toxicology history and poison center issues.

The journal is always interested in adding new peer-reviewers. If you would like to join your colleagues as a peer-reviewer, please send me an email with your interest, a CV, and any questions.

Over the last few years there has been a proliferation of copycat and predatory journals in medicine and science. Journal names can be nearly identical, so make sure your submission is going to the correct journal by checking the editor and publisher.

As always, feel free to contact me, or any of the editors, with questions or suggestions for Clin Tox. After all, it’s your journal!

Best wishes,
Marty
Editor-in-Chief
martin.caravati@hsc.utah.edu

http://informahealthcare.com/ctx
You spoke and we listened!! A new and improved AACT Website is being created and will be launched in the winter of 2015-2016. A committee has been established and they are hard at work on the redesign. The Board of Trustees, after review of numerous proposals, contracted with Flyte New Media and work is rigorously underway. Stay tuned for updates!
http://www.takeflyte.com

In this issue, we review some of the most interesting toxicology-related popular press stories from 2015 that resulted in death. Online news often results in toxicologists needing to explore the science behind the hype.

1. Not a poisoning death
http://radio.com/2015/07/14/b-b-king-death-not-poisoning/

2. Fast Food death that is still a mystery.

3. Candy deaths

4. Cancer fraud

Are you aware of this unique risk of electronic cigarettes?

With regard to extracorporeal removal of toxicants, the clearance of what molecule is used to describe the high-flux dialysance of a given dialysis membrane?

According to the cited reference, the clearance of beta-2 microglobulin is often used "to express the high-flux dialysance of a membrane". (Garlich FM and Goldfarb DS. Have advances in extra corporeal removal techniques changed the indications for their use in poisonings? 2011 Adv Chronic Kidney Dis 18(3):172-179)

Did you know that the Question of the Day is fully archived? Sign in to the Members only section and you can view all of the previously posted Questions of the Day. http://www.clin tox.org/QDay_Search.cfm

If you have a favorite QOD that you would like to be featured, please send an email to the AACTion editor Jeanna Marraffa at marraffj@upstate.edu

The Utah Poison Control Center is seeking a Medical Toxicologist...if you or someone you know is interested, here are additional details:

http://poisoncontrol.utah.edu/healthpros/meddirposition.php

If you have a job posting or opportunity that you would like featured in AACTion (no cost to AACT members), please send an email to admin@clintox.org.
The National PEHSU Network received a vote of confidence from its Federal agency sponsors: CDC/ATSDR and EPA, who recently announced funding for newly designated, regional units for the 2015-19 period. The 11 regional PEHSUs are clinically oriented centers of excellence in children's environmental health servicing the entire U.S. population. The PEHSU program is now being administered by two separate agencies: the American College of Medical Toxicology will administer the 5 western PEHSUs (PEHSU Network-West) and the American Academy of Pediatrics will manage the 5 eastern PEHSUs (PEHSU Network-East). Some AACT members, including Robert Geller, Rose Goldman, Jennifer Lowry, Stephen Borron, and Alan Woolf, currently serve as medical directors and staff members of the PEHSUs.

**Background:** The PEHSUs were established by ATSDR in 1998 by then ATSDR Director, Assistant Surgeon General Barry Johnson. Dr. Johnson viewed the PEHSUs as an efficient and cost-effective mechanism for providing expert advice and consultation on pediatric environmental health. Each PEHSU is based in an academic health center and is staffed by board certified pediatricians, board-certified medical toxicologists, physicians who are board certified in obstetrics and gynecology with expertise in environmental exposures, nurses, social workers and/or other scientists.

**Medical Need:** The PEHSUs are needed because patterns of illness in American children have changed dramatically. Asthma, learning disabilities, allergies, chronic toxic exposures to lead and other chemical hazards, and obesity have replaced polio, smallpox and measles as the most prevalent childhood diseases. Evidence is strong already and continuing to build that toxins in our homes, at schools, in the air we breathe, and in the products we use every day contribute to adverse health effects affecting infants and children. Those children and families living in poverty and those of racial and ethnic minorities are particularly vulnerable to and disproportionately affected by environmentally-related illnesses. Typical concerns for which PEHSUs are consulted include:

- Pesticides
- Lead
- Mercury
- Arsenic
- Mold
- Persistent Organic Pollutants (e.g. PCB, PBDE, PFAS)
- Allergens
- Bisphenol A, phthalates
- Carbon monoxide
- Solvents
- Diesel exhaust
- Sun exposure
- Second-hand tobacco smoke
- Drinking water contaminants
- Indoor and outdoor air pollutants

**Mission:** The mission of each PEHSU is to provide education and consultation for families, community officials, health care professionals and policy makers on environmental threats to children's health and on reproductive environmental hazards. PEHSUs collaborate closely with the nation's poison control centers and also provide guidance and consultation on environmental health issues to agencies at all levels of government. They play an important role in training future leaders in environmental pediatrics and reproductive environmental toxicology.

For additional information, visit the PEHSU website at: www.pehsu.net

**PEHSU LOCATIONS AND CONTACT INFORMATION**

**Region I:** ME, NH, VT, MA, RI, CT
New England Pediatric Environmental Health Specialty Unit – Boston Children’s Hospital, Boston, MA
www.childrenshospital.org/pehc

**Region II:** NY, NJ, Puerto Rico, U.S. Virgin Islands
Mount Sinai Pediatric Environmental Health Specialty Unit – Mt Sinai Hospital, New York City, NY
http://www.mssm.edu/cpm/peds_environ.html

**Region III:** PA, WV, DE, DC, MD, VA
Mid-Atlantic Center for Children’s Health & the Environment [MACCHE] – Georgetown University, Washington DC
kidsandenvironment.georgetown.edu

Continued on next page
Region IV: KY, TN, MS, AL, GA, FL, NC, SC
The Southeast Pediatric Environmental Health Specialty Unit - Emory University, Atlanta, GA
www.pehsu.emory.edu

Region V: MN, WI, IL, IN, OH, MI
Great Lakes Center for Children's Environmental Health - Cook County Hospital, Chicago, IL
www.uic.edu/sph/glakes/kids
Satellite: Cincinnati Children's Hospital Medical Center, Cincinnati, OH
www.cincinnatichildrens.org/service/e/environmental-health/default/

Region VI: NM, TX, OK, AR, LA
Southwest Center for Pediatric Environmental Health – Texas Tech University Medical Center, El Paso, TX
www.swcpeh.org

Region VII: NE, KS, MO, IA
MidAmerica Pediatric Environmental Health Specialty Unit - The University of Kansas Medical Center, Kansas, Missouri
www.childrensmercy.org/MAPEHSU/

Region VIII: CO, UT, MT, WY, ND, SD
Rocky Mountain Regional Pediatric Environmental Health Specialty Unit
www.rmrpehsu.org

Region IX: CA, AZ, NV, HI
The University California-San Francisco/University of California-Irvine
http://www.coeh.berkeley.edu/ucpehsu/

Region X: OR, AK, WA, ID
Northwest Pediatric Environmental Health Specialty Unit – U. of Washington, Seattle, WA
www.depts.washington.edu/pehsu

ACKNOWLEDGMENTS & DISCLAIMERS
This article was supported by the cooperative agreement award number 1U61TS000237-01 from the Agency for Toxic Substances and Disease Registry (ATSDR). Its contents are the responsibility of the authors and do not necessarily represent the official views of the Agency for Toxic Substances and Disease Registry (ATSDR). The U.S. Environmental Protection Agency (EPA) supports the PEHSU by providing funds to ATSDR under Inter-Agency Agreement number DW-75-92301-05. Neither EPA nor ATSDR endorse the purchase of any commercial products or services mentioned in PEHSU publications.

NACCT Night on the Bay
Sunday, October 11th
7:00 pm – 11:00 pm

Join us on the Spirit Hornblower yacht for a sunset dinner cruise (hors d’oeuvres and dinner prepared fresh on board). Cruise from bridge (Golden Gate) to bridge (the new and improved Bay Bridge) with breath taking views of Alcatraz, McCovey Cove and the San Francisco Skyline! Weather permitting, The Spirit Hornblower will also cruise under the Golden Gate Bridge! Cost for this event is $100/person. For adults only.
NACCT 2015 Mobile App: Download Now!

Download the North American Congress of Clinical Toxicology (NACCT) 2015 Mobile App

Our mobile app for the NACCT 2015 conference is ready to download on your iPhone, iPad, or Android! Click here from your device. Apple and Android users can also search for the app in the App store or Play store.

Once installed, you’ll have instant access to awesome features, like:
> Conference schedule and session information
> Live polling interaction
> Speaker handouts
> Exhibitor List
> Speaker and Author Information
> QR Code Scanner
> Location Maps
> Social Media Integration
> Event Messages
...And, much more!

You may even select your favorite items to create personalized schedules and preferences!

*If you already have the NACCT app, make sure you get the latest updates from the App or Play store so you can access the 2015 event.

If you do not have the NACCT App please follow the instructions below:

1. Download the app by clicking here
   *If you are using a Blackberry or Windows device, access the app by entering https://crowd.cc/nacct2015 in your device's mobile browser.

2. Open the app and tap on NACCT 2015

3. Make sure you click OK to accept the “push notifications” so you can be alerted about happenings associated with the 2015 conference.

Additionally, the app may be found in Google Play and iTunes markets by searching “NACCT.”

Or, if you have a “QR Scanner” app already on your device, you can scan the NACCT 2015 QR code to download the app. When you scan the code, you will be prompted to download the app.

If you have support questions, please email Ali Bamer at abamer@cforums.com

Looking forward to seeing you at NACCT in San Francisco 2015!
North American Congress of Clinical Toxicology

PROUDLY OFFERS A TWO-DAY PRE-SYMPOSIUM JOINTLY SPONSORED BY

- The American Academy of Clinical Toxicology &
- The American College of Medical Toxicology

CLINICAL TOXINOLOGY: A 2-DAY MINI-COURSE

OCTOBER 8-9, 2015 | SAN FRANCISCO, CA

COURSE DESCRIPTION:

This course is an adaptation of the International Clinical Toxicology Course, usually held over six days in Adelaide, Australia. A subset of the full course faculty will present this two-day mini-course as a pre-meeting symposium at the 2015 North American Congress of Clinical Toxicology (NACCT). The course format includes basic knowledge lectures and interactive case discussions to stimulate critical clinical thinking and interactive skills development. Attendees will be introduced to concepts in Clinical Toxicology which provide a basic framework of knowledge on which they may build skills in this field. There is a focus on venomous snakes exotic to North America, recognizing the clinical challenges associated with medical management of exotic snakebite in the US in these envenomations.

The target audience for the course includes healthcare professionals with interest in:

- Clinical Toxicology/Toxicology
- Poison Information
- Emergency Medicine
- Wilderness Medicine
- Rural Medicine
- Tropical Medicine
- Pediatrics
- Intensive Care Medicine

COURSE HIGHLIGHTS:

- Mechanism of action of venoms
- Antivenom theory and practice
- Spider bite, scorpion sting, tick envenomation
- The myth of necrotic arachnidism
- Jellyfish and other stinging marine creatures
- Characteristics and management of envenomation by snakes from Europe, Asia, Africa, the Middle East, Central & South America, New Guinea, and Australia

COURSE FACULTY:

- JULIAN WHITE, MBBS, MD
  WOMEN'S & CHILDREN'S HOSPITAL, ADELAIDE, AUSTRALIA
- DAVID WARRELL, DM, DSc
  UNIVERSITY OF OXFORD, OXFORD, UK
- MARK LITTLE, DM, DSc
  CAIRNS BASE HOSPITAL, QUEENSLAND, AUSTRALIA
- RICK DART, MD, PhD
  ROCKY MOUNTAIN POISON & DRUG CENTER, DENVER, CO
- LUC DE HARO, MD, PhD
  MARSEILLE POISONS CENTRE, MARSEILLES, FRANCE
- STEVE SEIFERT, MD
  NEW MEXICO POISON AND DRUG INFORMATION CENTER, ALBUQUERQUE, NM
- RICHARD VETTER, MS
  UNIVERSITY OF CALIFORNIA, RIVERSIDE, CA

PHYSICIAN, PHARMACY AND NURSING CONTINUING EDUCATION CREDITS WILL BE OFFERED.

UNIVERSITY OF ADELAIDE FACULTY OF HEALTH SCIENCES & WOMEN'S & CHILDREN'S HOSPITAL, ADELAIDE

Generous financial support provided by an educational grant from

BTG International, Inc
I was asked to summarize the top herbal dietary supplement articles from the past year. I would rather describe this as a very subjective several articles that I found of interest since we resurrected the abstract service from the Herbal Dietary Supplement Special Interest Group last fall.

There were several papers that addressed dietary supplements and liver injury.

1. Navarro VJ et. al., Liver Injury From Herbals and Dietary Supplements in the U.S. Drug-Induced Liver Injury Network, Hepatology 2014;60:1399-1408
The last decade has seen a dramatic increase in our appreciation and recognition of drug induced liver injury. This paper in Hepatology last summer is an update from the Drug Induced Liver Injury Network (DILIN) describing the proportion of acute liver failure (ALF) ascribed to herbal and dietary supplements (HDSs), and compares that to prescription medications.

The DILIN is a consortium of 8 U.S. academic institutions with a goal of identifying and characterizing DILI due to medications (excluding acetaminophen) and HDSs. Causality is by expert grading and consensus opinion. The authors dichotomized HDSs as either bodybuilding HDSs or non-bodybuilding HDSs since the characteristics differed dramatically. They compared each of these HDSs types and conventional pharmaceuticals.

Of the 1219 cases of ALF in the DILIN data set 847 were adjudicated as probable, highly likely or definite drug related ALF. After exclusion of several multi-category substance exposures they report on 839 cases of ALF. 130 cases, or 15%, were related to HDS use, 45 bodybuilding and 85 non-bodybuilding agents. Cases of bodybuilding related ALF were seen exclusively in males and were younger (median age 31 yr [IQR 26,37]) while cases related to non-bodybuilding HDSs and conventional medications were older (47 yr [38,61] and 52 yr [39,62] respectively) and predominately female (65% and 63% respectively).

None of the cases of bodybuilding ALF progressed to liver transplant or death. The common presentation in this group was jaundice and pruritus. Although recovery was universal in this group recovery was more prolonged compared to non-bodybuilding or conventional medication ALF that ultimately resolved. Cases of ALF due to non-bodybuilding HDSs tended to be more severe and more frequently progressed to transplant or death compared to conventional medications.

The authors also report that the proportion of cases a ALF due to HDSs has increased over time from 7 to 20% since the initiation of the DILIN 10 years ago. This study does not identify the specific HDS that may have caused the hepatic insult. The distinction between bodybuilding and non-bodybuilding HDS is somewhat arbitrary as so many of these products are multi-component and may be used for a variety of indications, and despite the authors efforts, it is certainly likely that some of these younger males were also using other supplements not appreciated or reported by the subject. The pattern of injury and recovery in the bodybuilding supplement group is consistent with anabolic steroids however.

This is a retrospective study of cases of ALF seen over a 7 year time span from Kaiser Permanente Northern California that investigated the incidence and etiology of ALF. The authors identified cases of drug induced acute liver failure. The selection criteria are well defined as are the methods to reasonably identify drug related versus other causes of ALF. Of 62 cases of ALF identified nearly half, or 32, were drug related. Not surprisingly acetaminophen was the etiology in 18 of these. Of the other 14, 6 were related to a HDS, 2 to antimicrobials and 6 to other medications. The HDSs identified in this study were saw palmetto (n= 1), pine needle tea (n= 1), and Chinese herbals or unspecified herbal (n= 4). If we consider acetaminophen and HDSs together, fully 75% of cases of drug induced ALF were due to an over the counter product.

In the same issue of Gastroenterology is another paper from the DILIN. This paper describes the implicated agent in 899 cases of DILI that were graded probable (198), highly likely (466) or definite (253). The most common therapeutic class associated with DILI were antimicrobials (408 cases or 45%, with amoxicillin-clavulanate and isoniazid the two leaders here) and HDSs (145 cases or 16%). No single identified HDS compound was even in the 25 most commonly implicated agents in this cohort.

As a class, the proportion of cases of DILI where a HDS has been implicated has increased from 7% to 17% since the DILIN began in 2004. This may reflect greater appreciation of the common use of HDSs or a true increase in the incidence of DILI from HDSs on the market today. Further research is necessary to identify those specific products that are associated with liver injury as well as mechanisms of injury. Greater understanding of the mechanisms involved may improve our ability to predict compounds that are potentially hepatotoxic.


Background: Omega-3 fatty acids are increasingly advocated in children. Among the health benefits claimed are improved concentration and academic performance. Several studies have suggested a benefit of omega-3 supplements in children with ADHD, DCD (developmental coordination disorder), autism and dyspraxia. One of the commonly cited trials, Docosahexaenoic Acid for Reading, Cognition and Behavior in Children Aged 7–9 Years: A Randomized, Controlled Trial (The DOLAB Study). PLoS One 2012;7:e43909, doi: 10.1371/journal.pone.0043909, PMID: 22970149


This brief case report from Turkey describes 7 young children, ages 8 to 38 months, presenting with a variety of symptoms that included weakness, dehydration, constipation, vomiting and weight loss. The children were hypercalcemic with hypervitaminosis D. The common source identified was a newly manufactured children’s dietary supplement that included omega-3 fatty acids, zinc and several vitamins. The vitamin D content of the supplement was 4,000x the intended quantity.

This is a more unusual cause of hypervitaminosis D. Other causes of hypervitaminosis D in young children include over-fortified milk, high vitamin D content infant formula and dosing errors with vitamin D supplements. A nice, brief review of hypercalcemia in infants can be found in Journal of Medical Toxicology last June (3). This is a case out of San Francisco in a 2 month old due to dosing error of a vitamin D supplement. Another case of iatrogenic vitamin D intoxication in an infant from a vitamin D supplement appears in the April issue of the Journal of Steroid Biochemistry and Molecular Biology (4). In this case not only did the product was contain 3 times the intended quantity of vitamin D but it appears mother was dosing the child excessively.
Following on from our Maltese congress in 2015 the EAPCCT is heading to Madrid next May for the annual congress. The EAPCCT Scientific and Meetings Committee is already hard at work planning the various sessions covering the following themes -

Pre-Congress:
• Toxicity mediated by metabolic pathway: From pathophysiology to management

Congress:
• Advances in critical care of poisoned patients: imaging and treatment
• Aerotoxic syndrome

EAPCCT Updates
by Alexander Campbell, BSc (Hons), Dip. Med.Tox. FEAPCCT

- Clinical toxicology of cannabis and cannabinoids
- E-cigarettes
- Management of opioid withdrawal / current challenges of opioids
- Risk communication for toxicological incidents
- Safety and clinical toxicology of household products
- Toxic aspects of ammunition

We will gladly receive submissions on other scientific topics as well for our many free communications sessions. Information about submission deadlines for abstracts will be provided shortly.

We look forward to welcoming you all in sunny Spain!

2015 Presidential Lineup: Karen Simone (AACT), Alex Campbell (EAPCCT), Leslie Dye (ACMT) and Jay Schauben (AAPCC)

Do you have a Clinical Toxicology Fellowship Program?
Are you recruiting for this upcoming academic year?

If yes, we would like to include a brief description of your program and your contact information in the NACCT special issue of AACTion. Please send this information to Susan Smolinske at smolinske@comcast.net by September 10, 2015.

Dr. Caravati presenting the “Best Case Report” award to Dr. Hines