

Ramathibodi Poison Center as a Nucleus on Human Poisoning in Thailand

Wananukul W, Sriapha C, Tongpoo A, Wongvisvakorn S, Kaojarern S.

Ramathibodi Poison Center, Faculty of Medicine Ramathibodi Hospital,

Mahidol University, Bangkok 10400, Thailand.

Objectives: Firstly, to identify poisoning and toxic exposure pattern, severity and clinical outcome in Thailand during 2001 to 2005. Secondly, to evaluate activities of the poison center on managing human poisoning. **Method:** This is a prospective study. All inquiries were registered, followed up and verified. Interlocutors, poisons, patients' profile, severity and medical outcome after exposure or poisoning were analyzed. **Results:** A total 22,013 events was suspected as human poisoning or exposure. After follow-up and verification, 98.9% were confirmed as poisoning or poison exposure. These involved 23,368 patients which were accounted for 7.5 per 100,000 populations per year. A vast majority of calls (91.8%) were from physicians. Only 5.5% of calls requested information on poison identification and 9.5% requested only information for treatment. Most of the calls (58.8%) required many pieces on information at the same time, especially on poison identification, clinical effects and management. In addition, the necessary information must be specific, practical and relevant to specific circumstances of the suspected poisoning. Pesticides, household products and pharmaceutical products were the most common poisons involved in human exposure, which were 42.3%, 20.2% and 20.0%, respectively. The death rate of all exposure was 4.9%. Pesticides caused more severe clinical course and the highest death rate (9.2%). The high death rates of the selected substances were 65.1% of endosulfan, 32.7% of paraquat, 14.7% of organophosphorus insecticides, and 13.8% of carbamate insecticides, especially. **Conclusion:** Features of poisoning in Thailand were different from those in Western countries. Pesticide poisoning was the major problem in Thailand. Information and knowledge for diagnosis and management of poisoning among the physicians and health personnel were widely lacking. The main activity of the poison center is to strengthen physicians' and health personnel's ability by providing the relevant consultation to them. Therefore, the poison center should continuously collect, evaluate own data and experience to generate its own know-how.