

Retrospective Analysis of Acute Poisoning Cases in a Tertiary Care Hospital of Amritsar

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Introduction : Acute poisoning by drugs and chemical agents is one of the major causes of hospitalization through emergency that carries a high morbidity and mortality. For starting preventive measures, information on pattern of poisoning is required. Since now, there has been no study on poisoning in Guru Nanak Dev Hospital, Amritsar. The objective of this study was to find out the patient profile, common poisons and outcome of poisoning cases. **Methods :** A retrospective analysis of all acute poisoning cases admitted to the emergency ward from January 2007 till July 2008 was done. Data on patient profile, poisonous substance, circumstances of poisoning, time elapsed after intake, hospitalization days, severity and outcome were collected and analyzed. **Results :** A total of 132 cases were brought with alleged history of acute poisoning, which makes 0.29 % of the total emergency admissions. Most (75%) of the cases were in the age group of 21-30 years for which the male to female ratio was 1.4:1. 105 cases (80.1%) were unmarried and 20 cases (15.15%) were married. The commonly used poisons were Celphos (62%), OPC (21%), Diazepam (5%), Paracetamol (2%). Almost twice the number of cases came from urban as compared to rural areas. By profession, 71% of the cases were unemployed youth and 21 % were agricultural workers. 98% of the cases were having a suicidal intent. 5 cases were found to have a repeated suicidal attempt with only 1 of them being referred for Psychiatric evaluation. Family dispute, quarrel with boyfriend/girlfriend, failure in exam were among the most common circumstances for suicidal poisoning. Most of the cases (76.87%) had arrived hospital within 3 hours after exposure to the poison. The mean hospital stay was 4.5 days during which 7 cases were managed in ICU. 20% of the cases had mortality with 90% of them being of celphos poisoning. **Conclusion :** Suicide among young adults is a common public health problem. All cases of suicidal poisoning must undergo psychiatric consultation to minimize the risk of next attempt of self-harm. Strict rules must be followed for sale of pesticides. Poison information centre and national treatment guidelines should be established to improve clinical management.