

From The Washington Poison Center Medical Director –emeritus!

North American Congress of Clinical Toxicology visits San Francisco

In early October 2006, the North American Congress of Clinical Toxicology attracted a worldwide crowd to San Francisco for a delightful combination of clinical symposia, mini-courses and poster presentations. It took place at the Hyatt Regency near the Golden Gate Bridge in what turned out to be memorable fall weather.

Pre-Congress Symposia

On the first day we heard about how medical toxicologists integrate and interact with other medical specialties like gastroenterology, cardiology and pharmacy. Marsha Ford began by focusing on communicating with administrators to increase the visibility of this relatively new specialty. She went on to consider special communication spins for other groups, such as surgeons, emergency physicians and psychiatrists. She closed by urging everyone to “reach out” as never before on behalf of our specialty.

Toxikon Consortium’s Steve Aks zeroed in on its “Chempack Program,” a combination of antidotes and supporting equipment aimed at responding to mass casualty events. Chuck McKay teamed with Alan Wu to look at the clinical lab and how much has changed in the six years since the millennium. Mark Su let the audience in on the secrets of success in coping with severe alcohol withdrawal.

To me the best part of the symposia was not in hearing new secrets, but being reassured that the tried and true methods are still the way to go.

On the second day, Marty Caravati and Kent Olson packed the room with their “Substance Abuse and Addiction—Getting High, Hooked and Helped!” In all candor, the tone of their session could not have been better. Ignored were the “immoral debates” that tend to get in the way of concentrating on the results of the science involved. Absolutely no hints about the victims being second-class citizens who should be thankful to get second-class help. Perhaps I’ve been around too long but the audience was got a real treat from the speakers about real professional behavior.

The final presenters Earth Erowid, Fire Erowid and Sylvia Thyse seemed to catch the audience by surprise. The three lucidly described the philosophy behind and the progress of the “Erowid Project.” Its primary vehicle is www.erowid.org, a free on-

line library about psychoactive drugs and plants. It also offers lots of relevant history. The trio spoke in a most remarkable and memorable manner, not to be forgotten by anyone there. Committed to “truth, accuracy and integrity,” the online library consists of more than 42,000 documents, entries for more than 300 substances, 11,000 published “experience reports” along with tens of thousands of comments, suggestions and corrections. Like the speakers themselves, it seems not to take sides on those common arguments that hinder effective communication. The presenters concluded that “. . . the world is full of psychoactives . . . there are no simple lines between psychoactive and nonpsychoactive.” They said they would like to see psychoactives discussed honestly and openly at all levels of society, for any and all purposes.

Congress Highlights

The format of the Congress is a three-ring circus that frustrates this old dog, what with the simultaneous formal verbal presentations and abstract/poster presentations. Here are highlights of the sideshow symposia and courses.

● AAPCC’s Symposium: Murder By Poison! John Trestrail, a toxicologist-historian and Quiz Bowl moderator, held us spellbound as he described how and how not to “Do your enemy in with chemicals.” John is affiliated with the new “Center for the Study of Criminal Poisoning.” I’m

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confident that a new book is about to appear.

- ABAT'S Symposium on Drug Screens and Lab Clean-ups was particularly notable for the clarity and continuity of their slides. We all learned a lot about today's screening techniques.
- ACMT'S Practice Symposium on Medication Safety put that issue in proper perspective and made it clear what simply has to be done for patient safety.
- AACT's Year In Toxicology on Carcinogenicity of Chemicals gave EPA a timely opportunity to meet a new audience. The EPA speakers only addressed the risks but not the benefits of chemicals.
- Clinical Toxicology's Mini 2-Day Course on Bites and Stings was sold-out. Remarkably succinct and yet complete coverage of a very large topic.
- Chuck Becker's Ellenhorn Lecture would have had Matt actually clapping!
- AACT's Year In Toxicology: Do We Use the 150- or the 200-Line for APAP with Denver's Dart and California's Clark keeping us all very wide awake.
- NACCT'S Keynote Address by Britain's Alex Proudfoot on using the past to predict the future.

Still other formal presentations competed with the platform presentations and the posters. The following are more completely covered in Clinical Toxicology's NACCT'S highlights Volume 44, 2006 Issue 5:

Morphine: Immediate release versus extended release

Denver's Bailey, Bogdam and Dart via the "RADARS" System examined more than 1600 morphine exposures of all kinds from 16 poison centers: 89% were immediate release and 11% extended release.

Extended release tablets have more opioid per unit. Yet extended

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CME Questions

Retain your answers and claim 0.5 hours Category 1 CME credit.

1. For almost a generation, autism has been alleged to be increasing in frequency. Various heavy metals have been blamed without much scientific evidence. Soden and colleagues of Kansas have examined urinary excretions and DMSA-provoked urinary excretions in 15 autistic kids. They found all pre- and post-provocation samples of arsenic, cadmium, lead and mercury were normal, except in one child who had too much:

- A. Arsenic
- B. Cadmium
- C. Lead
- D. Mercury
- E. All of the above.

Excess mercury promptly disappeared when the child stopped eating fish. Northwesterners who eat too much tuna fish have excess mercury, and those who consume clams, mussels and oysters have abnormal levels of arsenic. Chelation is not warranted for autism. Despite scare tactics, kids with autism don't have excess lead, mercury or arsenic levels.

2. In 1998, lawmakers in Britain passed legislation to "curtail" the public availability of over-the-counter acetaminophen (APAP). The law called for:

- A. Remove APAP from shelves and stock it behind the pharmacist's counter.
- B. Put all APAP in "blister-packaging" for retail sale.
- C. Reduce the number of adult tablets per bottle, just as was done with baby aspirin in this country in the 1950s.

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D. Eliminate all sales of APAP except by retail pharmacies.

E. Discontinue all mixture of opioids and APAP.

3. Laing and colleagues at the Scottish Poisons Information Bureau analyzed their collective APAP poisoning data from 2000-2005 and found that there had been no decrease in clinical overdoses (accidental and intentional). Most overdoses were from simple OTC APAP.

In the late 1970s Proudfoot and the British and then the rest of the world began to treat APAP poisoning with 20 hours of IV N-Acetylcysteine (NAC). For reasons "unclear," U.S. practitioners continued to employ 72 hours of the oral preparation, though they finally changed a couple of years back. A combined Canadian-U.S. group studied a total of 3835 treated patients using "hepatotoxicity" as the outcome measure (AST or ALT less than 1000 IU/L) after adjusting for time until treatment. They concluded that:

- A. The 72-hour oral program was "best."
- B. The 20-hour IV program was "best."
- C. There was no "meaningful difference" between outcomes.
- D. There was a tad of a statistical difference during one of the time intervals.
- E. One would need 17,000 additional patients to be "certain."

Since one can never be "certain," go to Clin Tox 2006: (#5) page 782 to see if you can determine what is actually the best answer. As far as I'm concerned, anyone treated orally today is a guaranteed vote for the worst of socialized medicine—on the basis of horrific taste alone.

4. Over the years, calls to the Washington Poison Center have gone up annually. We have searched for causes of variations—very rural counties, absence of cell phone towers on Indian reservations and the like. We have also looked at calls

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release caused no deaths and immediate release tablets caused 13. Surprise: 153 of the exposures were in kids less than 13 years of age. An abuse epidemic is here!

Therapeutic errors and adverse drug reactions

Illinois Poison Center staff reviewed 10 years of TESS data looking for trends in calls to poison centers. Nearly one in nine calls (10.9%) involved therapeutic errors and adverse drug reactions, with the percent of both rising steadily from 1995-2004. The challenge is to find out why and then to prevent the underlying problems.

Poisonings in prisons

One percent of our nation's adult population is incarcerated at some point in life, with 2.2 million adults incarcerated today. Staff from four poison centers conducted an intense review of one state's experience over three years with poisonings in prisons, jails and detention centers. The institutions contained 155,000 inmates under close supervision. The staffers identified 156 cases of whom 75% were men. Antidepressants and antipsychotics beat out NSAIDs and APAP. In only six cases were there moderate symptoms and there were no deaths identified. Thus, most cases can be managed on the premises, but more study seems warranted.

Katrina's consequences

Staff from the poison centers in Mississippi, Texas and Florida looked at their individual experiences following the hurricane. One reported that problems in using gasoline and lamp oil went up, but that attempted suicides declined. Kids' problems remain the same. Another staff member was struck by the bump in carbon monoxide problems. The staffer noted an increase in drug identification calls and environmental ques-

tions, as well as more suspicious suicide calls. All have upgraded their preparedness, but whether they receive federal funds to really do more is uncertain.

Antidote availability in Alabama

All Alabama hospital pharmacy directors were surveyed for the third time in 2005 about the availability of antidotes on their premises. (Such surveys have been conducted in Washington for some 15 years.) Unfortunately, many hospitals, as is the case in Washington, still fell short. Digibind, 2-PAM and cyanide antidote kits were less available than they had been previously. Moreover, the response rate was only 55%. In Washington, we achieved a 100% response rate in 2004 and aim for the same rate when we repeat the study in early 2007 with help of the Washington State Hospital Association.

Impacts of blue laws limiting liquor sales

State and local blue laws designed to enforce moral standards by actions like prohibiting liquor sales and/or all commerce on Sunday date back to Puritan times. Sheinhait and colleagues in Boston examined the effects of relatively recently repealed blue laws in two unnamed states: calls to poison centers over a four-year period. In one state there was a reduction in calls about women consuming non-liquor alcohol.

Balentine and colleagues in Alabama compared opioid calls in 26 "dry" counties (where liquor sales are banned) with 46 "wet" ones. They found notably more use of oxycodone and hydrocodone use in the dry counties. The War On Alcohol goes no better than the War On Drugs—or the one in Iraq!

Hand sanitizer abuse

According to Roche and colleagues in Connecticut, gel-like hand sanitizers, which contain more than 60% alcohol, can be treated with NaCl

to generate consumable alcohol. They reported instances of it being done in a number of correctional institutions in Connecticut. They confirmed the method and then warned the institutions' supervisors, suggesting they limit the availability of the hand sanitizers. Look for a follow-up next year?▲

CME Questions

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from 911 first responders. There we have found a steady decline in calls, from 1505 in 2001 to 848 in 2005. Which of the following reasons is likely to be responsible?

- A.** A real decrease in 911 calls about possible poisonings at the local level.
- B.** Decreasing familiarity with what the Poison Center can do.
- C.** Training of first responders to turn elsewhere for answers—online resources, handbooks on poisoning, etc.
- D.** Poor responses by our staff that discourage subsequent calls.
- E.** An increasing realization that many poisons are really not all that poisonous.

I really don't have any real data on which to draw a final conclusion. Nonetheless, two years ago we began inviting EMTs and paramedic trainees to visit the Poison Center to get a better understanding of what we have and what we can do for them. Such visitors are significantly over-represented among the first responders who call us—so we are optimistic that 911 calls will pick up again. If any reader has different ideas, please let us know.

Answers:

- C 1*
- C 2*
- C 3*
- E 4*