

## P-22

### Sociodemographic distribution of chemical and pharmaceutical poisoning

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**Objective:** To review sociodemographic distribution of chemical and pharmaceutical poisoning in Hospital Sultan Abdul Halim (HSAH), Malaysia.

**Methods:** We retrospectively reviewed 44 poisoning admissions to HSAH from January to December 2017. The admission were documented using a standard Hospital Information System (eHIS) including demographics and diagnosis at discharge, recorded using codes specified by the International Classification of Disease, 10th revision (ICD10). The inclusion criteria are all chemicals and drugs poisoning. The exclusion criteria were contaminated food and poisoning by venomous animals.

**Results:** The majority of poisonings occurred in adults (70%), whereas children and elderly were 25% and 5% respectively which is consistent with previous three studies. Females had higher cases (57%) compared to males (43%), which is also similar to most other studies. Malays make up the largest percentage of poisoning cases in HSAH which was 45% followed by Indians (41%) and Chinese (14%). According to a study conducted in University Malaya in 2007 involving all government hospitals in Malaysia, the commonest race admitted for poisoning was Indian. Both chemical and pharmaceutical agents were equally important causing poisoning admissions, encountered 55% and 45% respectively. Our findings were consistent with a study conducted in Iran in 2000. However, studies from University Malaya and Hospital Pulau Pinang, Malaysia stated that the commonest agent used was pharmaceutical. For chemical poisoning, organophosphate and detergent poisoning were the most commonly encountered at 46% each, while others such as thinner and petrol accounts for 8%. Meanwhile, for pharmaceutical poisonings, the percentage of benzodiazepine, anti-convulsant, multiple drug overdose and analgesic were 15% respectively, followed by anti-depressants at 10%. Other drugs including anti-tussive and decongestant (15%), Daflon (5%), antihypertensive (5%), oral hypoglycaemic agents (5%). From this study, we revealed that only one mortality related to metformin poisoning. Other cases were discharged home.

**Conclusion:** This study provides information regarding the type and demographics of poisoning in our hospital. By knowing the trends of poisoning, we can identify which agents are commonly used and sociodemographic factors for future understanding and interventions.