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Four years of Sri Lankan poisonings: An interpretive snapshot

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Objective: To provide an overview of the most important epidemiological findings from a dataset spanning four years of hospital admissions for acute poisoning in 86 hospitals across four Sri Lankan districts.

Methods: The study "A clustered RCT of educational interventions on treatment of patients with acute poisoning in rural Asian hospitals" collected data on all acute poisonings for the period October 2010 to December 2014. Results from this data set are presented using clustered descriptive analysis.

Results: Data were collected from 20759 cases of poisoning. Although more than 12% of poisoning cases involved an unknown source of poisoning, for the remaining cases substances were classified into major domains (Agricultural chemicals; CAMs & Food; Household & Industrial chemicals; Medication; Plant & Fungus; Recording error; Recreational drugs; Unknown), which allowed subsequent analysis, and each domain was subdivided into groups. Medications and Agricultural chemicals together accounted for two thirds of all poisoning cases. In numerous cases, more than one substance was involved, so that when the individual substances were counted, the case tally rose to 22068 (i.e., 22068 substances involved in 20759 poisoning cases). The sixteen most common poisoning substances (Paracetamol; Oleander; Glyphosate; Kerosene; Carbofuran; Chlorpyrifos; MCPA; Carbosulfan; Salbutamol; Chlorphenamine; Ricinus; Thinner; Profenofos; Prinso; Food Poisoning; Paraquat) accounted for 55%, (11800) of all poisonings, while the remaining 558 substances accounted for only 45% of poisonings (each being responsible for less than 140 cases throughout the 4 year period). Paracetamol alone accounted for 21.6% of all poisoning. Definite differences were found in both the gender (e.g., females were significantly more likely to use paracetamol, while males were significantly more likely to use glyphosate) and age of patients using various substances and various domains, as well as the time to presentation for different substances and domains and the time of hospitalisation for various domains.

Conclusion: The results of this study provide an important summary of acute poisoning in Sri Lanka, which enables the prioritisation of resource and policy planning so as provide the best possible outcome for patients. Further data analysis will shed light on the outcomes provided by various training intervention approaches to the handling of poisoning cases.