

## The Impact of Co-morbidities on a 6-year Survival after Methanol Mass Poisoning Outbreak

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**OBJECTIVE:** To study the impact of burden of co-morbidities and methanol-induced brain lesions on hospital, follow-up, and total mortality.

**METHODS:** All patients hospitalized with methanol poisoning during a mass poisoning outbreak were followed in a prospective cohort study until death or final follow-up after 6 years. The age-adjusted Charlson co-morbidity index (ACCI) score was calculated for each patient. A multivariate Cox regression model was used to calculate the adjusted hazards ratio (HR) for death. The survival was modeled using the Kaplan–Meier method.

**RESULTS:** Of 108 patients (mean age with SD  $50.9 \pm 2.6$  years), 24 ( $54.4 \pm 5.9$  years) died during hospitalization (mean survival with SD  $8 \pm 4$  days) and 84 ( $49.9 \pm 3.0$  years;  $p = 0.159$ ) were discharged. Of the discharged patients, 15 ( $56.3 \pm 6.8$  years) died during the follow-up (mean survival  $37 \pm 11$  months) and 69 ( $48.5 \pm 3.3$  years;  $p = 0.044$ ) survived. The hospital mortality was 22%, the follow-up mortality was 18%; the total mortality was 36%. Cardiac/respiratory arrest, acute respiratory failure, multiorgan failure syndrome increased the HR for hospital and total (but not follow-up) mortality after adjustment for age, sex, and arterial pH (all  $p < 0.05$ ). All patients who died in the hospital had at least one complication. A higher ACCI score was associated with greater total mortality (HR 1.22; 1.00–1.48 95% CI;  $p = 0.046$ ). Of those who died, 35 (90%) had a moderate-to-high ACCI. Patients with a high ACCI had greater follow-up mortality compared to ones with low ( $p = 0.027$ ) or moderate ( $p = 0.020$ ) scores. For the patients who died during follow-up, cancers were responsible for 47% of the deaths.

**CONCLUSIONS:** The character and number of complications affected hospital but not follow-up mortality, while the burden of co-morbidities affected follow-up mortality. Relatively high cancer mortality rate may be associated with acute exposure to metabolic formaldehyde produced by methanol oxidation.