NATIONAL POISONS INFORMATION SERVICE

Combined annual report

2004-5

Poisons enquiries 0870 600 6266

NPIS Centres in: Belfast Birmingham Cardiff Edinburgh London Newcastle upon Tyne

Associated Centre: National Teratology Information Service, Newcastle upon Tyne

A service commissioned by the



Contents:

- 1. Introduction
- 2. Telephone and TOXBASE enquiries
- 3. Further information on telephone enquiries
- 4. Non-UK enquiries
- 5. National Teratology Information Service
- 6. Reports on poisoning with selected agents:
 - Carbamate insecticides
 - Glyphosate
 - Organophosphorus insecticides
 - Paraquat
 - Pyrethroids
 - Comparison of pesticide exposures
 - Carbon monoxide
- 7. Summary

Annex 1 First quarter 2004

1. Introduction

The National Poisons Information Service (NPIS) has provided information and advice to medical professionals since 1963 by telephone, and on-line from its database, TOXBASE, since 1983. There are currently six Centres (three in England and one each in Northern Ireland, Scotland and Wales). Initial enquiries are managed by information scientists, pharmacists or nurses, with consultants on-call for further advice if required. In 1999 TOXBASE was transferred to the Internet and adopted as the first-line information source for health professionals. In addition, a single telephone number for the UK (0870 600 6266) was introduced in 2000 to distribute telephone enquiries more evenly across the UK and to make it easier for users to contact their local During 2004-5 this number routed callers NPIS Centre for advice. automatically to the appropriate centre based on the NHS postgraduate deaneries in England and by country in Northern Ireland, Scotland and Wales. With continuing fall in the numbers of telephone enquiries it has been agreed that from 1 May 2005 there will be gradual changes to provide a national out of hours rota for telephone enquiry rota and a national out of hours on-call consultant rota.

The National Teratology Information Service (NTIS) was established in the Northern and Yorkshire Regional Drug and Therapeutics Centre in Newcastle upon Tyne in 1995. During 2004-5 NTIS provided a national, 24 hour service on all aspects of the toxicity of drugs and chemicals in pregnancy. In 2005 the NTIS out of hours service will be combined with the NPIS.

Information on telephone and TOXBASE enquiries is given below. Data from individual Centres have been combined to produce a list of the most frequent enquiries about pharmaceuticals and additional information on enquiries regarding selected pesticides and carbon monoxide is also provided.

Previous reports have been for the calendar year but the current version is for 1 April 2004-31 March 2005, with an annex to cover enquiries for the period 1 Jan 2004-31 March 2004.

2. Telephone and TOXBASE enquiries

The total number of telephone enquiries received by the six NPIS Centres in 2004-5 was 113,125 - a 17.7% decrease on 2003 figures (Figure 1). This continues the decreases seen since 2001 and reflects the policy of encouraging wider use of TOXBASE as the first point of contact, leaving the telephone service for more serious and complicated cases. User sessions (defined as logons to the TOXBASE site) totalled 382,160. This includes 107 sessions for educational purposes and 16,573 made by poisons centres themselves (which might be to answer telephone enquiries, or for educational or monograph writing purposes). These are excluded from the rest of this report leaving a total of 365,480 (15% increase on 2003). During these sessions there were 786,341 product accesses.



Figure 1: Telephone enquiries and TOXBASE sessions 2000-5

In Table 1 telephone enquiries for the UK have been classified according to their origin, by postgraduate deanery (England) or country (Wales, Scotland, Northern Ireland) and then grouped according to the poisons centre responsible for that area under the 0870 telephone number. Figures are derived from data provided by NPIS Centres, and calls from outwith the UK are excluded. When telephone enquiries and TOXBASE logons are combined and adjusted for population the data can be used to compare access to the NPIS by region (Table 1). The total for Scotland is lower, in part because the Royal Infirmary of Edinburgh uses TOXBASE on a local network for which no usage figures are available, and also because public access information via NHS 24 in Scotland is as yet not so widespread as that via NHS Direct in England and Wales. Table 2 shows the number of logons by strategic health authority or health board for England, Scotland and Wales. Some areas e.g. lechyd Morgannwg, appear to have very high usage but this is because the Welsh NHS Direct centre is in that area.

| NPIS region | Telephone enquiries | TOXBASE logons* | Total | Population (1999 figures) | Poisons enquiries/ 100,000 population |
|-------------|------------------------|----------------------|---------|---------------------------------|--|
| Belfast | 580 | 12,224 | 12,804 | 1,691,800 | 757 |
| Birmingham | 20,464 | 79,542 | 100,006 | 13,220,800 | 756 |
| Cardiff | 22,021 | 55,128 | 77,149 | 9,653,600 | 799 |
| Edinburgh | 2,706 | 34,652 ^{\$} | 37,358 | 5,119,200 | 730 |
| London | 44,517 | 85,611 | 130,128 | 16,884,200 | 770 |
| Newcastle | 9,975 | 89,990 | 99,965 | 12,931,100 | 773 |

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* excludes NPIS and educational TOXBASE usage

^{\$} excludes TOXBASE enquires from Royal Infirmary of Edinburgh for which access to a local intranet version of TOXBASE is available

Table 2: TOXBASE logons by Strategic Health Authority or Health Board (where known)

| Country | Strategic Health Authorities and Boards | TOXBASE | Logons/100,000 |
|----------|---|---------|----------------|
| _ | | logons | population |
| England | Avon, Gloucestershire and Wiltshire | 13,202 | 615 |
| | Bedfordshire and Hertfordshire | 6939 | 434 |
| | Birmingham and the Black Country | 13,981 | 621 |
| | Cheshire and Merseyside | 17,467 | 745 |
| | County Durham and Tees Valley | 5680 | 433 |
| | Coventry, Warwickshire, Hereford and Worcestershire | 6865 | 451 |
| | Cumbria and Lancashire | 10,374 | 546 |
| | Dorset and Somerset | 4887 | 413 |
| | Essex | 8939 | 555 |
| | Greater Manchester | 19,987 | 805 |
| | Hampshire and Isle of Wight | 11,881 | 679 |
| | Kent and Medway | 9828 | 624 |
| | Leicestershire, Northamptonshire and Rutland | 7214 | 465 |
| | Norfolk, Suffolk and Cambridgeshire | 15,214 | 712 |
| | North and East Yorkshire and Northern Lincolnshire | 10,601 | 660 |
| | North Central London | 3222 | 273 |
| | North East London | 7344 | 490 |
| | North West London | 8532 | 493 |
| | Northumberland, Tyne and Wear | 10,049 | 727 |
| | Shropshire and Staffordshire | 10,521 | 710 |
| | South East London | 8028 | 538 |
| | South West London | 8421 | 658 |
| | South West Peninsula | 9563 | 612 |
| | South Yorkshire | 13,417 | 1061 |
| | Surrey and Sussex | 8949 | 351 |
| | Thames Valley | 13,269 | 639 |
| | Trent | 14,288 | 547 |
| | West Yorkshire | 15,819 | 761 |
| | | | |
| wales | Bro Lat | 3043 | 888 |
| | Dyted Powys | 935 | 394 |
| | Gwent | 2780 | 1038 |
| | lechyd Morgannwg | 6395 | 2714 |
| | North Wales | 2443 | /62 |
| Scotland | Aravll and Clvde | 2230 | 536 |
| | Avrshire and Arran | 3164 | 861 |
| | Borders | 678 | 620 |
| | Dumfries and Galloway | 966 | 653 |
| | Fife | 1910 | 539 |
| | Forth Valley | 1614 | 573 |
| | Grampian | 2392 | 456 |
| | Greater Glasgow | 10.873 | 1254 |
| | Highland | 1514 | 716 |
| | Lanarkshire | 2905 | 522 |
| | Lothian | 3603 | 458 |
| | Orkney | 103 | 528 |
| | Shetland | 155 | 706 |
| | Tayside | 2416 | 623 |
| | Western Isles | 129 | 491 |





68.0% of 365,480 TOXBASE enquiries and 62.8% of 113,125 telephone enquiries came from hospitals (Figure 2). 29.4% of TOXBASE enquiries and 13.9% of telephone enquiries came from NHS Direct centres in England and Wales, and NHS 24 centres in Scotland. In England and Wales, where NHS Direct is well-established, NPIS Centres received between 11.4% and 23.3% of their telephone enquiries from this source, which is similar to last year. In Scotland, NPIS (Edinburgh Centre) received 8.5% of their telephone enquiries from NHS 24, an increase on 2003 but coverage is now complete so it may not be expected to rise further. There is no public access service in Northern Ireland.

3. Further information on telephone enquiries

32.5% of telephone enquiries were made by doctors and 53.9% by nurses. This is partially explained by the fact the NHS Direct and NHS 24 are staffed by nurses, and that the first point of contact in Accident and Emergency departments is often a triage nurse.

82.8% of incidents were reported to have happened in the home, 2.5% in agricultural or other workplaces and 1.8% in medical facilities. 47.7% involved accidental poisoning, 39.0% deliberate poisoning, 4.7% therapeutic error (by patients, carers or medical professionals) and 3.5% substance abuse. All centres except London reported more accidental than deliberate poisonings and London also had the lowest percentage of enquiries about children < 10 years (but the highest percentage with unknown age – 29%). The age of patients who were the subject of enquiries is shown in Figure 3. 34.2% of enquiries for which age was known involved children under 10 years. 49.7% of patients were male and 46.7% female.

Figure 3: Poisoned patients by age



Figure 4 shows the types of products that were the subject of enquiries, with pharmaceuticals accounting for two thirds.



Figure 4: Types of products

Table 3 shows the top 10 pharmaceutical agents that were the subject of enquiries. Note that co-codamol is a compound analgesic containing paracetamol and codeine and co-proxamol contains paracetamol and dextropropoxyphene. The number of enquiries for paracetamol does not include those for co-codamol and other compound analgesics. The pattern of enquiries is similar for both TOXBASE and telephone enquiries with analgesics and drugs affecting the central nervous system predominating.

| Telephone | Number of | TOXBASE | Number of |
|-------------|-----------|---------------|-----------|
| | enquiries | | accesses |
| Paracetamol | 15,729 | Paracetamol | 57,228 |
| Ibuprofen | 7,529 | Ibuprofen | 30,563 |
| Diazepam | 4,019 | Aspirin | 20,908 |
| Aspirin | 3,639 | Diazepam | 15,276 |
| Zopiclone | 3,539 | Zopiclone | 13,354 |
| Fluoxetine | 2,312 | Co-codamol | 13,703 |
| Venlafaxine | 2,160 | Fluoxetine | 11,806 |
| Citalopram | 2,128 | Venlafaxine | 10,323 |
| Co-codamol | 1,920 | Citalopram | 10,051 |
| Co-proxamol | 1,765 | Amitriptyline | 8,278 |

Table 3: Top pharmaceutical agents – telephone enquiries and TOXBASE accesses

4. Non-UK enquiries

NPIS (Cardiff Centre) provides an out of hours service for Republic of Ireland telephone enquiries and received 4,313 telephone enquiries from Ireland (a decrease of 18.6% over 2003). NPIS (Edinburgh Centre) has a separate contract to provide TOXBASE to the Republic of Ireland medical professionals (initially restricted to A&E departments), which started on 1 February 2001. By the end of 2004 there were 51 registered users who had 7,380 sessions on TOXBASE (7% increase). NPIS Centres continue to receive a small number of enquiries from the Channel Islands, Isle of Man and other countries.

5. National Teratology Information Service

NTIS received 5,234 enquiries during 2004-5 about drug and chemical exposures in pregnancy, a decrease of 6.8% compared to 2003. For further details of NTIS enquiries see the NTIS annual report.

6. Reports on poisoning with selected agents

This year we are reporting data on seven specific poisons, five pesticides: carbamate insecticides, glyphosate, organophosphorus insecticides, paraquat and pyrethroids and one chemical: carbon monoxide. These are provided to illustrate data that the NPIS is able to collect from telephone enquiries.

6.1 Carbamate insecticides

Out of the total of 113,125 telephone enquiries received by NPIS Centres 89 (< 0.1%) concerned suspected exposure to carbamate insecticides. The enquiries concerned 43 males, 43 females, and in 3 cases the gender was unknown. Ages are shown below.

Figure 6.1.1: Age range of patients



91.0% of incidents occurred at home and only one in an agricultural workplace. 6.7% were deliberate exposures. Two were chronic exposures.





Not all centres record the Poisoning Severity Score $(PSS)^1$ at the time of the enquiry but, for those that did (n=55), 61.8% of patients had no symptoms at the time of the enquiry, 38.2% had minor symptoms. There were no moderate or severe exposures and no deaths were reported to the NPIS.

6.2 Glyphosate

Out of the total of 113,125 telephone enquiries received by NPIS Centres, 120 (0.1%) concerned suspected exposure to glyphosate. The enquiries concerned 65 males, 47 females, and in 8 cases the gender was unknown. Ages are shown below.

Figure 6.2.1: Age of patients



Figure 6.1.1: Age range of patients

81.7% of incidents occurred at home and <1 % in agricultural workplaces; 13.3% were deliberate exposures.



Figure 6.2.2: Routes of exposure for glyphosate

Not all centres record the Poisoning Severity Score $(PSS)^1$ at the time of the enquiry but, for those that did (n=56), 26.7% of patients had no symptoms at the time of the enquiry, 60.7% had minor symptoms, 12.5% moderate and none severe. None of the patients was reported to have long-term sequelae. There was one death acutely, but no long-term effects were reported to the NPIS.

6.3 Organophosphorus insecticides

Out of the total of 113,125 telephone enquiries received by NPIS Centres 137 (0.1%) concerned suspected exposure to organophosphorus (OP) insecticides. The enquiries were about 66 males, 65 females and in 6 cases the gender was unknown. Ages are shown below.

Figure 6.3.1: Age range of patients



Three of 137 incidents occurred at an agricultural workplace, 78.8% in the home and 7.3% were deliberate. Nine enquiries were said to involve chronic exposure.

Figure 6.3.2: Routes of exposure for organophosphorus insecticides

Not all Centres record the Poisoning Severity Score $(PSS)^1$ at the time of the enquiry but, for those that did (n=72), 54.2% of patients had no symptoms at the time of the enquiry, 44.4% had minor symptoms, 0 moderate and 1 severe. No deaths or long-term sequelae were reported to the NPIS.

6.4 Paraquat

Out of a total of 113,125 telephone enquiries received by NPIS Centres 125 (0.1%) concerned suspected exposure to paraquat. The enquiries concerned 94 males, 26 females and in five cases the gender was unknown. Ages are shown below.

Figure 6.4.1: Age range of patients

16% of incidents were said to occur at an agricultural workplace and 61.6% at home; 20% were deliberate exposures.

Figure 6.4.2: Routes of exposure for paraquat

Not all Centres record the Poisoning Severity Score $(PSS)^1$ at the time of the enquiry but, for those that did (n=67), 38.8% of patients had no symptoms at the time of the enquiry, 47.8% had minor symptoms, 11.9% moderate and 1.5% severe; two deaths were reported to the NPIS.

6.5 Pyrethroids

Out of the total of 113,125 telephone enquiries received by NPIS Centres 268 (0.2%) concerned suspected exposure to pyrethroids. The enquiries concerned 131 males, 132 females, and in five cases the gender was unknown. Ages are shown below.

Figure 6.5.1: Age range of patients

90.0% of incidents occurred at home and 4.1 % in agricultural workplaces. 4.5% were deliberate exposures. Five were chronic exposures.

Figure 6.5.2: Routes of exposure for pyrethroids

Not all centres record the Poisoning Severity Score $(PSS)^1$ at the time of the enquiry but, for those that did (n=138), 38.4% of patients had no symptoms at the time of the enquiry, 59.4% had minor symptoms, 0.7% moderate and 1.4% severe. Both severe exposures related to eye contact. No deaths were reported to the NPIS.

6.6 Comparison of pesticide enquiries

The total number of exposures reported to NPIS centres for each pesticide are shown in Figure 6.6.1 with pyrethroids being most common.

Figure 6.6.1: Exposures for each pesticide group

The Poisoning Severity Score¹, where reported, is compared as percentages in Figure 6.6.2 with most incidents resulting in no symptoms or mild symptoms. There was no deaths reported from carbamate insecticide exposures; glyphosate (1); organophosphorus insecticides (0); paraquat (2); and pyrethroids (0).

Figure 6.6.2: PSS¹ and pesticides

6.7 Carbon monoxide

Out of the total of 113,125 telephone enquiries received by NPIS Centres, 351 (0.3%) concerned suspected exposure to carbon monoxide, a 59.4% reduction on the 2003 report. The enquiries concerned 143 males, 142 females and in 66 cases the gender was not known. Ages are shown below.

Figure 6.7.1: Age range of patients

87.2% occurred in the home, and 15.4% were deliberate exposures (decrease from 28% in 2003). 17.9% of incidents involved chronic exposure.

Not all Centres record the Poisoning Severity Score (PSS)¹ at the time of the enquiry but, for those that did (n=171), 22.8% of patients had no symptoms at the time of the enquiry, 63.7% had minor symptoms, 11.1% moderate and 2.3% severe. No deaths were reported to the NPIS.

7. Summary

- In line with agreed strategy, the number of telephone enquiries received by NPIS centers continues to decrease and the number of TOXBASE accesses increase. This has led to changes in the telephone enquiry system with the introduction of national rotas.
- Comparison of statistics across the UK indicates a similar level of NPIS enquiries, but some difference in the method used (TOXBASE or telephone) with approximately 770 TOXBASE logons and telephone enquiries per 100,000 population in this year.
- Enquiries from NHS Direct Centres contribute significantly to the call load of England and Wales.
- The agents/co-drugs about which the most enquiries were received were similar for telephone enquiries and TOXBASE accesses. The top agents were paracetamol and ibuprofen, as in previous years.
- Exposure to pesticides such as glyphosate, organophosphorus insecticides, pyrethroids, carbamates and paraquat represent a small percentage of telephone enquiries but there is the potential to collect data of this type for public health surveillance purposes.

Reference

1. Persson HE, Sjoberg GK, Haines JA, Pronczuk de Garbino J. Poisoning severity score. Grading of acute poisoning. *Clin.Toxicol.* 1998;**36**:205-13.

Annex 1

Table A: Telephone enquiries for the first quarter on 2004

| ltem | Totals |
|-------------------------------------|--------|
| Total number of telephone enquiries | 29,694 |
| Number involving patients | 23,942 |
| Patient age | |
| < 5 years | 5037 |
| 5-9 | 506 |
| 10-19 | 2042 |
| 20-29 | 1861 |
| 30-39 | 1696 |
| 40-49 | 1942 |
| 50-59 | 733 |
| 60-69 | 529 |
| 70+ | 1311 |
| Unknown | 4138 |
| Gender | 42 |
| Male | 12,915 |
| Female | 15,256 |
| Unknown | 769 |
| Country of origin of enquiry | |
| England | 20,849 |
| Northern Ireland | 29 |
| Scotland | 653 |
| Wales | 2510 |
| Ireland | 1016 |
| Other | 261 |
| Unknown | 699 |
| Type of caller | 49 |
| Doctor | 10,749 |
| Nurse | 17,239 |
| Other | 1807 |
| Unknown | 143 |

Table A: Telephone enquiries for the first quarter on 2004 (continued)

| Item | Totals |
|-----------------------------------|--------|
| Source of enquiry | 47 |
| Hospital | 16,275 |
| Primary Care | 40,46 |
| NHS Direct/NHS 24 | 39,56 |
| Member of public | 330 |
| Other | 1610 |
| Unknown | 10 |
| Type of poisoning | |
| Accidental | 13,491 |
| Deliberate | 12,106 |
| Abuse | 42 |
| Therapeutic error | 1877 |
| Other | 466 |
| Unknown | 1173 |
| Category of poison | |
| Pharmaceutical | 34,605 |
| Animal | 84 |
| Plant/fungi | 704 |
| Household | 1673 |
| Agrochemical (including home use) | 592 |
| Industrial chemicals | 2173 |
| Cosmetics | 767 |
| Others | 651 |
| Routes of exposure | |
| Ingestion | 37,264 |
| Inhalation | 1060 |
| Injection | 458 |
| Eye contact | 1141 |
| Skin contact | 694 |
| Multiple | 50 |
| Other | 894 |

There were 88,717 TOXBASE logons in the first quarter of 2004 and 197,969 product accesses, excluding educational and NPIS use.