# Socio-demographic characteristics of poisoning cases in a tertiary care hospital

Yarramsetti V Rao<sup>1\*</sup>, Arunkumar Ajjappa<sup>2</sup>, Shivakumar K P<sup>3</sup>

<sup>1</sup>Postgraduate, <sup>2</sup>Professor and Head, <sup>3</sup>Associate Professor, Department of Anaesthesiology and Critical Care SSIMS&RC Davangere. **Email:** <u>yarramsettyvraombbs@gmail.com</u>

## **Abstract**

A retrospective study of poisoning cases admitted in ICU [Department of Anaesthesiology and Critical Care SSIMSandRC Davangere] from 2010 to 2014 was conducted to evaluate the socio- demographic variables and type of poison consumed in these cases. Total poison cases were 1286. Organophosphorous poisoning cases were predominant, amounting to 488 cases. Maximum cases (281) were in the age group of 20 to 35 years and in the year of 2012. Male predominance was seen in the study population. Most of the cases admitted in ICU were from Chitradurga district (937) as compared to Davangere (129), Bellary (111), Haveri (51) andShimoga (11) of Karnataka. **Keywords:**Organophosphorus Poisoning, Socio Demographic Variables

## \*Address for Correspondence:

Dr. Yarramsetti V Rao, Postgraduate, Department of Anaesthesiology and Critical Care SSIMS&RC Davangere, Karnataka 577005 INDIA.

Email: <u>yarramsettyvraombbs@gmail.com</u>

Received Date: 10/09/2015 Revised Date: 21/10/2015 Accepted Date: 12/11/2015

Access this article online				
Quick Response Code:	Website:			
	www.statperson.com			
	DOI: 12 December 2015			

## **INTRODUCTION**

Poisons are unassuming and quiet weapons that can be effortlessly used without hindrance and often without poignant suspicion of poisoning. With the extensive use of organophosphate as a pesticide there has been increase in incidence of ill-health among pesticide users. Organophosphate Poisoning (OPP) are the most collective suicidal poison in developing countries and mortality continues to be high. Most of these poisons are usually ingested with a suicidal intent. Because the Organophosphorus compounds are readily available, relatively cheap and have a rapidly lethal action even in smaller doses, they are widely used as suicidal poisons. The various factors that can be lead to self--poisoning are emotional disturbances, chronic diseases, loss in the business or failure in examination, loss or damage to

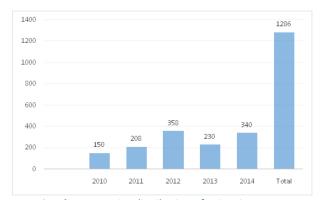
agricultural crops. While as accidental poisoning occurs mostly in children.<sup>4, 5</sup>due to ignorance of parents and mislabelling of containers. Since there was increase in suicidal rates most of them through poisoningin India and also in Karnataka, we intended to analyse the socio demographic variables of poisoning cases and also compare the region-wide distribution.

### MATERIALS AND METHODS

The study was conducted in the Department of Anaesthesiology and Critical care unit, SSIMSandRC Davangere. Records of all the cases of poisoning admitted in ICU SSIMS hospital from 2010 - 2014 were analysed. All the information was recorded on a specially prepared profama, which included age, sex, residence and nature of poison consumed. Data was entered in excel sheet and was analysed using epi info version 7.0.Results were expressed in the form of percentages and proportions.

# **RESULTS**

In the study, a total of 1286 cases were analysed in fiveyears from 2010 to 2014. It was observed that, out of 1286 cases, 488 cases (37.9%)were due to organophosphorus poisoning and 798 cases (62.1%) non-organophosphorus poisoning making it the predominant poison consumed and more number of cases noted in year of 2012.



**Graph 1:** Year wise distribution of poisoning cases

**Table 1:** Demographic profile of type of poison consumed

Type of poisoning	Female	Male	Total
OP	148	341	488
UNKNOWN	83	161	244
INSECTICIDE	72	157	229
ACID	1	4	5
ALCOHOL	0	7	7
ALPO4	16	38	54
ALPRAZOLAM	1	7	8
AMITRAZ	3	2	5
CHLORPHOSPHATE	8	25	33
CYPERMETHRINE	4	13	17
ENDOSULFAN	8	19	27
FUNGICIDE	2	11 13	
OTHERS	68	87 155	
TOTAL	421	872	1286

But if we see individual compound organophosphorus compound poisoning is more common that is 488 cases (37.9%) than other compounds. Overall males (957) were more in number as compared to females (332). The male female ratio was 2.88:1. Age group ranging from 20 years to 35 years showed the maximum cases (88%). Maximum cases belong to age group of 20 to 35 years and minimum cases belong to age group above 50 years.

**Table 2:** Distribution of cases according to year and District

District					Total	
Year	Haveri	Chitradurga	Davangere	Bellary	Shimoga	Total
2010	25	48	39	35	0	147
2011	4	141	58	3	2	208
2012	8	249	87	11	3	358
2013	4	199	18	7	2	230
2014	10	300	14	15	4	343
Total	51	937	216	71	11	1286

Maximum number of cases was reported from Chitradurga (937) and other districts Davangere (216), Bellary (71), Haveri (51) and Shimoga (11). Maximum cases were from Chitradurga as compared to other districts.

#### DISCUSSION

Organophosphates are widely used in the household and in the agriculture as ours is an agriculturally based society. Intoxication with OPP is a worldwide problem and may cause severe morbidity and mortality. Overall case fatality rate ranges from 10-20 %. 8,9 According to national crime records bureau India, every five minutes a person commits suicide and seven attempt to kill themselves, resulting in about 1,00,000 deaths per year. 10 Suicide rate was highest in the state of Kerala<sup>11</sup> and organophosphorus poison was the most common agent used for suicide purpose. 12 A study conducted on 276 cases of OPP in Kashmir valley from 2000--2002 showed high incidence of suicidal poisoning in females (36.9%) and group involved was 14--29 years (60%).63.7% were unmarried cases. OPP was most common and pattern of poisoning was suicidal in majority of the cases. 13. Our present study of poisoning cases admitted in ICU SSIMS hospital over a vast period of four years and analysing these cases have helped us to draw some important conclusions:

- (1) Most of the cases of poisoning reported from Chitradurga district as compared to other districts.
- (2) OPP was most common type of poisoning as compared to other poisons.
- (3) Males showed a highest incidence of poisoning as compared to females.
- (4) 20 to 35 years age group was highly affected.

#### The reasons for above conclusions are as follows

- (1) The contribution in the field of agriculture from Chitradurga and easy accessibility of our hospital that can be the reason why poisoning cases were reported to be on higher side from this district.
- (2) As already discussed above, organophosphorus agents are widely used in the households and in the agriculture as compared to other pesticides that is why organophosphorus poisoning was the most common type of poisoning found.
- (3) One of the reasons for higher incidence of poisoning in males is that most of formers are males and responsible persons in family than the females. <sup>14, 15</sup>
- (4) Majority of victims were in the age group of 20 to 35 years, the reason being that this age group is the most active age group whether physically, mentally or socially and people in this age group are more prone to stress.

To conclude the socioeconomic status of the people living in and around Chitradurga and easy availability of OP compound, seems to be an instigating factor in the increased number of suicides in that particular area. It becomes it becomes imperative that Government takes serious note of these statistics and take necessary action to prevent the suicide which are happening.

#### REFERENCES

- Kora SA, Doddamani GB, Halagali GR, Vijayamahantesh SN and Umakanth B. Sociodemographic profile of the organophosphorous poisoning cases in southern India. Journal of clinical and diagnostic research 2011; 5(5):953-56.
- Lall SB, Peshin SS and Seth SD acute poisoning: a ten years study. Ann Natl Acad Med Sci (India). (1994) 30: 35--44.
- Palimar V, Saralaya KM, Arun M, Mohanty MK and Singh B. The profile of methyl parathion poisoning in Manipal, India. J. Ind. Soc. Toxicol. (2005) 1(2):35
- 4. Bhoopendra Sing and Unnikrishnan. A profile of acute poisoning at Mangalore (South India). jcfm (2006)13:112–116.
- 5. Jesslin J, Adepu R and Churi S. Assessment of prevalence and mortality incidence due to poisoning in a south indian tertiary care teaching hospital. Indian J.Pharm. sci. (2010) 72(5):587--5.
- Malik GM; Romshoo GJ; Mubarik M; Basu JA; Rashid S; Hussain T and Wani MA Increasing incidence of organophosphorus poisoning in Kashmir. Valley (a preliminary study JK Practitioner. (1998) 5 (2):17-20.
- Krishnamurthy L, Rohini.K, Revathi K, Spectrum of Organophosphorous PoisoningIn A Tertiary Care Hospital, IJSR Volume: 2 | Issue: 6 | June 2013.ISSN No 2277 -8179.
- 8. Eddleston M, Szinicz L and Buckley NA. Oximes in acute organophosphorus pesticide poisoning: a systematic review of clinical trials, (2002) QJM 95. 275–283.

- Phillips M.R, Yang G, Zhang Y and Wang L et. al. Risk factors for suicide in China: a national case control psychological autopsy study, Lancet 360. (2002) 1728– 1736
- Baby S, Haridas M P and Yesudas K F (2006). Psychiatric diagnosis in attempted suicide 2006. Calicut Med Journal. 4(3):2.
- 11. Indrayan A, Wysocki M J, Kumar R, Chawla A and Singh N. Estimates of the years of life lost due to the top nine causes of death in rural areas of major states in India in 1995 Nat Med J of India. (2002)15:1.
- Galgali R B, Sanjeeb R, Ashok M V, Appaya P and Srinivasan K (1998). Psychiatric diagnosis of Self Poisoning cases; A general Hospital study. Indian Journal of Psychiatry. 40 (3): 254-- 259.
- Khan GQ, Kundal DC, Hassan G and Tak Shahid and Kak Manish Clinical and Socio--demographic Profile and Associated Factors in Attempted Suicidal Poisoning in Kashmir Valley in a General Hospital Setting. (2003) JAPI. 51.
- Hauser G, Tkalcić M, Stimac D, Milić S, Sincić BM. Gender related differences in quality of life and affective status in patients with inflammatory bowel disease. Coll Antropol. 2011 Sep; 35 Suppl 2:203--7. PubMed PMID: 22220436.
- 15. Suzanne G. Haynes, Sollevine, Norman Scotch, Manning Feinleib and William B.Kannel.The Relationship of Psychological Factors to Coronary Heart Disease in the Framingham Study. Methods and Risk Factors. Am. J. Epidemiol. (1978) 107 (5):362--3.

Source of Support: None Declared Conflict of Interest: None Declared