

Presented at North American Congress of Clinical Toxicology 2015 – San Francisco, CA

Published in Clin Toxicol 2015,53:697-698

126. Street Drug Exposures in Hospitalized Patients as Reported to the Toxicology Investigators Consortium Case Registry

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Background: According to the 2013 National Survey on Drug Use and Health, there were an estimated 24.6 million current illicit drug users age 12 and older, accounting for 9.4% of the population. Given this self reported national survey estimate, we sought to evaluate the frequency of street drug exposures in hospitalized patients seen by members of the Toxicology Investigators Consortium (Toxic) and to compare patient characteristics.

Methods: In this retrospective review, all consult and attending cases reported to the Toxic registry were reviewed between January 1, 2014 and December 31, 2014 if they were listed as exposures to the following categories: marijuana, heroin, or cocaine. Cases were included if these drugs were listed as the first primary exposure agent and if signs and symptoms were felt to be most likely tox related. Cases were excluded if the nature or location of toxicologist exposure was unspecified or only listed as ED unless they were also categorized as attending (inpatient). Cases were also excluded if they were categorized as either adverse drug reactions or adverse drug events.

Results: The table lists patient characteristics for the cases meeting inclusion criteria. Of the included marijuana cases, 2 were associated with seizures. Both of these cases were associated with marijuana inhalation and required intensive care unit (ICU) monitoring. Exposure to synthetic cannabinoids was not documented in either seizure case. There were an additional 7 marijuana cases requiring ICU monitoring, for a total of 9. Interestingly, 66 of the included heroin cases required treatment, with 35 receiving opioid receptor antagonist therapy. Additionally, of the 37 heroin cases requiring ICU monitoring 21 received opioid receptor antagonist therapy. Of the included cocaine cases, 15 required ICU monitoring. Three cases received sodium bicarbonate with documented QRS prolongation (≥ 120 msec), 2 of which were also associated with ventricular dysrhythmias. There were 3 reported cases of seizure, one associated with prolonged QRS, but none associated with ventricular dysrhythmias.

Conclusions: Here, we were able to use data from the Toxic case registry to evaluate frequency of marijuana, heroin, and cocaine exposure in hospitalized patients and to compare case characteristics. Data extracted from the Toxic case registry can help identify trends in street drug exposure among hospitalized patients.