# A STUDY OF PATTERN AND PREVALENCE OF POISONING IN RURAL AREAS OF KANCHIPURAM DISTRICT

Nasreen Begum Abdul Aziz<sup>1</sup>, Senthil Kumar Shakthivel<sup>2</sup>, Madhuri Karanam<sup>3</sup>

<sup>1</sup>Professor, Department of General Medicine, Shri Sathya Sai Medical College and Research Institute, Tamil Nadu. <sup>2</sup>Assistant Professor, Department of General Medicine, Shri Sathya Sai Medical College and Research Institute, Tamil Nadu. <sup>3</sup>Second Year Postgraduate Student, Department of General Medicine, Shri Sathya Sai Medical College and Research Institute, Tamil Nadu.

## ABSTRACT

#### BACKGROUND

Poison is a substance that causes damage or injury to the body and endangers one's life due to its exposure by means of ingestion, inhalation or contact. Acute poisoning cases form one of the commonest causes of emergency hospital admissions.

The aim of our study is to study the epidemiological and pattern of reported poisoning cases in a tertiary care hospital in Kanchipuram district. It is a retrospective study in SSSMC and RI, a tertiary healthcare centre conducted for 4 yrs.

#### MATERIALS AND METHODS

245 poisoning cases from rural areas admitted in SSSMC and RI, a tertiary healthcare centre. The details of patient's demography such as age, gender, type of poison, occupation and provoking factor for poisoning were documented and analysed.

#### RESULTS

Out of 245 cases, 118 were males and 127 were females, OPC poisoning and drug overdose were almost equal. Majority of the age group who resorted to self-poisoning were 18-30 yrs. The risk factor most common being in males is love failure and females being student's underperformance. In this study, the patients are mostly farmers and a few were jobless also. In females, majority were homemakers and farmland workers.

#### CONCLUSION

Our hospital especially renders services to the rural people mostly with low socioeconomic and low education status. The mortality and morbidity due to poisoning will be reduced by conducting educational programs and providing regular counselling to destress and tackle the risk factors and provide poison information service to the needy people.

#### **KEYWORDS**

Self-Poisoning, Rural People, Pattern of Poisoning.

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#### BACKGROUND

Poisoning is a significant contributor to mortality and morbidity all over the world.  $^{\rm 1}$ 

Poison is a substance that causes damage or injury to the body and endangers one's life due to its exposure by means of ingestion, inhalation or contact.<sup>2</sup> Acute poisoning cases form one of the commonest causes of emergency hospital admissions. Pattern of poisoning depends on variety of factors such as easy availability of poisons and socioeconomic status of patient. Poisons are subtle and silent weapons, which can be easily used without violence and often without arousing suspicion. Poisoning is a medical emergency and a patient is always invariably rushed to the

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 hospital at the earliest possible moment irrespective of the amount and nature of poison ingested.

Socioeconomic disadvantage, poor housing quality and low levels of education are also common causes of self-poisoning.<sup>3</sup>

Poisoning is a medical emergency.

Our aim is to study the epidemiological and pattern of reported poisoning cases in a tertiary care hospital in Kanchipuram district.

#### **METHODS AND MATERIALS**

It is a retrospective study of 245 poisoning cases from rural areas admitted in SSSMC and RI, a tertiary healthcare centre. The study was conducted over 4 years. The details of patient's demography such as age, gender, type of poison, occupation and provoking factor for poisoning was documented and analysed. None of the patients had any prior psychiatric illness.

#### RESULTS

There is no healthcare facility, however small where poisoning cases are not dealt with. Ours being a tertiary care

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hospital in rural area. We included 245 cases of poisoning and we found a total of 118 males and 127 females (Table 3). OPC poisoning and drug overdose were almost equal (Table 1), whereas other types of varied poisons also contributed to the study. Majority of the age group who resorted to self-poisoning were 18-30 yrs., whereas other categories were in less number (Table 2). In this study, males are mostly farmers and a few were jobless also (Table 4). In females, majority were homemakers and farmland workers (Table 5). The risk factors has been tabulated and found out the most common risk factor in male is love failure (27.11%) followed by financial burden (18.6%), whereas in females the most common risk factor is due to students underperformance (29.13%) followed by love failure (28.6%) (Table 6).

SI. No.	Type of Poison	Number of Cases	Percentage
1.	Organophosphorus compound	57	23.3
2.	Drug overdose	55	22.4
3.	Oleander	37	15.1
4.	Killer- Ant killer Rat Killer	17 25	7.0 10.2
5.	Kerosene	18	7.3
6.	Detergent	11	4.5
7.	Environmental snake bite and scorpion sting	12	4.9
8.	Others- (cypermethrin thinner and crane killer poison)	9	3.7
9.	Herbal and herbicide poison	4	1.6
	Total	245	100

Table 1. This Table Enumerates the Type ofPoison with the Number of Cases and Percentage

Gender	Age Group in Years			Total
Gender	18-30	31-40	41-50	Total
Male	83	27	8	118
Female	76	36	15	127
Total	159	63	23	245
Table 2. Age Distribution				

Poisons	Number	Gender		
Poisons	of Cases	Male	Female	
Organophosphorus compound	57	35	22	
Drug overdose	55	20	35	
Oleander	37	21	16	
Killer	42	12	30	
Kerosene	18	10	8	
Detergent	11	6	5	
Environmental	12	8	4	
Others	9	4	5	
Herbal and herbicide poison	4	2	2	
Total	245	118	127	
Table 3. Sex Distribution				

Males			
Occupation	Number of Cases		
Industrial workers	15		
Farmers	54		
Labourer	13		
Educational	28		
Jobless	8		
Total	118		
Table 4. Occupation in Male Gender			

Females			
Occupation	Number of Cases		
Homemakers	47		
Industrial workers	12		
Farmers	42		
Domestic aids	9		
Educational	17		
Total	127		
Table 5. Occupation in Female Gender			

<b>Risk Factors</b>	Males	%	Females	%
Family disputes	15	12.7	29	22.8
Financial burden	22	18.6	20	15.7
Crop failure	11	9.3	11	8.66
Alcoholic dependence	18	15.2	0	0
Love affair	32	27.11	30	23.6
Students underperformance	20	16.9	37	29.13
Total	118	100%	127	100%
Table 6. Risk Factors in Poisoning				

#### DISCUSSION

The study is mainly focused on to assess the pattern of poisoning and risk factors of cases admitted in a tertiary care hospital. The type of poisoning patient prefers depends on the availability and also influenced by factors like prior knowledge about the poison and its effects by different means of communication and information including media.<sup>4,5</sup>

This is a retrospective study obtaining clinical data from 245 patients who attended ER, subsequently admitted to MICU, stabilised and shifted to general ward and discharged barring 1 death. The definition of poison is any substance when introduced into or absorbed by living organism destroys life or injures health irrespective of mechanism or direct thermal changes. We found that females outnumbered males (females = 127, males = 118), which is akin to the study by Katherine Prescopt and Co. where the females to males ratio was 2.5:1. In younger age group (Katherine Prescott Richard Strottonannele Freezer).6 detailed analysis of same poisoning episodes presenting in a large regional teaching hospitals in UK. Whereas, study conducted in rural South India by Heethal Jai Prakash Co.7 (male outnumbered females) out of 225 (males=139, females=225). Among the various types of poisoning, OPC outnumbered (72.2%) than other types of poisoning in a study on poisoning cases in tertiary care hospital by Subhashkumar.<sup>8</sup> In our study, OPC and drug overdose are almost all similar %. The age group is also are of 18-30 yrs. age and there were few number of cases above 50 yrs. in

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both gender. Occupation wise also farmers were 54/118~ 45.77% compared to other occupation. In females, more were homemakers (47/127) and farmworkers (42/127). Overall, in our study, in tertiary care hospital being located in rural area, females are more prone for poisoning. The provocating factors being family disputes due to inadequacy in finance, food and in literacy, family adjustments and interpersonal relationship. Though, more males are farmers by occupation, they don't have regular income due to monsoon or crop failure, chronic alcoholic dependence and alcoholic-related disorders. Females are mostly the bread winners and their commitment and involvement is considerably high. The most common risk factor in male is love failure (27.11%), followed by financial burden (18.6%); whereas in females, the most common risk factor is due to students underperformance (29.13%) followed by love failure (28.6%).

## CONCLUSION

All the 245 patients were screened by the psychiatrist and psychologist wherever necessary and the comment was mostly adjustment disorder. So, there is a high need to conduct mass screening program and counseling to prevent self and deliberate poisoning and to tackle the risk factors and raise social awareness regarding alcoholism among men, which will curtail considerably the amount of stress among the public.

## REFERENCES

- Singh OH, Singh AM. Trends of poisoning cases in Melmaruvathur region of Tamil Nadu: a retrospective study. IAIM 2014;1(4):27-31.
- [2] Maharanin B, Vijayakumari N. Profile of poisoning cases in a tertiary care hospital, Tamil Nadu. Journal of Applied Pharmaceutical Science 2013;3(01):91-94.
- [3] Manuel C, Gunnell DJ, van der Hoek W, et al. Selfpoisoning in rural Sri Lanka: small area variations in incidence. BMC Public Health 2008;8:26.
- [4] Senarathna L, Jayamanna SF, Kelly PJ, et al. Changing epidemiologic patterns of deliberate self-poisoning in a rural district of Sri Lanka. BMC Public Health 2012;12:593.
- [5] de Silva V, Ratnayake A. Increased use of medicinal drugs in self-harm in urban areas in Sri Lanka. Arch Suicide Res 2008;12(4):366-369.
- [6] Prescott K, Stratton R, Freyer A, et al. Detailed analyses of self-poisoning episodes presenting to a large regional teaching hospital in the UK. Br J Clin Pharmacol 2009;68(2):260-268.
- [7] Jaiprakash H, Sarala N, Venkatarathnamma PN, et al. Analysis of different types of poisoning in a tertiary care hospital in rural South India. Food Chem Toxicol 2011;49(1):248-250.
- [8] Kumar SV, Venkateswarlu B, Sasikala M, et al. study on poisoning cases in a tertiary care hospital. J Nat Sci Biol Med 2010;1(1):35-39.