

Trends in Poison Exposures in Utah

Data from the Utah Poison Control Center

2017

The types of substances involved in poison exposures include products available in the home, workplace, and the environment. Consults to the UPCC are very similar to the national experience. It's important however, to be aware of the most common poison exposure substances for different age ranges and reinforce prevention strategies to mitigate poisonings at all ages.

Poison Exposure Cases

Substance	Utah	National*
Analgesics	12.1%	11.2%
Cleaning substances	8.7%	7.5%
Cosmetics & personal care	7.9%	7.2%
Antidepressants	5.1%	4.7%
Vitamins & minerals	4.4%	3.6%

*2016 National percentages

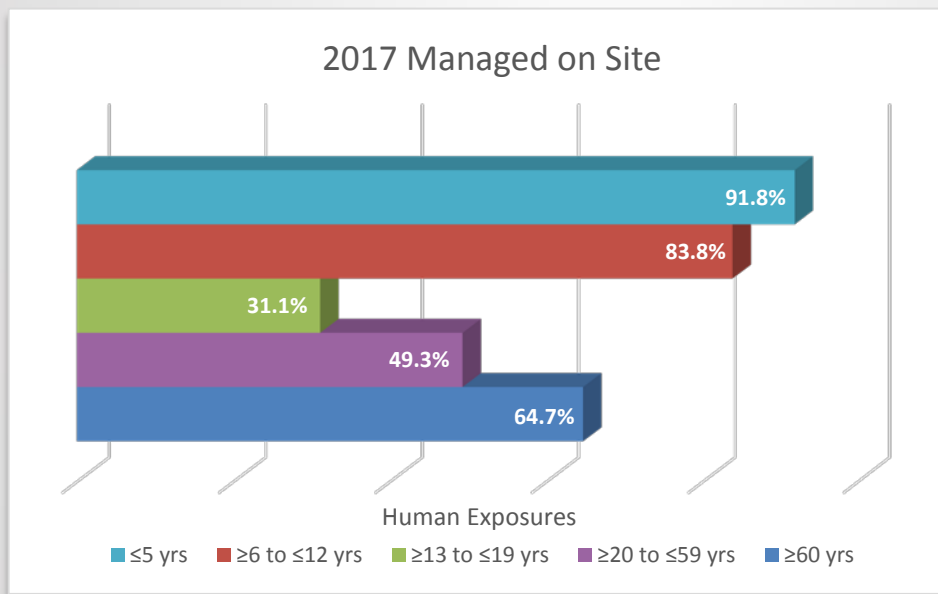
Most common substance categories by age group 2017



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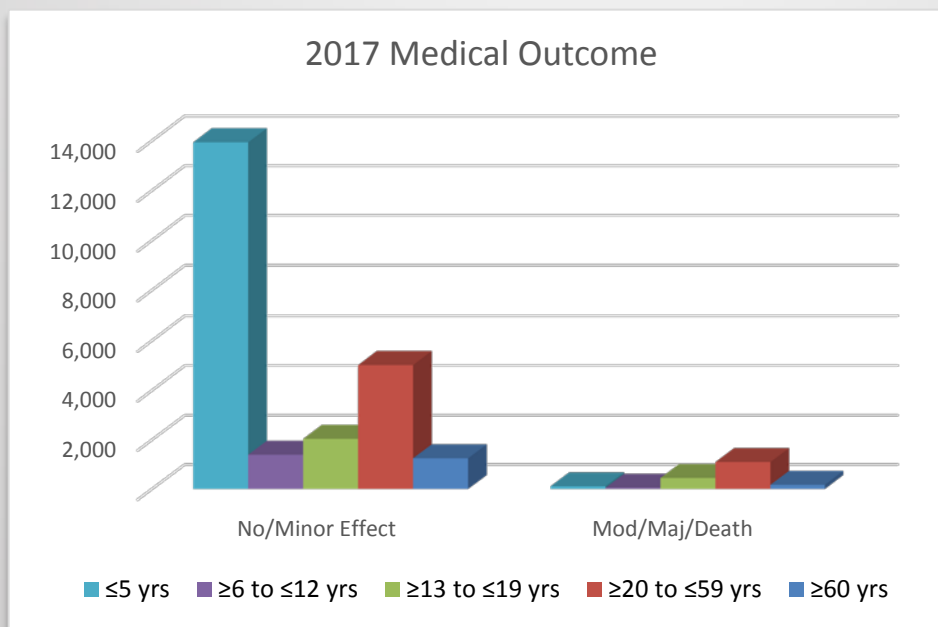
Managed on Site

Cases managed on-site have the most profound values to the patient and the health care payers. There are no other health care resources utilized in these cases. This reduces the financial burden to payers, reduces unnecessary utilization of other health care resources, and reduces the time and emotional stress of treating potential poisoning in a doctor's office or emergency department.



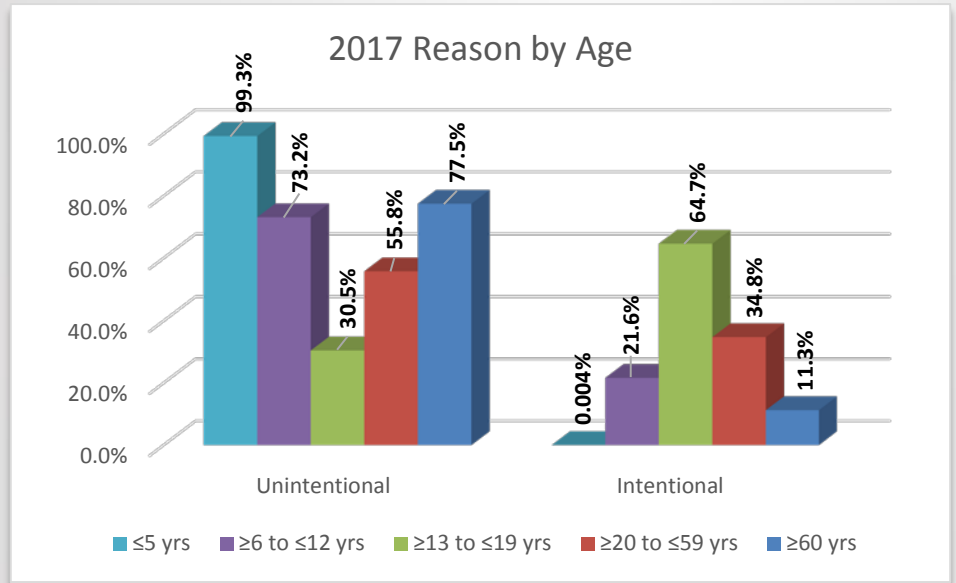
Medical Outcome

While the majority of poisoning cases involve children under 6 years of age, the medical outcome in that age group (of cases followed) is very good, with no or only minor effect. The chart on the right shows that more severe effects, even death occur more frequently in teens and adults. While cases with only no or minor effects are handled by the UPCC with telephone follow-up, cases with moderate or major effects commonly require involvement of other healthcare resources.



Reason by Age

Poison exposures are characterized as unintentional, intentional, adverse reaction or other. The majority of exposures reported to the poison center are unintentional in all age groups except those ages 13-19 years. Exposures in teens are more likely to be intentional in nature; either self-harm, intentional misuse or abuse.



Reason category does not equal 100% because other minor categories have been excluded.



Disclaimer: This data is obtained through a broad query of raw data from the Utah Poison Control Center database and is not intended for scientific or research purposes. The use of UPCC data for clinical or epidemiological decision support requires an understanding of the underlying premise by which the UPCC is able to collect code data. It is recommended that parties interested in UPCC data discuss the results with the UPCC leadership prior to using it.

