

Al-Mustaqbal University College
Department of Pharmacy
5th stage
Practical Clinical Toxicology
Lab: 1



Introduction to Clinical Toxicology

Lab1

Weaam J. Abbas

Outline

What is the Toxicology ?

What is the Clinical Toxicology.

Toxicodynamic and Toxicokinetic

LD50 and Therapeutic index

Toxidrome

Human
Related
effect

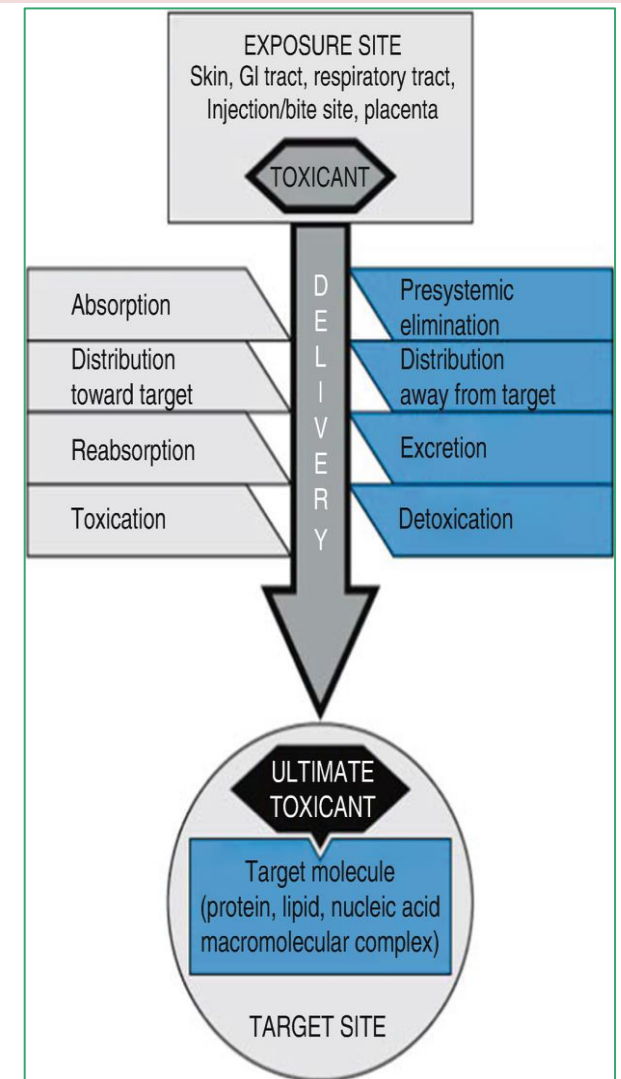
Definition

- ✓ The term toxicology derives from the Greek **Toxicon**, meaning **poison**, and **logos**, meaning **science**.
- ✓ Toxicology is the **study** of the **adverse effects** of chemical, physical, or biological agents on **living organisms** and the **ecosystem**, including the **prevention** and **amelioration** of such adverse effects.

Toxicology

✓ Toxicology focuses on the study of:

1. The **agents** responsible for adverse effects
2. The **mechanisms** involved
3. The **damage** that may occur
4. Testing **methodologies** to determine the extent of damage, and ways to avoid or repair it.



Clinical Toxicology

- ❖ Is a subspecialty of toxicology dealing with the bedside management of poisoned patients, including definitive toxicological diagnosis, assessment of immediate severity and long-term prognosis, and selection of treatments including [antidotes](#).
- ❖ Knowledge of potential drug and chemical hazards allows a clinical toxicologist to participate in the **preparedness for or readiness for and prevention** of **chemical intoxications, Whatever , As short term exposure or long term .**
- ❖ **Toxicants** are a major cause of clinical disease.
- ❖ **Clinical toxicology** requires having a strong basis in **pharmacology** involved **pathophysiologic ,management** concerned with all aspects of the interaction between these chemicals and humans.

Common Causes of Death in the Acutely Poisoned Patient

Comatose patient:

- ❖ **Loss of protective reflexes**
- ❖ **Airway obstruction** by flaccid tongue
- ❖ **Aspiration** of gastric contents into tracheobronchial tree,
- ❖ **Loss of respiratory drive, Respiratory arrest**
- ❖ **Hypotension** – due to depression of cardiac contractility
- ❖ **Shock** – due to hemorrhage or internal bleeding
- ❖ **Hypovolemia** – due to vomiting, diarrhea or vascular collapse
- ❖ **Hypothermia** – worsened by i.v. fluids administered rapidly at room temperature
- ❖ **Cellular hypoxia** – in spite of adequate ventilation and O₂ admin. – due to CN, CO or H₂S poisoning

Common Causes of Death in the Acutely Poisoned Patient

- ❖ **seizures** – may result in pulmonary aspiration; asphyxia
 - ❖ **Muscular hyperactivity** resulting in hyperthermia, muscle breakdown, myoglobinemia, renal failure, lactic acidosis and hyperkalemia
 - ❖ **Behavioral effects** –traumatic injury from fights, accidents, fall from high places. Suicides, etc
- Massive damage to a specific organ system:**
- Liver** (acetaminophen; amanita phalloides [poison mushroom])
 - Lungs** (paraquat-herbicide),
 - Brain** (domoic acid shellfish ...),
 - Kidney** (ethylene glycol), **Heart** (cobalt salts)

Note: death may occur in 48 – 72 hrs



Toxicodynamic and Toxicokinetic

✓ Toxicology is largely concerned with the **interaction** of toxics and biological systems.

✓ **Toxicodynamic**

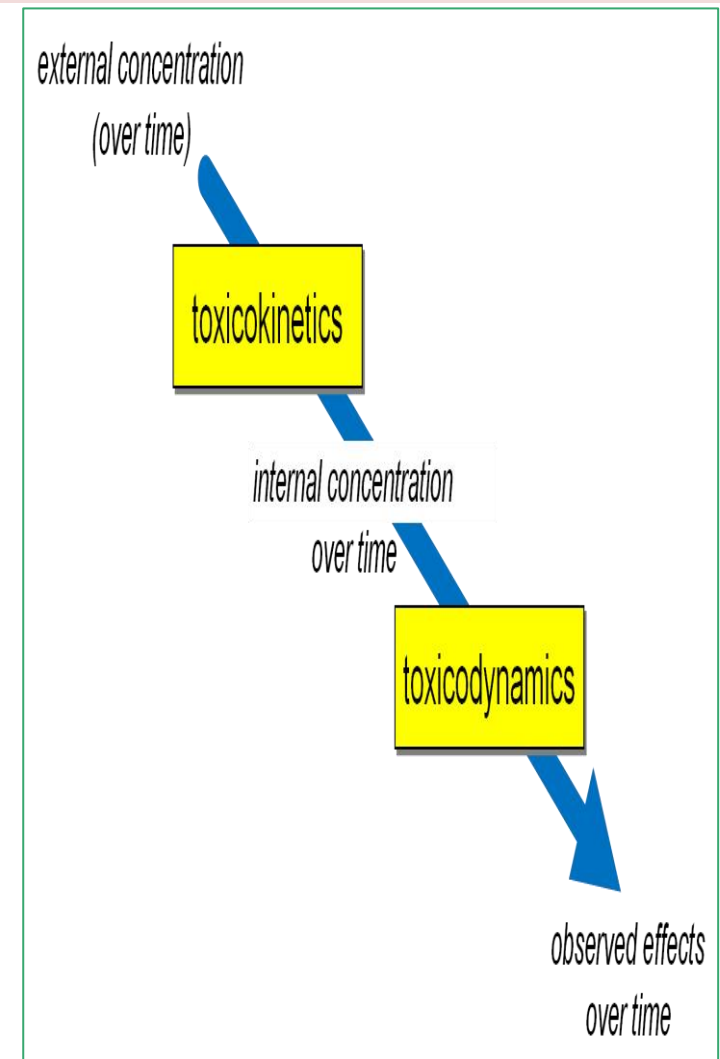
investigates the effect of the toxicant on the organism.

✓ **Toxicokinetic**

looks at how the organism affects the toxicant (e.g., absorption, biotransformation, distribution, and elimination).

✓ **Toxidrome (toxic syndrome)**

is a 'clinical fingerprint', characterised by a classic constellation of symptoms and signs due to toxic effects of chemicals in the body. Anticholinergic ,anticoagulant , opioid , sedative,beta blockers ...



Toxicity Values

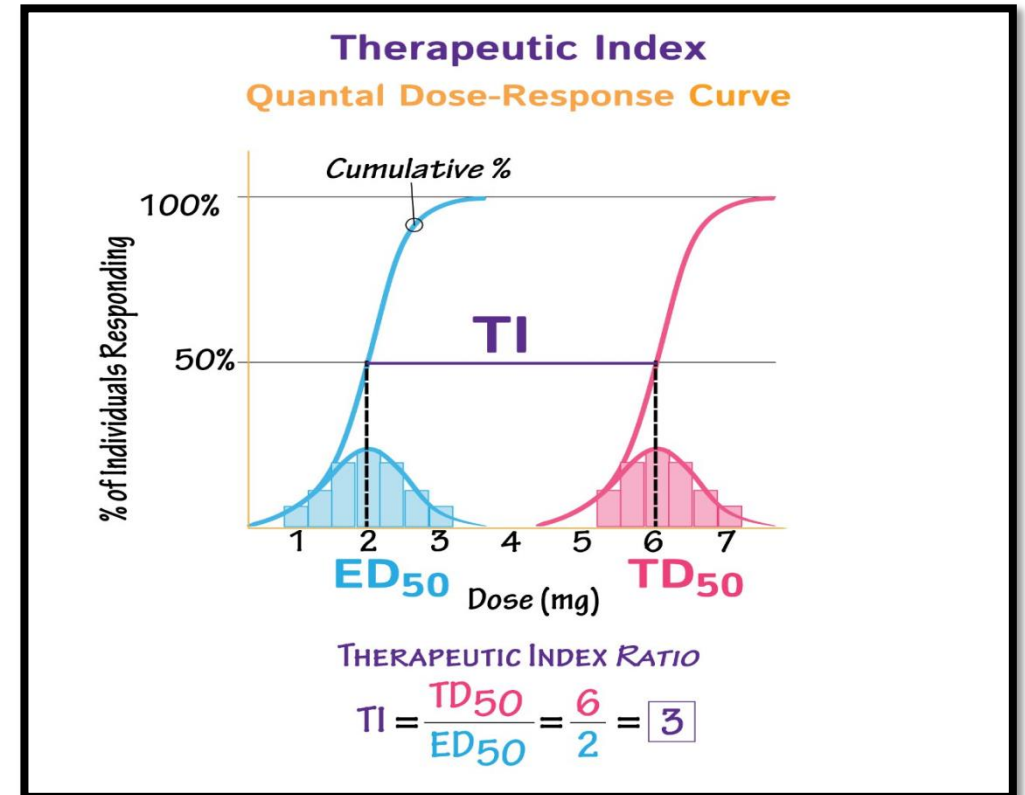
- ❖ **Chemicals** produce toxic effects on a biologic system whenever they reach a critical concentration in the target tissues.
- ❖ Overall, the toxicity of a substance is routinely expressed by an **LD50** value, or the dose of a chemical required to produce death in **50%** of the organisms exposed to it.

LD50

An **LD50** determination is used to categorize the **potential toxicity** of chemical compounds to humans.

Another application of **LD50** determination is to compare the value with the **ED50**, (the dose of a chemical that is **therapeutically effective** in 50% of the subjects receiving it).

From this comparison, a therapeutic index or margin of safety can be calculated.



The therapeutic index (TI) is defined as the ratio of the **LD50** to the **ED50**
(TI = LD50/ ED50)

Toxidrome(**toxic syndrome**)

Toxidrome is a 'clinical fingerprint',

- ✓ Characterised by a classic constellation of symptoms and signs due to toxic effects of certain substances in the body.
- ✓ Useful for remembering the assessment and management of the different substances in the same group .
- ✓ Take from history and physical signs

Example :Anticholinergic ,anticoagulant , opioid , sedative,beta blockers ...

Anticholinergic Toxidrome

ATROPINE POISONING

CLINICAL FEATURES & TREATMENT

- CLINICAL FEATURES :
- i) ↓↓ SWEATING → ↑↑ HYERTHERMIA **HOT AS HARE ✓**
 - ii) VASODILATION → FLUSHING OF SKIN **RED AS BEAT ✓**
 - iii) ↓ SALIVATION } → DRYNESS → XEROSTOMIA
↓ LACRIMATION } → XEROPHTHALMIA **DRY AS BONE ✓**
 - iv) MYDRIASIS + CYCLOPLEGIA **BLIND AS BAT ✓**
 - v) CNS : EXCITATION , HALLUCINATION , DELIRIUM , CONVULSIONS. **MAD AS HATTE ✓**
 - vi) TACHYCARDIA (↑HR)
 - vii) CONSTIPATION

Anticholinergic Toxidrome ×



Mad as a hatter
Altered mental status



Blind as a bat
Pupillary dilation with loss of accommodation



Red as a beet
Vasodilation with skin hyperemia



Hot as a hare
Anhydrosis with temperature elevation



Dry as a bone
Drying of mucosal surfaces and skin



Full as a flask
Urinary retention



Stuffed as a pepper
Constipation

Narcotic (opioid) Toxidrome

- CNS depression
- Respiratory depression
- Pin point pupils (miosis)

Narcotic (Opioid) Toxidrome

Mnemonic : "CPR-3H"

- C** : Coma
- P** : Pinpoint pupils
- R** : Respiratory depression
- H** : Hypotension
- H** : Hypothermia
- H** : Hyporeflexia



NOTE: Meperidine (*Demerol*) will not cause miosis

Antidote: Naloxone

Start with **0.04 mg** and titrate up q 2-3 min as need for ventilation to 0.5 mg, 2 mg, 5 mg, up to max 10-15 mg

THANK YOU FOR YOUR ATTENTION

