

161. Low Molecular Weight Heparin Overdose

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Objective: Low molecular weight heparin (LMWH) is used for the treatment and prevention of coagulative disorders. Major hemorrhage has been reported in 0.5–4% of patients receiving therapeutic doses of LMWH (1). However, there have been no reports in the literature on acute overdose in adults. We report a case series of patients with acute overdose of LMWH. **Methods:** A retrospective chart review of California Poison Control System (CPCS) database between 1997–2007. Inclusion criteria included all patients with a reported parenteral overdose of LMWH including ardeparin (Normiflo[®]), dalteparin (Fragmin[®]), anaparoid (Orgaran[®]), enoxaparin (Lovenox[®]), fondaparinux (Arixtra[®]), nadroparin and tinzaparin (Innohep[®]). Cases were excluded if therapeutic doses of LMWH were administered. **Results:** There were 21 patients, all whom were exposed to enoxaparin. These included 7 females, 13 males and 1 patient whose gender was not documented. The ages ranged from 25 days to 92 years old (mean 42.4 years). The reasons for overdose included medical miscalculation (3 cases, all infants), intentional misuse (2 patients), accidental overdose (7 cases), self-harm attempt (7 cases) and unknown in 2 patients. The magnitude of the overdose ranged from 50 mg to 1300 mg (representing 0.1–80 times the recommended therapeutic dose). Seven cases were documented to have overdosed on more than 2 times the therapeutic dose. No patients were reported to have clinical evidence of bleeding. Two patients were treated with protamine because they had received more than 2.5 times the therapeutic dose of LMWH. **Conclusion:** Given the rarity of LMWH overdose, there is no clear consensus on its management. No patients in this series had bleeding complications and only two were treated with protamine. **Reference:** 1. Ellis MH, Hadari R, Tchuvrero N, *et al.* Haemorrhagic complications in patients treated with anticoagulant doses of a low molecular weight heparin (Enoxaparin) in routine hospital practice. *Clin Appl Thrombosis/Hemostasis* 2006; **12**: 199–204.

162. Lethal Dose of Opiates Contained in an Elastomeric Capsule Labeled as Vancomycin

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Objective: This is a case of a 67 year-old male who received a lethal dose of opiates instead of his prescribed antimicrobial agent via an elastomeric capsule. **Case report:** A 67 year-old male presented with alteration in mental status. On arrival he had vital signs: pulse 110, BP 173/83, oxygen saturation 57% and temperature 36.1 degrees Celsius. His past medical history included hypertension, hyperlipidemia, and recurrent cellulitis treated with vancomycin. Except for coma, pinpoint pupils, and agonal respirations, the patient's exam was unremarkable. He was intubated after 2.2 mg IV naloxone failed to reverse respiratory depression. The patient had no access to or history of opioid use. Thirty minutes before presentation, however, he had received an intravenous infusion of vancomycin administered by his wife at home. The vancomycin, obtained from a home infusion medication supply company, was contained in one of five sealed elastomeric capsules delivered earlier that day. The patient was admitted to the ICU and managed with supportive care. He was discharged with intact neurologic status 25 days later after multiple complications including pneumonia, atrial fibrillation, pneumothorax requiring a tube thoracostomy, and bacterial tracheitis requiring a tracheostomy. A qualitative comprehensive toxicology screen of urine for 1043 substances identified morphine, codeine, naloxone, lidocaine and caffeine. The original elastomeric container was not available for testing, but another container from the same delivery was submitted for testing to the state forensic laboratory. This intact container was labeled as Vancomycin 1 g in 240 mL of normal saline. The forensic laboratory confirmed that the alkaloidal contents of the elastomeric capsule were 10% codeine, 4.4% 6-monoacetyl morphine, and 84% morphine. No vancomycin was identified in the infusion bottles. The case was referred to the local police department and the state department of health drug control board. The home infusion company was also immediately notified to prevent similar occurrence. Unfortunately, the source of the narcotics within the elastomeric container was never identified. **Conclusion:** We are reporting the first known case of opioid overdose from an adulterated elastomeric capsule that was labeled as containing an antimicrobial agent.

163. Self Harm Repetitions in One Year Follow up of Adolescents Deliberate Self Poisoning

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Objective: Acute poisoning is a significant health problem all over the world. Poisonings are a well-known cause of morbidity and mortality in adolescents in Iran (1, 2). The main aim of this study is to determine the incidence of self-harm repetition in adolescents poisoning who were admitted to Loghman-Hakim Poison Hospital (LHPH) which is the only referral teaching hospital in Tehran. **Methods:** 400 randomly selected adolescents (12–18 years) who were hospitalized for deliberate self-poisoning from 5/15/2005–3/15/2006 and who agreed to participate in a one year follow-up study were selected and demographic factors focused on repetition of act and circumstances. The study factors were: age, gender, history of repetition, physical and mental disorder and family history of attempted suicide. **Results:** F/M ratio was 3.1/1. The median and modal age was 16 ± 1.3 and 17 year respectively. 29.9% and 31.4% had chronic physical disease and/or mental disease. History of mental disease in family was claimed in 42.5%. Nearly 76% of parents were living together. Repetition was confirmed in 29.9% of adolescents (F/M = 2.8/1) and 19.7% of family units while 17.9%, 4.5%, 4.9% had one, two and remained in the study during the follow-up period of whom 12.9% repeated self harm once (43.6%), twice (33.3%) and (23.1%) up to 5 occasions and in 94.7% by self poisoning (F/M = 2.3/1). Self-mutilation happened in 13.8% on one (37%), two (17%) and up to 12 occasions (46%). Considering 20 patients who used both methods, there was significant correlation between self-harm and self-mutilation (p<0.001). In total 63% of all patients did not make an appointment with health care for their act or its complications after discharge. The remainder were visited by psychiatrists (11.9%), psychologists (11.5%), neurologists (3.5%) or others. Hospitalization occurred in 34 patients (11%), of whom 26.5% were due to a suicidal act, 20.6% mental illness and 14.7% different accidents. No mortality was found. **Conclusion:** Efforts need to be targeted toward suicide prevention in the young population, especially among female

adolescents. **References:** 1. Afshari R, Majdzade R, Balali-Mood M. Pattern of acute poisonings in Mashhad, Iran 1993–2000. *J Toxicol Clin Toxicol* 2004; **42**: 965–75. 2. Hassanian-Moghaddam H, Pajoumand A. Epidemiology of adolescents poisoning in Tehran. 6th Annual Congress of Asia Pacific Association of Medical Toxicology; 2007; 12–14 December, Bangkok, Thailand.

164. Findings from the Italian Program for Surveillance of Acute Pesticide-related Illnesses, 2005

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Objective: To report on an Italian program for surveillance of acute pesticide related illness. **Results:** In 2005, the Italian Program for Surveillance of Acute Pesticide-Related Illness identified 1,028 cases, 90% of which were notified by the poison control centers. Among these cases 864 (84%) were unintentionally exposed and included 520 (60%) subjects exposed to agricultural pesticides and 344 (40%) subjects exposed to non agricultural pesticides. The majority of the agricultural pesticide-related illnesses were men (75%). About 63% of all exposures occurred at work, especially in agricultural settings (76% of occupational exposures). The mean age was 45 years. 5% of individuals were aged less than 5 years. Some 70% of all the reported exposures occurred between May and September. Most of the illnesses were of low severity (94%). Severity was moderate in 5% of the cases, and high in four cases (1%). No fatalities were identified. Insecticides were responsible for 45% of all illnesses. The active ingredients responsible for the largest number of cases were: glyphosate (n = 56), copper sulphate (n = 55), methomyl (n = 52), metam-sodium (n = 24). Three episodes of collective environmental exposure to soil fumigants involving 23 cases were also detected. Cases unintentionally exposed to non agricultural pesticides were evenly split between males and females. The majority of these individuals (80%) were exposed at home. The mean age was 35 years. 17% of these individuals were aged less than 5 years. About 68% of the exposures occurred between May and August. Severity was low in 93% of the cases, and moderate in 7%. No cases of high severity nor fatalities were reported. Insecticides were responsible for 87% of all illnesses. The active ingredients responsible for the largest number of cases were: propoxur, cyfluthrin and tetramethrin in combination (n = 23), propoxur alone or in combination with other compounds (n = 22), cyfluthrin alone or in combination with other compounds (n = 21), and N,N-diethyl-m-toluamide (n = 20). **Conclusions:** Surveillance provides an important tool to identify emerging pesticide problems and associated risk factors. The observations available in Italy suggest that greater efforts are needed to prevent acute pesticide-related illness.

165. Withdrawn**166. Fatal Hospital Cases Diagnosed as Acute Poisonings from 1999 to 2005**

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Objective: Official statistics on mortality are partly based on hospital activity records. The coding of diagnoses is difficult, and this process may be biased partly because it contributes to the hospital income. To assess the reliability of these records, we performed a study of all fatal cases recorded as acute poisonings in three different hospitals in Norway in the period 1999–2005. **Methods:** Inclusion criteria were fatal hospital cases with an ICD-10 primary or additional diagnosis of acute poisoning. The patient records were retrospectively evaluated independently by two physicians experienced in clinical toxicology. Consensuses were subsequently made for each record by the physicians in collaboration with a pharmacist. **Results:** 142 patients met the inclusion criteria, three records were missing, and 139 (98%) were studied. 29 (21%) cases were not poisonings: 11 (38%) were coded as acute poisonings by pure mistakes, 10 (34%) were chronic effects of alcohol or drug abuse, while 8 (28%) were side effects of pharmaceuticals given in conventional doses. The latter group was older (mean 78 years) than the other excluded (mean 63 years), t-test p-value 0.03. The remaining 110 cases were considered as real acute poisonings, and were analyzed further. Among the patients with a primary hospital diagnosis of acute poisoning (n = 32), poisoning was considered to be the single most important cause of death in 28 (88%). Among the patients with acute poisonings as additional hospital diagnoses (n = 78), poisoning was considered to be the single most important cause of death in 41 (53%). In patients younger than 70 years of age (n = 79), acute poisonings was considered to be a major cause of death (alone or in combination with other major causes) in 69 (87%), while only in 10 (32%) patients older than 70 years (n = 31). **Conclusion:** Hospital activity records provide inaccurate statistics regarding deaths from acute poisonings. 1/5 of the lethal cases with a diagnosis of acute poisoning were not poisoned. Acute poisoning as a major cause of death was commonly not reflected by the primary diagnosis. The border between acute poisonings and side effects of medications was especially vague among older patients.

167. What Evidence is there that the Methamphetamine is a Significant Issue in the UK Compared to Established Recreational Drugs such as MDMA ('Ecstasy')?

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Objective: Methamphetamine use is common in Eastern Europe and there is increasing interest in whether it is an emerging recreational drug in the UK, with increased expenditure on campaigns to highlight the potential risks of methamphetamine (1). **Methods:** We undertook a retrospective study collating data on the number of enquiries to our poisons

information service relating to methamphetamine and MDMA; presentations to our ED with acute methamphetamine or MDMA toxicity; and the frequency of positive urine tests for methamphetamine and MDMA in workplace drug screening programmes. **Results:** There was a small increase in the number of methamphetamine related calls to the poisons service, but it remained uncommon (0.1% of all recreational drugs cases in 2000 to 1.23% in 2006) compared to MDMA (17.3 – 42.7% of all recreational drugs cases). There were 5 presentations to our ED relating to methamphetamine over a 15 month period compared to 171 for MDMA. Of the 254,440 urine samples screened for the presence of drugs in the workplace (2000–2006), 3 were positive for methamphetamine and 147 for MDMA. **Conclusions:** We could find no evidence of increasing use of methamphetamine from the occupational screening or that acute methamphetamine poisoning is a significant clinical problem compared to established recreational drugs, such as MDMA. The limited resources available for recreational drug issues should be proportionally directed towards drugs causing an immediate and continuing healthcare risk such as MDMA, rather than specifically to emerging drug issues such as methamphetamine. **Reference:** 1. The Times on line. Crystal meth: coming to a town near you. http://www.timesonline.co.uk/tol/life_and_style/health/article1755178.ece

168. Impact of Licence Change on Co-Proxamol Mortality in Scotland

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Objective: Co-proxamol (paracetamol 325 mg and dextropropoxyphene 32.5 mg) causes death after overdose (1). Many deaths occur out of hospital, due to cardiac effects of dextropropoxyphene (2). The Committee on Safety of Medicines withdrew co-proxamol in January 2005 (3). The effect of this legislative change on the mortality from co-proxamol poisoning in Scotland is reported. **Methods:** Mortality data related to poisoning in Scotland were obtained from the General Register Office. Proportional co-proxamol mortality before the change in legislation (2000–2004) was compared to that afterwards. Quarterly primary care prescribing data for 2000–2006 were obtained from the Information and Statistics Division of the Scottish Executive Health Department. **Results:** While no significant fall in the number of deaths secondary to co-proxamol poisoning was noted in 2005 (20.6%) compared to the previous 5 years (21.8%; Fishers Exact Test $p=0.82$), the number of deaths fell significantly in 2006 (7.8% vs 21.8% (2000–4); $p<0.0001$). The total number of deaths due to poisoning also fell significantly following the withdrawal of co-proxamol (mean 2000–4 vs 2005–6; 171.2 vs 129.5; $p=0.005$). Amongst co-proxamol deaths, a significant decline was observed in males in 2006 (3.6% vs 19.4% (2000–4); $p=0.0001$) with the greatest effect on out of hospital deaths (2000–4 vs 2006; 21.8% vs 2.9%; $p<0.0001$). A sharp decline in co-proxamol prescriptions occurred following legislation (mean of 6 quarters pre-legislation change (07/03–12/04) 300,555 items/quarter; first quarter 2006/07 67,997 items. **Conclusions:** A significant fall in the number of deaths due to co-proxamol poisoning, particularly in males, was observed. Whether this fall accounts for the decline in total poisoning deaths in Scotland is unclear. Total mortality figures began to fall from 2005, mortality rates from co-proxamol poisoning alone did not fall significantly until 2006. The data demonstrate the benefits of the legislation in reducing death caused by co-proxamol poisoning. **References:** 1. Afshari R, et al. *Br J Clin Pharm* 2005; **60**: 444–447. 2. Afshari R, et al. *J Toxicol Clin Toxicol* 2004; **42**: 476–477. 3. Medicines and Healthcare products Regulatory Agency. <http://www.mhra.gov.uk>

169. Outcome of Parenteral Epinephrine Autoinjector Exposures - A 12 Year Review

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Objective: To describe the outcome and treatment of parenteral exposures to epinephrine autoinjectors. **Methods:** A 12 year retrospective review of autoinjector cases were analyzed from a national database (AAPCC TESS) and included the years 1994–2005. Charts were reviewed where specific treatments were noted. **Results:** A total of 9,981 potential exposures were reported with a median age of 14 years (range 1–89). Four exposure sites were identified: own/other residence (89%), workplace (5%), school (3%), and healthcare facility (HCF) (<1%). 41% of exposures were managed on-site (not referred to a HCF), while 57% were managed in a HCF. General treatments reported: some treatment 59% (n=5899), observation only/no therapy 28% (n=2737), unknown 12% (n=1177). Medical outcomes for these patients included: not followed/minimal effect expected 19%, no effect 7%, minor 49%, moderate 15%, severe <1%. In a nested sample of 157 patients whose specific treatments were noted and charts were available for review: 33% (n=51) received warm water, 44% (n=68) received nitroglycerin, 31% (n=48) received phenolamine, and 1% (n=2) received terbutaline. All 157 pts had a good outcome. **Conclusions:** In this study sample of 9,981 cases, parenteral exposures to epinephrine autoinjectors resulting in moderate to severe outcomes were less than 16%. However, in the nested sample (n=157), pharmacologic treatment was provided in 76% of cases where specific treatment was noted. Specific prospective studies are needed to provide more concise estimates of morbidity and to provide a controlled comparison of supportive versus specific pharmacologic treatment. **Reference:** Mrvos R, Anderson BD, Krenzlok EP. Accidental injection of epinephrine from an autoinjector: invasive treatment not always required. *South Med J* 2002; **95**: 318–320.

170. Declining Frequency of Hospital Admission Following Overdose with Some Anti-epileptic Drugs

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Objective: Overdose with antiepileptic drugs is common. One reason has been the use of some of these agents (e.g. sodium valproate, carbamazepine and lamotrigine) as mood stabilising agents for mania. Others may be involved because of their use for conditions associated with an increased risk of self harm, including chronic pain (e.g. gabapentin) or anxiety (e.g. clonazepam). This study investigated the changing patterns of primary care prescribing and overdose admissions involving antiepileptic drugs in the north of England. **Methods:** Prescribing data for antiepileptic drugs was obtained from prescription analysis and cost (PACT) data for

Newcastle Primary Care Trust (available for October 2002 to March 2007). Overdose admission data were obtained from the two Newcastle hospitals admitting patients with acute drug overdose and was available for the period 2000 to 2006. **Results:** There were small increases in primary care prescribing of gabapentin, lamotrigine and sodium valproate and reductions in prescribing of phenobarbital and phenytoin over the period for which data were available, but no important changes in prescribing of carbamazepine. There were 346 overdose admissions between 2000 and 2006. The mean annual numbers of presentations over the periods 2000–2002, 2003–2004 and 2005–2006 were 25, 10 and 14 for sodium valproate, 22, 12 and 8 for carbamazepine, 6, 0.5 and 0 for phenytoin, and 3, 3.5 and 0.5 lamotrigine. For carbamazepine, phenytoin and lamotrigine, reductions were out of proportion or opposite in direction to changes in prescribing. Over the same time periods there was a small increase in gabapentin overdoses (2, 3 and 5.5 presentations annually). Overall, 10 (2.9%) patients required ITU or HDU admission. These were associated with overdose of phenobarbital (2/10, 20%), lamotrigine (1/19, 5%), valproate (4/138, 2.9%) and carbamazepine (3/112, 2.7%); 25 (7.2%) patients required a hospital stay of more than 2 days, associated with overdoses of phenobarbital (5/10, 50%) carbamazepine (14/112, 12.5%) gabapentin (2/23, 8.7%), phenytoin (1/18, 5.6%), clonazepam (1/12, 8.3%) and valproate (2/138, 1.4%). There were no deaths. **Conclusions:** Presentations with overdose involving some older antiepileptic drugs have fallen sharply in recent years. These changes are not explained by changes in primary care prescribing volume and may reflect reduced prescribing of these drugs to patients with psychiatric disorders associated with a higher risk of drug overdose.

171. Severe Acute Poisonings in Childhood

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Objective: The aim of the study is to define the incidence of severe acute poisonings in childhood presenting to the emergency room in Italian hospitals that contacted the Milan Poison Control Centre (MPCC) for toxicological advice in 2006 in order to estimate incidence, agents involved, course, treatment and outcomes. **Methods:** Using "CAVOL", the MPCC's database, we have analyzed all the clinical cases for which toxicological advice was requested due to severe acute exposure to toxic substances in childhood with "High Risk of admission to Intensive Care Unit". **Results:** We considered 101 clinical cases (n=101 equivalent to 0.45%) consistent with the criteria for inclusion in the study, from a total of 22,092 paediatric consults. During the study we have observed the involvement of agents pertaining to different categories such as drugs, household products, industrial and agricultural products, finding a peak of incidence connected with children aged from 1 to 4, due to accidental ingestion of single toxic agents, and from 15 to 17, due to intentional self-injury ingestion. In every age group, the exposure has been mostly accidental (n=69) and it has taken place above all due to ingestion (n=86) of single substances (n=87), drugs (n=84) and in a domestic environment (n=88). Decontamination has been carried out by gastric lavage and activated charcoal (n=58) or forced diuresis (n=14). Endotracheal intubation has been necessary in 22 patients and the use of vasoactive drugs in 5 patients. The outcome has been unknown in 4 cases; we have recorded complete recovery (n=89), gastric sequelae (n=5) in cases of caustic ingestions, death in 3 cases due to corticosteroids, amphetamines and hypoglycemic agent ingestions. **Conclusion:** Analyzing the literature (1,2) and the several cases collected, makes it imperative to act on prevention, information and optimization of treatment and on timely toxicological advice to improve the patients' outcome. **Reference:** 1. Lai MW, Rodgers GC, et al. Annual report of the American Association of Poison Control Centers' national poisoning and exposure database. *Clin Toxicol* 2006; **44**: 803–932. 2. Liebelt E, DeAngelis C. Evolving trends and treatment advances in pediatric poisoning. *JAMA* 1999; **282**: 1113–1115.

172. Suicide Attempts by Self-Poisoning Among the Elderly in Noor Hospital, Isfahan, Iran

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Objective: The investigation assessed patients treated for self-intoxication in the Department of Clinical Toxicology of Noor Hospital, Isfahan, Iran. The aim of this study was to present suicidal problems in the elderly. **Methods:** Medical documentation of the entire population of subjects aged over 65 and hospitalized in the years 2006–2007 was examined from the point of view of demographic and clinical factors. **Results:** The examined population consisted of 43 subjects including 30 males and 13 females ranging in age from 65 to 83 years (mean age=72.5 in male and 73.5 in female). The majority of subjects were retired (35, 81.4%) and, in many cases, lived with her or his family (39, 90.6%). A significant number of subjects had been undergoing psychiatric treatment (12, 27.9%), depressive disorders (reactive) and endogenous depression (affective) were recognized in 30 subjects (69.7%). A significant percentage (22, 51%) had suffered from chronic diseases; the most frequently determined somatic diseases were hypertension (33.3%) and coronary artery disease (30.4%), COPD (15.9%) and diabetes (10.1%). For 41 of the subjects (95.3%), it was the first suicide attempt and in 2 cases there was a history of previous suicidal attempt. The substances most frequently used in the attempts were drugs (25, 58%) including (psychotropic, antidepressant, cardiologic and mixed-type drugs), opioids (10, 23.2%), pesticide (5, 11.6%) methanol (2, 4.6%), hair remover (1, 2.3%). The mean duration of hospitalization was 1.3 days. **Conclusion:** The description of the data indicates that there is a close relation between depression and chronic diseases and suicidal attempts in the case of the elderly. Therefore, an adequate treatment of depression and chronic diseases should be given priority in programs for preventing suicide among the elderly (1,2,3,4). **References:** 1. Shah R, Uren Z, Baker A, et al. Trends in suicide from drug overdose in the elderly in England and Wales, 1993–1999. *Int J Geriatr Psychiatry* 2002; **17**: 416–421. 2. Hoxey K, Shah A. Recent trends in elderly suicide rates in England and Wales. *Int J Geriatr Psychiatry* 2000; **15**: 274–279. 3. Suominen K, Isometsa E, Lonnqvist J. Elderly suicide attempters with depression are often diagnosed only after the attempt. *Int J Geriatr Psychiatry* 2004; **19**: 35–40. 4. Juurlink DN, Herrmann N, Szalai JP, et al. Medical illness and the risk of suicide in the elderly. *Arch Int Med* 2004; **164**: 1171–72.