

## **CAN HIGH-DOSE DRUG INTAKE BE PREDICTED?**

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Dear editor,

In the approach to suicidal intoxications, we encounter many problems such as not being able to obtain sufficient information about the patient's complaints, the uncertainty of the level of medication taken, patient non-compliance, and the patient's refusal to accept the treatment. It is also difficult to make the decision of service or intensive care follow-up.

Article named 'The Files of Patients Who Were Diagnosed with Drug Intoxication, Research Laboratory Analysis' was stated that NSAID and paracetamol intoxication were seen at the highest rate. However, low-dose and high-dose intakes of both paracetamol and SSRI did not make a statistically significant difference in blood parameters (1). In the retrospective study of Akbaş et al., the rate of psychiatry drug intake was 30.8%, while the rate of patients taking analgesics and antibiotics was 35.5% (2). Glucose values and similar to the study of Sarıdaş et al. (1), PH was not found to be statistically significant between the two groups (2). Serious arrhythmias were observed in 37.3% of the patients with digoxin elevation (3). Different side effects and toxic symptoms may occur in different patient groups, independent of the dose taken. In a study conducted with 28 pregnant patients who presented with suicidal drug intoxication, symptoms such as preterm birth, preeclampsia, and fetal distress occurred in 13 of the patients (4).

On the other hand, it is known that many acute intoxication cases are related to suicidal ideation. We think that it is necessary to consider that psychiatric diseases or the level of drug intake differ from person to person. In the study in which pH and glucose levels were examined, it was observed that the rate of those without psychiatric disease was 31.1% (2). In addition to having a diagnosed psychiatric illness, a diagnosis of psychiatric illness can be made during the period of drug intoxication in suicidal drug intoxications, and patients are likely to reapply. In a study examining cases of suicidal intoxication, only 20% of patients who were considered for psychiatric hospitalization had a previous diagnosis of psychiatric disease. In addition, 3.3% of the entire patient population re-admitted to the hospital (5). Although the drug levels that can be detected in the blood or urine are limited (6), it is important to evaluate the drug level in the blood, if possible, especially in serious drug intakes, and to facilitate multidrug toxic drug levels, especially in emergency services.

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