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LETTER TO THE EDITOR

Comment on "A Retrospective Evaluation of Acute Poisoning Cases in Emergency Departments: Focus on Suicide Attempts by Poisoning"

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Dear Editor,

I read with great interest the article by Gün entitled "A Retrospective Evaluation of Acute Poisoning Cases in Emergency Departments: Focus on Suicide Attempts by Poisoning", which provides valuable data from a mixed rural and urban population and underlines the burden of self-poisoning in daily emergency practice.[1] This single-center study from Tokat-Turhal State Hospital analyzes 138 poisoning cases (July 2021 to June 2023) in a mixed rural-urban setting. The clear comparison between suicidal and non-suicidal cases and the detailed description of toxic agents are important strengths of this work.

There are several points that I believe could help readers interpret the results more clearly and may guide future studies in this field. First, the reported incidence of poisoning among all emergency visits (0.048%) appears considerably lower than the rates of 0.8-5 percent that have been described in other series from Türkiye and abroad.[2,3] As the author notes, this likely reflects the small-town mixed rural-urban catchment and the hospital's role, rather than simple underreporting.[1] This difference is likely to reflect local characteristics, but it might also be influenced by case definition, coding practices, or the exclusion of patients discharged directly from triage. Clarifying whether only patients with a final diagnosis of poisoning or those requiring observation or admission were counted could help readers interpret the incidence more accurately.

Another aspect that drew my attention was the high proportion of mushroom and corrosive ingestions among non-suicidal patients, which seems to be a noticeable regional pattern. A more detailed breakdown according to age groups and intentional versus unintentional exposure could highlight preventable patterns, particularly in children and young adults. Linking these data with poison severity or the need for specific interventions, as underlined in other reports from the region, might also support local public health strategies.[3,4]

I also wondered whether the comparison between suicidal and non-suicidal cases is based on univariate analysis. Because variables such as age, psychiatric history, agent type, time to the emergency department, and initial status are interrelated, a multivariable model could identify independent predictors of suicide attempts or intensive care needs. Using structured assessment tools and documenting long-term outcomes, as shown in other clinical reports, might further standardize outcome evaluation and facilitate comparison with other cohorts.[4,5]

Finally, the authors rightly emphasize the role of psychiatric disease. In this cohort, suicide attempts were linked to much higher intensive care admissions, with no deaths in that group, while two delayed methanol deaths occurred in non-suicidal patients.[1] Prospective studies, including structured psychiatric assessment and longer follow-up, would help determine the risk of recurrent self-poisoning and the effectiveness of preventive interventions.

Despite these methodological considerations, the article makes a meaningful contribution by highlighting local poisoning patterns and the heavy clinical impact of suicide attempts by drug overdose. I would like to thank the author for drawing attention to this topic and hope that these remarks will be useful when planning future work.

Sincerely,

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