

Tables

Table 1: Probability for hepatotoxicity and death, when antidotes are administered within 0-10 and 10-24hours from the acute ingestion

	Probability for AST/ALT> 1000IU/l (n/N) [6, 7]	Probability for death (n/N)	Note
IV NAC 300mg/kg over 20.25hours			
Within 10 hours	4% (13/315) (95% CI 2.5 to 7.0)	0 [†] (0/13) (95% CI 0 to 24)	*
Within 10-24hours	20% (67/322) (95% CI 17 to 26)	9% [‡] (6/67) (95% CI 3.8 to 18)	*
Methionine 1g 4 hourly 4 doses			
Within 10 hours	9% (13/143) (95% CI 4.5 to 15)	0 [†] (95% CI 0 to 24)	#
Within 10-24hours	38%(17/41) (95% CI 26.3 to 57.9)	12% ^{II} (2/17) (95% CI 2 to 36)	#

Notes for Table 1:

* Probabilities were derived by pooling results of Buckley et al 1999a, Parker et al 1999, Prescott et al 1979, Smilkstein et al 1991, Ayonrinde et al 2005 and Kerr et al 2005 (10-15)

Probabilities were derived by pooling results of Prescott et al 1979,Crome et al 1976, Hamlyn et al 1981, Prescott et al 1976 and Vale et al 1981 (10,16-19)

[†] No patient treated (NAC/methionine) within 10 hours died due to hepatotoxicity, therefore the probability of death due to hepatotoxicity was zero.

[‡] Of the patients treated within 10 to 24 hours with NAC, 67 patients developed hepatotoxicity and 6 patients died. The reason for death in paracetamol poisoning is hepatotoxicity, therefore the probability of death due to hepatotoxicity was 9% (90 of the 1000 patients would die, number of lives saved = 910)

[¶] Of the patients treated within 10 to 24 hours with methionine, 17 patients developed hepatotoxicity and 2 patients died. The reason for death in paracetamol poisoning is hepatotoxicity, therefore the probability of death due to hepatotoxicity was 12 % (120 of the 1000 patients would die, number of lives saved = 880)

