

FROM EMERGENCY CARE TO UPSTREAM PREVENTION

ADDRESSING PSYCHOSOCIAL DRIVERS OF PARACETAMOL OVERDOSE IN YOUNG FILIPINOS

Leander M. Mogol, RMT, MMPHA, CAE^[1] Apple Charm Agulto, RN, MD, MPH, CAE^[2] Mariz Zheila Blanco-Payuyo, RN, PHSAE^[2,3]
[1] Rizal Medical Center, [2] SynapTech Innovations, [3] Field Epidemiology Training Program Alumni Foundation, Inc. (FETPAFI)

BACKGROUND

Paracetamol is among the most accessible over-the-counter analgesics worldwide. Its perceived safety and widespread availability make it a **common agent in intentional self-poisoning**, particularly among adolescents and young adults.

In early 2025, a tertiary government hospital in the Philippines observed a marked rise in paracetamol intoxication cases — signaling a critical intersection of medication access, youth mental health, and socio-cultural stressors in urban settings.

OBJECTIVE

To characterize the epidemiologic and psychosocial profile of paracetamol intoxication cases presenting to the Emergency Department (ED), and to identify responsive prevention opportunities.

STUDY DESIGN

Design	Descriptive cross-sectional retrospective review
Setting	Tertiary government ED, Philippines
Period	January to June 2025
Inclusion	≥10,000 mg paracetamol ingestion or serum paracetamol level ≥200 mg/L
Data Source	ED records and laboratory result database
Analysis	Descriptive statistics

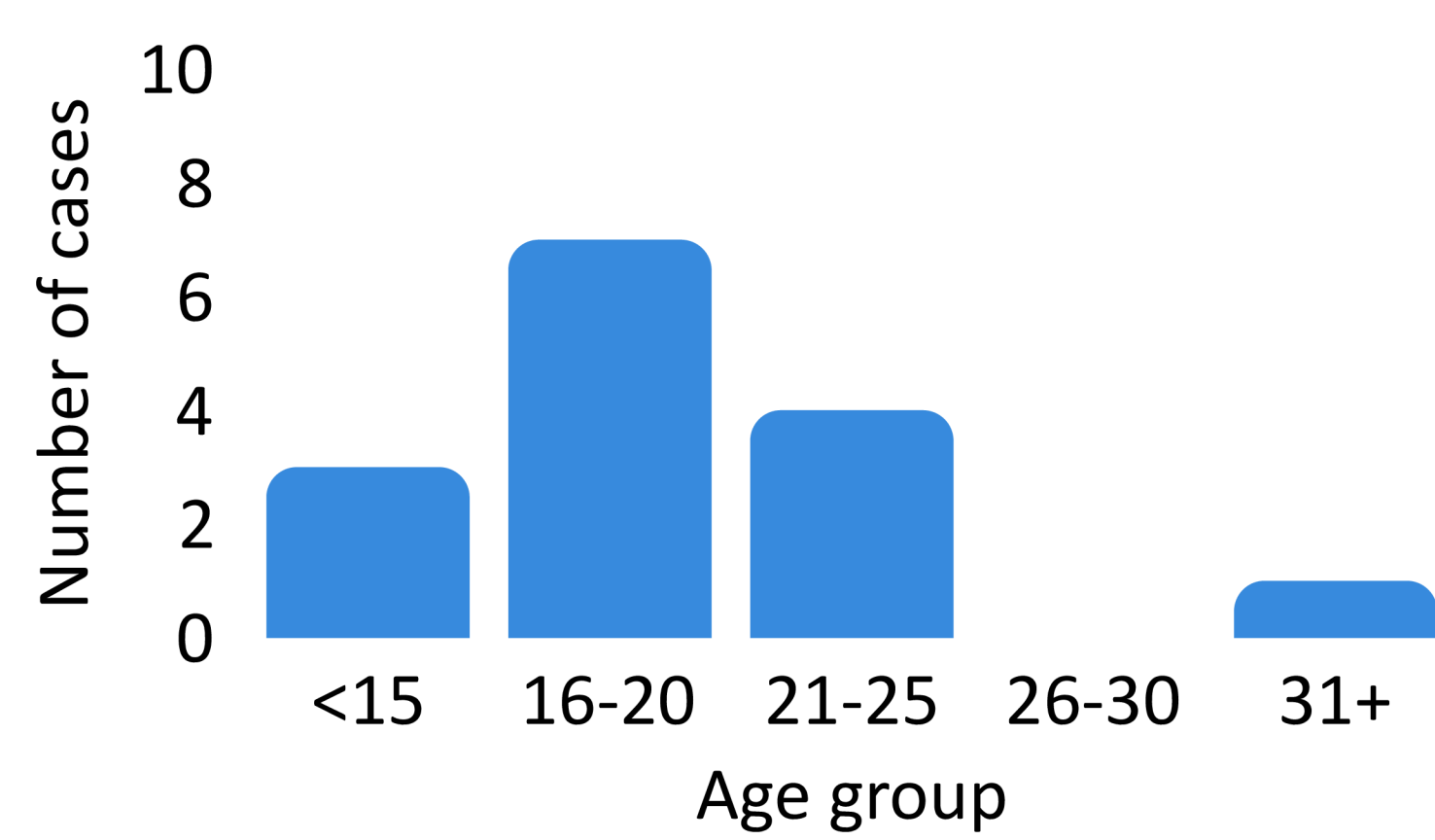
KEY FINDINGS

16
cases identified
Jan-Jun 2025

88%
female patients
(n = 14 of 16)

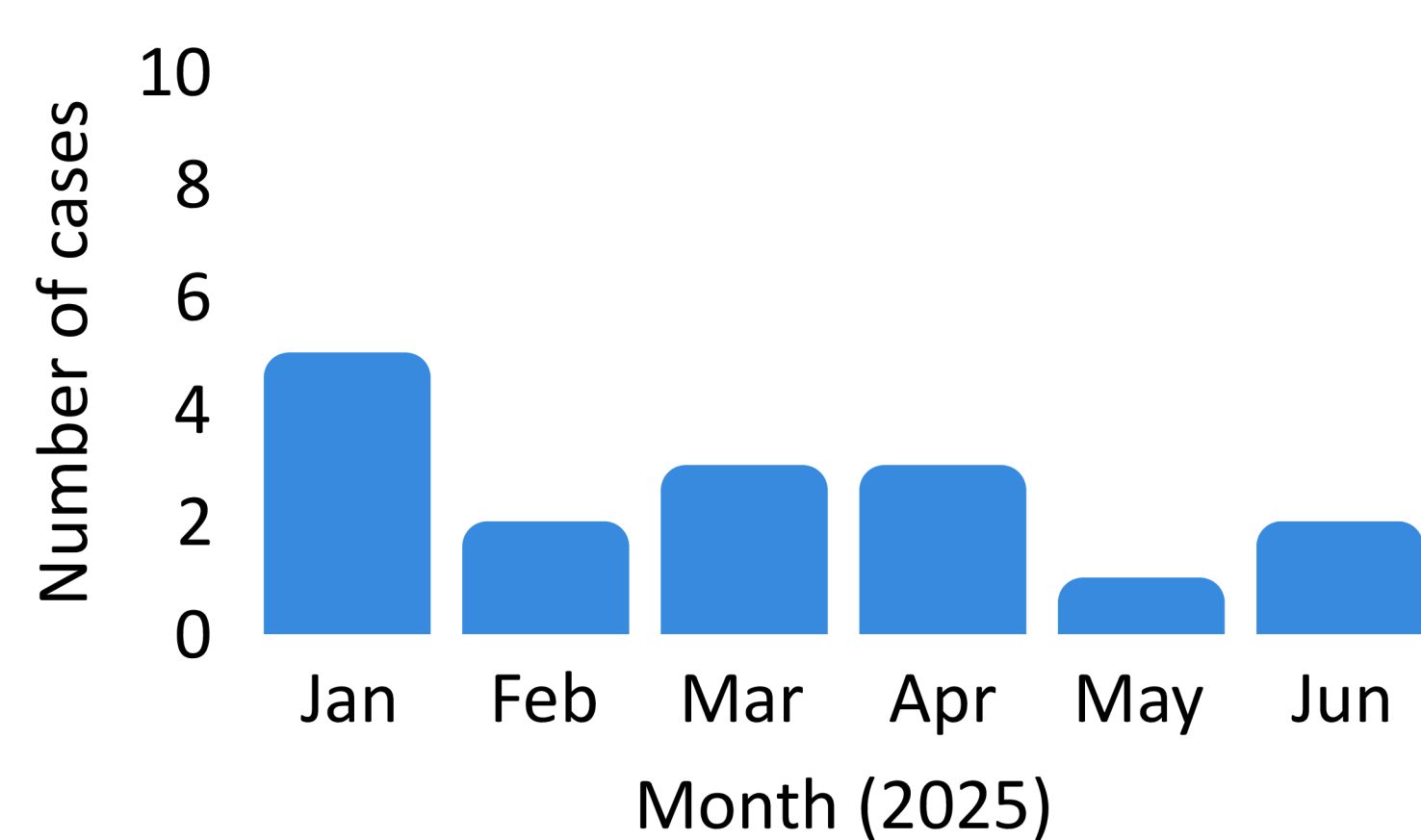
12-31
age range
Median: 20 yrs

Figure 1. Age group distribution (n=16)



Young adults dominate (69%). The 16-25 age group accounts for 11 of 16 cases — spanning the school-to-work transition. With a median age of 20, many patients are likely early-career workers or tertiary students.

Figure 2. Monthly case distribution (n=16)



January peak (31.3%). The spike may reflect post-holiday psychosocial stress — a period of heightened relational tension and readjustment pressures among young Filipinos.

Time of Intake Pattern

2:00 PM Average reported time of ingestion — **a daytime pattern consistent with work and university hours**, pointing to crisis moments during active daily life.

Identified Psychosocial Triggers*

Romantic conflict	37.5%
Family disputes	31.3%
Academic stress	18.8%

Clinical Outcomes

- 100% survival — all 16 patients discharged improved; none progressed to acute liver failure
- All patients received activated charcoal, N-acetylcysteine, and supportive care
- Ingested doses ranged from 4,000 to 23,000 mg (8 to 46 tablets)

SIX PREVENTION OPPORTUNITIES



Workplace & tertiary-level mental health programs

Embed mental health support, stress management, and early help-seeking promotion in workplaces and schools — targeting the 16-25 age group at highest risk during the school-to-work transition.



Family engagement & communication

Equip families to build emotionally safe environments, strengthen communication with young adult members, and recognize early warning signs of depression and acute emotional distress.



Routine psychosocial screening

Normalize structured screening for emotional distress and suicidality in primary care and occupational health settings.



Community awareness & youth-friendly services

Reduce stigma and ensure accessible, culturally responsive mental health services are visible in urban villages — particularly for young women navigating work, relationships, and family pressures.



Regulate over-the-counter paracetamol access

Advocate for responsible retail practices, quantity limits, and public education on overdose risks — a proven harm-reduction lever in comparable health systems globally.



Establish an intoxication registry

Create a centralized hospital database to track overdose cases for better monitoring, trend analysis, and targeted intervention planning — enabling a stronger evidence base for future policy.

CONCLUSION

Prevention is the cure we have not yet fully prescribed.

Paracetamol intoxication among young Filipinos is deeply linked to relational and socio-cultural stressors, not simply to medication access. The psychosocial triggers identified — romantic conflict, family disputes, academic pressure — demand trauma-informed, youth-centered, community-rooted strategies that address crisis at the source, not only at the emergency room door.