Medical Management of Lead Poisoning in Adults

Blood Lead Level (µg/dL)*	Management Recommendations
<5	 No action required
5-9	Lead educationDiscuss possible exposuresMonitor BLL
10-19	 Decrease exposure Eliminate exposure source for pregnancy Consider exposure elimination for certain medical conditions
20-29	 Repeat BLL in 4 weeks and remove from exposure if BLL remains ≥20 Perform annual lead medical exam
30-79	Eliminate exposure source for all persons Prompt medical evaluation
≥ 80	 Urgent medical evaluation Chelation therapy may be indicated

^{*} According to the Occupational Safety and Health Administration (OSHA), the permissible blood lead level for workers in general industry is below 60µg/dL and below 50µg/dL for workers in the construction industry. At these levels, OSHA requires workers to be medically removed from the source of lead exposure. However, OSHA job protections also apply when a licensed health care provider removes an individual from lead exposure, regardless of the blood lead level, due to a lead related problem or medical condition.

For More Information:

OSHA Medical Surveillance Guidelines

osha.gov/pls/oshaweb/owadisp.show_document?p_table=S TANDARDS&p_id=10033

Georgia Healthy Homes and Lead Poisoning Prevention Program

dph.georgia.gov/healthy-homes-and-lead-poisoning-prevention

Georgia Occupational Health Surveillance Program

<u>dph.georgia.gov/georgia-occupational-health-and-safety-surveillance-program</u>

For Consultation:

Georgia Poison Center

Call: 1-800-222-1222 georgiapoisoncenter.org

Resources:

Medical Management of Adult Lead Exposure

Kosnett MJ, Wedeen RP, Rothenberg SJ, et al. Recommendations for Medical Management of Adult Lead Exposure. Environmental Health Perspectives. 2007;115(3):463-471. doi:10.1289/ehp.9784.

Lead Toxicity

Who Is at Risk of Lead Exposure?

https://www.atsdr.cdc.gov/csem/csem.asp?csem=34&po=7

CSTE: Management Guidelines for Blood Lead Levels in Adults

 $\label{lem:http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/Occ } \underline{\text{upationalHealth/ManagementGuidelinesforAdult.pdf}}$

Adult Blood Lead Epidemiology and Surveillance (ABLES) Publications

cdc.gov/niosh/topics/ables/publication.html

Recognizing Adult Lead Poisoning for Health Care Professionals



Source: https://www.istockphoto.com/photos/doctor



Lead Poisoning Symptoms

The Centers for Disease Control and Prevention (CDC) states that a blood lead level (BLL) of 5 µg/dL or greater can result in lead poisoning. The signs and symptoms generally become more noticeable as BLLs increase and with chronic lead exposure.

Symptoms of Lead poisoning Vision Central nervous - Blindness of system parts of visual field - Insomnia - Hallucinations - Loss of appetite - Decreased libido Hearing loss - Depression - Irritability - Cognitive deficits Memory loss - Unusual taste - Headache - Slurred speech Personality changes - Blue line along Delirium the gum Coma Kidney failure Anemia Neuro-Abdomen muscular - Pain - Tremor Nausea - Pain Diarrhea or - Delayed constipation reaction times Extremities Loss of - Wrist and foot drop coordination - Pain - Convulsions - Tingling Weakness Seizures General Reproductive - Malaise - Sperm dysfunction - Fatigue (males) - Weight loss - Pregnancy compications Pallor and/or (females) lividity

Source:

https://en.wikipedia.org/wiki/Lead_poisoning#/media/File:Symptoms_of_lead_poisoning_(raster).png

Asking about Patients' Occupation

About 95% of adult lead poisonings are caused by occupational exposures.

Ask your patients if they or someone they live with works in any of these workplaces or occupations:

- Air conditioning
- Auto repair industry
- Battery manufacturing
- Construction
- Firing range and gunsmithing
- Glass manufacturing
- Law enforcement
- Lead manufacturing
- Painting
- Plastic manufacturing
- Plumbing and pipe-fitting
- Recycling of metal, electronics, and batteries
- Rubber manufacturing
- Shipbuilding
- · Solid waste incinerating
- Welding



Source: http://www.alamy.com/stock-photo.html

Inquiring about Patients' Living Specifics

The following questions may aid you in identifying sources of exposure:

- Does the patient live in a home constructed before 1978? (The paint and plumbing may contain lead)
- Does the patient live in an inner-city with older rental homes?
- Does the patient live near a lead source, such as a battery recycling center?
- Does the patient live with someone with an identified elevated BLL or who works in a lead-related industry?
- Does the patient cook or store food in traditional ceramic pottery imported from Latin America or Asian countries?
- Does the patient use cosmetics imported from India, the Middle East or West Asia, such as Kohl or Surma?



Source: https://islamicshop.in/khojati-deluxsurma-with-almond-oil.html