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3. Medline; "substance abuse".ti,ab; 18133 results.
4. Medline; exp GREAT BRITAIN/; 304814 results.
5. Medline; "united kingdom".ti,ab; 26086 results.
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17. Medline; 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14; 461662 results.
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1. Use of evidence-based treatments in substance abuse treatment programs serving American Indian and Alaska Native communities.

Citation: Drug and alcohol dependence, Apr 2016, vol. 161, p. 214-221, 1879-0046 (April 1, 2016)

Author(s): Novins, Douglas K; Croy, Calvin D; Moore, Laurie A; Rieckmann, Traci

Abstract: Research and health surveillance activities continue to document the substantial disparities in the impacts of substance abuse on the health of American Indian and Alaska Native (AI/AN) people. While Evidence-Based Treatments (EBTs) hold substantial promise for improving treatment for AI/ANs with substance use problems (as they do for non-AI/ANs), anecdotal reports suggest that their use is limited. In this study, we examine the awareness of, attitudes toward, and use of EBTs in substance abuse treatment programs serving AI/AN communities. Data are drawn from the first national survey of tribal substance abuse treatment programs. Clinicians or clinical administrators from 192 programs completed the survey. Participants were queried about their awareness of, attitudes toward, and use of 9 psychosocial and 3 medication EBTs. Cognitive Behavioral Therapy (82.2%), Motivational Interviewing (68.6%), and Relapse Prevention Therapy (66.8%) were the most commonly implemented psychosocial EBTs; medications for psychiatric comorbidity was the most commonly implemented medication treatment (43.2%). Greater EBT knowledge and use were associated with both program (e.g., funding) and staff (e.g., educational attainment) characteristics. Only two of the commonly implemented psychosocial EBTs (Motivational Interviewing and Relapse Prevention Therapy) were endorsed as culturally appropriate by a majority of programs that had implemented them (55.9% and 58.1%, respectively). EBT knowledge and use is higher in substance abuse treatment programs serving AI/AN communities than has been previously estimated. However, many users of these EBTs continue to have concerns about their cultural appropriateness, which likely limits their further dissemination. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Subject Headings: Index Medicus

Source: Medline

Full Text: Available from Elsevier in Drug and Alcohol Dependence


Citation: Drug and alcohol dependence, Apr 2016, vol. 161, p. 230-237, 1879-0046 (April 1, 2016)

Author(s): Rhemtulla, Mijke; Fried, Eiko I; Aggen, Steven H; Tuerlinckx, Francis; Kendler, Kenneth S; Borsboom, Denny

Abstract: The DSM uses one set of abuse and dependence criteria to assess multiple substance use disorders (SUDs). Most SUD research aggregates across these symptoms to study the behavior of SUD as a static construct. We use an alternative approach that conceptualizes symptoms as directly interacting variables in psychopathological networks. We apply network models to symptom-level data to investigate the unique roles of individual symptoms and their interactions in SUD. We analyzed 11 DSM III-R/IV abuse and dependence criteria in a sample of 2405 adult twins who reported use of at least one illicit substance six or more times from the Virginia Adult Twin Study of Psychiatric and Substance Use Disorders (VATSPSUD). We estimated a symptom network for each substance class as well as a global network collapsed across all substance classes. We examined similarities and differences across the 6 networks in terms of symptom-to-symptom connections and symptom centrality. The global network model revealed several interesting symptom connections, such as a strong predictive relation between tolerance and more-than-planned substance use. The most central symptom was using a drug more than planned. In addition, several interesting differences across substances emerged, both in the strength of symptom connections as well as the centrality of symptoms to each network. When analyzed as networks, abuse and dependence symptoms do not function equivalently across illicit substance classes. These findings suggest the value of analyzing individual symptoms and their associations to gain new insight into the mechanisms of SUD. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Citation: Drug and alcohol dependence, Apr 2016, vol. 161, p. 119-126, 1879-0046 (April 1, 2016)

Author(s): Murphy, Sean M; Campbell, Aimee N C; Ghitza, Udi E; Kyle, Tiffany L; Bailey, Genie L; Nunes, Edward V; Polsky, Daniel

Abstract: Substance misuse and excessive alcohol consumption are major public health issues. Internet-based interventions for substance use disorders (SUDs) are a relatively new method for addressing barriers to access and supplementing existing care. This study examines cost-effectiveness in a multisite, randomized trial of an internet-based version of the community reinforcement approach (CRA) with contingency management (CM) known as the Therapeutic Education System (TES). Economic evaluation of the 12-week trial with follow-up at 24 and 36 weeks. 507 individuals who were seeking therapy for alcohol or other substance use disorders at 10 outpatient community-based treatment programs were recruited and randomized to either treatment as usual (TAU) or TES+TAU. Sub-analyses were completed on participants with a poorer prognosis (i.e., those not abstinent at study entry). From the provider's perspective, TES+TAU as it was implemented in this study costs $278 (SE=87) more than TAU alone after 12 weeks. The quality-adjusted life years gained by TES+TAU and TAU were similar; however, TES+TAU has at least a 95% chance of being considered cost-effective for providers and payers with willingness-to-pay thresholds as low as $20,000 per abstinent year. Findings for the subgroup not abstinent at study entry are slightly more favorable. With regard to the clinical outcome of abstinence, our cost-effectiveness findings of TES+TAU compare favorably to those found elsewhere in the CM literature. The analyses performed here serve as an initial economic framework for future studies integrating technology into SUD therapy. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

4. Evidence, Policy, and E-Cigarettes--Will England Reframe the Debate?

Citation: The New England journal of medicine, Apr 2016, vol. 374, no. 14, p. 1301-1303, 1533-4406 (April 7, 2016)

Author(s): Green, Sharon H; Bayer, Ronald; Fairchild, Amy L

Subject Headings: Public Health Administration
Nicotine
Cross-Cultural Comparison
Conflict of Interest
Smoking Cessation
Humans
Tobacco Use Disorder
Electronic Cigarettes
Health Policy
Great Britain
History 21st Century
Government Agencies
Harm Reduction
Smoking
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5. Validation of the alcohol use item banks from the Patient-Reported Outcomes Measurement Information System (PROMIS®).

Citation: Drug and alcohol dependence, Apr 2016, vol. 161, p. 316-322, 1879-0046 (April 1, 2016)

Author(s): Pilkonis, Paul A; Yu, Lan; Dodds, Nathan E; Johnston, Kelly L; Lawrence, Suzanne M; Daley, Dennis C

Abstract: The Patient-Reported Outcomes Measurement Information System (PROMIS®) includes five item banks for alcohol use. There are limited data, however, regarding their validity (e.g., convergent validity, responsiveness to change). To provide such data, we conducted a prospective study with 225 outpatients being treated for substance abuse. Assessments were completed shortly after intake and at 1-month and 3-month follow-ups. The alcohol item banks were administered as computerized adaptive tests (CATs). Fourteen CATs and one six-item short form were also administered from eight other PROMIS domains to generate a comprehensive health status profile. After modeling treatment outcome for the sample as a whole, correlates of outcome from the PROMIS health status profile were examined. For convergent validity, the largest correlation emerged between the PROMIS alcohol use score and the Alcohol Use Disorders Identification Test (r=.79 at intake). Regarding treatment outcome, there were modest changes across the target problem of alcohol use and other domains of the PROMIS health status profile. However, significant heterogeneity was found in initial severity of drinking and in rates of change for both abstinence and severity of drinking during follow-up. This heterogeneity was associated with demographic (e.g., gender) and health-profile (e.g., emotional support, social participation) variables. The results demonstrated the validity of PROMIS CATs, which require only 4-6 items in each domain. This efficiency makes it feasible to use a comprehensive health status profile within the substance use treatment setting, providing important prognostic information regarding abstinence and severity of drinking. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Subject Headings: Index Medicus

Source: Medline

Full Text: Available from Elsevier in Drug and Alcohol Dependence

6. Characteristics of users and usage of different types of electronic cigarettes: findings from an online survey.

Citation: Addiction (Abingdon, England), Apr 2016, vol. 111, no. 4, p. 724-733, 1360-0443 (April 2016)

Author(s): Etter, Jean-François

Abstract: Studying users of e-cigarettes is important to help determine whether these devices aid smoking cessation. Obtaining data in representative samples is difficult, but online surveys of users may begin to build a picture. Therefore, this study aimed, through a large online survey, to describe usage and characteristics of users of e-cigarettes. Cross-sectional internet survey between 2012 and 2014. A total of 2807 current e-cigarette users enrolled via e-cigarette and smoking cessation websites, who lived in France (n = 988), the United States (n = 579), Switzerland (n = 310), the United Kingdom (n = 143) and other countries (n = 787). Type of e-cigarette used: pre-filled cartridges (n = 71), unmodified refillable tanks (n = 758), modified refillable tanks (n = 392), patterns of use, perceived effects. Pre-filled models were perceived to be less effective than unmodified refillable tanks for smoking cessation by former smokers ('definitely helped': 74% vs. 94%, P < 0.001) and by current smokers for smoking reduction ('definitely helped': 37% vs. 78%, P < 0.001). Users modified their e-cigarettes mainly to obtain a better taste ('very true' 60%, 55.5-64.5%). Modified tanks were perceived to make it
easier to abstain from smoking than unmodified tanks 95% vs. 89%, P < 0.001); 34% of users of pre-filled cartridges, 60% of users of unmodified tanks and 83% of users of modified tanks were men (P < 0.001). Newer-generation e-cigarettes were perceived to be more satisfactory and more effective for refraining from smoking than older models. Women tended to use pre-filled, unmodified models, which were perceived by participants to be the least effective in terms of abstaining from smoking. © 2015 Society for the Study of Addiction.

Subject Headings:

Index Medicus

Source:

Medline

Full Text:

Available from John Wiley and Sons in Addiction


Citation:

Tobacco control, Apr 2016, vol. 25, p. e60., 1468-3318 (April 2016)

Author(s):

Rooke, Catriona; Cunningham-Burley, Sarah; Amos, Amanda

Abstract:

To explore among a diverse range of smokers and recent ex-smokers, particularly those from disadvantaged groups, how nicotine-containing products, particularly electronic cigarettes (e-cigarettes), are understood and experienced. Qualitative study of 64 smokers and ex-smokers in Central Scotland. Twelve focus groups and 11 individual interviews were carried out with a range of purposively selected groups. Nicotine replacement therapies and e-cigarettes were regarded as being very different products. Nicotine replacement therapies were viewed as medical products for smokers who want to quit, while e-cigarettes emerged as an ambiguous product whose meanings are still being negotiated. Participants' attitudes and intentions about smoking and quitting were especially important in shaping their understanding of these products. Four main interpretations of e-cigarettes were identified: a more satisfying replacement for smoking, an ambiguous but potentially useful device, a less desirable cigarette and a threat to smoking cessation. The acceptability of continued nicotine addiction and the similarity of e-cigarettes to conventional cigarettes were central themes on which participants held conflicting views. There was considerable uncertainty among participants around the constituents and safety of e-cigarettes. Different groups of smokers bring diverse expectations, requirements and concerns to their evaluations and therefore to the potential use of nicotine-containing products. The ambiguity around e-cigarettes in public health debates and medical practice is reflected in the positions and concerns of smokers. There is a need for both clear, up-to-date trustworthy information about their benefits and risks, and stronger regulation. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://www.bmj.com/company/products-services/rights-and-licensing/

Subject Headings:

Index Medicus

Source:

Medline

Full Text:

Available from Highwire Press in Tobacco control


Citation:


Author(s):

Neale, Joanne; Tompkins, Charlotte N E; Strang, John

Abstract:

To evaluate a novel contingency management (CM)-related intervention for people experiencing complex drug problems, thereby increasing understanding of CM implementation in real-world settings. Objectives are to provide new insights into (i) how context influences intervention delivery; (ii) aspects of intervention delivery that influence outcomes; and (iii) intervention outcomes. Qualitative realist evaluation of a novel CM-related intervention: conditional budgets (CB). Supervised injectable opioid treatment (IOT) clinic in England (May 2014-March 2015). Twenty IOT clinic patients (14 men; six women); 10 IOT clinic staff (seven men; three women). Semi-structured
Interviews systematically coded relating to knowledge and views of the intervention, experiences of delivering/receiving the intervention, and effectiveness of the intervention. Personal budgets provided to patients who reduced their supervised IOT while demonstrating ongoing stability. (i) Contextual factors influencing intervention delivery included patient motivation; clarity of intervention information; prior trust in the treatment system; patient and staff involvement in intervention design; stability of the treatment setting. (ii) Aspects of delivery influencing outcomes included transparency of the eligibility criteria, rules and operating processes; rule enforcement; continued verbal information about the intervention; speed of incentive processing and receipt. (iii) Reduced drug use was difficult to attribute to CBs, as patients who did well were those most motivated to change before the intervention started. Unintended outcomes were positive (improved patient psychological wellbeing, staff job satisfaction, staff/patient relationships) and negative (patient relapse, increased staff work-load, tensions in clinic relationships). A 'qualitative realist' evaluation of a contingency management intervention to help address complex substance use disorder problems suggests that the programmes need to have stakeholder input, implement consistent eligibility criteria, rules and processes and be introduced into stable treatment settings where relationships are trusting and patients and staff feel secure. © 2015 Society for the Study of Addiction.

Subject Headings: Index Medicus
Source: Medline
Full Text: Available from John Wiley and Sons in Addiction

9. Emotion dysregulation and amygdala dopamine D2-type receptor availability in methamphetamine users.

Citation: Drug and alcohol dependence, Apr 2016, vol. 161, p. 163-170, 1879-0046 (April 1, 2016)
Author(s): Okita, Kyoji; Ghahremani, Dara G; Payer, Doris E; Robertson, Chelsea L; Dean, Andy C; Mandelkern, Mark A; London, Edythe D
Abstract: Individuals who use methamphetamine chronically exhibit emotional and dopaminergic neurochemical deficits. Although the amygdala has an important role in emotion processing and receives dopaminergic innervation, little is known about how dopamine transmission in this region contributes to emotion regulation. This investigation aimed to evaluate emotion regulation in subjects who met DSM-IV criteria for methamphetamine dependence, and to test for a relationship between self-reports of difficulty in emotion regulation and D2-type dopamine receptor availability in the amygdala. Ninety-four methamphetamine-using and 102 healthy-control subjects completed the Difficulties in Emotion Regulation Scale (DERS); 33 of those who used methamphetamine completed the Addiction Severity Index (ASI). A subset of 27 methamphetamine-group and 20 control-group subjects completed positron emission tomography with [(18)F]fallypride to assay amygdala D2-type dopamine receptor availability, measured as binding potential (BPND). The methamphetamine group scored higher than the control group on the DERS total score (p<0.001), with DERS total score positively correlated with the Drug Composite Score on the ASI (p=0.02) in the methamphetamine group. The DERS total score was positively correlated with amygdala BPND in both groups and the combined group of participants (combined: r=0.331, p=0.02), and the groups did not differ in this relationship. These findings highlight problems with emotion regulation linked to methamphetamine use, possibly contributing to personal and interpersonal behavioral problems. They also suggest that D2-type dopamine receptors in the amygdala contribute to emotion regulation in both healthy and methamphetamine-using subjects. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Subject Headings: Index Medicus
Source: Medline
Full Text: Available from Elsevier in Drug and Alcohol Dependence


Citation: Drug and alcohol dependence, Apr 2016, vol. 161, p. 247-257, 1879-0046 (April 1, 2016)
Author(s): Ahn, Woo-Young; Vassileva, Jasmin
Abstract: Recent animal and human studies reveal distinct cognitive and neurobiological differences between opiate and stimulant addictions; however, our understanding of the common and specific effects of these two classes of drugs remains limited due to the high rates of polysubstance-dependence among drug users. The goal of the current study was to identify multivariate substance-specific markers classifying heroin dependence (HD) and amphetamine dependence (AD), by using machine-learning approaches. Participants included 39 amphetamine mono-dependent, 44 heroin mono-dependent, 58 polysubstance dependent, and 81 non-substance dependent individuals. The majority of substance dependent participants were in protracted abstinence. We used demographic, personality (trait impulsivity, trait psychopathy, aggression, sensation seeking), psychiatric (attention deficit hyperactivity disorder, conduct disorder, antisocial personality disorder, psychopathy, anxiety, depression), and neurocognitive impulsivity measures (Delay Discounting, Go/No-Go, Stop Signal, Immediate Memory, Balloon Analogue Risk, Cambridge Gambling, and Iowa Gambling tasks) as predictors in a machine-learning algorithm. The machine-learning approach revealed substance-specific multivariate profiles that classified HD and AD in new samples with high degree of accuracy. Out of 54 predictors, psychopathy was the only classifier common to both types of addiction. Important dissociations emerged between factors classifying HD and AD, which often showed opposite patterns among individuals with HD and AD. These results suggest that different mechanisms may underlie HD and AD, challenging the unitary account of drug addiction. This line of work may shed light on the development of standardized and cost-efficient clinical diagnostic tests and facilitate the development of individualized prevention and intervention programs for HD and AD. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Subject Headings: Index Medicus
Source: Medline
Full Text: Available from Elsevier in Drug and Alcohol Dependence


Citation: Drug and alcohol dependence, Apr 2016, vol. 161, p. 265-275, 1879-0046 (April 1, 2016)
Author(s): Caputi, Francesca Felicia; Carboni, Lucia; Mazza, Daria; Candeletti, Sanzio; Romualdi, Patrizia
Abstract: Ethanol and cocaine are widely abused drugs triggering long-lasting changes in neuronal circuits and synaptic transmission through the regulation of enzyme activity and gene expression. Compelling evidence indicates that the ubiquitin-proteasome system plays a role in the molecular changes induced by addictive substances, impacting on several mechanisms implicated in abuse. The goal of these studies was to evaluate the effects of cocaine or ethanol on proteasome activity in neuroblastoma cells. Moreover, the gene expression of specific subunits was assessed. Chymotrypsin-like activity was measured after 2h, 24h, and 48h exposure to 5μM cocaine or 40mM ethanol. Proteasome subunit transcripts were evaluated by qPCR at the same time-points. Treatments modified proteasome function in opposite directions, since cocaine increased and ethanol reduced chymotrypsin-like activity. Interestingly, we observed gene expression alterations induced by these drugs. In the core particle, the β1 and α5 subunits were mainly up-regulated by cocaine, whereas α6 transcripts were mostly decreased. β2 and β5 did not change. Similarly, ethanol exposure generally increased β1 and α5 mRNAs. Moreover, the β2 subunit was significantly up-regulated by ethanol only. The β5 and α6 subunits were not altered. In the regulatory particle, Rpt3 was increased by cocaine exposure, whereas it was reduced by ethanol. No significant Rpn9 alterations were observed. These findings support the notion that addictive substances regulate proteasome function, contributing to the dysregulations related to drug abuse since the availability of adequate subunit amounts is necessary for proper complex assembly and function. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Subject Headings: Index Medicus
Source: Medline
Full Text: Available from Elsevier in Drug and Alcohol Dependence
12. Temperament and character dimensions in male patients with substance use disorders: Differences relating to psychiatric comorbidity.

Citation: Psychiatry research, Mar 2016, vol. 237, p. 1-8, 1872-7123 (March 30, 2016)

Author(s): Marquez-Arrico, Julia E; López-Vera, Silvia; Prat, Gemma; Adan, Ana

Abstract: Previous research has not considered the influence of the Comorbid Mental Disorder (CMD) among Substance Use Disorders (SUD) patients. We explored the possible differences in personality dimensions among SUD patients taking into account their CMD (Schizophrenia, SZ; Bipolar Disorder, BD; Major Depressive Disorder, MDD); and elucidated clinical factors related to personality dimensions according to the CMD. The Temperament and Character Inventory Revised was used to assess a sample of 102 SUD male patients, considered in three groups according to their CMD: SUD+SZ (N=37), SUD+BD (N=30) and SUD+MDD (N=35). SUD+BD patients had the highest levels of Novelty Seeking and Persistence, SUD+SZ patients showed the highest levels of Harm Avoidance, and SUD+MDD patients reported a lower level of Self-transcendence. Novelty Seeking was positively associated with severity of addiction for SUD+BD; Harm Avoidance was positively associated with psychiatric symptoms for SUD+SZ; and the age of SUD onset was positively linked to Cooperativeness for SUD+BD and to Self-transcendence for SUD+MDD. The different personality characteristics associated to the type of CMD among SUD patients are related to several clinical variables. Interventions in these patients should be tailored according the personality traits that could influence treatment outcomes and patients' prognoses. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Subject Headings: Index Medicus

Source: Medline

Full Text: Available from Elsevier in Psychiatry Research

13. Microstructural changes to the brain of mice after methamphetamine exposure as identified with diffusion tensor imaging.

Citation: Psychiatry research, Mar 2016, vol. 249, p. 27-37, 1872-7123 (March 30, 2016)

Author(s): McKenna, Benjamin S; Brown, Gregory G; Archibald, Sarah; Scadeng, Miriam; Bussell, Robert; Kesby, James P; Markou, Athina; Soontornwattana, Virawudh; Achim, Christian; Semenova, Svetlana; The Translational Methamphetamine Aids Research Center Tmarc Group

Abstract: Methamphetamine (METH) is an addictive psychostimulant inducing neurotoxicity. Human magnetic resonance imaging and diffusion tensor imaging (DTI) of METH-dependent participants find various structural abnormalities. Animal studies demonstrate immunohistochemical changes in multiple cellular pathways after METH exposure. Here, we characterized the long-term effects of METH on brain microstructure in mice exposed to an escalating METH binge regimen using in vivo DTI, a methodology directly translatable across species. Results revealed four patterns of differential fractional anisotropy (FA) and mean diffusivity (MD) response when comparing METH-exposed (n=14) to saline-treated mice (n=13). Compared to the saline group, METH-exposed mice demonstrated: 1) decreased FA with no change in MD [corpus callosum (posterior forceps), internal capsule (left), thalamus (medial aspects), midbrain], 2) increased MD with no change in FA [posterior isocortical regions, caudate-putamen, hypothalamus, cerebral peduncle, internal capsule (right)], 3) increased FA with decreased MD [frontal isocortex, corpus callosum (genu)], and 4) increased FA with no change or increased MD [hippocampi, amygda, lateral thalamus]. MD was negatively associated with calbindin-1 in hippocampi and positively with dopamine transporter in caudate-putamen. These findings highlight distributed and differential METH effects within the brain suggesting several distinct mechanisms. Such mechanisms likely change brain tissue differentially dependent upon neural location. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Subject Headings: Index Medicus
14. Blood glucose and lipid concentrations after overload are not associated with the risk of alcohol relapse.

Citation: Drug and alcohol dependence, Apr 2016, vol. 161, p. 356-362, 1879-0046 (April 1, 2016)

Author(s): Budzyński, Jacek; Ziółkowski, Marcin; Kłopocka, Maria; Czarnecki, Damian

Abstract: There is evidence for the functioning of feedback between alcohol consumption and fat (positive) and carbohydrate (negative) intake. We tried to verify the hypothesis that blood glucose and lipid concentration in a fasting state and after loading may affect the risk of relapse in alcohol-dependent male patients during withdrawal therapy. Blood glucose, total cholesterol (TC) and triglycerides (TG) were determined at the beginning of the study, and again after 4 weeks and 6 months of observation in 54 alcohol-dependent male patients treated against drinking relapse. Glucose concentration was checked after fasting and 2h after loading with a 75g water solution of glucose, and blood lipids were determined on an empty stomach and 5h after butter loading (0.5g of butter per kilogram of body mass). Patients who relapsed compared to subjects who remained abstinent during the 6-month observation did not differ significantly in relation to blood glucose, TC or TG blood concentrations, either in a fasting state or after loading. Patients with an initial above-median increase in TG blood concentration after butter loading (>38%) before the beginning of the study, and who smoked cigarettes with a greater content of nicotine and tar, preferred vodka and had lower values of aminotransferases. Fasting and postprandial blood glucose, TC and TG concentrations had no relationship with the outcome of anti-relapse treatment. However, they presented some associations with the pathomechanism of addiction to nicotine. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.