Search Results

Table of Contents

Search History ........................................................................................................................................................... page 4

1. Mindfulness deficits in a sample of substance abuse treatment seeking adults: A descriptive investigation ........................................................................................................................................................................ page 5

2. Preparation for alcohol detoxification group programme. Service users' evaluation of individual sessions ........................................................................................................................................................................... page 5

3. Catatonia due to surreptitious administration of disulfiram: A case report .......................................................................................................................................................................................... page 6

4. Characteristics and consequences of prescription drug misuse among university students in the United Kingdom .............................................................................................................................................................................. page 7

5. A qualitative exploration of relations and interactions between people who are homeless and use drugs and staff in homeless hostel accommodation ........................................................................................................................................................................... page 8

6. Absolute and age-dependent elevations of serum calcium and phosphate and their products in clinical opiate dependence ........................................................................................................................................................................... page 9

7. Alcohol consumption and risky sexual behaviour amongst young adults in a low-income community in Cape Town ............................................................................................................................................................................. page 10

8. Effects of the Phramongkutklao model on alcohol-dependent patient: A randomized controlled trial ........................................................................................................................................................................ page 11

9. Adolescents misusing prescription drugs: Who's the riskiest users of them all? ........................................................................................................................................................................................................ page 12

10. Stakeholder views on pharmacist prescribing in addiction services in NHS Lanarkshire ........................................................................................................................................................................................................... page 13

11. Childhood abuse and cannabis use among adolescents with mental health needs in Ontario, Canada ........................................................................................................................................................................................................... page 14

12. Factors associated with alcohol problems among Asian American college students: Gender, ethnicity, smoking and depressed mood ........................................................................................................................................................................................................ page 15

13. The efficacy and predictive value of the heavy smoking index for smoking cessation among daily smokers in a public health center ........................................................................................................................................................................................................ page 16

14. Public perceptions of food addiction: A comparison with alcohol and tobacco ........................................................................................................................................................................................................ page 17

15. Correlates of Drug Use and Driving Among Undergraduate College Students ........................................................................................................................................................................................................... page 18

16. Early sexual experience alters voluntary alcohol intake in adulthood ................................................................................................................................................................................................................ page 19

17. Resting state functional connectivity of the nucleus accumbens in youth with a family history of alcoholism ........................................................................................................................................................................................................ page 20

18. Anhedonia in Parkinson's disease patients with and without pathological gambling: A case-control study ........................................................................................................................................................................................................ page 21

19. Dysfunctional inhibitory control and impulsivity in Internet addiction ................................................................................................................................................................................................................ page 22

20. Exercise addiction: A study of eating disorder symptoms, quality of life, personality traits and attachment styles ........................................................................................................................................................................................................... page 23

21. The N2 ERP component as an index of impaired cognitive control in smokers ........................................................................................................................................................................................................ page 24

22. RACK1 to the future--a historical perspective ........................................................................................................................................................................................................ page 25

23. Kinase-inhibitor-insensitive cancer stem cells in chronic myeloid leukemia ........................................................................................................................................................................................................ page 26

24. Temporal profile of fronto-striatal-limbic activity during implicit decisions in drug dependence ........................................................................................................................................................................................................... page 27

25. Temporal trends in the survival of drug and alcohol abusers according to the primary drug of admission to treatment in Spain ........................................................................................................................................................................................................ page 28

26. Comparison of categorical alcohol dependence versus a dimensional measure for predicting weekly alcohol use in heavy drinkers ........................................................................................................................................................................................................ page 29

27. Therapeutic infusions of ketamine: Do the psychoactive effects matter? ........................................................................................................................................................................................................ page 30

28. Therapeutic infusions of ketamine: Do the psychoactive effects matter? ........................................................................................................................................................................................................ page 31
28. Randomized clinical trial of disulfiram for cocaine dependence or abuse during buprenorphine treatment ................................. page 32
29. Losing faith and finding religion: Religiosity over the life course and substance use and abuse ................................. page 34
30. Investigation of sex-dependent effects of cannabis in daily cannabis smokers ................................................................. page 35
31. Looking for the uninsured in Massachusetts? Check opioid dependent persons seeking detoxification ........ page 36
32. A two-phased screening paradigm for evaluating candidate medications for cocaine cessation or relapse prevention: Modafinil, levodopa-carbidopa, naltrexone ........................................................................................................ page 37
33. Does urine drug abuse screening help for managing patients? A systematic review ................................................................. page 38
34. Meeting report of the European histamine research society ........................................................................................................ page 39
35. Waterpipe tobacco Dependence in U.K. male adult residents: A cross-sectional study ............................................................... page 43
36. Tramadol deaths in Northern Ireland: A review of cases from 1996 to 2012 ........................................................................ page 44
37. The political origins of health inequity: Prospects for change ........................................................................................................ page 45
38. High dose allopurinol in France, Germany, Italy, Spain and the UK .......................................................................................... page 48
39. Using adaptive choice based conjoint (ACBC) analysis to study patients' preferences regarding pharmaceutical treatment for osteoarthritis (OA) ........................................................................................................ page 50
40. How can we persuade patients with rheumatoid arthritis to stop smoking? ........................................................................ page 51
41. Current pharmacological treatment approaches for alcohol Dependence .................................................................................. page 53
42. Traumatic basal subarachnoid hemorrhage suspected to have been caused by contrecoup cerebellar contusions: A case report ........................................................................................................................................................................ page 54
43. Exempting patients from a smoke-free hospital policy on compassionate grounds ................................................................. page 55
44. Tackling obesity: The challenge of obesity management for practice nurses in primary care ..................................................... page 55
45. Abuse of methylphenidate in Germany: Data from spontaneous reports of adverse drug reactions ........................................................................ page 56
46. "Frontal systems" behaviors in comorbid human immunodeficiency virus infection and methamphetamine dependency ........................................................................................................................................................................ page 57
47. Association between gene variants and response to buprenorphine maintenance treatment ........................................................................ page 58
48. Use of high-dose allopurinol to reach serum uric acid targets in patients with gout across multiple countries ................................................................. page 60
49. Case-finding for hepatitis C in primary care: A mixed-methods service evaluation ........................................................................ page 61
50. BMA urges caution over MPs' request to collect data on patients addicted to prescription drugs ........................................................................ page 63
51. Cigarette packet warning labels can prevent relapse: findings from the International Tobacco Control 4-Country policy evaluation cohort study ........................................................................................................................................................................ page 63
52. Pharmacotherapy of generalized anxiety disorder: Focus and update on pregabalin ........................................................................ page 64
53. Clinical management of older persons with haemophilia ........................................................................................................ page 66
54. Targeting the MET gene for the treatment of non-small-cell lung cancer ........................................................................ page 67
55. Incidence of psychoses among drug dependent patients in primary care with no psychiatric history: A retrospective observational matched-cohort study ........................................................................................................................................................................ page 69
56. A burning issue ........................................................................................................................................................................ page 71
57. A brighter future ........................................................................................................................................................................ page 71
58. Surveillance and uncertainty: Community pharmacy responses to over the counter medicine abuse ........................................................................ page 71
59. Injectional anthrax: An emerging public health issue ........................................................................................................ page 72
60. Quality of life impact of mental health conditions in England: Results from the adult psychiatric morbidity surveys ........................................................................................................................................................................ page 74
61. Sequestered naltrexone in sustained release morphine or oxycodone-a way to inhibit illicit use? ........................................................................ page 75
62. Government policy is damaging people most vulnerable to alcohol misuse, warns leading doctor ........................................................................ page 76
63. Behavioral, biological, and chemical perspectives on targeting CRF1 receptor antagonists to treat alcoholism

64. Examining the association of NRXN3 SNPs with borderline personality disorder phenotypes in heroin dependent cases and socio-economically disadvantaged controls

65. A randomized trial of intensive outpatient (IOP) vs. standard outpatient (OP) buprenorphine treatment for African Americans

66. Genetic analysis of AUTS2 as a susceptibility gene of heroin dependence

67. Time-varying effects of smoking quantity and nicotine dependence on adolescent smoking regularity

68. Stability of scores and correlations with drinking behaviors over 15 years for the self-report of the effects of alcohol questionnaire

69. Separating intentional inhibition of prepotent responses and resistance to proactive interference in alcohol-dependent individuals

70. An overview and evaluation of combining an addiction liaison nurse outpatient service with hepatitis C outpatient clinics in Glasgow, Scotland

71. The next generations of substance misuse expertise: an innovative GP speciality trainee scholarship in the Seven Deanery

72. Smoking mull: a grounded theory model on the dynamics of combined tobacco and cannabis use among adult men

73. Using Autopsy Brain Tissue to Study Alcohol-Related Brain Damage in the Genomic Age

74. Doing it by numbers: A simple approach to reducing the harms of alcohol

75. Update on extended-release opioids in pain management

76. Triple reuptake inhibitors: A patent review (2006-2012)

77. The effect of legal bans on poison control center contacts regarding ‘legal highs’

78. Understanding tobacco industry pricing strategy and whether it undermines tobacco tax policy: the example of the UK cigarette market

79. Low incidence of hepatitis C virus among prisoners in Scotland

80. An audit to evaluate the use of the alcohol fast screening tool in acute medical admissions in a district general hospital

81. Experience in a district general hospital of alcohol withdrawal management comparing symptom triggered with fixed dose regimen in acute medical ward

82. Perceived barriers to quitting smoking and seeking smoking cessation counselling amongst pregnant women: A qualitative study in Southeast England

83. Self-neglect in old age: A survey of old age psychiatrists in Ireland
Search History

1. EMBASE; exp ADDICTION/; 169546 results.
2. EMBASE; addict*.ti,ab; 38956 results.
3. EMBASE; 1 OR 2; 180141 results.
4. EMBASE; UNITED KINGDOM/; 253960 results.
5. EMBASE; "great britain".ti,ab; 8397 results.
6. EMBASE; "united kingdom".ti,ab; 22049 results.
7. EMBASE; "england".ti,ab; 28422 results.
8. EMBASE; "wales".ti,ab; 14505 results.
9. EMBASE; "scotland".ti,ab; 10561 results.
10. EMBASE; "UK".ti,ab; 83362 results.
11. EMBASE; "GB".ti,ab; 5370 results.
12. EMBASE; "ireland".ti,ab; 99981 results.
13. EMBASE; "british isles".ti,ab; 717 results.
14. EMBASE; "channel islands".ti,ab; 86 results.
15. EMBASE; IRELAND/ OR IRELAND,NORTHERN/; 262954 results.
16. EMBASE; 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15; 434140 results.
17. EMBASE; 3 AND 16; 6853 results.
Mindfulness is increasingly being recognized as an important correlate of mental health, and is inversely correlated with substance use. To date, preliminary research suggests that mindfulness-based interventions may be effective for the treatment of substance use disorders. However, there is a notable lack of research on deficits in mindfulness among individuals who seek residential substance abuse treatment, including whether they report lower levels of mindfulness relative to healthy controls. Thus, the current study examined differences in mindfulness between a sample of adult substance abusers who sought residential treatment (N = 107) and normative data on mindfulness from healthy adults. Results demonstrated that the substance abusers reported less mindfulness relative to the normative data, including lower levels of mindful curiosity and decentering, with effect sizes differences between groups falling into the large range. No differences were evident in mindfulness between men and women patients or between individuals with an alcohol or drug diagnosis. These results provide evidence that substance abusers seeking treatment may have lower levels of mindfulness relative to healthy adults, supporting the use of mindfulness-based interventions with this population. 2014 Informa UK Ltd.
There is limited evidence to guide clinicians on how to prepare alcohol-dependent clients for detoxification. This paper briefly reports the evaluation of the Preparation for Alcohol Detoxification group programme sessions by service users. Methods: Clients attending the programme provided feedback using a specially developed form containing closed and free text questions. Results: One hundred and thirty three forms were analysed out of 166 received. Completion rate per session varied from 46 to 100%. The majority of clients were positive or partly positive for all sessions. Clients felt welcome to participate in all sessions. For the sessions "understanding addiction” and "relapse prevention” clients were rather neutral, indicating a need to change session content or focus. Conclusion: Clients felt able to participate actively despite the structured nature of the sessions. The positive response might be related to the therapeutic approach taken by group facilitators, inviting clients to engage in active exploration of their difficulties and practise of potential solutions, achieving a balance between didactic and experiential style. 2014 Informa UK Ltd.
Disulfiram is an aversive agent used as an alcohol deterrent in the treatment of alcohol dependence. Disulfiram causes many side effects including catatonia. We present a case report of catatonia that developed when disulfiram was administered to a patient without his knowledge. 2014 Informa UK Ltd.

**Characteristics and consequences of prescription drug misuse among university students in the United Kingdom**

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(156-163), 1465-9891;1475-9942 (2014)

Author(s): Holloway K.R.; Bennett T.H.; Parry O.; Gorden C.

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Language: English

Abstract: Prescription drug misuse is associated with various problems relating to physical health, psychological disorders, social relationships, as well as broader societal and economic problems. Research in the United States has shown that university students are a high-risk group for involvement in prescription drug misuse. There has been almost...
no research on prescription drug misuse among university students outside of the United States. Methods: The study was based on an online survey of students currently registered at a university in north Wales. Respondents completed a structured questionnaire covering topics relating to the characteristics and consequences of prescription drug misuse. The analysis was based on those students reporting prescription drug misuse. Results: The most common medications misused were prescribed pain relievers, tranquillisers and sedatives. The main motives for misuse were to obtain the therapeutic benefits of the drug, recreational purposes and mood enhancement. The main problems associated with prescription drug misuse were addiction, physiological and psychological disorders and relationships. Conclusion: The study revealed a wide range of problems experienced by students who misuse prescription drugs. More could be done to tackle prescription drug misuse among students through campus-based drug prevention programmes. 2014 Informa UK Ltd.
generally PHUD had negative experiences of living in hostels. Poor treatment, lack of privacy, infantilization and unprofessionalism emerged as key themes and impeded the development of social capital. Conclusions: Hostel staff are not always assigned a therapeutic role. However evidence from the current study suggests that care and consideration may go a long way in aiding homeless drug users' progression in hostel settings. 2014 Informa UK Ltd.
male (p < 0.0001). The mean serum calcium levels were 2.40 ± 0.11 and 2.37 ± 0.10 mmol/l (p < 0.0001). This significant difference was unrelated to albumin levels, and also occurred for phosphate: 1.17 ± 0.22 and 1.15 ± 0.22 (p < 0.0001). Both the calcium-phosphate product and the calcium-phosphate solubility product were also elevated. These elevations persisted at multiple regression against age in both additive and interactive models with age (most p < 0.0001). At age 35, the corrected calcium and phosphate were equivalent to a 75.1% and 13.5% age advancement, respectively. Conclusion: Opiate dependence is associated with significant elevations of calcium and phosphate both in absolute terms, and after correction for serum albumin and age. Their product and their solubility product are similarly elevated. 2014 Informa UK Ltd.

Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
CAS Registry Number: 14092-94-5 (calcium); 7440-70-2 (calcium); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 14066-19-4 (phosphate); 14265-44-2 (phosphate); 9048-46-8 (serum albumin)
Publication Type: Journal: Article
Subject Headings: adult *aging albumin blood level article calcium blood level controlled study female human major clinical study male *opiate addiction pathology phosphate blood level priority journal retrospective study solubility "*calcium/ec [Endogenous Compound]" *opiate "*phosphate/ec [Endogenous Compound]"
"serum albumin/ec [Endogenous Compound]"
Source: EMBASE
Full Text: Available from Informa Healthcare in Journal of Substance Use

7. Alcohol consumption and risky sexual behaviour amongst young adults in a low-income community in Cape Town
Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(118-124), 1465-9891;1475-9942 (2014)
Author(s): Adams S.; Savahl S.; Carels C.; Isaacs S.; Brown Q.; Malinga M.; Monageng B.; Zozulya M.
Institution: (Adams, Savahl, Carels, Isaacs, Brown, Malinga, Monageng, Zozulya) Department of Psychology, University of the Western Cape, Bellville, Cape Town, South Africa
Language: English
Abstract: Aims: The aim of the study was to explore alcohol use and risky sexual behaviour among young adults in a low-income community in Cape Town. Design and setting: The study followed a descriptive correlational design within a quantitative methodological framework. More specifically, a participatory research model was employed in collaboration with young people attending a secondary school in the participating community. Data collection: The street-intercept method was used to administer a structured questionnaire consisting of the Alcohol Use Disorders Identification Test and the Self-Report Risky Sexual Behaviours Scale. Findings: A key finding of this study contributes to the established body of research demonstrating a significant relationship
between alcohol consumption and RSB ($r = 0.48; p < 0.01; N = 143$). Another crucial finding of the study indicates that a substantial amount of the participants are classified as either harmful drinkers (Males = 20.0%; Females = 17.8%) or being alcohol dependent (Males = 54.3%; Females = 47.9%). Conclusions: These statistics are a typical reflection of drinking behaviour in impoverished communities in Cape Town and South Africa in general. The findings display the exigency for interventions to start at both the primary and secondary school level to counter the effects and consequences of alcohol consumption and risky sexual behaviour among young adults in this community. 2014 Informa UK Ltd.

**Country of Publication:** United Kingdom

**Publisher:** Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

**Publication Type:** Journal: Article

**Subject Headings:**
- adult
- *alcohol consumption*
- alcohol use disorder
- alcoholism
- article
- city
- condom use
- drinking behavior
- female
- *high risk behavior*
- high school
- human
- *lowest income group*
- major clinical study
- male
- priority journal
- *risky sexual behaviour*
- self report
- *sexual behavior*
- South Africa
- structured questionnaire
- young adult

**Source:** EMBASE

**Full Text:** Available from Informa Healthcare in *Journal of Substance Use*

### 8. Effects of the Phramongkutklao model on alcohol-dependent patient: A randomized controlled trial

**Citation:** Journal of Substance Use, 2014, vol./is. 19/1-2(81-88), 1465-9891;1475-9942 (2014)

**Author(s):** Daengthoen L.; Saengcharnchai P.; Yingwiwattanapong J.; Perngparn U.

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**Language:** English

**Abstract:** This study was conducted to investigate the effects of Phramongkutklao (PMK) model at Department of Psychiatry and Neurology, Phramongkutklao Hospital. A randomized trial, assigned into the usual care ($n = 53$) or PMK model ($n = 47$) group. One hundred alcohol-dependent patients were assessed by using the 4th Diagnostic and Statistic Manual of Mental Disorder (DSM-IV) to diagnose alcohol dependence and Alcohol Use Disorders Identification Test (AUDIT) to determine the level of alcohol addiction. There were significant differences between usual care and PMK model groups on reducing or abstaining from alcohol consumption at 6-month follow-ups ($p < 0.01$). The participants in the PMK model group showed a total moderate quality of life, which was better than those in the usual care group after 6 months. According to the comparison of readiness to
change outcome, the results showed a change to reduce or abstain from alcohol consumption in the PMK model group; in contrast, in the usual care group there was no change. The three situations positive, negative and craving drinking demonstrated significant in self-efficacy in the PMK model group. To conclude, the intensive inpatient rehabilitation (PMK model) intervention was more effective than usual care. Accordingly, this study was done in the setting at an inpatient psychiatric department; therefore, it could be generalized to any other similar areas.

Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
Publication Type: Journal: Article
Subject Headings: adult, alcohol abstinence, alcohol consumption, *alcohol rehabilitation program, alcohol use disorder, alcohol withdrawal, "*alcoholism/rh [Rehabilitation]" article, clinical article, controlled study, DSM-IV, female, follow up, hospital patient, human, male, middle aged, *Phramongkutklao model, priority journal, psychiatric department, quality of life, randomized controlled trial, Thailand, treatment duration, treatment outcome

Source: EMBASE
Full Text: Available from Informa Healthcare in Journal of Substance Use

9. Adolescents misusing prescription drugs: Who’s the riskiest users of them all?

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(68-74), 1465-9891;1475-9942 (2014)
Author(s): Milner L.A.; Ham L.S.; Zamboanga B.L.
Institution: (Milner, Ham) Department of Psychological Science, University of Arkansas, 216 Memorial Hall, Fayetteville, AR 72701, United States; (Zamboanga) Department of Psychology, Smith College, Northampton, MA, United States
Language: English
Abstract: Early age of onset of alcohol use or prescription drug misuse (PDM) is associated with later alcohol or prescription drug-related substance use disorders. While the prevalence of PDM among youth continues to increase at an alarming rate, relatively little research attention has been given to the study of adolescent PDM. The present study examined differences in risky behaviors (hazardous drinking and externalizing symptoms) and impulsivity among adolescents (N = 111) who reported current PDM and underage alcohol use (i.e. PDM and alcohol use in past 30 days; n = 37), current underage alcohol use only (i.e. past-30-day alcohol use but no PDM in past 30 days; n = 37) and those who reported no alcohol or drug use in past 30 days (n = 37). Findings indicated that adolescents who reported current PDM also reported highest levels of hazardous alcohol
use and impulsivity compared to adolescents in the current alcohol-only and current non-user groups. Adolescents who reported current PDM also reported higher levels of externalizing symptoms than did non-current using adolescents. Overall, the results of the present study suggest that adolescents who misuse prescription drugs could be at high risk for involvement in other types of problem behaviors. 2014 Informa UK Ltd.

Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
CAS Registry Number: 124-90-3 (oxycodone); 76-42-6 (oxycodone)
Publication Type: Journal: Article
Subject Headings: adolescent
alcohol consumption
article
*drug misuse
drug use
female
health behavior
high risk behavior
human
impulsiveness
major clinical study
male
post hoc analysis
prevalence
priority journal
Problem Behavior Theory
self care
self report
hydrocodone bitartrate plus paracetamol
illicit drug
oxycodone
*prescription drug
Source: EMBASE
Full Text: Available from Informa Healthcare in Journal of Substance Use

10. Stakeholder views on pharmacist prescribing in addiction services in NHS Lanarkshire

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(56-67), 1465-9891;1475-9942 (2014)
Author(s): Hill D.R.; Conroy S.; Brown R.C.; Burt G.A.; Campbell D.
Institution: (Hill, Conroy) NHS Lanarkshire Drugs and Alcohol Services, Airbles Road Centre, 49-59 Airbles Road, Motherwell, Lanarkshire, ML1 2TP, United Kingdom; (Brown, Burt, Campbell) Strathclyde Institute of Pharmacy and Biomedical Sciences, Strathclyde University, Glasgow, United Kingdom
Language: English
Abstract: NHS Lanarkshire has been at the forefront in using non-medical prescribers since its inception in 2004. NHS Lanarkshire offers several non-medical prescribers clinics and plans to employ a full-time pharmacist within the redesigned "Community Prescribing Service". The use of pharmacist prescribers is an integral part of addiction services in NHS Lanarkshire's adoption of the Scottish Government's policy, and offers an alternative way for patients to complete their journey to recovery. Although embracing the concept of non-medical and pharmacist prescribers, there has, to date, been no analysis of the efficacy or acceptability of this amongst the stakeholders and service users, this article sets out to establish the initial stages of this and form the basis of further research. We show that pharmacist prescribers are now seen as an integral part of NHS Lanarkshire's addiction services. Not only is this seen as effective, it is also the preferred option for many service users, encouraging them to maintain their journey along the path to recovery. The pharmacists themselves see their value to the service and the patients.
Although the medical prescribers have more reservations, none are to be convinced about the benefits to patients. 2014 Informa UK Ltd.

Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
Publication Type: Journal: Article
Subject Headings: *addiction adult article drug misuse female health care delivery health care personnel health center *health service hospital human major clinical study male *national health service perception *pharmacist pharmacy *prescription priority journal professional competence
Source: EMBASE
Full Text: Available from Informa Healthcare in Journal of Substance Use

11. Childhood abuse and cannabis use among adolescents with mental health needs in Ontario, Canada

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(18-24), 1465-9891;1475-9942 (2014)
Author(s): Baiden P.; Stewart S.L.; Den Dunnen W.
Institution: (Baiden, Stewart) Applied Research and Education, Child and Parent Resource Institute, 600 Sanatorium Road, London, ON, N6H 3W7, Canada; (Den Dunnen) School of Psychology, University of Ottawa, Ottawa, ON, Canada
Language: English
Abstract: Objective: The purpose of this study was to examine the association between childhood abuse (emotional, physical and sexual abuse) and cannabis use among adolescents with mental health needs. Methods: Data on 3681 adolescent in-patients, 12-18 years old, were obtained from the Resident Assessment Instrument for Mental Health (RAI-MH). Using logistic regression, we estimated the odds of using cannabis by adolescents who experienced childhood abuse after controlling for age, gender, Aboriginal origin, problems with addiction, history of criminal justice involvement and symptoms of depression and mania. Results: There were 1844 adolescents, representing 50.1%, who reported using cannabis within the last 12 months. Controlling for demographic and patient characteristics, we found that cannabis use in the past year was strongly associated with childhood sexual and physical abuse. Compared to non-abused females, females who experienced sexual and physical abuse were more likely to have used cannabis. For males, the experience of physical abuse was marginally associated with cannabis use. Conclusion: The current data demonstrate the strong association between childhood sexual and physical abuse and cannabis use with a particularly strong association for females. Efforts aimed at treating cannabis use in adolescents who present with mental health needs should also consider their abuse histories. 2014 Informa UK Ltd.
12. Factors associated with alcohol problems among Asian American college students: Gender, ethnicity, smoking and depressed mood

Objective: This study examined gender, ethnicity and psychological factors associated with alcohol problems among Asian American college students, using the CAGE questionnaire. Method: The study is a cross-sectional, school-based survey. College students who self-identified as Asian, participated. Results: The sample comprised 258 Asian American college students (132 men and 126 women). In all, 17.7% of males and 8.9% of females had alcohol problems based on CAGE score of 2 or more; yet, the difference was marginally significant (chi² [1, N = 225] = 3.7, p = 0.08). Chinese and Vietnamese males tended to have more alcohol problems than females in their respective ethnic subgroups. Among Koreans, more females (33%) had the problems than males (11%). Male students did not differ in alcohol problems by ethnicity, whereas Korean females were more likely to have the problems (chi² [2, N = 112] = 13.0, p = 0.01) than females in the other groups. After controlling for gender, Asian American college students who were older (>25), smoking currently and reporting depressed mood were more likely to have alcohol problems. Conclusions: College health center workers should monitor more closely Asian students who have the risk factors for early detection of and treatment for alcohol problems. 2014 Informa UK Ltd.
13. The efficacy and predictive value of the heavy smoking index for smoking cessation among daily smokers in a public health center

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(7-11), 1465-9891;1475-9942 (2014)

Author(s): Bhang S.-Y.; Choi S.-W.; Ahn J.-H.

Institution: (Bhang, Choi) Department of Psychiatry, Gangnam Eulji Hospital, Eulji University, Seongnam, South Korea; (Ahn) Department of Psychiatry, Ulsan University Hospital, University of Ulsan, Ulsan, South Korea

Language: English

Abstract: Objective: The present study tested the effectiveness of the Heavy Smoking Index (HSI) for the screening of high nicotine dependence and the predictive value of HSI on smoking cessation within a community sample in a public health center. Methods: The Fagerstrom Test for Nicotine Dependence (FTND) scores from 1069 smokers who visited a public health center in Korea was analyzed. Receiver operating characteristic analyses were performed to calculate sensitivity and specificity values to compare the effectiveness of HSI to items 1 and 4 of FTND. In addition, HSI at baseline was found to predict smoking cessation after 4 weeks and after 6 months using logistic regression. We assessed whether HSI at baseline would predict smoking cessation after 4 weeks and after 6 months using logistical regression. Results: For the results, a score of 4 on HSI was considered optimal. Additionally, the predictive value for smoking cessation of both HSI and FTND were found to be statistically valid at baseline. Conclusions: Our results indicate that HSI is a useful brief screening tool to detect high nicotine dependence in a public health center. 2014 Informa UK Ltd.
14. Public perceptions of food addiction: A comparison with alcohol and tobacco

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(1-6), 1465-9891;1475-9942 (2014)

Author(s): DePierre J.A.; Puhl R.M.; Luedicke J.

Institution: (DePierre, Puhl, Luedicke) Rudd Center for Food Policy and Obesity, Yale University, 309 Edwards Street, New Haven, CT 06520-8369, United States

Language: English

Abstract: Background: As science has begun to provide support for food's addictive properties, food addiction has gained increased attention from academics, health care professionals and mainstream media as a contributor to obesity. To date, no research has examined public perceptions of this condition, which may affect attitudes towards food addiction and obesity as well as beliefs about "addictive" food products. Methods: Using a survey methodology in a national sample of 570 adults, this study compared perceptions of food addiction to smoking and alcoholism, assessing beliefs about its etiology and whether it was perceived to be a disease or a result of individual choices. Results: Food addiction was perceived to be more of a disease than smoking and to be caused by individual choices to a greater extent than alcoholism. Conclusions: These results indicate that food addiction is vulnerable to stigmatization and may be perceived as a behavioural rather than a substance addiction. 2014 Informa UK Ltd.
Objective: Drug use by drivers is a significant and growing highway safety problem. College students are an important population to understand drugged driving. The objective of this study was to examine correlates of drugged driving among undergraduate college students. Methods: We conducted an anonymous, confidential, 24-question survey at a large New England public university during the 2010-2011 academic year among undergraduates in courses that met a graduation requirement. Data include demographics; academics; housing status; lifestyle; personal values; high school/college drug use; and
driving following alcohol use, drug use, or both; and as a passenger with a driver who used alcohol, drugs, or both. Descriptive statistics were calculated. Chi-square tests compared driver alcohol use, drug use, or both with demographic, academic, and lifestyle variables. Logistic regression analyses were performed with drugged driving as the dependent variable. Odds ratios and corresponding 95 percent confidence intervals were calculated for each of the potential explanatory variables in relation to the outcome.

Results: Four hundred forty-four of 675 students completed surveys (66% participation rate). Participants were representative of the student body with a mean age of 19.4 (+1.3 years), 51 percent male, 75 percent white, and 10 percent Hispanic. Seventy-eight percent lived on campus, 93 percent had a driver's license, and 37 percent had access to a car. Students disagreed that cannabinoids impair driving (18%) compared to other drugs (17%), stimulants (13%), depressants (11%), hallucinogens (8%), and alcohol (7%). Twenty-three percent drove after alcohol use and 22 percent drove after drug use. Forty-one percent reported having been a passenger with a driver who had been drinking and 37 percent with a driver using drugs. Drugged driving was more likely among males vs. females (30% vs. 14%, P <.01), those living off campus (34% vs. 19%, P <.01), those reporting that parties are important (33% vs. 14%, P <.01), those reporting that community service is not important (28% vs. 18%, P <.05), those reporting that religion is not important (28% vs. 14%, P <.01), and those reporting personal drug use in high school (75% vs. 14%, P <.01) and well as that their best friends used drugs in high school (42% vs. 12%, P <.01) and college (50% vs. 8%, P <.01). Those factors most associated with drugged driving included using drugs in high school (odds ratio [OR] = 9.5, 95% confidence interval [CI]: 4.6-19.6) and best friends in college used drugs regularly (OR = 6.2, 95% CI: 3.4-11.6). Conclusion: Self-reported drugged driving and riding as a passenger with a drugged driver is common among subgroups of college students. The identification of undergraduate subgroups at risk for drugged driving will guide the design and implementation of traffic safety activities. 2014 Copyright Taylor and Francis Group, LLC.
Steroid hormones signaling before and after birth sexually differentiates neuronal circuitry. Additionally, steroid hormones released during adolescence can also have long lasting effects on adult behavior and neuronal circuitry. As adolescence is a critical period for the organization of the nervous system by steroid hormones it may also be a sensitive period for the effects of social experience on adult phenotype. Our previous study indicated that early adolescent sexual activity altered mood and prefrontal cortical morphology but to a much smaller extent if the sexual experience happened in late adolescence. In humans, both substance abuse disorders and mood disorders greatly increase during adolescence. An association among both age of first sexual activity and age of puberty with both mood and substance disorders has been reported with alcohol being the most commonly abused drug in this population. The goal of this experiment was to determine whether sexual experience early in adolescent development would have enduring effects on adult affective and drug-seeking behavior. Compared to sexually inexperienced hamsters and those that experienced sex for the first time in adulthood, animals that mated at 40 days of age and were tested either 40 or 80 days later significantly increased depressive- but not anxiety-like behaviors and increased self-administration of saccharine-sweetened ethanol. The results of this study suggest that an isolated, though highly relevant, social experience during adolescence can significantly alter depressive-like behavior and alcohol self-administration in adulthood. 2014 Elsevier Ireland Ltd.
Adolescents with a family history of alcoholism (FHP) are at heightened risk for developing alcohol use disorders (AUDs). The nucleus accumbens (NAcc), a key brain region for reward processing, is implicated in the development of AUDs. Thus, functional connectivity of the NAcc may be an important marker of risk in FHP youth. Resting state functional magnetic resonance imaging (rs-fcMRI) was used to examine the intrinsic connectivity of the NAcc in 47 FHP and 50 family history negative (FHN) youth, ages 10-16 years old. FHP and FHN adolescents showed significant group differences in resting state synchrony between the left NAcc and bilateral inferior frontal gyri and the left postcentral gyrus (PG). Additionally, FHP youth differed from FHN youth in right NAcc functional connectivity with the left orbitofrontal cortex (OFC), left superior temporal gyrus, right cerebellum, left PG, and right occipital cortex. These results indicate that FHP youth have less segregation between the NAcc and executive functioning brain regions, and less integration with reward-related brain areas, such as the OFC. The findings of the current study highlight that premorbid atypical connectivity of appetitive systems, in the absence of heavy alcohol use, may be a risk marker in FHP adolescents. 2013 Elsevier Ireland Ltd.
Full Text: Available from Elsevier in Psychiatry Research: Neuroimaging

18. Anhedonia in Parkinson's disease patients with and without pathological gambling: A case-control study

Citation: Psychiatry Research, February 2014, vol./is. 215/2(448-452), 0165-1781;1872-7123 (28 Feb 2014)

Author(s): Pettorruso M.; Martinotti G.; Fasano A.; Loria G.; Di Nicola M.; De Risio L.; Ricciardi L.; Conte G.; Janiri L.; Bentivoglio A.R.

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Language: English

Abstract: Anhedonia is present in Parkinson's Disease (PD) as well as in addictive behaviors. Pathological Gambling (PG) and other Impulse Control Disorders (ICDs) have emerged as iatrogenic complications associated with dopamine replacement therapy. We studied 154 PD patients, divided into three groups: 11 with PG, 23 with other ICDs (compulsive buying, hypersexuality, binge eating), 120 without ICDs. All patients underwent a thorough clinical, neuropsychological and psychiatric evaluation. The PG-group, compared to the ICDs-group and PD-controls, reported a significantly higher incidence of anhedonia (45% vs. 9% vs. 14% respectively), higher Snaith-Hamilton Pleasure Scale (SHAPS) scores (2.0+1.3 vs. 1.0+1.1 vs. 1.0+1.2), higher levels of impulsivity traits as measured by the Barratt Impulsiveness Scale (BIPS) scores and more severe frontal dysfunctions (Frontal Assessment Battery, FAB: 12.4+4.9 vs. 15.5+1.6 vs. 14.4+3). A model for PG (incorporating anhedonia, impulsivity levels and frontal impairment) is discussed in the context of the pathophysiology of addictive behaviors. The impairment of hedonic capacity, possibly resulting from an underlying neuropsychological dysfunction, might facilitate loss of control over reward-related behavior, thus favoring the shift towards predominantly habit-based compulsive behaviors. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

Publication Type: Journal: Article

Subject Headings: addiction, adult, aged, *anhedonia, article, Barratt Impulsiveness Scale, binge eating disorder, case control study, clinical assessment, comorbidity, compulsion, controlled study, disease association, disease model, female, habituation, human, hypersexuality, "impulse control disorder/co [Complication]" impulsiveness, incidence, major clinical study
Evidence Services | library.nhs.uk

male neurologic examination
*Parkinson disease
"*pathological gambling/co [Complication]"
pathophysiology
priority journal
psychologic assessment
reward

Source: EMBASE
Full Text: Available from Elsevier in Psychiatry Research

19. Dysfunctional inhibitory control and impulsivity in Internet addiction

Citation: Psychiatry Research, February 2014, vol./is. 215/2(424-428), 0165-1781;1872-7123 (28 Feb 2014)

Author(s): Choi J.-S.; Park S.M.; Roh M.-S.; Lee J.-Y.; Park C.-B.; Hwang J.Y.; Gwak A.R.; Jung H.Y.

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Language: English

Abstract: The purpose of this study was to explore a psychological profile of Internet addiction (IA) considering impulsivity as a key personality trait and as a key component of neuropsychological functioning. Twenty three subjects with IA (Young's Internet Addiction Test scores=70 or more) and 24 sex-, age-, and intelligence-matched healthy controls were enrolled. Participants filled out a questionnaire about trait impulsivity, the Trait Characteristic Inventory, depression, and anxiety. Next, we administered traditional neuropsychological tests including the Stroop et al. and computerized neuropsychological tests using the Cambridge Neuropsychological Test Automated Battery. The IA group exhibited more trait impulsivity than the healthy control group. They also scored higher for novelty seeking and harm avoidance. The IA group performed more poorly than the healthy control group in a computerized stop signal test, a test for inhibitory function and impulsivity; no group differences appeared for other neuropsychological tests. The IA group also scored higher for depression and anxiety, and lower for self-directedness and cooperativeness. In conclusion, individuals with IA exhibited impulsivity as a core personality trait and in their neuropsychological functioning. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
Publication Type: Journal: Article
Subject Headings: adult anxiety article clinical article cognition controlled study cooperation correlation analysis depression female human *impulsiveness
Exercise addiction is characterized by excessive exercise patterns with potential negative consequences such as overuse injuries. The aim of this study was to compare eating disorder symptoms, quality of life, personality traits and attachments styles in exercisers with and without indications of exercise addiction. A case-control study with 121 exercisers was conducted. The exercisers were categorized into an addiction group (n=41) or a control group (n=80) on the basis of their responses to the Exercise Addiction Inventory. The participants completed the Eating Disorder Inventory 2, the Short-Form 36, the NEO Personality Inventory Revised and the Adult Attachment Scale. The addiction group scored higher on eating disorder symptoms, especially on perfectionism but not as high as eating disorder populations. The characteristic personality traits in the addiction group were high levels of excitement-seeking and achievement striving whereas scores on straightforwardness and compliance were lower than in the exercise control group. The addiction group reported more bodily pain and injuries. This study supports the hypothesis that exercise addiction is separate to an eating disorder, but shares some of the concerns of body and performance. It is driven by a striving for high goals and excitement which results in pain and injuries from overuse. 2013 Elsevier Ireland Ltd.
21. The N2 ERP component as an index of impaired cognitive control in smokers

Citation: Neuroscience Letters, March 2014, vol./is. 563/(61-65), 0304-3940;1872-7972 (20 Mar 2014)

Author(s): Buzzell G.A.; Fedota J.R.; Roberts D.M.; McDonald C.G.

Institution: (Buzzell, Fedota, Roberts, McDonald) George Mason University, Fairfax, VA, United States

Language: English

Abstract: Impaired cognitive control has been proposed as a hallmark of nicotine dependence and is thought to arise, in part, from synaptic alterations in anterior cingulate cortex (ACC), a primary component of the dopamine reward pathway. The N2 component of the event-related potential (ERP) appears to index a cognitive control process in paradigms such as the visual go/no-go task. Moreover, as dipole-modeling has suggested that the neural generator of the N2 component can be localized to the ACC, this component may prove useful for investigating impairments of cognitive control in smokers. Given conflicting reports of whether the N2 is reduced in smokers (as compared to non-smoker controls), the current study further examined the suitability of this component as an index for impaired cognitive control in smokers. Smokers and non-smokers performed a visual go/no-go task while electroencephalogram (EEG) was recorded. As predicted, the no-go N2 of smokers was significantly smaller than that of non-smoker controls, while the no-go P3 did not differ between groups. Importantly, behavioral performance (reaction time and accuracy) did not differ between smokers and nonsmokers, which might reflect the low levels of nicotine dependence (assessed by the Fagerstrom test) in our sample. The observed N2 modulation in the absence of behavioral impairments provides evidence for the utility of the N2 component as a sensitive measure of impaired cognitive control in smokers, even in those with low levels of nicotine dependence. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

CAS Registry Number: 51-61-6 (dopamine); 62-31-7 (dopamine)

Publication Type: Journal: Article

Subject Headings: anterior cingulate article body movement clinical article *cognitive defect controlled study electrode
22. RACK1 to the future—a historical perspective

Citation: Cell communication and signaling : CCS, 2013, vol./is. 11/(53), 1478-811X (2013)

Author(s): Ron D.; Adams D.R.; Baillie G.S.; Long A.; O’Connor R.; Kiely P.A.

Institution: (Ron) Department of Life Sciences, Materials and Surface Science Institute and Stokes Institute, University of Limerick, Limerick, Ireland.

Language: English

Abstract: This perspective summarises the first and long overdue RACK1 meeting held at the University of Limerick, Ireland, May 2013, in which RACK1’s role in the immune system, the heart and the brain were discussed and its contribution to disease states such as cancer, cardiac hypertrophy and addiction were described. RACK1 is a scaffolding protein and a member of the WD repeat family of proteins. These proteins have a unique architectural assembly that facilitates protein anchoring and the stabilisation of protein activity. A large body of evidence is accumulating which is helping to define the versatile role of RACK1 in assembling and dismantling complex signaling pathways from the cell membrane to the nucleus in health and disease. In this commentary, we first provide a historical perspective on RACK1. We also address many of the pertinent and topical questions about this protein such as its role in transcription, epigenetics and translation, its cytoskeletal contribution and the merits of targeting RACK1 in disease.

Country of Publication: United Kingdom

Publication Type: Journal: Editorial

Subject Headings: animal
editorial
epigenetics
genetic transcription
human
metabolism
protein synthesis
*cell surface receptor
cytoskeleton protein
GNB2L1 protein human
*guanine nucleotide binding protein
*protein

Source: EMBASE

Full Text: Available from BioMedCentral in Cell Communication and Signaling
Available from ProQuest in Cell Communication and Signaling; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.
Available from National Library of Medicine in Cell Communication and Signaling : CCS

23. Kinase-inhibitor-insensitive cancer stem cells in chronic myeloid leukemia
Abstract:

Introduction: Chronic myeloid leukemia (CML) is a myeloproliferative disorder characterized by the translocation t(9;22), coding for the chimeric protein BCR-ABL. The development of BCR-ABL tyrosine kinase inhibitors (TKIs) has dramatically revolutionized and improved CML therapy. However, TKI-based therapy faces a major challenge: the insensitivity of CML leukemic stem cells (LSCs) to TKIs. In particular, while CML progenitor cells and differentiated cells are oncogene addicted, BCR-ABL tyrosine kinase is dispensable for CML LSC survival and maintenance. Notably, in CML, additional cellular mechanisms promote LSC survival and maintenance, rendering these cells able to survive even in the presence of TKI and to eventually promote relapse. Areas covered: This review will focus on the mechanisms of LSC insensitivity to TKI and on the strategies to obtain synthetic lethality with combination therapies. Expert opinion: Several pathways have been proposed to promote LSC maintenance and described as ideal targets to induce CML LSC exhaustion in combination with TKI. Ongoing clinical trials designed to target some of these pathways will assess which molecular target is relevant for in vivo human LSC survival in a new 'stem-cell targeting' perspective. 2014 Informa UK, Ltd.
Background: Substance dependence is associated with impaired decision-making and altered fronto-striatal-limbic activity. Both greater and lesser brain activity have been reported in drug users compared to controls during decision-making. Inconsistent results might be explained by group differences in the temporal profile of the functional magnetic resonance imaging (fMRI) response. While most previous studies model a canonical hemodynamic response, a finite impulse response (FIR) model measures fMRI signal at discrete time points without assuming a temporal profile. We compared brain activity during decision-making and feedback in substance users and controls using two models: a canonical hemodynamic response function (HRF) and a FIR model. Methods: 37 substance-dependent individuals (SDI) and 43 controls performed event-related decision-making during fMRI scanning. Brain activity was compared across group using canonical HRF and FIR models. Results: Compared to controls, SDI were impaired at decision-making. The canonical HRF model showed that SDI had significantly greater fronto-striatal-limbic activity during decisions and less activity during feedback than controls. The FIR model confirmed greater activity in SDI during decisions. However, lower activity in SDI during feedback corresponded to a lower post-stimulus undershoot of the hemodynamic response. Conclusions: Greater activity in fronto-striatal-limbic pathways in SDI compared to controls is consistent with prior work, further supporting the hypothesis that abnormalities in these circuits underlie impaired decision-making. We demonstrate for the first time using FIR analysis that lower activity during feedback may simply reflect the tail end of the hemodynamic response to decision, the post-stimulus undershoot, rather than an actual difference in feedback response. 2014 Elsevier Ireland Ltd.
25. Temporal trends in the survival of drug and alcohol abusers according to the primary drug of admission to treatment in Spain

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(115-120), 0376-8716;1879-0046 (01 Mar 2014)

Author(s): Sanvisens A.; Vallecillo G.; Bolao F.; Rivas I.; Fonseca F.; Fuster D.; Torrens M.; Perez-Hoyos S.; Pujol R.; Tor J.; Muga R.

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Language: English

Abstract: Background: Mortality of alcohol and drug abusers is much higher than the general population. We aimed to characterize the role of the primary substance of abuse on the survival of patients admitted to treatment and to analyze changes in mortality over time. Methods: Longitudinal study analyzing demographic, drug use, and biological data of 5023 patients admitted to three hospital-based treatment units in Barcelona, Spain, between 1985 and 2006. Vital status and causes of death were ascertained from clinical charts and the mortality register. Piecewise regression models were used to analyze changes in mortality. Results: The primary substances of dependence were heroin, cocaine, and alcohol in 3388 (67.5%), 945 (18.8%), and 690 patients (13.7%), respectively. The median follow-up after admission to treatment was 11.6 years (IQR: 6.6-16.1), 6.5 years (IQR: 3.9-10.6), and 4.8 years (IQR: 3.1-7.8) for the heroin-, cocaine-, and alcohol-dependent patients, respectively. For heroin-dependent patients, mortality rate decreased from 7.3. x. 100. person-years (p-y) in 1985 to 1.8. x. 100. p-y in 2008. For cocaine-dependent patients, mortality rate decreased from 10.7. x. 100. p-y in 1985 to <2.5. x. 100. p-y after 2004. The annual average decrease was 2% for alcohol-dependent patients, with the lowest mortality rate (3.3. x. 100. p-y) in 2008. Conclusions: Significant reductions in mortality of alcohol and drug dependent patients are observed in recent years in Spain. Preventive interventions, treatment of substance dependence and antiretroviral therapy may have contributed to improve survival in this population. 2014 Elsevier Ireland Ltd.
26. Comparison of categorical alcohol dependence versus a dimensional measure for predicting weekly alcohol use in heavy drinkers

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(121-126), 0376-8716;1879-0046 (01 Mar 2014)

Author(s): Fazzino T.L.; Rose G.L.; Burt K.B.; Helzer J.E.

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Language: English

Abstract: Background: The DSM specifies categorical criteria for psychiatric disorders. In contrast, a dimensional approach considers variability in symptom severity and can significantly improve statistical power. The current study tested whether a categorical, DSM-defined diagnosis of Alcohol Dependence (AD) was a better fit than a dimensional dependence measure for predicting change in alcohol consumption among heavy drinkers following a brief alcohol intervention (BI). DSM-IV and DSM-5 alcohol use disorder (AUD) measures were also evaluated. Methods: Participants (N= 246) underwent a diagnostic interview after receiving a BI, then reported daily alcohol consumption using an Interactive Voice Response system. Dimensional AD was calculated by summing the dependence criteria (mean. = 4.0; SD. = 1.8). The dimensional AUD measure was a summation of positive Alcohol Abuse plus AD criteria (mean. = 5.8; SD= 2.5). A multi-model inference technique was used to determine whether the DSM-IV categorical diagnosis or dimensional approach would provide a more accurate prediction of first week consumption and change in weekly alcohol consumption following a BI. Results: The Akaike information criterion (AIC) for the dimensional AD model (AIC. = 7625.09) was 3.42 points lower than the categorical model (AIC. = 7628.51) and weight of evidence calculations indicated there was 85% likelihood that the dimensional model was the better approximating model. Dimensional AUD models fit similarly to the dimensional AD model. All AUD models significantly predicted change in alcohol consumption (p’s=.05). Conclusion: A dimensional AUD diagnosis was superior for detecting treatment effects that were not apparent with categorical and dimensional AD models. 2014 Elsevier Ireland Ltd.
27. Therapeutic infusions of ketamine: Do the psychoactive effects matter?

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(153-157), 0376-8716;1879-0046 (01 Mar 2014)

Author(s): Dakwar E.; Anerella C.; Hart C.L.; Levin F.R.; Mathew S.J.; Nunes E.V.

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Language: English

Abstract: Background: Sub-anesthetic ketamine infusions may benefit a variety of psychiatric disorders, including addiction. Though ketamine engenders transient alterations in consciousness, it is not known whether these alterations influence efficacy. This analysis evaluates the mystical-type effects of ketamine, which may have therapeutic potential according to prior research, and assesses whether these effects mediate improvements in dependence-related deficits, 24 h postinfusion. Methods: Eight cocaine dependent individuals completed this double-blind, randomized, inpatient study. Three counter-balanced infusions separated by 48 h were received: lorazepam (2. mg) and two doses of ketamine (0.41. mg/kg and 0.71. mg/kg, with the former dose always preceding the latter). Infusions were followed within 15 min by measures of dissociation (Clinician Administered Dissociative Symptoms Scale: CADSS) and mystical-type effects (adapted from Hood's Mysticism Scale: HMS). At baseline and 24 h postinfusion, participants underwent assessments of motivation to stop cocaine (University of Rhode Island Change Assessment) and cue-induced craving (by visual analogue scale for cocaine craving during cue exposure). Results: Ketamine led to significantly greater acute mystical-type effects (by HMS) relative to the active control lorazepam; ketamine 0.71. mg/kg was associated with significantly higher HMS scores than was the 0.41. mg/kg dose. HMS score, but not CADSS score, was found to mediate the effect of ketamine on motivation to quit cocaine 24 h postinfusion. Conclusions: These findings suggest that psychological mechanisms may be involved in some of the anti-addiction benefits resulting from ketamine. Future research can evaluate whether the psychoactive effects of ketamine influence improvements in larger samples. 2014 Elsevier Ireland Ltd.
Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 1867-66-9 (ketamine); 6740-88-1 (ketamine); 81771-21-3 (ketamine); 846-49-1 (lorazepam)
Publication Type: Journal: Article
Subject Headings: adult
article
clinical article
clinical evaluation
Clinician Administered Dissociative Symptom Scale
"*cocaine dependence/dt [Drug Therapy]"
controlled study
double blind procedure
drug effect
Hood Mysticism Scale
hospital patient
human
outcome assessment
priority journal
randomized controlled trial
rating scale
scoring system
university of rhode island change assessment
visual analog scale
withdrawal syndrome
"*ketamine/dt [Drug Therapy]"
"lorazepam/dt [Drug Therapy]"
Source: EMBASE
Full Text: Available from Elsevier in Drug and Alcohol Dependence

28. Randomized clinical trial of disulfiram for cocaine dependence or abuse during buprenorphine treatment

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(36-42), 0376-8716;1879-0046 (01 Mar 2014)
Author(s): Schottenfeld R.S.; Chawarski M.C.; Cubells J.F.; George T.P.; Lappalainen J.; Kosten T.R.
Institution: (Schottenfeld, Chawarski, Lappalainen) Department of Psychiatry, Yale University School of Medicine, New Haven, CT, United States; (Cubells) Departments of Genetics and Psychiatry and Behavioral Sciences, Emory University School of Medicine, United States; (George) Division of Brain and Therapeutics, Department of Psychiatry, University of Toronto, Faculty of Medicine, Canada; (Kosten) Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine and Michael E. DeBakey VA Medical Center, United States
Language: English
Abstract: Background: Disulfiram may be efficacious for treating cocaine dependence or abuse, possibly through inhibiting dopamine beta-hydroxylase (DbetaH). Consequently, this randomized, placebo-controlled clinical trial of disulfiram during buprenorphine maintenance treatment evaluated the study hypothesis that disulfiram is superior to placebo and explored whether disulfiram response is greatest for participants with a single nucleotide polymorphism coding for genetically low DbetaH (T-allele carriers). Methods: We randomized 177 buprenorphine-treated opioid dependent participants with cocaine dependence or abuse to 12 weeks of double-blind treatment with disulfiram 250. mg daily (n= 91) or placebo (n= 86). Of 155 participants genotyped, 84 were CC-homozygous, and 71 CT or TT genotypes. Primary outcomes included days per week cocaine use, number of cocaine-negative urine tests, and maximum consecutive weeks of cocaine abstinence. We analyzed an intention-to-treat comparison between disulfiram and placebo. We also
explored potential pharmacogenetic interactions and examined treatment responses of four participant groups based on medication (disulfiram or placebo) by genotype (CC-homozygous or T-allele carrier) classification. Results: Disulfiram participants reported significantly less frequent cocaine use; the differences in cocaine-negative urine tests or consecutive weeks abstinence were not significant. Frequency of cocaine use was lowest in disulfiram-treated T-allele carriers; differences in cocaine-negative urine tests or consecutive weeks abstinence were not significant among the four medication-genotype groups. Conclusions: The findings provide limited support for the efficacy of disulfiram for reducing cocaine use and suggest that its mechanism of action may involve inhibition of DbetaH. Further studies of its efficacy, mechanism of action, and pharmacogenetics of response are warranted. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 97-77-8 (disulfiram); 9013-38-1 (dopamine beta monoxygenase)
Publication Type: Journal: Article
Subject Headings: "abnormal sensation/si [Side Effect]
adult
alcohol consumption
anxiety
article
clinical effectiveness
"*cocaine dependence/dt [Drug Therapy]
controlled study
disease association
dopamine beta hydroxylation gene
double blind procedure
drug efficacy
drug response
drug safety
drug tolerability
female
gene
gene frequency
gene function
gene identification
genotype
genotyping technique
"headache/si [Side Effect]
homozygosity
human
"hypertransaminasemia/si [Side Effect]
"lethargy/si [Side Effect]
major clinical study
male
middle aged
"*narcotic dependence/dt [Drug Therapy]
outcome assessment
"panic/si [Side Effect]
"paranoia/si [Side Effect]
"paresthesia/si [Side Effect]
priority journal
randomized controlled trial
"unspecified side effect/si [Side Effect]
urinalysis
"visual disorder/si [Side Effect]
young adult
29. Losing faith and finding religion: Religiosity over the life course and substance use and abuse

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(127-134), 0376-8716;1879-0046 (01 Mar 2014)

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Language: English

Abstract: Background: Religion has only come into the light of scientific inquiry as a factor influencing health and behavior in the last few decades. While religiosity is a protective factor for contemporaneous substance misuse, the relationship between longitudinal changes in religiosity and substance use outcomes is understudied. Methods: Using data from the National Comorbidity Study - Replication (N= 6203), we examined how changes in religiosity from childhood to adulthood are related to use and abuse/dependence of licit (alcohol and tobacco) and illicit drugs. Multivariable logistic regression was used to account for potential confounders including demographic characteristics, familial disruption during childhood, and comorbid major depression. Results: Religiosity was inversely associated with use and misuse of both licit and illicit substances; however this relationship varied by level of childhood religiosity. Relative to stable levels of religiosity from childhood to adulthood, a 2-unit decrease in religiosity from childhood was associated with increased likelihood of illicit drug use in the past year (odds ratio (OR): 2.43, 95% confidence interval (CI): 1.39-4.25). However, a 2-unit increase in religiosity was also associated with past-year illicit drug use (OR: 1.85, 95% CI: 1.09-3.13). Comparable associations were found with a range of recent and lifetime measures of alcohol, tobacco, and illicit drugs. Conclusions: Substantial gains or losses in religiosity from childhood to adulthood are associated with substance use and misuse. Findings support the use of a life course approach to understanding the relationship between religiosity and substance use outcomes. 2014 Elsevier Ireland Ltd.

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Subject Headings: adult adulthood alcoholism article childhood comorbidity controlled study drug dependence family conflict female human
30. Investigation of sex-dependent effects of cannabis in daily cannabis smokers

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(85-91), 0376-8716;1879-0046 (01 Mar 2014)

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Language: English

Abstract: Background: Women exhibit an accelerated progression from first cannabis use to cannabis use disorder (CUD) and show pronounced negative clinical issues related to CUD relative to men. Whether sex-dependent differences in cannabis' direct effects contribute to the heightened risk in women is unknown. This analysis directly compared cannabis' abuse-related subjective effects in men and women matched for current cannabis use. Methods: Data from four double-blind, within-subject studies measuring the effects of active cannabis (3.27-5.50% THC, depending on study) relative to inactive cannabis (0.00% THC) were combined for this analysis. Data from equal numbers of men and women from each study matched for current cannabis use were pooled (total n= 35 men; 35 women); cannabis' effects were analyzed according to cannabis condition (active versus inactive) and sex. Results: Active cannabis produced more robust subjective effects associated with abuse liability ('Good,' 'Liking,' 'Take Again') and intoxication ('High,' 'Stimulated') relative to inactive cannabis (p<.0001). Women reported higher ratings of abuse-related effects ['Take Again' and 'Good' (p<.05)] relative to men under active cannabis conditions but did not differ in ratings of intoxication. Active cannabis increased heart rate (p<.0001) equally for both sexes. Conclusions: The results from this study suggest that when matched for cannabis use, women are more sensitive to the subjective effects related to cannabis' abuse liability relative to men, which may contribute to the enhanced vulnerability to developing CUD. Thus, sex is an important variable to consider when assessing the development of CUD. 2014 Elsevier Ireland Ltd.
31. Looking for the uninsured in Massachusetts? Check opioid dependent persons seeking detoxification

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(166-169), 0376-8716;1879-0046 (01 Mar 2014)

Author(s): Stein M.D.; Bailey G.L.; Thurmond P.; Paull N.

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Language: English

Abstract: Background: We examined the rate of uninsurance among persons seeking detoxification at a large drug treatment program in Massachusetts in 2013, five years after insurance mandates. Methods: We interviewed three hundred and forty opioid dependent persons admitted for inpatient detoxification in Fall River, Massachusetts. Potential predictors of self-reported insurance status included age, gender, ethnicity, employment, homelessness, years of education, current legal status, and self-perceived health status. Results: Participants mean age was 32 years, 71% were male, and 87% were non-Hispanic Caucasian. Twenty-three percent were uninsured. In the multivariate model, the odds of being uninsured was positively associated with years of education (OR = 1.22, 95% CI = 1.03; 1.46, p<.05), higher among males than females (OR = 2.63, 95% CI = 1.33; 5.20, p<.01), and inversely associated with age (OR = 0.94, 95% CI = 0.90; 0.98, p<.01). Conclusion: Opioid dependent persons recruited from a detoxification program in Massachusetts are uninsured at rates far above the state average. With the arrival of the Affordable Care Act, drug treatment programs in Massachusetts and nationally will be important sites to target to expand health coverage. 2014 Elsevier Ireland Ltd.
32. A two-phased screening paradigm for evaluating candidate medications for cocaine cessation or relapse prevention: Modafinil, levodopa-carbidopa, naltrexone

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(100-107), 0376-8716;1879-0046 (01 Mar 2014)

Author(s): Schmitz J.M.; Green C.E.; Stotts A.L.; Lindsay J.A.; Rathnayaka N.S.; Grabowski J.; Moeller F.G.

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Language: English

Abstract: Background: Cocaine pharmacotherapy trials are often confounded by considerable variability in baseline cocaine-use levels, obscuring possible medication efficacy. Testing the feasibility of using a prerandomization, abstinence-induction protocol, we screened three candidate medications to explore treatment response in patients who did, or did not, achieve abstinence during an extended baseline phase. Method: Eligible treatment-seeking, cocaine-dependent subjects entered a 4-week baseline period (Phase I) with high-value abstinence contingent vouchers and two motivational interviewing sessions, followed by a 12-week medication trial (Phase II) with random assignment stratified on Phase I abstinence status to (1) modafinil (400 mg/d), (2) levodopa/carbidopa (800/200 mg/d), (3) naltrexone (50 mg/d), or (4) placebo. Treatment consisted of thrice-weekly clinic visits for urine benzoylecgonine testing and weekly cognitive behavioral therapy with contingency management targeting medication compliance. Results: Of the 118 subjects enrolled, 81 (80%) completed Phase I, with 33 (41%) achieving abstinence, defined a priori as 6 consecutive cocaine-negative urines. Tests of the interaction of each medication (active versus placebo) by baseline status (abstinent versus nonabstinent) permitted moderator effect analysis. Overall, baseline abstinence predicted better outcome. Cocaine-use outcomes for levodopa and naltrexone treatment differed as a function of Phase I abstinence status, with both medications producing benefit in nonabstinent but not baseline-abstinent subjects. There was no evidence of a moderator effect for modafinil. Conclusions: The two-phase screening trial demonstrated that subgrouping of patients with respect to baseline abstinence status is feasible and clinically useful for exploring cocaine cessation and relapse-prevention effects of candidate medications. 2014 Elsevier Ireland Ltd.
33. Does urine drug abuse screening help for managing patients? A systematic review

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(11-20), 0376-8716;1879-0046 (01 Mar 2014)

Author(s): Dupouy J.; Memier V.; Catala H.; Lavit M.; Oustric S.; Lapeyre-Mestre M.

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Language: English
Abstract: Background: In the field of addiction, assessment of psychoactive substance use is a key element. Nevertheless, self-reports and clinical examination underestimate the use of psychoactive substances. The implementation of urine drug screening tests (UDS) should improve this assessment. While the diagnostic value of UDS is well demonstrated, the consequences of carrying out UDS on medical management have not been established. Our aim was to summarize the evidence pertaining to the efficacy of UDS for medical management. Methods: A systematic review of clinical trials, quasi-randomized and observational studies was performed using PubMed, Cochrane database of systematic review, Cochrane central register of controlled trials, PsycINFO, National Institute on Drug Abuse, ISI Web of Science. The methodological quality was assessed with the score developed by Starrels et al.; the report quality using the CONSORT and the STROBE checklists. The main outcome was medical management or consequences of management for patients in terms of psychoactive substance consumption and its complications, be they medical, social or professional. Results: Eight studies met the inclusion criteria: one randomized clinical trial, two quasi-randomized studies, one cohort, and four cross-sectional studies. The methodological quality was judged to be poor, with the exception of the randomized clinical trial (fair quality). The value of UDS in managing patients was not clearly indicated in these studies. Conclusions: Few studies, with poor quality, have assessed the value of UDS in managing patients using psychoactive substances; though with insufficiency to demonstrate the interest of carrying out UDS. Therefore, pragmatic intervention studies are necessary. 2013 Elsevier Ireland Ltd.

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chronic pain
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clinical effectiveness
clinical evaluation
clinical study
diagnostic value
drug dependence treatment
enzyme immunoassay
human
length of stay
medical documentation
"opiate addiction/di [Diagnosis]"
"opiate addiction/dt [Drug Therapy]"
outcome assessment
prescription
priority journal
qualitative analysis
quality control
review
scoring system
*screening test
self report
substance abuse
systematic review
urinalysis
*urine drug screening test
"psychotropic agent/dt [Drug Therapy]"

Source: EMBASE
Full Text: Available from Elsevier in Drug and Alcohol Dependence

34. Meeting report of the European histamine research society

Citation: Inflammation Research, July 2013, vol./is. 62/(S2-S3), 1023-3830 (July 2013)
This year's meeting was in Lodz, Poland at the kind invitation of Agnieszka Fogel. This is the fourth time that histaminologists have meet in Lodz; the previous meetings were in 1978 and 1998 as well as hosting the very first informal meeting of the 'Histamine Club' in 1971. This year's meeting was held in the Ambasador Centrum Hotel which is situated in the centre of the city of Lodz, close to shopping malls and leisure centres. The world famous Piotrkowska Street with its numerous pubs and restaurants was only 5 mins walking distance away but there was virtually no time to explore these places as the meeting was packed full of interesting communications. This year there were 88 people registered and they represented 23 countries (mostly from Europe but also from the USA, South America, Japan as well as some other Eastern countries). Some regular attendees could not attend and they were missed but a big welcome was made to all the new visitors, who we hope will return to future meetings. Most of the delegates arrived on the Wednesday. The Council met as usual late afternoon. During this meeting we heard that the luggage of one of the delegates had been left by mistake at Warsaw airport and the airport was about to be evacuated thinking it may be a bomb. Fortunately the case was collected by its owner and the panic was over! Then there was the Welcome Reception which was different in that it was a set meal with everyone seated. However, it did not stop old friends being greeted and new ones made. Thursday started with the Opening Ceremony for the 42nd meeting of our society and we were welcomed by our hostess, Agnieszka Fogel and the Dean of the Medical Faculty on behalf of the Medical University of Lodz. To the delight of everyone and with the aid of technology, we were able to be 'joined up' by Skype with our president, Paul Chazot who thanked Anita Sydbom for stepping into 'his shoes' but he also told us that his recovery would take several months. After Anita had given us her welcoming talk the student bursaries were given out; certificates and cheques (500 for each) to seven student members. The El-Sayed Assem family very kindly sponsored one student while the rest were from our society. Then there was the presentation of Honorary Membership to our hostess, Professor W. Agnieszka Fogel. Wilfred Lozenz, himself an Honorary Member, gave the laudation to Agnieszka who was then presented with a certificate beautifully written in Latin and sporting the society's official seal. Then there was the first of the invited lectures given by Pertti Panula (Finland) and introduced by Beatrice Passani (Italy). The lecture was entitled 'Histamine and Addiction: From behaviour to neurotransmitter interactions'. After this very interesting lecture, there was coffee break which gave us time to start looking at the posters which were displayed around the lecture room. When we commenced again, we had more communications on the role of histamine in the CNS. Some of these were very short oral presentations highlighting key aspects of the various posters displayed. Then this session ended with us listening to some piano music composed by the famous female Lodz composer, Grazyna Bacewicz. After lunch, we then left Lodz on two coaches who drove us south. We were driven through the flat arable countryside to Jasna Gora where there is the famous Pauline Monastery containing the Shrine of Our Lady of Czestochowa. Every year, millions of pilgrims visit this shrine to the Virgin Mary to see the famous Black Madonna painting. We were taken round the monastery by excellent guides who told us the history of the area, pointed out various important features and treasures of the monastery. We were able to see the 'Black Madonna' icon which is a unique example of a combination of Byzantine art of the East with the Latin culture of the West. Then back on the coaches to the Gold Inn at Kruszow where we were given a typical Polish dinner. The following day started with the second session on 'Histamine in the CNS' and the first lecture was given by Bill Wisden of Imperial College London on the pivotal role histamine plays in the sleep-wake cycle. This was followed by oral and then poster presentations. 'Histamine receptors' session then started with an invited lecture from Armin Buschauer, (Germany) on the various approaches undertaken to produce compounds with selective activity for the histamine H<sub>2</sub> and H<sub>4</sub> receptors. This was followed by a number of communications all related to the development of compounds with various activities at the different histamine receptors. The final presentation before lunch was given by Rob
Leurs, (The Netherlands) who talked about their discovery process for histamine H<sub>4</sub> receptor compounds emphasising that a better understanding can be achieved by using good models and small fragments of compounds. After lunch, this 'Histamine and receptors' session continued with ten presentations but the emphasis this time was on pharmacological and biochemical effects. A session entitled Histamine and Cancer was given after the mid-afternoon break where we listened to eight presentations on the involvement of histamine in cancer and how the histamine H<sub>4</sub> receptor has been shown to suppress a number of cancer cell lines and modified various gene expressions. In the evening we were taken by coach to the Grand Theatre in Lodz to see the ballet 'Promised Land'. This was a story of three ambitious men searching for their dreams of prosperity by starting a modern textile factory together and it was full of emotional extremes-a Dickensian tale of greed, exploitation, and betrayal. In 1973 it was made into a film, directed by Andrzej Wajda, which was nominated for an Oscar for Best Foreign Film. The music was composed by Gray Veredon, Franz von Suppe and Michael Nyman. Saturday started with the G.B.West lecture which was given by Satoshi Tanaka from Okayama University, Japan and he was introduced by Agnieszka Fogel. He spoke about histamine synthesis and its functions in murine mast cells. After this very interesting lecture, Satoshi was presented with a copy of G.B. West's autobiography. This was followed by a session entitled 'Histamine and Cells' which centred on allergic conditions, mast cells and basophils. During this session, the final invited lecture was given by Marek Jutel of Wroclaw, Poland on 'the role of histamine signalling in pathomechanism on non-specific IBD' and he was introduced by Madeleine Ennis who reminded us that that Marek besides being a very good scientist was also a good singer and dancer as we found out at the Sochi meeting in 2011. Then there were nine more presentations including one where zebra fish were used as a model and when asked why they were used, the answer was that they are cheaper than zebras! Immediately after our lunch we listened to a couple of presentations about two internet databases for the histamine H<sub>4</sub> receptor initiated from the COST Action BM0806 which have been set up. These are invaluable to anyone researching the histamine H<sub>4</sub> receptor field. Throughout the meeting the poster committee had been working very hard and as usual had a difficult task in identifying winning posters for the poster competition. Eventually first prize was given to L. Kay et al. from Sheffield, UK with her poster entitled 'Preliminary characterization of histamine receptor expression in human lung mast cells', second to Y.Zhao et al. from Lyon, France with her poster entitled 'Histaminergic tuberomamillary nucleus constitutes one of the most important targets for the wake-promoting effect of orexin neurons but not the exclusive one' and third prize went to M.Grosicki et al. from Cracow, Poland with his poster entitled 'Eosinophil purification from peripheral blood-study of different immunomagnetic cell sorting methods efficiency'. The final oral session of our meeting was to listen to our younger members (PhD students or not more than 3 year's post-doctoral research) give their presentations for the EHRS Young Investigator Award. It was another very difficult task for the judges in differentiating between these six excellent presentations. This year it was decided that there would be two joint winners: Maria Sundvik (Helsinki, Finland) and Ling Shan (Amsterdam, The Netherlands). The other four young investigators-Anna Gianlorenc from Sao Carlos, Brazil, Przemyslaw Rzodkiewicz of Warsaw, Poland, Maki Michioki and Tomohiro Nakano both from Tokushima, Japan were all highly commended. Then we held our General Assembly. Many thanks were given to Anita for all her hard work in taking over Paul Chazot's Presidential role whilst he is ill and everyone wished Paul a speedy recovery. Our meeting ended with a traditional Polish Farewell Dinner followed by our award ceremony. The certificates and prizes were given out. Then as usual we had our singing session where we sung our EHRS Anthem before saying 'au revoir' to our many 'histaminergic' friends. Our thanks are given to all of the Polish histaminologists for the excellent meeting. The next meeting will be held in Lyon, France (7-11 May, 2014) at the kind invitation of Jian-Sheng Lin.
human
meal
Poland
interpersonal communication
mast cell
student
Japan
airport
Netherlands
music
university
neoplasm
friend
ceremony
United Kingdom
awards and prizes
model
France
Finland
technology
medical school
city
sleep waking cycle
nerve cell
college
walking
eosinophil
blood
cell selection
painting
Brazil
central nervous system
bomb
competition
receptive field
cancer cell culture
data base
Internet
error
zebra fish
scientist
female
hope
catering service
basophil
coffee
allergy
literature
dancing
addiction
histamine metabolism
lung
textile industry
dream
South America
male
purification
shoe
gene expression
PhD student
35. Waterpipe tobacco Dependence in U.K. male adult residents: A cross-sectional study

Introduction: The prevalence of waterpipe tobacco smoking (WPTS) is increasing worldwide. The aims of this study were (a) to evaluate the psychometric properties of the Lebanon Waterpipe Dependence Scale (LWDS-11), and (b) to assess, estimate, and identify factors associated with waterpipe tobacco dependence symptoms among U.K. male adult resident waterpipe tobacco smokers. Methods: A total of 180 waterpipe tobacco smokers were recruited during random visits to 7 outlets serving waterpipe tobacco. Data were collected via face-to-face interviews using the WPTS module of the Global Adult Tobacco Survey and the LWDS-11. Descriptive statistics, exploratory psychometric, univariate, and Poisson regression analysis were employed. Results: Participants' M/SD age was 29.46/+9.41 years, Arabic ethnicity accounted for 58.3%, and 53.9% had completed more than secondary education. Psychometric analyses for the LWDS-10, after removing 1 item from the generic scale, revealed Cronbach's alpha coefficient = 0.74. About 47% of the sample demonstrated waterpipe tobacco dependence. Being Arab (p = .040, OR = 2.63, 95% CI = 1.05-6.62), smoking waterpipe daily in the past (p = .003, OR = 2.13, 95% CI = 1.30-3.49), and an increase in length in the last session of WPTS (p = .044, OR = 1.15, 95% CI = 1.00-1.32) were identified as risk factors for waterpipe tobacco dependence. Conclusions: This study demonstrated the potential of LWDS-11 and revealed 2 domains: positive and negative reinforcement and physiological dependence. Results indicated that waterpipe tobacco smokers in the United Kingdom demonstrated tobacco dependence symptoms, which were associated with socio-behavioral factors. Generalizability of these findings and their implications in public health are yet to be investigated. The Author 2013. Published by Oxford University Press on behalf of the Society for Research on Nicotine and Tobacco. All rights reserved.

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In the UK tramadol is a frequently prescribed opioid analgesic which is becoming increasingly popular as a drug of misuse. Its use varies worldwide and in the last decade it has been upgraded to a controlled substance in several countries, due to an increased number of deaths associated with its use. A review of all deaths associated with tramadol in Northern Ireland was performed and this highlighted 127 cases from 1996 to the end of 2012. A 10% increase in deaths due to tramadol was noted. In 2001 tramadol deaths represented 9% of all drug misuse deaths rising to 40% in 2011. The majority of the deaths occurred in males (62%), with a median age of 41 years, living in the Belfast city area (36%). Tramadol fatalities were found in combination with other drugs/medicines (49%), alcohol (36%) or alone (23%). Most of those who died did not reach hospital, with only 2% presenting with multi-organ or acute liver failure. In just over half of the deaths tramadol had not been prescribed by a medical practitioner (53%). Depression, addiction and seizures were recognised risk factors. An increase in awareness of tramadol toxicity is needed amongst the public and doctors. 2014 Elsevier Ltd and Faculty of Forensic and Legal Medicine. All rights reserved.
autopsy
cardiomegaly
cause of death
chronic pain
congestive heart failure
depression
drowning
*drug fatality
drug misuse
emphysema
epilepsy
health care cost
human
intestine obstruction
multiple organ failure
prescription
review
risk factor
seizure
sex difference
United Kingdom
alcohol
diazepam
"*tramadol/to [Drug Toxicity]"
venlafaxine

Source: EMBASE
Full Text: Available from Elsevier in *Journal of Forensic and Legal Medicine*

37. The political origins of health inequity: Prospects for change

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Author(s): Ottersen O.P.; Dasgupta J.; Blouin C.; Buss P.; Chongsuvivatwong V.; Frenk J.; Fukuda-Parr S.; Gawanas B.P.; Giacaman R.; Gyapong J.; Leaning J.; Marmot M.; McNeill D.; Mongella G.I.; Moyo N.; Mogedal S.; Ntsaluba A.; Ooms G.; Bjertness E.; Lie A.L.; Moon S.; Roalkvam S.; Sandberg K.I.; Scheel I.B.

Institution: (Ottersen) University President's Office, PO Box 1072, Blindern, 0316 Oslo, Norway; (McNeill, Roalkvam, Sandberg) Centre for Development and the Environment, France; (Bjertness, Lie, Scheel) Institute of Health and Society, Norway; (Dasgupta) University of Oslo, Norway; (Dasgupta) SAHAYOG, Lucknow, India; (Blouin) Institut National de Sante Publique, Quebec, QC, Canada; (Buss) Centre for Global Health, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil; (Chongsuvivatwong) Epidemiology Unit, Faculty of Medicine, Prince of Songkla University, Hatyai, Thailand; (Leaning) FXB Center for Health and Human Rights, United States; (Frenk) Harvard School of Public Health, United States; (Fukuda-Parr) Harvard University, Boston, MA, United States; (Fukuda-Parr) Graduate Program in International Affairs New School, New York, NY, United States; (Gawanas) Ministry of Health and Social Services, Windhoek, Namibia; (Giacaman) Institute of Community and Public Health, Birzeit University, West Bank Occupied Palestinian Territory, United States; (Gyapong) University of Ghana, Accra, Ghana; (Marmot) Department of Epidemiology and Public Health, University College London, London, United Kingdom; (Mongella) Advocacy for Women in Africa, Dares Salaam, Tanzania; (Moyo) Mandela Institute for Development Studies, Johannesburg, South Africa; (Mogedal) Global Health Unit, Norwegian Knowledge Centre for the Health Services, Oslo, Norway; (Ntsaluba) Discovery Holdings, Johannesburg, South Africa; (Ooms) Department of Public Health, Institute of Tropical Medicine, Antwerp, Belgium; (Moon) Harvard Global Health Institute, Harvard University, Cambridge, MA, United States

Language: English
Abstract:

Despite large gains in health over the past few decades, the distribution of health risks worldwide remains extremely and unacceptably uneven. Although the health sector has a crucial role in addressing health inequalities, its efforts often come into conflict with powerful global actors in pursuit of other interests such as protection of national security, safeguarding of sovereignty, or economic goals. This is the starting point of The Lancet-University of Oslo Commission on Global Governance for Health. With globalisation, health inequity increasingly results from transnational activities that involve actors with different interests and degrees of power: states, transnational corporations, civil society, and others. The decisions, policies, and actions of such actors are, in turn, founded on global social norms. Their actions are not designed to harm health, but can have negative side-effects that create health inequities. The norms, policies, and practices that arise from global political interaction across all sectors that affect health are what we call global political determinants of health. The Commission argues that global political determinants that unfavourably affect the health of some groups of people relative to others are unfair, and that at least some harms could be avoided by improving how global governance works. There is an urgent need to understand how public health can be better protected and promoted in the realm of global governance, but this issue is a complex and politically sensitive one. Global governance processes involve the distribution of economic, intellectual, normative, and political resources, and to assess their effect on health requires an analysis of power. This report examines power disparities and dynamics across a range of policy areas that affect health and that require improved global governance: economic crises and austerity measures, knowledge and intellectual property, foreign investment treaties, food security, transnational corporate activity, irregular migration, and violent conflict. The case analyses show that in the contemporary global governance landscape, power asymmetries between actors with conflicting interests shape political determinants of health. We identified five dysfunctions of the global governance system that allow adverse effects of global political determinants of health to persist. First, participation and representation of some actors, such as civil society, health experts, and marginalised groups, are insufficient in decision-making processes (democratic deficit). Second, inadequate means to constrain power and poor transparency make it difficult to hold actors to account for their actions (weak accountability mechanisms). Third, norms, rules, and decision-making procedures are often impervious to changing needs and can sustain entrenched power disparities, with adverse effects on the distribution of health (institutional stickiness). Fourth, inadequate means exist at both national and global levels to protect health in global policy-making arenas outside of the health sector, such that health can be subordinated under other objectives (inadequate policy space for health). Lastly, in a range of policy-making areas, there is a total or near absence of international institutions (eg, treaties, funds, courts, and softer forms of regulation such as norms and guidelines) to protect and promote health (missing or nascent institutions). Recognising that major drivers of ill health lie beyond the control of national governments and, in many instances, also outside of the health sector, we assert that some of the root causes of health inequity must be addressed within global governance processes. For the continued success of the global health system, its initiatives must not be thwarted by political decisions in other arenas. Rather, global governance processes outside the health arena must be made to work better for health. The Commission calls for stronger cross-sectoral global action for health. We propose for consideration a Multistakeholder Platform on Governance for Health, which would serve as a policy forum to provide space for diverse stakeholders to frame issues, set agendas, examine and debate policies in the making that would have an effect on health and health equity, and identify barriers and propose solutions for concrete policy processes. Additionally, we call for the independent monitoring of how global governance processes affect health equity to be institutionalised through an Independent Scientific Monitoring Panel and mandated health equity impact assessments within international organisations. The Commission also calls for measures to better harness the global political determinants of health. We call for strengthened use of human rights instruments for health, such as the Special Rapporteurs, and stronger sanctions against a broader range of violations by nonstate actors through the international judicial system. We recognise that global governance for health must be rooted in commitments to global solidarity and shared responsibility through rights-based approaches and new frameworks for international financing that go beyond traditional development assistance, such as for
research and social protection. We want to send a strong message to the international community and to all actors that exert influence in processes of global governance: we must no longer regard health only as a technical biomedical issue, but acknowledge the need for global cross-sectoral action and justice in our efforts to address health inequity.

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accident
acquired immune deficiency syndrome
Africa south of the Sahara
article
Australia
badger
burn
Canada
catering service
climate change
compensation
conflict
Cyprus
death
decision making
depression
diabetes mellitus
disability
drug misuse
dyspnea
economic aspect
economic development
ethnicity
European Union
food crop
food industry
food insecurity
food security
government
Greece
gross national product
hazardous waste
headache
*health care policy
health hazard
health service
hepatitis B
Hong Kong
human
Human immunodeficiency virus infection
human rights
immigrant
income
injury
intoxication
investment
Ireland
justice
law
lowest income group
malnutrition
maternal mortality
mental health
migration
money
morbidity
mortality
nausea
non communicable disease
nutrition
nutritional status
nutritional value
obesity
occupational disease
patent
political participation
political system
politics
pollution
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Portugal
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protection
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risk reduction
smoking
social determinants of health
social exclusion
social status
social work
Spain
sustainable development
tobacco
tobacco use
toxic waste
tuberculosis
unemployment
violence
war
wellbeing
work environment

Source: EMBASE

Full Text: Available from Lancet in Newcomb Library & Information Service
Available from Elsevier ScienceDirect Journals in Lancet, The
Available from ProQuest in Lancet, The; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.
Available from The Lancet in Lancet, The
Available from Elsevier in Lancet, The

38. High dose allopurinol in France, Germany, Italy, Spain and the UK

Citation: Annals of the Rheumatic Diseases, June 2013, vol./is. 72/, 0003-4967 (June 2013)

Author(s): Singh J.A.; Storgard C.; Baumgartner S.; Morlock R.

Institution: (Singh) University of Alabama, Tuscaloosa, United States; (Storgard, Baumgartner, Morlock) Ardea Biosciences, San Diego, United States

Language: English
Abstract: Background Allopurinol is the most commonly used urate lowering therapy in the world. Although allopurinol is EMEA authorized for up to 900 mg per day, the majority of patients receive 300 mg per day or less. Objectives To describe physician, patient and treatment characteristics in patients with gout treated with allopurinol. Methods Data from a quantitative survey of physicians were assessed and results confirmed through chart audits. Initial and current dose of allopurinol, presence of co-morbid conditions, use of prophylaxis for flare prevention, serum uric acid (sUA), physician subspecialty and patient factors were evaluated. Data on achieving target sUA were also collected. Results are presented as proportions or means and standard deviations (SD). Multivariate and descriptive statistics were used to describe patients with sUA < 6 mg/dL. Results 126 rheumatologists and 126 primary care physicians were interviewed. of 1260 patients, 816 (65%) were treated with allopurinol. Patient characteristics, treatment and percent with a sUA< 6 mg/dL are presented in Table 1. Across all countries, majority of patients were treated with 300mg or less of allopurinol per day. Less than 6.5% in France, Germany and Spain were given > 300mg whereas 10% in Italy and 34% in the UK achieved a daily dose above 300mg (p<0.01). Over 12 months, the number of patients achieving SUA< 6.0 mg/dL differed across the 5 countries (Spain < Germany < Italy < France < UK, Table 1), yet, there was no difference in achieving SUA< 6.0 mg/dL (average, min or most recent sUA) by allopurinol dose. A multivariable-adjusted model predicting use of high dose allopurinol found patients with tophi (OR 2.49; p=0.01), co-existing alcoholism (OR 2.31; p=0.02), CKD (OR 2.52; p=0.05), patients taking anti-hypertensive (OR 0.28; p=0.03) and from the UK (OR 5.26; p<0.01) were more likely to be using 600mg+ of allopurinol; however, only physician sub-speciality (general practitioners vs. rheumatologists (OR 0.68; p<0.05)), UK vs. other countries (OR 4.01; p<0.01), time on therapy(O.4; p=0.4), and chart documented co-existing CHF (OR 0.4; p<0.05), hyperlipidemia (OR 0.7; p<0.05), hypertension (OR 1.5; p<0.05) and stones (OR 0.4; p<0.05) were associated with sUA < 6 mg/dL. After adjusting for confounding factors there was no impact of allopurinol dose in achieving sUA<6 mg/dL. Conclusions Allopurinol is the most widely used urate lowering therapy. Although it is approved for up to 900 mg the majority of patients are treated with 300mg or less per day. Less than 50% of patients achieve sUA<6mg/dL at any dose of allopurinol. (Figure Presented).


Publisher: BMJ Publishing Group
Publication Type: Journal: Conference Abstract
Subject Headings: *drug megadose
*France
*Germany
*Italy
*Spain
*United Kingdom
*rheumatology
*rheumatic disease
human
patient
physician
therapy
general practitioner
prophylaxis
medical audit
gout
hypertension
hyperlipidemia
alcoholism
model
statistics
uric acid blood level
Background Adaptive Choice Based Conjoint (ACBC) is a technique for eliciting and quantifying people's preferences. This is the first application of ACBC in rheumatology research. The advantage of this method is that it adapts to patients' responses to different medication scenarios. This research is concerned with the extent to which the benefits of medication are traded-off against serious adverse effects such as kidney impairment and stroke. Objectives To determine the relative importance of 8 medication attributes, using the Adaptive Choice Based Conjoint. Methods 11 participants were recruited from the Research User Group (RUG) at the Arthritis Research UK Primary Care Centre, Keele University, UK, to evaluate a newly developed ACBC questionnaire. Participants were over 50 years of age and suffering from OA in at least one of their joints. Participants completed an ACBC questionnaire involving 8 attributes: medication availability, frequency, route of administration, expected benefit, risk of addiction, risk of stomach side effects, risk of kidney and liver side effects, and risk of heart attacks and strokes. The relative importance of the 8 attributes, which sum to 100%, was calculated using Hierarchical Bayes (HB) estimation. Results Rather than medication benefits being the top priority, the greatest impact on patients' preference regarding medication was the risk of kidney and liver side effects (22%), followed by the risk of heart attacks and strokes (17%), then the risk of stomach side effects (16%). The route of administration, frequency, and expected benefit were the least important factors influencing patients' preference (7%). Conclusions ACBC reveals information about patients' preferences and the precise trade-offs that patients are willing to make. For example, OA patients are willing to trade off the benefits of medication for low risks of adverse effects. The benefits that patients expect from the medication are not very important when traded-off against serious medication adverse effects such as kidney and liver side effects. This shows the importance of making patients aware of OA medication side effects within the context of other treatment options.
40. How can we persuade patients with rheumatoid arthritis to stop smoking?

Citation: Annals of the Rheumatic Diseases, June 2013, vol./is. 72/, 0003-4967 (June 2013)

Author(s): Harris H.

Institution: (Harris) Fife Rheumatic Diseases Unit, NHS Fife, Kirkcaldy, United Kingdom

Language: English

Abstract: Smoking increases the risk of developing seropositive rheumatoid arthritis (RA) by 50% on average, and is associated with a reduced response to RA drug treatments. This talk will focus on 4 areas related to smoking cessation in RA patients. 1. A study of smoking in Scottish patients with RA and the impact of an RA and smoking cessation awareness campaign 2. Applying principles of Addictions Medicine in Rheumatology 3. Global trends in tobacco use 4. Presentation of a toolkit developed to enable Rheumatology teams to increase the quit rates of RA smokers. Only one in twenty Scottish RA patients questioned were aware of a link between RA and smoking. An RA and smoking public awareness campaign was launched in September 2011. Local media and online social networks reported the story and a mail drop was sent to RA patients. A marked improvement was found in patients' knowledge about a link between RA and smoking. Smokers identified before the campaign were contacted again following the campaign and found to have modest changes in their attitudes to smoking. The reasons that some RA smokers were not planning to quit were cited as pleasure or relaxation in 24%. Almost 1 in 2 RA patients questioned were ex-smokers; most had used pharmacotherapy and 85% quit after 1-3 attempts. Experiencing a commonly known smoking related illness such as a chest infection was the commonest motivator to give up smoking in half of the RA ex-smokers. The Smoking and RA awareness campaign successfully increased patients' knowledge of the link between RA and smoking and the effect of smoking on RA therapy. The study suggested that RA smokers may be motivated to quit by learning that RA is a smoking related disease. Nicotine addiction is a complex illness characterized by intense and, at times, uncontrollable drug craving, along with compulsive drug seeking and use that persists even in the face of devastating consequences. Because addiction is typically a chronic disease, people cannot simply stop using nicotine for a few days and be cured. Most patients require long-term or repeated episodes of care to achieve the ultimate goal of sustained abstinence and recovery of their health. Scientific research since the mid-1970s has been used to develop principles that should form the basis of an effective nicotine addiction treatment program. These will be discussed in more detail expanding on their relevance to the RA smoker. Medication and behavioral therapy, especially when combined, are important elements of an overall therapeutic process that begins with smoking cessation, followed by treatment and relapse prevention. Tobacco use is the single most preventable cause of death globally and is currently responsible for killing one in 10 adults worldwide. Second-hand smoke accounts for one in 10 tobacco-related deaths. At present 11% of people are protected by comprehensive national smoke-free laws and 19 countries require large and graphic pictures on tobacco packages to warn people of the dangers. In countries where there is no tobacco control legislation, women are one of the biggest advertising targets of the tobacco industry. This is likely to have the consequence of increasing the incidence of RA in affected populations. In Europe,
smoking levels among women vary significantly with the lowest smoking rates found in Nordic and some western European countries. The highest smoking rates in women are found in some central and southern European countries. Across Europe, the gender divide in smoking rates is narrower among young people. The tobacco industry has adapted its marketing techniques to take advantage of the differences between countries, and focused its efforts on girls. Bans on tobacco advertising, as called for in the WHO Framework Convention on Tobacco Control, could help to stop the increase in tobacco use among girls. In Scotland a toolkit has been launched to enable Rheumatology teams to improve quit rates in RA smokers. This includes a leaflet on how to deliver evidence-based brief advice on smoking cessation in 30 seconds. The toolkit covers how to engage with the local smoking cessation team and advice on using pharmacotherapy. Rheumatologists need to engage in national efforts to reduce smoking rates by raising awareness of the increased risk of RA in smokers.


Publisher: BMJ Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings: *human
*rheumatoid arthritis
*smoking cessation
*rheumatology
*rheumatic disease
*patient
smoking
female
 tobacco
drug therapy
tobacco use
tobacco dependence
addiction
Europe
tobacco industry
girl
risk
advertizing
chest infection
smoking ban
death
passive smoking
diseases
pleasure
prevention
planning
relapse
behavior therapy
social network
health
abstinence
cause of death
adult
chronic disease
law
withdrawal syndrome
evidence based practice
learning
United Kingdom
marketing
gender
41. Current pharmacological treatment approaches for alcohol dependence

Introduction: At present, the substances acamprosate, naltrexone and disulfiram are available for pharmacotherapy in alcohol dependence, but clinical studies found only modest effect sizes of these treatment options. Areas covered: This article focuses on current pharmacological treatment approaches for alcohol dependence, which have been evaluated in randomized, placebo-controlled trials (RCTs). Expert opinion: Besides the opioid system modulator nalmefene, which has recently been approved as a medication for the reduction of alcohol consumption, several compounds have been investigated in patients with alcohol dependence using a randomized, placebo-controlled design. In these studies, the antiepileptic drugs topiramate and gabapentin were found to be effective in improving several drinking-related outcomes, whereas levetiracetam failed to show efficacy in the treatment of alcohol dependence. Clinical studies using (low-dose) baclofen, a selective GABA-B receptor agonist, produced conflicting results, so that results of further trials are needed. Varenicline has also shown mixed results in two RCTs, but might possibly be useful in patients with comorbid nicotine dependence. The alpha1 adrenergic antagonist prazosin is currently under investigation in alcohol dependence with and without comorbid posttraumatic stress disorder (PTSD). Finally, first clinical evidence suggests that the 5-HT3 antagonist ondansetron might possibly be used in future within a pharmacogenetic treatment approach in alcohol dependence. 2014 Informa UK, Ltd.

Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
CAS Registry Number: 1134-47-0 (baclofen); 102767-28-2 (etiracetam); 33996-58-6 (etiracetam); 60142-96-3 (gabapentin); 55096-26-9 (nalmefene); 103639-04-9 (ondansetron); 116002-70-1 (ondansetron); 99614-01-4 (ondansetron); 19216-56-9 (prazosin); 19237-84-4 (prazosin); 97240-79-4 (topiramate); 249296-44-4 (varenicline); 375815-87-5 (varenicline)
Publication Type: Journal: Review
Subject Headings: alcohol consumption
*alcoholism
drug efficacy
human
posttraumatic stress disorder
randomized controlled trial (topic)
recurrence risk
review
tobacco dependence
treatment failure
*baclofen
*etiracetam
*gabapentin
*nalmefene
ondansetron
42. Traumatic basal subarachnoid hemorrhage suspected to have been caused by contrecoup cerebellar contusions: A case report

Citation: Legal Medicine, March 2014, vol./is. 16/2(92-94), 1344-6223;1873-4162 (March 2014)

Author(s): Sato T.; Tsuboi K.; Nomura M.; Iwata M.; Abe S.; Tamura A.; Tsuchihashi H.; Nishio H.; Suzuki K.

Institution: (Sato, Tsuboi, Nomura, Iwata, Abe, Tamura, Tsuchihashi, Suzuki) Department of Legal Medicine, Osaka Medical College, Takatsuki, Japan; (Nishio) Department of Legal Medicine, Hyogo College of Medicine, Nishinomiya, Japan

Language: English

Abstract: Traumatic cerebellar hemorrhagic contusions are infrequent, and the pathogenic mechanism involves a coup injury that is associated with motor vehicle accidents in most cases. Traumatic basal subarachnoid hemorrhage (TBSAH) is commonly reported after blunt trauma to the neck or unrestricted movement of the head, and the source of the hemorrhage is most frequently identified in the vertebrobasilar arteries. A 55-year-old woman who was addicted to alcohol was found dead in her bed. She had a bruise on the left side of her posterior parietal region, and autopsy revealed massive subarachnoid hemorrhage at the base of the brain; the hematoma was strongly attached to the right lower surface of the cerebellar hemisphere. No ruptured cerebral aneurysms, arteriovenous malformations or vertebrobasilar artery leakage were detected. Hemorrhagic cerebellar contusions were regarded as the source of the TBSAH. This is the first report of TBSAH suspected to have been caused by contrecoup cerebellar contusions. 2013 Elsevier Ireland Ltd.

Country of Publication: Netherlands

Publisher: Elsevier (P.O. Box 211, Amsterdam 1000 AE, Netherlands)

Publication Type: Journal: Article

Subject Headings: adult
alcohol blood level
arteriovenous malformation
article
ataxic gait
autopsy
brain artery aneurysm
*brain contusion
case report
*contrecoup injury
fatty liver
female
fibrosing alveolitis
human
hypertension
inflammatory cell
Ireland
liver dysfunction
middle aged
"*subarachnoid hemorrhage/di [Diagnosis]"
"*subarachnoid hemorrhage/et [Etiology]"
subdural hematoma
temporal lobe
43. Exempting patients from a smoke-free hospital policy on compassionate grounds

Citation: BMJ (Online), January 2014, vol./is. 348/, 1756-1833 (21 Jan 2014)
Author(s): Fitzpatrick P.; Gilroy I.; Doherty K.; Conlon G.; Daly Prof. L.; Kelleher Prof. C.
Institution: (Fitzpatrick, Gilroy, Doherty, Conlon, Daly Prof., Kelleher Prof.) Department of Preventive Medicine and Health Promotion, St Vincent's University Hospital, Dublin, Ireland; (Fitzpatrick, Daly Prof., Kelleher Prof.) School of Public Health, Physiotherapy, and Population Science, University College Dublin, Dublin 4, Ireland
Language: English
Country of Publication: United Kingdom
Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
Publication Type: Journal: Letter
Subject Headings: *hospital policy human Ireland letter nicotine replacement therapy *patient care priority journal *smoking ban smoking cessation withdrawal syndrome

44. Tackling obesity: The challenge of obesity management for practice nurses in primary care

Citation: Family Practice, February 2014, vol./is. 31/1(51-59), 0263-2136;1460-2229 (February 2014)
Author(s): Phillips K.; Wood F.; Kinnersley P.
Institution: (Phillips, Wood, Kinnersley) Institute of Public Health and Primary Care, School of Medicine, Cardiff University, Cardiff, United Kingdom
Language: English
Abstract: Background: Nurses in primary care, who see a large proportion of the population, are well placed to discuss weight with patients and offer management advice. Interventions to promote weight loss have shown that there are effective ways of making small changes for patients. Objectives: To use qualitative semi-structured interviews to explore how practice nurses manage obesity within primary care and to identify good practice and explore barriers to achieving effective management. Methods: Eighteen semi-structured interviews were conducted with practice nurses within two local health board areas in South Wales. Interviews were audio-recorded, transcribed and analysed qualitatively using a thematic approach. Results: Nurses described two roles. One role was providing obesity management to patients who had co-morbid conditions and were seen regularly in chronic disease clinics. All nurses perceived that these patients needed their weight addressing routinely. The other role was to broach the subject with overweight but healthy patients. Nurses were of divided opinion whether to address obesity with these patients and what primary care had to offer. Weight management advice, when given, lacked consistency of approach. Conclusions: Broaching the subject of weight opportunistically...
with healthy but overweight patients may require a deeper appreciation of their motivations for change and discussion beyond future health risks. These patients also need clearer follow up to monitor their progress with weight loss. All overweight patients also need clearer guidance tailored to their own particular circumstances as to how to lose weight. For patients being counselled about their weight, interventions that promote consistency of advice are advocated to improve care. The Author 2013.

Country of Publication: United Kingdom
Publisher: Oxford University Press (Great Clarendon Street, Oxford OX2 6DP, United Kingdom)
Publication Type: Journal: Article
Subject Headings: alcoholism
article
attitude to health
Australia
body mass
body size
case management
*clinical practice
data analysis
female
follow up
human
human experiment
interpersonal communication
medical record review
motivational interviewing
normal human
nurse
nurse patient relationship
nurse practitioner
*obesity
patient monitoring
personal experience
*primary medical care
public health
rural area
semi structured interview
smoking
underweight
urban area
weight reduction
work experience

Source: EMBASE
Full Text: Available from Oxford University Press in Family Practice

45. Abuse of methylphenidate in Germany: Data from spontaneous reports of adverse drug reactions
Citation: Psychiatry Research, January 2014, vol./is. 215/1(252-254), 0165-1781;1872-7123 (30 Jan 2014)
Author(s): Gahr M.; Freudenmann R.W.; Hiemke C.; Kolle M.A.; Schonfeldt-Lecuona C.
Institution: (Gahr, Freudenmann, Kolle, Schonfeldt-Lecuona) University of Ulm, Department of Psychiatry and Psychotherapy III, Leimgrubenweg 12-14, 89075 Ulm, Ulm, Germany; (Hiemke) University Medical Center of Mainz, Department of Psychiatry and Psychotherapy, Untere Zahlbacher Str. 8, 55131 Mainz, Mainz, Germany
Language: English
Abstract: To retrieve insights into abuse/dependence of methylphenidate (MPH) in Germany, a query of a pharmacovigilance database was performed (observation interval: 1993 until
From 1190 reports of any ADR related to MPH, n=23 (2%) cases of MPH abuse were identified (mean age 29 years; male sex 78%; mean daily MPH-dosage 111+126.6 mg). As oral application was predominant (70%), the majority of reported cases of MPH abuse might be due to pharmacologic neuroenhancement.
HIV-uninfected/MA-dependent; 36 HIV-infected/MA-dependent subjects. Participants completed self-report measures of "frontal systems" behaviors, including impulsivity/disinhibition, sensation-seeking, and apathy. They also underwent comprehensive neurocognitive and neuropsychiatric assessments that allowed for detailed characterization of neurocognitive deficits and comorbid/premorbid conditions, including lifetime Mood and Substance Use Disorders, Attention-Deficit/Hyperactivity Disorder, and Antisocial Personality Disorder. Multivariable regression models adjusting for potential confounds (i.e., demographics and comorbid/premorbid conditions) showed that MA dependence was independently associated with increased impulsivity/disinhibition, sensation-seeking and apathy, and HIV infection with greater apathy. However, we did not see synergistic/additive effects of HIV and MA on frontal systems behaviors. Global neurocognitive impairment was relatively independent of the frontal systems behaviors, which is consistent with the view that these constructs may have relatively separable biopsychosocial underpinnings. Future research should explore whether both neurocognitive impairment and frontal systems behaviors may independently contribute to everyday functioning outcomes relevant to HIV and MA. 2013 Elsevier Ireland Ltd.
A variety of studies were addressed to differentiate responders and non-responders to substitution treatment among heroin dependent patients, without conclusive findings. In particular, preliminary pharmacogenetic findings have been reported to predict treatment effectiveness in mental health and substance use disorders. Aim of the present study was to investigate the possible association of buprenorphine (BUP) treatment outcome with gene variants that may affect kappa-opioid receptors and dopamine system function. One hundred and seven heroin addicts (West European, Caucasians) who underwent buprenorphine maintenance treatment were genotyped and classified into two groups (A and B) on the basis of treatment outcome. Non-responders to buprenorphine (group B) have been identified taking into account early drop out, continuous use of heroin, severe behavioral or psychiatric problems, misbehavior and diversion during the 6 months treatment period. No difference was evidenced between responders and non-responders to BUP in the frequency of kappa opioid receptor (OPRK1) 36G>T SNP. The frequency of dopamine transporter (DAT) gene polymorphism (SLC6A3/DAT1), allele 10, was evidently much higher in "non-responder" than in "responder" individuals (64.9% vs. 55.93%) whereas the frequency of the category of other alleles (6, 7 and 11) was higher in responder than in non-responder individuals (11.02% vs. 2.13% respectively). On one hand, the hypothesis that possible gene-related changes in kappa-opioid receptor could consistently affect buprenorphine pharmacological action and clinical effectiveness was not confirmed in our study, at least in relation to the single nucleotide polymorphism 36G>T. On the other hand, the possibility that gene-related dopamine changes could have reduced BUP effectiveness and impaired maintenance treatment outcome was cautiously supported by our findings. DAT1 gene variants such as allele 10, previously reported in association with personality and behavioral problems, would have influenced the effects of BUP-induced dopamine release, modulated through mu and kappa opioid receptors, and probably the related reinforcing capacity of the drug. 2013 Elsevier Ireland Ltd.
48. Use of high-dose allopurinol to reach serum uric acid targets in patients with gout across multiple countries

Citation: Arthritis and Rheumatism, October 2013, vol./is. 65/(S502), 0004-3591 (October 2013)

Author(s): Singh J.A.; Storgard C.; Baumgartner S.; Morlock R.

Institution: (Singh) University of Alabama, Tuscaloosa, AL, United States; (Storgard, Baumgartner, Morlock) Ardea Bioscience, San Diego, CA, United States

Language: English

Abstract: Background/Purpose: Allopurinol is the most commonly used urate-lowering therapy (ULT) in the world. Although allopurinol is FDA approved for up to 800 mg/d and EMEA authorized for up to 900 mg/d, the majority of patients with gout receive > 300 mg/d. We describe physician, patient, and treatment characteristics in patients with gout treated with allopurinol. Methods: Data from a quantitative survey of physicians in the United States (US), France, Germany, Italy, Spain, and the United Kingdom (UK) were assessed and results confirmed through in-depth chart audits. Initial and current allopurinol doses, presence of comorbid conditions, use of anti-inflammatory prophylaxis for flare prevention, serum uric acid (sUA), physician subspecialty, and patient factors were evaluated. Data on number of patients achieving target sUA >6 mg/dL were also collected. Results are presented as proportions or means and standard deviations (SD). Descriptive statistics and multivariable-adjusted logistic regression analyses were used to describe patients with sUA >6 mg/dL. Results: In total, 251 rheumatologists and 250 primary care physicians were interviewed. Of 2505 patients, 1437 (57%) were treated with allopurinol. Table 1 presents patient characteristics, treatment, and percent with sUA >6 mg/dL. (Table Presented) Across all countries, the majority of patients were treated with > 300 mg/d of allopurinol; > 6.5% in France, Germany, and Spain were given > 300 mg/d, whereas 10% in Italy, 19.6% in the US, and 34% in the UK achieved a dose > 300 mg/d (p< 0.01). Over 12 months, the number of patients achieving target sUA < 6.0 mg/dL differed across the 6 countries (Spain < Germany < Italy < France < US < UK, Table 1); yet, there was no difference in achieving target sUA < 6.0 mg/dL by allopurinol dose. A multivariable-adjusted model predicting use of high-dose allopurinol found patients with tophi (OR 3.53; p< 0.01), coexisting alcoholism (OR 1.66; p=0.06), COPD (OR 2.01; p< 0.05), and patients using smoking-cessation treatments (OR 3.53; p< 0.02), and from the UK (OR 3.86; p< 0.01) were more likely to be using >600 mg/d of
allopurinol. However, only physician subspecialty [general practitioners vs rheumatologists (OR 0.56; p< 0.01)], UK vs other countries (OR 3.51; p< 0.01), time on therapy (OR 1.39; p< 0.04), and chart-documented coexisting alcoholism (OR 0.67; p< 0.05), hyperlipidemia (OR 0.74; p< 0.05), hypertension (OR 1.4; p< 0.05), and kidney stones (OR 0.49; p< 0.05) were found to be associated with achieving sUA >6 mg/dL. After adjusting for confounding factors (age, sex, time on UL T, dose, comorbid conditions, physician type), allopurinol dose was not associated with achieving sUA >6 mg/dL. Conclusion: Allopurinol is the most widely used UL T. Although it is approved for up to 800 mg/d in the US and 900 mg/d in the EU, the majority of patients are treated with < 300 mg/d. On average, < 50% of patients achieve sUA >6 mg/dL at any allopurinol dose.

Conference Information: American College of Rheumatology/Association of Rheumatology Health Professionals Annual Scientific Meeting, ACR/ARHP 2013 San Diego, CA United States. Conference Start: 20131025 Conference End: 20131030

Publisher: John Wiley and Sons Inc.
Publication Type: Journal: Conference Abstract
Subject Headings: *human *uric acid blood level *rheumatology *college *health practitioner *gout *patient *drug megadose United Kingdom physician France Italy Spain Germany alcoholism general practitioner therapy prophylaxis medical audit United States nephrolithiasis hypertension hyperlipidemia smoking cessation model logistic regression analysis statistics prevention food and drug administration *allopurinol

Source: EMBASE
Full Text: Available from Wiley in *Arthritis and Rheumatism*

49. Case-finding for hepatitis C in primary care: A mixed-methods service evaluation

Citation: British Journal of General Practice, February 2014, vol./is. 64/619(e67-e74), 0960-1643 (01 Feb 2014)

Author(s): Datta S.; Horwood J.; Hickman M.; Sharp D.
Institution: (Datta, Horwood, Sharp) Centre for Academic Primary Care, School of Social and Community Medicine, University of Bristol, 39 Whatley Road, Bristol, BS8 2QD, United
Kingdom; (Hickman) School of Social and Community Medicine, University of Bristol, Bristol, United Kingdom

**Language:**
English

**Abstract:**
Background: Hepatitis C is often asymptomatic, presenting with liver failure and cancer decades after infection. People who inject drugs (PWID) and immigrant populations from countries with a moderate-to-high prevalence of hepatitis C virus (HCV) are the main risk groups. Deaths and hospital admissions due to HCV cirrhosis tripled between 1998 and 2010, but the majority of people with chronic HCV are unaware of it. Aim: To identify patients at risk of developing hepatitis C using routine GP data, to determine the proportion not tested, and to explore GPs' views regarding testing. Design and setting: Mixed-methods service evaluation (density-based selection of PWID) in six NHS practices in Bristol. Method: Patients at risk of HCV were identified. The Health Protection Agency laboratory (now part of Public Health England) provided test results. Semi-structured interviews with 17 GPs were audiorecorded and thematic analyses conducted on anonymised transcripts. Results: Of 3765 patients identified as being at risk of developing hepatitis C, 3051 (81%) had no test result, including 53% of PWID and 93% of the 'ethnicity' group. All GPs said they usually test PWID. Most GPs test for HIV and hepatitis B in immigrants more often than they test for HCV. Barriers to testing included not questioning patients about risk factors, competing priorities, the chaotic lifestyle of PWID, difficulty extracting information from computerised records, and forgetting to address HCV. Conclusion: Computer prompts and GP education on whom to test are warranted. Ensuring that country of origin and drug use is included on the new-patient questionnaire might also aid case-finding for HCV. British Journal of General Practice.
50. BMA urges caution over MPs’ request to collect data on patients addicted to prescription drugs

Citation: BMJ (Clinical research ed.), 2013, vol./is. 347/, 1756-1833 (2013)

Author(s): O'Dowd A.

Institution: (O'Dowd) London.

Language: English

Country of Publication: United Kingdom

Publication Type: Journal: Note

Subject Headings: "addiction/ep [Epidemiology]"
*drug legislation
human
note
"United Kingdom/ep [Epidemiology]"
*prescription drug
psychotropic agent

Source: EMBASE

Full Text: Available from Highwire Press in BMJ
Available from BMJ in Newcomb Library & Information Service

51. Cigarette packet warning labels can prevent relapse: findings from the International Tobacco Control 4-Country policy evaluation cohort study

Citation: Tobacco control, May 2013, vol./is. 22/e1(e43-50), 1468-3318 (May 2013)

Author(s): Partos T.R.; Borland R.; Yong H.H.; Thrasher J.; Hammond D.

Institution: (Partos) VicHealth Centre for Tobacco Control, The Cancer Council Victoria, Carlton, Victoria, Australia.

Language: English

Abstract: To investigate the links between health warning labels (WLs) on cigarette packets and relapse among recently quit smokers. Prospective longitudinal cohort survey. Australia, Canada, the UK and the USA. 1936 recent ex-smokers (44.4% male) from one of the first six waves (2002-2007) of the International Tobacco Control 4-Country policy evaluation survey, who were followed up in the next wave. Whether participants had relapsed at follow-up (approximately 1 year later). In multivariate analysis, very frequent noticing of WLs among ex-smokers was associated with greater relapse 1 year later (OR: 1.52, 95% CI 1.11 to 2.09, p<0.01), but this effect disappeared after controlling for urges to smoke and self-efficacy (OR: 1.29, 95% CI 0.92 to 1.80, p=0.135). In contrast, reporting that WLs make staying quit ‘a lot’ more likely (compared with ‘not at all’ likely) was associated with a lower likelihood of relapse 1 year later (OR: 0.65, 95% CI 0.49 to 0.86, p<0.01) and this effect remained robust across all models tested, increasing in some. This study provides the first longitudinal evidence that health warnings can help ex-smokers stay quit. Once the authors control for greater exposure to cigarettes, which is understandably predictive of relapse, WL effects are positive. However, it may be that ex-smokers need to actively use the health consequences that WLs highlight to remind them of their reasons for quitting, rather than it being something that happens automatically. Ex-smokers should be encouraged to use pack warnings to counter urges to resume smoking. Novel warnings may be more likely to facilitate this.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: addiction adult advertising and promotion article Cessation
Generalized anxiety disorder (GAD) is one of the most common psychiatric disorders and clinically characterized by both psychological anxiety and somatic symptoms (muscular tension and autonomic symptoms). Next to serotonergic antidepressants, the Ca<sup>2+</sup> channel alpha2 ligand pregabalin is an approved first-line treatment of GAD in many countries. Pregabalin is considered effective against psychological and somatic anxiety symptoms alike. However, occurrence of discontinuation syndromes and a growing number of reports regarding abuse or dependence during the last years are concerns, particularly in patients with a history of addictive behavior. Here we review key issues of GAD and the pharmacology and pharmacokinetics of pregabalin. Above all, we evaluate evidence from available randomized placebo-controlled as well as head-to-head clinical trials with other drugs regarding its efficacy and safety in the GAD treatment.
Country of Publication: United Kingdom
Publisher: Expert Reviews Ltd. (2 Albert Place, London N3 1QB, United Kingdom)
CAS Registry Number: 138112-76-2 (agomelatine); 28981-97-7 (alprazolam); 33386-08-2 (buspirone); 36505-84-7 (buspirone); 17321-77-6 (clomipramine); 303-49-1 (clomipramine); 439-14-5 (diazepam); 116539-59-4 (duloxetine); 136434-34-9 (duloxetine); 128196-01-0 (escitalopram); 219861-08-2 (escitalopram); 2192-20-3 (hydroxyzine); 64095-02-9 (hydroxyzine); 68-88-2 (hydroxyzine); 113-52-0 (imipramine); 50-49-7 (imipramine); 846-49-1 (lorazepam); 61869-08-7 (paroxetine); 148553-50-8 (pregabalin); 111974-72-2 (quetiapine); 79617-96-2 (sertraline); 19794-93-5 (trazodone); 25332-39-2 (trazodone); 93413-69-5 (venlafaxine)
Publication Type: Journal: Review
Subject Headings: "bleeding/si [Side Effect]"
cognitive therapy
cost effectiveness analysis"dizziness/si [Side Effect]"
drug abuse
drug bioavailability
drug blood level"drug dependence/et [Etiology]"
"drug dependence/si [Side Effect]"
drug efficacy
drug elimination
drug metabolism
drug safety
drug tolerability
drug withdrawal"*generalized anxiety disorder/dm [Disease Management]"
"*generalized anxiety disorder/dt [Drug Therapy]"
"*generalized anxiety disorder/th [Therapy]"
"headache/si [Side Effect]"
human
"nausea/si [Side Effect]"
nonhuman
psychotherapy
quality adjusted life year
randomized controlled trial (topic)
"restlessness/si [Side Effect]"
review
"sexual dysfunction/si [Side Effect]"
"skin bruising/et [Etiology]"
"skin bruising/si [Side Effect]"
"sleep disorder/si [Side Effect]"
"somnolence/si [Side Effect]"
symptomatology
"thrombocyte dysfunction/et [Etiology]"
"thrombocyte dysfunction/si [Side Effect]"
transcranial magnetic stimulation
treatment response
"unspecified side effect/si [Side Effect]"
"xerostomia/si [Side Effect]"
"agomelatine/dt [Drug Therapy]"
"alprazolam/dt [Drug Therapy]"
"anticonvulsive agent/dt [Drug Therapy]"
"antidepressant agent/dt [Drug Therapy]"
"anxiolytic agent/dt [Drug Therapy]"
"benzodiazepine derivative/dt [Drug Therapy]"
"buspirone/dt [Drug Therapy]"
"clomipramine/dt [Drug Therapy]"
Evidence Services | library.nhs.uk

"diazepam/dt [Drug Therapy]"
"duloxetine/dt [Drug Therapy]"
"escitalopram/dt [Drug Therapy]"
"hydroxyzine/dt [Drug Therapy]"
"imipramine/dt [Drug Therapy]"
"lorazepam/dt [Drug Therapy]"
"paroxetine/dt [Drug Therapy]"
"pregabalin/ae [Adverse Drug Reaction]"
"pregabalin/ct [Clinical Trial]"
"pregabalin/cr [Drug Concentration]"
"pregabalin/dt [Drug Therapy]"
"pregabalin/to [Drug Toxicity]"
"pregabalin/po [Oral Drug Administration]"
"pregabalin/pe [Pharmacoeconomics]"
"pregabalin/pk [Pharmacokinetics]"
"pregabalin/pd [Pharmacology]"
"quetiapine/dt [Drug Therapy]"
"serotonin noradrenaline reuptake inhibitor/ae [Adverse Drug Reaction]"
"serotonin noradrenaline reuptake inhibitor/dt [Drug Therapy]"
"serotonin uptake inhibitor/ae [Adverse Drug Reaction]"
"serotonin uptake inhibitor/dt [Drug Therapy]"
"serotonin uptake inhibitor/pe [Pharmacoeconomics]"
"sertraline/dt [Drug Therapy]"
"sertraline/pe [Pharmacoeconomics]"
"trazodone/dt [Drug Therapy]"
"tricyclic antidepressant agent/ae [Adverse Drug Reaction]"
"tricyclic antidepressant agent/dt [Drug Therapy]"
"venlafaxine/dt [Drug Therapy]"
"venlafaxine/pe [Pharmacoeconomics]"

Source: EMBASE


53. Clinical management of older persons with haemophilia

Citation: Critical Reviews in Oncology/Hematology, February 2014, vol./is. 89/2(197-206), 1040-8428;1879-0461 (February 2014)

Author(s): Hermans C.; de Moerloose P.; Dolan G.

Institution: (Hermans) Haemostasis-Thrombosis Unit, Division of Haematology, Cliniques Universitaires Saint-Luc, Brussels, Belgium; (de Moerloose) Hemostasis Unit, University Hospital and Faculty of Medicine, Geneva, Switzerland; (Dolan) Nottingham Haemophilia Comprehensive Care Centre, Nottingham University Hospitals, Queens Medical Center, Nottingham, United Kingdom

Language: English

Abstract: Life expectancy for people with haemophilia (PWH) has improved and is now approaching that of the general population. The growing population of elderly PWH will therefore increasingly face the age-related morbidities such as cardiovascular diseases, malignant disease, liver disease, and bone and joint related diseases, as well as the lifestyle and psychosocial factors that accompany many of these conditions. For many PWH, frequent contact with haemophilia specialists within the comprehensive care centres supplants the relationship that individuals in the general population have with their general practitioners. As a result, there is a risk that elderly PWH may miss the chronic disease screening opportunities offered to the general population. This review focuses on the screening tests and examinations recommended for age-related comorbidities in the general population that may be applicable to the growing population of older people with haemophilia. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
54. Targeting the MET gene for the treatment of non-small-cell lung cancer

**Citation:** Critical Reviews in Oncology/Hematology, February 2014, vol./is. 89/2(284-299), 1040-8428;1879-0461 (February 2014)

**Author(s):** Gelsomino F.; Facchinetti F.; Haspinger E.R.; Garassino M.C.; Trusolino L.; De Braud F.; Tiseo M.

**Institution:** (Gelsomino, Haspinger, Garassino, De Braud) Department of Medical Oncology, Medical Oncology Unit 1, Fondazione IRCCS, Istituto Nazionale Tumori, Milan, Italy; (Facchinetti, Tiseo) Medical Oncology Unit, University Hospital of Parma, Italy; (Trusolino) Laboratory of Molecular Pharmacology, Institute for Cancer Research and Treatment and Department of Oncological Sciences, University of Torino School of Medicine, Candiolo (Torino), Italy

**Language:** English

**Abstract:** Recently, a better understanding of the specific mechanisms of oncogene addiction has led to the development of antitumor strategies aimed at blocking these abnormalities in different malignancies, including lung cancer. These abnormalities trigger constitutive activation of tyrosine kinase receptors (RTKs) involved in fundamental cell mechanisms such as proliferation, survival, differentiation and migration, and consequently the aberrant signaling of RTKs leads to cancer growth and survival. The inhibition of aberrant RTKs and downstream signaling pathways has opened the door to the targeted therapy era. In non-small-cell lung cancer (NSCLC), molecular research has allowed the discrimination of different aberrant RTKs in lung cancer tumorigenesis and progression, and thus the identification of several targetable oncogenic drivers. Following the development of small molecules (gefitinib/erlotinib and crizotinib) able to reversibly inhibit the epidermal growth factor receptor (EGFR) and signaling pathways mediated by anaplastic lymphoma kinase (ALK), respectively, the MET signaling pathway has also been recognized as a potential target. Moreover, according to current knowledge, MET could be considered both as a secondary oncogenic mechanism and as a prognostic factor. Several therapeutic strategies for inhibiting activated hepatocyte growth factor receptor (HGFR) and the subsequent downstream signaling transduction have been improved in
order to block tumor growth. This review will focus on the MET pathway and its role in resistance to EGFR TK (tyrosine kinase) inhibitors, the different strategies of its inhibition, and the potential approaches to overcoming acquired resistance. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 216974-75-3 (bevacizumab); 1140909-48-3 (cabozaHint (cabozantinib); 942407-59-2 (cabozantinib); 877399-52-5 (crizotinib); 497121-54-7 (epidermal growth factor receptor 3); 183319-69-9 (erlotinib); 183321-74-6 (erlotinib); 1174900-84-5 (ficatuzumab); 849217-64-7 (foretinib); 937176-80-2 (foretinib); 184475-35-2 (gefitinib); 184475-55-6 (gefitinib); 184475-56-7 (gefitinib); 1133766-06-9 (onartuzumab); 115926-52-8 (phosphatidylinositol 3 kinase); 148640-14-6 (protein kinase B); 872514-65-3 (rilutumumab); 67256-21-7 (scatter factor); 72980-71-3 (scatter factor); 905854-02-6 (tivantinib)

Publication Type: Journal: Review
Subject Headings: antineoplastic activity
cancer growth
cancer prognosis
cancer resistance
carcinogenesis
"constipation/si [Side Effect]"
"diarrhea/si [Side Effect]"
disease association
drug metabolism
drug resistance
drug tolerance
"esophagus cancer/dt [Drug Therapy]"
"fatigue/si [Side Effect]"
gene amplification
gene dosage
gene overexpression
*gene targeting
"hand foot syndrome/si [Side Effect]"
"hematuria/si [Side Effect]"
human
"hypertension/si [Side Effect]"
hypoxia
"*lung non small cell cancer/dt [Drug Therapy]"
*molecularly targeted therapy
"nausea/si [Side Effect]"
*oncogene met
overall survival
"peripheral edema/si [Side Effect]"
phase 1 clinical trial (topic)
phase 2 clinical trial (topic)
phase 3 clinical trial (topic)
point mutation
progression free survival
protein binding
protein degradation
protein expression
protein function
protein structure
"proteinuria/si [Side Effect]"
*proto oncogene
"rash/si [Side Effect]"
receptor binding
review
signal transduction
"stomach cancer/dt [Drug Therapy]"
transactivation
treatment duration
treatment response
tumor growth
tumor invasion
ubiquitination
"vomiting/si [Side Effect]"
"bevacizumab/cb [Drug Combination]"
"cabozantinib/ae [Adverse Drug Reaction]"
"cabozantinib/ct [Clinical Trial]"
"cabozantinib/dt [Drug Therapy]"
"crizotinib/ct [Clinical Trial]"
"crizotinib/dt [Drug Therapy]"
"crizotinib/pd [Pharmacology]"
"epidermal growth factor receptor 3/ec [Endogenous Compound]"
epidermal growth factor receptor kinase inhibitor
"erlotinib/ae [Adverse Drug Reaction]"
"erlotinib/ct [Clinical Trial]"
"erlotinib/cb [Drug Combination]"
"erlotinib/cm [Drug Comparison]"
"erlotinib/dt [Drug Therapy]"
"ficlatuzumab/ct [Clinical Trial]"
"ficlatuzumab/cb [Drug Combination]"
"ficlatuzumab/dt [Drug Therapy]"
"foretinib/ae [Adverse Drug Reaction]"
"foretinib/ct [Clinical Trial]"
"foretinib/dt [Drug Therapy]"
"gefitinib/cb [Drug Combination]"
"onartuzumab/ae [Adverse Drug Reaction]"
"onartuzumab/ct [Clinical Trial]"
"onartuzumab/cb [Drug Combination]"
"onartuzumab/cm [Drug Comparison]"
"onartuzumab/dt [Drug Therapy]"
"phosphatidylinositol 3 kinase/ec [Endogenous Compound]"
placebo
"protein kinase B/ec [Endogenous Compound]"
"rilotumumab/ae [Adverse Drug Reaction]"
"rilotumumab/ct [Clinical Trial]"
"rilotumumab/dt [Drug Therapy]"
"scatter factor/ec [Endogenous Compound]"
"*scatter factor receptor/ec [Endogenous Compound]"
"tivantinib/ae [Adverse Drug Reaction]"
"tivantinib/ct [Clinical Trial]"
"tivantinib/cb [Drug Combination]"
"tivantinib/cm [Drug Comparison]"
"tivantinib/dt [Drug Therapy]"
"tivantinib/pd [Pharmacology]"

Source: EMBASE

Full Text: Available from Elsevier in Critical Reviews in Oncology and Hematology

55. Incidence of psychoses among drug dependent patients in primary care with no psychiatric history: A retrospective observational matched-cohort study

Citation: European Journal of Psychiatry, October 2013, vol./is. 27/4(240-247), 0213-6163 (October-December 2013)

Author(s): Frisher M.; Martino O.I.; Bashford J.; Crome I.; Croft P.
Background and Objectives: While several studies have indicated a link between illicit drug use and the development of psychosis, the confounding role of pre-existing psychiatric illness is unclear. This study controls for this factor to a greater extent than has hitherto been possible, using a retrospective observational matched-cohort design controlling for age, gender, socioeconomic status and prior psychiatric illness. Methods: 592 cases (diagnosed with drug misuse/dependence) and 592 controls (no recorded history of drug misuse/dependence) were drawn from all patients aged 16-44 in 183 practices within the General Practice Research Database (UK). On study entry, cases and controls had never had a psychiatric diagnosis since registering with their practice. The average look-back period was 17.7 years. The main outcome measure was diagnosis of psychosis (including schizophrenia) from study entry onwards. Results: Patients with a drug misuse/dependence diagnosis are significantly more likely to be diagnosed with psychosis than those with no drug misuse/dependence history (RR = 2.10, 95% C.I. = 1.23-3.59) with the relative risk increasing as the definition of psychosis gets narrower. Conclusions: This study has established that, when the confounding presence of previous psychiatric illness is removed, the onset of problematic substance misuse severe enough to warrant primary care consultation is a risk factor for future onset of first-ever psychotic illness. Thus, there is a distinct sub-group of psychotic patients among whom drug misuse/dependence, with no prior psychiatric illness, is a risk factor for the development of psychoses.
56. A burning issue

Citation: Nursing standard (Royal College of Nursing (Great Britain) : 1987), November 2013, vol./is. 28/12(28-29), 0029-6570 (2013 Nov 20-26)

Author(s): Trueland J.

Language: English

Abstract: E-cigarettes are popular, but critics say the devices, which contain nicotine but not tobacco, may cause health problems or be addictive. Some nurses view them as valuable anti-smoking tool and are looking forward to e-cigarettes becoming a licensed medicine in 2016.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: article, human, methodology, *smoking cessation, United Kingdom

Source: EMBASE

Full Text: Available from EBSCOhost in Nursing Standard

Available from Nursing Standard in Newcomb Library & Information Service

57. A brighter future

Citation: Nursing standard (Royal College of Nursing (Great Britain) : 1987), October 2013, vol./is. 28/9(22-23), 0029-6570 (2013 Oct 30-Nov 5)

Author(s): Dean E.

Language: English

Abstract: Women entering prison often have serious physical and mental health problems and history of substance misuse. More healthcare resources are needed but services are improving, with some female offenders now attending rehabilitation courses in the community.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: "addiction/rh [Rehabilitation]" article, female, *health status, human, *prisoner, United Kingdom

Source: EMBASE

Full Text: Available from EBSCOhost in Nursing Standard

Available from Nursing Standard in Newcomb Library & Information Service

58. Surveillance and uncertainty: Community pharmacy responses to over the counter medicine abuse

Citation: Health and Social Care in the Community, May 2013, vol./is. 21/3(254-262), 0966-0410;1365-2524 (May 2013)

Author(s): Cooper R.

Institution: (Cooper) School of Health and Related Research (ScHARR), University of Sheffield, Sheffield, United Kingdom
The sale of over-the-counter (OTC) medicines from community pharmacies offers important opportunities for members of the public to access medicines and self-treat conditions. They are increasingly recognised, however, as having the potential for abuse and harm despite their perceived relative safety. This study reports on a qualitative study that explored the experiences and views of community pharmacy staff in relation to current practices and concerns, management and support relating to OTC medicine abuse. Semi-structured interviews were undertaken with a purposive sample of ten pharmacists and seven medicines counter assistants in the United Kingdom. Analysis of interviews indicated that a range of medicines was implicated, including opiates, sedative antihistamines, laxatives and decongestants. A surveillance role was apparent for assistants, who placed emphasis on regulations, procedure and monitoring frequency of purchases to manage abuse, with referral on to pharmacists. Frequency of purchase was central to assistants’ definition of those suspected of OTC medicine abuse, which pharmacists also utilised as well as a distinction between intentional abuse and unintentional medicine misuse. A lack of information about customers, easy access to, and poor communication between community pharmacies were emergent barriers to pharmacists providing more support. Many appeared uncertain of referral options or how pharmacists could effectively stop the problem of abuse. The commercial environment was a particular concern, in relation to customer expectations, medicine advertising and easy access to different community pharmacies. A key tension emerged between providing medicine supplies that permitted consumer freedom, with the needs of healthcare professionals to understand more about those consumers qua patients. Policy implications include the need for improved knowledge for community pharmacy staff about signposting to relevant services, increased awareness of who might be affected, and a review of how pharmacists can have more information about patients to inform OTC medicine sales. 2013 Blackwell Publishing Ltd.
Bacillus anthracis is the pathogen that causes anthrax. Historically, clinicians have classified it into three types: cutaneous, gastrointestinal, and inhalational. More recently, however, a fourth form, injectional anthrax, has emerged among heroin users in Europe. First identified in 2000 in a single intravenous drug user, additional cases of injectional anthrax soon were reported throughout Europe over the following decade. Transmission occurs when intravenous heroin, surreptitiously contaminated with B. anthracis, is injected into a vein of the addict. The purpose of this study is to review the existing literature on injectional anthrax and to assess the significance of its emergence for physicians and public health officials. The following key words were used to conduct an extensive review of the pertinent literature: Bacillus anthracis, anthrax, heroin, injectional, drug use. Once identified, each article was analyzed for descriptors of patients (age, sex, drug use, nationality), signs/symptoms, outcome (death or recovery), and advice to physicians, if present. Due to a lack of identifiers among the patients/cases, it is difficult to determine their exact numbers. As of early 2013, over 130 different suspected cases were reported, the majority of which (n =119) occurred in Scotland. All patients identified were intravenous drug users who have used heroin within the previous 1-4 days. Symptoms ranged from mild cutaneous lesions to septic shock, with the majority presenting with severe soft tissue infections at the injection site. Although the mortality rate improved through the outbreak as physicians became more aware of the infections and followed more cautious protocol, mortality still remained around 30%. As 90% of the world's heroin originates in Afghanistan, an area where anthrax is endemic, clinicians and public health officials should be increasingly aware of this novel form of anthrax.
Source: EMBASE

60. Quality of life impact of mental health conditions in England: Results from the adult psychiatric morbidity surveys

Citation: Health and Quality of Life Outcomes, January 2014, vol./is. 12/1, 1477-7525 (14 Jan 2014)

Author(s): Roberts J.; Lenton P.; Keetharuth A.D.; Brazier J.

Institution: (Roberts, Lenton) Department of Economics, University of Sheffield, Sheffield, United Kingdom; (Keetharuth, Brazier) School of Health and Related Research, University of Sheffield, Sheffield, United Kingdom

Language: English

Abstract: Background: The main objective is to present health state utility estimates for a broad range of mental health conditions including anxiety, depression, long-term depression, obsessive compulsive disorder, phobia, panic disorder, psychosis, alcohol and drug dependency that can be used in economic models.

Methods: This study uses pooled data from the Adult Psychiatric Morbidity Surveys carried out in 2000 and 2007 of a representative sample of the general population in England. Health state utility values measured by the SF-6D and EQ-5D indices are the dependent variables. Independent variables include background characteristics, mental health and physical health conditions. Regression models were estimated using OLS for the SF-6D and tobit for EQ-5D. Further regressions were carried out to consider the impact of mental health and physical health morbidities and the impact of severity of conditions on utility values.

Results: Mental health conditions tend to have a larger impact on health state utility values than physical health conditions. The mental health conditions associated with the highest decrements in utility are: depression, mixed anxiety and depressive disorders and long-term depression. Interaction terms used to model the effect of co-morbidities are generally found to be positive implying that simply adding the utility decrements for two mental health conditions overestimates the burden of the disease.

Conclusions: This paper presents reliable and representative community based mean SF-6D and EQ-5D estimates with standard errors for health state utility values across a broad range of mental health conditions that can be used in cost effectiveness modelling. 2014 Roberts et al.; licensee BioMed Central Ltd.

Country of Publication: United Kingdom

Publisher: BioMed Central Ltd. (Floor 6, 236 Gray's Inn Road, London WC1X 8HB, United Kingdom)

Publication Type: Journal: Article

Subject Headings: adult
age
alcoholism
"*anxiety disorder/dm [Disease Management]"
article
comorbidity
"*depression/dm [Disease Management]"
disease severity
drug dependence
ear disease
eye disease
female
gastrointestinal disease
generalized anxiety disorder
health status
health survey
heart disease
hematologic disease
human
income
Evidence Services | library.nhs.uk

independent variable
long term depression
major clinical study
male
*mental health
mixed anxiety and depression
morbidity
musculoskeletal disease
neoplasm
obsessive compulsive disorder
"*panic/dm [Disease Management]"
personality disorder
"*phobia/dm [Disease Management]"
population research
*quality of life
respiratory tract disease
skin disease
United Kingdom
urinary tract disease

Source: EMBASE
Full Text: Available from ProQuest in Health and Quality of Life Outcomes; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.
Available from BioMedCentral in Health and Quality of Life Outcomes
Available from National Library of Medicine in Health and Quality of Life Outcomes

61. Sequestered naltrexone in sustained release morphine or oxycodone-a way to inhibit illicit use?

Citation: Expert Opinion on Drug Safety, February 2014, vol./is. 13/2(181-190), 1474-0338;1744-764X (February 2014)

Author(s): Raffa R.B.; Taylor Jr. R.; Pergolizzi Jr. J.V.

Institution: (Raffa) Temple University, School of Pharmacy, Department of Pharmaceutical Sciences, Philadelphia, PA, United States; (Taylor Jr.) NEMA Research, Inc., 840 111th Ave. North, Naples, FL 34108, United States; (Pergolizzi Jr.) Johns Hopkins University, School of Medicine, Medicine, Baltimore, MD, United States; (Pergolizzi Jr.) Naples Anesthesia and Pain Associates, Pain Medicine, 840 111th Ave North, Naples, FL 34108, United States

Language: English

Abstract: Introduction: Under the growing concern about prescription opioid misuse, abuse, addiction, tampering and diversion, stakeholders (e.g., governments, pharmaceutical companies and health care providers) are developing opioid formulations that they hope are less attractive to those seeking to misuse or abuse pain medications. However, these products must maintain their therapeutic effectiveness and safety. Many abusers tamper with formulations in an effort to convert the active ingredient into a form suitable for alternative and more abuse-desirable routes of administration, such as snorting, inhaling or injecting. Areas covered: A tamper-deterrent strategy is to embed opioid antagonists into the opioid agonist formulation. Upon tampering, the opioid antagonist is released and binds to the opioid receptors in sufficient amount to impede access of the agonist. This approach is intended to reduce the opioid subjective rewarding effects such as euphoria which are prominent following swallowing the dosage form without tampering. Sequestered naltrexone in sustained-release morphine or oxycodone is an example of this. We performed a comprehensive literature search using available databases to identify clinical studies utilizing an opioid agonist in combination with naltrexone. Efficacy, safety and abuse potential studies were identified for the developed products containing morphine and naltrexone as well as oxycodone and naltrexone. Expert opinion: The clinical impact of such combined formulations on tampering for abuse/misuse potential has not yet been determined, but long-term epidemiological studies are currently being conducted in order to answer these questions. Until these studies are complete, it seems
prudent to remain cautious and assume that all formulations of prescription opioids might be abusable and that, similar to other opioids, the best current practice is to adhere to the principles of opioid risk management. Informa UK, Ltd.

**Country of Publication:** United Kingdom

**Publisher:** Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

**CAS Registry Number:** 52-26-6 (morphine); 57-27-2 (morphine); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone); 124-90-3 (oxycodone); 76-42-6 (oxycodone)

**Publication Type:** Journal: Review

**Subject Headings:** "chronic pain/dt [Drug Therapy]"
clinical practice
drug antagonism
drug efficacy
drug industry
*drug misuse
drug safety
euphoria
government
health care organization
"hip osteoarthritis/dt [Drug Therapy]"
human
inappropriate prescribing
"knee osteoarthritis/dt [Drug Therapy]"
*opiate addiction
prescription
review
risk management
sustained release formulation
illicit drug
"#morphine/cb [Drug Combination]"
"#morphine/dt [Drug Therapy]"
"#morphine/pr [Pharmaceutics]"
"#naltrexone/cb [Drug Combination]"
"#naltrexone/pr [Pharmaceutics]"
"opiate agonist/cb [Drug Combination]"
"opiate agonist/pr [Pharmaceutics]"
"opiate antagonist/cb [Drug Combination]"
"opiate antagonist/pr [Pharmaceutics]"
"#oxycodone/cb [Drug Combination]"
"#oxycodone/dt [Drug Therapy]"
"#oxycodone/pr [Pharmaceutics]"
prescription drug

**Source:** EMBASE

**Full Text:** Available from Informa Healthcare in *Expert Opinion on Drug Safety*

62. Government policy is damaging people most vulnerable to alcohol misuse, warns leading doctor

**Citation:** BMJ (Clinical research ed.), 2013, vol./is. 347/, 1756-1833 (2013)

**Author(s):** Wise J.

**Institution:** (Wise) London.

**Language:** English

**Country of Publication:** United Kingdom

**Publication Type:** Journal: Note

**Subject Headings:** *alcoholic beverage
"*alcoholism/pc [Prevention]"
*commercial phenomena
63. Behavioral, biological, and chemical perspectives on targeting CRF1 receptor antagonists to treat alcoholism

Citation: Drug and Alcohol Dependence, 2013, vol./is. 128/3(175-186), 0376-8716;1879-0046 (2013)

Author(s): Zorrilla E.P.; Heilig M.; de Wit H.; Shaham Y.

Institution: (Zorrilla) Committee on the Neurobiology of Addictive Disorders, The Scripps Research Institute, La Jolla, CA 92037, United States; (Heilig) Laboratory of Clinical and Translational Studies, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Bethesda, MD 20892, United States; (de Wit) Department of Psychiatry and Behavioral Neuroscience, University of Chicago, Chicago, IL 60637, United States; (Shaham) Behavioral Neuroscience Branch, Intramural Research Program, National Institute on Drug Abuse, National Institutes of Health, Baltimore, MD 21224, United States

Language: English

Abstract: Background: Alcohol use disorders are chronic disabling conditions for which existing pharmacotherapies have only modest efficacy. In the present review, derived from the 2012 Behavior, Biology and Chemistry "Translational Research in Addiction" symposium, we summarize the anti-relapse potential of corticotropin-releasing factor type 1 (CRF<sub>1</sub>) receptor antagonists to reduce negative emotional symptoms of acute and protracted alcohol withdrawal and stress-induced relapse to alcohol seeking. Methods: We review the biology of CRF<sub>1</sub> systems, the activity of CRF<sub>1</sub> receptor antagonists in animal models of anxiolytic and antidepressant activity, and experimental findings in alcohol addiction models. We also update the clinical trial status of CRF<sub>1</sub> receptor antagonists, including pexacerfont (BMS-562086), emicerfont (GW876008), verucerfont (GSK561679), CP316311, SSR125543A, R121919/NBI30775, R317573/19567470/CRAS5626, and ONO-2333Ms. Finally, we discuss the potential heterogeneity and pharmacogenomics of CRF<sub>1</sub> receptor pharmacotherapy for alcohol dependence. Results: The evidence suggests that brain penetrant-CRF<sub>1</sub> receptor antagonists have therapeutic potential for alcohol dependence. Lead compounds with clinically desirable pharmacokinetic properties now exist, and longer receptor residence rates (i.e., slow dissociation) may predict greater CRF<sub>1</sub> receptor antagonist efficacy. Functional variants in genes that encode CRF system molecules, including polymorphisms in Crhr1 (rs110402, rs1876831, rs242938) and Crhbp genes (rs10055255, rs3811939) may promote alcohol seeking and consumption by altering basal or stress-induced CRF system activation. Conclusions: Ongoing clinical trials with pexacerfont and verucerfont in moderately to highly severe dependent anxious alcoholics may yield insight as to the role of CRF<sub>1</sub> receptor antagonists in a personalized medicine approach to treat drug or alcohol dependence. 2013 Elsevier Ireland Ltd.
(candesartan); 786701-13-1 (emicerfont); 114798-26-4 (losartan); 459856-18-9 (pexacerfont); 885220-61-1 (verucerfont)

**Publication Type:** Journal: Review

**Subject Headings:**
- alcohol consumption
- alcohol withdrawal
- "*alcoholism/dt [Drug Therapy]"
- "*alcoholism/th [Therapy]"
- antidepressant activity
- anxiety
- "behavior disorder/dt [Drug Therapy]"
- CRHBP gene
- CRHR1 gene
- "depression/dt [Drug Therapy]"
- detoxification
- drug bioavailability
- drug clearance
- drug distribution
- drug efficacy
- drug half life
- drug identification
- drug potency
- drug seeking behavior
- drug selectivity
- drug sensitivity
- drug targeting
- "generalized anxiety disorder/dt [Drug Therapy]"
- genetic polymorphism
- genetic variability
- human
- hypothalamus
- IC 50
- "irritable colon/dt [Drug Therapy]"
- loading drug dose
- "major depression/dt [Drug Therapy]"
- nonhuman
- "panic/dt [Drug Therapy]"
- pharmacogenomics
- pharmacophore
- phenotype
- priority journal
- relapse
- review
- "social phobia/dt [Drug Therapy]"
- "suicidal ideation/dt [Drug Therapy]"
- "tobacco dependence/dt [Drug Therapy]"
- tranquilizing activity
- "unspecified side effect/si [Side Effect]"
- "withdrawal syndrome/dt [Drug Therapy]"
- "3 (6 dimethylamino 4 methyl 3 pyridinyl) 7 dipropylamino 2 5 dimethylpyrazolo[1 5 a]pyrimidine/ae [Adverse Drug Reaction]"
- "3 (6 dimethylamino 4 methyl 3 pyridinyl) 7 dipropylamino 2 5 dimethylpyrazolo[1 5 a]pyrimidine/ct [Clinical Trial]"
- "3 (6 dimethylamino 4 methyl 3 pyridinyl) 7 dipropylamino 2 5 dimethylpyrazolo[1 5 a]pyrimidine/an [Drug Analysis]"
- "3 (6 dimethylamino 4 methyl 3 pyridinyl) 7 dipropylamino 2 5 dimethylpyrazolo[1 5 a]pyrimidine/cm [Drug Comparison]"
- "3 (6 dimethylamino 4 methyl 3 pyridinyl) 7 dipropylamino 2 5 dimethylpyrazolo[1 5 a]pyrimidine/dt [Drug Therapy]"
"3 (6 dimethylamino 4 methyl 3 pyridinyl) 7 dipropylamino 2 5 dimethylpyrazolo[1 5 a]pyrimidine/pd [Pharmacology]"
"4 (2 chloro 4 methoxy 5 methylphenyl) n [2 cyclopropyl 1 (3 fluoro 4 methylphenyl)ethyl] 5 methyl n (2 propynyl) 2 thiazolamine/ct [Clinical Trial]"
"4 (2 chloro 4 methoxy 5 methylphenyl) n [2 cyclopropyl 1 (3 fluoro 4 methylphenyl)ethyl] 5 methyl n (2 propynyl) 2 thiazolamine/dt [Drug Therapy]"
"4 (2 chloro 4 methoxy 5 methylphenyl) n [2 cyclopropyl 1 (3 fluoro 4 methylphenyl)ethyl] 5 methyl n (2 propynyl) 2 thiazolamine/pd [Pharmacology]"
"4 [4 (3 fluorophenyl) 1 2 3 6 tetrahydro 1 pyridinyl] 2 n ethyl n (4 isopropyl 2 methylthiophenyl)amino] 6 methylpyrimidine/pd [Pharmacology]"
"5 methyl n (2 propynyl) 2 thiazolamine/pd [Pharmacology]"
"8 (2 4 dichlorophenyl) 4 (2 methoxy 1 (methoxymethyl)ethylamino) 2 7 dimethylpyrazolo[1 5 a]1 3 5 triazine/pd [Pharmacology]"
"antalarmin/dt [Drug Therapy]"
"antalarmin/pd [Pharmacology]"
"benzodiazepine derivative/cm [Drug Comparison]"
"bms 561388/cm [Drug Comparison]"
"bms 561388/po [Oral Drug Administration]"
"bms 561388/pk [Pharmacokinetics]"
"bms 561388/pd [Pharmacology]"
"butyl[2 5 dimethyl 7 (2 4 6 trimethylphenyl) 7h pyrrolo[2 3 d]pyrimidin 4 yl]ethylamine/dt [Drug Therapy]"
"butyl[2 5 dimethyl 7 (2 4 6 trimethylphenyl) 7h pyrrolo[2 3 d]pyrimidin 4 yl]ethylamine/pd [Pharmacology]"
"candesartan/cm [Drug Comparison]"
"candesartan/pd [Pharmacology]"
"corticotropin releasing factor antagonist/ct [Clinical Trial]"
"corticotropin releasing factor antagonist/an [Drug Analysis]"
"corticotropin releasing factor antagonist/cm [Drug Comparison]"
"corticotropin releasing factor antagonist/dt [Drug Therapy]"
"corticotropin releasing factor antagonist/pd [Pharmacology]"
"corticotropin releasing factor receptor 1/ec [Endogenous Compound]"
"cp 316311/ct [Clinical Trial]"
"cp 316311/an [Drug Analysis]"
"cp 316311/cm [Drug Comparison]"
"cp 316311/dt [Drug Therapy]"
"cp 316311/pd [Pharmacology]"
"cra 5626"
"dmp 904/pd [Pharmacology]"
"emicerfont/ct [Clinical Trial]"
"emicerfont/an [Drug Analysis]"
"emicerfont/dt [Drug Therapy]"
"emicerfont/po [Oral Drug Administration]"
"emicerfont/pk [Pharmacokinetics]"
"emicerfont/pd [Pharmacology]"
"jnj 19567470"
"losartan/cm [Drug Comparison]"
"losartan/pd [Pharmacology]"
"lwh 234/pd [Pharmacology]"
"ono 2333ms/ct [Clinical Trial]"
"ono 2333ms/cm [Drug Comparison]"
"ono 2333ms/dt [Drug Therapy]"
"ono 2333ms/pd [Pharmacology]"
"pexacerfont/an [Drug Analysis]"
"pexacerfont/cm [Drug Comparison]"
"pexacerfont/dt [Drug Therapy]"
"pexacerfont/po [Oral Drug Administration]"
"pexacerfont/pk [Pharmacokinetics]"
"pexacerfont/pd [Pharmacology]"
"pf 00572778/ae [Adverse Drug Reaction]"
"placebo"
64. Examining the association of NRXN3 SNPs with borderline personality disorder phenotypes in heroin dependent cases and socio-economically disadvantaged controls

Citation: Drug and Alcohol Dependence, 2013, vol./is. 128/3(187-193), 0376-8716;1879-0046 (2013)


Institution: (Panagopoulos, Glowinski, Lynskey, Heath, Agrawal, Todorov, Madden, Nelson) Department of Psychiatry, Washington University, School of Medicine, St. Louis, MO, United States; (Trull) Department of Psychological Sciences, University of Missouri, 219 Psychology Building, 200 South 7th Street, Columbia, MO 65211, United States; (Henders, Wallace, Martin, Montgomery) Queensland Institute of Medical Research, Royal Brisbane Hospital Post Office, Brisbane, QLD 4029, Australia; (Moore) New South Wales Health, Justice Health and Forensic Mental Health Network, Suite 302, Westfield Office Tower, 152 Bunnerong Road, Pagewood, NSW 2036, Australia; (Degenhardt) National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW 2052, Australia; (Degenhardt) Centre for Health Policy, School of Population Health, University of Melbourne, Parkville, VIC 3010, Australia

Language: English

Abstract: Background: Borderline personality disorder (BPD) and substance use disorders frequently co-occur; their dual presence predicts poor prognosis. The genetic underpinnings of BPD have not been well-characterized and could offer insight into comorbidity. The current report focuses on the association of neurexin 3 (NRXN3) single nucleotide polymorphisms (SNPs) with BPD symptoms in heroin dependent cases and controls. Methods: The sample of the Comorbidity and Trauma Study, a genetic association study of heroin dependence, consists of Australian heroin dependent cases ascertained from opioid replacement therapy clinics and controls ascertained in nearby economically disadvantaged neighborhoods. The assessment included a screening instrument for BPD, used previously in Australian population surveys. Genotypic and BPD phenotypic data were available for 1439 cases and 507 controls. We examined the association of 1430 candidate gene SNPs with BPD phenotypes. Results: One or more NRXN3 SNPs were nominally associated with all BPD phenotypes; however, none met the conservative significance threshold we employed to correct for multiple testing. The most strongly associated SNPs included rs10144398 with identity disturbance (p = 4.9x10^-5) and rs10151731 with affective instability (p = 8.8x10^-5). The strongest association with screening positive for BPD was found for the NRXN3 SNP, rs10083466 (p = .0013). Neither the correlation of BPD phenotypes nor the linkage disequilibrium relationships of the SNPs account for the number of observed associations involving NRXN3 SNPs. Conclusions: Our findings provide intriguing preliminary evidence for the association of NRXN3 with BPD phenotypes. The strongest associations were found for traits (i.e., affective instability; identity disturbance) also observed with other disorders. 2012 Elsevier Ireland Ltd.
65. A randomized trial of intensive outpatient (IOP) vs. standard outpatient (OP) buprenorphine treatment for African Americans

**Citation:** Drug and Alcohol Dependence, 2013, vol./is. 128/3(222-229), 0376-8716;1879-0046 (2013)

**Author(s):** Mitchell S.G.; Gryczynski J.; Schwartz R.P.; O'Grady K.E.; Olsen Y.K.; Jaffe J.H.

**Institution:** (Mitchell, Gryczynski, Schwartz, Jaffe) Friends Research Institute, 1020 Park Avenue, Suite 103, Baltimore, MD 21201, United States; (O'Grady) University of Maryland College Park, Department of Psychology, College Park, MD 20742, United States; (Olsen) Institutes for Behavior Resources REACH Health Services, 2104 Maryland Avenue, Baltimore, MD 21218, United States; (Jaffe) University of Maryland School of Medicine, Department of Psychiatry, 655 West Baltimore Street, Baltimore, MD 21201, United States

**Language:** English

**Abstract:** Background: Buprenorphine is increasingly being used in community-based treatment programs, but little is known about the optimal level of psychosocial counseling in these settings. The aim of this study was to compare the effectiveness of OP and IOP level counseling when provided as part of buprenorphine treatment for opioid-dependent African Americans. Methods: Participants were African American men and women starting buprenorphine treatment at one of two community-based clinics (N= 300).
Participants were randomly assigned to OP or IOP. Measures at baseline, 3- and 6-month included the primary outcome of DSM-IV opioid and cocaine dependence criteria, as well as additional outcomes of illicit opioid and cocaine use (urine test and self-report), criminal activity, retention in treatment, Quality of Life, Addiction Severity Index composite scores, and HIV risk behaviors. Results: Participants assigned to OP received, on average, 3.67 (SD= 1.30) h of counseling per active week in treatment. IOP participants received an average of 5.23 (SD= 1.68). h of counseling per active week (less than the anticipated 9. h per week of counseling). Both groups showed substantial improvement over a 6-month period on nearly all measures considered. There were no significant differences between groups in meeting diagnostic criteria for opioid (p=.67) or cocaine dependence (p=.63). There were no significant between group differences on any of the other outcomes. A secondary analysis restricting the sample to participants meeting DSM-IV criteria for baseline cocaine dependence also revealed no significant between-group differences (all ps > .05). Conclusions: Buprenorphine patients receiving OP and IOP levels of care both show short-term improvements.
Background: Both alcoholism and heroin dependence are common substance use disorders with a high genetic basis. A recent genetic study reported that the autism susceptibility candidate 2 gene (AUTS2) was involved in regulating the alcohol drinking behavior. In our previous total gene expression profiling study, we found that the AUTS2 transcript was significantly down-regulated in lymphoblastoid cell lines (LCL) in heroin dependent individuals compared with control subjects, which prompted us to investigate whether AUTS2 is associated with heroin dependence. Methods: We compared the AUTS2 transcript level of LCL between 124 heroin dependent males and 116 control males using real-time quantitative PCR, and conducted a genetic association study of the rs6943555 of AUTS2 with heroin dependence using a sample of 546 heroin dependent males and 373 control males. Results: We first verified that the average transcript level of AUTS2 in the heroin dependent group was significantly lower than that in the control group (p= 0.017). In the genetic association analysis, we found that AA homozygotes of rs6943555 were significantly over-represented in the heroin dependent subjects compared with the control subjects (odds ratio = 1.7, 95% confidence interval: 1.08-2.74, p= 0.017). Analyzing the sample from the AUTS2 transcript experiment, we found that AA carriers (n= 19) had significantly lower AUTS2 mRNA levels in their LCL compared to TT carriers (n= 97, p= 0.002) and AT carriers (n= 91, p= 0.005). Conclusions: Our data indicate that the AUTS2 gene might be associated with heroin dependence, and reduced AUTS2 gene expression might confer increased susceptibility to heroin dependence. 2012 Elsevier Ireland Ltd.
Background: Little is known about time-varying effects of smoking quantity and nicotine
dependence on the regularity of adolescent smoking behavior. Methods: The sample was
drawn from the Social and Emotional Contexts of Adolescent Smoking Patterns Study which
followed adolescent smokers over 5 assessment waves spanning 48 months. Participants
included former experimenters (smoked <100 cigarettes/lifetime but did not
smoke in past 90 days), recent experimenters (smoked <100 cigarettes/lifetime and
smoked in past 90 days), and current smokers (smoked >100 cigarettes/lifetime and
smoked in past 30 days). Mixed-effects regression models were run to examine the
time-varying effects of smoking quantity and nicotine dependence on regularity of
smoking behavior, as measured by number of days smoked. Results: Smoking quantity
and nicotine dependence were each found to be significantly associated with regularity of
adolescent smoking and the size of each effect exhibited significant variation over time.
The effect of smoking quantity decreased across time for each smoking group, while the
effect of nicotine dependence increased across time for former and recent experimenters.
By the 48-month follow-up, the effects of smoking quantity and nicotine dependence had
each stabilized across groups. Conclusions: This study reveals that smoking quantity and
nicotine dependence are not static risk factors for the development of more regular
smoking patterns. At low levels of smoking when nicotine dependence symptoms are less
common, smoking quantity is a stronger predictor of increased regularity of smoking,
while for more experienced smokers, nicotine dependence predicts further increases in
regularity. 2012 Elsevier Ireland Ltd.
68. Stability of scores and correlations with drinking behaviors over 15 years for the self-report of the effects of alcohol questionnaire

| Citation: | Drug and Alcohol Dependence, 2013, vol./is. 128/3(194-199), 0376-8716;1879-0046 | (2013) |
| Author(s): | Schuckit M.A.; Smith T.L. |
| Institution: | (Schuckit, Smith) University of California, San Diego, Department of Psychiatry, 8950 Villa La Jolla Drive, Suite B-218, La Jolla, CA 92037, United States |
| Language: | English |
| Abstract: | Background: The low level of response (LR) to alcohol is an endophenotype that predicts future heavy drinking and alcohol use disorders (AUDs). LR can be measured by laboratory-based alcohol challenges or by the retrospective Self-Report of the Effects of Alcohol (SRE) questionnaire. This paper reports the relationships among these two measures and how each related to both recent and future drinking quantities and problems across 15 years in 235 men. Methods: Probands from the San Diego Prospective Study (SDPS) participated in alcohol challenges to determine their LR at age 20, and subsequently at ages 35, 40, 45 and 50 filled out an SRE regarding the number of standard drinks needed for up to four effects early in life (SRE5) and across early, recent, and heaviest drinking life epochs (SRET). Changes in SRE scores across time were evaluated with ANOVAs and Pearson correlations were used to evaluate how SRE5, SRET and earlier alcohol challenge-based LRs related to prior five-year drinking histories and future alcohol involvement. Results: While SRE scores decreased 9% over the 15 years, the relationships between SRE values with prior five-year drinking parameters and with future alcohol intake and problems remained robust, and even improved with advancing age. A similar pattern was seen for correlations between SRE and alcohol challenge-based LRs 15-30 years previously. Conclusions: Alcohol challenge and SRE-based LRs related to each other, to alcohol use patterns, and to future alcohol problems across age 35-50 in the men studied here. 2012 Elsevier Ireland Ltd. |
| Country of Publication: | Ireland |
| Publisher: | Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland) |
| CAS Registry Number: | 64-17-5 (alcohol) |
| Publication Type: | Journal: Article |
| Subject Headings: | adult age alcohol consumption alcoholism article controlled study correlation analysis *drinking behavior human major clinical study male middle aged priority journal *questionnaire *Self Report of the Effects of Alcohol questionnaire United States young adult alcohol |
69. Separating intentional inhibition of prepotent responses and resistance to proactive interference in alcohol-dependent individuals

**Citation:** Drug and Alcohol Dependence, 2013, vol./is. 128/3(200-205), 0376-8716;1879-0046 (2013)

**Author(s):** Noel X.; Van der Linden M.; Brevers D.; Campanella S.; Verbanck P.; Hanak C.; Kornreich C.; Verbruggen F.

**Institution:** (Noel, Brevers, Campanella, Verbanck, Hanak, Kornreich) Psychological Medicine Laboratory, Université Libre de Bruxelles, Brugmann Campus, CP403/21, Place Van Gehuchten, 4, 1020 Brussels, Belgium; (Van der Linden) Department of Cognitive Psychopathology, University of Geneva, 40, Boulevard du Pont-d'Arve, 1211 Geneva, Switzerland; (Verbruggen) Psychology, College of Life and Environmental Sciences, University of Exeter, Washington Singer Laboratories, Psychology, EX4 4QG Exeter, United Kingdom

**Language:** English

**Abstract:** Background: Impulsivity is a hallmark of addictive behaviors. Addicts' weakened inhibition of irrelevant prepotent responses is commonly thought to explain this association. However, inhibition is not a unitary mechanism. This study investigated the efficiency of overcoming competition due to irrelevant responses (i.e., inhibition of a prepotent response) and overcoming competition in memory (i.e., resistance to proactive interference) in sober and recently detoxified alcohol-dependent individuals. Methods: Three cognitive tasks assessing the inhibition of a prepotent response (Hayling task, anti-saccade task and Stroop task) and two tasks tapping into the capacity to resist proactive interference (cued recall, Brown-Peterson variant) were administered to 30 non-amnesic recently detoxified alcohol-dependent individuals and 30 matched healthy participants without alcohol dependency. In addition, possible confounds such as verbal updating in working memory was assessed. Results: Alcohol-dependent subjects performed worse than healthy participants on the three cognitive tasks assessing the inhibition of irrelevant prepotent responses but group performance was similar in the tasks assessing overcoming proactive interference in memory, updating of working memory and abstract reasoning. Conclusions: These findings suggest that alcohol-dependence is mainly associated with impaired capacity to intentionally suppress irrelevant prepotent response information. Control of proactive interference from memory is preserved. Theoretical and clinical implications are discussed. 2012 Elsevier Ireland Ltd.

**Country of Publication:** Ireland

**Publisher:** Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

**Publication Type:** Journal: Article

**Subject Headings:**
- adult
- alcohol abstinence
- *alcoholism
- article
- Beck Depression Inventory
- clinical article
- cognition
- competition
- controlled study
- DSM-IV
- female
- human
- male
- priority journal
- State Trait Anxiety Inventory
70. An overview and evaluation of combining an addiction liaison nurse outpatient service with hepatitis C outpatient clinics in Glasgow, Scotland

Citation: Gastroenterology nursing : the official journal of the Society of Gastroenterology Nurses and Associates, March 2013, vol./is. 36/2(98-104), 1538-9766 (2013 Mar-Apr)

Author(s): Brown J.; McPherson A.; Benson G.

Institution: (Brown) Glasgow Addiction Service, Glasgow, Scotland.

Language: English

Abstract: A new purpose-built facility for the care of patients with Hepatitis C was opened at Gartnavel General Hospital in Glasgow, Scotland, in 2009, bringing together infectious diseases and gastroenterology disciplines. An addiction liaison nurse outpatient service was established alongside existing Hepatitis C outpatient clinics in October 2010. This service supports staff and patients with Hepatitis C and addiction issues. The purpose of this study was to evaluate the usefulness of combining the Addiction Liaison Nurse outpatient service with the Hepatitis C outpatient clinic. Two methods were used in data collection. A brief questionnaire asking staff their view on the addiction liaison service and addiction issues with regard to Hepatitis C was distributed and completed by personnel assigned to the clinics. Staff were also queried about their view on the number and quality of referrals generated by the addiction liaison clinic. The results from the questionnaire indicate that staff agreed that patients should be abstinent from alcohol and illicit drugs before and during treatment of Hepatitis C. Further research is called for with regard to abstinence from alcohol and drugs before and during Hepatitis C treatment.

Country of Publication: United States

Publication Type: Journal: Review

Subject Headings: "*addiction/th [Therapy]"
*gastroenterology
"*hepatitis C/th [Therapy]"
human
*infection control
nursing
*nursing evaluation research
organization and management
outpatient
*outpatient department
questionnaire
review
risk factor
United Kingdom

Source: EMBASE

71. The next generations of substance misuse expertise: an innovative GP speciality trainee scholarship in the Seven Deanery

Citation: Education for primary care : an official publication of the Association of Course Organisers, National Association of GP Tutors, World Organisation of Family Doctors, September 2013, vol./is. 24/6(461-465), 1473-9879 (Sep 2013)

Author(s): Booker M.; Vose M.

Institution: (Booker) University of Bristol, UK.
72. Smoking mull: a grounded theory model on the dynamics of combined tobacco and cannabis use among adult men

Citation: Health promotion journal of Australia : official journal of Australian Association of Health Promotion Professionals, August 2013, vol./is. 24/2(143-150), 1036-1073 (Aug 2013)

Author(s): Banbury A.; Zask A.; Carter S.M.; van Beurden E.; Tokley R.; Passey M.; Copeland J.

Institution: (Banbury) Southern Cross University, Lismore, NSW 2480, Australia.

Language: English

Abstract: Australians' use of cannabis has been increasing. Over a third of Australians (35.4%) have used cannabis at some time in their lives and 10.3% are recent users. Almost two-thirds of cannabis users combine cannabis with tobacco. The aim of this study was to understand the process of mulling - smoking tobacco and cannabis together - using a grounded theory approach. Twenty-one in-depth semistructured interviews were conducted with men aged 25-34 and living on the North Coast of New South Wales. Interviews explored participants' smoking practices, histories and cessation attempts. A model describing mulling behaviour and the dynamics of smoking cannabis and tobacco was developed. It provides an explanatory framework that demonstrates the flexibility in smoking practices, including substance substitution - participants changed the type of cannabis they smoked, the amount of tobacco they mixed with it and the devices they used to smoke according to the situations they were in and the effects sought. Understanding these dynamic smoking practices and the importance of situations and effects, as well as the specific role of tobacco in mulling, may allow health workers to design more relevant and appropriate interventions. SO WHAT? Combining tobacco with cannabis is the most common way of smoking cannabis in Australia. However, tobacco cessation programmes rarely address cannabis use. Further research to develop evidence-based approaches for mull use would improve cessation outcomes.
methodology
psychological aspect
"*smoking/ep [Epidemiology]"
smoking cessation
"tobacco dependence/ep [Epidemiology]"

Source: EMBASE

Full Text: Available from ProQuest in Health Promotion Journal of Australia; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

73. Using Autopsy Brain Tissue to Study Alcohol-Related Brain Damage in the Genomic Age

Citation: Alcoholism: Clinical and Experimental Research, January 2014, vol./is. 38/1(1-8), 0145-6008;1530-0277 (January 2014)

Author(s): Sutherland G.T.; Sheedy D.; Kril J.J.

Institution: (Sutherland, Sheedy, Kril) Discipline of Pathology, Sydney Medical School, The University of Sydney, Sydney, NSW, Australia; (Kril) Discipline of Medicine, Sydney Medical School, The University of Sydney, Sydney, NSW, Australia

Language: English

Abstract: The New South Wales Tissue Resource Centre at the University of Sydney, Australia, is one of the few human brain banks dedicated to the study of the effects of chronic alcoholism. The bank was affiliated in 1994 as a member of the National Network of Brain Banks and also focuses on schizophrenia and healthy control tissue. Alcohol abuse is a major problem worldwide, manifesting in such conditions as fetal alcohol syndrome, adolescent binge drinking, alcohol dependency, and alcoholic neurodegeneration. The latter is also referred to as alcohol-related brain damage (ARBD). The study of postmortem brain tissue is ideally suited to determining the effects of long-term alcohol abuse, but it also makes an important contribution to understanding pathogenesis across the spectrum of alcohol misuse disorders and potentially other neurodegenerative diseases. Tissue from the bank has contributed to 330 peer-reviewed journal articles including 120 related to alcohol research. Using the results of these articles, this review chronicles advances in alcohol-related brain research since 2003, the so-called genomic age. In particular, it concentrates on transcriptomic approaches to the pathogenesis of ARBD and builds on earlier reviews of structural changes (Harper et al. Prog Neuropsychopharmacol Biol Psychiatry 2003;27:951) and proteomics (Matsumoto et al. Expert Rev Proteomics 2007;4:539). 2013 by the Research Society on Alcoholism.

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)

CAS Registry Number: 63231-63-0 (RNA); 64-17-5 (alcohol)

Publication Type: Journal: Review

Subject Headings: *alcohol related brain damage
*alcoholism
*autopsy
*brain damage
*brain tissue
human
nervous system development
nonhuman
pathogenesis
priority journal
review
transcriptomics
*alcohol
RNA

Source: EMBASE
74. Doing it by numbers: A simple approach to reducing the harms of alcohol

Citation: Journal of Psychopharmacology, January 2014, vol./is. 28/1(3-7), 0269-8811;1461-7285 (January 2014)

Author(s): Nutt D.J.; Rehm J.

Institution: (Nutt) Imperial College London, Burlington-Danes Building, Hammersmith Hospital, London, W12 0NN, United Kingdom; (Rehm) Centre for Addiction and Mental Health, Toronto, Canada; (Rehm) Technische Universitaet Dresden, Dresden, Germany; (Rehm) University of Toronto, Toronto, Canada

Language: English

Abstract: Alcohol use is one of the top five causes of disease and disability in almost all countries in Europe, and in the eastern part of Europe it is the number one cause. In the UK, alcohol is now the leading cause of death in men between the ages of 16-54 years, accounting for over 20% of the total. Europeans above 15 years of age in the EU on average consume alcohol at a level which is twice as high as the world average. Alcohol should therefore be a public health priority, but it is not. This paper puts forward a new approach to reduce alcohol use and harms that would have major public health and social impacts. Our approach comprises individual behaviour and policy elements. It is based on the assumption that heavy drinking is key. It is simple, so it would be easy to introduce, and because it lacks stigmatising issues such as the diagnosis of addiction and dependence, it should not be contentious. The Author(s) 2013.

Country of Publication: United Kingdom

Publisher: SAGE Publications Ltd (55 City Road, London EC1Y 1SP, United Kingdom)

CAS Registry Number: 77337-73-6 (acamprosate); 1134-47-0 (baclofen); 97-77-8 (disulfiram); 55096-26-9 (nalmefene); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone); 502-85-2 (oxybate sodium); 97240-79-4 (topiramate)

Publication Type: Journal: Review

Subject Headings: alcohol consumption
"*alcoholism/dt [Drug Therapy]"
"*alcoholism/th [Therapy]"
drinking behavior
Europe
government regulation
happiness
human
leisure
mortality
priority journal
psychosocial care
review
risk benefit analysis
"*risk reduction"
"acamprosate/dt [Drug Therapy]"
"antidote/dt [Drug Therapy]"
"baclofen/dt [Drug Therapy]"
"disulfiram/dt [Drug Therapy]"
"nalmefene/dt [Drug Therapy]"
"naltrexone/dt [Drug Therapy]"
"oxybate sodium/dt [Drug Therapy]"
"topiramate/dt [Drug Therapy]"

Source: EMBASE


75. Update on extended-release opioids in pain management
Chronic pain is frequently treated with our most potent analgesics, the opioids. While immediate-release opioids given every 3-4 h provide adequate analgesia for most patients with cancer pain and some patients with chronic nonmalignant pain, extended-release (ER) opioid formulations have been developed in the hope that patients with chronic pain would have improved analgesia, reduced side effects, more convenience, improved compliance, improved sleep and reduced nighttime pain. A more recent goal of the ER opioid product is to reduce prescription opioid addiction risk. This editorial will review the evidence that modern ER opioid formulations have advanced toward these goals. 2014 Informa UK, Ltd.

Introduction: The dysfunctions of three very important monoamine neurotransmitters, serotonin (5-HT), norepinephrine (NE) and dopamine (DA), are associated with some of important CNS diseases such as depression; developing the triple reuptake inhibitors (TRIs) that can rebalance 5-HT, NE and DA through the inhibition of the monoamine reuptake transporters will lead to a more effective and safer antidepressant. Areas covered: This article reviews past 7 years’ advances in the development of TRIs; a patent review (2006-2012), covering the discovery of new chemical entities, and development
status of leading TRI clinical candidates. Expert opinion: The development of TRIs has several challenges, including discovering a "single" agent that has the activities against all three monoamine reuptake transporters SERT, NET and DAT. More important is that the agent must have a "right ratio" to be safer and better tolerated for the treatment of depression. The TRIs can potentially be used for the treatment of other CNS diseases, such as pain, Parkinson's and attention deficit hyperactivity disorder (ADHD), depending on ratios of SERT, NET and DAT.

Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
Publication Type: Journal: Review
Subject Headings:
- antidepressant activity
- attention deficit disorder
- binding affinity
- binding assay
- biological activity
- chemical structure
- comparative study
- depression
- drug dependence
- drug industry
- eating disorder
- forced swim test
- half life time
- human
- inflammation
- locomotion
- mental disease
- Montgomery Asberg Depression Rating Scale
- nerve cell plasticity
- noradrenalin uptake
- pain
- Parkinson disease
- phase 1 clinical trial (topic)
- phase 2 clinical trial (topic)
- racemic mixture
- review
- serotonin uptake
- stereoisomerism
- tail suspension test
- topical anesthesia
- "*triple reuptake inhibitor/an [Drug Analysis]"
- "*triple reuptake inhibitor/dv [Drug Development]"
- "*triple reuptake inhibitor/pr [Pharmaceutics]"

Source: EMBASE
Full Text: Available from Informa Healthcare in Expert Opinion on Therapeutic Patents

77. The effect of legal bans on poison control center contacts regarding 'legal highs'

Citation: Addiction (Abingdon, England), July 2013, vol./is. 108/7(1348-1349), 1360-0443 (Jul 2013)
Author(s): Loeffler G.; Craig C.
Language: English
Country of Publication: United Kingdom
CAS Registry Number: 5265-18-9 (cathinone); 71031-15-7 (cathinone); 77271-59-1 (cathinone)
Publication Type: Journal: Letter
Tobacco tax increases are the most effective means of reducing tobacco use and inequalities in smoking, but effectiveness depends on transnational tobacco company (TTC) pricing strategies, specifically whether TTCs overshift tax increases (increase prices on top of the tax increase) or undershift the taxes (absorb the tax increases so they are not passed onto consumers), about which little is known. Review of literature on brand segmentation. Analysis of 1999-2009 data to explore the extent to which tax increases are shifted to consumers, if this differs by brand segment and whether cigarette price indices accurately reflect cigarette prices. UK. UK smokers. Real cigarette prices, volumes and net-of-tax- revenue by price segment. TTCs categorise brands into four price segments: premium, economy, mid and 'ultra-low price' (ULP). TTCs have sold ULP brands since 2006; since then, their real price has remained virtually static and market share doubled. The price gap between premium and ULP brands is increasing because the industry differentially shifts tax increases between brand segments; while, on average, taxes are overshifted, taxes on ULP brands are not always fully passed onto consumers (being absorbed at the point each year when tobacco taxes increase). Price indices reflect the price of premium brands only and fail to detect these problems. Industry-initiated cigarette price changes in the UK appear timed to accentuate the price gap between premium and ULP brands. Increasing the prices of more expensive cigarettes on top of tobacco tax increases should benefit public health, but the growing price gap enables smokers to downtrade to cheaper tobacco products and may explain smoking-related inequalities. Governments must monitor cigarette prices by price segment and consider industry pricing strategies in setting tobacco tax policies. 2013 Society for the Study of Addiction.
Low incidence of hepatitis C virus among prisoners in Scotland

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Abstract:
To estimate hepatitis C virus (HCV) incidence and HCV risk among Scottish prisoners. National sero-behavioural survey; dried blood spots were collected in order to identify recent HCV infections (i.e. HCV antibody-negative and HCV polymerase chain reaction (PCR)-positive). All 14 closed prisons in Scotland. A total of 5187 prisoners responded to the survey (79% of available prisoners on survey days) comprising 5076 individuals (after removing incomplete returns and participants surveyed in more than one prison); 95% men, 32% (1625) reported an injecting history (PWID) and median sentence of 9.5 months. HCV antibody samples were available for 4904 participants; there was sufficient sera for HCV PCR for 2446 prisoners who had been in prison for at least 75 days. The estimate of in-prison recent infections is based on prisoners incarcerated for a sufficient period, i.e. at least 75 days, so that recent infections could be attributed to prison. Overall HCV prevalence was 19%; 53% among people who reported an injecting history and 3% among other prisoners. Three recent infections probably acquired in prison were detected. None of the cases reported injecting during their current sentence or any other potential exposure. Estimated incidence was 0.6-0.9% overall and 3.0-4.3% among PWID (assuming all infections acquired through injecting). Fifty-seven per cent (929) of PWID were receiving opiate substitution treatment (OST) at the time of the survey. Of all prisoners, 2.5% and 8% of PWID reported injecting during their current period of incarceration. The low incidence of HCV infections in Scottish prisons is due most probably to the low occurrence of in-prison injecting and high coverage of OST. Low HCV risk can be achieved in prisons without necessarily introducing needle exchange programmes, but close monitoring of risk behaviours is essential. If risk increases, provision of needle exchange should be considered. 2013 The Authors, Addiction 2013 Society for the Study of Addiction.
80. An audit to evaluate the use of the alcohol fast screening tool in acute medical admissions in a district general hospital

Introduction 25% of the UK adult population drink hazardous amounts of alcohol and 30% of male admissions and 15% of female admissions are alcohol related. Similar rates are reported in psychiatric settings demonstrating the significant burden of alcohol within the NHS. Problem drinking is often unrecognised by doctors. The 2011 NICE 'Alcohol Use Disorders' guidelines recommend screening for harmful drinking and alcohol dependence to identify patients in need of intervention. Aims/Background Our aim was to identify compliance with the alcohol FAST screening tool on admission in all acute adult medical admissions. The FAST tool was developed from AUDIT as a shorter version for hospital environments to detect hazardous drinking. If testing positive, patients will then be referred for brief intervention. Method A retrospective review of 74 (23 male, 51 female) patient records from December 2012 to February 2013. Results The FAST tool was completed in 37.8% of cases and missed in 62.2% of patients. When used, the tool was completed correctly in 100% of cases. In the 28/74 cases the FAST tool was utilised, 4(14.3%) patients were drinking over the national recommended limit. Conclusion Despite the high prevalence of problem drinking and its impact on health, doctors fail to utilise the screening tool in identifying harmful drinking despite its ease in completion as proven by its accurate use each time. This results in missed referrals for interventions to help prevent alcohol related illness and manage alcohol dependence. Improved staff awareness and education is essential to minimise the harmful consequences of alcohol and reduce hospital admissions.
Introduction Harmful drinking is endemic in the UK and is a worrying health hazard. It is estimated that up to 24% of the UK adults drink in a hazardous/harmful way. Recent survey shows that up to 35% of the A&E attendance is due to alcohol related, leading into huge financial implications. NICE guidance published in 2010 recommends a symptom triggered regime for patient admitted to hospital with alcohol withdrawal symptoms (AWS). Aims/Background This Study is designed to compare the effect of symptom triggered regime (STR) using CIWA tool against fixed dose regime (FDR) in patients treated for AWS. Method Retrospective data collection on 60 patients who were admitted with AWS over a 24 months period. 30 were actively managed in a Gastroenterology Ward where STR was used. The other 30 patients were chosen from General Medical Wards where FDR was used. Results The mean length of stay for the STR group as calculated was 7.9 days and 10.9 days for the FDR one. 80% of patients in the STR group had a hospital admission of ten days or less whereas in FDR group only 46% of patients had this length of stay. The mean total Chlordiazepoxide dose given for the STR group was 264mg, compared with 501mg for the FDR group. Conclusion This audit demonstrates that symptoms triggered regimen leads into a significantly lower total dose of benzodiazepines and a shorter hospital admission. Treatment of symptoms has advantages, both in terms of cost and patient safety.
82. Perceived barriers to quitting smoking and seeking smoking cessation counselling amongst pregnant women: A qualitative study in Southeast England

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Abstract: Background: Smoking during pregnancy is strongly associated with infant morbidity and mortality and health inequalities, and is the single most modifiable risk factor for adverse outcomes in pregnancy. The UK government has set a target for decreasing the percentage of pregnant women who smoke from 23 % (in 1998) to 11 % by the year 2015. While many women stop smoking before becoming pregnant or soon after, 1 in 4 women smoke for part of pregnancy and 1 in 8 smoke throughout; and only 5 % of pregnant women who smoke attend the (free) NHS Stop Smoking Service. Objectives: We conducted a qualitative study in Southeast England to elicit perceived barriers to quitting smoking and seeking smoking cessation counselling amongst pregnant women. Methods: Pregnant women (n = 25) who were attending the NHS Stop Smoking Service were engaged in semi-structured interviews/ discussions. Quantitative data were analyzed using Microsoft Excel and qualitative data were subjected to manual thematic analysis. Results: Overall, the pregnant women had poor knowledge of the adverse effects of smoking during pregnancy. An evaluation of the Stop Smoking Service records suggested that about 60 % of the women, referred by their midwife/general practitioner, decline support from the Service; and 60 % do not attend after making an appointment with the smoking cessation counsellor. The perceived barriers to quitting smoking and/or seeking smoking cessation counselling included fear of attending the Service, no desire to quit, denial, lack of motivation, fear of being judged, feeling of pressure (from society/family), time restraints, lack of information, addiction, embarrassment, counsellors' attitude, lack of privacy. About 80 % of the women had not received any advice about remaining smoke free after delivery. Conclusions: The perceived barriers to quitting smoking and seeking smoking cessation counselling highlighted by pregnant women need to be considered in the design and delivery of public health campaigns/ interventions and stop smoking services. To decrease the prevalence of smoking during pregnancy, the stop smoking services need to adopt a more innovative and tailored approach to improve women's knowledge about adverse effects of smoking during pregnancy, referral system, and attendance rates. There is also a need for continued support after delivery to prevent relapse to smoking.


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Introduction: The objective of this study was to survey all old age psychiatrists in Ireland regarding their experience with self-neglect. Methods: All 22 old age psychiatrists in Ireland were surveyed via Survey Monkey utilizing a 33 item questionnaire. The authors modified a survey they had used previously with geriatricians. Results: The response rate was 68 % (15/22) with 92 % of respondents having seen a case in the past year and 23 % seeing between six and ten cases. Females comprised 69 % of the respondents. Most (69 %) were located in an urban setting. Loss of self care and poor hygiene were reported as universal findings. Non-compliance with medication and hoarding were cited by 93 % of respondents. Refusal of services was the next most common presenting feature by 86 % of respondents. Dementia and lifelong personality disorder were identified as the most common contributing causes followed by alcoholism, schizophrenia, and depression. 59 % stated that the outcome was unsatisfactory for the patient and 77 % identified self-neglect as more frustrating to manage than other problems. Most referrals were by public health nurses followed by general practitioner referrals. Discussion: Self-neglect in old age is a
common problem encountered by old age psychiatrists. Old age psychiatrists play a key role in managing these victims. Most were dissatisfied with available social service resources.

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