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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.
1. The non-medical use of tramadol in the UK: Findings from a large community sample

Citation: International Journal of Clinical Practice, 2014, vol./is. 68/9(1147-1151), 1368-5031;1742-1241 (2014)

Author(s): Winstock A.R.; Borschmann R.; Bell J.

Institution: (Winstock, Bell) Kings Health Partners, Kings College London, London, United Kingdom; (Winstock, Borschmann, Bell) Insitute of Psychiatry, Kings College London, London, United Kingdom; (Winstock) Global Drug Survey, London, United Kingdom

Language: English

Abstract: Methods: We conducted anonymous online survey of drug use and related behaviours as part of an ongoing drug trend monitoring initiative. We included questions assessing the patterns of use, source and function of tramadol.

Results: UK Survey respondents (n = 7360) were predominantly young (mean age 29), and 90% reported being employed or studying. Less than 1% reported past-year use of heroin or methadone, but about 1/3 reported past-year use of cocaine. 326 (5% of respondents) reported having used tramadol in the preceding year, usually obtained by prescription but in 1/3 of cases from a friend; rarely from a dealer or from the internet. Most used the drug for pain relief, but 163 respondents (44%) reported using tramadol for reasons other than pain relief - particularly, using it to relax, to sleep, to get high or to relieve boredom. Nineteen per cent took doses higher than prescribed, and 10% reported difficulty discontinuing.

Twenty-eight per cent combined tramadol with alcohol or other drugs to enhance its effect.

Conclusion: Misuse and sharing of tramadol, supplied by prescription, was common.

Background: Prescription drug misuse has become a public health problem in several developed countries. In the UK, there has been no increase in people seeking treatment for prescription drug dependence, but there has been a progressive rise in fatal overdoses involving tramadol.

Objectives: To explore the source, motivations for use and patterns of use of tramadol in the UK.

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd

CAS Registry Number: 64-17-5 (alcohol); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 27203-92-5 (tramadol); 36282-47-0 (tramadol)

Publication Type: Journal: Article

Subject Headings: adult analgesia article boredom community "distress syndrome/dt [Drug Therapy]" *drug misuse female human leisure major clinical study male motivation "pain/dt [Drug Therapy]" sleep substance use *United Kingdom work alcohol cocaine diamorphine
methadone
"*tramadol/dt [Drug Therapy]"

Source: EMBASE
Full Text: Available from Wiley in *International Journal of Clinical Practice*

2. Anorexia nervosa, best interests, and the patient's human right to 'a wholesale overwhelming of her autonomy'

Citation: Medical Law Review, March 2014, vol./is. 22/1(119-130), 0967-0742;1464-3790 (March 2014)

Author(s): Coggon J.
Institution: (Coggon) Reader in Law, Southampton Law School, University of Southampton, Southampton, United Kingdom

Language: English
Publication Type: Journal: Note
Subject Headings: addiction
adult
"*anorexia nervosa/co [Complication]"
"*anorexia nervosa/th [Therapy]"
case report
child abuse
comorbidity
enteric feeding
female
human
legal aspect
*living will
*mental capacity
*mental patient
note
personality disorder
psychological aspect
*right to die
*treatment refusal
United Kingdom

Source: EMBASE
Full Text: Available from Oxford University Press in *Medical Law Review*

3. Older people and alcohol use

Citation: British journal of community nursing, August 2014, vol./is. 19/8(370-374), 1462-4753 (Aug 2014)

Author(s): Bakhshi S.; While A.E.
Institution: (Bakhshi) Research Associate, Florence Nightingale School of Nursing and Midwifery, King's College London.

Language: English
Abstract: The proportion of older people drinking alcohol above the recommended levels has been increasing in the UK. Alcohol dependency and misuse can lead to various physical and psychological problems for older people. A range of factors can influence alcohol dependency and misuse among older adults, which need careful consideration when interventions are being developed to reduce consumption. Interventions to reduce alcohol consumption among older people can include: home visits, telephone support, mentoring, one-to-one and group programmes, family and community engagement programmes, outreach programmes, and targeted support groups focused on education and social activities. There is a need for the training of community nurses focused on improving the detection (screening and assessment), treatment and service provision for older people.
4. The national vice

Citation: British journal of community nursing, August 2014, vol./is. 19/8(369), 1462-4753 (Aug 2014)

Author(s): Dennison R.

Language: English

CAS Registry Number: 58-08-2 (caffeine)

Publication Type: Journal: Editorial

Subject Headings: "*addiction/ep [Epidemiology]"
"cost of illness"
"*drinking behavior/ep [Epidemiology]"
"economics"
"editorial"
"human"
"United Kingdom/ep [Epidemiology]"
"*caffeine/ad [Drug Administration]"

Source: EMBASE

Full Text: Available from EBSCOhost in British Journal of Community Nursing

5. Associations between alcohol, smoking, socioeconomic status and comorbidities: Evidence from the 45 and Up Study

Citation: Drug and Alcohol Review, March 2014, vol./is. 33/2(169-176), 0959-5236;1465-3362 (March 2014)

Author(s): Bonevski B.; Regan T.; Paul C.; Baker A.L.; Bisquera A.

Institution: (Bonevski, Regan, Paul, Baker, Bisquera) Faculty of Health and Medicine, School of Medicine and Public Health, The University of Newcastle, Newcastle, Australia

Language: English

Abstract: Introduction and Aims.: Understanding how tobacco, alcohol and mental health are related is important for developing population-level policies and individual-level treatments that target comorbidities. The current study aimed to examine
sociodemographic characteristics and mental health comorbidities associated with the odds of using tobacco and harmful levels of alcohol concurrently. Design and Methods.: Data were drawn from the 45 and Up Study, a large cohort study with 267153 adults aged 45 years and over in New South Wales, Australia. Participants completed a survey assessing alcohol, smoking, psychological distress, treatment for depression and anxiety, and a range of socioeconomic status indicators. Univariate analyses and three multiple-logistic regression models were used to determine associations with (i) tobacco but not alcohol use; (ii) alcohol but not tobacco use; and (iii) concurrent tobacco and risky levels of alcohol use. Results.: Being female, younger, lower individual and area-level socioeconomic status (SES) and depression and psychological distress were associated with tobacco use alone. Factors associated with alcohol use alone were older age, male gender, higher SES, and lower psychological distress and no recent depression treatment. Factors associated with concurrent risky alcohol consumption and tobacco use included being 45-64, being male, less education, earning <$30000, being employed, and living in lower-SES areas, treatment for depression, and high distress on the Kessler-10. Discussion and Conclusions.: Results suggest strong links between SES, treatment for depression, psychological distress, and concurrent tobacco and alcohol use. This has implications for public health policies and clinical treatment for tobacco and alcohol use, suggesting greater emphasis on addressing multiple health and social concerns. 2013 Australasian Professional Society on Alcohol and other Drugs.

Publication Type: Journal: Article

Subject Headings: age
aged
alcohol consumption
article
Australia
comorbidity
"*drinking behavior/ep [Epidemiology]"
female
health survey
human
male
mental health
"*mental stress/ep [Epidemiology]"
middle aged
sex difference
"*smoking/ep [Epidemiology]"
smoking cessation
social class
social status
"*tobacco dependence/ep [Epidemiology]"
very elderly

Source: EMBASE

Full Text: Available from Wiley in Drug and Alcohol Review

6. Prospective cohort study of the effectiveness of smoking cessation treatments used in the "real world"

Citation: Mayo Clinic Proceedings, October 2014, vol./is. 89/10(1360-1367), 0025-6196;1942-5546 (01 Oct 2014)

Author(s): Kotz D.; Brown J.; West R.

Institution: (Kotz) Department of Family Medicine, CAPHRI School for Public Health and Primary Care, Maastricht University Medical Centre, PO Box 616, Maastricht 6200 MD, Netherlands; (Kotz, Brown, West) Cancer Research UK Health Behaviour Research Centre, University College London, London, United Kingdom

Language: English

Abstract: Results: Compared with smokers using none of the cessation aids, the adjusted odds of remaining abstinent up to the time of the 6-month follow-up survey were 2.58 (95% CI,
1.48-4.52) times higher in users of prescription medication in combination with specialist behavioral support and 1.55 (95% CI, 1.11-2.16) times higher in users of prescription medication with brief advice. The use of NRT bought over the counter was associated with a lower odds of abstinence (odds ratio, 0.68; 95% CI, 0.49-0.94).

Conclusion: Prescription medication offered with specialist behavioral support and that offered with minimal behavioral support are successful methods of stopping cigarette smoking in England.

Patients and Methods: We conducted a prospective cohort study in 1560 adult smokers who participated in an English national household survey in the period from November 2006 to March 2012, responded to a 6-month follow-up survey, and made at least 1 quit attempt between the 2 measurements. The quitting method was classified as follows: (1) prescription medication (nicotine replacement therapy [NRT], bupropion, or varenicline) in combination with specialist behavioral support delivered by a National Health Service Stop Smoking Service; (2) prescription medication with brief advice; (3) NRT bought over the counter; (4) none of these. The primary outcome measure was self-reported abstinence up to the time of the 6-month follow-up survey, adjusted for key potential confounders including cigarette dependence.

Objective: To estimate the "real-world" effectiveness of commonly used aids to smoking cessation in England by using longitudinal data.

Country of Publication: United Kingdom
Publisher: Elsevier Ltd
CAS Registry Number: 31677-93-7 (amfebutamone); 34911-55-2 (amfebutamone); 249296-44-4 (varenicline); 375815-87-5 (varenicline)
Publication Type: Journal: Article
Subject Headings: adult
age distribution
article
behavior therapy
cohort analysis
controlled study
drug efficacy
female
human
major clinical study
male
*nicotine replacement therapy
patient counseling
population research
prescription
prospective study
self report
*smoking cessation
"*tobacco dependence/th [Therapy]"
"*tobacco dependence/dt [Drug Therapy]"
treatment response
"*amfebutamone/dt [Drug Therapy]"
"*varenicline/dt [Drug Therapy]"

Source: EMBASE
Full Text: Available from Elsevier in Mayo Clinic Proceedings
Available from ProQuest in Mayo Clinic Proceedings; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

7. Helping smokers quit in the "real world"

Citation: Mayo Clinic Proceedings, October 2014, vol./is. 89/10(1328-1330), 0025-6196;1942-5546 (01 Oct 2014)

Author(s): Hays J.T.
8. Pathological adolescent gambling

Citation: Archives of Hellenic Medicine, September 2014, vol./is. 31/5(570-582), 1105-3992 (01 Sep 2014)

Author(s): Anagnostopoulos D.C.; Palaiologou A.; Lazaratou E.

Institution: (Anagnostopoulos, Palaiologou, Lazaratou) Mental Health Service for Children and Adolescents, Community Mental Health Centre Vironas-Kessariani, First Department of Psychiatry, National and Kapodistrian University of Athens, Medical School, Athens, Greece

Language: Greek

Abstract: Pathological gambling among adolescents is spreading globally. Gambling is a socially acceptable form of entertainment that is easily accessible for adolescents. It is freely advertised by all the available media, while information on the dangers of this activity is lacking. Gambling is very popular among adolescents, increasing numbers of whom are becoming addicted to it. This review is based on bibliographical research by PubMed and Google Scholar search engines for the period 1984-2013. The characteristics, impact, prevalence, risk factors, and means of dealing with the phenomenon are presented. Most of the publications are of quantitative epidemiological studies on student populations in Canada, the US, and Great Britain, which conclude that adolescents are a high-risk group for the development of gambling disorder, being up to four times more likely to develop an addiction to gambling than adults. In Greece, clinical evidence indicates that this phenomenon has been spreading in the last years of the economic crisis, although there is a notable lack of evidence-based epidemiological data. It is imperative that this phenomenon is investigated in order to deal with it early and effectively.
9. An overview of the prison population and the general health status of prisoners

Citation: Gene Therapy, 2014, vol./is. 21/3(15-19), 0969-7128;1476-5462 (2014)

Author(s): Heidari E.; Dickson C.; Newton T.

Institution: (Heidari, Dickson, Newton) Department of Psychology as Applied to Dentistry, King's College London Dental Institute, Tower Wing. Guy's Hospital, Great Maze Pond, London SE1 9RT, United Kingdom

Language: English

Abstract: This article is the first in a series of four, which explore the oral and dental health of male prisoners in the United Kingdom. The series comprises: an overview of the general and oral health status of male prisoners, a discussion on how multi-disciplinary team working can be used to benefit the care of patients in prison environments and a description of the future planning of dental services for male prisoners. The oral health of prisoners is linked to their general health status, due in part to the presence of common risk factors such as smoking, drinking alcohol and in some cases use of recreational drugs, poor dietary and poor oral hygiene habits. Barriers to healthcare services can all have an effect on oral disease in this group. This paper highlights some of the common medical problems that oral healthcare providers face when treating prisoners in male UK prison establishments.
10. A fatal microangiopathic bleed in a young woman after recurrent mild ischaemic stroke within a space of six weeks seen at Medway Hospital, Kent, UK

Cerebrovascular Diseases, May 2013, vol./is. 35/(533), 1015-9770 (May 2013)

Mahmood A.; Mamun M.

Medway NHS Foundation Trust, Gillingham, United Kingdom

Background Cerebral microangiopathy manifests as leukoaraiosis or lacunar infarcts and responsible for 25-30% of strokes due to infarction or haemorrhage. Aetiologically these changes are associated with older age, hypertension and diabetes mellitus. Case report A 42 year old single mother came in as an emergency in July 2012. She was found confused and unable to speak clearly. She suffered a non-disabling stroke six weeks earlier and was admitted to a nearby hospital with left sided symptoms. A diagnosis of right thalamic infarct was confirmed on MRI brain. She was a smoker, non-alcoholic, and used heroin, but claimed to be clean for two years. On arrival she was awake but mildly confused with reduced speech output (mild aphasia) and mild right facial asymmetry. She was able to stand and walk indoors. NIHSS score was 4. A CT-head and a carotid Doppler were NAD, and toxicology screen was satisfactory. She improved over the next few days, and an MRI (DWI) four days later confirmed a small, acute left parietal infarction. Four hours later a tonic clonic seizure was witnessed, and she collapsed with a dilated left pupil. An emergency CTH revealed a large left intralcal bleed with midline shift. She was intubated and transferred to ITU. She was not for neurosurgical intervention, and in due course brain death was confirmed, and organ harvested (liver only used because of Hep C +ve). Discussion A post-mortem was performed and neuro-pathology revealed that in several sections abnormal 1-2 mm conglomerates of thin walled ectatic blood vessels (vascular malformations) were seen within the white matter. Rupture of such a malformation was judged to be the most likely aetiology of the fatal bleed. There was no evidence for vasculitis or medium / large vessel AVM. This patient had none of the usual aetiological factors for microangiopathy. This case highlights that microangiopathic changes can occur in younger patients in the absence of the usual risk factors and can prove fatal.
11. New peptide-origin anxiolytics, GB-115 and Selank, as possible tools in treatment of opiate addiction: An experimental study

Citation: European Neuropsychopharmacology, October 2014, vol./is. 24/(S676-S677), 0924-977X (October 2014)

Author(s): Konstantinopolsky M.; Kolik L.; Gudasheva T.

Institution: (Konstantinopolsky, Kolik) V.V. Zakusov Institute of Pharmacology RAMS, Department of Pharmacology of Addiction, Moscow, Russian Federation; (Gudasheva) V.V. Zakusov Institute of Pharmacology RAMS, Department of Medicinal Chemistry, Moscow, Russian Federation

Language: English

Abstract: Purpose of the study: The contemporary psychotropic drugs (antipsychotics, anxiolytics, antidepressants) are used in clinical practice to eliminate the various features of drug dependence. Most of them give rise the negative side effects. Namely, benzodiazepine derivative anxiolytics are able to provoke psychological and physical dependence. New peptide-origin medicines are devoid of mentioned disadvantages. Previously was shown, that cholecystokinin-4 (CCK-4) L-tryptophan-containing retroanalogues exert anxiolytic-like activity [1], among them, GB-101 (PhCH24-CO-Gly-L-Trp-NH2) and GB-115 (PhCH25-COGly- L-Trp-NH2) were able to reduce the morphine withdrawal syndrome (WS) signs in rats [2]. The present study was devoted to the further investigation of the effects of anxiolytic GB-115 upon withdrawal syndrome (WS), tolerance to and analgetic action of morphine as well as its influence upon conditioned place preference (CPP) in morphine dependent rats. The action of anxiolytic Selank [3] a neuropeptide taftsin analog (Thr-Lys-Pro- Arg-Pro-Gly-Pro) upon WS syndrome was also
studied. Methods used: Incremental doses of morphine were injected i/p to male rats for 5 days followed by naloxone (1 mg/kg) to provoke acute WS or a 'spontaneous' WS was evaluated 24 h after morphine administration. Single doses of peptides (GB-115, 0.1-0.4 mg/kg; Selank, 0.3 mg/kg) have been injected 30 min before the test in the "open field" or daily, 30 min before the morphine injection. Total Index (TI) of WS, the analgesic effect in the water immersive "tail flick" test, the tolerance to morphine analgesia and the acquisition of CPP (days 7, 14 and 21-st) after 5 days of morphine injections were studied. For statistical assessment Mann-Whitney-test, one way ANOVA and t-test were used. Summary of results: It was shown that dipeptide GB-115 in single doses of 0.1-0.4 mg/kg eliminates individual features and decreases TI of morphine WS (by 38-46%, p<0.05), significantly increases analgesic action (up to 50%) and attenuate the tolerance to morphine. After chronic (5 days administration) of morphine with GB-115 (0.1-0.4 mg/kg) the TI of WS was decreased dose dependently by 29.8-35.7% (p<0.05). In the CPP test GB-115 (0.1 mg/kg, single) failed to eliminate the acquisition of CPP to morphine that was significant on days 7 and 14. Selank decreased the severity of WS, precipitated by naloxone, by 39.6-38.9% (p<0.01) after a single or chronic administration. This effect of Selank in relation to WS was confirmed in von Frey test: a peptide significantly reduced (from 5 to 9 times, p<0.01) the drop of tactile thresholds that has been demonstrated in morphine dependent animals. Conclusions: The data presented show that the anxiolytic-like peptides, GB-115 and Selank, similarly and effectively decreased the morphine WS individual features and TI of WS. GB-115 significantly enhances morphine analgesic action and attenuate the tolerance to morphine. GB-115 in a single dose has not effect upon the acquisition of CPP. GB-115, evidently, realizes its action by means of central CCK receptors with following modulating influence on central opioid system. The central effects of Selank may be mediated by interaction with BDNF brain system.

Conference Information: 27th European College of Neuropsychopharmacology, ECNP Congress Berlin Germany.
Conference Start: 20141018 Conference End: 20141021

Publisher: Elsevier
Publication Type: Journal: Conference Abstract
Subject Headings:
*opiate addiction
*experimental study
*college
*psychopharmacology
single drug dose
rat
drug dependence
injection
withdrawal syndrome
analgesic activity
tail flick test
rank sum test
Student t test
side effect
male
clinical practice
analgesia
place preference
von Frey test
chronic drug administration
brain
analysis of variance
*anxiolytic agent
*peptide
morphine
analgesic agent
naloxone
tetragastrin
neuroleptic agent
Evidence Services | library.nhs.uk

water
benzodiazepine derivative
tryptophan
psychotropic agent
tufts
arginine
antidepressant agent
neuropeptide
dipeptide
cholecystokinin receptor
opiate receptor
brain derived neurotrophic factor
cholecystokinin

Source: EMBASE

Full Text: Available from Elsevier in European Neuropsychopharmacology

12. Lay perspectives on hypertension and medication adherence—a qualitative systematic review and narrative synthesis

Citation: Cerebrovascular Diseases, May 2012, vol./is. 33/(831-832), 1015-9770 (May 2012)

Author(s): Marshall I.J.; McKevitt C.; Wolfe C.D.A.

Institution: (Marshall, McKevitt, Wolfe) Division of Health and Social Care, King's College London, London, United Kingdom

Language: English

Abstract: Background: Hypertension is a major preventable cause of stroke, but a large proportion of patients do not take treatment regularly. By reviewing the qualitative research, we aimed to find if patient understanding of hypertension affected medication-taking, if views differ internationally, and whether this research could inform interventions to improve adherence. Methods: Systematic review and narrative synthesis of qualitative studies using the 2006 UK Economic and Social Research Council guidance. We searched Medline, Embase, British Nursing Index, Social Policy and Practice, and PsycInfo from database start to October 2011. Inclusion criteria: qualitative interviews or focus groups of people with uncomplicated hypertension. Exclusion criteria: studies of people with diabetes, established cardiovascular disease, or pregnancy. Results: We included 53 studies (from US, UK, Brazil, Sweden, Canada, New Zealand, Denmark, Finland, Ghana, Iran, Israel, Netherlands, South Korea, Spain, Tanzania, and Thailand). A large proportion of participants felt hypertension was principally caused by stress and produced symptoms, particularly headache, dizziness, and sweating. Many intentionally reduced or stopped medication without consulting their doctor. Many perceived their blood pressure improved when symptoms abated or when not stressed, and that medication was not needed at these times. Participants disliked medication and its side effects, and feared addiction. These findings were consistent across countries and ethnic groups. Conclusions: Non-adherence often resulted from patient understanding of the causes and effects of hypertension. As beliefs about hypertension and medication were similar worldwide, calls for culturally specific education for individual ethnic groups may not be justified. To improve adherence, clinicians and educational interventions must address patients' ideas about causality, experiences of symptoms and concerns about drug side effects.

Conference Information: 21st European Stroke Conference Lisbon Portugal. Conference Start: 20120522

Conference End: 20120525

Publisher: S. Karger AG

Publication Type: Journal: Conference Abstract

Subject Headings: *hypertension
*medication compliance
*human
*systematic review
13. What do temporal profiles tell us about adolescent alcohol use? Results from a large sample in the United Kingdom

Source: EMBASE

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

Citation: Journal of Adolescence, December 2014, vol./is. 37/8(1319-1328), 0140-1971;1095-9254 (December 01, 2014)

Author(s): McKay M.T.; Andretta J.R.; Magee J.; Worrell F.C.

Institution: (McKay) Center for Public Health, Liverpool John Moores University, United Kingdom; (Andretta) Child Guidance Clinic, Superior Court of the District of Columbia, United States; (Magee) Faculty of Social Sciences, University of Ulster, United Kingdom; (Worrell) Cognition and Development, University of California, Berkeley, United States
The psychological construct broadly known as time perspective is potentially useful in understanding a range of adolescent behaviours, including alcohol use. However, the utility of the construct has been hindered by measurement and conceptual problems. To date the vast majority of studies have assessed the relationship between time perspective and other measures in a variable-focused (correlational) rather than a person-centred way. The present series of studies used a person-centred approach to assess the relationship between temporal profiles and alcohol use in a large sample (n=1620) of adolescents from High Schools in Northern Ireland. Although a 'Balanced' time perspective has been suggested as optimal, the present study suggests that having a 'Future' temporal profile is associated with less problematic use of alcohol, while having a 'Past Negative' or 'Hedonist' profile is associated with more problematic consumption. Results are discussed in the context of the time perspective and alcohol use literatures.

Country of Publication: United Kingdom
Publisher: Academic Press
CAS Registry Number: 64-17-5 (alcohol)
Publication Type: Journal: Article
Subject Headings: adolescent
*adolescent behavior
*alcohol consumption
alcoholism
article
child
cluster analysis
controlled study
family life
female
human
Likert scale
major clinical study
male
social interaction
United Kingdom
alcohol

Source: EMBASE
Full Text: Available from Elsevier in *Journal of Adolescence*

14. Doctor who stalked glamour model is reinstated

Citation: BMJ (Clinical research ed.), 2014, vol./is. 349/, 1756-1833 (2014)
Author(s): Dyer C.
Institution: (Dyer) The BMJ.
Language: English
Publication Type: Journal: Note
Subject Headings: "*alcoholism/rh [Rehabilitation]"
domestic violence
human
legal aspect
*malpractice
*medical staff
note
*personnel management
*stalking
United Kingdom
15. Dissemination of a computer-based psychological treatment in a drug and alcohol clinical service: an observational study

Citation: Addiction science & clinical practice, 2014, vol./is. 9/(15), 1940-0640 (2014)

Author(s): Kay-Lambkin F.J.; Simpson A.L.; Bowman J.; Childs S.

Institution: (Kay-Lambkin) National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia.

Language: English

Abstract: There is emerging evidence for the potential of computer-based psychological treatments (CBPT) as an add-on to usual clinical practice in the management of health problems. The study set out to observe if, when, and how clinicians working in a publically funded alcohol/other drug (AOD) clinical service might utilize SHADE (Self-Help for Alcohol and other drug use and DEpression), a CBPT program for comorbid depression and alcohol or cannabis use, in their clinical practice. Thirteen clinicians working within an AOD service on the Central Coast of New South Wales, Australia, were recruited. At baseline, all 13 clinicians were assessed for their computer anxiety and openness to innovation. Clinicians referred current clients to the study, with consenting and eligible clients (N = 35) completing a baseline and 15-week follow-up clinical assessment. The assessment comprised a range of mental health and AOD measures administered by an independent research assistant. Over the course of the study, clinicians submitted session checklists detailing information about session content, including the context and extent to which SHADE was used for each client. Descriptive statistics showed that clinicians employed the SHADE program in a variety of ways. When SHADE modules were used, they were generally introduced in the early phase of treatment, on average, around session 4 (M = 3.77, SD = 5.26, range 1-36). However, only 12 of the 35 clients whose session checklists were available were exposed to the SHADE modules; this, despite 28/35 clients indicating that they would be willing to use CBPT during their current treatment program. Treatment seekers in the AOD service of the current trial were generally open to receiving CBPT like SHADE; however, clinicians tended to use SHADE with only 34 percent of clients. This indicates the importance of providing ongoing support and encouragement to clinicians, in addition to an initial training session, to encourage the adoption of innovative technologies into clinical practice, and perhaps to engage clients in a discussion about CBPT more routinely. Australian Clinical Trial Registration Number ACTRN12611000382976.
16. Indigenous ethnopsychiatry in the north-west of England: The case of Barrow Man

**Citation:** Anthropology and Medicine, September 2014, vol./is. 21/3(302-311), 1364-8470;1469-2910 (01 Sep 2014)

**Author(s):** Page A.

**Institution:** (Page) Dane Garth, Furness General Hospital, Barrow-in-Furness, Cumbria, United Kingdom

**Language:** English

**Abstract:** This paper describes the appearance and subsequent disappearance of Barrow Man and uses anthropological and social psychological theory to examine the socio-cultural, psychological and economic conditions for the existence of the phenomenon. It argues that these conditions were the result of both specific local labour market circumstances and of the effects of global political changes, and argues that to talk about Barrow Man as if it was a psychiatric diagnosis was to identify a moral construct as a mental disorder. It also argues that at the same time the phenomenon was expressive of certain core values that were not readily acknowledged in everyday clinical practice and that it might therefore best be understood as an institutional category.

**Country of Publication:** United Kingdom

**Publisher:** Routledge

**Publication Type:** Journal: Article

**Subject Headings:**
- adjustment disorder
- alcoholism
- article
- cannabis use
- clinical practice
- depression
- DSM-IV
- human
- ICD-10
- *indigenous ethnopsychiatry
- mental disease
- mental health
- nursing staff
- personality disorder
- psychiatric diagnosis
- *psychiatry
psychological theory
psychosis
social status
unemployment
United Kingdom
war

Source: EMBASE

17. Teens’ smoking, drinking, and drug taking at decade low in England

Citation: BMJ (Clinical research ed.), 2014, vol./is. 349/, 1756-1833 (2014)
Author(s): Mooney H.
Institution: (Mooney) London.
Language: English
Publication Type: Journal: Note
Subject Headings: "*addiction/ep [Epidemiology]"
adolescent
child
"drinking behavior/ep [Epidemiology]"
human
note
prevalence
"*smoking/ep [Epidemiology]"
"United Kingdom/ep [Epidemiology]"

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

18. Novel psychoactive substances: Risks and harms

Citation: Community Practitioner, 2014, vol./is. 87/8(45-47), 1462-2815 (2014)
Author(s): O'Neill C.
Institution: (O'Neill) Research Fellow, Institute of Child Care Research, Queen's University, Belfast, United Kingdom
Language: English
Publication Type: Journal: Article
Subject Headings: "*addiction/ep [Epidemiology]"
"*addiction/et [Etiology]"
adolescent
adult
article
female
human
incidence
male
risk factor
"United Kingdom/ep [Epidemiology]"
young adult
"*non prescription drug/ae [Adverse Drug Reaction]"
"*plant medicinal product/ae [Adverse Drug Reaction]"
"*psychotropic agent/ae [Adverse Drug Reaction]"

Source: EMBASE
19. Talk about alcohol: Impact of a school-based alcohol intervention on early adolescents

Citation: International Journal of Health Promotion and Education, September 2014, vol./is. 52/5(283-299), 1463-5240;2164-9545 (01 Sep 2014)

Author(s): Lynch S.; Dawson A.; Worth J.

Institution: (Lynch, Dawson, Worth) National Foundation for Educational Research, Mere, Upton Park, Slough SL1 2DQ, United Kingdom

Language: English

Abstract: Despite a downward trend in alcohol consumption among 11-15-year-olds in recent years (Fuller, E, ed. 2013. Smoking, Drinking and Drug Use Among Young People in England in 2012. London: Health and Social Care Information Centre. http://www.hscic.gov.uk/catalogue/PUB11334), the proportion of young people seeking support from alcohol-related specialist services, and the societal and monetary costs associated with alcohol consumption, need to be addressed. Education can play an important role in this. The evaluation of the Alcohol Education Trust's Talk About Alcohol school-based intervention was conducted across England between November 2011 and October 2013 by independent evaluators. The aim was to compare the alcohol-related knowledge, awareness, and behaviour of students aged 12-14 in an intervention group with a statistically matched comparison group. Three identical surveys were carried out with approximately 4000 students to explore change over time over a 16-18-month timeframe. Multilevel modelling looked at changes in outcomes over the three time points and control for measured differences between intervention and comparison groups. There was evidence of a statistically significant delay in the age at which teenagers start to drink. There was also a significant association between the intervention and knowledge of alcohol and its effects. Although levels of frequency of drinking and binge drinking were lower than in the comparison schools, there were no statistically significant differences. Students from both groups identified personal, social, and health education lessons as a preferred source of information about alcohol and its effects. The positive impact on alcohol knowledge and the delayed onset of drinking show that the materials may support England's policy priorities around alcohol.

Country of Publication: United Kingdom

Publisher: Institute of Health Promotion and Education

CAS Registry Number: 64-17-5 (alcohol)

Publication Type: Journal: Article

Subject Headings: adolescent adolescent behavior adult *alcohol consumption *alcoholism article awareness child controlled study drinking behavior female *health education *health promotion health survey human human experiment intervention study knowledge
Evidence Services | library.nhs.uk

male
medical information
multilevel analysis
school
social aspect
trend study
*alcohol

Source: EMBASE

20. The SNAP trial: A randomised placebo-controlled trial of nicotine replacement therapy in pregnancy - Clinical effectiveness and safety until 2 years after delivery, with economic evaluation

Citation: Health Technology Assessment, 2014, vol./is. 18/54(1-128), 1366-5278;2046-4924 (2014)


Institution: (Cooper, Taggar, Dickinson, Whitmore, Coleman) Division of Primary Care, University of Nottingham, Nottingham, United Kingdom; (Lewis, Britton, Grainge) Division of Epidemiology and Public Health, University of Nottingham, Nottingham, United Kingdom; (Thornton) Division of Child Health, Obstetrics and Gynaecology, University of Nottingham, Nottingham, United Kingdom; (Thornton) Nottingham Clinical Trials Unit, University of Nottingham, Nottingham, United Kingdom; (Marlow) Institute for Women's Health, University College London, London, United Kingdom; (Watts) Academic Division of Midwifery, University of Nottingham, Nottingham, United Kingdom; (Essex, Parrott) Department of Health Sciences, University of York, York, United Kingdom; (Allsop) Derby Hospitals NHS Foundation Trust, United Kingdom; (Cunningham) Mid Cheshire Hospitals NHS Foundation Trust, United Kingdom; (Glass) Sherwood Forest Hospitals NHS Foundation Trust, United Kingdom; (Hall) East Cheshire NHS Trust, United Kingdom; (Ismail) University Hospital of North Staffordshire NHS Trust, United Kingdom; (Ramsay) Nottingham University Hospitals NHS Trust, QMC campus, United Kingdom; (Thornton) Nottingham University Hospitals NHS Trust - City Campus, United Kingdom; (Cook, Hodgson, Humphries, Sanders) QMC pharmacy, United Kingdom; (Simpkins, Vaz, Kurlak, Randall, Taylor) University of Nottingham, United Kingdom; (Sharp) University of Dundee, United Kingdom

Language: English

Abstract: Background: Smoking during pregnancy causes many adverse pregnancy and birth outcomes. Nicotine replacement therapy (NRT) is effective for cessation outside pregnancy but efficacy and safety in pregnancy are unknown. We hypothesised that NRT would increase smoking cessation in pregnancy without adversely affecting infants. Objectives: To compare (1) at delivery, the clinical effectiveness and cost-effectiveness for achieving biochemically validated smoking cessation of NRT patches with placebo patches in pregnancy and (2) in infants at 2 years of age, the effects of maternal NRT patch use with placebo patch use in pregnancy on behaviour, development and disability. Design: Randomised, placebo-controlled, parallel-group trial and economic evaluation with follow-up at 4 weeks after randomisation, delivery and until infants were 2 years old. Randomisation was stratified by centre and a computer-generated sequence was used to allocate participants using a 1: 1 ratio. Participants, site pharmacies and all study staff were blind to treatment allocation. Setting: Seven antenatal hospitals in the Midlands and north-west England. Participants: Women between 12 and 24 weeks' gestation who...
smoked > 10 cigarettes a day before and > 5 during pregnancy, with an exhaled carbon monoxide (CO) reading of > 8 parts per million (p.p.m.). Interventions: NRT patches (15 mg per 16 hours) or matched placebo as an 8-week course issued in two equal batches. A second batch was dispensed at 4 weeks to those abstinent from smoking. Main outcome measures: Participants: self-reported, prolonged abstinence from smoking between a quit date and childbirth, validated at delivery by CO measurement and/or salivary cotinine (COT) (primary outcome). Infants, at 2 years: absence of impairment, defined as no disability or problems with behaviour and development. Economic: cost per 'quitter'.

Results: One thousand and fifty women enrolled (521 NRT, 529 placebo). There were 1010 live singleton births and 12 participants had live twins, while there were 14 fetal deaths and no birth data for 14 participants. Numbers of adverse pregnancy and birth outcomes were similar in trial groups, except for a greater number of caesarean deliveries in the NRT group. Smoking: all participants were included in the intention-to-treat (ITT) analyses; those lost to follow-up (7% for primary outcome) were assumed to be smoking. At 1 month after randomisation, the validated cessation rate was higher in the NRT group {21.3% vs. 11.7%, odds ratio [OR], [95% confidence interval (CI)] for cessation with NRT, 2.05 [1.46 to 2.88]}. At delivery, there was no difference between groups' smoking cessation rates: 9.4% in the NRT and 7.6% in the placebo group [OR (95% CI), 1.26 (0.82 to 1.96)]. Infants: at 2 years, analyses were based on data from 888 out of 1010 (87.9%) singleton infants (including four postnatal infant deaths) [445/503 (88.5%) NRT, 443/507 (87.4%) placebo] and used multiple imputation. In the NRT group, 72.6% (323/445) had no impairment compared with 65.5% (290/443) in placebo (OR 1.40, 95% CI 1.05 to 1.86). The incremental cost-effectiveness ratio for NRT use was 4156 per quitter (4926 including twins), but there was substantial uncertainty around these estimates.

Conclusions: Nicotine replacement therapy patches had no enduring, significant effect on smoking in pregnancy; however, 2-year-olds born to women who used NRT were more likely to have survived without any developmental impairment. Further studies should investigate the clinical effectiveness and safety of higher doses of NRT. Trial registration: Current Controlled Trials ISRCTN07249128. Funding: This project was funded by the NIHR Health Technology Assessment programme and will be published in full in Health Technology Assessment; Vol. 18, No. 54. See the NIHR Journals Library programme website for further project information. Queen's Printer and Controller of HMSO 2014.

Country of Publication: United Kingdom
Publisher: NIHR Journals Library
CAS Registry Number: 630-08-0 (carbon monoxide); 486-56-6 (cotinine)
Publication Type: Journal: Article
Subject Headings: "abdominal pain/si [Side Effect]"
adult
Apgar score
article
behavior therapy
birth weight
body height
brain hemorrhage
cesarean section
child death
child development
childbirth
clinical effectiveness
communication skill
congenital disorder
controlled study
convulsion
cost effectiveness analysis
cost utility analysis
developmental disorder
"disability/co [Complication]"
double blind procedure
*drug efficacy
*drug safety
"eclampsia/si [Side Effect]"
economic evaluation
female
fetus outcome
general practitioner
gestation period
"headache/si [Side Effect]"
health care cost
health care system
health economics
health status
human
intention to treat analysis
low birth weight
major clinical study
*maternal smoking
midwife
motor performance
"nausea/si [Side Effect]"
necrotizing enterocolitis
newborn death
*nicotine replacement therapy
phase 4 clinical trial
"preeclampsia/si [Side Effect]"
*pregnancy
"pregnancy diabetes mellitus/si [Side Effect]"
pregnancy outcome
pregnant woman
"premature fetus membrane rupture/si [Side Effect]"
premature labor
prenatal period
prevalence
primary medical care
problem solving
quality of life
questionnaire
randomized controlled trial
relapse
"respiratory tract disease/co [Complication]"
score system
self report
sensitivity analysis
"skin manifestation/si [Side Effect]"
smoking
smoking cessation
spontaneous abortion
stillbirth
"*tobacco dependence/dm [Disease Management]"
"*tobacco dependence/dt [Drug Therapy]"
"*tobacco dependence/th [Therapy]"
United Kingdom
"uterine cervix disease/si [Side Effect]"
"vagina bleeding/si [Side Effect]"
vaginal delivery
"vomiting/si [Side Effect]"
carbon monoxide
cotinine
"*nicotine patch/ae [Adverse Drug Reaction]"
21. Dietary caffeine: "Unnatural" exposure requiring precaution?

Citation: Journal of Substance Use, 2014, vol./is. 19/5(394-397), 1465-9891;1475-9942 (2014)

Author(s): James J.E.

Institution: (James) Department of Psychology, Reykjavik University, Menntavegur 1, 101 Reykjavik, Iceland; (James) School of Psychology, National University of Ireland, Galway, Ireland

Language: English

Abstract: Eminent British epidemiologist, Geoffrey Rose, argued that environmental exposures and patterns of behaviour that have not been part of the historical human condition are "unnatural" and pose a possible threat to population health. In that vein, it follows that population-wide exposure to caffeine could be cause for concern. The ubiquitous presence of caffeine in the human diet is of fairly recent origin, and evidence remains mixed as to whether caffeine is protective, harmful or neither. Rose taught that when scientific consensus regarding benefits and harms is lacking, the retention of an exposure factor in a population entails greater risk of harm than its removal. Although that maxim and the precautionary principle it encapsulates imply that there should be little or no population exposure to caffeine, the exact opposite exists insofar as caffeine is consumed daily by most people worldwide. Caffeine physical dependence could lead consumers to discount cautionary advice about possible harm. On the other hand, concerns about caffeine may grow in the face of increased exposure due to an ever-expanding variety of caffeine products in the marketplace, especially products designed to appeal to children and adolescents. 2014 Informa UK Ltd. All rights reserved.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 58-08-2 (caffeine)

Publication Type: Journal: Review

Subject Headings: beverage environmental exposure human population exposure priority journal review withdrawal syndrome *caffeine

Source: EMBASE

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

22. Translation, reliability and validity of Iranian version of the Smoking Consequences Questionnaire (SCQ) among smokers

Citation: Journal of Substance Use, 2014, vol./is. 19/5(382-387), 1465-9891;1475-9942 (2014)

Author(s): Zeidi I.M.; Saffari M.; Chen H.; Pakpour A.H.

Institution: (Zeidi, Pakpour) Department of Public Health, Qazvin University of Medical Sciences, Qazvin, Iran, Islamic Republic of; (Saffari) Department of Health Education, School of Health, Baqiyatallah University of Medical Sciences, Tehran, Iran, Islamic Republic of; (Chen) School of Medical and Molecular Biosciences, Centre for Health Technology, University of Technology, Sydney, NSW, Australia; (Pakpour) Qazvin Research Center
Background: Smoking poses various adverse effects on human health. Unfortunately, there is still a large population of smokers worldwide. Well understanding the potential consequences of smoking by the general public may prevent the initiation of smoking behavior and help the smokers to quit. Aims: The aim of this study was to cross-culturally translate and validate the Persian version of Smoking Consequences Questionnaire (SCQ). Design and methods: The backward-forward translation technique was used to setup the scales among 40 smokers. Using a convenient sampling method, 400 smokers were recruited from a smoking cessation department in Qazvin city. Internal consistency and test-retest method was used to assess reliability. Cronbach's Alpha and Intraclass Correlation Coefficients (ICC) were used to assess Internal Consistency and Test-retest reliability. Predictive validity of Nicotine Dependence was measured by correlation between SCQ and Fagerstrom Test. The scale construction was verified by Factor Analysis (explanatory and confirmatory). Data are expressed as mean ± SD, which were analyzed by SPSS. Results: The average age of participants was 40 ± 0.6 (376 male, 24 female). More than half of the participants smoked between 11 and 20 cigarettes per day. The Cronbach's alpha coefficients test showed an acceptable internal consistency (ranged from 0.70 to 0.93). All items of the SCQ were significantly correlated with each other at two assessments with 2-week interval (r ranged from 0.76 to 0.93). The ICC ranged from 0.73 to 0.89 for all factors (p < 0.05). The scale well fitted the data (GFI = 0.97, RMSEA = 0.064). There were 10 factors on the scale which explained ~78% of the variance. Conclusion: Our results suggest that Persian SCQ is a valid and reliable application among Iranian smokers. The scales can nicely recognize the smokers' views on health consequences across different languages and cultures, which is highly recommended in general public education. 2014 Informa UK Ltd. All rights reserved.
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**Citation:** Journal of Substance Use, 2014, vol./is. 19/5(378-381), 1465-9891;1475-9942 (2014)

**Author(s):** Bt Mohamed S.

**Institution:** (Bt Mohamed) Faculty of Law, University of Malaya, 50603 Kuala Lumpur, Malaysia

**Language:** English

**Abstract:** The Malaysian government's drug intervention programme has been implemented to combat the nation's drug abuse problem by eliminating drug dependency and preventing relapse (National Drug Policy, 1983). Drug testing is widely used as a criminal justice tool to coerce drug dependants into compulsory treatment at government-run drug rehabilitation centres. Over the years, a significant number of court cases have challenged the legality of detention of drug dependants at the centres due to procedural errors in mandatory drug testing. This article examines the necessary criteria to determine optimum validity of drug testing results i.e. from the collection of urine specimen, chain of custody, accuracy and reliability of urinalysis to interpretation of test results. Non-compliance with such procedures may result in unlawful detention of individuals at drug rehabilitation centres for a period of 2 years and thereafter supervision within the community for another 2 years. 2014 Informa UK Ltd. All rights reserved.

**Country of Publication:** United Kingdom

**Publisher:** Informa Healthcare

**Publication Type:** Journal: Article

**Subject Headings:**
- article
- *custodial care
detention
- *drug abuse
drug dependence
- *drug screening
human
Malaysia
police
priority journal
relapse
*urinalysis

**Source:** EMBASE

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

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**Citation:** Journal of Substance Use, 2014, vol./is. 19/5(341-345), 1465-9891;1475-9942 (2014)

**Author(s):** De Sousa A.

**Institution:** (De Sousa) De Sousa Foundation, 18, St. Francis Avenue, Off SV Road, Santacruz West, Mumbai-400054, Maharashtra, India

**Language:** English

**Abstract:** Aims: There are currently three agents approved by US-FDA for the pharmacotherapy of alcohol dependence, namely Naltrexone, Disulfiram and Acamprosate. The present study aimed to clinically compare Disulfiram (DSF) and Naltrexone (NTX) and their efficacy in relapse prevention in adolescents in a routine clinical setting. Design: Fifty-two adolescents with alcohol dependence with supportive family members that would ensure medical compliance and follow up were randomized to 6 months of treatment with DSF or NTX. Weekly group psycho-education was also provided. The psychiatrist, patient and family member were not blind to the treatment prescribed. Measurements: Alcohol consumption, craving and adverse events were recorded weekly for 4 months and then fortnightly. Serum gamma glutamyl transferase (GGT) was measured at the start and end of the study. Results: At the end of the study, 46 patients were still in contact. Relapse occurred at a mean of 93 days with DSF compared to 63 days for NTX. 84.61% patients on DSF remained abstinent compared to 53.85% with NTX. Conclusions: DSF was
superior to NTX in promoting abstinence in adolescents with alcohol dependence having good family support. 2014 Informa UK Ltd. All rights reserved.

Country of Publication: United Kingdom
Publisher: Informa Healthcare
CAS Registry Number: 97-77-8 (disulfiram); 54910-89-3 (fluoxetine); 56296-78-7 (fluoxetine); 59333-67-4 (fluoxetine); 85876-02-4 (gamma glutamyltransferase); 846-49-1 (lorazepam); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone)
Publication Type: Journal: Article
Subject Headings: adolescent alcohol consumption "#alcoholism/dt [Drug Therapy]" "#alcoholism/th [Therapy]" article comparative study controlled study "depression/dt [Drug Therapy]" drug efficacy drug withdrawal family gamma glutamyl transferase blood level human "insomnia/dt [Drug Therapy]" major clinical study "neuritis/si [Side Effect]" prescription priority journal psychiatrist psychoeducation randomized controlled trial relapse "side effect/si [Side Effect]" survival time treatment outcome "#disulfiram/ae [Adverse Drug Reaction]" "#disulfiram/ct [Clinical Trial]" "#disulfiram/cm [Drug Comparison]" "#disulfiram/dt [Drug Therapy]" "fluoxetine/dt [Drug Therapy]" "gamma glutamyltransferase/ec [Endogenous Compound]" "lorazepam/dt [Drug Therapy]" "#naltrexone/ae [Adverse Drug Reaction]" "#naltrexone/ct [Clinical Trial]" "#naltrexone/cm [Drug Comparison]" "#naltrexone/dt [Drug Therapy]"

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

25. Quetiapine abuse and dependence in psychiatric patients: A systematic review of 25 case reports in the literature

Citation: Journal of Substance Use, 2014, vol./is. 19/5(388-393), 1465-9891;1475-9942 (2014)
Author(s): Cubala W.J.; Springer J.
Institution: (Cubala, Springer) Department of Psychiatry, Medical University of Gdansk, Debinki 7 Street, 80-952 Gdansk, Poland
Language: English
Abstract: Background: Quetiapine is an atypical antipsychotic approved for the treatment of schizophrenia, bipolar disorder and major depressive disorder. There has been a growing
amount of quetiapine abuse cases in psychiatric patients. The purpose of this article is to analyse these reports to recognize identifiable patterns of quetiapine misuse. Approach: We searched the PubMed, Scopus, Medline/Ovid and Google Scholar databases for case reports of quetiapine abuse and/or dependence among patients with: bipolar disorder, anxiety disorders, panic disorder, social phobia, generalized anxiety disorder, obsessive-compulsive disorder and substance use/dependence. Findings: The search retrieved 25 cases of quetiapine abuse and/or dependence among psychiatric patients. Higher frequency of abuse/dependence was observed in men and people being in their mid-thirties. Only half of the cases reported a positive history of substance abuse. The most prominent phenomenon associated with quetiapine abuse/dependence was marked withdrawal symptoms. Conclusions: Our research indicates that quetiapine is likely to be abused by male psychiatric patients in their mid-thirties and less than 50% of them having positive history of substance abuse/dependence. Caution should be taken when considering the prescription of quetiapine to that special patient group and close monitoring for drug misuse is needed in the course of the entire treatment period. 2014 Informa UK Ltd. All rights reserved.

Country of Publication: United Kingdom
Publisher: Informa Healthcare
CAS Registry Number: 111974-72-2 (quetiapine)
Publication Type: Journal: Review
Subject Headings:
- anxiety disorder
- bipolar disorder
- database
- *drug abuse
- *drug dependence
- generalized anxiety disorder
- human mental patient
- obsessive compulsive disorder
- panic
- priority journal
- review
- social phobia
- substance abuse
- systematic review
- withdrawal syndrome
- *quetiapine
Source: EMBASE
Full Text: Available from Informa Healthcare in Journal of Substance Use

26. Association between VNTR polymorphism in promoter region of prodynorphin (PDYN) gene and heroin dependence

Citation: Psychiatry Research, November 2014, vol./is. 219/3(690-692), 0165-1781;1872-7123 (30 Nov 2014)
Author(s): Saify K.; Saadat I.; Saadat M.
Institution: (Saify, Saadat, Saadat) Department of Biology, College of Sciences, Shiraz University, Shiraz 71454, Iran, Islamic Republic of; (Saadat, Saadat) Institute of Biotechnology, Shiraz University, Shiraz, Iran, Islamic Republic of
Language: English
Abstract: Within the core promoter region of prodynorphin (PDYN), a 68-bp sequence was found to occur as a polymorphism element, either singular or as tandemly repeated two, three or four times. We report the sequence of a novel allele (5-repeats). Our study revealed the existence of an ancestral nucleotide (A) at 29th position of the VNTR in human. In total, 442 heroin addicts and 799 controls were included in this study. The present findings
revealed a male-limited association between VNTR polymorphism and heroin dependence risk. 2014 Elsevier Ireland Ltd.

**Country of Publication:** Ireland  
**Publisher:** Elsevier Ireland Ltd  
**CAS Registry Number:** 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 88402-55-5 (prodynorphin)  
**Publication Type:** Journal: Article  
**Source:** EMBASE  
**Full Text:** Available from Elsevier in Psychiatry Research

27. To play or not to play: A personal dilemma in pathological gambling  
**Citation:** Psychiatry Research, November 2014, vol./is. 219/3(562-569), 0165-1781;1872-7123 (30 Nov 2014)  
**Author(s):** Giorgetta C.; Grecucci A.; Rattin A.; Guerreschi C.; Sanfey A.G.; Bonini N.  
**Institution:** (Giorgetta) Institute of Cognitive Science and Technology, CNR, Via della Cascata 56/C - Povo, 38123 Trento, Italy; (Giorgetta, Grecucci, Rattin, Sanfey) Department of Psychology and Cognitive Science, University of Trento, Italy; (Guerreschi) Societa Italiana Intervento Patologie Compulsive (SIIPAC), Bolzano, Italy; (Sanfey) Behavioural Science Institute, Radboud University Nijmegen, Netherlands; (Sanfey) Donders Institute for Brain, Cognition and Behaviour, Radboud University Nijmegen, Netherlands; (Bonini) Department of Economics and Management, University of Trento, Italy  
**Language:** English  
**Abstract:** Research has shown that healthy people would rather avoid losses than gamble for even higher gains. On the other hand, research on pathological gamblers (PGs) demonstrates that PGs are more impaired than non-pathological gamblers in choice under risk and uncertainty. Here, we investigate loss aversion by using a rigorous and well-established paradigm from the field of economics, in conjunction with personality traits, by using self-report measures for PGs under clinical treatment. Twenty pathological gamblers, at the earlier and later stages of clinical treatment, were matched to 20 non-gamblers (NG). They played a "flip coin task" by deciding across 256 trials whether to accept or reject a
50-50 bet with a variable amount of gains and losses. They completed questionnaires aimed at assessing impulsivity. Compared to NG, pathological gamblers, specifically those in the later stages of therapy, were more loss averse and accepted a lower number of gambles with a positive expected value, whereas their impulsivity traits were significantly higher. This study shows for the first time that changes in loss aversion, but not in personality traits, are associated with the time course of pathology. These findings can be usefully employed in the fields of both gambling addiction and decision-making. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd
Publication Type: Journal: Article
Subject Headings: adult
anxiety
article
*aversive behavior
clinical article
compulsion
controlled study
*decision making
depression
disease classification
disease severity
female
human
*impulsiveness
male
"*pathological gambling/di [Diagnosis]"
personality
priority journal
questionnaire
self report
thinking
Source: EMBASE
Full Text: Available from Elsevier in Psychiatry Research

28. Failure to utilize feedback causes decision-making deficits among excessive Internet gamers

Citation: Psychiatry Research, November 2014, vol./is. 219/3(583-588), 0165-1781;1872-7123 (30 Nov 2014)


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Language: English

Abstract: Internet gaming addiction (IGA) is an increasing mental health issue worldwide. Previous studies have revealed decision-making impairments in excessive Internet gamers (EIGs) with high symptoms of IGA. However, the role of feedback processing in
decision-making deficits among EIGs remains unknown. The present study aimed to investigate the effect of feedback processing on decision-making deficits under risk among EIGs, using the Game of Dice Task (GDT) and a modified version of the GDT in which no feedback was provided. Twenty-six EIGs and 26 matched occasional Internet gamers (OIGs) were recruited. The results showed: (a) OIGs performed better on the original GDT than on the modified GDT (no feedback condition); however, EIGs performed similarly on both tasks; (b) EIGs and OIGs performed equally on the modified GDT; however, EIGs chose more disadvantageous options than OIGs on the original GDT; (c) EIGs utilized feedback less frequently on the original GDT relative to OIGs. These results suggest that EIGs are not able to utilize feedback to optimize their decisions, which could underlie their poor decision-making under risk. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd
Publication Type: Journal: Article
Source: EMBASE
Full Text: Available from Elsevier in Psychiatry Research

29. Reward bias and lateralization in gambling behavior: Behavioral activation system and alpha band analysis

Citation: Psychiatry Research, November 2014, vol./is. 219/3(570-576), 0165-1781;1872-7123 (30 Nov 2014)
Author(s): Balconi M.; Finocchiaro R.; Canavesio Y.; Messina R.
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Language: English
Abstract: The present research explored the main factors that can influence subjects' choices in the case of decisions. In order to elucidate the individual differences that influence the decisional processes, making their strategies more or less advantageous, we tested the effect of a reward sensitivity in the behavioral activation system (BAS-Reward) constructed on the ability to distinguish between high- and low-risk decisions. Secondly, the lateralization effect, related to increased activation of the left (BAS-related)
hemisphere, was explored. Thirty-one subjects were tested using the Iowa Gambling Task, and the BAS-Reward measure was applied to distinguish between high-BAS and low-BAS groups. Behavioral responses (gain/loss options) and alpha-band modulation were considered. It was found that high-BAS group increased their tendency to opt in favor of the immediate reward (loss strategy) rather than the long-term option (win strategy). Secondly, high-BAS subjects showed an increased left-hemisphere activation in response to losing (with immediate reward) choices in comparison with low-BAS subjects. A "reward bias" effect was supposed to explain both the bad strategy and the unbalanced hemispheric activation for high-BAS and more risk-taking subjects.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd
Publication Type: Journal: Article
Subject Headings: adult
analysis of variance
article
*Behavioral Activation System
controlled study
*decision making
electroencephalography
event related potential
female
hemisphere
human
human experiment
impulsiveness
male
mismatch negativity
neurobiology
neuromodulation
normal human
*pathological gambling
prefrontal cortex
priority journal
punishment
*reward
young adult

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

30. The severity of Internet addiction risk and its relationship with the severity of borderline personality features, childhood traumas, dissociative experiences, depression and anxiety symptoms among Turkish university students

Citation: Psychiatry Research, November 2014, vol./is. 219/3(577-582), 0165-1781;1872-7123 (30 Nov 2014)

Author(s): Dalbudak E.; Evren C.; Aldemir S.; Evren B.

Institution: (Dalbudak, Aldemir) Department of Psychiatry, Faculty of Medicine, Turgut Ozal University, Ankara, Turkey; (Evren) Bakirkoy Training and Research Hospital for Psychiatry, Neurology and Neurosurgery, Alcohol and Drug Research, Treatment and Training Center (AMATEM), Istanbul, Turkey; (Evren) Department of Psychiatry, Baltalimani State Hospital for Muskuloskeletal Disorders, Istanbul, Turkey

Language: English

Abstract: The aim of this study was to investigate the relationship of Internet addiction (IA) risk with the severity of borderline personality features, childhood traumas, dissociative experiences, depression and anxiety symptoms among Turkish university students. A total of 271 Turkish university students participated in this study. The students were assessed
through the Internet Addiction Scale (IAS), the Borderline Personality Inventory (BPI), the Dissociative Experiences Scale (DES), the Childhood Trauma Questionnaire (CTQ-28), the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI). The rates of students were 19.9% (n=54) in the high IA risk group, 38.7% (n=105) in the mild IA risk group and 41.3% (n=112) in the group without IA risk. Correlation analyses revealed that the severity of IA risk was related with BPI, DES, emotional abuse, CTQ-28, depression and anxiety scores. Univariate covariance analysis (ANCOVA) indicated that the severity of borderline personality features, emotional abuse, depression and anxiety symptoms were the predictors of IAS score, while gender had no effect on IAS score. Among childhood trauma types, emotional abuse seems to be the main predictor of IA risk severity. Borderline personality features predicted the severity of IA risk together with emotional abuse, depression and anxiety symptoms among Turkish university students. 2014 Elsevier Ireland Ltd.
Abstract: Objective: This study examined the relationship between subjective measures of inattention/hyperactivity-impulsivity and mood and objective measures of neurocognitive function in cocaine users. Design: Ninety-four active cocaine users not seeking treatment (73 male, 21 female) were administered two self-report psychiatric measures (the ADHD Rating Scale - Fourth Edition; ARS-IV), and the Beck Depression Inventory - Second Edition; (BDI-II), and a battery of tests measuring attention, executive, psychomotor, visual and verbal learning, visuospatial, and language functions. Correlations between scores on the psychiatric measures (total and subscale) and the neurocognitive measures were examined. Results: While scores on the BDI-II and ARS-IV were correlated with each other (p<0.01), scores on both self-report measures were largely uncorrelated with neurocognitive test scores (p>0.05). Conclusion: There was a minimal relationship between psychiatric measures that incorporate subjective assessment of cognitive function, and objective neurocognitive measures in nontreatment-seeking cocaine users, consistent with previous findings in other samples of substance users. This suggests that self-report measures may have limited utility as proxies for neurocognitive performance.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd
CAS Registry Number: 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine)
Publication Type: Journal: Article
Subject Headings: ADHD Rating Scale Fourth Edition
adult
article
"*attention deficit disorder/di [Diagnosis]"
Beck Depression Inventory
*cocaine dependence
"*cognitive defect/di [Diagnosis]"
controlled study
executive function
female
functional assessment
help seeking behavior
human
language ability
learning
major clinical study
male
*mental performance
"*mood disorder/di [Diagnosis]"
priority journal
psychological rating scale
psychomotor performance
scoring system
self report
*symptom
vision
visual system function
cocaine

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

32. Acute total sleep deprivation potentiates cocaine-induced hyperlocomotion in mice

Citation: Neuroscience Letters, September 2014, vol./is. 579/(130-133), 0304-3940;1872-7972 (05 Sep 2014)
Evidence Services | library.nhs.uk

Author(s): Berro L.F.; Santos R.; Hollais A.W.; Wuo-Silva R.; Fukushiro D.F.; Mari-Kawamoto E.; Costa J.M.; Trombin T.F.; Patti C.L.; Grapiglia S.B.; Tufik S.; Andersen M.L.; Frussa-Filho R.

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Language: English

Abstract: In the social context, late-night parties are frequently associated with higher availability of recreational drugs with abuse potential. Physiologically, all of these drugs induce an increase in dopamine release in the mesolimbic dopaminergic system, which leads to hyperlocomotion in rodents. Sleep deprivation also seems to play an important role in the events related to the neurotransmission of the dopaminergic system by potentiating its behavioral effects. In this scenario, the aim of the present study was to investigate the effects of total sleep deprivation (6 h) on the acute cocaine-induced locomotor stimulation in male mice. Animals were sleep deprived or maintained in their home cages and subsequently treated with an acute i.p. injection of 15 mg/kg cocaine or saline and observed in the open field. Total sleep deprivation for 6 h potentiated the hyperlocomotion induced by acute cocaine administration. In addition, the cocaine sleep deprived group showed a decreased ratio central/total locomotion compared to the cocaine control group, which might be related to an increase in the impulsiveness of mice. Our data indicate that acute periods of sleep loss should be considered risk factors for cocaine abuse. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 51-61-6 (dopamine); 62-31-7 (dopamine)

Publication Type: Journal: Article

Subject Headings: animal experiment
article
*cocaine dependence
controlled study
dopamine release
dopaminergic transmission
*experimental hyperactivity
impulsiveness
locomotion
male
mesolimbic dopaminergic system
mouse
nonhuman
priority journal
REM sleep
*sleep deprivation
*cocaine
dopamine

Source: EMBASE

Full Text: Available from Elsevier in Neuroscience Letters; Note: ; Collection notes: Academic-License. Please note search only titles within the trial dates: 2010 - to-date

33. Alcohol licensing data: Why is it an underused resource in public health?

Citation: Health and Place, November 2013, vol./is. 24/(110-114), 1353-8292;1873-2054 (November 2013)
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Institution: (Humphreys) Institute of Public Health, University of Cambridge, Forvie Site, Robinson Way, Cambridge CB20SR, United Kingdom; (Smith) Centre for Primary Care and Public Health, Blizard Institute, Barts and The London School of Medicine and Dentistry, Yvonne Carter Building, 58 Turner Street, London, E1 2AB, United Kingdom
Language: English
Abstract: Alcohol-related harm is related to alcohol availability. Due to complex regulatory and environmental factors, alcohol availability varies spatially. However, the extent of this variation is largely unknown in the UK, despite its potential influence on patterns of alcohol-related harm. We investigate why administrative data is underused in the study of alcohol-related harm in the UK. We found that local authorities routinely collect a rich supply of licensing data. However, this information is stored in databases that are sometimes difficult to access. With greater coordination between researchers and practitioners, this data can be used to fulfil its primary administrative purpose and also contribute to understanding and prevention of alcohol-related health and social problems.

Country of Publication: United Kingdom
Publisher: Elsevier Ltd
Publication Type: Journal: Article
Subject Headings: access to information, alcohol consumption, "*alcoholism/pc [Prevention]" article, data base, drinking behavior, government regulation, *harm reduction, human, information processing, *licensing, marketing, policy, priority journal, *social problem, United Kingdom
Source: EMBASE

34. Alcohol-use disorders and multiple sclerosis risk: A national record-linkage study
Citation: Multiple Sclerosis, September 2014, vol./is. 20/1 SUPPL. 1(148-149), 1352-4585 (September 2014)
Author(s): Pakpoor J.; Goldacre R.; Disanto G.; Giovannoni G.; Goldacre M.
Institution: (Pakpoor) University of Oxford, John Radcliffe Hospital, Oxford, United Kingdom; (Goldacre, Goldacre) University of Oxford, Unit of Health-Care Epidemiology, Nuffield Department of Population Health, Oxford, United Kingdom; (Disanto, Giovannoni) Queen Mary University of London, Barts, Blizard Institute, London, United Kingdom
Language: English
Abstract: Background: Few studies have investigated the relationship between alcohol and MS risk, and these have often been limited by small sample sizes and inconsistent results. It has recently been reported that alcohol consumption exhibits a dose-dependent inverse association with MS risk. Objectives: We aimed to determine if individuals with alcohol use disorders, who may be presumed to consume large quantities of alcohol, have an altered MS risk compared to the general population. Methods: A record-linkage study was conducted using linked datasets of English Hospital Episode Statistics (HES) (records of every episode of hospital admission and day case care in all English National Health Service hospitals). ...
Health Service hospitals) and death registrations for England from January 1999 to December 2011. Three cohorts of people with a record for alcohol use (10156 people), alcohol abuse (255827 people) and alcohol dependence (281305 people) were constructed by identifying the first recorded episode in which either condition was a diagnosis. A reference cohort was constructed of people admitted for various other minor medical and surgical conditions (6.7 million people). We then searched for any subsequent hospital care for, or death from, MS in these cohorts. The rate ratio was then calculated. Results: There was a significantly increased risk of MS following alcohol use (p=0.003), alcohol abuse (p< 0.0001) and alcohol dependence (p=0.001). Considering the possibility of reverse causality we found an elevated risk of MS within one year of first admission for alcohol abuse only (p< 0.0001), but not for alcohol use or dependence (p=0.81 and p=0.25 respectively). Further, there was a significantly elevated risk of MS following alcohol use, abuse and dependence (p< 0.0001, p=0.003 and p=0.003 respectively) with a time interval of more than one year from first admission with the alcohol-use disorder. The association between alcohol-use disorders and risk of MS was more evident in males than females. Conclusions: This study supports the presence of a significant positive association between alcohol-use disorders and MS risk, particularly in men. The strengths of this study are the prospective design and the enormous size of the HES database. The likely much higher levels of toxicity and alcohol dependency in our study may be associated with MS. Clinical advise with regard to alcohol consumption and MS remains largely speculative, and long-term follow-up studies are required to ascertain the relationship.

Conference Information: 2014 Joint Americas Committee for Treatment and Research in Multiple Sclerosis ACTRIMS - European Committee for Treatment and Research in Multiple Sclerosis ECTRIMS Meeting Boston, MA United States. Conference Start: 20140910 Conference End: 20140913

Publisher: SAGE Publications Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
- *multiple sclerosis
- *risk
- *Western Hemisphere
- *alcohol use disorder
- human
- alcohol consumption
- alcohol abuse
- alcoholism
- death
- hospital
- male
- epidemiology
- diagnosis
- population
- United Kingdom
- diseases
- registration
- follow up
- national health service
- hospital care
- abuse
- toxicity
- hospital admission
- data base
- female
- statistics
- sample size
- alcohol

Source: EMBASE

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