Search Results

Table of Contents

Search History ................................................................. page 5

1. Positive smoker identity as a barrier to quitting smoking: Findings from a national survey of smokers in England ................................................................. page 6

2. Symptoms of alcohol dependence and smoking initiation and persistence: A longitudinal study among US adults ........................................................................................................ page 6

3. L-Isocorypalmine reduces behavioral sensitization and rewarding effects of cocaine in mice by acting on dopamine receptors ................................................................. page 8

4. What do you feel? Adolescent drug and alcohol users show altered brain response to pleasant interoceptive stimuli ........................................................................................................ page 9

5. Smoking and psychopathology increasingly associated in recent birth cohorts ........................................ page 10

6. Alcohol stigma and persistence of alcohol and other psychiatric disorders: A modified labeling theory approach ........................................................................................................ page 11

7. Interventions to prevent the initiation of injection drug use: A systematic review ........................................ page 12

8. The Clock19 mutation in mice fails to alter the primary and secondary reinforcing properties of nicotine ................................................................................................. page 14

9. Law enforcement attitudes toward overdose prevention and response .............................................................. page 15

10. Characterizing and improving HIV and hepatitis knowledge among primary prescription opioid abusers ...................................................................................................... page 16

11. Facilitators and barriers in treatment seeking for cannabis dependence .............................................................. page 17

12. Low frequency repetitive transcranial magnetic stimulation of the left dorsolateral prefrontal cortex transiently increases cue-induced craving for methamphetamine: A preliminary study ........................................................................................................ page 18

13. Unfairness sensitivity and social decision-making in individuals with alcohol dependence: A preliminary study ........................................................................................................ page 19

14. Dolutegravir does not affect methadone pharmacokinetics in opioid-dependent, HIV-seronegative subjects ........................................................................................................ page 20

15. Effects of working memory load, a history of conduct disorder, and sex on decision making in substance dependent individuals ........................................................................................................ page 21

16. Perceived stress and substance use in methadone-maintained smokers .............................................................. page 23

17. A longitudinal examination of alcohol, marijuana, and cigarette perceived norms among middle school adolescents ........................................................................................................ page 24

18. Static and dynamic predictors of criminal involvement among people with heroin dependence: Findings from a 3-year longitudinal study ........................................................................................................ page 25

19. The twelve promises of alcoholics anonymous: Psychometric measure validation and mediational testing as a 12-step specific mechanism of behavior change ........................................................................................................ page 26

20. Drug-related stimuli impair inhibitory control in cocaine abusers .................................................................................................................. page 27


22. Differential effects of acute and chronic treatment with the alpha2-adrenergic agonist, lofexidine, on cocaine self-administration in rhesus monkeys ........................................................................................................ page 29

23. Mediation relations of substance use risk profiles, alcohol-related outcomes, and drinking motives among young adolescents in the Netherlands ........................................................................................................ page 30

24. Impact of ADHD and cannabis use on executive functioning in young adults ........................................................................................................ page 32

25. Double-blind, randomized placebo-controlled clinical trial of benfotiamine for severe alcohol dependence ........................................................................................................ page 33
26. Is the relationship between early-onset cannabis use and educational attainment causal or due to common liability? ........................................................................................................................................................................... page 34
27. Effects of methamphetamine on the noradrenergic activity biomarker salivary alpha-amylase ...................... page 35
28. Alcohol and the methylome: Design and analysis considerations for research using human samples ............. page 36
29. The latent structure and predictors of non-medical prescription drug use and prescription drug use disorders: A National Study ........................................................................................................................................................................ page 37
30. Varenicline for smoking cessation among methadone-maintained smokers: A randomized clinical trial ...... page 38
31. Understanding the role of cessation fatigue in the smoking cessation process ......................................................... page 40
32. The importance of age composition of 12-step meetings as a moderating factor in the relation between young adults’ 12-step participation and abstinence ........................................................................................................ page 42
33. Alcohol misuse and psychosocial outcomes in young adulthood: Results from a longitudinal birth cohort studied to age 30 ........................................................................................................ page 43
34. Methadone and buprenorphine-naloxone are effective in reducing illicit buprenorphine and other opioid use, and reducing HIV risk behavior-Outcomes of a randomized trial ........................................................................................................................................ page 44
35. Results from a pilot clinical trial of varenicline for the treatment of alcohol dependence ................................ page 46
36. Risk factors for progression to regular injection drug use among street-involved youth in a Canadian setting ........................................................................................................................................................................ page 47
37. Association of functional DBH genetic variants with alcohol dependence risk and related depression and suicide attempt phenotypes: Results from a large multicenter association study ........................................................................................................................................................................ page 48
38. Topiramate treatment for alcoholic outpatients recently receiving residential treatment programs: A 12-week, randomized, placebo-controlled trial ........................................................................................................................................................................ page 50
39. Factorial structure of the Brief Symptom Inventory (BSI)-18 among Chinese drug users ................................ page 51
40. Combinations of oxazepam and metyrapone attenuate cocaine and methamphetamine cue reactivity ......... page 53
41. Anxiety and depressive symptoms and affective patterns of tobacco withdrawal ........................................ page 54
42. Illicit and nonmedical drug use among asian americans, native hawaiians/pacific islanders, and mixed-race individuals ........................................................................................................................................................................ page 55
43. Predicting the transition from frequent cannabis use to cannabis dependence: A three-year prospective study ........................................................................................................................................................................ page 56
44. Heart rate correlates of utilitarian moral decision-making in alcoholism ............................................................... page 58
45. Alcohol use and HIV risk taking among Chinese MSM in Beijing ........................................................................... page 59
46. Internet and computer based interventions for cannabis use: A meta-analysis ....................................................... page 60
47. Scaling up HIV prevention efforts targeting people who inject drugs in Central Asia: A review of key challenges and ways forward ........................................................................................................................................................................ page 61
49. Tuberculosis, drug use and HIV infection in Central Asia: An urgent need for attention ................................ page 64
50. Gender disparities in HIV infection among persons who inject drugs in Central Asia: A systematic review and meta-analysis ........................................................................................................................................................................ page 65
51. Synergistic impact of endurance training and intermittent hypobaric hypoxia on cardiac function and mitochondrial energetic and signaling ........................................................................................................................................................................ page 66
52. An investigation of interactions between hypocretin/orexin signaling and glutamate receptor surface expression in the rat nucleus accumbens under basal conditions and after cocaine exposure ........................................................................................................................................................................ page 68
53. Potential prevention of small for gestational age in Australia: A population-based linkage study .................... page 69
54. Post-mortem vitreous humour as potential specimen for detection of insulin analogues by LC-MS/MS ................ page 70
55. Impact of access restrictions on varenicline utilization ............................................................................................... page 71
56. Mental health screening tools in correctional institutions: A systematic review ................................................. page 72
57. Understanding the relationship between smoking and pain ................................................................. page 74
58. A confirmatory factor analysis of the Observer alexithymia scale in treatment seeking alcohol-dependent patients ........................................................................................................................................ page 74
59. Perceived family environment in spouses of alcohol-dependent patients ........................................ page 75
60. Focusing on abuse, not use, in drug education ....................................................................................... page 76
61. Controlled substance prescribing trends and physician and pharmacy utilization patterns: Epidemiological analysis of the maine prescription monitoring program from 2006 to 2010 ........................................................................ page 77
62. Substance use disorders in Saudi Arabia: Review article ........................................................................ page 78
63. Use of new psychoactive substances among teenagers attending a specialized adolescent addiction service in Dublin, before and after a legislative ban on their sale ........................................................................ page 79
64. Youth mental health: What are the needs of older adolescents and young adults and do they benefit from specific youth mental health services? .................................................................................................................................. page 81
65. Computerised cognitive behaviour therapy (cCBT) for children and young people ............................... page 82
66. The twin track: Alcohol and mental health in adolescents ........................................................................ page 83
67. Help negation among college students in Ireland ...................................................................................... page 84
68. Lost in translation? Learning from the opioid epidemic in the USA ............................................................ page 85
69. Pharmacotherapeutics for substance-use disorders: A focus on dopaminergic medications .................. page 86
70. Use of the Alcohol Use Disorders Identification Test (AUDIT) to determine the prevalence of alcohol misuse among HIV-infected individuals ........................................................................................................ page 88
71. Association between hematocrit in late adolescence and subsequent myocardial infarction in Swedish men .................................................................................................................................................. page 89
72. Naturalistic disease management study of patients with alcohol dependence in the primary care setting in the United Kingdom (STREAM) .................................................................................................... page 90
73. The Global Epidemiology and Contribution of Cannabis Use and Dependence to the Global Burden of Disease: Results from the GBD 2010 Study ............................................................................................................................................ page 91
74. Alcohol use among older people ................................................................................................................ page 92
75. An update on the use of laser technology in skin vaccination ................................................................. page 93
76. Chronic pain treatment with opioid analgesics: Benefits versus harms of long-term therapy ................ page 95
77. Losses and gains: Chronic pain and altered brain morphology ............................................................... page 97
78. Glucocorticoid receptor expression and sub-cellular localization in dopamine neurons of the rat midbrain ....................................................................................................................................................... page 99
79. Global burden of disease attributable to mental and substance use disorders: Findings from the Global Burden of Disease Study 2010 ........................................................................................................ page 100
80. Global burden of disease attributable to illicit drug use and dependence: Findings from the Global Burden of Disease Study 2010 ........................................................................................................ page 102
81. Methadone prescribing should continue in Scotland, says review ............................................................. page 103
82. Systematic review of record linkage studies of mortality in ex-prisoners: why (good) methods matter ..... page 104
83. Predictors of abstinence among smokers recruited actively to quitline support ........................................ page 105
84. Adalimumab for the treatment of psoriasis in real life: A retrospective cohort of 119 patients at a single Spanish centre ............................................................................................................................................. page 106
85. Can clinical institute withdrawal assessment (CIWA) score be used to predict alcohol related admissions? ........................................................................................................................................................................ page 108
86. Novel strategy to diagnose and grade hepatocellular carcinoma ............................................................ page 109
87. Comparison of the histogenesis of regenerative nodules in patients with cirrhosis of different aetiologies ............................................................................................................................................................................ page 110
88. Phosphoproteomic analysis of the striatum from pleiotrophin knockout and midkine knockout mice treated with cocaine reveals regulation of oxidative stress-related proteins potentially underlying cocaine-induced neurotoxicity and neurodegeneration ................................................................. page 111
89. Evaluation of the Simplified Comorbidity Score (Colinet) as a prognostic indicator for patients with lung cancer: A cancer registry study ......................................................................................................................... page 113
90. Anxiety comorbidity in schizophrenia ..................................................................................................................... page 114
91. Current cannabis use and age of psychosis onset: A gender-mediated relationship? Results from an 8-year FEP incidence study in Bologna ......................................................................................................................... page 116
92. The long arm of parental addictions: The association with adult children's depression in a population-based study ............................................................................................................................................. page 117
93. Current smoking rate in patients with psychiatric disorders in Japan: Questionnaire survey .................................................... page 118
94. Electroconvulsive therapy in patients with diagnoses other than major depression and/or difficult characteristics: A combined psychiatric-anesthesiological approach based on a retrospective chart analysis ........................................................................................................................................ page 119
95. Psychiatric disorders in patients presenting to hospital following self-harm: A systematic review ........................................ page 121
97. Self-care success ........................................................................................................................................ page 123
98. Outcomes from liaison psychiatry referrals for older people with alcohol use disorders in the UK ........................................ page 123
99. Safety profile of two novel antiepileptic agents approved for the treatment of refractory partial seizures: Ezogabine (retigabine) and perampanel .................................................................................................................................. page 125
100. The cannabis conundrum ............................................................................................................................... page 127
101. The relationship between maternal methadone dose at delivery and neonatal outcome: Methodological and design considerations ........................................................................................................................................ page 127
102. Skin-picking heralding Parkinson's disease ........................................................................................................ page 129
103. Cognitive impairment in patients with depressive and euthymic episodes of bipolar disorder .................................. page 130
104. Anti-platelet aggregation activity observed in Honkaku shochu ........................................................................... page 131
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. Positive smoker identity as a barrier to quitting smoking: Findings from a national survey of smokers in England

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(740-745), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Tombor I.; Shahab L.; Brown J.; West R.

Institution: (Tombor, Shahab, Brown, West) Cancer Research UK Health Behaviour Research Centre, University College London, WC1E 6BT, United Kingdom

Language: English

Abstract: Background: It has been proposed that positive smoker identity may be an important factor undermining smoking cessation but very little research exists on this. This study tested the hypothesis that a simple measure of positive smoker identity would predict quit attempts over and above other known predictors in a population sample. More tentatively it explored whether this measure would also predict quit success. Methods: A representative sample of adult smokers in England (n= 9456) was included at baseline and 2099 were followed-up at six months. Demographic and smoking characteristics, a single item measure of positive smoker identity (endorsing the statement: ‘I like being a smoker’), measures of smoking-related attitudes, quit attempts and quit success were included. Results: A total of 18.3% (95% CI. = 17.5-19.2) of smokers reported a positive smoker identity. Adjusting for all other predictors, those with a positive smoker identity were more likely to be older (p< 0.001), male (p= 0.013), more nicotine dependent (p< 0.001), have lower motivation to stop (p< 0.001), have not made a quit attempt in the past year (p= 0.025), enjoy smoking (p< 0.001), and consider themselves to be addicted (p< 0.001). Having a positive smoker identity independently predicted failure to make a quit attempt at six months (p= 0.007). The independent association with quit success was similar in magnitude but did not reach statistical significance (p= 0.053). Conclusions: Only a minority of smokers in England have a positive smoker identity. However, where it is present it may be an important barrier to quitting smoking and merits further study. 2013 Elsevier Ireland Ltd.

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United Kingdom

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Full Text: Available from Elsevier in Drug and Alcohol Dependence

2. Symptoms of alcohol dependence and smoking initiation and persistence: A longitudinal study among US adults
Background: A large number of adults report symptoms of, but do not meet diagnostic criteria for, an alcohol use disorder. Yet, little is known about the relationship between symptoms of alcohol use disorders and the initiation and persistence of smoking. This study prospectively examines the relationship between having 1-2 symptoms of alcohol dependence (without abuse) and smoking initiation and persistence as well as nicotine dependence over a 3-year period among adults in the United States. Methods: Data were drawn from Wave 1 (2001-2002) and Wave 2 (2004-2005) of the National Epidemiologic Survey on Alcohol and Related Conditions. Relationships between Wave 1 symptoms of alcohol dependence, alcohol abuse, and alcohol dependence and initiation and persistence of cigarette smoking and nicotine dependence at Wave 2 were examined using logistic regression analyses. Analyses were adjusted for demographics, mood and anxiety disorders. Results: Symptoms of alcohol dependence were associated with smoking initiation at Wave 2. There was no association between symptoms of alcohol dependence and smoking persistence. Symptoms of alcohol dependence predicted incident and persistent nicotine dependence. Findings persisted after adjusting for demographic characteristics and mood/anxiety disorders. Conclusions: Even 1-2 symptoms of alcohol dependence are associated with increased vulnerability to smoking initiation and onset and persistence of nicotine dependence at a similar strength as alcohol use disorders. Efforts at smoking cessation must address problematic alcohol use, even at the subclinical level, in order to improve efficacy. 2013 Elsevier Ireland Ltd.
3. L-Isocorypalmine reduces behavioral sensitization and rewarding effects of cocaine in mice by acting on dopamine receptors

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(693-703), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Xu W.; Wang Y.; Ma Z.; Chiu Y.-T.; Huang P.; Rasakham K.; Unterwald E.; Lee D.Y.-W.; Liu-Chen L.-Y.

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Language: English

Abstract: Background: We previously reported isolation of l-isocorypalmine (l-ICP), a mono-demethylated analog of l-tetrahydropalmatine (l-THP), from the plant Corydalis yanhusuo. Here we characterized its in vitro pharmacological properties and examined its effects on cocaine-induced behaviors in mice. Methods: Receptor binding, cAMP and [35S]GTPS assays were used to examine pharmacological actions of l-ICP in vitro. Effects of l-ICP on cocaine-induced locomotor hyperactivity and sensitization and conditioned place preference (CPP) in mice were investigated. HPLC was employed to analyze metabolites of l-ICP in mouse serum. Results: Among more than 40 targets screened, l-ICP and l-THP bound only to dopamine (DA) receptors. l-ICP was a high-affinity partial agonist of D1 and D5 receptors and a moderate-affinity antagonist of D2, D3 and D4 receptors, whereas l-THP bound to only D1 and D5 receptors, with lower affinities than l-ICP. At 10. mg/kg (i.p.), l-ICP inhibited spontaneous locomotor activity for a shorter time than l-THP. Pretreatment with l-ICP reduced cocaine-induced locomotor hyperactivities. Administration of l-ICP before cocaine once a day for 5 days reduced cocaine-induced locomotor sensitization on days 5 and 13 after 7 days of withdrawal. Pretreatment with l-ICP before cocaine daily for 6 days blocked cocaine-induced CPP, while l-ICP itself did not cause preference or aversion. HPLC analysis showed that l-ICP was the main compound in mouse serum following i.p. injection of l-ICP. Conclusions: l-ICP likely acts as a D1 partial agonist and a D2 antagonist to produce its in vivo effects and may be a promising agent for treatment of cocaine addiction. 2013 Elsevier Ireland Ltd.
human cell
hyperactivity
in vitro study
male
mouse
nonhuman
place preference
priority journal
receptor binding
*reward
*cocaine
dopamine 1 receptor
dopamine 1 receptor stimulating agent
dopamine 2 receptor
dopamine 2 receptor blocking agent
dopamine 3 receptor
dopamine 4 receptor
dopamine 5 receptor
*dopamine receptor
"*isocorypalmine/an [Drug Analysis]
"*isocorypalmine/cr [Drug Concentration]
"*isocorypalmine/ip [Intraperitoneal Drug Administration]
"*isocorypalmine/pd [Pharmacology]
"*tetrahydropalmatine/an [Drug Analysis]
"*tetrahydropalmatine/cr [Drug Concentration]
"*tetrahydropalmatine/ip [Intraperitoneal Drug Administration]
"*tetrahydropalmatine/pd [Pharmacology]
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4. What do you feel? Adolescent drug and alcohol users show altered brain response to pleasant interoceptive stimuli

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(661-668), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Migliorini R.; Stewart J.L.; May A.C.; Tapert S.F.; Paulus M.P.

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Language: English

Abstract: Background: Altered interoception, i.e., processing of stimuli from inside the body, has been considered an important component of drug-taking behavior. However, approaches to examine interoceptive sensitivity in humans have been limited. This study examined the hypothesis that adolescents with substance use disorder show altered interoceptive processing, measured by stimulating mechano-receptive C-fibers (MR-CF) via soft touch. Methods: Adolescents with substance use disorders (SUD, n = 15) and comparison youth (CON, n = 17) underwent functional magnetic resonance imaging (fMRI) during anticipation or reception of a positively valenced "Soft Touch" consisting of MR-CF stimulation to the palm or forearm. Visual analog scales (VAS) indexed subjective interoceptive experience (e.g., pleasantness, intensity). Results: Across all conditions, SUD displayed attenuated left posterior insula activation compared to CON. Greater left anterior insula and right lentiform nucleus activation was evident during the application of soft touch for SUD but not for CON. Whereas for CON, greater left anterior insula activation was associated with higher pleasantness ratings, pleasantness was linked to less anterior insula activation in SUD. Finally, within SUD, attenuated posterior insula
activation was related to more recent cannabis use. Conclusions: SUD adolescents exhibit blunted somatovisceral processing of pleasant stimulation, heightened sensitivity in regions responsible for processing reward value, and altered relationships between interoceptive processing and subjective experience. 2013 Elsevier Ireland Ltd.

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forearm
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hand palm
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male
nerve cell
posterior insula
priority journal
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Full Text: Available from Elsevier in Drug and Alcohol Dependence

5. Smoking and psychopathology increasingly associated in recent birth cohorts

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(724-732), 0376-8716;1879-0046 (01 Dec 2013)
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Language: English
Abstract: Background: In recent decades, smoking has become an increasingly non-normative behavior. Because deviant behaviors are associated with greater clinical and genetic risks, current-generation smokers may have greater concentrations of psychiatric comorbidity
than previous generations. We examined this question empirically by testing whether associations between measures of smoking, psychiatric diagnoses, and risk-associated personality traits, increased across seven birth-cohorts of the 20th century. Method: 4326 subjects from a cross-sectional NIMH control sample were categorized into one of seven groups based on birth (born before 1930, and 1930s-80s) and one of three smoking levels (lifetime dependent smoker, never dependent smoker, never smoker). Smoking and ND were assessed using the Fagerstrom Test for Nicotine Dependence; psychiatric diagnoses (drug and alcohol dependence, major depression, and generalized anxiety disorder) using the Composite International Diagnostic Interview-Short Form, and personality traits (neuroticism and extraversion) with the Eysenck Personality Questionnaire. Result: Lifetime prevalence of smoking decreased across the seven cohorts. Associations between smoking and drug dependence, generalized anxiety, and neuroticism, as well as total psychiatric comorbidity, were greater in more recent cohorts [smoking-by-cohort interaction: p<. 0.01], with greatest increases contributed by nicotine-dependent smokers. Smoking was also independently associated with alcohol dependence and depression, but these associations did not significantly vary across cohorts. Conclusions: More recent generations included fewer persons who smoked, but their smoking was associated with greater psychiatric morbidity. Failure to account for systematic variation in comorbidity across smoking cohorts may lead to unwanted heterogeneity in clinical, and possibly genetic, studies of nicotine dependence. 2013 Elsevier Ireland Ltd.
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Language: English

Abstract: Background: We sought to apply modified labeling theory in a cross-sectional study of alcohol use disorder (AUD) to investigate the mechanisms through which perceived alcohol stigma (PAS) may lead to the persistence of AUD and risk of psychiatric disorder. Methods: We conducted structural equation modeling (SEM) including moderated mediation analyses of two waves (W1 and W2) of data from the National Epidemiologic Survey on Alcohol and Related Conditions. We analyzed validated measures of PAS, perceived social support, social network involvement, and psychiatric disorders among (n= 3608) adults with two or more DSM-5 AUD symptoms in the first two of the three years between the W1 and W2 survey. Cross-sectional analyses were conducted owing to the assessment of PAS only at W2. Results: Per mediation analyses, lower levels of perceived social support explained the association of PAS with past-year AUD and past-year internalizing psychiatric disorder at W2. The size of the mediated relationship was significantly larger for those classified as labeled (i.e., alcoholic) per their prior alcohol treatment or perceived need (n= 938) as compared to unlabeled (n= 2634), confirming a hypothesis of moderated mediation. Unexpectedly, mediation was also present for unlabeled individuals. Conclusions: Lower levels of social support may be an important intermediate outcome of alcohol stigma. Longitudinal data are needed to establish the temporal precedence of PAS and its hypothesized intermediate and distal outcomes. Research is needed to evaluate direct measures of labeling that could replace proxy measures (e.g., prior treatment status) commonly employed in studies of the stigma of psychiatric disorders. 2013 Elsevier Ireland Ltd.
Abstract:
Background: Injection drug use has been identified as a key source of morbidity and mortality, primarily from overdose and the transmission of blood-borne diseases such as HIV. Experts have therefore called for the prioritization of resources toward the prevention of injection drug use. However, these strategies have not been systematically assessed. Methods: PRISMA guidelines were used to systematically review and extract findings from the peer-reviewed literature evaluating the effectiveness of interventions to prevent injecting initiation. We searched 10 English language electronic databases (PubMed, PsycINFO, EMBASE, Cochrane CENTRAL, CINAHL, Web of Science, TOXNET, AIDSLINE, AMED and ERIC), the Internet (Google, Google Scholar), and article reference lists, from database inception to June 1st, 2012. Results: Overall, out of 384 studies identified in the initial search, eight met the inclusion criteria. Studies evaluated four different types of interventions: social marketing, peer-based behavior modification, treatment, and drug law enforcement. Four studies observed a significant effect of the intervention on reducing rates of injecting initiation. Peer-based behavior modification and addiction treatment interventions were found to be most effective. Two of three studies assessing the impact of drug law enforcement on patterns of injecting initiation found no impact on injecting initiation, while one study reported inconclusive results. Conclusion: There exists a limited scientific literature on strategies to prevent injecting initiation. Resources should be allocated toward increased research and development of effective interventions to prevent this phenomenon. 2013 Elsevier Ireland Ltd.
8. The Clock19 mutation in mice fails to alter the primary and secondary reinforcing properties of nicotine

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(733-739), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Bernardi R.E.; Spanagel R.

Institution: (Bernardi, Spanagel) Institute of Psychopharmacology, Central Institute of Mental Health, Medical Faculty Mannheim/Heidelberg University, Mannheim, Germany

Language: English

Abstract: Background: Clock genes have been demonstrated to play a role in behavioral responses to a variety of drugs of abuse, including cocaine, amphetamine, morphine, and ethanol. However, no studies to date have examined the role of Clock genes on nicotine-mediated behaviors. We examined the involvement of Clock, one of several Clock genes, on the effects of nicotine by examining mice with the Clock19 mutation in behaviors commonly used to assess drug effects in rodents. Methods: We first measured the locomotor effects of nicotine in mutants and wild type mice in response to repeated nicotine injections (0.175 mg/kg, IP). To assess the secondary properties of nicotine, we measured the ability of nicotine (0.175 mg/kg, IP) to induce a conditioned place preference. Finally, we measured the primary reinforcing properties of nicotine at two doses (0.01 and 0.03 mg/kg/infusion, IV) using the self-administration paradigm. Results: Mutant mice demonstrated no difference in magnitude of the sensitized response to nicotine as compared to wild-type controls. In the conditioned place preference paradigm, mutant and wild-type mice demonstrated a similar preference for a nicotine-paired environment. And finally, mutant and wild-type mice demonstrated a similar acquisition of nicotine self-administration, as indicated by the number of responses on a nicotine-paired lever and the number of nicotine reinforcers achieved during sessions. Conclusions: The Clock19 mutation appears to have no effect on the reinforcing properties of nicotine, in contrast to its demonstrated role in cocaine reinforcement. Further studies are needed to determine the effect of other Clock genes on nicotine reinforcement. 2013 Elsevier Ireland Ltd.
9. Law enforcement attitudes toward overdose prevention and response

**Citation:** Drug and Alcohol Dependence, December 2013, vol./is. 133/2(677-684), 0376-8716;1879-0046 (01 Dec 2013)

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**Language:** English

**Abstract:** Background: Law enforcement is often the first to respond to medical emergencies in the community, including overdose. Due to the nature of their job, officers have also witnessed first-hand the changing demographic of drug users and devastating effects on their community associated with the epidemic of nonmedical prescription opioid use in the United States. Despite this seminal role, little data exist on law enforcement attitudes toward overdose prevention and response. Methods: We conducted key informant interviews as part of a 12-week Rapid Assessment and Response (RAR) process that aimed to better understand and prevent nonmedical prescription opioid use and overdose deaths in locations in Connecticut and Rhode Island experiencing overdose “outbreaks.” Interviews with 13 law enforcement officials across three study sites were analyzed to uncover themes on overdose prevention and naloxone. Results: Findings indicated support for law enforcement involvement in overdose prevention. Hesitancy around naloxone administration by laypersons was evident. Interview themes highlighted officers’ feelings of futility and frustration with their current overdose response options, the lack of accessible local drug treatment, the cycle of addiction, and the pervasiveness of easily accessible prescription opioid medications in their communities. Overdose prevention and response, which for some officers included law enforcement-administered naloxone, were viewed as components of community policing and good police-community relations. Conclusion: Emerging trends, such as existing law enforcement medical interventions and Good Samaritan Laws, suggest the need for broader law enforcement engagement around this pressing public health crisis, even in suburban and small town locations, to promote public safety. 2013 Elsevier Ireland Ltd.
10. Characterizing and improving HIV and hepatitis knowledge among primary prescription opioid abusers

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(625-632), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Dunn K.E.; Saulsgiver K.A.; Patrick M.E.; Heil S.H.; Higgins S.T.; Sigmon S.C.

Institution: (Dunn) Johns Hopkins University School of Medicine, Department of Psychiatry and Behavioral Sciences, United States; (Saulsgiver) University of Pennsylvania, Department of Medicine, United States; (Patrick, Heil, Higgins, Sigmon) University of Vermont, Department of Psychology, United States; (Heil, Higgins, Sigmon) University of Vermont, Department of Psychiatry, United States

Language: English

Abstract: Background: The high rates of HIV and Hepatitis C (HCV) infection among opioid abusers is a serious public health problem, and efforts to enhance knowledge regarding risks for HIV/hepatitis infection in this population are important. Abuse of prescription opioids (POs), in particular, has increased substantially in the past decade and is associated with increasing rates of injection drug use and HCV infection. Methods: This study describes the effects of a brief HIV/HCV educational intervention delivered in the context of a larger randomized, double-blind clinical trial evaluating the relative efficacy of 1-, 2-, and 4-week outpatient buprenorphine tapers and subsequent oral naltrexone maintenance for treating PO dependence. HIV- and HCV-related knowledge and risk behaviors were characterized pre- and post-intervention in 54 primary PO abusers. Results: The educational intervention was associated with significant improvements in HIV (p< .001) and HCV (p< .001) knowledge. Significant improvements (p< .001) were observed on all three domains of the HIV questionnaire (i.e., general knowledge, sexual risk behaviors, drug risk behaviors) and on 21 and 11 individual items on the HIV and HCV questionnaires, respectively. Self-reported likelihood of using a condom also increased significantly (p< .05) from pre- to post-intervention. No additional changes in self-reported risk behaviors were observed. Conclusion: These results suggest that a brief, easy-to-administer intervention is associated with substantial gains in HIV and HCV knowledge among PO abusers and represents the necessary first step toward the dissemination of a structured prevention HIV and HCV intervention for PO abusers. 2013 Elsevier Ireland Ltd.
11. Facilitators and barriers in treatment seeking for cannabis dependence

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(776-780), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Van Der Pol P.; Liebregts N.; de Graaf R.; Korf D.J.; van den Brink W.; van Laar M.

Institution: (Van Der Pol, de Graaf, van Laar) Trimbos Institute, Netherlands Institute of Mental Health and Addiction, PO Box 725, 3500 AS Utrecht, Netherlands; (Liebregts, Korf) Bonger Institute of Criminology, Law Faculty, University of Amsterdam, PO Box 1030, 1000 BA Amsterdam, Netherlands; (van den Brink) Department of Psychiatry, Academic Medical Centre, University of Amsterdam, PO Box 22660, 1100 DD Amsterdam, Netherlands

Language: English

Abstract: Background: Relatively few cannabis dependent people seek treatment and little is known about determinants of treatment seeking. Methods: Treatment determinants were compared among 70 DSM-IV cannabis dependent patients and 241 non-treatment seeking DSM-IV cannabis dependent community subjects. In addition, perceived facilitators for treatment seeking were assessed in patients, whereas perceived barriers were assessed in 160/241 cannabis dependent community subjects not prepared to seek treatment (precluders), of whom 63/160 showed an objective treatment need, and 30/241 showed a subjective treatment need. Results: Compared to non-treatment seekers, patients reported more cannabis use (176.9 versus 82.8 joints monthly), more symptoms of dependence (5.6 versus 4.5), higher perceived lack of social support (70.0% versus 41.1%), more pressure to seek treatment (58.6% versus 21.6%), a more positive attitude to treatment, and more previous treatments. In addition, patients reported more mental health problems (internalising disorders 57.1% versus 24.5%; externalising disorders 52.9% versus 35.3%) and more functional impairments (8.4 versus 4.8 monthly days out of role). Cannabis dependent 'precluders' reported desire for self-reliance (50.0%), preference for informal help (22.5%), and absent treatment need (16.9%) as their main reasons not to seek treatment, whereas cannabis dependent community subjects with a subjective treatment need mainly expressed desire for self-reliance (36.7%), treatment ineffectiveness (16.7%), and avoiding stigma (13.3%). Conclusions: Functional impairment, mental health
problems and social pressure are important reasons to seek treatment in people with cannabis dependence. Treatment participation might improve if desire for self-reliance and the preference for informal help are considered, and perceived ineffectiveness of treatment and stigmatisation are publicly addressed. 2013 Elsevier Ireland Ltd.

12. Low frequency repetitive transcranial magnetic stimulation of the left dorsolateral prefrontal cortex transiently increases cue-induced craving for methamphetamine: A preliminary study

Background: Repetitive transcranial magnetic stimulation (rTMS) can temporarily interrupt or facilitate activity in a focal brain region. Several lines of evidence suggest that rTMS of the dorsolateral prefrontal cortex (DLPFC) can affect processes involved in drug addiction. We hypothesized that a single session of low-frequency rTMS of the left DLPFC would modulate cue-induced craving for methamphetamine (MA) when compared to a sham rTMS session. Methods: In this single-blind, sham-controlled crossover study, 10 non-treatment seeking MA-dependent users and 8 healthy controls were randomized to receive 15 min of sham and real (1 Hz) DLPFC rTMS in two experimental sessions separated by 1 h. During each rTMS session, participants were exposed to blocks of neutral cues and MA-associated cues. Participants rated their craving after each cue block. Results: In MA users, real rTMS over the left DLPFC increased self-reported craving as compared to sham stimulation (17.86. +/- 1.46 vs. 24.85. +/- .
1.57, p= 0.001). rTMS had no effect on craving in healthy controls. One Hertz rTMS of the left DLPFC was safe and tolerable for all participants. Conclusions: Low frequency rTMS of the left DLPFC transiently increased cue-induced craving in MA participants. These preliminary results suggest that 1 Hz rTMS of the left DLPFC may increase craving by inhibiting the prefrontal cortex or indirectly activating subcortical regions involved in craving. 2013 Elsevier Ireland Ltd.

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(772-775), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Brevers D.; Noel X.; Ermer E.; Dabiri D.; Verbanck P.; Kornreich C.

Institution: (Brevers, Noel, Dabiri, Verbanck, Kornreich) Laboratory of Medical Psychology and Addictology, CHU-Brugmann, Universite Libre de Bruxelles, Belgium; (Ermer) Psychology Department, Adelphi University, Garden City, NY, United States

Language: English

Abstract: Background: Altruistic punishment is an evolutionary-based mechanism aimed at maximizing the probability of reciprocity in cooperative exchanges, through the deterrence of non-cooperators. In economic games, humans will often punish others for non-cooperation, even if this punishment is costly to the self. For instance, in the Ultimatum Game paradigm, people refuse offers considered as unfair even though they are disadvantaged financially by doing so. Here, we hypothesize that, due to an impulsive decision making style, individuals with alcoholism will display an heightened unfairness sensitivity that leads them to reject advantageous offers more frequently on the Ultimatum Game. Methods: Thirty recently detoxified alcohol-dependent individuals and 30 matched healthy control participants performed the Ultimatum Game task, in which participants had to respond to take-it-or-leave-it offers ranging from fair to unfair and made by a fictive proposer. Results: Alcohol-dependent participants decided to reject unfair offers more frequently during the Ultimatum Game, as compared to controls. Conclusions: In
situations of social frustration or irritation, such as unfair Ultimatum Game offers, alcohol-dependent individuals may have more difficulty than controls regulating their emotional impulses, and respond aggressively or retributively (i.e., by rejecting the unfair offer). 2013 Elsevier Ireland Ltd.

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Publication Type: Journal: Article
Subject Headings: adult aggression *alcoholism article clinical article controlled study *decision making emotion female human impulsiveness male priority journal *social behavior social interaction task performance
Source: EMBASE
Full Text: Available from Elsevier in Drug and Alcohol Dependence

14. Dolutegravir does not affect methadone pharmacokinetics in opioid-dependent, HIV-seronegative subjects

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(781-784), 0376-8716;1879-0046 (01 Dec 2013)
Author(s): Song I.; Mark S.; Chen S.; Savina P.; Wajima T.; Peppercorn A.; Bala U.; Geoffroy P.; Piscitelli S.
Institution: (Song, Chen, Savina, Peppercorn, Piscitelli) GlaxoSmithKline, 5 Moore Drive, Research Triangle Park, NC 27709, United States; (Mark) GlaxoSmithKline, 7333 Mississauga Road, Mississauga, ON L5N 6L4, Canada; (Wajima) Shionogi and Co., Ltd., 1-8, Doshomachi 3-chome, Chuo-ku, Osaka 541-0045, Japan; (Bala, Geoffroy) INC Research, 720 King Street West, Toronto, ON M5V 2T3, Canada
Language: English

Abstract: Background: Dolutegravir (DTG) is an investigational integrase inhibitor for treatment of HIV infection. As intravenous drug use is a common risk factor for HIV, this study evaluated the effect of DTG on the pharmacokinetics (PK) of methadone. Methods: This was an open-label, 2-period study in adult, opioid-dependent, HIV-seronegative subjects. Subjects received their current individual methadone doses once daily for 3 days (Period 1) followed by DTG 50 mg twice daily (BID) for 5 days while continuing their stable methadone therapy (Period 2). Serial PK samples for R- and S-methadone were collected after each Period. Pharmacodynamic (PD) measures and safety assessments were obtained throughout the study. Non-compartmental PK analysis was performed, and geometric least-squares mean ratios and 90% confidence intervals were generated. Results: Plasma exposures of total, R-, and S-methadone were not affected by co-administration of DTG. Mean ratios for AUC were 0.98, 0.95, and 1.01 for total, R-, and S-methadone, respectively, alone compared with in combination with DTG. No statistically significant differences were noted between the 2 treatment periods in methadone PD measures. The combination of DTG and methadone was well tolerated. No deaths, serious adverse events, or grade 3/4 adverse events occurred. No clinically significant changes in laboratory values, vital signs, or electrocardiograms were observed. Conclusion: Co-administration of methadone with repeat doses of DTG 50 mg BID had
no effect on total, R-, and S-methadone PK or on methadone-induced PD markers. No dose adjustment in methadone is required when given in combination with DTG. 2013 Elsevier Ireland Ltd.

15. Effects of working memory load, a history of conduct disorder, and sex on decision making in substance dependent individuals
Abstract:
Background: Substance dependence and antisocial psychopathology, such as a history of childhood conduct disorder (HCCD), are associated with impulsive or disadvantageous decision making and reduced working memory capacity (WMC). Reducing WMC via a working memory load increases disadvantageous decision making in healthy adults, but no previous studies have examined this effect in young adults with substance dependence and HCCD. Method: Young adults with substance dependence (SubDep; n= 158, 71 female), substance dependence and HCCD (SubDep. +. HCCD; n= 72, 24 female), and control participants (n= 152, 84 female) completed a test of decision making (the Iowa Gambling Task; IGT) with or without a concurrent working memory load intended to tax WMC. Outcomes were (i) net advantageous decisions on the IGT, and (ii) preferences for infrequent- versus frequent-punishment decks. Results: SubDep. +. HCCD men made fewer advantageous decisions on the IGT than control men without a load, but there were no group differences among women in that condition. Load was associated with fewer advantageous decisions for SubDep. +. HCCD women and control men, but not for men or women in the other groups. Participants showed greater preference for infrequent-punishment, advantageous decks under load as well. Conclusions: There are gender differences in the effects of substance dependence, HCCD, and working memory load on decision making on the IGT. Decision making by control men and SubDep. +. HCCD women suffered the most under load. Load increases preferences for less-frequent punishments, similar to a delay discounting effect. Future research should clarify the cognitive and neural mechanisms underlying these effects. 2013 Elsevier Ireland Ltd.
16. Perceived stress and substance use in methadone-maintained smokers

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(785-788), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Moitra E.; Anderson B.J.; Stein M.D.

Institution: (Moitra, Stein) Warren Alpert Medical School of Brown University, Providence, RI 02912, United States; (Anderson, Stein) General Medicine Research Unit, Butler Hospital, Providence, RI 02906, United States

Language: English

Abstract: Background: In methadone maintenance treatment programs (MMTPs), 80-90% of participants smoke cigarettes. Patients in MMTPs are at particular risk for life stress, and nicotine, as well as other substances like alcohol, benzodiazepines, cocaine, marijuana, and opiates have been shown to reduce the effects of stress. Use of these addictive substances to cope with stress may precipitate illicit opiate relapse in MMTP patients. In the current study, we examined the relationship between perceived stress and substance abuse. Methods: Participants were 315 cigarette smokers recruited from nine MMTPs for a smoking cessation study. Logistic regression was used to evaluate the adjusted association of perceived stress with dichotomous indicators of hazardous alcohol use and recent substance use at baseline. Results: After controlling for demographic and smoking-related variables, perceived stress was associated positively and significantly with the likelihood of screening positive for hazardous drinking or alcohol-related problems (OR. = 1.13, 95%CI 1.02; 1.25), with the likelihood of recent cocaine use (OR. = 1.18, 95%CI 1.02; 1.37), and with the likelihood of recent benzodiazepine use (OR. = 1.24, 95%CI 1.07). Conclusions: Perceived stress may be a marker of patients' risk for illicit substance use, a known risk factor for illicit opiate relapse. These findings indicate that cigarette use might not be sufficient in managing stress and methadone-maintained persons turn to other substances for relief. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 12794-10-4 (benzodiazepine); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 54-11-5 (nicotine)

Publication Type: Journal: Article

Subject Headings: adult alcohol consumption article benzodiazepine dependence cocaine dependence demography female human logistic regression analysis major clinical study male *narcotic dependence priority journal relapse *smoking smoking cessation smoking cessation program *stress benzodiazepine cocaine *methadone nicotine
17. A longitudinal examination of alcohol, marijuana, and cigarette perceived norms among middle school adolescents

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(647-653), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Pedersen E.R.; Miles J.N.V.; Ewing B.A.; Shih R.A.; Tucker J.S.; D'Amico E.J.

Institution: (Pedersen, Miles, Ewing, Shih, Tucker, D'Amico) RAND Corporation, 1776 Main Street, PO Box 2138, Santa Monica, CA 90407, United States

Language: English

Abstract: Background: Adolescents tend to overestimate the prevalence of substance use among their peers and these perceived norms are associated with their current and future use. However, little is known about how perceived norms change over time during middle school, a developmental period when adolescents are at-risk for initiating substance use.

Method: We examined changes in perceived norms of alcohol, marijuana, and cigarettes over a two-year period among a large and diverse sample of 6th and 7th grade youth (N=6097; 50.1% female; 54% Hispanic). Participants completed a baseline survey and two subsequent annual surveys. Participants estimated the percentage of their peers they believed used each substance, as well as indicated levels of personal use, offers to use from peers, and exposure to peers who were using each substance. Results: Perceived norms of all three substances increased over time. Increases were somewhat attenuated when controlling for demographic factors, personal use, and peer factors, but remained significant. Female adolescents and those reporting non-Hispanic White ethnicity experienced the greatest increase in perceived norms over time. Conclusion: Normative perceptions of substance use increase greatly during the middle school years, an effect which cannot be fully explained by demographics, personal use, or peer factors. Given that perceived norms are often associated with personal use, early interventions with middle school youth are warranted to prevent the growth of these influential factors during this developmental period. 2013 Elsevier Ireland Ltd.
18. Static and dynamic predictors of criminal involvement among people with heroin dependence: Findings from a 3-year longitudinal study

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(600-606), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Marel C.; Mills K.L.; Darke S.; Ross J.; Slade T.; Burns L.; Teesson M.

Institution: (Marel, Mills, Darke, Ross, Slade, Burns, Teesson) National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW, Australia

Language: English

Abstract: Background: The link between heroin use and crime has been well established; however, there has been little opportunity to examine this relationship longitudinally. This study examines the relationship between static and dynamic predictors of criminal involvement, and the degree to which changes in dynamic risk factors moderate the risk of criminal involvement over time. Method: Data were collected as part of the Australian treatment outcome study, a 3-year longitudinal study of 615 people with heroin dependence conducted in Sydney, Australia. Past-month criminal involvement (property crime, drug dealing, fraud, violent crime), demographic, drug use and mental health characteristics were assessed at each interview. Results: Criminal involvement was consistently and independently predicted by lack of wage/salary as a main source of income, (OR 2.17), meeting diagnostic criteria for anti-social personality disorder (OR 1.91) and major depression (OR 1.41), screening positive for borderline personality disorder (OR 1.47), male sex (OR 1.44), a criminal history (OR 1.33), greater severity of dependence (OR 1.21), more extensive heroin use (OR 1.09), and younger age (OR 0.96) over the 3-year period. Conclusions: These findings provide strong evidence of the robust nature of the association between more extensive heroin use, severity of dependence, the co-occurrence of mental health conditions, and an individual's capacity for employment, and criminal involvement. Interventions aimed at increasing an individual's employability and improving mental health in particular, may reduce the risk of criminal involvement among people with heroin dependence. 2013 Elsevier Ireland Ltd.
disease association
disease severity
drug misuse
drug traffic
female
gender
health status
"*heroin dependence/dt [Drug Therapy]"
human
income
longitudinal study
major clinical study
"major depression/di [Diagnosis]"
male
mental health
practice guideline
*prediction
priority journal
risk assessment
*risk factor
salary
treatment outcome
violence
"buprenorphine/dt [Drug Therapy]"
diamorphine
"methadone/dt [Drug Therapy]"

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

19. The twelve promises of alcoholics anonymous: Psychometric measure validation and mediational testing as a 12-step specific mechanism of behavior change

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(633-640), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Kelly J.F.; Greene M.C.

Institution: (Kelly, Greene) Center for Addiction Medicine, Department of Psychiatry, Massachusetts General Hospital, Harvard Medical School, 60 Staniford Street, Boston, MA 02114, United States

Language: English

Abstract: Background: Empirical support for the recovery utility of 12-step mutual-help organizations (MHOs) has led to increased investigation of how such organizations confer benefit. The Twelve Promises of Alcoholics Anonymous (AA) feature prominently in 12-step philosophy and culture and are one of the few documented explications of the cognitive, affective, and behavioral benefits that members might accrue. This study investigated the psychometric properties of a measure of AA's Twelve Promises and examined whether it mediated the effect of 12-step participation on abstinence. Method: Young adults (N= 302, M age 20.4 [1.6], range 18-25; 27% female; 95% White) enrolled in an addiction treatment effectiveness study completed assessments at intake and 3-, 6-, and 12-months post treatment including a 26-item, Twelve Promises Scale (TPS). Factor analyses examined the TPS' psychometrics and lagged mediational analyses tested the TPS as a mechanism of behavior change. Results: Robust principal axis factoring extraction with Varimax rotation revealed a 2-factor solution explaining 45-58% of the variance across three administrations ("Psychological Wellbeing". = 26-39%; "Freedom from Craving. = 17-21%); internal consistency was high (alpha. = .83-93). Both factors were found to increase in relation to greater 12-step participation, but significant mediation was found only for the Freedom from Craving factor explaining 21-34% of the effect of 12-step participation in increasing abstinence. Conclusions: The TPS shows
potential as a conceptually relevant, and psychometrically sound measure and may be useful in helping elucidate the extent to which the Twelve Promises emerge as an independent benefit of 12-step participation and/or explain SUD remission and recovery. 2013 Elsevier Ireland Ltd.

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Publication Type: Journal: Article
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adult
*alcoholics anonymous
"alcoholism/rh [Rehabilitation]"
"alcoholism/th [Therapy]"
article
*behavior change
"cannabis addiction/rh [Rehabilitation]"
"cannabis addiction/th [Therapy]"
Caucasian
controlled study
"drug dependence/rh [Rehabilitation]"
"drug dependence/th [Therapy]"
female
group therapy
"heroin dependence/rh [Rehabilitation]"
"heroin dependence/th [Therapy]"
human
internal consistency
major clinical study
male
"opiate addiction/rh [Rehabilitation]"
"opiate addiction/th [Therapy]"
priority journal
psychological well being
psychometry
*rating scale
therapy effect
*Twelve Promises Scale
validation study
withdrawal syndrome
3,4 methylenedioxymethamphetamine
alcohol
amphetamine derivative
benzodiazepine derivative
cannabis
diamorphine
opiate
psychedelic agent

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

20. Drug-related stimuli impair inhibitory control in cocaine abusers

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(768-771), 0376-8716;1879-0046 (01 Dec 2013)
Author(s): Pike E.; Stoops W.W.; Fillmore M.T.; Rush C.R.
Abstract:
Background: Cocaine users show impaired inhibitory control on cued go/no-go tasks and attention bias to drug-related stimuli in the emotional Stroop task. The results of a previous study suggested that there is a relationship between inhibitory control and attention bias in alcohol drinkers such that the presentation of alcohol-related images as a go cue in a cued go/no-go task significantly impaired inhibitory control compared to neutral images as a go cue. The present study determined the generality of these previous findings by assessing inhibitory control in cocaine users utilizing a modified cued go/no-go task with cocaine or neutral images as the cues. Methods: Non-treatment seeking cocaine users (N=30) completed the modified task after completing detailed measures of demographics and drug use. Participants were matched on basic demographic factors and were assigned to groups in which they saw either a cocaine or neutral image as the go cue. Results: Participants assigned to the cocaine image go cue condition had a significantly higher proportion of inhibitory failures to the no-go target than their counterparts assigned to the neutral cue condition, but there were no group differences on reaction time (i.e., accuracy was not traded for speed). Conclusions: Cocaine users were less able to inhibit pre-potent responses when a cocaine-related image served as the go cue than when a neutral image served as the go cue, consistent with previous research in alcohol users. The outcomes suggest that cocaine-related cues produce disinhibition, perhaps contributing to the high incidence of relapse or continued cocaine use. 2013 Elsevier Ireland Ltd.
Abstract: Alcohol use poses a major threat to the health and well being of rural African American adolescents by negatively impacting academic performance, health, and safety. However, rigorous economic evaluations of prevention programs targeting this population are scarce. Methods: Cost-effectiveness analyses were conducted of SAAF-T relative to an attention-control intervention (ACI), as part of a randomized prevention trial. Outcomes of interest were the number of alcohol use and binge drinking episodes prevented, one year following the intervention. Incremental cost-effectiveness ratios (ICERs) and cost-effectiveness acceptability curves (CEACs) were used to determine the cost-effectiveness of SAAF-T compared to the ACI intervention. Results: For the 473 participating youth completing baseline and follow-up assessments, the incremental per participant costs were $168, while the incremental per participant effects were 3.39 episodes of alcohol use prevented and 1.36 episodes of binge drinking prevented. Compared to the ACI intervention, the SAAF-T program cost $50 per reduction in an alcohol use episode and $123 per reduced episode of binge drinking. For the CEACs, at thresholds of $100 and $440, SAAF-T has at least a 90% probability of being cost-effective, relative to the ACI, for reductions in alcohol use and binge drinking episodes, respectively. Conclusions: The SAAF-T intervention provides a potentially cost-effective means for reducing the African American youths' alcohol use and binge drinking episodes. 2013 Elsevier Ireland Ltd.
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Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(593-599), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Kohut S.J.; Fivel P.A.; Mello N.K.

Institution: (Kohut, Fivel, Mello) Alcohol and Drug Abuse Research Center, McLean Hospital, Harvard Medical School, Belmont, MA 02478, United States

Language: English

Abstract: Background: Lofexidine, an alpha<sub>2</sub>-adrenergic agonist, is being investigated as a treatment for reducing opioid withdrawal symptoms and blocking stress-induced relapse to cocaine taking. Opioid abusers are often polydrug abusers and cocaine is one frequent drug of choice. However, relatively little is known about lofexidine interactions with cocaine. The present study investigated the effects of acute and chronic treatment with lofexidine in a pre-clinical model of cocaine self-administration. Methods: Male rhesus monkeys were trained to respond for food (1 g) and cocaine (0.01 mg/kg/injection) under a fixed ratio 30 (FR30) or a second order FR2 (VR16:S) schedule of reinforcement. Systematic observations of behavior were conducted during and after chronic treatment with lofexidine. Results: Acute treatment with lofexidine (0.1 or 0.32 mg/kg, IM) significantly reduced cocaine self-administration but responding for food was less effected. In contrast, chronic treatment (7-10 days) with lofexidine (0.1-0.32 mg/kg/h, IV) produced a leftward shift in the cocaine self-administration dose-effect curve, but had no effect on food-maintained responding. Lofexidine did not produce any observable side effects during or after treatment. Conclusions: Lofexidine potentiated cocaine's reinforcing effects during chronic treatment. These data suggest that it is unlikely to be effective as a cocaine abuse medication and could enhance risk for cocaine abuse in polydrug abusers. 2013 Elsevier Ireland Ltd.

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Publication Type: Journal: Article

Subject Headings: adult animal
animal behavior
animal experiment
article
"*cocaine dependence/dt [Drug Therapy]"
controlled study
dose response
drug efficacy
drug mechanism
drug self administration
drug tolerability
male
nonhuman
priority journal
rhesus monkey
*substance abuse
cocaine
"*lofexidine/dt [Drug Therapy]"
"*lofexidine/im [Intramuscular Drug Administration]"
"*lofexidine/iv [Intravenous Drug Administration]"
"*lofexidine/pd [Pharmacology]"

Source: EMBASE

Full Text: Available from Elsevier in Drug and Alcohol Dependence

23. Mediational relations of substance use risk profiles, alcohol-related outcomes, and drinking motives among young adolescents in the Netherlands

Page 30
Aim: To examine the mediation by drinking motives of the association between personality traits (negative thinking, anxiety sensitivity, impulsivity, and sensation seeking) and alcohol frequency, binge drinking, and alcohol-related problems using a sample of students (n = 3053) aged between 13 and 15, who reported lifetime use of alcohol. Method: Structural equation modeling was used to examine the relationship between personality traits and alcohol-related outcomes. The Model Indirect approach was used to examine the hypothesized mediation by drinking motives of the association between personality traits and alcohol-related outcomes. Results: In this study among young adolescents, coping motives, social motives and enhancement motives played a prominent mediating role between personality and the alcohol outcomes. Multi-group analyses revealed that the role of drinking motives in the relation between personality and alcohol outcomes were largely similar between the sexes, though there were some differences found for binge drinking. More specifically, for young males, enhancement motives seems to play a more prominent mediation role between personality and binge drinking, while for young females, coping motives play a more mediating role between personality and binge drinking. Few mediation associations were found for conformity motives, and no relationships were found between anxiety sensitivity and drinking motives. Discussion: Already in early adolescence, personality traits are found to be associated with drinking motives, which in turn are related to alcohol use. This study provides indications that it is important to intervene in early adolescence with interventions focusing on personality traits in combination with drinking motives. 2013 Elsevier Ireland Ltd.
24. Impact of ADHD and cannabis use on executive functioning in young adults

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(607-614), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Tamm L.; Epstein J.N.; Lisdahl K.M.; Molina B.; Tapert S.; Hinshaw S.P.; Arnold L.E.; Velanova K.; Abikoff H.; Swanson J.M.

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Language: English

Abstract: Background: Attention-deficit/hyperactivity disorder (ADHD) and cannabis use are each associated with specific cognitive defects. Few studies have investigated the neurocognitive profile of individuals with both an ADHD history and regular cannabis use. The greatest cognitive impairment is expected among ADHD Cannabis Users compared to those with ADHD-only, Cannabis use-only, or neither. Methods: Young adults (24.2. +/- 1.2 years) with a childhood ADHD diagnosis who did (n= 42) and did not (n= 45) report past year >= monthly cannabis use were compared on neuropsychological measures to a local normative comparison group (LNCG) who did (n= 20) and did not (n= 21) report past year regular cannabis use. Age, gender, IQ, socioeconomic status, and past year alcohol and smoking were statistical covariates. Results: The ADHD group performed worse than LNCG on verbal memory, processing speed, cognitive interference, decision-making, working memory, and response inhibition. No significant effects for cannabis use emerged. Interactions between ADHD and cannabis were non-significant. Exploratory analyses revealed that individuals who began using cannabis regularly before age 16 (n= 27) may have poorer executive functioning (i.e., decision-making, working memory, and response inhibition), than users who began later (n= 32); replication is warranted with a larger sample. Conclusions: A childhood diagnosis of ADHD, but not cannabis use in adulthood, was associated with executive dysfunction. Earlier initiation of cannabis use may be linked to poor cognitive outcomes and a significantly greater proportion of the ADHD group began using cannabis before age 16. Regular cannabis use starting after age 16 may not be sufficient to aggravate longstanding cognitive deficits characteristic of ADHD. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis)

Publication Type: Journal: Article

Subject Headings: adult
age
alcohol consumption
article
*attention deficit disorder
*cannabis addiction
cognitive defect
Evidence Services | library.nhs.uk

controlled study
decision making
*executive function
female
gender
human
intelligence quotient
major clinical study
male
neuropsychological test
priority journal
smoking
social status
verbal memory
working memory
*cannabis

Source: EMBASE

Full Text: Available from Elsevier in Drug and Alcohol Dependence

25. Double-blind, randomized placebo-controlled clinical trial of benfotiamine for severe alcohol dependence

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(562-570), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Manzardo A.M.; He J.; Poje A.; Penick E.C.; Campbell J.; Butler M.G.

Institution: (Manzardo, He, Poje, Penick, Campbell, Butler) Department of Psychiatry and Behavioral Sciences, University of Kansas Medical Center, United States

Language: English

Abstract: Alcohol dependence is associated with severe nutritional and vitamin deficiency. Vitamin B1 (thiamine) deficiency erodes neurological pathways that may influence the ability to drink in moderation. The present study examines tolerability of supplementation using the high-potency thiamine analog, benfotiamine (BF), and BF’s effects on alcohol consumption in severely affected, self-identified, alcohol dependent subjects. A randomized, double-blind, placebo-controlled trial was conducted on 120 non-treatment seeking, actively drinking, alcohol dependent men and women volunteers (mean age = 47 years) from the Kansas City area who met DSM-IV-TR criteria for current alcohol dependence. Subjects were randomized to receive 600 mg benfotiamine or placebo (PL) once daily by mouth for 24 weeks with 6 follow-up assessments scheduled at 4 week intervals. Side effects and daily alcohol consumption were recorded. Seventy (58%) subjects completed 24 weeks of study (N= 21 women; N= 49 men) with overall completion rates of 55% (N= 33) for PL and 63% (N= 37) for BF groups. No significant adverse events were noted and alcohol consumption decreased significantly for both treatment groups. Alcohol consumption decreased from baseline levels for 9 of 10 BF treated women after 1 month of treatment compared with 2 of 11 on PL. Reductions in total alcohol consumption over 6 months were significantly greater for BF treated women (BF: N= 10, -61. +/- 380 standard drinks; PL: N= 11, -159. +/- 562 standard drinks, p-value = 0.02). BF supplementation of actively drinking alcohol dependent men and women was well-tolerated and may discourage alcohol consumption among women. The results do support expanded studies of BF treatment in alcoholism. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 64-17-5 (alcohol); 22457-89-2 (benfotiamine)

Publication Type: Journal: Article

Subject Headings: adult
alcohol consumption
"#alcoholism/di [Diagnosis]"

Page 33
Background: Several studies have shown that early cannabis use is correlated with poor educational performance including high school drop-out. The predominant explanation for this relationship is that cannabis use causes disengagement from education. Another explanation is that the association between early cannabis use and educational attainment is not causal, but the result of overlapping risk factors that increase the likelihood of both early cannabis use and disengagement from education. These confounding factors could be of genetic and/or environmental origin. Methods: Here we use data from a large community-based sample of adult twins (N= 3337) who completed a comprehensive semi-structured telephone interview. We first apply the classical twin-design to determine whether genetic and/or environmental influences underlie the relationship between early cannabis use and educational attainment.
early-onset cannabis use (prior to age 18) and early school leaving. Next, with a co-twin control design we investigate whether the relationship between the two variables is more likely due to direct causality or overlapping risk factors. Results: We find a significant phenotypic correlation between early-onset cannabis use and early school leaving ($r=0.26$), which could be explained by familial influences (of genetic and/or shared environmental origin). The pattern of odds ratios found in the co-twin control design is not consistent with direct causation, but rather suggests that the association is due to shared environmental factors influencing both variables. Conclusion: Our findings suggest that the relationship between early-onset cannabis use and school leaving is due to shared environmental risk factors influencing both the risk of early-onset cannabis use and early school leaving. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis)
Publication Type: Journal: Article
Subject Headings: *academic achievement adult age article *cannabis addiction controlled study correlation analysis educational status environmental factor female gender genetic model heredity human male *onset age phenotype prevalence priority journal risk factor student attitude twins zygosity *cannabis
Source: EMBASE
Full Text: Available from Elsevier in Drug and Alcohol Dependence

27. Effects of methamphetamine on the noradrenergic activity biomarker salivary alpha-amylase

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(759-762), 0376-8716;1879-0046 (01 Dec 2013)
Author(s): Haile C.N.; De La Garza R.; Mahoney J.J.; Newton T.F.
Institution: (Haile, De La Garza, Mahoney, Newton) Baylor College of Medicine, Menninger Department of Psychiatry and Behavioral Sciences, Michael E. DeBakey VA Medical Center, Houston, TX 77030, United States
Language: English
Abstract: Background: Methamphetamine (METH) potently activates the sympathetic nervous system (SNS) by increasing central and peripheral norepinephrine (NE). Salivary alpha-amylase (sAA) is a biomarker of SNS activation that correlates with plasma NE levels. The purpose of this study was to determine the impact of METH on sAA activity and whether changes in sAA activity were correlated with subjective effects ratings.
Methods: Non-treatment seeking METH-dependent volunteers (N= 8) participated in this within-subjects laboratory-based study. Volunteers received randomly administered intravenous METH (0. mg, 30. mg) and sAA activity, cardiovascular measures and subjective ratings were assessed at baseline (-15. min) and five post-METH time points (10, 20, 30, 45, and 60. min). Results: METH (30. mg) increased sAA activity over time. sAA activity significantly correlated with diastolic blood pressure following 0. mg METH and systolic blood pressure following 30. mg METH. Subjective ratings (ANY EFFECT, HIGH, GOOD, STIMULATED, LIKE, WLLING TO PAY) highly correlated with sAA over five post-METH time points (N= 40; r's. = 0.543-0.684, p's. <. 0.001). Age, body mass index and METH amount received on a mg/kg basis were significantly associated with sAA activity. Multiple linear regression analysis indicated sAA activity remained a significant predictor of subjective ratings following METH after controlling for these factors. Conclusions: The NE peripheral biomarker sAA activity is associated with METH's subjective effects. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 28297-73-6 (methamphetamine); 51-57-0 (methamphetamine); 537-46-2 (methamphetamine)
Publication Type: Journal: Article
Subject Headings: adult
age
article
body mass
clinical article
controlled study
diastolic blood pressure
enzyme activity
female
heart rate
human
male
*methamphetamine dependence
priority journal
saliva analysis
systolic blood pressure
"*alpha amylase saliva isoenzyme/ec [Endogenous Compound]"
*methamphetamine
Source: EMBASE
Full Text: Available from Elsevier in Drug and Alcohol Dependence

28. Alcohol and the methylome: Design and analysis considerations for research using human samples
Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(305-316), 0376-8716;1879-0046 (01 Dec 2013)
Author(s): Harlaar N.; Hutchison K.E.
Institution: (Harlaar, Hutchison) University of Colorado Boulder, Boulder, CO 80309-0345, United States
Language: English
Abstract: Background: A growing number of studies in human samples have sought to determine whether chronic alcohol use and alcohol use disorders (AUDs) may be associated with epigenetic factors, such as DNA methylation. We review the extant literature in light of some of the challenges that currently affect the design and interpretation of epigenetic research in human samples. Method: A literature search was used to identify studies that have examined DNA methylation in relation to alcohol use or AUDs in human samples (through July 2013). A total of 22 studies were identified. Results: Associations with quantitative or diagnostic phenotypes of alcohol use or AUDs have been reported for
several genes. However, all studies to date have relied on relatively small samples and cross-sectional study designs. Additionally, attempts to replicate results have been rare. More generally, research progress is hampered by several issues, including limitations of the technologies used to assess DNA methylation, tissue- and cell-specificity of methylation patterns, the difficulties of relating observed methylation differences at a given locus to a functional effect, and limited knowledge about the molecular mechanisms underlying the effects of alcohol on DNA methylation. Conclusions: Although we share the optimism that epigenetics may lead to new insights into the etiology and pathophysiology of AUDs, the methodological and scientific challenges associated with conducting methylomic research in human samples need to be carefully considered when designing and evaluating such studies.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 9007-49-2 (DNA)
Publication Type: Journal: Review
Subject Headings: *alcohol use disorder
"alcoholism/et [Etiology]"
cell specificity
*DNA methylation
effect size
epigenetics
gene expression
gene locus
genome analysis
human
pathophysiology
phenotype
priority journal
review
sample size
study design
tissue specificity
"DNA/ec [Endogenous Compound]"
"messenger RNA/ec [Endogenous Compound]"

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

29. The latent structure and predictors of non-medical prescription drug use and prescription drug use disorders: A National Study

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(473-479), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Blanco C.; Rafful C.; Wall M.M.; Jin C.J.; Kerridge B.; Schwartz R.P.
Institution: (Blanco, Rafful, Wall, Jin) Department of Psychiatry, New York State Psychiatric Institute/Columbia University, New York, NY 10032, United States; (Kerridge) Department of Epidemiology and Biostatistics, School of Public Health, University of Maryland, College Park, United States; (Schwartz) Friends Research Institute, Baltimore, MD, United States

Language: English

Abstract: Background: Despite growing concerns about non-medical prescription drug use and prescription drug use disorders, whether vulnerability for these conditions is drug-specific or occurs through a shared liability and common risk factors is unknown. Methods: Exploratory and confirmatory factor analysis of Wave 1 of the National Epidemiologic Survey on Alcohol and Related Conditions were used to examine the latent structure of non-medical prescription drug use and prescription drug use disorders. Multiple Indicators Multiple Causes (MIMIC) analysis was used to examine whether the effect of
sociodemographic and psychiatric covariates occurred through the latent factor, directly on each drug class or both. Results: A one-factor model described well the structure of both non-medical prescription drug use and prescription drug use disorders. Younger age, being White, having more intense pain or one of several psychiatric disorders increased the risk of non-medical prescription drug use through the latent factor. The same covariates, except for anxiety disorders also significantly increased the risk of prescription drug use disorders through the latent factor. Older age directly increased the risk of non-medical use of sedatives, and alcohol use disorders decreased the risk of non-medical tranquilizer use. No covariates had direct effects on the risk of any prescription drug use disorders beyond their effect through the latent factor. Conclusion: The risk for non-medical prescription drug use and prescription drug use disorders occurs through a shared liability. Treatment, prevention and policy approaches directed at these drugs as a group maybe more effective than those focused on individual classes of drugs.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)
Publication Type: Journal: Article
Subject Headings: adult
age distribution
alcohol abuse
alcoholism
antisocial personality disorder
anxiety disorder
article
controlled study
disease association
disease severity
"*drug dependence/di [Diagnosis]"
"*drug dependence/ep [Epidemiology]"
female
histrionic personality disorder
human
latent structure analysis
major clinical study
male
mood disorder
obsessive compulsive disorder
paranoia
prediction
prevalence
priority journal
race difference
schizoidism
sex difference
test retest reliability
appetite stimulant
*non prescription drug
opiate
opiate receptor
*prescription drug
sedative agent
tranquilizer

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

30. Varenicline for smoking cessation among methadone-maintained smokers: A randomized clinical trial
Background: With smoking rates far exceeding the general population, methadone-maintained (MMT) opiate-dependent smokers experience high rates of tobacco-related health consequences. Previous treatment studies have used nicotine replacement and produced low quit rates. Methods: We test, using a three-group randomized design, the efficacy of varenicline versus placebo, in comparison with nicotine replacement therapy (NRT) that combines nicotine patch prescription plus ad libitum nicotine rescue, for smoking cessation. We recruited methadone-maintained smokers from nine treatment centers in southern New England and provided six months of treatment, and a minimal behavioral intervention at baseline (NCI's 5A's). Outcomes included carbon monoxide (CO) confirmed 7-day point smoking cessation prevalence at 6 months and self-reported change in mean cigarettes per day. Results: The 315 participants had a mean age of 40, with 50% male and 79% non-Hispanic White, smoked an average of 19.6 (+/-10.4) cigarettes/day, and had a mean daily methadone dose of 109. mg. Intent-to-treat analyses, with missing considered to be smoking, showed the rate of CO-confirmed 7-day abstinence at 6-months was 5.4% overall, with varenicline 3.7% compared to placebo 2.2%, and NRT 8.3% (p> .05). Adherence rates during the 7-days immediately prior to 6-month assessment were 34.2% in varenicline, 34.4% in placebo, and 48.8% in NRT. Between baseline and 6-months there was an overall self-reported mean reduction of 8.3 cigarettes/day. Conclusion: Varenicline did not increase quit rates over placebo. Smoking cessation rates in methadone-maintained smokers are low and novel treatment strategies are required. 2013 Elsevier Ireland Ltd.
hunger
"increased appetite/si [Side Effect]"
"insomnia/si [Side Effect]"
irritability
major clinical study
male
methadone treatment
mood
"mood disorder/si [Side Effect]"
multicenter study
"myalgia/si [Side Effect]"
"nausea/si [Side Effect]"
nervousness
nicotine replacement therapy
"nightmare/si [Side Effect]"
"opiate addiction/dt [Drug Therapy]"
patient compliance
patient worry
priority journal
randomized controlled trial
"rash/si [Side Effect]"
sad
self report
"side effect/si [Side Effect]"
"sleep disorder/si [Side Effect]"
smoking
"smoking cessation"
"suicidal behavior/si [Side Effect]"
"suicidal ideation/si [Side Effect]"
sweating
taste
"*tobacco dependence/dt [Drug Therapy]"
"*tobacco dependence/th [Therapy]"
treatment duration
treatment outcome
unhappiness
United States
weight gain
"xerostomia/si [Side Effect]"
carbon monoxide
"*methadone/dt [Drug Therapy]"
"nicotine/dt [Drug Therapy]"
"nicotine gum/ae [Adverse Drug Reaction]"
"nicotine gum/cb [Drug Combination]"
"nicotine gum/do [Drug Dose]"
"nicotine gum/dt [Drug Therapy]"
"nicotine patch/ae [Adverse Drug Reaction]"
"nicotine patch/cb [Drug Combination]"
"nicotine patch/do [Drug Dose]"
"nicotine patch/dt [Drug Therapy]"
placebo
"*varenicline/ae [Adverse Drug Reaction]"
"*varenicline/ct [Clinical Trial]"
"*varenicline/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from Elsevier in Drug and Alcohol Dependence

31. Understanding the role of cessation fatigue in the smoking cessation process
Evidence Services | library.nhs.uk

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(548-555), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Liu X.; Li R.; Lanza S.T.; Vasilenko S.A.; Piper M.

Institution: (Liu, Li, Lanza, Vasilenko) The Methodology Center, The Pennsylvania State University, United States; (Liu, Li) Department of Statistics, The Pennsylvania State University, United States; (Lanza) The College of Health and Human Development, The Pennsylvania State University, United States; (Vasilenko) The Prevention Research Center, The Pennsylvania State University, United States; (Piper) Department of Medicine, The University of Wisconsin, Madison, United States

Language: English

Abstract: Background: To understand the dynamic process of cessation fatigue (i.e., the tiredness of trying to quit smoking) with respect to its average trend, effect on relapse, time-varying relations with craving and negative affect, and differences among genders and treatment groups. Method: Randomized placebo-controlled clinical trial. Participants received either placebo, monotherapy (bupropion SR, nicotine patch, nicotine lozenge), or combined pharmacotherapy (bupropion SR. +. nicotine lozenge, nicotine patch. +. nicotine lozenge). Data were collected from 1504 daily smokers who were motivated to quit smoking. The participants completed baseline assessments and ecological momentary assessments for 2 weeks post-quit. Results: Cessation fatigue reduced the likelihood of 6-month post-quit abstinence (OR. = 0.97, 95% CI (0.95, 0.99)), and was positively associated with craving and negative affect. After controlling for these two factors, average cessation fatigue increased over time. Compared to men, women experienced greater fatigue (t= -10.69, p<. 0.0001) and a stronger relation between fatigue and craving (t= -8.80, p<. 0.0001). The relationship between fatigue and negative affect was significantly stronger in men (t= 5.73, p<. 0.0001). Cessation fatigue was significantly reduced by combined pharmacotherapy (t= -13.4, p<. 0.0001), as well as monotherapy (t= -6.2, p<. 0.0001). Conclusions: Cessation fatigue was closely related to craving, negative affect, and cessation outcomes. Women reported greater cessation fatigue than men. Current treatments appeared to reduce fatigue and weaken its relations with craving and negative affect. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 31677-93-7 (amfebutamone); 34911-55-2 (amfebutamone)

Publication Type: Journal: Article

Subject Headings: article 
*cessation fatigue controlled study female human major clinical study male monotherapy motivation priority journal randomized controlled trial relapse sex difference smoking *smoking cessation "tobacco dependence/dt [Drug Therapy]" withdrawal syndrome "amfebutamone/ct [Clinical Trial]" "amfebutamone/cb [Drug Combination]" "amfebutamone/dt [Drug Therapy]" "nicotine lozenge/ct [Clinical Trial]" "nicotine lozenge/cb [Drug Combination]"
32. The importance of age composition of 12-step meetings as a moderating factor in the relation between young adults' 12-step participation and abstinence

**Citation:** Drug and Alcohol Dependence, December 2013, vol./is. 133/2(541-547), 0376-8716;1879-0046 (01 Dec 2013)

**Author(s):** Labbe A.K.; Greene C.; Bergman B.G.; Hoeppner B.; Kelly J.F.

**Institution:** (Labbe, Greene, Bergman, Hoeppner, Kelly) MGH Center for Addiction Medicine, 60 Staniford Street, Boston, MA 02114, United States

**Language:** English

**Abstract:**
Background: Participation in 12-step mutual help organizations (MHO) is a common continuing care recommendation for adults; however, little is known about the effects of MHO participation among young adults (i.e., ages 18-25 years) for whom the typically older age composition at meetings may serve as a barrier to engagement and benefits. This study examined whether the age composition of 12-step meetings moderated the recovery benefits derived from attending MHOs. Method: Young adults (n= 302; 18-24 years; 26% female; 94% White) enrolled in a naturalistic study of residential treatment effectiveness were assessed at intake, and 3, 6, and 12 months later on 12-step attendance, age composition of attended 12-step groups, and treatment outcome (Percent Days Abstinent [PDA]). Hierarchical linear models (HLM) tested the moderating effect of age composition on PDA concurrently and in lagged models controlling for confounds. Results: A significant three-way interaction between attendance, age composition, and time was detected in the concurrent (p= 0.002), but not lagged, model (b= 0.38, p= 0.46). Specifically, a similar age composition was helpful early post-treatment among low 12-step attendees, but became detrimental over time. Conclusions: Treatment and other referral agencies might enhance the likelihood of successful remission and recovery among young adults by locating and initially linking such individuals to age appropriate groups. Once engaged, however, it may be prudent to encourage gradual integration into the broader mixed-age range of 12-step meetings, wherein it is possible that older members may provide the depth and length of sober experience needed to carry young adults forward into long-term recovery. 2013 Elsevier Ireland Ltd.
Purpose: This study examined the associations between measures of alcohol abuse/dependence symptoms and a range of psychosocial outcomes from ages 21 to 30 in a New Zealand birth cohort. Methods: Outcome measures included measures of: criminal offending, family violence and relationship instability, sexual risk-taking and consequences, mental health, and other adverse health and adjustment outcomes. Bivariate associations between a three-level classification of alcohol misuse (no symptoms, subclinical level of symptoms, met criteria for alcohol dependence) and each outcome during the period 21-30 years were computed using Generalised Estimating Equation models. These associations were then adjusted for non-observed sources of confounding using conditional fixed effects regression modelling, augmented by time-dynamic covariate factors. For both sets of models estimates of the attributable risk (AR) were computed. Results: There were statistically significant (p< .05) bivariate associations between alcohol misuse and each of the fifteen outcome measures, with estimates of the AR ranging from 7.4% to 46.5%. Adjustment for non-observed fixed effects generally reduced the magnitude of these associations; however, after adjustment, 12 of the 15 associations remained statistically significant (p< .05). Estimates of the AR after adjustment for fixed effects ranged from 3.6% to 44.3%. Conclusions: The results suggest that there are pervasive and persistent linkages between alcohol misuse and a range of adverse psychosocial outcomes. A reduction in levels of alcohol misuse amongst individuals of this age group could reduce substantially the overall level of personal and societal cost of hazardous levels of alcohol consumption. 2013 Elsevier Ireland Ltd.
family violence
female
high risk behavior
human
longitudinal study
major clinical study
major depression
male
New Zealand
priority journal
sexually transmitted disease
social disability
*social psychology
suicidal ideation
traffic accident
*alcohol

Source: EMBASE

Full Text: Available from Elsevier in Drug and Alcohol Dependence

34. Methadone and buprenorphine-naloxone are effective in reducing illicit buprenorphine and other opioid use, and reducing HIV risk behavior- Outcomes of a randomized trial

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(376-382), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Otiashvili D.; Piralishvili G.; Sikharulidze Z.; Kamkamidze G.; Poole S.; Woody G.E.

Institution: (Otiashvili) Addiction Research Centre, Alternative Georgia, Tbilisi 0177, Georgia; (Piralishvili) Centre for Mental Health and Prevention of Addiction, Tbilisi 0186, Georgia; (Sikharulidze) Centre for Medical, Socio-economic and Cultural Issues, Uranti, Tbilisi 0177, Georgia; (Kamkamidze) Maternal and Child Care Union, Tbilisi 0177, Georgia; (Poole, Woody) Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania and Treatment Research Institute, Philadelphia, PA 19106, United States; (Otiashvili) Department of Psychiatry, First Faculty of Medicine, Charles University in Prague and General University Hospital in Prague, 121 08 Prague, Czech Republic

Language: English

Abstract: Aims: Determine the extent to which buprenorphine injectors continue treatment with buprenorphine-naloxone or methadone, and the impact of these treatments on substance use and HIV risk in the Republic of Georgia. Methods: Randomized controlled 12-week trial of daily-observed methadone or buprenorphine-naloxone followed by a dose taper, referral to ongoing treatment, and follow-up at week 20 at the Uranti Clinic in Tbilisi, Republic of Georgia. Eighty consenting treatment-seeking individuals (40/group) aged 25 and above who met ICD-10 criteria for opioid dependence with physiologic features and reported injecting buprenorphine 10 or more times in the past 30 days. Opioid use according to urine tests and self-reports, treatment retention, and HIV risk behavior as determined by the Risk Assessment Battery. Results: Mean age of participants was 33.7 (SD5.7), 4 were female, mean history of opioid injection use was 5.8 years (SD4.6), none were HIV+ at intake or at the 12-week assessment and 73.4% were HCV+. Sixty-eight participants (85%) completed the 12-week medication phase (33 from methadone and 35 from buprenorphine/naloxone group); 37 (46%) were in treatment at the 20-week follow-up (21 from methadone and 16 from the buprenorphine/naloxone group). In both study arms, treatment resulted in a marked reduction in unprescribed buprenorphine, other opioid use, and HIV injecting risk behavior with no clinically significant differences between the two treatment arms. Conclusions: Daily observed methadone or buprenorphine-naloxone are effective treatments for non-medical buprenorphine and other opioid use in the Republic of Georgia and likely to be useful for preventing HIV infection. 2013 Elsevier Ireland Ltd.

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

CAS Registry Number: 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 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); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings: adult
article
"constipation/si [Side Effect]"
controlled study
"depression/si [Side Effect]"
drug abuse
drug efficacy
"drug fatality/si [Side Effect]"
female
follow up
Georgia (republic)
help seeking behavior
hepatitis C
*high risk behavior
human
"*Human immunodeficiency virus infection/pc [Prevention]"
"insomnia/si [Side Effect]"
intravenous drug abuse
major clinical study
male
"*narcotic dependence/dt [Drug Therapy]"
"*narcotic dependence/pc [Prevention]"
"opiate addiction/dt [Drug Therapy]"
"opiate addiction/pc [Prevention]"
*outcome assessment
pilot study
priority journal
randomized controlled trial
Risk Assessment Battery
*risk reduction
scoring system
self report
"suicide attempt/si [Side Effect]"
treatment duration
treatment response
"unspecified side effect/si [Side Effect]"
urinalysis
amphetamine
buprenorphine
"*buprenorphine plus naloxone/ae [Adverse Drug Reaction]"
"*buprenorphine plus naloxone/ct [Clinical Trial]"
"*buprenorphine plus naloxone/cm [Drug Comparison]"
"*buprenorphine plus naloxone/dt [Drug Therapy]"
desomorphine
diamorphine
"*methadone/ae [Adverse Drug Reaction]"
"*methadone/ct [Clinical Trial]"
"*methadone/cm [Drug Comparison]"
"*methadone/dt [Drug Therapy]"
opiate
opiate derivative
unclassified drug

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

35. Results from a pilot clinical trial of varenicline for the treatment of alcohol dependence

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(754-758), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Plebani J.G.; Lynch K.G.; Rennert L.; Pettinati H.M.; O'Brien C.P.; Kampman K.M.
Institution: (Plebani, Lynch, Rennert, Pettinati, O'Brien, Kampman) University of Pennsylvania, Department of Psychiatry, United States
Language: English

Abstract: Background: Alcohol use, abuse and dependence remain a pressing public health problem. Based on its mechanism of action, varenicline seemed to be a likely candidate for treating alcohol dependence. Methods: Alcohol dependent subjects (n= 40) were enrolled in a 13-week double-blind placebo controlled clinical trial. Subject visits were once per week. At each visit, subjects were tested for breath alcohol levels, provided self-report data on alcohol and nicotine use, and on mood and craving. In addition, subjects received once a week medical management (MM). Results: There was no difference between varenicline and placebo treated groups on any of the drinking outcomes. Compared to placebo-treated subjects, varenicline treated subjects had decreased rates of alcohol craving and cigarette smoking, as well as greater mood improvements during the later part of the study (weeks 6-13). In addition, among subjects who were cigarette smokers, those treated with varenicline were significantly less likely to report heavy drinking during the trial. Conclusions: Although varenicline was not significantly more effective than placebo at reducing drinking during the trial, its effects on alcohol craving and mood suggest that future investigation of the mechanism of action of varenicline, as well as additional clinical studies may be warranted. In particular, the findings regarding the influence of smoking status on heavy drinking among varenicline-treated subjects should be investigated in future studies. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 64-17-5 (alcohol); 54-11-5 (nicotine); 249296-44-4 (varenicline); 375815-87-5 (varenicline)
Publication Type: Journal: Article
Subject Headings: "abdominal cramp/si [Side Effect]"
Addiction Severity Index
adult
"*alcoholism/dt [Drug Therapy]"
anxiety
article
breath analysis
clinical article
controlled clinical trial
controlled study
"diarrhea/si [Side Effect]"
double blind procedure
drug dose titration
drug efficacy
drug safety
drug tolerability
female
"gastrointestinal symptom/si [Side Effect]"
Hamilton scale
"headache/si [Side Effect]"
human
"insomnia/si [Side Effect]"
male
"nausea/si [Side Effect]"
"nightmare/si [Side Effect]"
pilot study
"posttraumatic stress disorder/si [Side Effect]"
priority journal
randomized controlled trial
self report
"sleep disorder/si [Side Effect]"
smoking
"vivid dream/si [Side Effect]"
withdrawal syndrome
*alcohol
nicotine
placebo
"*varenicline/ae [Adverse Drug Reaction]"
"*varenicline/ct [Clinical Trial]"
"*varenicline/do [Drug Dose]"
"*varenicline/dt [Drug Therapy]"

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

36. Risk factors for progression to regular injection drug use among street-involved youth in a Canadian setting

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(468-472), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): DeBeck K.; Kerr T.; Marshall B.D.L.; Simo A.; Montaner J.; Wood E.

Institution: (DeBeck, Kerr, Simo, Montaner, Wood) British Columbia Centre for Excellence in HIV/AIDS, Canada; (DeBeck) School of Public Policy, Simon Fraser University, Canada; (Kerr, Montaner, Wood) Division of AIDS, Department of Medicine, University of British Columbia, Canada; (Marshall) Department of Epidemiology, Public Health Program, Brown University, United States

Language: English

Abstract: Background: Street-involved youth are at high risk for experimenting with injection drug use; however, little attention has been given to identifying the factors that predict progression to on-going injecting. Methods: Logistic regression was used to identify factors associated with progression to injecting weekly on a regular basis among a Canadian cohort of street-involved youth. Results: Among our sample of 405 youth who had initiated injecting at baseline or during study observation, the median age was 22 years (interquartile range [IQR] = 21-24), and 72% (293) reported becoming a regular injector at some point after their first injection experience. Of these, the majority (n= 186, 63%) reported doing so within a month of initiating injection drug use. In multivariate analysis, the drug used at the first injection initiation event (opiates vs. cocaine vs. methamphetamine vs. other; all p> 0.05) was not associated with progression; however, younger age at first injection (adjusted odds ratio [AOR] = 1.13), a history of childhood physical abuse (AOR = 1.81), prior regular use of the drug first injected (AOR = 1.77), and having a sexual partner present at the first injection event (AOR = 2.65) independently predicted progression to regular injecting. Conclusion: These data highlight how quickly youth progress to become regular injectors after experimentation. Findings indicate that addressing childhood trauma and interventions such as evidence-based youth focused addiction treatment that could prevent or delay regular non-injection drug use, may reduce progression to regular injection drug use among this population. 2013 Elsevier Ireland Ltd.
37. Association of functional DBH genetic variants with alcohol dependence risk and related depression and suicide attempt phenotypes: Results from a large multicenter association study

Source: EMBASE

Full Text: Available from Elsevier in *Drug and Alcohol Dependence*
Objective: Dopamine-beta-hydroxylase (DBH) metabolizes the conversion of dopamine to noradrenaline. DBH, located on chromosome 9q34.2 has variants with potential functional consequences which may be related to alterations of neurotransmitter function and several psychiatric phenotypes, including alcohol dependence (AD), depression (MD) and suicidal behavior (SA). The aim of this association study in a large multicenter sample of alcohol-dependent individuals and controls is to investigate the role of DBH SNPs and haplotypes in AD risk and associated phenotypes (AD with MD or SA).

Method: 1606 inpatient subjects with DSM-IV AD from four addiction treatment centers and 1866 control subjects were included. Characteristics of AD, MD and SA were obtained using standardized structured interviews. After subjects were genotyped for 4 DBH polymorphisms, single SNP case-control and haplotype analyses were conducted.

Results: rs1611115 (near 5') C-allele and related haplotypes were significantly associated with alcohol dependence in females. This association with female alcohol dependence also accounts for the significant relationship between this variant and comorbid conditions and traits. Conclusions: This study presents evidence for a potentially functional DBH variant influencing the risk for alcohol dependence while other comorbid conditions are not independently influenced by this SNP. However, the study also supports the possible role of the dopamine system in the etiology of female alcohol dependence. 2013 Elsevier Ireland Ltd.
38. Topiramate treatment for alcoholic outpatients recently receiving residential treatment programs: A 12-week, randomized, placebo-controlled trial

**Citation:** Drug and Alcohol Dependence, December 2013, vol./is. 133/2(440-446), 0376-8716;1879-0046 (01 Dec 2013)

**Author(s):** Likhitsathian S.; Uttawichai K.; Booncharoen H.; Wittayanookulluk A.; Angkurawaranon C.; Srisurapanont M.

**Institution:** (Likhitsathian, Wittayanookulluk, Srisurapanont) Department of Psychiatry, Faculty of Medicine, Chiang Mai University, Chiang Mai 50200, Thailand; (Uttawichai) Thanyarak Chiang Mai Hospital, Chiang Mai 50180, Thailand; (Booncharoen) Saunprung Psychiatric Hospital, Chiang Mai 50100, Thailand; (Angkurawaranon) Department of Family Medicine, Faculty of Medicine, Chiang Mai University, Chiang Mai 50200, Thailand

**Language:** English

**Abstract:**
Background: Initiation of a relapse prevention medication is crucial at the end of alcohol detoxification. This study aimed to examine the efficacy and safety of topiramate for alcoholism in patients receiving a residential treatment program of alcohol detoxification and post-acute treatment. Methods: This was a 12-week, randomized, double-blind, placebo-controlled trial of topiramate for alcoholism in patients receiving a residential treatment program. Individuals with DSM-IV alcohol dependence with minimal withdrawal were enrolled. Participants were randomly assigned to receive either 100-300 mg/day of topiramate or placebo. Primary outcomes were given as percentages of heavy drinking days and time to first day of heavy drinking. Other drinking outcomes, craving, and health-related quality of life were evaluated. Results: A total of 106 participants were randomized to receive topiramate (n=53) or placebo (n=53). Twenty-eight participants of the topiramate group (52.8%) and 25 participants of the placebo group (47.2%) completed the study. Averaged over the trial period, there was no significant difference between groups on the mean percentages of heavy drinking days [1.96 (-1.62 to 5.54), p=.28]. Log rank survival analysis found no difference of time to first day of heavy drinking between topiramate and placebo groups (61.8 vs. 57.5 days, respectively; chi<sup>2</sup>=0.61, d.f.=1, p=.81). Other secondary outcomes were not significantly different between groups. Conclusions: By using a conservative model for data analysis, we could not detect the effectiveness of topiramate in this particular population. As the sensitivity analysis showed a trend of its benefit, further studies in larger sample sizes are still warranted.

2013 Elsevier Ireland Ltd.

**Country of Publication:** Ireland

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

**CAS Registry Number:** 85876-02-4 (gamma glutamyltransferase); 97240-79-4 (topiramate)

**Publication Type:** Journal: Article

**Subject Headings:**
- adult
- alcohol withdrawal
- alcoholism/dt [Drug Therapy]
- appetite disorder/si [Side Effect]
- arthralgia/si [Side Effect]
- article
- backache/si [Side Effect]
- concentration loss/si [Side Effect]
- controlled study
- detoxification
"dizziness/si [Side Effect]"
double blind procedure
drug efficacy
drug safety
DSM-IV
"fatigue/si [Side Effect]"
female
gamma glutamyl transferase blood level
"headache/si [Side Effect]"
hospitalization
human
major clinical study
male
mathematical model
outcome assessment
outpatient
"paresthesia/si [Side Effect]"
patient compliance
priority journal
"pruritus/si [Side Effect]"
"psychomotor retardation/si [Side Effect]"
quality of life
randomized controlled trial
residential care
sensitivity analysis
"side effect/si [Side Effect]"
"somnolence/si [Side Effect]"
survival
"taste disorder/si [Side Effect]"
"taste perversion/si [Side Effect]"
tongue numbness
treatment duration
"tremor/si [Side Effect]"
withdrawal syndrome
"gamma glutamyltransferase/ec [Endogenous Compound]"
placebo
"*topiramate/ae [Adverse Drug Reaction]"
"*topiramate/ct [Clinical Trial]"
"*topiramate/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from Elsevier in Drug and Alcohol Dependence

39. Factorial structure of the Brief Symptom Inventory (BSI)-18 among Chinese drug users

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(368-375), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Wang J.; Kelly B.C.; Liu T.; Zhang G.; Hao W.

Institution: (Wang) Children's National Medical Center, George Washington University, United States; (Kelly) Purdue University, United States; (Liu, Zhang, Hao) Mental Health Institute of Central South University, China; (Zhang) Mental Health Institute, The Second Xiangya Hospital, Central South University, 139 Renmin Road, Changsha, Hunan 410011, China

Language: English

Abstract: Background: Although the Brief Symptom Inventory-18 (BSI-18) has been widely used for mental health screenings in both clinical and non-clinical populations, the validation of its application to Chinese populations has been very limited. The objective of this research is to assess the factorial structure of the BSI-18 within a Chinese drug using population. Methods and results: A total sample of 303 drug users recruited via
Respondent Driven Sampling (RDS) from Changsha, China was used for the study. Our results show: (1) The BSI-18 item scores are highly skewed; (2) With dichotomous items measures (1 - problem at least moderately caused respondent discomfort during the past week; 0 - otherwise), our findings support the designed 3 - factor solution of the BSI-18 (somatization, depression, and anxiety); (3) The BSI-18 has a hierarchical factorial structure with 3 first-order factors and an underlying second-order factor (general psychological distress); (4) Tentative support should also be given to a single dimension of general psychological distress in Chinese drug using populations. Our study recommends a useful alternative approach for evaluating the factorial structure of the BSI-18 - i.e. CFA with dichotomous item measures. Both the total BSI-18 score and the three subscales (SOM, DEP, and ANX) can be used in applications of the BSI-18.

Conclusion: Overall, our findings suggest the BSI-18 is useful with Chinese drug users, and shows potential for use with non-Western and substance using populations more generally. 2013 Elsevier Ireland Ltd.
40. Combinations of oxazepam and metyrapone attenuate cocaine and methamphetamine cue reactivity

**Citation:** Drug and Alcohol Dependence, December 2013, vol./is. 133/2(405-412), 0376-8716;1879-0046 (01 Dec 2013)

**Author(s):** Keller C.M.; Cornett E.M.; Guerin G.F.; Goeders N.E.

**Institution:** (Keller, Cornett, Guerin, Goeders) Department of Pharmacology, Toxicology and Neuroscience, Louisiana State University Health Sciences Center, Shreveport, LA 71103, United States

**Language:** English

**Abstract:** Background: We have previously reported that combining low doses of oxazepam and metyrapone (OX/MET) reduces intravenous cocaine self-administration without affecting stress-hormone levels. We hypothesized that the combination of OX/MET would also inhibit the reinstatement of cocaine or methamphetamine seeking induced by the presentation of a conditioned reinforcer and that stress hormone levels would not be influenced by this treatment. Methods: Male rats were implanted with jugular catheters and trained to self-administer cocaine or methamphetamine during daily 2-h sessions. During training, cocaine or methamphetamine delivery was paired with the presentation of a tone and the illumination of a house light. Following stable self-administration, rats were placed into forced abstinence. During cue-reactivity testing, rats were placed back into the operant chambers and responding only resulted in the presentation of the conditioned reinforcer; no cocaine or methamphetamine was delivered. Blood was collected on the last day of self-administration and on the day of cue-reactivity testing (either 15-min or 2-h session) to assess plasma corticosterone. Results: The response-contingent presentation of the conditioned reinforcer reliably maintained cocaine or methamphetamine seeking following vehicle pretreatment. Pretreatment with OX/MET resulted in a dose-related attenuation of both cocaine and methamphetamine seeking. Corticosterone levels were significantly different at the end of the 15-min session, but not following the 2-h session. Conclusion: These data suggest that OX/MET may be useful in blocking the ability of environmental cues to stimulate both cocaine and methamphetamine seeking and that this effect is not entirely dependent on stress hormone levels. 2013 Elsevier Ireland Ltd.

**Country of Publication:** Ireland

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

**CAS Registry Number:** 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 50-22-6 (corticosterone); 28297-73-6 (methamphetamine); 51-57-0 (methamphetamine); 537-46-2 (methamphetamine); 7632-10-2 (methamphetamine); 22752-91-6 (metyrapone); 2405-72-3 (metyrapone); 54-36-4 (metyrapone); 908-35-0 (metyrapone); 604-75-1 (oxazepam)

**Publication Type:** Journal: Article

**Subject Headings:** abstinence animal experiment animal model article "*cocaine dependence/dt [Drug Therapy]" combination chemotherapy controlled study corticosterone blood level dose response drug dose comparison drug effect drug efficacy drug megadose "*drug seeking behavior/dt [Drug Therapy]" instrumental conditioning low drug dose male
41. Anxiety and depressive symptoms and affective patterns of tobacco withdrawal

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(324-329), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Leventhal A.M.; Ameringer K.J.; Osborn E.; Zvolensky M.J.; Langdon K.J.

Institution: (Leventhal, Ameringer) University of Southern California, Keck School of Medicine, Department of Preventive Medicine, Los Angeles, CA 90033, United States; (Leventhal) University of Southern California, Department of Psychology, Los Angeles, CA 90033, United States; (Osborn) University of Washington School of Medicine, Seattle, WA 98105, United States; (Zvolensky) University of Houston, Department of Psychology, Houston, TX 77004, United States; (Zvolensky) University of Texas M.D. Anderson Cancer Center, Department of Behavioral Science, Houston, TX 77230, United States; (Langdon) Alpert Medical School of Brown University, Department of Psychiatry and Human Behavior, Providence, RI 02912, United States

Language: English

Abstract: Background: The complex concordance and discordance across and within anxiety and depressive symptoms complicates understanding of the relation between emotional symptoms and manifestations of tobacco withdrawal. The goal of this study was to parse the broad variation in anxiety and depressive symptoms into conceptually discrete components and explore their relative predictive influence on affective patterns of acute tobacco withdrawal. Methods: We employed a within-participant experimentally manipulated tobacco abstinence design involving: (i) a baseline visit at which past-week depression and anxiety symptoms were assessed and (ii) two counterbalanced experimental visits-one after ad lib smoking and one after 16-h of tobacco abstinence-at which state affect was assessed. Participants were community-dwelling adults (N= 187) smoking 10+ cig/day for at least two years without an active mood disorder. Results: Anxiety-related general distress symptoms (e.g., tension, nervousness) predicted greater abstinence-induced increases in various negative affective states but not changes in positive affect (betas .17-33). Depression-related general distress symptoms (e.g., sadness, worthlessness) predicted greater abstinence-induced increases in acute depressed affect only (betas .24-25). Anhedonic symptoms (e.g., diminished interest, lack of pleasure) predicted larger abstinence-induced decreases in acute positive affect only (betas .17-20). Anxious Arousal symptoms (e.g., shakiness, heart racing) predicted larger abstinence-induced increases in fatigue and depressive affect (betas .15-24). Conclusion: Different components of anxiety and depressive symptoms are associated with unique affective patterns of acute tobacco withdrawal. These results provide insight into the
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affective mechanisms underlying tobacco dependence and could inform smoking cessation treatment approaches tailored to individuals with emotional distress. 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
anhedonia
*anxiety
article
*depression
DSM-IV
emotion
emotional stress
human
major clinical study
mood disorder
nervousness
priority journal
*smoking cessation
tension
tobacco dependence

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

42. Illicit and nonmedical drug use among asian americans, native hawaiians/pacific islanders, and mixed-race individuals

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(360-367), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Wu L.-T.; Blazer D.G.; Swartz M.S.; Burchett B.; Brady K.T.
Institution: (Wu, Blazer, Swartz, Burchett) Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC 27710, United States; (Brady) Clinical Neurosciences Division, Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston, SC 29425, United States

Language: English

Abstract: Background: The racial/ethnic composition of the United States is shifting rapidly, with non-Hispanic Asian-Americans, Native Hawaiians/Pacific Islanders (NHs/PIs), and mixed-race individuals the fastest growing segments of the population. We determined new drug use estimates for these rising groups. Prevalences among Whites were included as a comparison. Methods: Data were from the 2005-2011 National Surveys on Drug Use and Health. Substance use among respondents aged >=12 years was assessed by computer-assisted self-interviewing methods. Respondents' self-reported race/ethnicity, age, gender, household income, government assistance, county type, residential stability, major depressive episode, history of being arrested, tobacco use, and alcohol use were examined as correlates. We stratified the analysis by race/ethnicity and used logistic regression to estimate odds of drug use. Results: Prevalence of past-year marijuana use among Whites increased from 10.7% in 2005 to 11.6-11.8% in 2009-2011 (P< 0.05). There were no significant yearly changes in drug use prevalences among Asian-Americans, NHs/PIs, and mixed-race people; but use of any drug, especially marijuana, was prevalent among NHs/PIs and mixed-race people (21.2% and 23.3%, respectively, in 2011). Compared with Asian-Americans, NHs/PIs had higher odds of marijuana use, and mixed-race individuals had higher odds of using marijuana, cocaine, hallucinogens, stimulants, sedatives, and tranquilizers. Compared with Whites, mixed-race individuals had greater odds of any drug use, mainly marijuana, and NHs/PIs resembled Whites in odds of any drug use. Conclusions: Findings reveal alarmingly
prevalent drug use among NHs/PIs and mixed-race people. Research on drug use is needed in these rising populations to inform prevention and treatment efforts. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine)
Publication Type: Journal: Article
Subject Headings: adolescent adult aged alcohol consumption article Asian American cannabis smoking Caucasian child "cocaine dependence/ep [Epidemiology]" controlled study *drug abuse *ethnic difference ethnicity female gender "heroin dependence/ep [Epidemiology]" human income interview major clinical study major depression male Pacific Islander prevalence priority journal residential area school child smoking United States cannabis central stimulant agent cocaine diamorphine *illicit drug narcotic analgesic agent psychedelic agent sedative agent tranquilizer

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

43. Predicting the transition from frequent cannabis use to cannabis dependence: A three-year prospective study

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(352-359), 0376-8716;1879-0046 (01 Dec 2013)
Author(s): Van der Pol P.; Liebregts N.; de Graaf R.; Korf D.J.; Van den Brink W.; Van Laar M.
Background: Frequent cannabis users are at high risk of dependence, still most (near) daily users are not dependent. It is unknown why some frequent users develop dependence, whereas others do not. This study aims to identify predictors of first-incidence DSM-IV cannabis dependence in frequent cannabis users. Methods: A prospective cohort of frequent cannabis users (aged 18-30, n= 600) with baseline and two follow-up assessments (18 and 36 months) was used. Only participants without lifetime diagnosis of DSM-IV cannabis dependence at baseline (n= 269) were selected. Incidence of DSM-IV cannabis dependence was established using the Composite International Diagnostic Interview version 3.0. Variables assessed as potential predictors of the development of cannabis dependence included sociodemographic factors, cannabis use variables (e.g., motives, consumption habits, cannabis exposure), vulnerability factors (e.g., childhood adversity, family history of mental disorders or substance use problems, personality, mental disorders), and stress factors (e.g., life events, social support). Results: Three-year cumulative incidence of cannabis dependence was 37.2% (95% CI. = 30.7-43.8%). Independent predictors of the first incidence of cannabis dependence included: living alone, coping motives for cannabis use, number and type of recent negative life events (major financial problems), and number and type of cannabis use disorder symptoms (impaired control over use). Cannabis exposure variables and stable vulnerability factors did not independently predict first incidence of cannabis dependence. Conclusions: In a high risk population of young adult frequent cannabis users, current problems are more important predictors of first incidence cannabis dependence than the level and type of cannabis exposure and stable vulnerability factors. 2013 Elsevier Ireland Ltd.
44. Heart rate correlates of utilitarian moral decision-making in alcoholism

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(413-419), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Carmona-Perera M.; Reyes del Paso G.A.; Perez-Garcia M.; Verdejo-Garcia A.

Institution: (Carmona-Perera, Perez-Garcia, Verdejo-Garcia) Department of Personality, Assessment and Psychological Treatment School of Psychology, University of Granada, Campus Cartuja s/n., 18071 Granada, Spain; (Reyes del Paso) Department of Psychology, University of Jaen, Campus de las Lagunillas s/n., 23071 Jaen, Spain; (Perez-Garcia) Centro de Investigacion Mente, Cerebro y Comportamiento (CIMCYC), University of Granada, Campus Cartuja s/n., 18071 Granada, Spain; (Perez-Garcia) Centro de Investigacion Biomedica en Red de Salud Mental (CIBERSAM), University of Granada, Av de Madrid n 11, 18071 Granada, Spain; (Verdejo-Garcia) Institute of Neuroscience F. Oloriz, University of Granada, Avda. del Conocimiento, s/n., 18100 Armilla, Spain; (Verdejo-Garcia) Red de Trastornos Adictivos, Instituto Carlos III. University of Granada, Avda. del Conocimiento, s/n., 18100 Armilla, Spain; (Verdejo-Garcia) School of Psychology and Psychiatry, Monash University, 3800 Wellington Rd, VIC, Australia

Language: English

Abstract: Background: Recent studies of moral reasoning in patients with alcohol use disorders have indicated a 'utilitarian' bias, whereby patients are more likely to endorse emotionally aversive actions in favor of aggregate welfare (e.g., to kill a person in order to save a group of people). The aim of the present study was to examine psychophysiological correlates of this tendency indexed by heart rate. Methods: The sample was composed by 31 alcohol-dependent individuals and 34 healthy controls without alcohol use disorders. Electrocardiogram was recorded at rest and during execution of a validated moral judgment task, including non-moral scenarios, and moral dilemmas that were either high in emotional salience ("personal scenarios") or low in emotional salience ("impersonal scenarios"). Results: Alcohol-dependent individuals showed a blunted response to moral dilemmas. Furthermore, healthy controls displayed decreased heart rate to the personal vs. impersonal or non-moral scenarios, while alcohol-dependent individuals failed to differentiate dilemmas in terms of heart rate both prior decision-making and its post appraisal. These deficits were not related to baseline differences in Heart Rate. Conclusion: Our findings indicate that alcohol-dependent individuals failed to engage emotional aversive reactions to personal moral violations in terms of heart rate response. 2013 Elsevier Ireland Ltd.
45. Alcohol use and HIV risk taking among Chinese MSM in Beijing

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(317-323), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Lu H.; Han Y.; He X.; Sun Y.; Li G.; Li X.; McFarland W.; Xiao Y.; Shao Y.; Ruan Y.; Raymond H.F.

Institution: (Lu, He, Sun, Li) Beijing Center for Disease Prevention and Control, 16 Hepinglizhongjie, Beijing 100013, China; (Han, Li, Xiao, Shao, Ruan) State Key Laboratory for Infectious Disease Prevention and Control, National Center for AIDS/STD Control and Prevention (NCAIDS), Chinese Center for Disease Control and Prevention (China CDC), Beijing 102206, China; (Shao, Ruan) Collaborative Innovation Center for Diagnosis, Treatment of Infectious Diseases, Hangzhou 310003, China; (McFarland, Raymond) San Francisco Department of Public Health, 25 Van Ness, Suite 500, San Francisco 94102, United States; (McFarland, Raymond) Department of Epidemiology and Biostatistics, University of California, 50 Beale Street, 12th Floor, San Francisco, CA 94105, United States

Language: English

Abstract: Background: Few studies have used standardized alcohol use measures among men who have sex with men in China. Methods: A cross-sectional study was conducted among MSM in Beijing. A computer-assisted self-administered questionnaire was used to collect demographics, risk behaviors the Alcohol Use Disorders Identification Test (AUDIT). AUDIT uses a cutoff score of >=8 while AUDIT C uses a score of >=4 to classify respondents as problem drinkers. Both include a binge drinking measure. Results: A total of 500 participants were recruited using respondent-driven sampling. HIV and prevalence is estimated to be 6.1% (95% CI 3.7, 9.2). Almost half of MSM (42.1%, 95% CI 35.8, 49.0) never had a drink containing alcohol in the past year. 5.0% (95% CI 3.1, 7.0) and 8.8% (95% CI 6.1, 11.6) had AUDIT score >=8 and AUDIT-C score >=4, respectively. Binge drinking was at 11.8% (95% CI 7.9, 16.0). In multivariate models all measures were associated with alcohol during sex, while AUDIT was associated with high level of attitudes and perceptions on safe sex (AOR 0.9, 95% CI 0.9,1.0), AUDIT-C with being older (AOR 3.5, 95%CI 1.4, 8.8), and HIV status (AOR 2.2, 95% CI 1.4, 10.9), and binge drinking with number of male partners (AOR 2.0, 95% CI 1.0, 3.9) and ever having had an HIV test (AOR 1.0, 95%CI 0.9, 1.0). Compared to AUDIT >=8, AUDIT-C >=4 and binge drinking were more suitable in identifying HIV risks related to problem drinking. Conclusions: Findings suggest AUDIT is appropriate for use among MSM in China and reinforces the need for incorporating problem drinking as part of approaches to prevent HIV infection among Chinese MSM. 2013 Elsevier Ireland Ltd.
46. Internet and computer based interventions for cannabis use: A meta-analysis

Citation: Drug and Alcohol Dependence, December 2013, vol./is. 133/2(295-304), 0376-8716;1879-0046 (01 Dec 2013)

Author(s): Tait R.J.; Spijkerman R.; Riper H.

Institution: (Tait) Centre for Mental Health Research, Australian National University, Canberra, ACT, Australia; (Tait) National Drug Research Institute, Curtin University, Perth, WA, Australia; (Spijkerman) Parnassia Addiction Research Centre (PARC), Brijder Addiction Treatment, Parnassia Group, PO Box 53002, 2505 AA The Hague, Netherlands; (Riper) Department of Clinical Psychology, VU University Amsterdam, Amsterdam, Netherlands; (Riper) Institute for Health and Care Research, VU University and VU University Medical Center, Amsterdam, Netherlands; (Riper) Leuphana University Lueneburg, Innovation Incubator, Germany

Language: English

Abstract: Background: Worldwide, cannabis is the most prevalently used illegal drug and creates demand for prevention and treatment services that cannot be fulfilled using conventional approaches. Computer and Internet-based interventions may have the potential to meet this need. Therefore, we systematically reviewed the literature and conducted a meta-analysis on the effectiveness of this approach in reducing the frequency of cannabis use. Methods: We systematically searched online databases (Medline, PubMed, PsychINFO, Embase) for eligible studies and conducted a meta-analysis. Studies had to use a randomized design, be delivered either via the Internet or computer and report separate outcomes for cannabis use. The principal outcome measure was the frequency of cannabis use. Results: Data were extracted from 10 studies and the meta-analysis involved 10 comparisons with 4125 participants. The overall effect size was small but significant, g = 0.16 (95% confidence interval (CI) 0.09-0.22, P<.001) at post-treatment. Subgroup analyses did not reveal significant subgroup differences for key factors including type of analysis (intention-to-treat, completers only), type of control (active, waitlist), age group (11-16, 17+ years), gender composition (female only, mixed), type of intervention (prevention, 'treatment'), guided versus unguided programs, mode of delivery (Internet, computer), individual versus family dyad and venue (home, research setting). Also, no significant moderation effects were found for number of sessions and time to follow-up. Finally, there was no evidence of publication bias. Conclusions: Internet and computer interventions appear to be effective in reducing cannabis use in the short-term albeit based on data from few studies and across diverse samples. 2013 Elsevier Ireland Ltd.
"*cannabis addiction/pc [Prevention]"
"*cannabis addiction/th [Therapy]"
comparative effectiveness
*computer assisted therapy
computer program
control
*drug dependence treatment
effect size
family therapy
follow up
gender
health care delivery
health education
health program
health service
human
human computer interaction
*Internet
meta analysis
online system
outcome assessment
personalized medicine
priority journal
prophylaxis
publishing
randomized controlled trial (topic)
review
self report
systematic review
treatment duration
*cannabis

Source: EMBASE

Full Text: Available from Elsevier in Drug and Alcohol Dependence

47. Scaling up HIV prevention efforts targeting people who inject drugs in Central Asia: A review of key challenges and ways forward

Citation: Drug and Alcohol Dependence, November 2013, vol./is. 132/SUPPL1(S41-S47), 0376-8716;1879-0046 (November 2013)

Author(s): Boltaev A.A.; El-Bassel N.; Deryabina A.P.; Terlikbaeva A.; Gilbert L.; Hunt T.; Primbetova S.; Strathdee S.A.

Institution: (Boltaev, Deryabina) ICAP, Mailman School of Public Health, Columbia University, New York, United States; (El-Bassel, Terlikbaeva, Gilbert, Hunt, Primbetova) Global Health Research Center for Central Asia, School of Social Work, Columbia University, New York, United States; (Strathdee) School of Medicine, University of California San Diego, La Jolla, United States

Language: English

Abstract: Background: In Central Asia, between 33% and 72% of cumulative HIV infections has been attributed to unsafe injection practices among people who inject drugs (PWID). Methods: We reviewed the current status and trends of national efforts in Central Asian countries to control HIV among PWID, and also reviewed the key structural and health-systems-related challenges that facilitate drug-use-related HIV risk in Central Asia. Results: The spectrum and scale of HIV prevention services targeting PWID vary considerably among Central Asian countries. In all countries, the potential impact of these interventions is hindered by several key features: a restrictive legal environment, poor performance of service providers, widespread opposition to harm reduction, deficient human resources and funding mechanisms, poor services integration, insufficient community involvement, and other structural factors. Conclusions: Scaling up HIV
prevention interventions in Central Asia will demand greater attention to the structural, health-care-related and social factors that facilitate HIV risk and impede service utilization among PWID. Multi-level combination prevention interventions should be developed with a focus on the sexual partners and risk networks of PWID, aiming at early detection of HIV, timely enrollment in HIV care, and retention in HIV care. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)
Publication Type: Journal: Review
Subject Headings: Asia
*drug abuse
drug dependence
evidence based practice
funding
harm reduction
health care delivery
health care personnel
health care policy
health care quality
health service
human
"*Human immunodeficiency virus infection/dt [Drug Therapy]"
"*Human immunodeficiency virus infection/pc [Prevention]"
legal aspect
"opiate addiction/dt [Drug Therapy]"
opiate substitution treatment
*people who inject drug
preventive health service
priority journal
public health service
review
"antiretrovirus agent/dt [Drug Therapy]"
"opiate/dt [Drug Therapy]"
Source: EMBASE
Full Text: Available from Elsevier in Drug and Alcohol Dependence

48. A review of medical and substance use co-morbidities in Central Asian prisons: Implications for HIV prevention and treatment

Citation: Drug and Alcohol Dependence, November 2013, vol./is. 132/SUPPL1(S25-S31), 0376-8716;1879-0046 (November 2013)
Author(s): Vagenas P.; Azbel L.; Polonsky M.; Kerimi N.; Mamyrov M.; Dvoryak S.; Altice F.L.
Institution: (Vagenas, Azbel, Polonsky, Altice) Yale School of Medicine, Section of Infectious Diseases, New Haven, CT, United States; (Kerimi, Mamyrov) United Nations Office on Drugs and Crime (UNODC), Regional Office for Central Asia, Tashkent, Uzbekistan; (Dvoryak) Ukrainian Institute on Public Health Policy, Kyiv, Ukraine; (Altice) Yale School of Public Health, Department of Epidemiology of Microbial Diseases, New Haven, CT, United States; (Altice) 135 College Street, Suite 323, New Haven, CT 06510, United States
Language: English
Abstract: Background: HIV incidence in Central Asia is rising rapidly. People who inject drugs (PWIDs) contribute greatest to the epidemic, with more than a quarter of all HIV cases being in the criminal justice system (CJS). This review assembled and aggregated recent data on drug-related health problems and respective healthcare services in the CJS of Central Asia and the Republic of Azerbaijan. Methods: Online databases and published
literature (peer-reviewed and gray) were reviewed. Additionally, prison officials in the 6 countries were invited to participate in a survey and prison administrators from Kazakhstan, Kyrgyzstan and Tajikistan completed it. Results: The data on conditions and healthcare in Central Asian prisons are inconsistent and lack unbiased details. Reporting is primarily based on "official" disease registries, which markedly underestimate prevalence. Even these limited data, however, indicate that HIV prevalence and drug-related health problems are high, concentrated and, in some countries, rising rapidly in CJS. Only some of the range of HIV prevention interventions recommended by international organizations have been implemented in the region with two of the crucial interventions, needle and syringe exchange programs (NSP) and opioid substitution therapy (OST), only available in prisons in Kyrgyzstan, with Tajikistan implementing a pilot NSP and contemplating introduction of prison-based OST. Conclusions: Despite deficiencies in routine health reporting and insufficient HIV sentinel surveillance undertaken in prisons, the data available on the concentration of HIV within at-risk populations in prisons indicate a necessity to broaden the range and increase the scale of HIV prevention and treatment services.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)
Publication Type: Journal: Review
Subject Headings: Azerbaijan
community reintegration
comorbidity
criminal justice
disease registry
disease surveillance
*drug utilization
health care access
health care availability
health care delivery
health care organization
health program
health status
"hepatitis C/di [Diagnosis]"
"hepatitis C/dt [Drug Therapy]"
"hepatitis C/pc [Prevention]"
high risk population
HIV test
human
"*Human immunodeficiency virus infection/di [Diagnosis]"
"*Human immunodeficiency virus infection/dt [Drug Therapy]"
"*Human immunodeficiency virus infection/pc [Prevention]"
information processing
Kazakhstan
Kyrgyzstan
occupational therapy
"opiate addiction/dt [Drug Therapy]"
"opiate addiction/rh [Rehabilitation]"
opiate substitution treatment
patient counseling
prevalence
preventive health service
priority journal
*prison
public health service
review
scale up
sputum culture
sputum examination
*substance abuse
systematic review
Tajikistan
thorax radiography
"tuberculosis/di [Diagnosis]"
"tuberculosis/dt [Drug Therapy]"
"tuberculosis/pc [Prevention]"
Turkmenistan
Uzbekistan
"antiretrovirus agent/dt [Drug Therapy]"
"antivirus agent/dt [Drug Therapy]"
"methadone/dt [Drug Therapy]"
opiate
"tuberculostatic agent/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from Elsevier in Drug and Alcohol Dependence

49. Tuberculosis, drug use and HIV infection in Central Asia: An urgent need for attention

Citation: Drug and Alcohol Dependence, November 2013, vol./is. 132/SUPPL1(S32-S36), 0376-8716;1879-0046 (November 2013)

Author(s): Schluger N.W.; El-Bassel N.; Hermosilla S.; Terlikbayeva A.; Darisheva M.; Aifah A.; Galea S.

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Language: English

Abstract: Introduction: Rates of tuberculosis in Central Asia are extremely high, and even more alarming are the very high rates of multidrug-resistant tuberculosis (MDR-TB) in Kazakhstan, Uzbekistan, Tajikistan and Kyrgyzstan. In addition, rates of HIV infection related to injection drug use seems to be rising as well, thus creating conditions for a potentially devastating co-epidemic of TB/HIV and MDR-TB/HIV which would have terrible consequences for public health in these countries. Current status: In many countries of Central Asia, diagnosis of tuberculosis still rests on clinical grounds or simple technologies such as chest radiograph and sputum smear examination. Modern molecular techniques such as GenExpert are being introduced in Kazakhstan and Uzbekistan, and perhaps soon in Kyrgyzstan. Treatment of TB is still often centered around prolonged inpatient stay at TB hospitals. Only a minority of patients with HIV infection are receiving ART, and TB and HIV services are not well integrated. Needle exchange programs are becoming increasingly available, but opioid substitution therapy is rarely used in Central Asia. TB, drug treatment and HIV services are generally not well-integrated. Conclusions: To combat this developing storm, integration of TB services, HIV care, and substance abuse treatment programs is needed urgently to allow efficient and effective diagnosis and treatment of these conditions in a coordinated manner. 2013 Elsevier Ireland Ltd.
50. Gender disparities in HIV infection among persons who inject drugs in Central Asia: A systematic review and meta-analysis

Citation: Drug and Alcohol Dependence, November 2013, vol./is. 132/SUPPL1(S7-S12), 0376-8716;1879-0046 (November 2013)

Author(s): Des Jarlais D.C.; Boltaev A.; Feelemyer J.; Bramson H.; Arasteh K.; Phillips B.W.; Hagan H.

Institution: (Des Jarlais, Feelemyer, Bramson, Arasteh, Phillips) The Baron Edmond de Rothschild Chemical Dependency Institute, Beth Israel Medical Center, New York City, United States; (Boltaev) The International Center for AIDS Care and Treatment Programs (ICAP), Columbia University, New York City, United States; (Hagan) College of Nursing, New York University, New York City, United States

Language: English

Abstract: Objective: Disparities in HIV infection, with females having higher rates of HIV infection than males, have been noted among persons who inject drugs (PWID) in many countries. We examined male/female HIV disparities among PWID in Central Asia and compared these disparities with patterns worldwide. Methods: A systematic review and meta-analyses were conducted for studies reporting HIV prevalence by gender among PWID. To be included in the analyses, reports had to contain (1) samples of PWID from Central Asia, (2) HIV data based on laboratory testing, (3) HIV prevalence reported for males and females, and (4) samples that were not recruited on the basis of HIV status. Results: Data were abstracted from 11 studies in 5 countries in Central Asia: China, Kazakhstan, Russia, Tajikistan, and Uzbekistan; the total sample size was 12,225. The mean weighted OR for HIV prevalence among females to males was 0.913 (95% CI 0.07, 1.26), with high heterogeneity among studies (I²=70.0%) and a possible publication bias among studies with small sample sizes (Egger's test=-1.81, 95% CI -5.18, 0.54). Conclusions: The non-significant higher HIV prevalence among male PWID in Central Asia contrasts with the worldwide findings which show slightly higher HIV prevalence among female PWID. This may reflect the relative recency of the HIV epidemics in Central Asia. The findings also suggest there may be factors that protect female PWID from HIV in some settings. Further examination of transmission dynamics in Central Asia is necessary to better understand the HIV epidemic among PWID. 2013 Elsevier Ireland Ltd.
Synergistic impact of endurance training and intermittent hypobaric hypoxia on cardiac function and mitochondrial energetic and signaling

Background Intermittent hypobaric-hypoxia (IHH) and endurance-training (ET) are cardioprotective strategies against stress-stimuli. Mitochondrial modulation appears to be an important step of the process. This study aimed to analyze whether a combination of these approaches provides additive or synergistic effects improving heart-mitochondrial and cardiac function.

Methods Two-sets of rats were divided into normoxic-sedentary (NS), normoxic-exercised (NE, 1 h/day/5 weeks treadmill-running), hypoxic-sedentary (HS, 6000 m, 5 h/day/5 weeks) and hypoxic-exercised (HE) to study overall cardiac and mitochondrial function. In vitro cardiac mitochondrial oxygen consumption and transmembrane potential were evaluated. OXPHOS subunits and ANT protein content were semi-quantified by Western blotting. HIF-1alpha, VEGF, VEGF-R1 VEGF-R2, BNP, SERCA2a and PLB expressions were measured by qRT-PCR and cardiac function was characterized by echocardiography and hemodynamic parameters. Results Respiratory control ratio (RCR) increased in NE, HS and HE vs. NS. Susceptibility to anoxia/reoxygenation-induced dysfunction decreased in NE, HS and HE vs. NS. HS decreased mitochondrial complex-I and -II subunits; however HE completely reverted the decreased content in complex-II subunits. ANT increased in HE. HE presented normalized ventricular-arterial coupling (Ea) and BNP myocardial levels and significantly improved myocardial performance as evaluated by increased cardiac output and normalization of the Tei index vs. HS. Conclusion Data demonstrates that IHH and ET
confer cardiac mitochondria with a more resistant phenotype although without visible addictive effects at least under basal conditions. It is suggested that the combination of both strategies, although not additive, results into improved cardiac function. 2013 Elsevier Ireland Ltd 2013 Published by Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 114471-18-0 (brain natriuretic peptide); 9008-02-0 (hemoglobin); 9035-73-8 (oxidoreductase); 9035-82-9 (oxidoreductase); 9037-80-3 (oxidoreductase); 9055-15-6 (oxidoreductase); 113610-15-4 (phospholamban); 9028-04-0 (reduced nicotinamide adenine dinucleotide dehydrogenase (ubiquinone)); 127464-60-2 (vasculotropin)

Publication Type: Journal: Article

Subject Headings: animal experiment
animal model
animal tissue
article
controlled study
echocardiography
*endurance training
*heart function
heart hemodynamics
heart mitochondrion
heart muscle fiber membrane potential
heart muscle ischemia
heart muscle oxygen consumption
heart output
heart protection
heart ventricle overload
hematocrit
*hypoxia
in vitro study
*intermittent hypobaric hypoxia
male
*mitochondrial energy transfer
*mitochondrial targeting signal
nonhuman
priority journal
protein content
protein expression
rat
reoxygenation
reverse transcription polymerase chain reaction
sitting
Western blotting
"brain natriuretic peptide/ec [Endogenous Compound]"
"hemoglobin/ec [Endogenous Compound]"
"hypoxia inducible factor 1alpha/ec [Endogenous Compound]"
"mitochondrial complex II/ec [Endogenous Compound]"
"oxidoreductase/ec [Endogenous Compound]"
"phospholamban/ec [Endogenous Compound]"
"reduced nicotinamide adenine dinucleotide dehydrogenase (ubiquinone)/ec [Endogenous Compound]"
"sarcoplasmic reticulum calcium transporting adenosine triphosphatase/ec [Endogenous Compound]"
"sarcoplasmic reticulum calcium transporting adenosine triphosphatase 2a/ec [Endogenous Compound]"
unclassified drug
"vasculotropin/ec [Endogenous Compound]"
52. An investigation of interactions between hypocretin/orexin signaling and glutamate receptor surface expression in the rat nucleus accumbens under basal conditions and after cocaine exposure

Citation: Neuroscience Letters, December 2013, vol./is. 557/PB(101-106), 0304-3940;1872-7972 (17 Dec 2013)

Author(s): Plaza-Zabala A.; Li X.; Milovanovic M.; Loweth J.A.; Maldonado R.; Berrendero F.; Wolf M.E.

Institution: (Li, Milovanovic, Loweth, Wolf) Department of Neuroscience, Rosalind Franklin University of Medicine and Science, 3333 Green Bay Road, North Chicago, IL 60064, United States; (Plaza-Zabala, Maldonado, Berrendero) Laboratory of Neuropharmacology, Department of Experimental and Health Sciences, Universitat Pompeu Fabra, PRBB, C/ Doctor Aiguader 88, 08003 Barcelona, Spain

Language: English

Abstract: Hypocretin peptides are critical for the effects of cocaine on excitatory synaptic strength in the ventral tegmental area (VTA). However, little is known about their role in cocaine-induced synaptic plasticity in the nucleus accumbens (NAc). First, we tested whether hypocretin-1 by itself could acutely modulate glutamate receptor surface expression in the NAc, given that hypocretin-1 in the VTA reproduces cocaine's effects on glutamate transmission. We found no effect of hypocretin-1 infusion on AMPA or NMDA receptor surface expression in the NAc, measured by biotinylation, either 30. min or 3. h after the infusion. Second, we were interested in whether changes in hypocretin receptor-2 (Hcrtr-2) expression contribute to cocaine-induced plasticity in the NAc. As a first step towards addressing this question, Hcrtr-2 surface expression was compared in the NAc after withdrawal from extended-access self-administration of saline (control) versus cocaine. We found that surface Hcrtr-2 levels remain unchanged following 14, 25 or 48 days of withdrawal from cocaine, a time period in which high conductance GluA2-lacking AMPA receptors progressively emerge in the NAc. Overall, our results fail to support a role for hypocretins in acute modulation of glutamate receptor levels in the NAc or a role for altered Hcrtr-2 expression in withdrawal-dependent synaptic adaptations in the NAc following cocaine self-administration. 2013 Elsevier Ireland Ltd.
53. Potential prevention of small for gestational age in Australia: A population-based linkage study

Citation: BMC Pregnancy and Childbirth, November 2013, vol./is. 13/, 1471-2393 (19 Nov 2013)

Author(s): Taylor L.K.; Lee Y.Y.C.; Lim K.; Simpson J.M.; Roberts C.L.; Morris J.

Institution: (Taylor, Lee, Lim) Centre for Epidemiology and Evidence, New South Wales Ministry of Health, Sydney, Australia; (Simpson) School of Public Health, University of Sydney, Sydney, Australia; (Roberts, Morris) Kolling Institute of Medical Research, University of Sydney, Sydney, Australia

Language: English

Abstract: Background: Small for gestational age (SGA) infants are at increased risk of morbidity and mortality. We sought to identify risk factors associated with SGA and examined the potential for reducing the proportion of infants with SGA at a population level.Methods: Birth and hospital records were linked for births occurring in 2007-2010 in New South Wales, Australia. The analysis was stratified into three groups: preterm births, term births to non-diabetic mothers and term births to diabetic mothers. Logistic regression was used to examine the association between SGA and a range of socio-demographic and behavioural factors and health conditions, with generalised estimating equations to account for correlation among births to the same mother. Model-based population attributable fractions (PAFs) were calculated for risk factors that were considered causative and potentially modifiable.Results: Of 28,126 SGA infants, the largest group was term infants of non-diabetic mothers (88.5%), followed by term infants of diabetic mothers (6.3%) and preterm infants (5.3%). The highest PAFs were for smoking: 12.4% for preterm SGA and 10.3% for term SGA infants of non-diabetic mothers. Other risk factors for SGA that were considered modifiable included: illicit drug dependency or abuse in pregnancy in all three groups, and pregnancy hypertension and late commencement of antenatal care to non-diabetic mothers, but PAFs were less than 3%.Conclusions: There are opportunities for modest reduction of the prevalence of SGA through reduction in smoking in pregnancy, and possibly earlier commencement of antenatal care and improved management of high-risk pregnancies. 2013 Taylor et al.; licensee BioMed Central Ltd.
54. Post-mortem vitreous humour as potential specimen for detection of insulin analogues by LC-MS/MS

Citation: Forensic Science International, December 2013, vol./is. 233/1-3(328-332), 0379-0738;1872-6283 (10 Dec 2013)

Author(s): Ojanpera I.; Sajantila A.; Vinogradova L.; Thomas A.; Schanzer W.; Thevis M.

Institution: (Ojanpera, Sajantila, Vinogradova) Hjelt Institute, Department of Forensic Medicine, University of Helsinki, Helsinki, Finland; (Thomas, Schanzer, Thevis) Institute of Biochemistry - Center for Preventive Doping Research, German Sport University Cologne, Cologne, Germany; (Sajantila) Institute of Applied Genetics, Department of Forensic and Investigative Genetics, University of North Texas Health Science Center, Fort Worth, TX, United States

Language: English

Abstract: Differentiation of insulin analogues is required in forensic and clinical toxicology as well as in sports doping control. Immunoassay results provide only weak evidence for exogenous administration of insulin, as concentrations cannot be reliably interpreted and specific information on the insulin species remains unknown. In post-mortem blood, insulin degrades rapidly. In this study, improved methodology consisting of precipitation of proteins, immunoaffinity purification and liquid chromatography coupled to high resolution/high accuracy mass spectrometry were applied to post-mortem vitreous humour. Ten successive cases with a post-mortem interval from four to ten days were investigated for insulin analogues. The cause of death in these cases was connected with diabetes and its complications, as well as with chronic cardiovascular disease, alcoholism and cancer. In all cases, the manner of death was natural (disease). Insulin was positively detected in post-mortem vitreous humour in three cases out of ten by mass spectrometry. In two cases, the method revealed the long-acting insulin glargine (Lantus) metabolite M2 (DesB31-32 Lantus), and human insulin was detected in one case. The findings were in agreement with the documented history of insulin medication. No other obvious reason could be found for the failure of detecting insulins in the other cases than insulin degradation during the lengthy post-mortem interval. Vitreous humour is still a most prospective specimen for detection of insulin analogues post-mortem. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
Evidence Services | library.nhs.uk

CAS Registry Number: 11061-68-0 (human insulin); 116094-23-6 (insulin aspart); 201305-44-4 (insulin detemir); 270588-25-5 (insulin detemir); 160337-95-1 (insulin glargine); 9004-17-5 (isophane insulin)

Publication Type: Journal: Article

Subject Headings: adult aged alcoholism antibody affinity article *autopsy cardiovascular disease cause of death chemical analysis chronic disease diabetes mellitus *drug determination female human human tissue insulin degradation insulin treatment *liquid chromatography male malignant neoplastic disease *mass spectrometry medical history precipitation priority journal protein analysis purification tissue section *vitreous body human insulin insulin aspart *insulin derivative insulin detemir insulin glargine isophane insulin long acting insulin

Source: EMBASE

Full Text: Available from Elsevier in Forensic Science International

55. Impact of access restrictions on varenicline utilization

Citation: Expert Review of Pharmacoeconomics and Outcomes Research, 2013, vol./is. 13/5(651-656), 1473-7167;1744-8379 (2013)

Author(s): Galaznik A.; Cappell K.; Montejano L.; Makinson G.; Zou K.H.; Lenhart G.

Institution: (Galaznik, Makinson, Zou) Pfizer Inc, 235 East 42nd Street, NY 10017, United States; (Cappell, Montejano, Lenhart) Truven Health Analytics, 777 E. Eisenhower Parkway, Ann Arbor, MI 48108, United States

Language: English

Abstract: Aim: To assess the impact of access restrictions on varenicline utilization. Methods: Employer-sponsored health plans contributing to the MarketScan Commercial Claims and Encounters Database were categorized according to 2009 varenicline access restrictions: no coverage; prior authorization; smoking cessation program requirement; no restrictions. The cohort comprised all adults continuously enrolled in plans during 2009. Each restriction cohort was compared with the no restrictions cohort using descriptive analyses.
Data were assessed using logistic regression; demographic and clinical characteristics were covariates. Results: In this study (no coverage, n = 454,419; prior authorization, n = 171,530; smoking cessation program, n = 108,181; no restrictions, n = 607,389), compared with the no restrictions cohort, the odds of treatment were 71% lower (odds ratio: 0.29; 95% CI: 0.26, 0.31) in the smoking cessation program cohort (p < 0.001) and 80% lower (odds ratio: 0.20; 95% CI: 0.19, 0.22) in the prior authorization cohort (p < 0.001). Conclusions: Access restrictions were associated with significantly lower odds for varenicline utilization. 2013 Informa UK Ltd.
guidance to support the selection of an appropriate tool. This systematic review compared
the sensitivity and specificity of mental health screening tools among adult jail or prison
populations.

Methods: A systematic review of MEDLINE and PsycINFO up to 2011, with
additional studies identified from a search of reference lists. Only studies involving adult
jail or prison populations, with an independent measure of mental illness, were included.
Studies in forensic settings to determine fitness to stand trial or criminal responsibility
were excluded. Twenty-four studies met all inclusion and exclusion criteria for the review.

All articles were coded by two independent authors. Study quality was coded by the lead
author. Results: Twenty-two screening tools were identified. Only six tools have
replication studies: the Brief Jail Mental Health Screen (BJMHS), the Correctional
Mental Health Screen for Men (CMHS-M), the Correctional Mental Health Screen for
Women (CMHS-W), the England Mental Health Screen (EMHS), the Jail Screening
Assessment Tool (JSAT), and the Referral Decision Scale (RDS). A descriptive summary
is provided in lieu of use of meta-analytic techniques due to the lack of replication studies
and methodological variations across studies.

Conclusions: The BJMHS, CMHS-M, CMHS-W, EMHS and JSAT appear to be the most promising tools. Future research
should consider important contextual factors in the implementation of a screening tool
that have received little attention. Randomized or quasi-randomized trials are
recommended to evaluate the effectiveness of screening to improve the detection of
mental illness compared to standard practices. 2013 Martin et al.; licensee BioMed
Central Ltd.
57. Understanding the relationship between smoking and pain

Citation: Expert Review of Neurotherapeutics, 2013, vol./is. 13/12(1407-1414), 1473-7175;1744-8360 (2013)

Author(s): Parkerson H.A.; Zvolensky M.J.; Asmundson G.J.G.

Institution: (Parkerson, Asmundson) Department of Psychology, University of Regina, Regina, SK S4S 0A2, Canada; (Zvolensky) Department of Psychology, University of Houston, 800 Calhoun Rd, Houston, TX 77004, United States; (Zvolensky) Anderson Cancer Center, 1515 Holcombe Blvd, Houston, TX 77030, United States

Language: English

Abstract: This review provides an overview of evidence regarding several key mechanisms pertinent to understanding the co-occurrence of smoking dependence and pain, both potentially costly conditions, and highlights treatment implications and future research directions. We describe each of pain and smoking dependence and introduce a revised integrative reciprocal model that explains their co-occurrence. We then provide a selective review of evidence pertinent to direct and indirect pathways between variables postulated in the model. We also provide general recommendations for improving assessment and treatment of smokers with clinically significant pain. We conclude with a targeted agenda for future investigation of the co-occurrence of smoking and pain. Empirical efforts directed at testing postulates of the proposed integrative model may yield a better understanding of the nature of the relationship between these prevalent and costly health conditions as well as evidence-based preventive and treatment strategies for people who experience nicotine dependence and pain-related disability. 2013 Informa UK Ltd.

Country of Publication: United Kingdom
Publisher: Expert Reviews Ltd. (2 Albert Place, London N3 1QB, United Kingdom)
CAS Registry Number: 125-29-1 (hydrocodone); 25968-91-6 (hydrocodone); 34366-67-1 (hydrocodone); 52-26-6 (morphine); 57-27-2 (morphine); 54-11-5 (nicotine); 103-90-2 (paracetamol)
Publication Type: Journal: Review
Subject Headings: analgesia
coping behavior
human
medical research
mixed anxiety and depression
model
nonhuman
"*pain/dt [Drug Therapy]"
patient assessment
"postoperative pain/dt [Drug Therapy]"
review
*smoking
*tobacco dependence
treatment outcome
"hydrocodone/dt [Drug Therapy]"
"morphine/dt [Drug Therapy]"
"nicotine/dt [Drug Therapy]"
"nicotine/na [Intranasal Drug Administration]"
"paracetamol/dt [Drug Therapy]"

Source: EMBASE

58. A confirmatory factor analysis of the Observer alexithymia scale in treatment seeking alcohol-dependent patients

Citation: Journal of Substance Use, 2013, vol./is. 18/6(492-498), 1465-9891;1475-9942 (2013)
Evidence Services | library.nhs.uk

Author(s): Thorberg F.A.; Young R.M.; Sullivan K.A.; Lyvers M.; Hurst C.P.; Tyssen R.; Connor J.P.; Feeney G.F.X.

Institution: (Thorberg, Tyssen) Department of Behavioural Sciences in Medicine, Institute of Basic Medical Sciences, University of Oslo, Oslo, Norway; (Thorberg, Young, Sullivan) Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, QLD, Australia; (Sullivan) School of Psychology and Counseling, Queensland University of Technology, Brisbane, QLD, Australia; (Lyvers) Department of Psychology, Bond University, Gold Coast, QLD, Australia; (Hurst) School of Public Health, Queensland University of Technology, Brisbane, QLD, Australia; (Young, Connor, Feeney) Alcohol and Drug Assessment Unit, Princess Alexandra Hospital, Brisbane, QLD, Australia; (Thorberg, Connor, Feeney) Centre for Youth Substance Abuse Research, Faculty of Health, University of Queensland, Brisbane, QLD, Australia; (Connor) Discipline of Psychiatry, University of Queensland, Brisbane, QLD, Australia; (Thorberg) Department of Behavioural Sciences in Medicine, Institute of Basic Medical Sciences, University of Oslo, PO Box 1111, Blindern, 0317 Oslo, Norway

Language: English

Abstract: Confirmatory factor analyses evaluated the factorial validity of the Observer Alexithymia Scale (OAS) in an alcohol-dependent sample. Observation was conducted by clinical psychologists. All models examined were rejected, given their poor fit. Given the psychometric limitations of the OAS shown in this study, the OAS may not be the most appropriate measure to use early in treatment among alcohol-dependent individuals. 2013 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
"*alcoholism/th [Therapy]"
*alexithymia
article
behavior change
clinical psychology
cognitive therapy
factorial analysis
*help seeking behavior
human
humor
internal consistency
introspection
major clinical study
male
*named inventories questionnaires and rating scales
*observer alexithymia scale
priority journal
psychometry
social distance
somatization
test retest reliability
validity
Source: EMBASE

59. Perceived family environment in spouses of alcohol-dependent patients

Citation: Journal of Substance Use, 2013, vol./is. 18/6(476-483), 1465-9891;1475-9942 (2013)
Author(s): Bhattacharjee D.; Singh N.K.; Praharaj S.K.; Sarkhel S.
Institution: (Bhattacharjee, Singh) Department of Psychiatric Social Work, Central Institute of Psychiatry, Kanke, Ranchi, Jharkhand, India; (Praharaj) Department of Psychiatry,
Kasturba Medical College, Manipal, Karnataka, India; (Sarkhel) Institute of Psychiatry, Institute of Postgraduate Medical Education and Research (IPGMER), Kolkata, West Bengal, India; (Praharaj) Department of Psychiatry, Central Institute of Psychiatry, Kanke, Ranchi, Jharkhand 834 006, India

Language: English

Abstract: Objective: To assess the perceived family environment of spouses of alcohol-dependent individuals in comparison to control subjects. Participants and Methods: Sample consisted of 30 spouses of patients diagnosed with alcohol dependence syndrome (ICD-10 DCR) and 30 spouses of normal controls (GHQ-12 score<3). The Hindi version of the Family Environment Scale was administered to all the participants. Results: Spouses of alcohol-dependent patients scored significantly lower on cohesion (p<0.001, Cohen's d = 1.47), expressiveness (p<0.001, Cohen's d = 1.49), independence (p = 0.0002, Cohen's d = 1.04), achievement orientation (p<0.001, Cohen's d = 1.67), intellectual cultural orientation (p = 0.0002, Cohen's d = 1.06), active recreational orientation (p<0.0001, Cohen's d = 1.15), moral religious emphasis (p<0.001, Cohen's d = 1.33) and organization (p = 0.0009, Cohen's d = 0.92) than control group. However, there was no difference in control and conflict domains between the two groups. Conclusion: From the spousal perspective, family environment is disrupted in alcohol-dependent patients. 2013 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: achievement
adult
*alcoholism
article
clinical article
controlled study
cultural anthropology
family conflict
family environment Ssale
*family relation
female
General Health Questionnaire
human
ICD 10 DCR
ICD-8
independence
Indian
male
morality
named inventories questionnaires and rating scales
orientation
priority journal
recreation
religion
*spouse

Source: EMBASE

60. Focusing on abuse, not use, in drug education

Citation: Journal of Substance Use, 2013, vol./is. 18/6(431-439), 1465-9891;1475-9942 (2013)

Author(s): Nicholson T.; Duncan D.F.; White J.; Stickle F.

Institution: (Nicholson, White) Department of Public Health, Western Kentucky University, Bowling Green, KY, United States; (Duncan) Duncan and Associates, Bowling Green, KY, United States; (Duncan) Addiction Technology Transfer Center, Brown University, Providence, RI, United States; (Stickle) Department of Counseling and Affairs, Western Kentucky
How societies deal with drug use is premised on how drug abuse is defined and on distinguishing disordered drug abuse from non-disordered drug use. The Epidemiologic Catchment Area Study revealed that only 20.27% of consumers of illicit drugs in the United States experienced a period of abuse at some time during their drug use history, whereas among illicit drug users the current prevalence of substance abuse disorders was 4.19%. The persistent failure to differentiate use from abuse where currently illicit drugs are concerned undermines effective primary prevention of the addictive disorders we are really concerned with. Typical programmes have ignored this reality, which helps explain the failure of most drug education. Adolescents soon recognize the inaccuracies and exaggerations, which undermines the credibility of drug education and limits its effectiveness. The purpose of this article is to offer a more realistic strategy for drug education that focuses on the prevention of abuse rather than prevention of any and all use. 2013 Informa UK Ltd.
utilized less than five prescribers (p< 0.001). The dramatic increase in the number of controlled prescriptions shown in this study has important public health implications.

Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
CAS Registry Number: 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 124-90-3 (oxycodone); 76-42-6 (oxycodone)
Publication Type: Journal: Article
Subject Headings: article
data base
*drug misuse
drug surveillance program
female
geographic distribution
health care personnel
health care utilization
hospital admission
hospitalization
human
law enforcement
major clinical study
male
patient care
pharmacy
physician
population density
*prevalence
priority journal
public health problem
retrospective study
amphetamine
analgesic agent
central stimulant agent
*controlled substance
illicit drug
oxycodone
prescription drug

Source: EMBASE

62. Substance use disorders in Saudi Arabia: Review article

Citation: Journal of Substance Use, 2013, vol./is. 18/6(450-466), 1465-9891;1475-9942 (2013)
Author(s): Bassiony M.
Institution: (Bassiony) Department of Neurosciences, King Faisal Specialist Hospital and Research Center, Jeddah, Saudi Arabia; (Bassiony) Department of Neurosciences, J-76, King Faisal Specialist Hospital and Research Center, P.O. Box 40047, Jeddah 21499, Saudi Arabia
Language: English
Abstract: Objective: The objective was to review all the available published studies and reports with particular reference to substance abuse in Saudi Arabia. Methods: Data were collected from a PubMed search and reviewing national journals, the United Nations Office on Drug and Crime (UNODC) reports, World Health Organization (WHO) reports and conference presentations over the last two decades. Results: Among Saudi patients in addiction treatment settings, the most commonly abused substances were amphetamine (4-70.7%), heroin (6.6-83.6%), alcohol (9-70.3%) and cannabis (1-60%). Over the past
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decade, there was an increase in the use of cannabis and amphetamine and decrease in the use of heroin and volatile substances. Peer pressure and psychosocial stresses were risk factors for initiation as well as relapse of substance abuse. Anxiety, depression and hepatitis were the most common co-morbid disorders among the Saudi patients. Conclusion: Substance abuse is a public health problem in Saudi Arabia. It was associated with many psychiatric disorders, medical diseases and educational, occupational, legal and social consequences. School- and community-based prevention programmes are highly required in Saudi Arabia as a first-line strategy in the fight against substance abuse. 2013 Informa UK Ltd.

Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
CAS Registry Number: 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine)
Publication Type: Journal: Article
Subject Headings: alcohol consumption
alcoholism
anxiety
article
cannabis addiction
cocaine dependence
depression
family history
hepatitis
hepatitis C
heroin dependence
human
Human immunodeficiency virus infection
mental stress
onset age
peer pressure
priority journal
Saudi Arabia
smoking
*substance abuse
tobacco
tobacco dependence
unemployment
amphetamine
barbituric acid derivative
benzodiazepine derivative
cannabis
Catha edulis extract
cocaine
diamorphine
Source: EMBASE

63. Use of new psychoactive substances among teenagers attending a specialized adolescent addiction service in Dublin, before and after a legislative ban on their sale

Citation: European Child and Adolescent Psychiatry, July 2013, vol./is. 22/2 SUPPL. 1(S213), 1018-8827 (July 2013)
Author(s): Onikoyi-Deckon A.; Smyth B.
Institution: (Onikoyi-Deckon, Smyth) Children University Hospital, Trinity College, Dublin, Ireland; (Onikoyi-Deckon, Smyth) Youth Drug and Alcohol Service, Tallaght, Dublin 24, Ireland;
Introduction: Youths using new psychoactive substances pose significant morbidity and mortality risks. They present major challenges to the acute hospitals and youth addiction services, there has been an increased number of Irish youths consuming these substances in the last 5 years. The EMCCDA (2010) reported that Irish youths demonstrate the highest prevalence of use of new psychoactive substances in Europe. The Irish government then responded by banning many of these drugs in May 2010 because of the numerous risk posed to the users, ready availability of the drugs in the community and the attendant pressure on the health system. Some members of the society have suggested that the ban may drive users to the black-market while doing little to reduce use. In the UK, Mesham et al. (2011) and Wood et al. (2012) found an increase in use of new psychoactive substance from 27 to 41 % among the sample surveyed (the South London night economy scene and gay dance clubs) Aim: We sought to determine if the use of new psychoactive substances by teenagers with substance use disorders diminished following the ban on sale of new psychoactive substances in May 2010 Method: Setting; The Youth Drug and Alcohol Service is a specialized service dedicated to meet the needs of teenagers with substance use disorder. Participants; Consecutive patients were included if under 19 years and had used any of the new psychoactive substance. Information was obtained using a structured assessment tool which examined lifetime and past month use of three categories of new psychoactive substances. These categories were 1/Smoked, cannabis like products, 2/Snorted products and 3/pills. In order to determine if there has been a change in use since the ban; clients were selected as 4 months pre-ban (February-May 2010), early ban period (June-September 2010) and post-ban period (October 2010- May2011). The X2 test for trend was used to examine changes in proportions reporting use over these three periods Results: There were 102 participants of mean age 16.5 years; 18 % were females and 82 % males. Lifetime use of any of the new psychoactive substance fell from 78 to 54 % from the pre-ban period to the post-ban period (p = 0.05). There were reductions in rates of past month use over the study period for smoked products (37-7 %, p = 0.001), for snorted products (30-4 %, p = 0.003) and for pills (15-2 %, p = 0.04).
64. Youth mental health: What are the needs of older adolescents and young adults and do they benefit from specific youth mental health services?

Citation: European Child and Adolescent Psychiatry, July 2013, vol./is. 22/2 SUPPL. 1(S160-S161), 1018-8827 (July 2013)

Author(s): Power P.

Institution: (Power) St. Patrick's University Hospital, Dublin, Ireland

Language: English

Abstract: The period of older adolescence and young adulthood presents a particular challenge for mental health services. It's the age by which most forms of mental illness present and it's when the opportunity for early intervention is greatest. Yet the needs of these young adults are still poorly understood and traditional adult services are not well adapted to provide specifically for their care. Youth mental health services may be one way of addressing these difficulties. Yet there are few studies of the effectiveness of these services. This symposium will highlight some of the important mental health needs of older adolescents and young adults. It will also include evaluations of services specially designed for young people. Youth mental health services are being hailed as a solution to the difficulties young people face with traditional services. But without an evidence base it is difficult to support their introduction. We hope to add to the growing evidence in their favour with four studies identifying the young people's specific mental health needs and four studies evaluating specialised youth mental health services in Ireland. The first four studies cover areas such as: the experiences and expectations of young people and parents of mental health services in Ireland; the prevalence of mental health conditions among young people with bisexual or homosexual orientation; the additional difficulties faced by psychosis patients with a younger age of onset; the needs of young people and parents for online mental health resources. The last four studies evaluate different youth mental health services. These include the impact of a training programme for youth workers in early intervention in psychosis; an evaluation of a specialised addictions service for young people in Dublin; a study of the impact of an inpatient and daypatient youth mental health group program on clinical outcomes; and finally, an analysis of the factors associated with outcomes in a specialised youth mental health program.


Publisher: D. Steinkopff-Verlag

Publication Type: Journal: Conference Abstract

Subject Headings: *juvenile *human *mental health *child psychiatry *child *society *mental health service *adult *adolescent *model psychosis parent Ireland early intervention
Emotional disorders of depression and anxiety are common in children and adolescents (Costello et al. 2003, Ford, Goodman and Meltzer 2003). If left untreated, emotional disorders persist and increase the risk of subsequent anxiety, depression, illicit drug dependence and educational underachievement in young adulthood (Kim-Cohen et al. 2003; Woodward and Ferguson 2001). Evidence from a growing number of well conducted randomised controlled trials have demonstrated that Cognitive Behaviour Therapy (CBT) can be an effective intervention for such problems (Klein, Jacobs and Reinecke, 2007; Cartwright-Hatton et al., 2004; Ishikawa et al., 2007). Whilst CBT has now accumulated the strongest evidence base of all the psychotherapies CBT is not widely available within specialist child and adolescent mental health services. In a UK survey of clinical child mental health services only 21.4 % of the 540 respondents used CBT as their dominant therapeutic approach; 21.0 % had undertaken specific post-qualification training, and 28.6 % rated their expertise in CBT as fairly good or good (Stallard et al., 2007). The limited availability of evidence based interventions such as CBT for children has led to the development in the UK of a national programme to train CBT skills although whether this will provide sufficient trained CBT therapist is unknown. Alternative ways to increase the accessibility and availability of evidence based interventions has led to interest in the use of computerised therapy. Adapting treatment programmes for use on computers has many potential advantages with results from computerised Cognitive Behaviour Therapy (cCBT) programmes with adults demonstrating positive results (Andrews et al. 2010; Andersson and Cuijpers 2009). The use of technology may be particularly attractive and engaging for children although comparatively few cCBT programmes have been developed specifically for this age group (Richardson et al. 2010; Calear and Christensen 2010). This presentation will provide an overview of cCBT for the treatment of emotional disorders for children. Screen shots from some of the programmes that have been developed will be shown, the attitudes of children and parents towards cCBT will be described and the results of randomised trials of cCBT summarised.
66. The twin track: Alcohol and mental health in adolescents

Citation: European Child and Adolescent Psychiatry, July 2013, vol./is. 22/2 SUPPL. 1(S139), 1018-8827 (July 2013)

Author(s): Barbara D.; Fitzgerald A.

Institution: (Barbara) University College Dublin and Headstrong, National Centre for Youth Mental Health, Department of Psychology, Dublin, Ireland; (Fitzgerald) University College Dublin, Department of Psychology, Dublin, Ireland

Language: English

Abstract: Background: Research in Europe and the US has found that alcohol use is beginning in early adolescence and polysubstance use is evident (Newes-Adey et al 2005; WHO 2007). Alcohol is a particular risk in adolescence (Strandheim et al., 2009). Aims: There has been a steady and significant decline in age of drinking onset in Irish young people, which may contribute to poor mental health. This research aimed to look at patterns of drinking behaviour in second level students across the school cycle and its relationship to mental health. Method: A cross-sectional study was conducted with 6,085 adolescents in 72 randomly selected post-primary schools in Ireland. Participants ranged in age from 12-19 years (M = 14.94, SD = 1.63) and 51.0% were female. Participants completed the My World Survey (MWS), which contains psychometrically reliable instruments including depression, stress, anxiety and self-esteem. Alcohol behaviour was measured using the Alcohol Use Disorders Identification Test (AUDIT, WHO). Results: A significant year effect was observed for the AUDIT F (5,5807) = 242.37, p<001; with a significant linear trend from 1st to 6th year. 6th year students were observed to score, on average (M = 8.55), outside the normal range. No significant gender effect was observed. Alcohol consumption on a weekly basis, high frequency of binging and high volume of alcohol intake was significantly associated with 5th and 6th years for both males and females. Adolescents, both in the Junior Cycle (10%) and Senior Cycle (35%) in school, who are classified as problem drinkers, were at an increased risk for severe depression, anxiety, stress, avoidance coping and low self-esteem. Conclusions: Students in 5th and 6th year are likely to engage in problem drinking behaviour and this is linked to an increased likelihood of mental health difficulties.
67. Help negation among college students in Ireland

Citation: European Child and Adolescent Psychiatry, July 2013, vol./is. 22/2 SUPPL. 1(S122), 1018-8827 (July 2013)

Author(s): Kenny R.; Dooley B.; Fitzgerald A.

Institution: (Kenny, Fitzgerald) University College Dublin, School of Psychology, Dublin, Ireland; (Dooley) Headstrong The National Centre for Youth Mental Health, University College Dublin, School of Psychology, Dublin, Ireland

Language: English

Abstract: Objective: To examine factors related to help-negation in college students across a variety of problem types. Background: Research suggests that the majority of young people who experience mental health problems in adolescence do not seek help for them (Rickwood Deane, Wilson and Ciarrochi, 2005) and higher levels of distress have been consistently linked to an increased likelihood of seeking help from no-one, a tendency know as 'helpnegation' (Wilson and Deane, 2010). Method: In the present study, participants were 8,126 third level students (66 % female) ranging in age from 16 to 25 years (M = 20.42, SD = 1.90). Participants completed the My World Survey which assessed help-seeking behaviour and key positive and negative domains of psychological functioning using a number of psychometrically sound instruments. Results: Findings suggested that help-negation was more common for problems of substance use and depression than for more everyday problems (e.g. problems with family, friends, a romantic partner or college). Chi square analyses revealed that males had an increased likelihood to engage in help-negation for everyday problems, whereas no gender effect in help-negation was
evident for problems with substance use or depression. Younger students (16-21 years) were more likely to engage in help-negation for problems with depression whereas older students (22-25 years) were less likely to do so. Higher levels of depressive symptoms were associated with higher levels of help negation for all problem types. Those identified as having a possible alcohol dependence had an increased likelihood to engage in higher levels of help negation for problems with work/college, problems with depression and problems with drug or alcohol use. Multivariate analyses revealed that support from family, $F(2, 6551) = 181.46, p<0.001$, support from friends, $F(2, 6551) = 296.91, p<0.001$, optimism, $F(2, 6551) = 64.92, p<0.001$ and self-esteem $F(2, 6551) = 109.33, p<0.001$, were all significantly associated with help-negation, controlling for depressive symptoms. Conclusion: Different patterns of help-seeking were identified depending on the problem type. Social support, optimism and self esteem may serve as protective factors against low levels of help-seeking in college students. Interventions aimed at increasing help-seeking in college students should look at ways to promote these qualities, particularly in younger college students. Acknowledgements: The My World Survey study was funded by Headstrong, The National Centre for Youth Mental Health.


Publisher: D. Steinkopff-Verlag

Publication Type: Journal: Conference Abstract

Subject Headings:
- *human
- *college student
- *Ireland
- *child psychiatry
- *society
- *child
- *mental health
- student
- depression
- friend
- optimism
- college
- multivariate analysis
- alcohol consumption
- chi square test
- help seeking behavior
- adolescence
- alcoholism
- male
- gender
- juvenile
- self esteem
- social support
- female

Source: EMBASE

68. Lost in translation? Learning from the opioid epidemic in the USA

Citation: Anaesthesia, December 2013, vol./is. 68/12(1215-1219), 0003-2409;1365-2044 (December 2013)

Author(s): Weisberg D.; Stannard C.

Institution: (Weisberg) Yale University School of Medicine, New Haven, CT, United States; (Stannard) Macmillan Centre Frenchay Hospital, Bristol, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)
69. Pharmacotherapeutics for substance-use disorders: A focus on dopaminergic medications

Citation: Expert Opinion on Investigational Drugs, December 2013, vol./is. 22/12(1549-1568), 1354-3784;1744-7658 (December 2013)

Author(s): Verrico C.D.; Haile C.N.; Newton T.F.; Kosten T.R.; De La Garza R.

Institution: (Verrico, Haile, Newton, Kosten, De La Garza) Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine, One Baylor Plaza, Houston, TX 77030-3411, United States

Language: English

Abstract: Introduction: Illicit substance-use is a substantial public health concern, contributing over $150 billion in costs annually to Americans. A complex disease, a substance-use disorder affects neural circuits involved in reinforcement, motivation, learning and memory, and inhibitory control. Areas covered: The modulatory influence of dopamine in mesocorticolimbic circuits contributes to encoding the primary reinforcing effects of substances and numerous studies suggest that aberrant signaling within these circuits contributes to the development of a substance-use disorder in some individuals. Decades of research focused on the clinical development of medications that directly target dopamine receptors has led to recent studies of agonist-like dopaminergic treatments for
stimulant-use disorders and, more recently, cannabis-use disorder. Human studies evaluating the efficacy of dopaminergic agonist-like medications to reduce reinforcing effects and substance-use provide some insight into the design of future pharmacotherapy trials. A search of PubMed using specific brain regions, medications, and/or the terms 'dopamine', 'cognition', 'reinforcement', 'cocaine', 'methamphetamine', 'amphetamine', 'cannabis', 'treatment/pharmacotherapy', 'addiction/abuse/dependence' identified articles relevant to this review. Expert opinion: Conceptualization of substance-use disorders and their treatment continues to evolve. Current efforts increasingly focus on a strategy fostering combination pharmacotherapies that target multiple neurotransmitter systems. 2013 Informa UK, Ltd. 2013 Informa UK, Ltd.

Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
CAS Registry Number: 31677-93-7 (amfebutamone); 34911-55-2 (amfebutamone); 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 28860-95-9 (carbidopa); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 59-92-7 (levodopa); 28297-73-6 (methamphetamine); 51-57-0 (methamphetamine); 537-46-2 (methamphetamine); 7632-10-2 (methamphetamine); 113-45-1 (methylphenidate); 298-59-9 (methylphenidate); 68693-11-8 (modafinil); 14611-51-9 (selegiline); 14611-52-0 (selegiline); 2079-54-1 (selegiline); 2323-36-6 (selegiline)
Publication Type: Journal: Review
Subject Headings: "attention deficit disorder/dt [Drug Therapy]"
"cannabis addiction/dt [Drug Therapy]"
"cocaine dependence/dt [Drug Therapy]"
cognition
cognitive therapy
corpus striatum
decision making
dependent personality disorder
dopaminergic nerve cell
dopaminergic transmission
hippocampus
human
learning
limbic system
long term depression
memory
mesencephalon
motivation
negative feedback
nucleus accumbens
*pharmaceutical care
phase 1 clinical trial (topic)
phase 2 clinical trial (topic)
placebo effect
prefrontal cortex
randomized controlled trial (topic)
reinforcement
review
smoking cessation
state dependent learning
*substance abuse
synaptosome
ventral tegmentum
"a4 aminobutyric acid receptor/ec [Endogenous Compound]"
"amfebutamone/ct [Clinical Trial]"
"amfebutamone/dt [Drug Therapy]"
The aim of the paper is to evaluate alcohol misuse among an inner city adult HIV clinic population with AUDIT (Alcohol Use Disorders Identification Test). A cross-sectional HIV outpatient clinic analysis between 28 February 2011 and 11 March 2011 was carried out. AUDIT, demographic and clinical data were collected. Univariate analysis was performed to look for the associations between variables. Backward stepwise multivariate analyses were performed on significant variables from the univariate analysis to assess for predictors of alcohol dependence. In total, 111 patients were included (60% uptake of clinic attendees); 66% were men and 26% were hepatitis C virus (HCV) co-infected. The median AUDIT score was 5 (within normal range). Thirty-four 'AUDIT positive' cases were identified: five (4.5%) indicated consumption of hazardous levels of alcohol; 21 (19%) indicated harmful levels of alcohol; and eight (7%) were likely alcohol dependent. Younger age (<40 years old) was significantly associated with AUDIT positivity (P = 0.006). On multivariate analysis younger age (P = 0.045, odds ratio 13.8) and lower level of education (P = 0.006, odds ratio 6.7) were predictive of scores indicative of alcohol dependence (AUDIT >=20). In conclusion, younger age and lower educational levels were associated with scores consistent with alcohol dependence. AUDIT was well tolerated and easy to administer in this outpatient HIV clinic population. The Author(s) 2013 Reprints and permissions: sagepub.co.uk/journalsPermissions.nav.
Background Hematocrit is an independent predictor of cardiovascular risk in middle and old age, but whether hematocrit is also a predictor at younger ages is presently not known. In this study, we examined whether hematocrit measured in adolescence was associated with the risk of myocardial infarction later in life. Methods During Swedish national conscription tests conducted between 1969 and 1978, the hematocrit was measured in 417,099 young Swedish men. The cohort was followed for subsequent myocardial infarction events through December 2010. Associations between hematocrit and myocardial infarction were accessed using Cox regression models. Results During a median follow-up period of 36 years, 9322 first-time myocardial infarctions occurred within the study cohort. After adjusting for relevant confounders and potential risk factors for myocardial infarction, men with a hematocrit ≥ 49% had a 1.4-fold increased risk of myocardial infarction compared with men with a hematocrit ≤ 44%. This relationship was dose dependent (p < 0.001 for trend) and remained consistent throughout the follow-up period. Conclusions In this cohort of young Swedish men, hematocrit was associated with the risk of myocardial infarction later in life after controlling for other coronary risk factors. The study findings indicate that hematocrit may aid future risk assessments in young individuals. 2013 Elsevier Ireland Ltd.
72. Naturalistic disease management study of patients with alcohol dependence in the primary care setting in the United Kingdom (STREAM)

Citation: Value in Health, November 2013, vol./is. 16/7(A551), 1098-3015 (November 2013)

Author(s): Coste F.; Chalem Y.; Francois C.; Wallace P.

Institution: (Coste, Chalem, Francois) Lundbeck S.A.S., Issy-les-Moulineaux, France; (Wallace) NIHR, London, United Kingdom

Language: English

Abstract: Objectives: Describe the management of alcohol dependence at general practitioner (GP) level. Methods: STREAM is a non-interventional, 6-month prospective study of adult patients undergoing targeted alcohol screening during routine consultation by GPs throughout England and Scotland, for whom alcohol problems were either known or suspected on the basis of clinical signs or patient's report. Inclusion criteria were an AUDIT score ≥ 8 and consent. At baseline, diagnosis of dependence was made using the DSM-IV criteria and data were collected on socio-demographic characteristics, comorbidities alcohol consumption with the timeline follow-back method, previous and current alcohol treatment, treatment goal (abstinence or reduction of alcohol consumption). The data were analyzed descriptively. Results: A total of 218 patients screened positive and were included in 26 sites. A total of 79% of patients fulfilled the DSM-IV criteria for alcohol dependence; 74% were men, the mean age was 50 years and only 29% were working full or part-time. 40% of patients had a history of alcohol treatment (almost always counseling), 20% had a history of detoxification and 9% a history of pharmacological treatment. At inclusion, the proportion of patients with
ongoing treatment for alcohol addiction was 28% and these patients were drinking in average 63 g/ day compared to 89 g/d in untreated patients. Of those patients on treatment or about to initiate it, alcohol reduction was more frequently the treatment goal than abstinence (51% vs. 45%). Conclusions: Targeted screening is an effective way for GPs to identify patients with alcohol dependence opportunistically. Many such patients have a history of counseling but few have received pharmacological interventions. Only a minority of those with alcohol dependence have ever received any form of treatment. For the majority of those in treatment, alcohol reduction is the treatment goal of choice. Consumption levels in patients with dependence tend to be high, irrespective of treatment status.


Publisher: Elsevier Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *patient
*human
*alcoholism
*primary medical care
*United Kingdom
*disease management
alcohol consumption
abstinence
screening
counseling
detoxification
adult
demography
prospective study
general practitioner
diagnosis
consultation
drug therapy
male
drinking
alcohol

Source: EMBASE

Full Text: Available from Elsevier in Value in Health

73. The Global Epidemiology and Contribution of Cannabis Use and Dependence to the Global Burden of Disease: Results from the GBD 2010 Study

Citation: PLoS ONE, October 2013, vol./is. 8/10, 1932-6203 (24 Oct 2013)

Author(s): Degenhardt L.; Ferrari A.J.; Calabria B.; Hall W.D.; Norman R.E.; McGrath J.; Flaxman A.D.; Engell R.E.; Freedman G.D.; Whiteford H.A.; Vos T.

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Language: English
Abstract: Aims: Estimate the prevalence of cannabis dependence and its contribution to the global burden of disease. Methods: Systematic reviews of epidemiological data on cannabis dependence (1990-2008) were conducted in line with PRISMA and meta-analysis of Observational Studies in Epidemiology (MOOSE) guidelines. Culling and data extraction followed protocols, with cross-checking and consistency checks. DisMod-MR, the latest version of generic disease modelling system, redesigned as a Bayesian meta-regression tool, imputed prevalence by age, year and sex for 187 countries and 21 regions. The disability weight associated with cannabis dependence was estimated through population surveys and multiplied by prevalence data to calculate the years of life lived with disability (YLDs) and disability-adjusted life years (DALYs). YLDs and DALYs attributed to regular cannabis use as a risk factor for schizophrenia were also estimated. Results: There were an estimated 13.1 million cannabis dependent people globally in 2010 (point prevalence 0.19% (95% uncertainty: 0.17-0.21%)). Prevalence peaked between 20-24 yrs, was higher in males (0.23% (0.2-0.27%)) than females (0.14% (0.12-0.16%)) and in high income regions. Cannabis dependence accounted for 2 million DALYs globally (0.08%; 0.05-0.12%) in 2010; a 22% increase in crude DALYs since 1990 largely due to population growth. Countries with statistically higher age-standardised DALY rates included the United States, Canada, Australia, New Zealand and Western European countries such as the United Kingdom; those with lower DALY rates were from Sub-Saharan Africa-West and Latin America. Regular cannabis use as a risk factor for schizophrenia accounted for an estimated 7,000 DALYs globally. Conclusion: Cannabis dependence is a disorder primarily experienced by young adults, especially in higher income countries. It has not been shown to increase mortality as opioid and other forms of illicit drug dependence do. Our estimates suggest that cannabis use as a risk factor for schizophrenia is not a major contributor to population-level disease burden. 2013 Degenhardt et al.
75. An update on the use of laser technology in skin vaccination

Citation: Expert Review of Vaccines, 2013, vol./is. 12/11(1313-1323), 1476-0584;1744-8395 (2013)

Author(s): Chen X.; Wang J.; Shah D.; Wu M.X.

Institution: (Chen, Wang, Shah) Department of Dermatology, Harvard Medical School, Massachusetts General Hospital, 50 Boston Street, Boston, MA 02114, United States; (Wu) Harvard-MIT Division of Health Sciences and Technology, Cambridge, MA 02139, United States

Language: English

Abstract: Vaccination via skin often induces stronger immune responses than via muscle. This, in line with potential needle-free, painless delivery, makes skin a very attractive site for immunization. Yet, despite decades of effort, effective skin delivery is still in its infant stage and safe and potent adjuvants for skin vaccination remain largely undefined. We have shown that laser technologies including both fractional and non-fractional lasers can greatly augment vaccine-induced immune response without incurring any significant local and systemic side effects. Laser illumination at specific settings can accelerate the motility of antigen-presenting cells or trigger release of 'danger' signals stimulating the immune system. Moreover, several other groups including the authors explore laser technologies for needle-free transcutaneous vaccine delivery. As these laser-mediated resurfacing technologies are convenient, safe and cost-effective, their new applications in vaccination warrant clinical studies in the very near future. 2013 Informa UK Ltd.

Country of Publication: United Kingdom

Publisher: Expert Reviews Ltd. (2 Albert Place, London N3 1QB, United Kingdom)

CAS Registry Number: 25567-67-3 (1 chloro 2,4 dinitrobenzene); 97-00-7 (1 chloro 2,4 dinitrobenzene); 106-60-5 (aminolevulinic acid); 134-03-2 (ascorbic acid); 15421-15-5 (ascorbic acid); 50-81-7 (ascorbic acid); 25168-13-2 (fluorescein isothiocyanate); 27072-45-3 (fluorescein isothiocyanate); 3326-32-7 (fluorescein isothiocyanate); 51-21-8 (fluorouracil); 50-23-7 (hydrocortisone); 99011-02-6 (imiquimod); 9004-10-8 (insulin); 15475-56-6 (methotrexate); 59-05-2 (methotrexate); 7413-34-5 (methotrexate); 77466-29-6 (ovalbumin); 81-88-9 (rhodamine B)

Publication Type: Journal: Review

Subject Headings: adaptive immunity
antibody titer
antigen presenting cell
cellular immunity
DNA immunization
*drug delivery system
erbium YAG laser
human
illumination
immunogenicity
immunotherapy
*low level laser therapy
"narcolepsy/si [Side Effect]"
neodymium YAG laser
"neurologic disease/si [Side Effect]"
nonhuman
photodynamic therapy
priority journal
provocation test
review
"tobacco dependence/th [Therapy]"
*vaccination
"1 chloro 2 4 dinitrobenzene/pr [Pharmaceutics]"
"1 chloro 2 4 dinitrobenzene/pd [Pharmacology]"
"aminolevulinic acid/pr [Pharmaceutics]"
"aminolevulinic acid/pd [Pharmacology]"
"ascorbic acid/pr [Pharmaceutics]"
"ascorbic acid/pd [Pharmacology]"
"BCG vaccine/pr [Pharmaceutics]"
"BCG vaccine/pd [Pharmacology]"
"BCG vaccine/td [Transdermal Drug Administration]"
"DNA vaccine/pr [Pharmaceutics]"
"DNA vaccine/pd [Pharmacology]"
"fluorescein isothiocyanate/pr [Pharmaceutics]"
"fluorescein isothiocyanate/pd [Pharmacology]"
"fluorouracil/pr [Pharmaceutics]"
"fluorouracil/pd [Pharmacology]"
"hepatitis B surface antigen/pr [Pharmaceutics]"
"hepatitis B surface antigen/pd [Pharmacology]"
"hydrocortisone/pr [Pharmaceutics]"
"hydrocortisone/pd [Pharmacology]"
"imiquimod/pr [Pharmaceutics]"
"imiquimod/pd [Pharmacology]"
"influenza vaccine/ae [Adverse Drug Reaction]"
"influenza vaccine/pr [Pharmaceutics]"
"influenza vaccine/pd [Pharmacology]"
"influenza vaccine/td [Transdermal Drug Administration]"
"insulin/pr [Pharmaceutics]"
"insulin/pd [Pharmacology]"
"interferon/pr [Pharmaceutics]"
"interferon/pd [Pharmacology]"
"methotrexate/pr [Pharmaceutics]"
"methotrexate/pd [Pharmacology]"
"narcotic analgesic agent/pr [Pharmaceutics]"
"narcotic analgesic agent/pd [Pharmacology]"
"nicotine vaccine/pr [Pharmaceutics]"
"nicotine vaccine/pd [Pharmacology]"
"nicotine vaccine/td [Transdermal Drug Administration]"
"ovalbumin/pr [Pharmaceutics]"
"ovalbumin/pd [Pharmacology]"
"peptide hen egg lysozyme/pr [Pharmaceutics]"
Chronic non-cancer pain (CNP) is a disabling chronic condition with a high prevalence rate around the world. Opioids are routinely prescribed for treatment of chronic pain (CP). In the past two decades there has been a massive increase in the number of opioid prescriptions, prescribed daily opioid doses and overall opioid availability. Many more patients with CNP receive high doses of long-acting opioids on a long-term basis. Yet CP and related disability rates remain high, and majority of the patients with CNP are dissatisfied with their treatments. Intersecting with the upward trajectory in opioid use are the increasing trends in opioid related adverse effects, especially prescription drug abuse, addiction and overdose deaths. This complex situation raises questions on the relevance of opioid therapy in the treatment of CNP. This article reviews current evidence on opioid effectiveness, the benefits and harms of long-term therapy in CNP. 2013 Informa UK, Ltd.
"constipation/dt [Drug Therapy]"
"constipation/si [Side Effect]"
"diabetic neuropathy/dt [Drug Therapy]"
"diarrhea/si [Side Effect]"
"disease severity"
"dizziness/si [Side Effect]"
"drowsiness/si [Side Effect]"
drug abuse
drug dose escalation
drug dose increase
drug efficacy
drug overdose
drug safety
"dry skin/si [Side Effect]"
evidence based medicine
functional status
health care utilization
"hip osteoarthritis/dt [Drug Therapy]"
human
Karnofsky Performance Status
"knee osteoarthritis/dt [Drug Therapy]"
long term care
"loss of appetite/si [Side Effect]"
"low back pain/dt [Drug Therapy]"
"memory disorder/si [Side Effect]"
meta analysis
"nausea/si [Side Effect]"
"neuropathic pain/dt [Drug Therapy]"
opiate addiction
"osteoarthritis/dt [Drug Therapy]"
pain assessment
prospective study
"pruritus/si [Side Effect]"
"QT prolongation/si [Side Effect]"
quality of life
randomized controlled trial (topic)
"respiration depression/si [Side Effect]"
review
risk benefit analysis
risk reduction
"sexual dysfunction/si [Side Effect]"
Short Form 12
"side effect/si [Side Effect]"
"sleep disorder/si [Side Effect]"
"somnolence/si [Side Effect]"
sudden death
systematic review
"urine retention/si [Side Effect]"
"vertigo/si [Side Effect]"
"vomiting/si [Side Effect]"
weight gain
"xerostomia/si [Side Effect]"
"benzodiazepine derivative/dt [Drug Therapy]"
buprenorphine/ae [Adverse Drug Reaction]
buprenorphine/dt [Drug Therapy]
"celecoxib/ct [Clinical Trial]"
"celecoxib/dt [Drug Therapy]"
dextropropoxyphene/ae [Adverse Drug Reaction]
dextropropoxyphene/dt [Drug Therapy]"
fentanyl/ae [Adverse Drug Reaction]"
77. Losses and gains: Chronic pain and altered brain morphology

**Citation:** Expert Review of Neurotherapeutics, 2013, vol./is. 13/11(1221-1234), 1473-7175;1744-8360 (2013)

**Author(s):** Borsook D.; Erpelding N.; Becerra L.

**Institution:** (Borsook, Erpelding, Becerra) Center for Pain and the Brain, Boston Children's Hospital, Harvard Medical School, c/o 9 Hope Avenue, Waltham, MA, United States

**Language:** English

**Abstract:** As in many fields of neuroscience, alterations in brain morphology, and specifically gray matter volume and cortical thickness, have been repeatedly linked to chronic pain.
disorders. Numerous studies have shown changes in cortical and subcortical brain regions suggesting a dynamic process that may be a result of chronic pain or contributing to a more generalized phenomenon in chronic pain including comorbid anxiety and depression. In this review, we provide a perspective of pain as an innate state of pain based on alterations in structure and by inference, brain function. A better neurobiological understanding of gray matter changes will contribute to our understanding of how structural changes contribute to chronic pain (disease driver) and how these changes may be reversed (disease modification or treatment). 2013 Informa UK, Ltd.
Stress plays an important role in the development of addiction. Animals subjected to stress exhibit sensitized responses to psychostimulant drugs, and this sensitized response is associated with functional adaptations of the mesolimbic dopamine system. These adaptations likely arise from direct or indirect effects of glucocorticoids on dopaminergic neurons. Though glucocorticoid receptor expression in midbrain dopaminergic neurons has been examined in previous studies, results have been somewhat equivocal. We sought to clarify this issue by analyzing tyrosine hydroxylase (TH) and glucocorticoid receptor (GR) co-localization in the rat midbrain by dual fluorescence immunohistochemistry. We also examined sub-cellular localization of the GR in rat midbrain neurons after acute restraint stress. Adult Long-Evans rats were sacrificed 0, 30, 60 or 120 min after 30 min of restraint stress. A control group did not undergo restraint. Blood samples were collected immediately before and after restraint for measurement of plasma corticosterone by enzyme immunoassay. Glucocorticoid receptors were observed in dopaminergic neurons in both the substantia nigra (SN) and ventral tegmental area (VTA). The degree of co-localization of TH and GR did not differ between the VTA and the SN. All animals subjected to stress exhibited significant increases in plasma corticosterone. Significant translocation of GR signal to cell nuclei was observed after restraint in the SN, but not in the VTA. These results suggest that stress-induced glucocorticoid secretion could trigger functional changes in the mesolimbic dopamine system by direct activation of glucocorticoid receptors in dopaminergic neurons. 2013 Elsevier Ireland Ltd.
Background We used data from the Global Burden of Diseases, Injuries, and Risk Factors Study 2010 (GBD 2010) to estimate the burden of disease attributable to mental and substance use disorders in terms of disability-adjusted life years (DALYs), years of life lost to premature mortality (YLLs), and years lived with disability (YLDs). Methods For each of the 20 mental and substance use disorders included in GBD 2010, we systematically reviewed epidemiological data and used a Bayesian meta-regression tool, DisMod-MR, to model prevalence by age, sex, country, region, and year. We obtained disability weights from representative community surveys and an internet-based survey to calculate YLDs. We calculated premature mortality as YLLs from cause of death estimates for 1980-2010 for 20 age groups, both sexes, and 187 countries. We derived DALYs from the sum of YLDs and YLLs. We adjusted burden estimates for comorbidity and present them with 95% uncertainty intervals. Findings In 2010, mental and substance use disorders accounted for 1839 million DALYs (95% UI 1535 million - 2167 million), or 74% (62-86) of all DALYs worldwide. Such disorders accounted for 86 million YLLs (65 million-121 million; 05% [04-07] of all YLLs) and 1753 million YLDs (1445 million-2078 million; 229% [186- 272] of all YLDs). Mental and substance use disorders were the leading cause of YLDs worldwide. Depressive disorders accounted for 405% (317-492) of DALYs caused by mental and substance use disorders, with anxiety disorders accounting for 146% (112-184), illicit drug use disorders for 109% (89-132),
alcohol use disorders for 96% (77-118), schizophrenia for 74% (50-98), bipolar disorder for 70% (44-103), pervasive developmental disorders for 42% (32-53), childhood behavioural disorders for 34% (22-47), and eating disorders for 12% (09-15). DALYs varied by age and sex, with the highest proportion of total DALYs occurring in people aged 10-29 years. The burden of mental and substance use disorders increased by 376% between 1990 and 2010, which for most disorders was driven by population growth and ageing. Interpretation Despite the apparently small contribution of YLLs - with deaths in people with mental disorders coded to the physical cause of death and suicide coded to the category of injuries under self-harm - our findings show the striking and growing challenge that these disorders pose for health systems in developed and developing regions. In view of the magnitude of their contribution, improvement in population health is only possible if countries make the prevention and treatment of mental and substance use disorders a public health priority. Funding Queensland Department of Health, National Health and Medical Research Council of Australia, National Drug and Alcohol Research Centre-University of New South Wales, Bill & Melinda Gates Foundation, University of Toronto, Technische Universität, Ontario Ministry of Health and Long Term Care, and the US National Institute of Alcohol Abuse and Alcoholism.

**Country of Publication:** United Kingdom

**Publisher:** Lancet Publishing Group (Langford Lane, Kidlington, Oxford OX5 1GB, United Kingdom)

**Publication Type:** Journal: Article

**Subject Headings:**
- adolescent
- adult
- aged
- aging
- alcohol use disorder
- anxiety disorder
- article
- autism
- behavior disorder
- bipolar disorder
- cause of death
- child
- community
- comorbidity
- depression
- disability
- disability adjusted life year
- "*drug dependence/ep [Epidemiology]"
- eating disorder
- female
- *global burden
- health survey
- human
- major clinical study
- male
- "*mental disease/ep [Epidemiology]"
- population growth
- premature mortality
- prevalence
- priority journal
- quality of life
- schizophrenia
- school child
- *stress
- *substance abuse
- years lived with disability
- years of life lost to premature mortality
- illicit drug
80. Global burden of disease attributable to illicit drug use and dependence: Findings from the Global Burden of Disease Study 2010

Citation: The Lancet, 2013, vol./is. 382/9904(1564-1574), 0140-6736;1474-547X (2013)

Author(s): Degenhardt L.; Whiteford H.A.; Ferrari A.J.; Baxter A.J.; Charlson F.J.; Hall W.D.; Freedman G.; Burstein R.; Johns N.; Engell R.E.; Flaxman A.; Murray C.J.L.; Vos T.

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Language: English

Abstract: Background No systematic attempts have been made to estimate the global and regional prevalence of amphetamine, cannabis, cocaine, and opioid dependence, and quantify their burden. We aimed to assess the prevalence and burden of drug dependence, as measured in years of life lived with disability (YLDs), years of life lost (YLLs), and disability-adjusted life years (DALYs). Methods We conducted systematic reviews of the epidemiology of drug dependence, and analysed results with Global Burden of Diseases, Injuries, and Risk Factors Study 2010 (GBD 2010) Bayesian meta-regression technique (DisMod-MR) to estimate population-level prevalence of dependence and use. GBD 2010 calculated new disability weights by use of representative community surveys and an internet-based survey. We combined estimates of dependence with disability weights to calculate prevalent YLDs, YLLs, and DALYs, and estimated YLDs, YLLs, and DALYs attributable to drug use as a risk factor for other health outcomes. Findings Illicit drug dependence directly accounted for 200 million DALYs (95% UI 153-254 million) in 2010, accounting for 0.8% (0.6-1.0%) of global all-cause DALYs. Worldwide, more people were dependent on opioids and amphetamines than other drugs. Opioid dependence was the largest contributor to the direct burden of DALYs (92 million, 95% UI 71-114). The proportion of all-cause DALYs attributed to drug dependence was 20 times higher in some regions than others, with an increased proportion of burden in countries with the highest incomes. Injecting drug use as a risk factor for HIV accounted for 210 million DALYs (95% UI 153-254 million) in 2010, accounting for 0.8% (0.6-1.0%) of global all-cause DALYs. Worldwide, more people were dependent on opioids and amphetamines than other drugs. Opioid dependence was the largest contributor to the direct burden of DALYs (92 million, 95% UI 71-114). The proportion of all-cause DALYs attributed to drug dependence was 20 times higher in some regions than others, with an increased proportion of burden in countries with the highest incomes. Injecting drug use as a risk factor for HIV accounted for 210 million DALYs (95% UI 11-36 million) and as a risk factor for hepatitis C accounted for 502 000 DALYs (286 000-891 000). Suicide as a risk of amphetamine dependence accounted for 854 000 DALYs (291 000-1 791 000), as a risk of opioid dependence for 671 000 DALYs (329 000-1 730 000), and as a risk of cocaine dependence for 324 000 DALYs (109 000-682 000). Countries with the highest rate of burden (>650 DALYs per 100 000 population) included the USA, UK, Russia, and Australia. Interpretation Illicit drug use is an important contributor to the global burden of disease. Efficient strategies to reduce disease burden of opioid dependence and injecting drug use, such as delivery of opioid substitution treatment and needle and syringe programmes, are needed to reduce this burden at a population scale. Funding Australian National Health and Medical Research Council, Australian Government Department of Health and Ageing, Bill & Melinda Gates Foundation.
81. Methadone prescribing should continue in Scotland, says review

Citation: BMJ (Clinical research ed.), 2013, vol./is. 347/, 1756-1833 (2013)
Author(s): Christie B.
Language: English
Country of Publication: United Kingdom
82. Systematic review of record linkage studies of mortality in ex-prisoners: why (good) methods matter

Citation: Addiction (Abingdon, England), January 2013, vol./is. 108/1(38-49), 1360-0443 (Jan 2013)

Author(s): Kinner S.A.; Forsyth S.; Williams G.

Institution: (Kinner) Centre for Population Health, Burnet Institute, Melbourne, Vic., Australia.

Language: English

Abstract: World-wide, more than 30 million people move through prisons annually. Record linkage studies have identified an increased risk of death in ex-prisoners. In order to inform preventive interventions it is necessary to understand who is most at risk, when and why. Limitations of existing studies have rendered synthesis and interpretation of this literature difficult. The aim of this study was to describe methodological characteristics of existing studies and make recommendations for the design, analysis and reporting of future studies. Systematic review of studies using record linkage to explore mortality in ex-prisoners. Based on analysis of these studies we illustrate how methodological limitations and heterogeneity of design, analysis and reporting both hamper data synthesis and create potential for misinterpretation of findings. Using data from a recent Australian study involving 42,015 ex-prisoners and 2329 observed deaths, we quantify the variation in findings associated with various approaches. We identified 29 publications based on 25 separate studies published 1998-2011, mainly from the United Kingdom, United States and Australia. Mortality estimates varied systematically according to features of study design and data analysis. A number of common, avoidable and significant methodological limitations were identified. Substantial heterogeneity in study design, methods of data analysis and reporting of findings was observed. Record linkage studies examining mortality in ex-prisoners show widely varying estimates that are influenced substantially by avoidable methodological limitations and reducible heterogeneity. Future studies should adopt best practice methods and more consistent methods of analysis and reporting, to maximize policy relevance and impact. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.
83. Predictors of abstinence among smokers recruited actively to quitline support

Citation: Addiction (Abingdon, England), January 2013, vol./is. 108/1(181-185), 1360-0443 (Jan 2013)

Author(s): Tzelepis F.; Paul C.L.; Walsh R.A.; Wiggers J.; Duncan S.L.; Knight J.

Institution: (Tzelepis) Priority Research Centre for Health Behaviour, University of Newcastle, Callaghan, NSW, Australia.

Language: English

Abstract: Active recruitment of smokers increases the reach of quitlines; however, some quitlines restrict proactive telephone counselling (i.e. counsellor-initiated calls) to smokers ready to quit within 30 days. Identifying characteristics associated with successful quitting by actively recruited smokers could help to distinguish those most likely to benefit from proactive telephone counselling. This study assessed the baseline characteristics of actively recruited smokers associated with prolonged abstinence at 4, 7 and 13 months and the proportion achieving prolonged abstinence that would miss out on proactive telephone counselling if such support was offered only to smokers intending to quit within 30 days at baseline. Secondary analysis of a randomized controlled trial in which the baseline characteristics associated with prolonged abstinence were examined. New South Wales (NSW) community, Australia. A total of 1562 smokers recruited at random from the electronic NSW telephone directory. Baseline socio-demographic and smoking-related characteristics associated with prolonged abstinence were examined. Most actively recruited smokers reported no intention to quit within the next 30 days, but such smokers still achieved long-term abstinence. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.
middle aged randomized controlled trial
"*smoking/pc [Prevention]"
*smoking cessation
social support
socioeconomics
statistics
*telephone
time
treatment outcome

Source: EMBASE

Full Text: Available from Wiley in Addiction; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

84. Adalimumab for the treatment of psoriasis in real life: A retrospective cohort of 119 patients at a single Spanish centre

Citation: British Journal of Dermatology, November 2013, vol./is. 169/5(1141-1147), 0007-0963;1365-2133 (November 2013)

Author(s): Lopez-Ferrer A.; Vilarrasa E.; Gich I.J.; Puig L.

Institution: (Lopez-Ferrer, Vilarrasa, Puig) Department of Dermatology, Hospital de la Santa Creu i Sant Pau, Universitat Autonoma de Barcelona, Sant Antoni Maria Claret 167, 08025 Barcelona, Catalonia, Spain; (Gich) Department of Clinical Epidemiology and Public Health, Hospital de la Santa Creu i Sant Pau, Universitat Autonoma de Barcelona, Sant Antoni Maria Claret 167, 08025 Barcelona, Catalonia, Spain

Language: English

Abstract: Background Patients with moderate-to-severe psoriasis treated with adalimumab in daily clinical practice are different from those in clinical trials, and outcomes may differ in different geographical settings. Objectives To analyse the efficacy, retention of treatment and adverse events in a cohort of such patients at a referral centre in Barcelona, Spain. Methods Data from a cohort of 119 consecutive patients treated between January 2008 and March 2013 were retrospectively collected. Drug survival was analysed by the Kaplan-Meier method with log-rank test and Cox regression. Results The mean duration of treatment was 25 months (median 22, range 2-60). The 75% improvement in Psoriasis Area and Severity Index (PASI 75) response rates at 16 weeks, 6 months and 1 year of treatment were 64%, 58% and 53%, respectively (intention-to-treat analysis). The corresponding PASI 90 values were 49%, 52% and 50%. Biologic-naive patients (41%) had significantly higher PASI 75 and PASI 90 response rates at 6 months and 1 year. On multivariate analysis, only PASI 90 response at 6 months was significantly associated with treatment retention (P = 0.0009), with a hazard ratio of 73 (95% confidence interval 23-236). Forty-eight adverse events (AEs) occurred in 29 patients, and were serious in eight (0.032 events per patient-year). Paradoxical flares of psoriasis or arthritis were seen in five patients. Infections accounted for seven serious AEs, and were the reason for discontinuation in two patients. Conclusions PASI 90 response at 6 months was the only independent variable predicting drug survival on multivariate analysis. Infections, including de novo infection by Mycobacterium tuberculosis, accounted for seven serious AEs. What's already known about this topic? There are few reports on the use of adalimumab for the treatment of moderate-to-severe psoriasis in clinical practice according to the European Medicines Agency. Psoriasis Area and Severity Index (PASI) 75% response rates at 16 weeks and 6 months were approximately 60% in a previously published U.K. series. Male sex and the presence of arthritis have been associated with decreased drug survival in one study. What does this study add? Biologic-naive status and efficacy parameters denoting a good or excellent response appear to be associated with a higher probability of drug survival. Combination treatment increased PASI response rates at 6 months and might provide an explanation for the relatively high rate of PASI 90 responders in our cohort. Infections, including de novo infection by Mycobacterium tuberculosis, accounted for most serious adverse events, and paradoxical flares of
psoriasis and psoriatic arthritis were relatively frequent. 2013 British Association of Dermatologists.

Country of Publication: United Kingdom
Publisher: Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)
CAS Registry Number: 331731-18-1 (adalimumab); 59865-13-3 (cyclosporin A); 63798-73-2 (cyclosporin A); 55079-83-9 (etretin); 170277-31-3 (infliximab); 75706-12-6 (leflunomide); 15475-56-6 (methotrexate); 59-05-2 (methotrexate); 7413-34-5 (methotrexate)
Publication Type: Journal: Article
Subject Headings: "abscess/si [Side Effect]"
adult
aged
alcoholism
article
"bronchitis/si [Side Effect]"
cohort analysis
comparative study
controlled study
diabetes mellitus
disease course
drug efficacy
drug safety
drug withdrawal
dyslipidemia
female
"furunculosis/si [Side Effect]"
"gastroenteritis/si [Side Effect]"
"heart infarction/si [Side Effect]"
"herpes simplex/si [Side Effect]"
human
"hyperglycemia/si [Side Effect]"
"hypertension/si [Side Effect]"
"hypertriglyceridemia/si [Side Effect]"
"injection site reaction/si [Side Effect]"
intention to treat analysis
latent tuberculosis
"leukopenia/si [Side Effect]"
major clinical study
male
medical record review
"miliary tuberculosis/si [Side Effect]"
"muscle cramp/si [Side Effect]"
nonalcoholic fatty liver
obesity
open study
"paronychia/si [Side Effect]"
patient monitoring
patient referral
"pneumonia/si [Side Effect]"
priority journal
"prostatitis/si [Side Effect]"
"pruritus/si [Side Effect]"
"*psoriasis/dt [Drug Therapy]"
Psoriasis Area and Severity Index
psoriasis vulgaris
"psoriatic arthritis/di [Diagnosis]"
"psoriatic arthritis/dt [Drug Therapy]"
retrospective study
"scabies/si [Side Effect]"
85. Can clinical institute withdrawal assessment (CIWA) score be used to predict alcohol related admissions?

Citation: European Journal of Internal Medicine, October 2013, vol./is. 24/(e89-e90), 0953-6205 (October 2013)

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Institution: (Parvez) General Medicine, West Cumberland Hospital, Whitehaven, United Kingdom; (Khanna) Respiratory Medicine, Nottingham University Hospitals, Nottingham, United Kingdom; (Chawla) General Practice, NHS Nottingham, Nottingham, United Kingdom

Language: English

Abstract: Objective: Hospital Episode statistics for UK suggest a 6% increase in alcohol related admissions in the year 2011/12 with the absolute numbers crossing 300,000 a year. An urgent need to identify possible 're-attenders' and focus resources to try and prevent this, thus exists. We evaluate the role of CIWA score at presentation to aid this endeavour. Methods: We retrospectively identified all purely alcohol related admissions to our hospital in the last 3 years. 50 cases thus identified were then followed up for 2 years to ascertain factors that co-relate with re-admissions. Demographic data, baseline alcohol consumption, CIWA score at presentation, presence/absence of delirium tremens, fits or Wernicke's encephalopathy, number and timing of re-admissions over 2 years as well as length of stay during primary episode were collected and analysed. Results: CIWA score above 8 at presentation co-related closely with the possibility of future re-admission (Spearman's r = 0.9). It also correlated well with baseline alcohol consumption, presence/absence of severe withdrawal symptoms at presentation and length of stay > 5 days. There was no correlation with gender, although in our study the population of males drank more, on average, than females. Conclusions: Our study demonstrates the possible utility of CIWA score in predicting alcohol related re-admissions. This can enable triage of valuable resources towards 'high-risk' groups to maximise benefits, both to the patient as well as to the cash strapped healthcare system. There are limitations to our study (retrospective analysis, small numbers) that make drawing firm conclusions difficult. A prospective, adequately powered trial to look into this problem is urgently required.
Hepatocellular carcinoma (HCC) is among the most common malignancies worldwide, particularly in South and South East Asia. Unfortunately due to lack of appropriate facilities and awareness only limited information is available about its early diagnosis. Aim of the present study was to determine the efficacy of p53 by immunohistochemistry and Argyrophilic nucleolar organizer regions (AgNORs) in diagnosis of HCC and cirrhosis of liver. A total of 100 liver biopsies were studied, it included 20 cases of HCC, 60 cases of cirrhosis of the liver and 20 cases of normal liver from autopsy specimens as a control. Out of 20 cases of HCC, 15 were positive for p53 stain and 5 were negative. None of the 60 cases of cirrhosis or 20 with normal histology revealed p53 expression. A statistically significant (p < 0.001) difference was observed between mean AgNOR counts of normal (1.57 +/- 0.13), cirrhotic (4.70 +/- 0.66) and HCC tissues (14.96 +/- 1.18). In contrast the mean AgNOR count of biopsies with alcoholic cirrhosis (1.57 +/- 1.62) was significantly less (p < 0.001) than post-hepatitic cirrhosis and was similar to that of normal liver tissue. AgNORs differentiates post-hepatitic and alcoholic cirrhosis. HCV and HBV were found to be the main causative agents in HCC and Cirrhosis of liver. Mean age of HCC patients was slightly higher than liver cirrhosis patients. It is concluded that p53 and AgNORs can act as a good adjuvant to histology in diagnosing liver diseases. It helps in differentiation from well differentiated to moderately and to poorly differentiated HCC.
87. Comparison of the histogenesis of regenerative nodules in patients with cirrhosis of different aetiologies

Citation: Journal of Pathology, September 2013, vol./is. 231/(S17), 0022-3417 (September 2013)

Author(s): Gabriel J.P.; Komuta M.; Roskams T.; Wright N.A.; McDonald S.A.; Alison M.R.

Institution: (Gabriel, Wright, McDonald, Alison) Barts Cancer Institute, London, United Kingdom; (Komuta, Roskams) University Hospitals Leuven, Leuven, Belgium

Language: English

Abstract: Liver cirrhosis is characterised by regenerative nodules of hepatocyte parenchyma surrounded by fibrous septae. The conventional wisdom has been that these nodules are created when groups of hepatocytes are entrapped between these bands of extracellular matrix. We have recently shown that such nodules may be clonally derived from cholangiocyte-derived hepatic progenitor cells, providing a new paradigm for nodule formation. We now extend our studies to cirrhotic nodules in human liver disease with different aetiologies. Using mitochondrial DNA (mtDNA) mutations as markers of clonal expansion we investigated the clonal origins of regenerative nodules in cirrhosis of different aetiology. Mutated cells were identified phenotypically by deficiency in the predominantly mtDNA encoded cytochrome c oxidase (CCO) enzyme by histochemical and immunohistochemical methods. Hepatocytes were laser-capture microdissected from frozen sections of human liver containing CCO-deficient nodules from age-matched non-alcoholic steatotic hepatitis (NASH) and alcohol liver disease (ALD) patients with cirrhosis. Mutations were identified by polymerase chain reaction sequencing of the entire mtDNA genome. Regenerative nodules analysed from both aetiologies were clonal for mtDNA mutations suggesting a stem cell origin in both conditions. We further demonstrate that adjacent regenerative nodules can have identical mtDNA mutations, implying a single ductular reaction can form multiple regenerative nodules during the histogenesis of cirrhosis. These data suggest a unifying hypothesis for the formation of
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regenerative nodules in human cirrhosis, namely their creation from the clonal amplification of liver stem cells.

**Conference Information:**
7th Joint Meeting of the British Division of the International Academy of Pathology and the Pathological Society of Great Britain and Ireland Edinburgh United Kingdom. Conference Start: 20130618 Conference End: 20130621

**Publisher:** John Wiley and Sons Ltd

**Publication Type:** Journal: Conference Abstract

**Subject Headings:**
*patient  
*human  
*liver cirrhosis  
*etiology  
*pathology  
*society  
*United Kingdom  
*Ireland  
*histogenesis  
mutation  
liver cell  
liver  
stem cell  
hepatitis  
alcoholism  
frozen section  
laser  
liver disease  
hypothesis  
extracellular matrix  
polymerase chain reaction  
alcohol liver disease  
genome  
parenchyma  
mitochondrial DNA  
enzyme  
cytochrome c oxidase  
marker  
DNA  

**Source:** EMBASE

**Full Text:** Available from Wiley in *Journal of Pathology, The*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

**Citation:** Toxicology, December 2013, vol./is. 314/1(166-173), 0300-483X,1879-3185 (06 Dec 2013)

**Author(s):** Vicente-Rodriguez M.; Gramage E.; Herradon G.; Perez-Garcia C.

**Institution:** (Vicente-Rodriguez, Gramage, Herradon, Perez-Garcia) Pharmacology Lab, Department of Pharmaceutical and Health Sciences, Facultad de Farmacia, Universidad CEU San Pablo, Madrid, Spain; (Gramage) University of Michigan Medical School, Ann Arbor, MI, United States

**Language:** English

**Abstract:**
The neurotrophic factors pleiotrophin (PTN) and midkine (MK) are highly upregulated in different brain areas relevant to drug addiction after administrations of different drugs of abuse, including psychostimulants. We have previously demonstrated that PTN and MK

88. Phosphoproteomic analysis of the striatum from pleiotrophin knockout and midkine knockout mice treated with cocaine reveals regulation of oxidative stress-related proteins potentially underlying cocaine-induced neurotoxicity and neurodegeneration

**Citation:** Toxicology, December 2013, vol./is. 314/1(166-173), 0300-483X,1879-3185 (06 Dec 2013)

**Author(s):** Vicente-Rodriguez M.; Gramage E.; Herradon G.; Perez-Garcia C.

**Institution:** (Vicente-Rodriguez, Gramage, Herradon, Perez-Garcia) Pharmacology Lab, Department of Pharmaceutical and Health Sciences, Facultad de Farmacia, Universidad CEU San Pablo, Madrid, Spain; (Gramage) University of Michigan Medical School, Ann Arbor, MI, United States

**Language:** English

**Abstract:** The neurotrophic factors pleiotrophin (PTN) and midkine (MK) are highly upregulated in different brain areas relevant to drug addiction after administrations of different drugs of abuse, including psychostimulants. We have previously demonstrated that PTN and MK
modulate amphetamine-induced neurotoxicity and that PTN prevents cocaine-induced cytotoxicity in NG108-15 and PC12 cells. In an effort to dissect the different mechanisms of action triggered by PTN and MK to exert their protective roles against psychostimulant neurotoxicity, we have now used a proteomic approach to study protein phosphorylation, in which we combined phosphoprotein enrichment, by immobilized metal affinity chromatography (IMAC), with two-dimensional gel electrophoresis and mass spectrometry, in order to identify the phosphoproteins regulated in the striatum of PTN knockout, MK knockout and wild type mice treated with a single dose of cocaine (15 mg/kg, i.p.). We identified 7 differentially expressed phosphoproteins: 5'(3')-deoxyribonucleotidase, endoplasmic reticulum resident protein 60 (ERP60), peroxiredoxin-6 (PRDX6), glutamate dehydrogenase 1 (GLUD1), aconitase and two subunits of hemoglobin. Most of these proteins are related to neurodegeneration processes and oxidative stress and their variations specially affect the PTN knockout mice, suggesting a protective role of endogenous PTN against cocaine-induced neural alterations. Further studies are needed to validate these proteins as possible targets against neural alterations induced by cocaine. 2013 Elsevier Ireland Ltd.
Evidence Services | library.nhs.uk

Full Text: Available from Elsevier in Toxicology

89. Evaluation of the Simplified Comorbidity Score (Colinet) as a prognostic indicator for patients with lung cancer: A cancer registry study

Citation: Lung Cancer, November 2013, vol./is. 82/2(358-361), 0169-5002;1872-8332 (November 2013)

Author(s): Ball D.; Thursfield V.; Irving L.; Mitchell P.; Richardson G.; Torn-Broers Y.; Wright G.; Giles G.

Institution: (Ball, Irving, Wright) Peter MacCallum Cancer Centre, East Melbourne, Victoria, Australia; (Ball) Sir Peter MacCallum Department of Oncology, The University of Melbourne, Parkville, Vic, Australia; (Thursfield, Torn-Broers, Giles) The Cancer Council Victoria, Carlton, Vic, Australia; (Irving) Melbourne Health, Parkville, Vic, Australia; (Irving, Mitchell, Wright) The University of Melbourne, Parkville, Vic, Australia; (Mitchell) Olivia Newton-John Cancer and Wellness Centre, Austin Health, Heidelberg, Vic, Australia; (Richardson) Cabrini Health Malvern, Malvern, Vic, Australia; (Wright) St Vincent's Hospital, Fitzroy, Vic, Australia

Language: English

Abstract: Introduction: A Simplified Comorbidity Score (SCS) provided additional prognostic information to the established factors in patients with non-small cell lung cancer lung cancer. We undertook this analysis to test the prognostic value of the SCS in a population-based study. Patients and methods: Retrospective survey of all Victorians diagnosed with lung cancer in January-June 2003, identified from the Victorian Cancer Registry. Results: There were 921 patients, with data available for 841 (91.3%). Median age was 72 years (range 30-94) and 63.1% were male. A tissue diagnosis was made for 89.9%, of which 86.6% were non-small cell (NSCLC), and 13.4% small cell carcinoma (SCLC). Comorbidities on which the SCS is based were distributed: cardiovascular 54.6%; respiratory 38.9%; neoplastic 19.9%; renal 4.6%; diabetes 11.7%; alcoholism 5.5%; and tobacco 83.1%. In patients with NSCLC, higher SCS score (>9) was associated with increasing stage, ECOG performance status, male sex, increasing age, tobacco consumption and not receiving treatment. Using Cox regression, survival was analysed by SCS score after adjusting for the effect of age, sex, cell type (NSCLC, SCLC, no histology), ECOG performance status and stage for all patients and then restricted to NSCLC. As a continuous or dichotomous (<= or >9) variable, SCS was not a significant prognostic factor for all patients or when restricted to NSCLC. Conclusion: In this retrospective analysis of population based registry patients, SCS did not provide additional prognostic information in patients with lung cancer. ECOG performance status may be a substitute for the effect of comorbidity. 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 aged alcoholism article *cancer registry cell type comorbidity diabetes mellitus female health survey histopathology human *lung cancer lung non small cell cancer lung small cell cancer major clinical study
Diagnostic and treatment hierarchical reductionisms have led to an oversight of anxiety syndromes in schizophrenia. Nevertheless, recent data have indicated that anxiety can be a significant source of morbidity in this patient group. This paper reviews current knowledge concerning anxiety comorbidity in schizophrenia, its epidemiology, course, and treatment. A computerized search of the literature published from 1966 to July 2012 was conducted on Medline. Comorbid anxiety disorders are present in 38.3% of subjects with schizophrenia spectrum disorders. The most common anxiety disorder is social phobia followed by post-traumatic stress disorder and obsessive compulsive disorder. The presence and severity of symptoms of anxiety are associated with more severe clinical features and poorer outcomes. Available literature on the treatment consists primarily of case reports and open trials. Fragments of data support the notion of treating these anxiety states and syndromes as co-occurring clinical conditions with adjunctive medications and psychosocial interventions. However, additional work remains to be done on this issue before firm conclusions can be drawn. 2013 Elsevier Ireland Ltd.
DSM-IV
- electroconvulsive therapy
- emotion
- environmental factor
- exposure response prevention
- functional assessment
- "generalized anxiety disorder/di [Diagnosis]"
- hallucination
- health care cost
- health care utilization
- health service
- hopelessness
- hostility
- human
- low drug dose
- "obsessive compulsive disorder/di [Diagnosis]"
- "obsessive compulsive disorder/dt [Drug Therapy]"
- "obsessive compulsive disorder/pc [Prevention]"
- "obsessive compulsive disorder/th [Therapy]"
- outcome assessment
- "panic/di [Diagnosis]"
- "panic/dt [Drug Therapy]"
- "panic/th [Therapy]"
- post hoc analysis
- "posttraumatic stress disorder/di [Diagnosis]"
- "posttraumatic stress disorder/th [Therapy]"
- prevention
- priority journal
- prognosis
- progressive muscle relaxation training
- psychoeducation
- psychosocial care
- psychotherapy
- quality of life
- relaxation training
- review
- "schizoaffective psychosis/di [Diagnosis]"
- "schizophrenia/di [Diagnosis]"
- "schizophrenia/dt [Drug Therapy]"
- "schizophrenia/th [Therapy]"
- "social phobia/di [Diagnosis]"
- "social phobia/dt [Drug Therapy]"
- "social phobia/th [Therapy]"
- symptomatology
- systematic review
- tension
- training
- treatment duration
- treatment indication
- treatment outcome
- withdrawal syndrome
- "alprazolam/ct [Clinical Trial]"
- "alprazolam/dt [Drug Therapy]"
- "aripiprazole/do [Drug Dose]"
- "aripiprazole/dt [Drug Therapy]"
- "benzodiazepine/dt [Drug Therapy]"
- "clozapine/dt [Drug Therapy]"
- "clomipramine/dt [Drug Therapy]"
- "clomipramine/iv [Intravenous Drug Administration]"
- "clozapine/dt [Drug Therapy]"
- "diazepam/dt [Drug Therapy]"
91. Current cannabis use and age of psychosis onset: A gender-mediated relationship? Results from an 8-year FEP incidence study in Bologna

Citation: Psychiatry Research, November 2013, vol./is. 210/1(368-370), 0165-1781;1872-7123 (30 Nov 2013)

Author(s): Allegri F.; Belvederi Murri M.; Paparelli A.; Marcacci T.; Braca M.; Menchetti M.; Michetti R.; Berardi D.; Tarricone I.

Institution: (Allegri, Belvederi Murri, Marcacci, Braca, Menchetti, Berardi, Tarricone) Department of Medical and Surgical Science, Section of Psychiatry, University of Bologna, Bologna, Italy; (Paparelli) Department of Psychosis Studies, Institute of Psychiatry, Kings College London, London, United Kingdom; (Belvederi Murri) King's College London, Institute of Psychiatry, Department of Psychological Medicine, London, United Kingdom; (Michetti, Berardi, Tarricone) Bologna West Mental Health Department, Ausl di Bologna, Bologna, Italy

Language: English

Abstract: This study examined the relationship between gender, illicit drug use and age of onset of psychosis. We analysed data from an epidemiologically based cohort of 160 subjects with first-episode psychosis from community mental health centers. Cannabis was associated with an earlier onset of psychosis compared to other drugs, especially among women. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings: adult aged article *cannabis addiction cocaine dependence disease association female human incidence Italy major clinical study male onset age opiate addiction
92. The long arm of parental addictions: The association with adult children's depression in a population-based study

Citation: Psychiatry Research, November 2013, vol./is. 210/1(95-101), 0165-1781;1872-7123 (30 Nov 2013)

Author(s): Fuller-Thomson E.; Katz B.R.; Phan T.V.; Liddycoat P.M.J.; Brennenstuhl S.

Institution: (Fuller-Thomson, Katz, Phan, Liddycoat) Factor-Inwentash Faculty of Social Work, University of Toronto, 246 Bloor Street West, Toronto, ON M5S 1A1, Canada; (Brennenstuhl) Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada

Language: English

Abstract: Parental addictions have been associated with adult children's depression in several clinical and population-based studies. However, these studies have not examined if gender differences exist nor have they controlled for a range of potential explanatory factors. Using a regionally representative sample of 6268 adults from the 2005 Canadian Community Health Survey (response rate=83%), we investigated the association between parental addictions and adulthood depression controlling for four clusters of variables: adverse childhood experiences, adult health behaviors, adult socioeconomic status and other stressors. After controlling for all factors, adults exposed to parental addiction had 69% higher odds of depression compared to their peers with non-addicted parents (OR=1.69; 95% CI, 1.25-2.28). The relationship between parental addictions and depression did not vary by gender. These findings underscore the intergenerational consequences of drug and alcohol addiction and reinforce the need to develop interventions that support healthy childhood development. 2013 Elsevier Ireland Ltd.
The association between smoking and psychiatric disorders (PD) has been known for many years. Support for smoking cessation among patients with PD is provided in advanced nations, but there is a little support for smoking cessation among patients with PD in Japan, where few studies have investigated the smoking rate. The aim of the present study is to determine the smoking rate and smoking habits of Japanese patients with PD. The subjects included outpatients who visited the outpatient psychiatric clinic at a University hospital between January and March of 2011. They answered a questionnaire consisting of questions about their sociodemographic background and smoking habits. In an analysis of 733 subjects, the overall smoking rate was 25.1%. The smoking rates among the patients with schizophrenia and depression were 17.3% and 23.9%, respectively, and these rates were lower than the results of previous studies. Among the current smokers, 43.4% had experienced smoking cessation, and only 26.1% were not interested in smoking cessation. Of the current smokers, 37.5% spent between US$128.88 and US$257 per month on cigarettes. 2013 Elsevier Ireland Ltd.
Though electroconvulsive therapy (ECT) requires a close cooperation between anesthesiology and psychiatry, literature lacks of approaches that consider both disciplines in parallel. Special problems might be posed by patients with complicated features or ECT-indications other than treatment-refractory depression (TRD). Considering these patients there is a particular paucity of data, especially regarding anesthesiological aspects. Therefore, we sought (1) to discuss special issues of the peri-interventional management of non-TRD-cases from a combined psychiatric-anesthesiological point of view and (2) to assess the efficacy of ECT in the classical indication of TRD as compared to cases undergoing ECT for other indications or under difficult conditions (non-TRD) by means of Clinical Global Impression-Improvement (CGI-I) scale scores. A retrospective chart analysis of patients treated with ECT between the years 2009 and 2011 at the University of Ulm, Department of Psychiatry, was conducted. Special anesthesiological efforts were necessary in cohort non-TRD. There was no difference in the clinical outcome between cohort non-TRD (n=7) and TRD (n=22) with a median CGI-I score of 2 ("much improved") in both groups. Close cooperation between psychiatry and anesthesiology is indispensable in non-TRD patients. Our results provide preliminary evidence that ECT is equally effective in the standard indication of TRD compared to other indications. 2013 Elsevier Ireland Ltd.
Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 71675-85-9 (amisulpride); 554-13-2 (lithium carbonate); 846-49-1 (lorazepam); 61337-67-5 (mirtazapine); 1225-65-6 (prothipendyl); 303-69-5 (prothipendyl); 79617-96-2 (sertraline)
Publication Type: Journal: Article
Subject Headings: "addiction/di [Diagnosis]"
"addiction/th [Therapy]"
adult
aged
article
Beck Depression Inventory
"catatonia/di [Diagnosis]"
"catatonia/th [Therapy]"
clinical article
clinical feature
Clinical Global Impression scale
cohort analysis
controlled study
"depression/di [Diagnosis]"
"depression/dt [Drug Therapy]"
"depression/th [Therapy]"
"depressive psychosis/th [Therapy]"
DSM-IV
"dyskinesia/dt [Drug Therapy]"
*electroconvulsive therapy
electroencephalography
female
human
"*major depression/di [Diagnosis]"
"*major depression/th [Therapy]"
male
physical examination
priority journal
psychotherapy
retrospective study
"schizoaffective psychosis/di [Diagnosis]"
"schizoaffective psychosis/th [Therapy]"
"schizophrenia/di [Diagnosis]"
"schizophrenia/th [Therapy]"
smoking
"somatization/di [Diagnosis]"
"somatization/dt [Drug Therapy]"
"somatization/th [Therapy]"
"suicide/di [Diagnosis]"
"suicide/dt [Drug Therapy]"
"suicide/th [Therapy]"
"treatment refractory depression/di [Diagnosis]"
"treatment refractory depression/th [Therapy]"
visual hallucination
"amisulpride/dt [Drug Therapy]"
"antidepressant agent/dt [Drug Therapy]"
"lithium carbonate/dt [Drug Therapy]"
"lorazepam/dt [Drug Therapy]"
"lorazepam/po [Oral Drug Administration]"
"mirtazapine/dt [Drug Therapy]"
"prothipendyl/dt [Drug Therapy]"
"prothipendyl/po [Oral Drug Administration]"
95. Psychiatric disorders in patients presenting to hospital following self-harm: A systematic review

Citation: Journal of Affective Disorders, December 2013, vol./is. 151/3(821-830), 0165-0327;1573-2517 (December 2013)

Author(s): Hawton K.; Saunders K.; Topiwala A.; Haw C.

Institution: (Hawton, Saunders, Haw) Centre for Suicide Research, University Department of Psychiatry, Warneford Hospital, Oxford OX3 7JX, United Kingdom; (Hawton) Oxford Health NHS Foundation Trust, Warneford Hospital Oxford, Oxfordshire, United Kingdom; (Haw) St Andrews Healthcare, Northampton, United Kingdom; (Topiwala) University Department of Psychiatry, Warneford Hospital, Oxford OX3 7JX, United Kingdom

Language: English

Abstract: Background Psychiatric disorders occur in approximately 90% of individuals dying by suicide. The prevalence of psychiatric disorders in people who engage in non-fatal self-harm has received less attention. Method Systematic review using electronic databases (Embase, PsychINFO and Medline) for English language publications of studies in which psychiatric disorders have been assessed using research or clinical diagnostic schedules in self-harm patients of all ages presenting to general hospitals, followed by meta-analyses using random effects methods. Results A total of 50 studies from 24 countries were identified. Psychiatric (Axis I) disorders were identified in 83.9% (95% CI 74.7-91.3%) of adults and 81.2% (95% CI 60.9-95.5%) of adolescents and young persons. The most frequent disorders were depression, anxiety and alcohol misuse, and additionally attention deficit hyperactivity disorder (ADHD) and conduct disorder in younger patients. Personality (Axis II) disorders were found in 27.5% (95% CI 17.6-38.7%) of adult patients. Psychiatric disorders were somewhat more common in patients in Western (89.6%, 95% CI 83.0-94.7%) than non-Western countries (70.6%, 95% CI 50.1-87.6%). Limitations Heterogeneity between study results was generally high. There were differences between studies in identification of study participants and diagnostic procedures. Conclusions Most self-harm patients have psychiatric disorders, as found in people dying by suicide. Depression and anxiety disorders are particularly common, together with ADHD and conduct disorder in adolescents. Psychosocial assessment and aftercare of self-harm patients should include careful screening for such disorders and appropriate therapeutic interventions. Longitudinal studies of the progress of these disorders are required. Declaration of interests None. 2013 Elsevier B.V.
Mephedrone is a synthetic psychostimulant derived from cathinone belonging to the family of phenylethylamines. Sold on the Internet, it has recently emerged in France in recreational settings, and is mostly consumed by young people from the gay community and festive environment. Identified in 2008 by the European Monitoring Centre for Drugs and Drug Addiction as a new drug on the market, the use of mephedrone has attracted media attention following the suspicious deaths of two young adults in Sweden and in England. Its legal aspect, ease of getting it on the Internet and cheap price coupled and an alternative-seeking to other psychostimulants make mephedrone a prime target for these populations and a source of abuse, with psychiatric and somatic complications. There is no curative pharmacological treatment approved by health authorities. 2013 Elsevier Masson SAS.
Country of Publication: France
Publisher: Elsevier Masson SAS (62 rue Camille Desmoulins, Issy les Moulineaux Cedex 92442, France)
Publication Type: Journal: Short Survey
Subject Headings: drug abuse
drug cost
*drug dependence
drug legislation
drug marketing
drug seeking behavior
human
short survey
*4' methylmethcathinone

Source: EMBASE

97. Self-care success
Citation: Nursing standard (Royal College of Nursing (Great Britain) : 1987), August 2013, vol./is. 27/52(19), 0029-6570 (2013 Aug 28-Sep 3)
Author(s): Pearce L.
Language: English
Abstract: Nurse-led community care for substance misusers is improving the health of individuals who had previously struggled with conventional services. Health interventions tailored to accommodate chaotic lifestyles have also helped reduce clients' social isolation.

Country of Publication: United Kingdom
Publication Type: Journal: Article
Subject Headings: "*addiction/rh [Rehabilitation]"
article
human
nursing
psychological aspect
role playing
*self care
United Kingdom
Source: EMBASE
Full Text: Available from EBSCOhost in Nursing Standard
Available from ProQuest in Nursing Standard; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions. Available from Nursing Standard in Newcomb Library & Information Service

98. Outcomes from liaison psychiatry referrals for older people with alcohol use disorders in the UK
Citation: Mental Health and Substance Use: Dual Diagnosis, November 2013, vol./is. 6/4(362-368), 1752-3281;1752-3273 (01 Nov 2013)
Author(s): Rao R.
Institution: (Rao) Department of Old Age Psychiatry, Institute of Psychiatry, London, United Kingdom
Language: English
Abstract: The paper examines assessment and outcomes of alcohol misuse and dual diagnosis from liaison psychiatry services for older people. The authors used a retrospective case note survey for referrals to four older adult liaison psychiatry services was carried out on consecutive anonymised in-patient records for admissions from 2006 to 2011. Notes were examined for all older people with alcohol-related problems seen by liaison psychiatry
services, with documentation of reason for admission, accompanying mental disorder, referral to mental health services and 6 month follow-up. Four hundred and twenty unique case notes were identified, with 108 patients being eligible for inclusion. Sixty patients were admitted with alcohol withdrawal syndrome, 42 of whom were given a diagnosis of alcohol-related brain injury (ARBI). Fifty patients were taken on by community mental health teams (CMHTs); a further 14 were placed in continuing care facilities. Of the patients under CMHTs, 19 patients (38%) had achieved abstinence from alcohol or controlled drinking at 6 month follow-up. Patients with ARBI were less likely than those without it to have changed their drinking behaviour after 6 months. This is the first UK naturalistic study to show positive outcomes from community treatment of alcohol misuse and dual diagnosis. In spite of the high rate of referral to mental health services and positive outcomes, there was little indication of clear pathways being used in the assessment, treatment and referral of older people with alcohol misuse in medical wards. 2013 Taylor & Francis.

Country of Publication: United Kingdom
Publisher: Routledge (4 Park Square, Milton Park, Abingdon, Oxfordshire OX14 4RN, United Kingdom)
CAS Registry Number: 64-17-5 (alcohol); 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 12794-10-4 (benzodiazepine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine)
Publication Type: Journal: Article
Subject Headings: adult aged alcohol abstinence alcohol consumption "alcohol related brain injury/di [Diagnosis]" *alcohol use disorder alcohol withdrawal alcoholism anxiety article bereavement "brain injury/di [Diagnosis]" community mental health controlled study "depression/di [Diagnosis]" drinking behavior female follow up group therapy hospital patient human *liaison psychiatry major clinical study male medical documentation medical record mental health service mood outcome assessment pain patient assessment patient referral "personality disorder/di [Diagnosis]" priority journal retrospective study
99. Safety profile of two novel antiepileptic agents approved for the treatment of refractory partial seizures: Ezogabine (retigabine) and perampanel

Introduction: Complex-partial seizures are frequently resistant to antiepileptic therapy. Two new medications with mechanisms of action novel within the antiepileptic class have recently received approval for the adjunctive treatment of partial (focal) seizures. Areas covered: A Medline search was conducted to identify preclinical and clinical studies of ezogabine and perampanel. This was supplemented with additional articles obtained from online sources and information provided by the FDA and the manufacturers. The focus of this review is on the safety profiles of ezogabine (retigabine), a novel antiepileptic that targets voltage-gated potassium channels, and perampanel, a noncompetitive alpha-amino-3-hydroxyl-5-methyl-4-isoxazole-propionate glutamate receptor antagonist.

Expert opinion: Central nervous system effects are predominant within the adverse event profiles of both ezogabine and perampanel. In addition, ezogabine exerts its inhibitory effects on potassium channels in the urogenital tract potentially resulting in urinary retention and related outcomes. Recent reports of blue discoloration of the skin and in the retinas of long-term ezogabine users have surfaced. Both drugs have demonstrated the ability to induce neuropsychiatric symptoms. Though both are welcome additions to the antiepileptic drug class, additional monitoring, appropriate counseling, and careful selection of patients are warranted to minimize adverse events. 2013 Informa UK, Ltd.
"confusion/si [Side Effect]"
"conversion disorder/si [Side Effect]"
creatinine kinase blood level
"dizziness/si [Side Effect]"
"drug dependence/si [Side Effect]"
drug dose reduction
drug dose titration
drug exposure
drug mechanism
drug monitoring
drug safety
drug tolerability
drug withdrawal
electrocardiogram
euphoria
eye color
"fatigue/si [Side Effect]"
"focal epilepsy/dt [Drug Therapy]"
"gait disorder/si [Side Effect]"
"hallucination/si [Side Effect]"
"headache/si [Side Effect]"
homicide
hostility
human
irritability
"nephrolithiasis/si [Side Effect]"
outcome assessment
patient counseling
phase 2 clinical trial (topic)
phase 3 clinical trial (topic)
"psychosis/si [Side Effect]"
"QT prolongation/si [Side Effect]"
recommended drug dose
residual volume
"retina dystrophy/si [Side Effect]"
review
"side effect/si [Side Effect]"
"skin discoloration/et [Etiology]"
"skin discoloration/si [Side Effect]"
"somnolence/si [Side Effect]"
"speech disorder/si [Side Effect]"
"stone formation/si [Side Effect]"
"suicidal ideation/si [Side Effect]"
"tremor/si [Side Effect]"
"urine retention/et [Etiology]"
"urine retention/si [Side Effect]"
"vertigo/si [Side Effect]"
visual acuity
weight gain
"alanine aminotransferase/ec [Endogenous Compound]"
"aspartate aminotransferase/ec [Endogenous Compound]"
"carbamazepine/it [Drug Interaction]"
"creatinine kinase/ec [Endogenous Compound]"
"Hypericum perforatum extract/it [Drug Interaction]"
"ketoconazole/it [Drug Interaction]"
"lamotrigine/it [Drug Interaction]"
"midazolam/it [Drug Interaction]"
"oxcarbazepine/it [Drug Interaction]"
"*perampanel/ae [Adverse Drug Reaction]"
"*perampanel/ct [Clinical Trial]"
100. The cannabis conundrum

Citation: Proceedings of the National Academy of Sciences of the United States of America, October 2013, vol./is. 110/43(17165), 0027-8424;1091-6490 (22 Oct 2013)

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Language: English

Country of Publication: United States

Publisher: National Academy of Sciences (2101 Constitution Avenue NW, Washington DC 20418, United States)

CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis); 7663-50-5 (dronabinol)

Publication Type: Journal: Note

Subject Headings: drug dependence
government
Netherlands
note
Panama
prescription
priority journal
signal transduction
therapy effect
United Kingdom
United States
"cannabinoid receptor/ec [Endogenous Compound]"
cannabis
dronabinol
endocannabinoid

Source: EMBASE

101. The relationship between maternal methadone dose at delivery and neonatal outcome: Methodological and design considerations

Citation: Neurotoxicology and Teratology, September 2013, vol./is. 39/(110-115), 0892-0362;1872-9738 (September 2013)

Author(s): Jones H.E.; Jansson L.M.; O'Grady K.E.; Kaltenbach K.
Compared to untreated opioid dependence, methadone maintenance treatment of opioid-dependent pregnant women has been found to be associated with better maternal and neonatal outcomes. Secondary analysis of data from 73 maternal and neonatal participants in the MOTHER study (H. E. Jones et al., New England Journal of Medicine, 2010) found no relationship between maternal methadone dose at delivery and any of 9 neonatal outcomes - peak neonatal abstinence syndrome (NAS) score, total amount of morphine needed to treat NAS, duration of neonatal hospital stay, duration of treatment for NAS, estimated gestational age at delivery, Apgar score at 5 min, and neonatal head circumference, length, and weight at birth. These results are consistent with a recent systematic review and meta-analysis (B. J. Cleary et al., Addiction, 2010) and extend findings to outcomes other than NAS. Methodological and design issues that might have adversely impacted the ability of researchers to establish the existence or non-existence of these relationships are considered. 2013 Elsevier Inc.
102. Skin-picking heralding Parkinson’s disease

Citation: European Neuropsychopharmacology, October 2013, vol./is. 23/(S547-S548), 0924-977X (October 2013)

Author(s): Chee K.Y.; Evans A.H.; Velakoulis D.

Institution: (Chee) Kuala Lumpur Hospital, Psychiatry and Mental Health, Kuala Lumpur, Malaysia; (Evans) Royal Melbourne Hospital, Neurology, Melbourne, Australia; (Velakoulis) Royal Melbourne Hospital, Neuropsychiatry Unit, Melbourne, Australia

Language: English

Abstract: Background: In Parkinson’s disease (PD), symptom of skin picking has been reported as either an impulsive behavior, i.e. dermatillomania [1] or as a manifestation of delusions of parasitosis in which it is commonly linked to dopamine-agonist treatment of PD [2]. Skin-picking leads to tissue damage, thus medical complications and psychological distress. While most reports of impulse control disorders in patients with PD have been associated with dopamine agonist treatment, there have been no reports of such disorders presenting prior to treatment with dopamine agonists. Methods: We present four patients who presented with skin picking as the prodromal phase of idiopathic PD, diagnosed using the UK Parkinson’s Disease Society Brain Bank clinical diagnostic criteria by single neurologist specialized in movement disorders and PD. We discuss the implications of these clinical observations from both a clinical and neurobiological point of view. The patients have provided informed consent prior to being included in the study. Result: We have described four patients with skin-picking behavior and PD (Table 1), all of whom had a diagnosis of an affective illness preceding the diagnosis of PD. In these patients, skin-picking behavior emerged after the development of affective symptoms and prior to the diagnosis or treatment of PD. The skinpicking behavior was most severe when the affective illness was severe and often improved after treatment of the affective illness. Conclusion: The association of skin-picking behavior and depression as a prodrome to PD has not been previously reported and raises the interesting question of how a hypodopaminergic state would be associated with an impulse control disorder. Dopamine hypofunction within the frontostriatal and mesolimbic dopaminergic systems has been reported to underpin depressive symptoms and apathy in PD and has been associated with addiction behaviours. Repeated skin picking to relieve tension from itching may 'sensitize' the reward system and lead to escalation in reward seeking and repeated stimulation of dopamine release and resultant in restoration a state of dopamine deficiency [3]. From a clinical perspective these four cases highlight that late-onset skin-picking behavior together with a mood disorder may be a prodrome to PD and should alert the clinician to the possibility of PD. From a therapeutic perspective two important observations are that treatment of the mood disorder is more likely to lead to resolution of the skin-picking behavior than are dopamine agonists and dopamine agonists did not worsen the skin-picking behavior. (Table Presented).
impulse control disorder
brain
society
United Kingdom
informed consent
diseases
delusional parasitosis
dopamine release
emotional disorder
stimulation
pruritus
clinical observation
motor dysfunction
apathy
neurologist
distress syndrome
addiction
depression
mesolimbic dopaminergic system
tissue injury
impulsiveness
dopamine receptor stimulating agent
dopamine

Source: EMBASE

Full Text: Available from Elsevier in European Neuropsychopharmacology

103. Cognitive impairment in patients with depressive and euthymic episodes of bipolar disorder

Citation: European Neuropsychopharmacology, October 2013, vol./is. 23/(S384-S385), 0924-977X (October 2013)

Author(s): Paunescu R.; Miclutia I.

Institution: (Paunescu, Miclutia) University of Medicine and Pharmacy Cluj-Napoca, Psychiatry, Cluj-Napoca, Romania

Language: English

Abstract: Purpose: Patients with bipolar disorder show cognitive deficits in all stages of the disorder, but also during remission phases [1]. Although those deficits are less expressed than in other psychiatric conditions they seem to affect the prognosis, outcome and global functioning of the patients suffering from bipolar disorder. The purpose of the study was to assess cognitive functions (attention, memory, speech, psychomotor performances, executive functions, and global functioning) in patients with bipolar disorder during depressive episodes and after six months of euthymia and also to evaluate if cognitive impairments are persistent in time, diminish or disappear after an affective episode.

Method: Forty patients with bipolar disorder were assessed during a depressive episode (DSM IV-TR criteria for bipolar disorder and major depression, Hamilton Depression Rating Scale and Beck Depression Inventory>17) and after six months of euthymia. The assessment of cognition was performed with a neuropsychological battery test (Basic Assessment of Cognition in Schizophrenia version A, Trial Making Test A and B).

Inclusion criteria for depressive patients were: age 18-60, level of education > 8 years of school, score HAM-D > 17. Euthymic patients fulfilled the following criteria: DSM IV-TR criteria for bipolar disorder, same age interval and education levels, score HAM-D < 8, at least six months of euthymia and no residual affective symptoms. The control group consisted of 35 participants who were matched for demographic data and had no history of psychiatric conditions. All three groups met excluding criteria of head trauma history chronic alcoholic dependence or dependence to substances, dementia, or any current medical condition that could interfere with the level of cognitive performances.

Results: Both group patients obtained lower results in a few cognitive domains when compared to the control group. The differences between the means (patients - control) were always negative. However, for Verbal Memory, Letter Fluency Digit Frequency,
Token Motor Task and Tower of London, the difference of the means of the two groups were statistically significant (p<0.001), suggesting a very important divergence in the specified cognitive areas between the patients and the control individuals. Important discrepancies were revealed in the case of Semantic Fluency and Symbol Coding (differences significant at p<0.005). On other cognitive functions such as attention, visual search, sequencing and shifting, psychomotor speed, there were statistically significant differences between depressive patients and control group, but also between eutymic patient and healthy subjects. Conclusions: Results showed cognitive impairments in patients with bipolar disorder during depressive episodes when compared to the control group, in attention (difficulties in focusing and maintaining attention), memory (impaired verbal recall and recognition), psychomotor performance (slowness of motor functions when the number of tasks increased), executive functions. A degree of cognitive impairment was also present in eutymic bipolar patients in comparison with healthy subjects.

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*patient
*human
*bipolar disorder
*college
*psychopharmacology
cognition
control group
depression
education
psychomotor performance
executive function
memory
normal human
DSM-IV-TR
Hamilton scale
motor performance
major depression
recall
velocity
United Kingdom
verbal memory
prognosis
dementia
speech
head injury
alcoholism
remission
emotional disorder
school
schizophrenia
Beck Depression Inventory
slowness
diseases

Source: EMBASE
Full Text: Available from Elsevier in European Neuropsychopharmacology

104. Anti-platelet aggregation activity observed in Honkaku shochu

Page 131
Citation: Journal of Thrombosis and Haemostasis, July 2013, vol./is. 11/(1190), 1538-7933 (July 2013)

Author(s): Sumi H.; Fujii S.; Tokudome S.; Yoshida E.; Yatagai C.; Naito S.; Maruyama M.

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Language: English

Abstract: Background: We have previously reported that the intake of various types of alcoholic beverages (Sumi et al., H., Alcohol & Alcoholism,23, 33, 1988; Sumi et al., Jpn. J. Alcohol & Drug Dependence, 33, 263, 1998) brings about changes in the coagulation and fibrinolytic system, and that drinking Honkaku shochu (distilled through a pot still) results in promotion of fibrinolysis in blood for a rather long period. In another report, we demonstrated that the distillation fractions of shochu have the effect on cells to release t-PA (tissue plasminogen activator) and that the shochu aroma is effective in inhibiting platelet aggregation (Sumi et al., 21st ISFP, p.18, Brighton, UK, 2012). Aims: We have now conducted a comparative study of the effects of various types of Japanese Honkaku shochu on platelet aggregation. The results are reported here as new information. Methods: Honkaku shochu is classified by the laws of Japan into 2 types: shochu and awamori. For the tests, 7 types of awamori and 24 types of shochu were purchased as specimens, and then diluted by deionized water to achieve an ethanol concentration of 25%. The platelet aggregation rate was then measured with an aggregometer (PAT-4A). Inhibition rate against platelet aggregation of each aromatic component specimen in the dilution series was calculated and the 50% inhibition value (IC50) was determined. Results: Approximately half of the Honkaku shochu tested exhibited anti-platelet aggregation activity. Under typical concentration conditions of 25% ethanol concentration, direct inhibition against aggregation was observed to be 20.5% on average. The shochu specimens exhibiting the strongest inhibitive activity against aggregation were made from such raw materials as brown sugar (S-1), sweet potatoes (S-11), rice (S-6), and barley (S-12). It is presumed that the activity does not difference on the raw materials. Aspirin is a well known antiplatelet agent. A-6 and S-11 showed the strongest effects, the inhibitive capacity has an equivalent value to 50-200 mM Aspirin. Summary/Conclusion: A total of 31 types of Honkaku shochu were tested, and it was found that 4 out of 7 types of awamori and 12 out of 24 types of shochu inhibited the aggregation induced by the use of ADP or collagen. It is believed that the inhibitive capacity observed is not the effect of the materials used in producing Honkaku shochu, such as sweet potatoes, rice and barley, but rather the result of the fermentative production process. We foresee that if inhibitive effects against platelet aggregation can be achieved by merely smelling the given material instead of eating it, then these types of material could prove to be functional materials in a completely new category not thought of before.


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Subject Headings: *thrombocyte aggregation *society *thrombosis *hemostasis fibrinolysis rice barley sweet potato drinking dilution blood alcoholic beverage eating
Japan
Japanese
comparative study
United Kingdom
drug dependence
aroma
smelling
alcoholism
alcohol
acetylsalicylic acid
sugar
water
tissue plasminogen activator
antithrombocytic agent
collagen
adenosine diphosphate

Source: EMBASE