Search Results

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Search History

1. HMIC; addict*.af; 2352 results.

1. Community-based organisations and how to support their use of systematic reviews : a qualitative study.

Citation:	Evidence and Policy, 2011, vol./is. 7/4(449-469), 1744-2648
Author(s):	Wilson, Michael; Lavis, John
Language:	English

Abstract: The use of research evidence by policy makers is an important tool to inform decisions about the governance, financial and delivery arrangements within health-related programmes and services. However, unlike for other health system stakeholders, there have been few visible efforts to support the use of research evidence in community-based organisations (CBOs). This study, based in Canada, conducted focus groups and interviews with 31 executive directors and programme managers of CBOs from the HIV/AIDS, diabetes and mental health and addictions sectors to examine their roles in health systems, their views about and experiences with research evidence, and their preferences for making systematic reviews easier to use. Findings revealed that most participants had not heard of systematic reviews before the focus groups. However, most agreed that they were potentially useful source of data to inform their programmes, services and advocacy. [Abstract]

Publisher:	2011
Subject Headings:	Systematic reviews Evidence community health services Qualitative analysis
Source:	HMIC

2. How well do international drug conventions protect public health?

Citation:	Lancet, 2012, vol./is. 379/9810(84-91), 0140-6736
Author(s):	Room, Robin; Reuter, Peter
Language:	English

Abstract: The Single Convention on Narcotic Drugs in 1961 aimed to eliminate the illicit production and non-medical use of cannabis, cocaine, and opioids, an aim later extended to many pharmaceutical drugs. Over the past 50 years international drug treaties have neither prevented the globalisation of the illicit production and non-medical use of these drugs, nor, outside of developed countries, made these drugs adequately available for medical use. The system has also arguably worsened the human health and wellbeing of drug users by increasing the number of drug users imprisoned, discouraging effective countermeasures to the spread of HIV by injecting drug users, and creating an environment conducive to the violation of drug users' human rights. The international system has belatedly accepted measures to reduce the harm from injecting drug use, but national attempts to reduce penalties for drug use while complying with the treaties have often increased the number of drug users involved with the criminal justice system. The international treaties have also constrained national policy experimentation because they require nation states to criminalise drug use. The adoption of national policies that are more aligned with the risks of different drugs and the effectiveness of controls will require the amendment of existing treaties, the formulation of new treaties, or withdrawal of states from existing treaties and re-accession with reservations. [Summary]

Publisher:	2012
Subject Headings:	Public health Government policy Effectiveness International perspectives Drug addiction
Source:	HMIC
Full Text:	Available in *fulltext* at *Elsevier*

3. Drug policy and the public good : evidence for effective interventions.

Citation:	Lancet, 2012, vol./is. 379/9810(71-83), 0140-6736
Author(s):	Strang, John; Babor, Thomas; Caulkins, Jonathan
Language:	English

Abstract: Debates about which policy initiatives can prevent or reduce the damage that illicit drugs cause to the public good are rarely informed by scientific evidence. Fortunately, evidence-based interventions are increasingly being identified that are capable of making drugs less available, reducing violence in drug markets, lessening misuse of legal pharmaceuticals, preventing drug use initiation in young people, and reducing drug use and its consequences in established drug users. We review relevant evidence and outline the likely effects of fuller implementation of existing interventions. The reasoning behind the final decisions for action might be of a non-scientific nature, focused more on what the public and policy-makers deem of value. Nevertheless, important opportunities exist for science to inform these deliberations and guide the selection of policies that maximise the public good. [Summary]

Publisher:	2012
Subject Headings:	Effectiveness Drug addiction Drug addiction treatment Evidence based practice
Source:	HMIC
Full Text:	Available in *fulltext* at *Elsevier* Available in *print* at *Newcomb Library & Information Service* Available in *fulltext* at *ProQuest*

4. Extent of illicit drug use and dependence, and their contribution to the global burden of disease.

Citation:	Lancet, 2012, vol./is. 379/9810(55-70), 0140-6736
Author(s):	Degenhardt, Louisa; Hall, Wayne
Language:	English

Abstract: This paper summarises data for the prevalence, correlates, and probable adverse health consequences of problem use of amphetamines, cannabis, cocaine, and opioids. We discuss findings from systematic reviews of the prevalence of illicit drug use and dependence, remission from dependence, and mortality in illicit drug users, and evidence for acute and chronic effects of illicit drug use. We outline the regional and global distribution of use and estimated health burden from illicit drugs. These distributions are likely to be underestimates because they have not included all adverse outcomes of drug use and exclude those of cannabis-the mostly widely used illicit drug. In high-income countries, illicit drug use contributes less to the burden of disease than does tobacco but a substantial proportion of that due to alcohol. The major adverse health effects of cannabis use are dependence and probably psychotic disorders and other mental disorders. The health-related harms of cannabis use differ from those of amphetamine, cocaine, and opioid use, in that cannabis contributes little to mortality. Intelligent policy responses to drug problems need better data for the prevalence of different types of illicit drug use and the harms that their use causes globally. This need is especially urgent in high-income countries with substantial rates of illicit drug use and in low-income and middle-income countries close to illicit drug production areas. [Summary]

Publisher:	2012
Subject Headings:	Drug addiction Public health

International perspectives
Statistical data

Source:	HMIC
Full Text:	Available in *fulltext* at *Elsevier* Available in *print* at *Newcomb Library & Information Service* Available in *fulltext* at *ProQuest*

5. Prescription drug addiction : the treatment challenge.

Citation:	Lancet, 2012, vol./is. 379/9819(17-18), 0140-6736
Author(s):	Holmes, David
Language:	English
Abstract:	Last June, the UN flagship World Drug Report 2011 launched by Ban Ki-moon outlined the scale of the problem-declining world markets for cocaine, heroin, and cannabis, almost entirely offset by increases in the misuse of prescription opioid drugs. Then, in November, the European Monitoring Centre for Drugs and Drug Addiction annual report for 2011 painted a similar picture, showing that although drug misuse is fairly stable in Europe, there has been a striking increase in the misuse of synthetic opioid drugs. But, as the most recent figures from the US Substance Abuse and Mental Health Services Administration (SAMHSA) showed in December, it is the USA that is the epicentre of the world's problems with prescription drugs. [Introduction]
Publisher:	2012
Subject Headings:	Prescription drugs International perspectives Drug addiction treatment Good practices Drug addiction
Source:	HMIC
Full Text:	Available in *fulltext* at *Elsevier* Available in *print* at *Newcomb Library & Information Service* Available in *fulltext* at *ProQuest*

6. United Kingdom drug situation : annual report to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2010.

Author(s):	Davies, Charlotte
Corporate/Institutional Author:	Great Britain. Department of Health
Language:	English
Publisher:	London : DH, 2010
Subject Headings:	Drug addiction Statistical data Trends United Kingdom
Source:	HMIC

7. The state of the drugs problem in Europe : annual report 2011.

Citation:	, 2011, 1609-6150
Corporate/Institutional Author:	European Monitoring Centre for Drugs and Addiction
Language:	English
Publisher:	New York : EMCDDA, 2011

Subject Headings:	Drug addiction International perspectives Drug trafficking Markets Statistical data Prescription drugs Annual reports Europe
Source:	HMIC

8. World drug report 2011.

Citation:	, 2011
Corporate/Institutional Author:	United Nations Office on Drugs and Crime
Language:	English
Notes:	Many illicit drug markets have reached global dimensions and require control strategies on a comparable scale.In that context, there is a need to better understand these transnational markets and the manner in which they operate.The yearly World Drug Report is a contribution towards that objective.This year's edition starts with an overview of the illicit drug situation worldwide and regionally, followed by more comprehensive discussions and statistical trends for the key transnational drug markets, namely opium/heroin, coca/cocaine, amphetamine-type stimulants and cannabis.
Publisher:	New York : UNFPA, 2011
Subject Headings:	Drug addiction International perspectives Drug trafficking Markets Statistical data Prescription drugs Annual reports
Source:	HMIC

9. Acceptability of financial incentives to improve health outcomes in UK and US samples.

Citation:	Journal of Medical Ethics, 2011, vol./is. 37/11(682-683), 0306-6800
Author(s):	Promberger, Marianne; Brown, Rebecca; Ashcroft, Richard
Language:	English
Abstract:	In an online study conducted separately in the UK and the US, participants rated the acceptability and fairness of four interventions: two types of financial incentives (rewards and penalties) and two types of medical interventions (pills and injections). These were stated to be equally effective in improving outcomes in five contexts: (a) weight loss and (b) smoking cessation programmes, and adherence in treatment programmes for (c) drug addiction, (d) serious mental illness and (e) physiotherapy after surgery. Financial incentives (weekly rewards and penalties) were judged less acceptable and to be less fair than medical interventions (weekly pill or injection) across all five contexts. Context moderated the relative preference between rewards and penalties: participants from both countries favoured rewards over penalties in weight loss and treatment for serious mental illness. Only among US participants was this relative preference moderated by perceived responsibility of the target group. Overall, participants supported funding more strongly for interventions when they judged members of the target group to be less responsible for their condition, and vice versa. These results reveal a striking similarity in negative attitudes towards the use of financial incentives, rewards as well as penalties, in improving outcomes across a range of contexts, in the UK and the USA. The basis for such negative attitudes awaits further study. [Abstract]

Publisher:	2011
Subject Headings:	Financial incentives
	United States of America
	United Kingdom
	International comparisons
	Survey results
	Public opinion
	Equity
	Health outcomes
	Health improvement
Source:	HMIC
Full Text:	Available in *fulltext* at *Highwire Press*

10. Impulsivity and cognitive distortions in pathological gamblers attending the UK National Problem Gambling Clinic: a preliminary report

Citation:	Psychological Medicine, 2011, vol./is. 41/12, 0033-2917
Author(s):	Michalczuk, R; Bowden Jones, H; Verdejo Garcia, A; Clark, L; Ringwood, S
Language:	English
Abstract:	Record in progress
Notes:	doi: 10.1117/533291711095X
Publication Type:	Article
Subject Headings:	Gambling
	Addiction
	behaviour
	Risk assessment
	Decision making
	Clinics
	United Kingdom
Source:	HMIC
Full Text:	Available in *fulltext* at *ProQuest*

11. Minimal interventions to decease long-term use of benzodiazepines in primary care: a systematic review and meta-analysis

Citation:	British Journal of General Practice, 2011, vol./is. 61/590, 1478-5242
Author(s):	Mugunthan, Kayalvili; McGuire, Treasure; Glasziou, Paul
Language:	English
Abstract:	Record in progress
Notes:	Full text article available online only. shortened article available in print issue; doi: 10.3399/bjgp11X593857
Publication Type:	Article
Subject Headings:	older people
	primary care
	benzodiazepines
	Drug addiction
	Preventive measures
	General practitioners
	General practice consultations
	Correspondence
	Systematic reviews
	Meta analysis

Source:	HMIC
Full Text:	Available in *fulltext* at *National Library of Medicine*

12. Association between stillbirth and risk factors known at pregnancy confirmation

Citation:	Journal of the American Medical Association, 2011, vol./is. 306/22, 0098-7484
Corporate/Institutional Author:	The Stillbirth Collaborative Research Network Writing Group
Language:	English

Abstract: Record in progressStillbirths account for almost half of US deaths from 20 weeks' gestation to one year of life. Most large studies of risk factors for stillbirth use vital statistics with limited data. The objective of the study was to determine the relation between stillbirths and risk factors that could be ascertained at the start of pregnancy, particularly the contribution of these factors to racial disparities. The design, setting, and participants were a multi-site population-based case-control study conducted between March 2006 and September 2008. Fifty-nine US tertiary care and community hospitals, with access to at least 90% of deliveries within five catchment areas defined by state and county lines, enrolled residents with deliveries of one or more stillborn fetuses and a representative sample of deliveries of only live-born infants, over-sampled for those at less than 32 weeks' gestation and those of African descent. The main outcome measures were stillbirth. Analysis included 614 case and 1,916 control deliveries. In multivariate analyses, the following factors were independently associated with stillbirth: non-Hispanic black race/ethnicity (23.1% stillbirths, 11.2% live births) (vs non-Hispanic whites; adjusted odds ratio (AOR), 2.12 (95% CI, 1.41 to 3.20)); previous stillbirth (6.7% stillbirths, 1.4% live births); nulliparity with (10.5% stillbirths, 5.2% live births) and without (34.0% stillbirths, 29.7% live births) previous losses at fewer than 20 weeks' gestation (vs multiparity without stillbirth or previous losses; AOR, 5.91 (95% CI, 3.18 to 11.00); AOR, 3.13 (95% CI, 2.06 to 4.75); and AOR, 1.98 (95% CI, 1.51 to 2.60), respectively; diabetes (5.6% stillbirths, 1.6% live births) (vs no diabetes; AOR, 2.50 (95% CI, 1.39 to 4.48)); maternal age 40 years or older (4.5% stillbirths, 2.1% live births) (vs age 20-34 years; AOR, 2.41 (95% CI, 1.24 to 4.70)); maternal AB blood type (4.9% stillbirths, 3.0% live births) (vs type O; AOR, 1.96 (95% CI, 1.16 to 3.30)); history of drug addiction (4.5% stillbirths, 2.2% live births) (vs never use; AOR, 2.08 (95% CI, 1.12 to 3.88)); smoking during the three months prior to pregnancy (<10 cigarettes/d, 10.0% stillbirths, 6.5% live births) (vs none; AOR, 1.55 (95% CI, 1.02 to 2.35)); obesity/overweight (15.5% stillbirths, 12.4% live births) (vs normal weight; AOR, 1.72 (95% CI, 1.22 to 2.43)); not living with a partner (25.4% stillbirths, 15.3% live births) (vs married; AOR, 1.62 (95% CI, 1.15 to 2.27)); and plurality (6.4% stillbirths, 1.9% live births) (vs singleton; AOR, 4.59 (95% CI, 2.63 to 8.00)). The generalised R(2) was 0.19, explaining little of the variance. The conclusion was, multiple risk factors that would have been known at the time of pregnancy confirmation were associated with stillbirth but accounted for only a small amount of the variance in this outcome. Cites 32 references. [Journal abstract]

Publication Type:	Article
Subject Headings:	Stillbirth Risk factors Pregnancy outcome Ethnic differences United States of America Statistical data Tabular data
Source:	HMIC
Full Text:	Available in *print* at *Newcomb Library & Information Service*

13. The relation between nicotine dependence and suicide attempts in the general population

Citation:	Canadian Journal of Psychiatry, 2011, vol./is. 56/3, 0703-7437

Author(s):	Yaworski, Daniel; Robinson, Jennifer; Sareen, Jitender; Bolton, James M
Language:	English

Abstract: Record in progressThe huge potential of bio-banks/genetic databases for the research community has been recognised across jurisdictions in both publicly funded and commercial sectors. But although there is tremendous potential there are likewise potential difficulties. The long-term storage of personal health information and samples poses major challenges. This is an area fraught with ethical and legal uncertainties. Bio-banks raise many questions of the control of rights, of consent, of privacy and confidentiality and of property in human material. It is thus unsurprising then that there has been a lively debate as to how bio-banks should operate, the boundaries of participation and what governance structure, if any they should adopt, a debate which has been engaged in across the academic community and by funders and researchers alike. This paper asks despite the good intentions can ad hoc ethics and ethics and governance committees long term provide an effective solution to the legal and regulatory challenges arising from bio-banks. Cites 46 references. [Journal abstract]There has been much debate as to whether nicotine is a risk factor for suicidal behaviour. This study sought to examine the relation between nicotine dependence and suicide attempts in a population-based sample of adults. The authors study used the National Epidemiologic Survey on Alcohol and Related Conditions Wave 2 (NESARC; 2004-2005), a large (n = 34,653) nationally representative survey of community-dwelling American adults. Multiple logistic regression analyses examined the relation between suicide attempts and Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, nicotine dependence, compared with nonusers of nicotine. Associations between suicide attempts and other measures of nicotine use (nicotine cessation, age of first use, frequency, and amount of use) were also examined. The results were, lifetime (AOR 1.78; 95% CI 1.48 to 2.15) and past-year nicotine dependence (AOR 1.77; 95% CI 1.02 to 3.06) were independently associated with lifetime and past-year suicide attempts, respectively, even after adjusting for socio-demographic factors, other mental disorders, and physical disease. Nicotine dependence cessation was associated with a decreased likelihood of suicide attempt compared with people currently dependent on nicotine (AOR 0.15; 95% CI 0.05 to 0.43). Greater amount of daily cigarette use was associated with suicide attempts in the model that adjusted for socio-demographic factors and other mental disorders (AOR 1.53; 95% CI 1.05 to 2.24). The conclusions were, nicotine dependence is associated with suicide attempts, independently of co-morbid mental disorders and physical disease. The association attenuates when a person ceases using nicotine, suggesting a state, rather than trait, effect. These findings provide evidence for additional concern regarding the deleterious health effects of tobacco. Cites 47 references. [Journal abstract]

Publication Type:	Article
Subject Headings:	Cigarettes Nicotine Smoking Drug addiction Risk factors Statistical data Tabular data
Source:	HMIC
Full Text:	Available in *fulltext* at *ProQuest*

14. A social contract

Citation:	Druglink, 2011, vol./is. 26/5, 0957-3100
Author(s):	Phillips, Richard
Language:	English

Abstract: Record in progressTreatment offers to get the dispossessed and addicted back into mainstream society, but for many this offer simply lacks credibility. The author on how

the recovery movement can offer people a tangible route out of addiction. [Journal abstract]

Publication Type:	Article
Subject Headings:	Drug addiction treatment Drug addiction Addiction Addicts medical treatment
Source:	HMIC

15. Using 'payment by results' to fund the treatment of dependent drug users-proceed with care!

Citation:	Addiction, 2011, vol./is. 106/10, 0965-2140
Author(s):	Maynard, Alan; Street, Andrew; Hunter, Rachael
Language:	English
Abstract:	Record in progressThe UK government is changing its system of payment for drug treatment services in order to reward the achievement of better patient outcomes. This is a model that may be taken up internationally. This 'payment by results' funding system will reward providers for achieving good outcomes in terms of whether clients are drug free, employed and/or not convicted of a criminal offence. Providers will also receive a payment based on health and wellbeing outcome measurement. The definition and measurement of success in achieving these outcomes is complex and challenging, as is the need to bridge treatment costs during the period in which outcomes are pursued. This experiment requires careful evaluation if the delivery of drug treatment is not to be jeopardised or fragmented. [Journal abstract]
Notes:	doi: 10.1111/1360-0443.2011.03503.x
Publication Type:	Article
Subject Headings:	Drug abuse services payment by results Payment schemes Drug abusers Patient outcome
Source:	HMIC
Full Text:	Available in *fulltext* at *EBSCOhost* Available in *fulltext* at *Wiley*

16. The impact of the introduction of smoke-free legislation on prescribing of stop-smoking medications in England

Citation:	Addiction, 2011, vol./is. 106/10, 0965-2140
Author(s):	Szatkowski, Lisa; Coleman, Tim; McNeill, Ann; Lewis, Sarah
Language:	English
Abstract:	Record in progressThe aims of the study were to investigate whether there were changes in the rate of prescribing of smoking cessation medications in the months leading up to, and after, the introduction of smoke-free legislation in eng. The design was interrupted time-series analysis of prescribing rates using Autoregressive Integrated Moving Average (ARIMA) models. The setting was a total of 350 general practices in England who contribute data to The Health Improvement Network (THIN) database. Patients in THIN aged 16+ identified from their medical records as smokers. Monthly rates of prescribing of nicotine replacement therapy (NRT), bupropion and varenicline were calculated from THIN from 2000 to 2009 for all smokers and for subgroups defined by patient sex, age group, history of chronic disease and quintile of the Townsend Index of Deprivation. ARIMA models were built to assess whether there were changes in prescribing before or after the introduction of smoke-free legislation over and above any long-term and seasonal trends. The findings were, there was a 6.4% (0.7 to 12.1) increase in prescribing

of all smoking cessation medications in the nine months before the introduction of smoke-free legislation and a 6.4% (1.1 to 11.7) reduction in the nine-month period afterwards. A 6.2% (1.45 to 11.0) increase in NRT prescribing and a 13.2% (4.3 to 22.2) increase in bupropion prescribing occurred in the six- and three-month periods, respectively, before smoke-free legislation was introduced, and a 5.5% (2.3 to 8.7) decline in NRT prescribing and a 13.7% (4.6 to 22.8) decline in bupropion prescribing in the nine months post-legislation. The patterns of change in prescribing did not vary with patient demographics. The conclusions were, numbers of primary care prescriptions for smoking cessation medications increased prior to the introduction of smoke-free legislation but decreased afterwards, suggesting a temporal displacement in prescribing activity rather than a change in the overall volume of prescribing. Effects observed were consistent across all population subgroups, suggesting that the changes in prescribing will neither widen nor reduce smoking-related health inequalities. [Journal abstract]

Notes:	doi: 10.1111/1360-0443.2011.03494.x
Publication Type:	Article
Subject Headings:	Smoke free legislation Smoking cessation Prescription drugs Prescribing General practice Trends
Source:	HMIC
Full Text:	Available in *fulltext* at *EBSCOhost* Available in *fulltext* at *Wiley*

17. Cost effectiveness of interventions to reduce relapse to smoking following cessation

Citation:	Addiction, 2011, vol./is. 106/10, 0965-2140
Author(s):	Taylor, Matthew; Leonardi Bee, Jo; Agboola, Shade; McNeill, Ann; Coleman, Tim
Language:	English
Abstract:	Record in progressThe aims of the study were to determine the incremental cost effectiveness of nicotine replacement therapy (NRT), bupropion and varenicline for preventing relapse to smoking when used by abstinent smokers. The design setting and participants were cohort simulation and sensitivity analyses combining cost and health service data with systematic review estimates for the effectiveness of NRT, bupropion and varenicline when used by abstinent quitters to prevent their relapse to smoking. The measurements were incremental health gain in Quality Adjusted Life Years (QALYs) generated by each drug compared to 'no intervention'. Bupropion resulted in an incremental QALY increase of 0.07 with a concurrent cost saving of 68; NRT and varenicline both caused incremental QALYs increases of 0.04 at costs of 12 and 90 respectively, although varenicline findings were based on data from a single clinical trial and require cautious interpretation. Even after extensive sensitivity analyses with substantial varying of key model parameters, cost-effectiveness of all drugs remained. Cost-effectiveness ratios only exceeded the UK National Institute of Clinical Excellence (NICE) benchmark of 20 000 per QALY when drug treatment effects were postulated to last for no longer than one year; or, for NRT and varenicline, efficacy was reduced to 10% of that observed in clinical trials. The conclusions were, bupropion, nicotine replacement therapy and varenicline appear cost effective at preventing relapse to smoking by smokers who are in quit attempts and have recently become abstinent; they have comparable cost-effectiveness to smoking cessation interventions. Widespread use of these effective relapse prevention treatments could promote substantial health gain at an acceptable cost to health providers. [Journal abstract]
Notes:	doi: 10.1111/1360-0443.2011.03493.x
Publication Type:	Article
Subject Headings:	Smoking cessation medical treatment

Effectiveness
Cost effectiveness
Quality adjusted life years

Source:	HMIC
Full Text:	Available in *fulltext* at *EBSCOhost* Available in *fulltext* at *Wiley*

18. Alcohol consumption and non0communicable diseases: epidemiology and policy implications

Citation:	Addiction, 2011, vol./is. 106/10, 0965-2140
Author(s):	Parry, Charles D; Patra, Jayadeep; Rehm, Jurgen
Language:	English

Abstract: Record in progressThis paper summarises the relationships between different patterns of alcohol consumption and various on non-communicable disease (NCD) outcomes and estimates the percentage of NCD burden that is attributable to alcohol. The methods were, a narrative review, based on published meta-analyses of alcohol consumption-disease relations, together with an examination of the Comparative Risk Assessment estimates applied to the latest available revision of Global Burden of Disease study. The results were, alcohol is causally linked (to varying degrees) to eight different cancers, with the risk increasing with the volume consumed. Similarly, alcohol use is related detrimentally to many cardiovascular outcomes, including hypertension, haemorrhagic stroke and atrial fibrillation. For other cardiovascular outcomes the relationship is more complex. Alcohol is furthermore linked to various forms of liver disease (particularly with fatty liver, alcoholic hepatitis and cirrhosis) and pancreatitis. For diabetes the relationship is also complex. Conservatively, of the global NCD-related burden of deaths, net years of life lost (YLL) and net disability adjusted life years (DALYs), 3.4%, 5.0% and 2.4%, respectively, can be attributed to alcohol consumption, with the burden being particularly high for cancer and liver cirrhosis. This burden is especially pronounced in countries of the former Soviet Union. The conclusions were, there is a strong link between alcohol and non-communicable diseases, particularly cancer, cardiovascular disease, liver disease, pancreatitis and diabetes, and these findings support calls by the World Health Organisation to implement evidence-based strategies to reduce harmful use of alcohol. [Journal abstract]

Notes:	doi: 10.1111/1360-0443.2011.03605.x
Publication Type:	Article
Subject Headings:	Alcohol consumption Non communicable diseases Disease burden Epidemiology Risk factors
Source:	HMIC
Full Text:	Available in *fulltext* at *EBSCOhost* Available in *fulltext* at *Wiley*

19. Latent class analysis of co-morbidity in the Adult Psychiatric Morbidity Survey in England 2007: implications for DSM-5 and ICD-11

Citation:	Psychological Medicine, 2011, vol./is. 41/10, 0033-2917
Author(s):	Weich, S; McBride, O; Hussey, D; Exeter, D; Brugha, T
Language:	English

Abstract: Record in progressPsychiatric co-morbidity is complex and ubiquitous. The authors aim was to describe the extent, nature and patterning of psychiatric co-morbidity within a representative sample of the adult population of England, using latent class analysis. Data were used from the 2007 Adult Psychiatric Morbidity Survey, a two-phase national household survey undertaken in 2007 comprising 7,325 participants aged 16 years and

older living in private households in England. The presence of 15 common mental health and behavioural problems was ascertained using standardised clinical and validated self-report measures, including three anxiety disorders, depressive episode, mixed anxiety depressive disorder, psychosis, antisocial and borderline personality disorders, eating disorders, post-traumatic stress disorder, attention deficit disorder, alcohol and drug dependencies, problem gambling and attempted suicide. The results were, a four-class model provided the most parsimonious and informative explanation of the data. Most participants (81.6%) were assigned to a non-symptomatic or 'Unaffected' class. The remainder were classified into three qualitatively different symptomatic classes: 'Co-thymia' (12.4%), 'Highly Co-morbid' (5.0%) and 'Addictions' (1.0%). Classes differed in mean numbers of conditions and impairments in social functioning, and these dimensions were correlated. The authors findings confirm that mental disorders typically co-occur and are concentrated in a relatively small number of individuals. Conditions associated with the highest levels of disability, mortality and cost-psychosis, suicidality and personality disorders - are often co-morbid with more common conditions. This needs to be recognised when planning services and when considering aetiology. Cites numerous references. [Journal abstract]

Notes:	doi:10.1017/S332917110249
Publication Type:	Article
Subject Headings:	Mental illness Surveys England
Source:	HMIC
Full Text:	Available in *fulltext* at *ProQuest*

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20. The drugs recovery pilot bids

Citation:	, 2011
Corporate/Institutional Author:	Department of Health
Language:	English
Publisher:	London: Department of Health, 2011
Subject Headings:	NHS Drug addiction Patient recovery payment by results primary care
Source:	HMIC