

Search Results

Table of Contents

Search History	page 2
1. Cannabis use, depression and anxiety: A 3-year prospective population-based study.	page 3
2. Exercise deprivation increases negative mood in exercise-addicted subjects and modifies their biochemical markers.	page 3
3. Depression-related treatment and costs in Germany: Do they change with comorbidity? A claims data analysis.	page 4
4. Behavioral variant of frontotemporal dementia: Fundamental clinical issues associated with prediction of pathological bases.	page 4
5. Behavioral flexibility predicts increased ability to resist excessive methamphetamine self- administration.	page 5
6. Examining the path taken and the road ahead.	page 6
7. “hospital was the only option”: Experiences of frequent emergency department users in mental health.	page 6
8. Aberrant interhemispheric functional and structural connectivity in heroin- dependent individuals.	page 6

Search History

1. PsycInfo; exp ADDICTION/ OR DRUG ABUSE [+NT]/ OR DRUG USAGE; 39753 results.
2. PsycInfo; addict*.ti,ab; 37548 results.
3. PsycInfo; 1 OR 2; 67864 results.

1. Cannabis use, depression and anxiety: A 3-year prospective population-based study.

- Citation:** Journal of Affective Disorders, Mar 2016, vol. 193, p. 103-108, 0165-0327 (Mar 15, 2016)
- Author(s):** Danielsson, Anna-Karin; Lundin, Andreas; Agardh, Emilie; Allebeck, Peter; Forsell, Yvonne
- Abstract:** Background: Whether or not cannabis use may increase the risk for depression and/or anxiety is not clear. For one thing, it has not been possible to draw a definitive conclusion regarding the direction of causality, i.e. whether cannabis use increases the risk for depression/anxiety or vice versa. This study aimed at examining possible associations between cannabis use, depression and anxiety, using all three measures as both exposure and outcome. Methods: Data were obtained from a longitudinal cohort study comprising 8598 Swedish men and women, aged 20–64, with a three-year-follow-up. Results: Adjusted for sex and age, cannabis use at baseline was associated with an increased relative risk (RR) for depression and anxiety at follow-up, with RR = 1.22 [1.06–1.42 CI 95%] for depression and RR = 1.38 [1.26–1.50 CI 95%] for anxiety. Adjusted for all confounders (alcohol and illicit drug use, education, family tension, place of upbringing), the associations were no longer statistically significant; RR = 0.99 [0.82–1.17 CI 95%] for depression and RR = 1.09 [0.98–1.20 CI 95%] for anxiety. Age-adjusted, reporting depression or anxiety at baseline increased the risk of cannabis onset at follow-up three years later; RR = 1.62 [1.28–2.03 CI 95%] and RR = 1.63 [1.28–2.08 CI 95%] respectively. However, adjusted for other illicit drug use the associations were no longer statistically significant. Limitations: Lack of information on frequency of cannabis use and of age of initiation of use. Conclusions: We found no longitudinal associations between cannabis use and incidence of depression/anxiety, or between depression/anxiety and later cannabis use onset. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)
- Subject Headings:** [Anxiety](#)
[Causality](#)
[Drug Usage](#)
[Major Depression](#)
[Cannabis](#)
[Risk Factors](#)
- Source:** PsycInfo
- Full Text:** Available from *Elsevier* in *Journal of Affective Disorders*

2. Exercise deprivation increases negative mood in exercise-addicted subjects and modifies their biochemical markers.

- Citation:** Physiology & Behavior, Mar 2016, vol. 156, p. 182-190, 0031-9384 (Mar 15, 2016)
- Author(s):** Antunes, Hanna Karen Moreira; Leite, Geovana Silva Fogaça; Lee, Kil Sun; Barreto, Amaury Tavares; Santos, Ronaldo Vagner Thomatieli dos; Souza, Helton de Sá; Tufik, Sergio; de Mello, Marco Tulio
- Abstract:** The aim of this study was to identify the possible association between biochemical markers of exercise addiction and affective parameters in a sample of athletes during 2weeks of withdrawal exercise. Eighteen male runners were distributed into a control group (n = 10) composed of runners without exercise addiction symptoms and an exercise addiction group (n = 8) composed of runners with exercise addiction symptoms. The volunteers performed a baseline evaluation that included affective questionnaires, blood samples, body composition and an aerobic test performed at ventilatory threshold I. After the baseline evaluation, the groups started an exercise withdrawal period that was sustained for 2weeks. During exercise withdrawal, an actigraph accelerometer was used to monitor the movement index, and CK and LDH were measured in blood samples to validate the non-exercise practice. At the end of the exercise withdrawal period, a blood collection, aerobic test and mood scale was performed in the re-test. The results showed that at the end of the experimental protocol, when compared with the control group, the exercise addiction group showed an increase in depression, confusion, anger, fatigue and

decreased vigor mood that improved post-exercise, along with low levels of anandamide at all time-points evaluated and a modest increase in β -endorphin post-exercise. Moreover, the exercise addiction group showed a decrease in oxygen consumption and respiratory exchange ratio after the exercise withdrawal period, which characterized a detraining phenomenon. Our data suggest that a 2-week withdrawal exercise period resulted in an increase of negative mood in exercise addiction; additionally, exercise addiction showed low levels of anandamide. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Subject Headings: [Biological Markers](#)
[Athletes](#)
[Exercise](#)
[Emotional States](#)

Source: PsycInfo

Full Text: Available from *Elsevier* in [Physiology and Behavior](#)

3. Depression-related treatment and costs in Germany: Do they change with comorbidity? A claims data analysis.

Citation: Journal of Affective Disorders, Mar 2016, vol. 193, p. 257-266, 0165-0327 (Mar 15, 2016)

Author(s): Wagner, Christoph J.; Metzger, Florian G.; Sievers, Christoph; Marschall, Ursula; L'hoest, Helmut; Stollenwerk, Bjoern; Stock, Stephanie

Abstract: Background: Existing diverse bottom-up estimations of direct costs associated with depression in Germany motivated a detailed patient-level analysis of depression-related treatment (DRT), -costs (DRC) and Comorbidity. Methods: A large sickness fund's claims data was used to retrospectively identify patients aged 18–65 years with new-onset depression treatment between January 1st and February 15th 2010, and follow them until December 31st 2010, describe DRT, estimate associated DRC, and predict DRC with a generalised linear model. Results: A total of 18,139 patients were analysed. Mean direct DRC were €783. Predictors of DRC regarding psychiatric comorbidities were: “Delusion, psychotic disorders and personality disorders” (DRC-ratio 1.72), “Alcohol/drug addiction” (1.82), “abuse of alcohol/drugs” (1.57). Predictors of DRC regarding medical comorbidities were: “Rheumatoid arthritis” (0.77), “atherosclerosis” (0.65), “pregnancy” (0.66), and “Osteoarthritis” (1.87). Of all patients, 60.8% received their most intense/specialised DRT from a general practitioner, a medical specialist (23.7%), a psychotherapist (8.0%), a medical specialist and psychotherapist (2.9%), or in hospital (4.6%). Serious psychiatric comorbidity nearly tripled depression-related hospitalisation rates. Limitations: Seasonal affective disorder and missing psychiatric outpatient clinic data must be considered. Conclusions: Estimated DRC are significantly below the assessment of the German national guideline. Differing definitions of observation period and cost attribution might explain differing German DRC results. Signs of hospital psychiatric comorbidity bias indicate overestimation of hospital DRC. Identified associations of DRC with certain medical diseases in older adults warrant further research. Up to one quarter of patients with severe depression diagnosis might lack specialist treatment. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Subject Headings: [Comorbidity](#)
[Drug Therapy](#)
[Major Depression](#)
[Health Care Costs](#)
[Treatment](#)

Source: PsycInfo

Full Text: Available from *Elsevier* in [Journal of Affective Disorders](#)

4. Behavioral variant of frontotemporal dementia: Fundamental clinical issues associated with prediction of pathological bases.

Citation: Neuropathology, Mar 2016, (Mar 11, 2016), 0919-6544 (Mar 11, 2016)

Author(s): Miki, Tomoko; Yokota, Osamu; Ishizu, Hideki; Kuroda, Shigetoshi; Oshima, Etsuko; Terada, Seishi; Yamada, Norihito

Abstract: Behavioral variant of frontotemporal dementia (bvFTD) is a clinical syndrome characterized mainly by behavioral symptoms due to frontal dysfunction. Major neurodegenerative bases of bvFTD include Pick's disease, frontotemporal lobar degeneration with trans-activation response DNA protein 43-positive inclusions, corticobasal degeneration, and progressive supranuclear palsy. Early disinhibition characterized by socially inappropriate behaviors, loss of manners, and impulsive, rash and careless actions is the most important clinical feature of bvFTD. On the other hand, it was reported that clinical presentations of some Alzheimer's disease cases and patients with psychiatric disorders (e.g., addictive disorders, gambling disorder and kleptomania) often resemble that of bvFTD. Although clinical differentiation of 'true' bvFTD cases with frontotemporal lobar degeneration (FTLD) pathology from mimicking cases without it is not always easy, evaluation of the following features, which were noted in autopsy-confirmed FTLD cases and/or clinical bvFTD cases with circumscribed lobar atrophy, may often provide clues for the diagnosis. (i) The initial symptoms frequently develop at 65 years or younger, and (ii) 'socially inappropriate behaviors' can be frequently interpreted as contextually inappropriate behaviors prompted by environmental visual and auditory stimuli. Taking a detailed history usually reveals various kinds of such behaviors in various situations in everyday life rather than the repetition of a single kind of behavior (e.g., repeated shoplifting). (iii) A correlation between the distribution of cerebral atrophy and neurological and behavioral symptoms is usually observed, and the proportion of FTLD cases with right side-predominant cerebral atrophy may be higher in a psychiatric setting than a neurological setting. Finally, (iv) whether the previous course and the combination of symptoms observed at the first medical visit can be explained by major evolution patterns of clinical syndromes in pathologically confirmed FTLD cases should be considered. These views may provide clues to differentiate FTLD from Alzheimer's disease and to predict a subsequent clinical course and therapeutic interventions needed in the future. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Subject Headings: [No terms assigned](#)

Source: PsycInfo

Full Text: Available from *Wiley* in [Neuropathology](#)

5. Behavioral flexibility predicts increased ability to resist excessive methamphetamine self-administration.

Citation: *Addiction Biology*, Mar 2016, (Mar 9, 2016), 1355-6215 (Mar 9, 2016)

Author(s): Istin, Marine; Thiriet, Nathalie; Solinas, Marcello

Abstract: Drug addiction is often associated with cognitive deficits and behavioral inflexibility that may contribute to the development and maintenance of addictive behaviors by reducing addicts' ability to control their behavior toward the drug. In this study, we investigated the relationships between pre-drug levels of behavioral flexibility and the risk to develop uncontrolled methamphetamine (METH) self-administration. First, we measured individual performance in an inter-dimensional set-shifting procedure in which animals have to switch between an external visual rule and an internal side rule in order to obtain food pellets. Then we allowed rats to self-administer METH for twenty long 14-hour sessions, and we investigated the relationships between behavioral flexibility and measures of control over drug intake. Rats rapidly acquired to self-administer high levels of METH which resulted in moderate weight loss. After several sessions of self-administration, whereas some rats progressively increased their METH intake, other rats showed very long voluntary pauses between drug injections and showed no escalation in METH self-administration. Interestingly, we found that behavioral flexibility is correlated with METH self-administration and that more flexible rats take less METH and do not escalate drug taking. These results suggest that traits of behavioral flexibility may protect against the development of excessive and dysregulated drug taking. Conversely, the inability to adapt behavioral responses as a function of the environmental

contingencies may contribute to the risks to develop addiction to METH. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Subject Headings: No terms assigned
Source: PsycInfo
Full Text: Available from Wiley in *Addiction Biology*

6. Examining the path taken and the road ahead.

Citation: The Journal of Behavioral Health Services & Research, Mar 2016, (Mar 9, 2016), 1094-3412 (Mar 9, 2016)
Author(s): Rosenberg, Linda
Abstract: Much has changed in the world of addictions and mental health in the last decade. As we reflect on the changes to legislation and public attitudes of recovery, we must focus on what matters to continue the momentum to improve outcomes for people with mental illness and addictions into the next 10 years. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)
Subject Headings: No terms assigned
Source: PsycInfo

7. "hospital was the only option": Experiences of frequent emergency department users in mental health.

Citation: Administration and Policy in Mental Health and Mental Health Services Research, Mar 2016, (Mar 9, 2016), 0894-587X (Mar 9, 2016)
Author(s): Wise-Harris, Deborah; Pauly, Daniel; Kahan, Deborah; Tan de Bibiana, Jason; Hwang, Stephen W.; Stergiopoulos, Vicky
Abstract: The experiences of individuals with mental illness and addictions who frequently present to hospital emergency departments (EDs) have rarely been explored. This study reports findings from self-reported, quantitative surveys (n = 166) and in-depth, qualitative interviews (n = 20) with frequent ED users with mental health and/or substance use challenges in a large urban centre. Participants presented to hospital for mental health (35 %), alcohol/drug use (21 %), and physical health (39 %) concerns and described their ED visits as unavoidable and appropriate, despite feeling stigmatized by hospital personnel and being discharged without expected treatment. Supporting this population may require alternative service models and attention to staff training in both acute and community settings. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)
Subject Headings: No terms assigned
Source: PsycInfo

8. Aberrant interhemispheric functional and structural connectivity in heroin dependent individuals.

Citation: Addiction Biology, Mar 2016, (Mar 9, 2016), 1355-6215 (Mar 9, 2016)
Author(s): Qiu, Ying wei; Jiang, Gui hua; Ma, Xiao fen; Su, Huan Huan; Lv, Xiao fei; Zhuo, Fu zhen
Abstract: Models of heroin addiction emphasize the role of disrupted frontostriatal circuitry supporting cognitive control processes. However, heroin addiction related alterations in functional and structural interactions among brain regions, especially between the cerebral hemispheres, are rarely examined directly. Resting state functional magnetic resonance imaging (fMRI) approaches, which reveal patterns of coherent spontaneous fluctuations in the fMRI signal, offer a means to quantify directly functional interactions between the hemispheres. The corpus callosum (CC), which connects homologous regions of the cortex, is the major conduit for information transfer between the cerebral hemispheres and represents a structural connectivity index between hemispheres. We compared interhemispheric voxel mirrored homotopic connectivity (VMHC) and CC volume between 45 heroin dependent individuals (HDIs) and 35 non addict individuals. We observed significant reduction of VMHC in a number of regions,

particularly the striatum/limbic system regions, and significant decrease in splenium and genu sub \square regions of CC in HDI. Importantly, within HDI, VMHC in the dorsal lateral prefrontal cortex (DLPFC) correlated with genu CC volume, VMHC in the putamen, VMHC in the DLPFC and genu CC volume and splenium CC volume were negatively correlated with heroin duration and impulsivity traits. Further analyses demonstrated that impairment of VMHC of bilateral DLPFC partially mediated the association between genu CC volumes decreased and increased impulsivity in HDI. Our results reveal a substantial impairment of interhemispheric coordination in the HDI. Further, interhemispheric connectivity correlated with the duration of heroin abuse and higher impulsivity behavior in HDI. Our findings provide insight into a heroin addicts' related pathophysiology and reinforce an integrative view of the interhemispheric cerebral functional and structural organization. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Subject Headings:

No terms assigned

Source:

PsycInfo

Full Text:

Available from *Wiley* in *Addiction Biology*