

Search Results

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Search History

1. MEDLINE; exp SUBSTANCE-RELATED DISORDERS/; 190082 results.
2. MEDLINE; addict*.ti,ab; 30846 results.
3. MEDLINE; 1 OR 2; 200293 results.
4. MEDLINE; exp GREAT BRITAIN/; 259597 results.
5. MEDLINE; "United Kingdom".ti,ab; 19970 results.
6. MEDLINE; "Great Britain".ti,ab; 5453 results.
7. MEDLINE; "England".ti,ab; 25898 results.
8. MEDLINE; "Scotland".ti,ab; 9718 results.
9. MEDLINE; "Wales".ti,ab; 13517 results.
10. MEDLINE; UK.ti,ab; 48994 results.
11. MEDLINE; GB.ti,ab; 5203 results.
12. MEDLINE; ireland.ti,ab; 18758 results.
13. MEDLINE; IRELAND/; 10223 results.
14. MEDLINE; "British Isles".ti,ab; 627 results.
15. MEDLINE; "Channel islands".ti,ab; 78 results.
16. MEDLINE; 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15; 334744 results.
17. MEDLINE; 3 AND 16; 6079 results.

1. Patient versus healthcare professional spontaneous adverse drug reaction reporting: a systematic review.

Citation:	Drug Safety, October 2012, vol./is. 35/10(807-18), 0114-5916;0114-5916 (2012 Oct 1)
Author(s):	Inch J; Watson MC; Anakwe-Umeh S
Institution:	Centre of Academic Primary Care, University of Aberdeen, Aberdeen, Scotland.
Language:	English
Abstract:	<p>BACKGROUND: Increasing numbers of national pharmacovigilance schemes are accepting adverse drug reaction (ADR) reports from patients. The extent to which patient ADR reports contribute to pharmacovigilance requires comparisons to be made with reports from healthcare professionals (HCPs).OBJECTIVE: This systematic review was conducted to identify all comparative studies of patient and HCP ADR reports to national pharmacovigilance schemes.METHODS: We conducted a systematic review (which complied with the PRISMA statement) and a narrative synthesis of the results. Electronic databases (1996-2011) were searched, including MEDLINE, EMBASE and PHARM-Line, and supplementary searching of reference lists of included studies, authors' personal reference lists and internet searches was carried out. Studies that compared patient and HCP ADR reports submitted to national reporting schemes were considered for inclusion. Independent, duplicate data extraction, quality assessment and risk of bias were undertaken.RESULTS: Of the 949 hits generated, three comparative studies were identified and included in this review. These studies were conducted on the national pharmacovigilance schemes in the Netherlands, Denmark and the UK. Considerable variation was observed across the national schemes in terms of the proportion of total ADR reports submitted by patients. Some of this variation may be explained by the duration that the schemes have been in operation. The number of serious ADR reports as a percentage of total reports was similar for patients compared with HCPs within each study, but varied across studies. Similarities were shown with the Netherlands and the UK in terms of drugs reported. Both studies featured statins and proton pump inhibitors in the top five drugs. Clear differences were shown between patients and HCPs in the body systems affected by ADRs as well as the therapeutic categories reported in both the UK and Danish studies. There was considerable similarity when considering the nature of ADRs reported. The Dutch study also showed similarities between patients and physicians in terms of the types of drugs for which ADRs were reported.CONCLUSIONS: Despite the large and increasing number of national pharmacovigilance schemes that accept ADR reports from patients, few comparative studies have been undertaken of patient and HCP reporting. Comparison across schemes is challenging because of differences in reporting processes, the inclusion criteria of schemes and different reporter types. The true value of patient ADR reports to pharmacovigilance will remain unknown unless more comparative evaluations are undertaken. This systematic review has highlighted both similarities and differences between reporter behaviour, the implications of which, in terms of signal generation, require further exploration.</p>
Country of Publication:	New Zealand
Publication Type:	Comparative Study; Journal Article; Research Support, Non-U.S. Gov't; Review
Subject Headings:	<p>"*Adverse Drug Reaction Reporting Systems/st [Standards]" "Adverse Drug Reaction Reporting Systems/sn [Statistics and Numerical Data]" "Databases Factual/st [Standards]" "Databases Factual/sn [Statistics and Numerical Data]" *Drug Toxicity Humans "*Patients/px [Psychology]" Pharmacovigilance "*Physicians/px [Psychology]"</p>
Source:	MEDLINE

2. The Temporal Focus Scale: factor structure and association with alcohol use in a sample of Northern Irish school children.

Citation: Journal of Adolescence, October 2012, vol./is. 35/5(1361-8), 0140-1971;1095-9254 (2012 Oct)

Author(s): McKay MT; Percy A; Goudie AJ; Sumnall HR; Cole JC

Institution: Department of Applied Psychology, University of Liverpool, Eleanor Rathbone Building, Bedford Street South, Liverpool L69 3BX, UK. Michael.Mckay@liverpool.ac.uk

Language: English

Abstract: The Temporal Focus Scale (TFS) is a 12-item self-report measure of cognitive engagement with the temporal domains of past, present and future. Developed in college student samples, a three-factor structure with adequate reliability and validity was documented in a series of independent studies. We tested the factor structure of the scale in a sample of Northern Irish adolescents and found that our data supported a three factor structure, although there were problems with item 10. Because time perspective measures have been found to relate differentially to various health behaviours, we tested the relations between scores on the TFS and self-reported alcohol use. Results showed that scores on the TFS were not consistent statistical predictors of drinking category in a logistic regression. Results are discussed in terms of scale development, future scale use and the assessment of health-compromising behaviours such as adolescent alcohol consumption. Copyright 2012 The Foundation for Professionals in Services for Adolescents. Published by Elsevier Ltd. All rights reserved.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: Adolescent
*Adolescent Behavior
"*Alcohol Drinking/ep [Epidemiology]"
"Alcoholism/ep [Epidemiology]"
Cognition
Factor Analysis Statistical
Female
*Health Behavior
Humans
Male
"Northern Ireland/ep [Epidemiology]"
Self Report
Sex Factors

Source: MEDLINE

Full Text: Available from *Clinical Key* in *Journal of Adolescence*

3. Meta-analysis: serum creatinine changes following contrast enhanced CT imaging.

Citation: European Journal of Radiology, October 2012, vol./is. 81/10(2554-61), 0720-048X;1872-7727 (2012 Oct)

Author(s): Kooiman J; Pasha SM; Zondag W; Sijpkens YW; van der Molen AJ; Huisman MV; Dekkers OM

Institution: Department of Thrombosis and Haemostasis, LUMC, Leiden, The Netherlands. j.kooiman@lumc.nl

Language: English

Abstract: PURPOSE: Contrast induced nephropathy (CIN) is defined as a decrease in renal function following administration of contrast media. The aim of this meta-analysis was to assess the overall risk of CIN, chronic loss of kidney function and the need for renal replacement therapy (RRT) after intravenous contrast enhanced CT-scan. Secondly, we aimed to identify subgroups at increased risk for CIN. MATERIALS AND METHODS: A literature search in Pubmed, Medline, Embase and Cochrane databases was performed. Data extraction was carried out independently by two reviewers. Meta-analysis and meta-regression were performed using an exact likelihood approach. RESULTS: Forty

studies evaluating the incidence of CIN after CT were included. The pooled incidence of CIN was 6.4% (95% CI 5.0-8.1). The risk of RRT after CIN was low, 0.06% (95% CI 0.01-0.4). The decline in renal function persisted in 1.1% of patients (95% CI 0.6-2.1%). Patients with chronic kidney disease (odds ratio 2.26, p<0.001) or diabetes mellitus (odds ratio 3.10, p<0.001) were at increased risk for the development of CIN. CONCLUSION: CIN occurred in 6% of patients after contrast enhanced CT. In 1% of all patients undergoing contrast enhanced CT the decline in renal function persisted. Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Biological Markers); 0 (Contrast Media); 60-27-5 (Creatinine)

Publication Type: Journal Article; Meta-Analysis

Subject Headings: "Biological Markers/bl [Blood]"
 Contrast Media
 "*Creatinine/bl [Blood]"
 "*Drug Toxicity/bl [Blood]"
 "*Drug Toxicity/ep [Epidemiology]"
 Humans
 Prevalence
 "*Renal Insufficiency Chronic/bl [Blood]"
 "*Renal Insufficiency Chronic/ep [Epidemiology]"
 Reproducibility of Results
 Risk Assessment
 Sensitivity and Specificity
 "*Tomography X-Ray Computed/sn [Statistics and Numerical Data]"

Source: MEDLINE

Full Text: Available from *Clinical Key* in *European Journal of Radiology*

4. Welsh Government seeks views on draft dog control law.

Citation: Veterinary Record, December 2012, vol./is. 171/22(545), 0042-4900;2042-7670 (2012 Dec 1)

Author(s): anonymous

Language: English

Country of Publication: England

Publication Type: News

Subject Headings: Animals
 Behavior Animal
 "*Bites and Stings/pc [Prevention and Control]"
 Dangerous Behavior
 Dogs
 Humans
 *Legislation Veterinary
 "*Ownership/lj [Legislation and Jurisprudence]"
 Wales

Source: MEDLINE

5. Responsibility deal: the right path?.

Citation: Community Practitioner, November 2011, vol./is. 84/11(16-7), 1462-2815;1462-2815 (2011 Nov)

Author(s): Harries C

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: ["*Alcoholism/pc \[Prevention and Control\]"](#)
[Conflict of Interest](#)
[*Food Industry](#)
[Food Labeling](#)
[Great Britain](#)
[*Health Promotion](#)
[Humans](#)
["*Obesity/pc \[Prevention and Control\]"](#)
[Social Responsibility](#)
[*Voluntary Programs](#)

Source: MEDLINE

Full Text: Available from *ProQuest* in *Community Practitioner*

6. Paediatric head injury admissions over a 10-year period in a regional neurosurgical unit.

Citation: Scottish Medical Journal, August 2012, vol./is. 57/3(152-6), 0036-9330;0036-9330 (2012 Aug)

Author(s): Phang I; Mathieson C; Sexton I; Forsyth S; Brown J; St George EJ

Institution: Department of Neurosurgery, Institute of Neurological Sciences, Southern General Hospital, Glasgow, Scotland, UK. isaacphang@gmail.com

Language: English

Abstract: Traumatic brain injury is a leading cause of death and disability in childhood. A retrospective study of all paediatric head injuries admitted to the neurosurgical unit for the West of Scotland over a 10-year period was performed to assess the impact of the National Institute for Health and Clinical Excellence head injury guidelines on the admission rate and to determine the associated risk factors, causes, severity and outcomes of these injuries. There were 564 admissions between 1998 and 2007. The median age at presentation was nine years and two months. There was no change in the admission rate, injury mechanism or severity of head injury admitted over the period studied. A relationship was observed between the Scottish Index of Multiple Deprivation Score and the incidence of head injury ($P = 0.05$). Alcohol was reported as a causative factor in only a small number of cases, and moderate to severe head injuries were more commonly identified as a result of road traffic accidents.

Country of Publication: Scotland

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

Publication Type: Journal Article

Subject Headings: ["Accidental Falls/mo \[Mortality\]"](#)
["*Accidental Falls/sn \[Statistics and Numerical Data\]"](#)
["Accidents Traffic/mo \[Mortality\]"](#)
["*Accidents Traffic/sn \[Statistics and Numerical Data\]"](#)
[Adolescent](#)
[Age Distribution](#)
["*Alcoholic Intoxication/ep \[Epidemiology\]"](#)
["*Brain Injuries/ep \[Epidemiology\]"](#)
["Brain Injuries/et \[Etiology\]"](#)
["Brain Injuries/mo \[Mortality\]"](#)
[Child](#)
[Child Preschool](#)
["*Disabled Children/sn \[Statistics and Numerical Data\]"](#)
["Ethanol/bl \[Blood\]"](#)
[Female](#)
[Glasgow Coma Scale](#)
[Guidelines as Topic](#)
[Humans](#)
[Incidence](#)
[Infant](#)

Injury Severity Score
 Male
 "*Patient Admission/sn [Statistics and Numerical Data]"
 Retrospective Studies
 Risk Factors
 "Scotland/ep [Epidemiology]"
 Sex Distribution
 Time Factors
 "*Violence/sn [Statistics and Numerical Data]"

Source: MEDLINE

7. Incidence, presenting features, and diagnosis of cicatrising conjunctivitis in the United Kingdom.

Citation: Eye, September 2012, vol./is. 26/9(1199-208), 0950-222X;1476-5454 (2012 Sep)

Author(s): Radford CF; Rauz S; Williams GP; Saw VP; Dart JK

Institution: Moorfields Eye Hospital NHS Foundation Trust, London, UK.

Language: English

Abstract: PURPOSE: Cicatrising conjunctival disorders are uncommon, and are difficult to diagnose and manage. This study was designed to assess the annual incidence and underlying diagnosis of patients with cicatrising conjunctivitis (CC) within the United Kingdom. METHODS: Clinical data of newly diagnosed cases of CC were reported via the British Ophthalmological Surveillance Unit at diagnosis and at 12 months follow-up. RESULTS: A total of 50 (61%) ocular mucous membrane pemphigoid (OcMMP), 16 (20%) Stevens-Johnson syndrome/toxic epidermal necrolysis (SJS-TEN) and 16 (20%) other causes of CC, equating to an incidence of 0.8, 0.2, and 0.2 per million, respectively, were reported. Although diagnosis of SJS-TEN was usually within a median of 7 days of symptom-onset, that for OcMMP and other CC was a median 225 days for both. At diagnosis, 64/163 (39%) eyes had moderate/severe conjunctival inflammation, and 102/164 (62%) had symblepharon formation. Although 43/82 (52%) patients were commenced on immunosuppression or had this therapy modified, at follow-up there was an increase in the number of symblepharon, despite control of inflammation (P<0.001). Mortality only occurred in the SJS-TEN group (4/16 (25%)). CONCLUSION: CC has a substantial morbidity and for non-SJS-TEN causes, diagnosis is frequently delayed. The proportion of patients given immunosuppressive therapy to prevent disease progression may be less than optimal. These data highlight the need for developing patient access to specialist-designated centres with expertise in CC.

Country of Publication: England

CAS Registry Number: 0 (Glucocorticoids); 0 (Immunosuppressive Agents)

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: Adolescent
 Adult
 Aged
 Aged 80 and over
 "*Cicatrix/di [Diagnosis]"
 "Cicatrix/dt [Drug Therapy]"
 "*Cicatrix/ep [Epidemiology]"
 "*Conjunctivitis/di [Diagnosis]"
 "Conjunctivitis/dt [Drug Therapy]"
 "*Conjunctivitis/ep [Epidemiology]"
 "Epidermal Necrolysis Toxic/di [Diagnosis]"
 "Epidermal Necrolysis Toxic/dt [Drug Therapy]"
 "Epidermal Necrolysis Toxic/ep [Epidemiology]"
 Female
 Follow-Up Studies
 "Glucocorticoids/tu [Therapeutic Use]"
 "Great Britain/ep [Epidemiology]"
 Humans

"Immunosuppressive Agents/tu [Therapeutic Use]"
 Incidence
 Male
 Middle Aged
 "Pemphigoid Benign Mucous Membrane/di [Diagnosis]"
 "Pemphigoid Benign Mucous Membrane/dt [Drug Therapy]"
 "Pemphigoid Benign Mucous Membrane/ep [Epidemiology]"
 Prospective Studies
 "Stevens-Johnson Syndrome/di [Diagnosis]"
 "Stevens-Johnson Syndrome/dt [Drug Therapy]"
 "Stevens-Johnson Syndrome/ep [Epidemiology]"
 Young Adult

Source: MEDLINE

8. Microbiological aspects of public health planning and preparedness for the 2012 Olympic Games.

Citation: Epidemiology & Infection, December 2012, vol./is. 140/12(2142-51), 0950-2688;1469-4409 (2012 Dec)

Author(s): Moran-Gilad J; Chand M; Brown C; Shetty N; Morris G; Green J; Jenkins C; Ling C; McLauchlin J; Harrison T; Goddard N; Brown K; Bolton FJ; Zambon M; HPA Microbiology Services Olympics Planning Group

Institution: Health Protection Agency, Microbiology Services, UK.

Language: English

Abstract: Although communicable diseases have hitherto played a small part in illness associated with Olympic Games, an outbreak of infection in a national team, Games venue or visiting spectators has the potential to disrupt a global sporting event and distract from the international celebration of athletic excellence. Preparation for hosting the Olympic Games includes implementation of early warning systems for detecting emerging infection problems. Ensuring capability for rapid microbiological diagnoses to inform situational risk assessments underpins the ability to dispel rumours. These are a prelude to control measures to minimize impact of any outbreak of infectious disease at a time of intense public scrutiny. Complex multidisciplinary teamwork combined with laboratory technical innovation and efficient information flows underlie the Health Protection Agency's preparation for the London 2012 Olympic and Paralympic Games. These will deliver durable legacies for clinical and public health microbiology, outbreak investigation and control in the coming years.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: Anniversaries and Special Events
 "*Communicable Disease Control/mt [Methods]"
 "*Communicable Diseases/di [Diagnosis]"
 "Communicable Diseases/mi [Microbiology]"
 Early Diagnosis
 Federal Government
 "*Foodborne Diseases/di [Diagnosis]"
 "Foodborne Diseases/mi [Microbiology]"
 "Foodborne Diseases/pc [Prevention and Control]"
 *Health Planning
 Health Planning Organizations
 Humans
 "Information Centers/og [Organization and Administration]"
 London
 *Public Health Administration
 "Respiratory Tract Infections/di [Diagnosis]"
 "Respiratory Tract Infections/pc [Prevention and Control]"
 *Sports
 Water Microbiology

Source: MEDLINE
Full Text: Available from *ProQuest* in *Epidemiology and Infection*

9. Estimating the variability in the risk of infection for hepatitis C in the Glasgow injecting drug user population.

Citation: *Epidemiology & Infection*, December 2012, vol./is. 140/12(2190-8), 0950-2688;1469-4409 (2012 Dec)

Author(s): Sutton AJ; McDonald SA; Palmateer N; Taylor A; Hutchinson SJ

Institution: Health Economics Unit, Public Health Building, University of Birmingham, Edgbaston, Birmingham, UK. A.J.Sutton@bham.ac.uk

Language: English

Abstract: Glasgow (Scotland's largest city) has a high prevalence of injecting drug use and has one of the highest prevalences of hepatitis C virus (HCV) infection in injecting drug users (IDUs) in Western Europe. HCV prevalence data from surveys of Glasgow's IDUs from 1990 to 2007 were utilized and a model was applied that described the prevalence of HCV as a function of the rate (force) of infection. Force-of-infection estimates for HCV that may vary over time and injecting career length over a range of variables were investigated. New initiates to injecting were found to be at increased risk of HCV infection, with being recruited from a street location and reporting injecting in prison leading to a significant increase in the risk of infection in new initiates. These results indicate areas of importance for the planning of public health measures that target the IDU population.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[Age Factors](#)
[Child](#)
[Cross-Sectional Studies](#)
[Female](#)
[Health Surveys](#)
["*Hepatitis C/ep \[Epidemiology\]"](#)
[Humans](#)
[Incidence](#)
[Male](#)
[Middle Aged](#)
[*Models Statistical](#)
["Needle Sharing/sn \[Statistics and Numerical Data\]"](#)
[Prevalence](#)
["Prisoners/sn \[Statistics and Numerical Data\]"](#)
[Risk Assessment](#)
[Risk Factors](#)
[*Risk-Taking](#)
["Scotland/ep \[Epidemiology\]"](#)
["*Substance Abuse Intravenous/ep \[Epidemiology\]"](#)
[Time Factors](#)
[Young Adult](#)

Source: MEDLINE
Full Text: Available from *ProQuest* in *Epidemiology and Infection*

10. Suspected and confirmed fatalities associated with mephedrone (4-methylmethcathinone, "meow meow") in the United Kingdom.

Citation: *Journal of Clinical Psychopharmacology*, October 2012, vol./is. 32/5(710-4), 0271-0749;1533-712X (2012 Oct)

Author(s): Schifano F; Corkery J; Ghodse AH

Institution: School of Pharmacy, University of Hertfordshire, Hatfield, UK. F.Schifano@herts.ac.uk

Language: English

Abstract: BACKGROUND: International media have been reporting about fatalities allegedly related to mephedrone, a popular recreational stimulant, but now a proportion of them have been confirmed. We aimed here at analyzing information relating to the circumstances of mephedrone-related deaths in the United Kingdom. METHODS: Descriptive analysis of information was mainly extracted from the UK National Programme on Substance Abuse Deaths database. With an average annual response rate of 95%, UK National Programme on Substance Abuse Deaths receives information from coroners on drug-related deaths among both addicts and nonaddicts in the United Kingdom, the Channel Islands, and the Isle of Man. RESULTS: So far, 128 alleged mephedrone-associated fatalities have been reported; mephedrone was identified at postmortem in 90 cases; inquests have been concluded in 69 cases, 62 of which are analyzed here. Typical mephedrone victims were young (mean age, 28.8 years), male, and with a previous history of drug misuse. There was a notable number (18 cases [29%], 11 being from hanging) of deaths involving self-harm. Mephedrone alone was identified at postmortem on 8 occasions (13% of the inquests' sample). CONCLUSIONS: Present mortality data may suggest a significant level of caution when ingesting mephedrone. Limitations include an inability to determine the exact extent of risks associated with mephedrone consumption.

Country of Publication: United States

CAS Registry Number: 0 (Street Drugs); 537-46-2 (Methamphetamine); 8BA8T27317 (mephedrone)

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[Databases Factual](#)
[Female](#)
["Great Britain/ep \[Epidemiology\]"](#)
[Humans](#)
[Male](#)
["*Methamphetamine/aa \[Analog and Derivatives\]"](#)
["Methamphetamine/to \[Toxicity\]"](#)
[Middle Aged](#)
["*Self-Injurious Behavior/ep \[Epidemiology\]"](#)
["*Street Drugs/to \[Toxicity\]"](#)
["Substance-Related Disorders/ep \[Epidemiology\]"](#)
["*Substance-Related Disorders/mo \[Mortality\]"](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available from *Ovid* in *Journal of Clinical Psychopharmacology*

11. Mobile phone-based interventions for smoking cessation.

Citation: Cochrane Database of Systematic Reviews, 2012, vol./is. 11/(CD006611), 1361-6137;1469-493X (2012)

Author(s): Whittaker R; McRobbie H; Bullen C; Borland R; Rodgers A; Gu Y

Institution: National Institute for Health Innovation, University of Auckland, Auckland, New Zealand. r.whittaker@nihi.auckland.ac.nz

Language: English

Abstract: BACKGROUND: Innovative and effective smoking cessation interventions are required to appeal to those who are not accessing traditional cessation services. Mobile phones are widely used and are now well-integrated into the daily lives of many, particularly young adults. Mobile phones are a potential medium for the delivery of health programmes such

as smoking cessation.OBJECTIVES: To determine whether mobile phone-based interventions are effective at helping people who smoke, to quit.SEARCH METHODS: For the most recent update, we searched the Cochrane Tobacco Addiction Group Specialised Register in May 2012. We also searched UK Clinical Research Network Portfolio for current projects in the UK and the ClinicalTrials register for on-going or recently completed studies. We searched through the reference lists of identified studies and attempted to contact the authors of ongoing studies, with no restrictions placed on language or publication date.SELECTION CRITERIA: We included randomized or quasi-randomized trials. Participants were smokers of any age who wanted to quit. Studies were those examining any type of mobile phone-based intervention. This included any intervention aimed at mobile phone users, based around delivery via mobile phone, and using any functions or applications that can be used or sent via a mobile phone.DATA COLLECTION AND ANALYSIS: Information on risk of bias and methodological details was extracted using a standardised form. Participants who dropped out of the trials or were lost to follow-up were considered to be smoking. We calculated risk ratios (RR) for each included study. Meta-analysis of the included studies was undertaken using the Mantel-Haenszel fixed-effect method. Where meta-analysis was not possible, summary and descriptive statistics are presented.MAIN RESULTS: Five studies with at least six month cessation outcomes were included in this review. Three studies involve a purely text messaging intervention that has been adapted over the course of these three studies for different populations and contexts. One study is a multi-arm study of a text messaging intervention and an internet QuitCoach separately and in combination. The final study involves a video messaging intervention delivered via the mobile phone. When all five studies were pooled, mobile phone interventions were shown to increase the long term quit rates compared with control programmes (RR 1.71, 95% CI 1.47 to 1.99, over 9000 participants), using a definition of abstinence of no smoking at six months since quit day but allowing up to three lapses or up to five cigarettes. Statistical heterogeneity was substantial as indicated by the I2 statistic (I2 = 79%), but as all included studies were similar in design, intervention and primary outcome measure, we have presented the meta-analysis in this review.AUTHORS' CONCLUSIONS: The current evidence shows a benefit of mobile phone-based smoking cessation interventions on long-term outcomes, though results were heterogenous with findings from three of five included studies crossing the line of no effect. The studies included were predominantly of text messaging interventions. More research is required into other forms of mobile phone-based interventions for smoking cessation, other contexts such as low income countries, and cost-effectiveness.

Country of Publication: England

Publication Type: Journal Article; Meta-Analysis; Research Support, Non-U.S. Gov't; Review

Subject Headings: [Adult](#)
[Cellular Phone](#)
["*Counseling/mt \[Methods\]"](#)
[Humans](#)
[Randomized Controlled Trials as Topic](#)
[*Smoking Cessation](#)
[*Text Messaging](#)

Source: MEDLINE

Full Text: Available from *Wiley* in *Cochrane Library, The*

12. Hepatitis C prevalence in England remains low and varies by ethnicity: an updated evidence synthesis.

Citation: European Journal of Public Health, April 2012, vol./is. 22/2(187-92), 1101-1262;1464-360X (2012 Apr)

Author(s): Harris RJ; Ramsay M; Hope VD; Brant L; Hickman M; Foster GR; De Angelis D

Institution: Health Protection Agency Centre for Infections, London, UK. ross.harris@hpa.org.uk

Language: English

Abstract: BACKGROUND: Previous evidence synthesis estimates of Hepatitis C Virus (HCV) in England did not consider excess HCV risk in ethnic minority populations. We incorporate

new information on HCV risk among non-injectors by ethnic group, and additional information on injecting prevalence in order to generate new and updated estimates of HCV prevalence risk in England for 2005. **METHODS:** Bayesian evidence synthesis was used to combine multiple sources of data that directly or indirectly provide information on the populations at risk, or prevalence of HCV infection. HCV data were modelled by region, age group and sex as well as ethnicity for never-injectors and by injecting status (ex and current). **RESULTS:** Overall HCV antibody prevalence in England was estimated at 0.67% [95% credible interval (95% CrI): 0.50-0.94] of those aged 15-59 years, or 203000 (153000, 286000) individuals. HCV prevalence in never-injectors remains low, even after accounting for ethnicity, with a prevalence of 0.05% (95% CrI 0.03-0.10) in those of white/other ethnicity and 0.76% (0.48-1.23) in South Asians. Estimates are similar to 2003, although patterns of injecting drug use are different, with an older population of current injecting drug users and lower estimated numbers of ex-injectors, but higher HCV prevalence. **CONCLUSIONS:** Incorporating updated information, including data on ethnicity and improved data on injectors, gave similar overall estimates of HCV prevalence in England. Further information on HCV in South Asians and natural history of injecting are required to reduce uncertainty of estimates. This method may be applied to other countries and settings.

Country of Publication:	England
CAS Registry Number:	0 (Antibodies, Viral)
Publication Type:	Journal Article; Research Support, Non-U.S. Gov't
Subject Headings:	Adolescent Adult "Antibodies Viral/bl [Blood]" "Asia/eh [Ethnology]" Bayes Theorem "England/ep [Epidemiology]" "*Ethnic Groups/sn [Statistics and Numerical Data]" Female "Hepacivirus/im [Immunology]" "*Hepatitis C/eh [Ethnology]" "Hepatitis C/im [Immunology]" Humans Male Middle Aged Prevalence Risk Factors "Substance Abuse Intravenous/ep [Epidemiology]" Young Adult
Source:	MEDLINE
Full Text:	Available from <i>Ovid</i> in <i>European Journal of Public Health</i> Available from <i>Oxford University Press</i> in <i>European Journal of Public Health</i>

13. Safe care for users.

Citation:	Nursing Times, October 2011, vol./is. 107/41(24-5), 0954-7762;0954-7762 (2011 Oct 18-24)
Author(s):	Middleton J
Language:	English
Country of Publication:	England
Publication Type:	Journal Article
Subject Headings:	Great Britain House Calls Humans "*Substance Abuse Intravenous/nu [Nursing]"

Source: MEDLINE
Full Text: Available from *Nursing Times* in *Newcomb Library & Information Service*
 Available from *ProQuest* in *Nursing Times*

14. Molecular epidemiologic investigation of an anthrax outbreak among heroin users, Europe.

Citation: Emerging Infectious Diseases, August 2012, vol./is. 18/8(1307-13), 1080-6040;1080-6059 (2012 Aug)

Author(s): Price EP; Seymour ML; Sarovich DS; Latham J; Wolken SR; Mason J; Vincent G; Drees KP; Beckstrom-Sternberg SM; Phillippy AM; Koren S; Okinaka RT; Chung WK; Schupp JM; Wagner DM; Vipond R; Foster JT; Bergman NH; Burans J; Pearson T; Brooks T; Keim P

Institution: Northern Arizona University, Flagstaff, Arizona, USA.

Language: English

Abstract: In December 2009, two unusual cases of anthrax were diagnosed in heroin users in Scotland. A subsequent anthrax outbreak in heroin users emerged throughout Scotland and expanded into England and Germany, sparking concern of nefarious introduction of anthrax spores into the heroin supply. To better understand the outbreak origin, we used established genetic signatures that provided insights about strain origin. Next, we sequenced the whole genome of a representative *Bacillus anthracis* strain from a heroin user (Ba4599), developed Ba4599-specific single-nucleotide polymorphism assays, and genotyped all available material from other heroin users with anthrax. Of 34 case-patients with *B. anthracis*-positive PCR results, all shared the Ba4599 single-nucleotide polymorphism genotype. Phylogeographic analysis demonstrated that Ba4599 was closely related to strains from Turkey and not to previously identified isolates from Scotland or Afghanistan, the presumed origin of the heroin. Our results suggest accidental contamination along the drug trafficking route through a cutting agent or animal hides used to smuggle heroin into Europe.

Country of Publication: United States

CAS Registry Number: 0 (DNA, Bacterial); 561-27-3 (Heroin)

Publication Type: Journal Article; Research Support, Non-U.S. Gov't; Research Support, U.S. Gov't, Non-P.H.S.

Subject Headings: "Anthrax/di [Diagnosis]"
 "*Anthrax/ep [Epidemiology]"
 "Anthrax/mi [Microbiology]"
 "*Bacillus anthracis/ge [Genetics]"
 "Bacillus anthracis/ip [Isolation and Purification]"
 Bacterial Typing Techniques
 "DNA Bacterial/an [Analysis]"
 "DNA Bacterial/ge [Genetics]"
 *Disease Outbreaks
 "Europe/ep [Epidemiology]"
 Female
 Genome Bacterial
 Genotype
 *Heroin
 Humans
 Male
 *Molecular Epidemiology
 Phylogeny
 Polymerase Chain Reaction
 Polymorphism Single Nucleotide
 Sequence Analysis DNA
 "Substance Abuse Intravenous/co [Complications]"
 "Substance Abuse Intravenous/ep [Epidemiology]"
 *Substance Abuse Intravenous

Source: MEDLINE
Full Text: Available from *National Library of Medicine* in [Emerging Infectious Diseases](#)

15. Alcohol use in a military population deployed in combat areas: a cross sectional study.

Citation: Substance Abuse Treatment, Prevention, & Policy, 2012, vol./is. 7/(24), 1747-597X;1747-597X (2012)
Author(s): Hanwella R; de Silva VA; Jayasekera NE
Institution: Department of Psychological Medicine, University of Colombo, Kynsey Road, Colombo, Sri Lanka.
Language: English
Abstract:

BACKGROUND: Alcohol misuse is more prevalent among military populations. Association between PTSD and heavy drinking have been reported in many studies. Most of the studies on alcohol use among military personnel are from US and UK. Aim of this study is to describe alcohol consumption patterns among military personnel in Sri Lanka, a country where the alcohol consumption among the general population are very different to that in US and UK.**METHODS:** Cross sectional study consisting of representative samples of Sri Lanka Navy Special Forces and regular forces deployed in combat areas continuously during a one year period was carried out. Data was collected using a self report questionnaire. Alcohol Use Disorder Identification Test (AUDIT) was used to assess alcohol consumption.**RESULTS:** Sample consisted of 259 Special Forces and 412 regular navy personnel. The median AUDIT score was 2.0 (interquartile range 6.0). Prevalence of current drinking was 71.2%. Of the current users 54.81% were infrequent users (frequency<=once a month) while 37.87% of users consumed 2-4 times a month. Prevalence of hazardous drinking (AUDIT>=8) was 16.69% and binge drinking 14.01%. Five (0.75%) had AUDIT total >=20. There was no significant difference between Special Forces and regular forces in hazardous drinking or binge drinking. Total AUDIT score >=16 were associated with difficulty performing work.**CONCLUSIONS:** High rates of hazardous drinking and binge drinking described among military personnel in US and UK were not seen among SLN personnel deployed in combat areas. This finding contrasts with previously reported association between combat exposure and hazardous alcohol use among military personnel. Alcohol use among military personnel may be significantly influenced by alcohol consumption patterns among the general population, access to alcohol and attitudes about alcohol use. Similar to findings from other countries, heavy alcohol use was associated with poorer psychological health and functional impairment.

Country of Publication: England
Publication Type: Journal Article
Subject Headings: Adult
 "*Alcohol Drinking/ep [Epidemiology]"
 "Binge Drinking/ep [Epidemiology]"
 "Combat Disorders/ep [Epidemiology]"
 "Combat Disorders/px [Psychology]"
 Cross-Sectional Studies
 Humans
 Male
 "*Military Personnel/px [Psychology]"
 "Military Personnel/sn [Statistics and Numerical Data]"
 Prevalence
 Self Report
 "Sri Lanka/ep [Epidemiology]"
 *War

Source: MEDLINE
Full Text: Available from *National Library of Medicine* in [Substance Abuse Treatment, Prevention, and Policy](#)
 Available from *BioMedCentral* in [Substance Abuse Treatment, Prevention, and Policy](#)

16. Comparison of the burden of illness for adults with ADHD across seven countries: a qualitative study.

Citation:	Health & Quality of Life Outcomes, 2012, vol./is. 10/(47), 1477-7525;1477-7525 (2012)
Author(s):	Brod M; Pohlman B; Lasser R; Hodgkins P
Institution:	The Brod Group, Mill Valley, CA 94941, USA. mbrod@thebrodgroup.net
Language:	English
Abstract:	<p>BACKGROUND: The purpose of this study was to expand the understanding of the burden of illness experienced by adults with Attention Deficit-Hyperactivity Disorder (ADHD) living in different countries and treated through different health care systems.METHODS: Fourteen focus groups and five telephone interviews were conducted in seven countries in North America and Europe, comprised of adults who had received a diagnosis of ADHD. The countries included Canada, France, Germany, Italy, The Netherlands, United Kingdom, and United States (two focus groups in each country). There were 108 participants. The focus groups were designed to elicit narratives of the experience of ADHD in key domains of symptoms, daily life, and social relationships. Consonant with grounded theory, the transcripts were analyzed using descriptive coding and then themed into larger domains.RESULTS: Participants' statements regarding the presentation of symptoms, childhood experience, impact of ADHD across the life course, addictive and risk-taking behavior, work and productivity, finances, relationships and psychological health impacts were similarly themed across all seven countries. These similarities were expressed through the domains of symptom presentation, childhood experience, medication treatment issues, impacts in adult life and across the life cycle, addictive and risk-taking behavior, work and productivity, finances, psychological and social impacts.CONCLUSIONS: These data suggest that symptoms associated with adult ADHD affect individuals similarly in different countries and that the relevance of the diagnostic category for adults is not necessarily limited to certain countries and sociocultural milieus.</p>
Country of Publication:	England
Publication Type:	Comparative Study; Journal Article; Research Support, Non-U.S. Gov't
Subject Headings:	<p>Adult Age of Onset "Attention Deficit Disorder with Hyperactivity/di [Diagnosis]" "*Attention Deficit Disorder with Hyperactivity/ec [Economics]" "Attention Deficit Disorder with Hyperactivity/pp [Physiopathology]" "Attention Deficit Disorder with Hyperactivity/px [Psychology]" "Attention Deficit Disorder with Hyperactivity/th [Therapy]" *Cost of Illness *Cross-Cultural Comparison Europe Female Focus Groups Humans Interpersonal Relations Life Change Events Male Middle Aged North America "Parenting/px [Psychology]" Patient Compliance Qualitative Research "*Quality of Life/px [Psychology]" Risk-Taking Social Desirability Social Stigma Socioeconomic Factors</p>
Source:	MEDLINE

Full Text: Available from *ProQuest* in *Health and Quality of Life Outcomes*
 Available from *BioMedCentral* in *Health and Quality of Life Outcomes*
 Available from *National Library of Medicine* in *Health and Quality of Life Outcomes*

17. Reducing the harmful effects of alcohol misuse: the ethics of sobriety testing in criminal justice.

Citation: Journal of Medical Ethics, November 2012, vol./is. 38/11(669-71), 0306-6800;1473-4257 (2012 Nov)

Author(s): Shaw D; McCluskey K; Linden W; Goodall C

Institution: Dental School, University of Glasgow, Glasgow, UK.

Language: English

Abstract: Alcohol use and abuse play a major role in both crime and negative health outcomes in Scotland. This paper provides a description and ethical and legal analyses of a novel remote alcohol monitoring scheme for offenders which seeks to reduce alcohol-related harm to both the criminal and the public. It emerges that the prospective benefits of this scheme to health and public order vastly outweigh any potential harms.

Country of Publication: England

CAS Registry Number: 0 (Central Nervous System Depressants); 64-17-5 (Ethanol)

Publication Type: Journal Article

Subject Headings: ["*Alcohol Drinking/ae \[Adverse Effects\]"](#)
["Alcohol Drinking/ep \[Epidemiology\]"](#)
["*Alcoholic Intoxication/di \[Diagnosis\]"](#)
["Alcoholic Intoxication/ep \[Epidemiology\]"](#)
["Alcoholic Intoxication/rh \[Rehabilitation\]"](#)
["Binge Drinking/co \[Complications\]"](#)
["Binge Drinking/pc \[Prevention and Control\]"](#)
["Central Nervous System Depressants/bl \[Blood\]"](#)
 Confidentiality
 Cost-Benefit Analysis
["Criminal Law/es \[Ethics\]"](#)
["Criminal Law/mt \[Methods\]"](#)
["Criminal Law/td \[Trends\]"](#)
 *Criminal Law
 Equipment Design
["*Ethanol/bl \[Blood\]"](#)
["Great Britain/ep \[Epidemiology\]"](#)
 Human Rights Abuses
 Humans
 Internet
["Monitoring Ambulatory/ec \[Economics\]"](#)
["*Monitoring Ambulatory/es \[Ethics\]"](#)
["Monitoring Ambulatory/is \[Instrumentation\]"](#)
["*Monitoring Ambulatory/mt \[Methods\]"](#)
["Police/es \[Ethics\]"](#)
 *Police
 Privacy
["Scotland/ep \[Epidemiology\]"](#)
["*Substance Abuse Detection/es \[Ethics\]"](#)
["Substance Abuse Detection/mt \[Methods\]"](#)
 Telemedicine
["United States/ep \[Epidemiology\]"](#)

Source: MEDLINE

Full Text: Available from *Highwire Press* in *Journal of Medical Ethics*

18. Best practice in substance misuse.

Citation: Archives of Disease in Childhood Education & Practice, August 2012, vol./is. 97/4(143-51), 1743-0585;1743-0593 (2012 Aug)

Author(s): Taylor AL

Institution: Thorneywood Child and Adolescent Mental Health Service, Nottingham, UK. anne.taylor@nottshc.nhs.uk

Language: English

Abstract: While substance misuse by adolescents in the UK has declined over the last decade, the UK continues to have some of the highest rates of alcohol and drug use in Europe. Many young people will try smoking and drinking alcohol during their adolescence and a significant minority will misuse alcohol and illicit drugs. This behaviour remains a significant cause for concern owing to its associated risks to the health and wellbeing of adolescents. Guidance is emerging regarding good practice in the assessment and management of adolescent substance misuse. Paediatricians may encounter substance-misusing adolescents in a variety of clinical settings and can play a valuable role in the screening, management and support of this group of young people.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: Adolescent
Adolescent Behavior
Child
Child of Impaired Parents
Confidentiality
Humans
Informed Consent
Medical History Taking
Motivational Interviewing
Parents
Patient Education as Topic
Physical Examination
Physician-Patient Relations
Primary Prevention
Risk Assessment
Risk Factors
Substance Abuse Detection
"*Substance-Related Disorders/di [Diagnosis]"
"Substance-Related Disorders/ep [Epidemiology]"
"*Substance-Related Disorders/th [Therapy]"
Young Adult

Source: MEDLINE

Full Text: Available from *Highwire Press* in *Archives of Disease in Childhood - Education and Practice*

19. A concept study on identification and attribution profiling of chemical threat agents using liquid chromatography-mass spectrometry applied to Amanita toxins in food.

Citation: Forensic Science International, September 2012, vol./is. 221/1-3(44-9), 0379-0738;1872-6283 (2012 Sep 10)

Author(s): Jansson D; Fredriksson SA; Herrmann A; Nilsson C

Institution: Swedish Defence Research Agency, FOI CBRN Defence and Security, SE-901 82 Umea, Sweden. daniel.jansson@foi.se

Language: English

Abstract: Accidental or deliberate poisoning of food is of great national and international concern. Detecting and identifying potentially toxic agents in food is challenging due to their large chemical diversity and the complexity range of food matrices. A methodology is

presented whereby toxic agents are identified and further characterized using a two-step approach. First, generic screening is performed by LC/MS/MS to detect toxins based on a list of selected potential chemical threat agents (CTAs). After identifying the CTAs, a second LC/MS analysis is performed applying accurate mass determination and the generation of an attribution profile. To demonstrate the potential of the methodology, toxins from the mushrooms *Amanita phalloides* and *Amanita virosa* were analyzed. These mushrooms are known to produce cyclic peptide toxins, which can be grouped into amatoxins, phallotoxins and virotoxins, where -amanitin and -amanitin are regarded as the most potent. To represent a typical complex food sample, mushroom stews containing either *A. phalloides* or *A. virosa* were prepared. By combining the screening method with accurate mass analysis, the attribution profile for the identified toxins and related components in each stew was established and used to identify the mushroom species in question. In addition, the analytical data was consistent with the fact that the *A. virosa* specimens used in this study were of European origin. This adds an important piece of information that enables geographic attribution and strengthens the attribution profile. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Amanitins); 0 (Peptides, Cyclic); 0 (Poisons); 16898-32-1 (antamanide); 17466-45-4 (Phalloidine); 26645-35-2 (phallacidin); 53568-33-5 (viroidin)

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: ["*Amanita/ch \[Chemistry\]"](#)
["Amanitins/an \[Analysis\]"](#)
["Amanitins/po \[Poisoning\]"](#)
[Chromatography Liquid](#)
[Humans](#)
[Mass Spectrometry](#)
["*Mushroom Poisoning/di \[Diagnosis\]"](#)
["Peptides Cyclic/an \[Analysis\]"](#)
["Peptides Cyclic/po \[Poisoning\]"](#)
["Phalloidine/an \[Analysis\]"](#)
["Phalloidine/po \[Poisoning\]"](#)
["Poisons/an \[Analysis\]"](#)

Source: MEDLINE

Full Text: Available from *Clinical Key* in [Forensic Science International](#)

20. Development of guidelines for nurse-led discharge of children presenting with toxic ingestion.

Citation: Emergency Nurse, November 2012, vol./is. 20/7(27-9), 1354-5752;1354-5752 (2012 Nov)

Author(s): Lawton L

Institution: The Whittington Hospital, London. Lorraine.Lawton@nhs.net

Language: English

Abstract: Guidelines were developed at the Whittington Hospital paediatric emergency department (ED) for a nurse-led discharge pathway, initially for children presenting to the department having accidentally ingested a substance that was potentially toxic. Following the new pathway led to cuts in average time in hospital, time to treatment, and costs. Patients' experience of the emergency service was reported to be improved.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Child](#)
["*Emergency Service Hospital/og \[Organization and Administration\]"](#)
[Great Britain](#)
[Humans](#)
[*Nurse's Role](#)
["*Patient Discharge/st \[Standards\]"](#)

"*Poisoning/nu [Nursing]"
 *Practice Guidelines as Topic
 Triage

Source: MEDLINE

Full Text: Available from *ProQuest* in *Emergency Nurse*
 Available from *EBSCOhost* in *Emergency Nurse*

21. Hospital-acquired listeriosis associated with sandwiches in the UK: a cause for concern.

Citation: Journal of Hospital Infection, September 2012, vol./is. 82/1(13-8), 0195-6701;1532-2939 (2012 Sep)

Author(s): Little CL; Amar CF; Awofisayo A; Grant KA

Institution: Department of Gastrointestinal, Emerging and Zoonotic Infections, Health Protection Agency, Health Protection Services, London, UK. clittle200@gmail.com

Language: English

Abstract: BACKGROUND: Hospital-acquired outbreaks of listeriosis are not commonly reported but remain a significant public health problem. AIM: To raise awareness of listeriosis outbreaks that have occurred in hospitals and describe actions that can be taken to minimize the risk of foodborne listeriosis to vulnerable patients. METHODS: Foodborne outbreaks and incidents of *Listeria monocytogenes* reported to the Health Protection Agency national surveillance systems were investigated and those linked to hospitals were extracted. The data were analysed to identify the outbreak/incident setting, the food vehicle, outbreak contributory factors and origin of problem. FINDINGS: Most (8/11, 73%) foodborne outbreaks of listeriosis that occurred in the UK between 1999 and 2011 were associated with sandwiches purchased from or provided in hospitals. Recurrently in the outbreaks the infecting subtype of *L.monocytogenes* was detected in supplied prepacked sandwiches and sandwich manufacturing environments. In five of the outbreaks breaches in cold chain controls of food also occurred at hospital level. CONCLUSIONS: The outbreaks highlight the potential for sandwiches contaminated with *L.monocytogenes* to cause severe infection in vulnerable people. Control of *L.monocytogenes* in sandwich manufacturing and within hospitals is essential to minimize the potential for consumption of this bacterium at levels hazardous to health. Manufacturers supplying sandwiches to hospitals should aim to ensure absence of *L.monocytogenes* in sandwiches at the point of production and hospital-documented food safety management systems should ensure the integrity of the food cold chain. Crown Copyright 2012. Published by Elsevier Ltd. All rights reserved.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: Aged
 "*Cross Infection/ep [Epidemiology]"
 "Cross Infection/mi [Microbiology]"
 Female
 *Food Microbiology
 "Food-Processing Industry/mt [Methods]"
 "*Foodborne Diseases/ep [Epidemiology]"
 "Foodborne Diseases/mi [Microbiology]"
 "Great Britain/ep [Epidemiology]"
 Hospitals
 Humans
 "Infection Control/mt [Methods]"
 "**Listeria monocytogenes*/ip [Isolation and Purification]"
 "*Listeriosis/ep [Epidemiology]"
 "Listeriosis/mi [Microbiology]"
 Male
 Pregnancy
 "Refrigeration/mt [Methods]"
 "Refrigeration/st [Standards]"

Source: MEDLINE
Full Text: Available from *Clinical Key* in *Journal of Hospital Infection*

22. Draft genome sequence of *Bacillus anthracis* UR-1, isolated from a German heroin user.

Citation: Journal of Bacteriology, November 2012, vol./is. 194/21(5997-8), 0021-9193;1098-5530 (2012 Nov)

Author(s): Ruckert C; Licht K; Kalinowski J; Espirito Santo C; Antwerpen M; Hanczaruk M; Reischl U; Holzmann T; Gessner A; Tiemann C; Grass G

Institution: CeBiTec, Bielefeld University, Bielefeld, Germany.

Language: English

Abstract: We report the draft genome sequence of *Bacillus anthracis* UR-1, isolated from a fatal case of injectional anthrax in a German heroin user. Analysis of the genome sequence of strain UR-1 may aid in describing phylogenetic relationships between virulent heroin-associated isolates of *B. anthracis* isolated in the United Kingdom, Germany, and other European countries.

Country of Publication: United States

CAS Registry Number: 0 (DNA, Bacterial); 561-27-3 (Heroin)

Publication Type: Journal Article

Subject Headings: "Anthrax/mi [Microbiology]"
 "**Bacillus anthracis*/ge [Genetics]"
 "*Bacillus anthracis*/ip [Isolation and Purification]"
 "*DNA Bacterial/ch [Chemistry]"
 "*DNA Bacterial/ge [Genetics]"
 *Genome Bacterial
 Germany
 "Heroin/ad [Administration and Dosage]"
 Molecular Sequence Data
 *Sequence Analysis DNA
 "Substance Abuse Intravenous/co [Complications]"

Source: MEDLINE

23. Male IDUs who have sex with men in England, Wales and Northern Ireland: are they at greater risk of bloodborne virus infection and harm than those who only have sex with women?.

Citation: Sexually Transmitted Infections, October 2012, vol./is. 88/6(456-61), 1368-4973;1472-3263 (2012 Oct)

Author(s): Marongiu A; Hope VD; Parry JV; Ncube F

Institution: HIV/STI Department, Health Protection Services Colindale, Health Protection Agency, London, UK. a.marongiu11@imperial.ac.uk

Language: English

Abstract: OBJECTIVES: In the UK, although transmission of HIV among injecting drug user (IDUs) has been limited since the 1980s, IDUs and men who have sex with men (MSM) have higher HIV and hepatitis C virus (HCV) prevalences than the general population. MSM who are also IDUs (MSM-IDUs) may therefore have a higher risk of infection than male IDUs who only have sex with women. METHODS: Analysis of data from a national survey of IDUs attending services (England, Wales and Northern Ireland) between 1998 and 2007, which collected demographic and behavioural data and oral fluid samples for HIV and HCV antibody testing. RESULTS: Of the 8671 men who reported injecting drugs and having sex during the preceding year, 96% (8354) were men who only had sex with women (MSW). MSM-IDUs and MSW-IDUs had similar age and number of years of injecting. MSM-IDUs had a higher prevalence of HIV (adjusted OR=4.08, 95% CI 1.9 to 8.5) and of HCV (adjusted OR =1.34, 95% CI 1.1 to 1.8) and were about four times (adjusted OR =3.78, 95% CI 2.9 to 4.9) more likely to have unprotected sex with multiple

partners. Among those who injected in the 4 weeks prior to participation, the MSM-IDUs had a higher level of needle/syringe sharing (adjusted OR =1.72, 95% CI 1.3 to 2.2).DISCUSSION: MSM-IDUs have a fourfold higher risk of HIV; HCV prevalence in MSM-IDUs is a third higher than among MSW-IDUs, suggesting elevated risk from injecting and possibly sexual transmission. These findings emphasise the need for public health interventions specifically targeted at MSM-IDUs.

Country of Publication: England

Publication Type: Comparative Study; Journal Article

Subject Headings: Adolescent
Adult
"*Blood-Borne Pathogens/ip [Isolation and Purification]"
"England/ep [Epidemiology]"
Female
"HIV Infections/di [Diagnosis]"
"*HIV Infections/ep [Epidemiology]"
"*Hepatitis C/ep [Epidemiology]"
"Hepatitis C/vi [Virology]"
*Heterosexuality
*Homosexuality Male
Humans
Male
Middle Aged
"Northern Ireland/ep [Epidemiology]"
Prevalence
Risk Assessment
"*Substance Abuse Intravenous/co [Complications]"
"Wales/ep [Epidemiology]"
Young Adult

Source: MEDLINE

Full Text: Available from *Highwire Press* in *Sexually Transmitted Infections*

24. 'Fatal 2,4-dinitrophenol poisoning... coming to a hospital near you'.

Citation: Emergency Medicine Journal, August 2010, vol./is. 27/8(639-40), 1472-0205;1472-0213 (2010 Aug)

Author(s): Siegmüller C; Narasimhaiah R

Institution: St George's Healthcare NHS Trust, Anaesthetic Department, Blackshaw Road, London, UK. claas.siegmuller@yahoo.co.uk

Language: English

Abstract: An adult man was brought into the emergency department after deliberate ingestion of dinitrophenol: an agent that uncouples mitochondrial oxidative phosphorylation. The patient rapidly developed a hyper-metabolic state with fever, respiratory failure and died within a few hours after admission. Dinitrophenol is used in the manufacture of dyes, pesticides and explosives. Sub-acute poisoning is associated with weight-loss and the substance had been prescribed for this purpose during the 1930s in the United States before being banned due to serious side effects. Although remaining unlicensed as a drug, dinitrophenol is widely available through mail-order websites and online pharmacies, which promote it as an anti-obesity treatment. This case highlights the need for awareness of possibly increasing rates of accidental poisoning with a growing obesity prevalence and availability of this unlicensed drug through the internet. Additionally, we discuss the use of dantrolene in dinitrophenol poisoning and question whether current Toxbase/UK National Poison Information Service treatment guidelines regarding the indication and dosing of this drug, the only relatively specific treatment in dinitrophenol poisoning presently recommended, could be revised.

Country of Publication: England

CAS Registry Number: 0 (Muscle Relaxants, Central); 299-28-5 (Calcium Gluconate); 51-28-5 (2,4-Dinitrophenol); 7261-97-4 (Dantrolene)

Publication Type: Case Reports; Journal Article

Subject Headings: ["*2 4-Dinitrophenol/po \[Poisoning\]"](#)
[Adult](#)
["Calcium Gluconate/tu \[Therapeutic Use\]"](#)
["*Dantrolene/tu \[Therapeutic Use\]"](#)
["*Emergency Treatment/mt \[Methods\]"](#)
[Fatal Outcome](#)
[Humans](#)
["Hyperkalemia/dt \[Drug Therapy\]"](#)
["Hyperkalemia/et \[Etiology\]"](#)
[Infusions Intravenous](#)
[Male](#)
["*Muscle Relaxants Central/tu \[Therapeutic Use\]"](#)
["Poisoning/co \[Complications\]"](#)
["Poisoning/dt \[Drug Therapy\]"](#)

Source: MEDLINE

Full Text: Available from *Highwire Press* in *Emergency Medicine Journal*

25. Pregnane X receptor mediated-transcription regulation of CYP3A by glycyrrhizin: a possible mechanism for its hepatoprotective property against lithocholic acid-induced injury.

Citation: Chemico-Biological Interactions, October 2012, vol./is. 200/1(11-20), 0009-2797;1872-7786 (2012 Oct 25)

Author(s): Wang YG; Zhou JM; Ma ZC; Li H; Liang QD; Tan HL; Xiao CR; Zhang BL; Gao Y

Institution: Department of Pharmacology and Toxicology, Beijing Institute of Radiation Medicine, Beijing 100850, China.

Language: English

Abstract: Licorice (LE) has been commonly used in traditional Chinese medicine (TCM) for over 4000 years to reconcile various drugs and for hepatic disorders. Glycyrrhizin is the main bioactive component isolated from LE herbs. In the present study we examined the effects of glycyrrhizin on pregnane X receptor (PXR)-mediated CYP3A expression and its hepatoprotective activity. Treatment of HepG2 cells with glycyrrhizin resulted in marked increase in both CYP3A4 mRNA and protein levels. The transcriptional activation of the CYP3A4 gene through glycyrrhizin is PXR-dependent, as shown in transient transfection experiments. Glycyrrhizin activates the DNA-binding capacity of the PXR for the CYP3A4 element responding to xenobiotic signals, as measured by the electrophoretic-mobility shift assay (EMSA). These results indicate that the induction of the hepatic CYP3A4 by glycyrrhizin is mediated through the activation of PXR. The next aim of the current study was to determine whether the activation of PXR and induction of CYP3A by glycyrrhizin prevents hepatotoxicity during cholestasis as a mechanism of hepatoprotection. Mice were pretreated with glycyrrhizin prior to induction of intrahepatic cholestasis using lithocholic acid (LCA). Pre-treatment with glycyrrhizin, as well as the PXR activator pregnenolone 16-carbonitrile (PCN), prevents the increase in plasma ALT and AST activity, multifocal necrosis and prevents an increase in a level of serum LCA level in mice, as compared with the results in the mice treated with LCA alone. Activation of the PXR by glycyrrhizin results in induction of CYP3A11 (CYP3A4 for human) expression and inhibition of CYP7A1 through an increase in small heterodimer partner (SHP) expression. Glycyrrhizin regulates the expression of the gene mentioned above to prevent toxic accumulation of bile acids in the liver and it also protects mouse livers from the harmful effects of LCA. In conclusion, PXR-mediated effects on CYP3A and CYP7A may contribute to the hepatoprotective property of glycyrrhizin against LCA-induced liver injury. Crown Copyright 2012. Published by Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Receptors, Cytoplasmic and Nuclear); 0 (Receptors, Steroid); 0 (nuclear receptor subfamily 0, group B, member 2); 0 (pregnane X receptor); 1405-86-3 (Glycyrrhizic Acid); 434-13-9 (Lithocholic Acid); EC 1-14-13-17 (CYP7A1 protein, human); EC 1-14-13-17 (Cholesterol 7-alpha-Hydroxylase); EC 1-14-14-1 (Cytochrome P-450 CYP3A)

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Animals](#)
["Cholestasis/me \[Metabolism\]"](#)
["Cholesterol 7-alpha-Hydroxylase/ai \[Antagonists and Inhibitors\]"](#)
["Cytochrome P-450 CYP3A/bi \[Biosynthesis\]"](#)
["*Cytochrome P-450 CYP3A/ge \[Genetics\]"](#)
["Cytoprotection/de \[Drug Effects\]"](#)
[Dose-Response Relationship Drug](#)
["Drug-Induced Liver Injury/ge \[Genetics\]"](#)
["Drug-Induced Liver Injury/me \[Metabolism\]"](#)
["*Drug-Induced Liver Injury/pc \[Prevention and Control\]"](#)
["Enzyme Induction/de \[Drug Effects\]"](#)
["*Gene Expression Regulation/de \[Drug Effects\]"](#)
["*Glycyrrhizic Acid/pd \[Pharmacology\]"](#)
[Hep G2 Cells](#)
[Humans](#)
["*Lithocholic Acid/ae \[Adverse Effects\]"](#)
["Liver/de \[Drug Effects\]"](#)
["Liver/me \[Metabolism\]"](#)
[Male](#)
[Mice](#)
["Promoter Regions Genetic/de \[Drug Effects\]"](#)
["Promoter Regions Genetic/ge \[Genetics\]"](#)
["Receptors Cytoplasmic and Nuclear/bi \[Biosynthesis\]"](#)
["Receptors Cytoplasmic and Nuclear/ge \[Genetics\]"](#)
["Receptors Steroid/ge \[Genetics\]"](#)
["*Receptors Steroid/me \[Metabolism\]"](#)
[Time Factors](#)
["*Transcription Genetic/de \[Drug Effects\]"](#)

Source: MEDLINE

26. So long, Sister Sharp.

Citation: Nursing Standard, November 2012, vol./is. 27/10(20-1), 0029-6570;0029-6570 (2012 Nov 7-13)

Author(s): Snell J

Language: English

Abstract: Pioneering nurse Margarete Sharp worked in one of the country's first clinics for people who misuse drugs. After 45 years in the field, she is convinced that, with the right level of support from nurses, social workers and doctors, drug treatment can work.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Aged](#)
[Great Britain](#)
[Humans](#)
[*Narration](#)
[*Nurses](#)
["Substance-Related Disorders/nu \[Nursing\]"](#)

Source: MEDLINE

Full Text: Available from *EBSCOhost* in *Nursing Standard*

Available from *ProQuest* in *Nursing Standard*
 Available from *Nursing Standard* in *Newcomb Library & Information Service*

27. Premature death after self-harm: a multicentre cohort study.

Citation:	Lancet, November 2012, vol./is. 380/9853(1568-74), 0140-6736;1474-547X (2012 Nov 3)
Author(s):	Bergen H; Hawton K; Waters K; Ness J; Cooper J; Steeg S; Kapur N
Institution:	University of Oxford Centre for Suicide Research, Department of Psychiatry, Warneford Hospital, Headington, Oxford, UK.
Language:	English
Abstract:	<p>BACKGROUND: People who self-harm have an increased risk of premature death. The aim of this study was to investigate cause-specific premature death in individuals who self-harm, including associations with socioeconomic deprivation.METHODS: We undertook a cohort study of patients of all ages presenting to emergency departments in Oxford, Manchester, and Derby, UK, after self-poisoning or self-injury between Jan 1, 2000, and Dec 31, 2007. Postcodes of individuals' place of residence were linked to the Index of Multiple Deprivation 2007 in England. Mortality information was supplied by the Medical Research Information Service of the National Health Service. Patients were followed up to the end of 2009. We calculated age-standardised mortality ratios (SMRs) and years of life lost (YLL), and we tested for associations with socioeconomic deprivation.FINDINGS: 30950 individuals presented with self-harm and were followed up for a median of 6.0 years (IQR 3.9-7.9). 1832 (6.1%) patients died before the end of follow-up. Death was more likely in patients than in the general population (SMR 3.6, 95% CI 3.5-3.8), and occurred more in males (4.1, 3.8-4.3) than females (3.2, 2.9-3.4). Deaths due to natural causes were 2-7.5 times more frequent than was expected. For individuals who died of any cause, mean YLL was 31.4 years (95% CI 30.5-32.2) for male patients and 30.7 years (29.5-31.9) for female patients. Mean YLL for natural-cause deaths was 25.9 years (25.7-26.0) for male patients and 25.5 years (25.2-25.8) for female patients, and for external-cause deaths was 40.2 years (40.0-40.3) and 40.0 years (39.7-40.5), respectively. Disease of the circulatory (13.1% in males; 13.0% in females) and digestive (11.7% in males; 17.8% in females) systems were major contributors to YLL from natural causes. All-cause mortality increased with each quartile of socioeconomic deprivation in male patients ((2) trend 39.6; p<0.0001), female patients (13.9; p=0.0002), and both sexes combined (55.4; p<0.0001). Socioeconomic deprivation was related to mortality in both sexes combined from natural causes (51.0; p<0.0001) but not from external causes (0.30; p=0.58). Alcohol problems were associated with death from digestive-system disease, drug misuse with mental and behavioural disorders, and physical health problems with circulatory-system disease.INTERPRETATION: Physical health and life expectancy are severely compromised in individuals who self-harm compared with the general population. In the management of self-harm, clinicians assessing patients' psychosocial problems should also consider their physical needs.FUNDING: Department of Health Policy Research Programme. Copyright 2012 Elsevier Ltd. All rights reserved.</p>
Country of Publication:	England
Publication Type:	Comparative Study; Journal Article; Multicenter Study; Research Support, Non-U.S. Gov't
Subject Headings:	<p>"Accidents/mo [Mortality]" Adolescent Adult Causality Child Cohort Studies "Digestive System Diseases/mo [Mortality]" Female Health Status Humans</p>

Male
*Mortality Premature
"Poisoning/mo [Mortality]"
"*Self-Injurious Behavior/mo [Mortality]"
Social Class
"Vascular Diseases/mo [Mortality]"
Young Adult

Source: MEDLINE

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