Search Results

Table of Contents

Search History

1. EMBASE; exp ADDICTION/; 169546 results.
2. EMBASE; addict*.ti,ab; 38956 results.
3. EMBASE; 1 OR 2; 180141 results.
4. EMBASE; UNITED KINGDOM/; 253960 results.
5. EMBASE; "great britain".ti,ab; 8397 results.
6. EMBASE; "united kingdom".ti,ab; 22049 results.
7. EMBASE; "england".ti,ab; 28422 results.
8. EMBASE; "wales".ti,ab; 14505 results.
9. EMBASE; "scotland".ti,ab; 10561 results.
10. EMBASE; "UK".ti,ab; 83362 results.
11. EMBASE; "GB".ti,ab; 5370 results.
12. EMBASE; "ireland".ti,ab; 99981 results.
13. EMBASE; "british isles".ti,ab; 717 results.
14. EMBASE; "channel islands".ti,ab; 86 results.
15. EMBASE; IRELAND/ OR IRELAND,NORTHERN/; 262954 results.
16. EMBASE; 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15; 434140 results.
17. EMBASE; 3 AND 16; 6853 results.
18. EMBASE; 17 [Limit to: Publication Year 2010-Current]; 424 results.

1. Sustainability of intervention effects of an evidence-based HIV prevention intervention for African American women who smoke crack cocaine

Citation: Drug and Alcohol Dependence, June 2010, vol./is. 109/1-3(205-212), 0376-8716 (June 2010)

Author(s): Wechsberg W.M.; Novak S.P.; Zule W.A.; Browne F.A.; Kral A.H.; Ellerson R.M.; Kline T.

Institution: (Wechsberg, Novak, Zule, Browne, Ellerson, Kline) RTI International, Substance Abuse Treatment Evaluations and Interventions, 3040 Cornwallis Road, Research Triangle Park, NC 27709-2194, United States; (Kral) RTI International, Urban Health Program, 114 Sansome Street, Suite 500, San Francisco, CA 94194-1355, United States

Language: English

Abstract: Background: HIV prevention intervention efficacy is often assessed in the short term. Thus, we conducted a long-term (mean 4.4 years) follow-up of a woman-focused HIV intervention for African American crack smokers, for which we had previously observed beneficial short-term gains. Methods: 455 out-of-treatment African American women in central North Carolina participated in a randomized field experiment and were followed up to determine sustainability of intervention effects across three conditions: the woman-focused intervention, a modified NIDA intervention, and a delayed-treatment control condition. We compared these groups in terms of HIV risk behavior at short-term follow-up (STFU; 3-6 months) and long-term follow-up (LTFU; average 4 years). Results: The analyses revealed two distinct groups at STFU: women who either eliminated or greatly reduced their risk behaviors (low-risk class) and women who retained high levels of risk across multiple risk domains (high-risk class). At STFU, women in the woman-focused intervention were more likely to be in the low HIV risk group than the women in control conditions, but this effect was not statistically significant at LTFU. However, low-risk participants at STFU were less likely to be retained at LTFU, and this retention rate was lowest among women in the woman-focused intervention. Conclusions: Short-term intervention effects were not observed over 4 years later, possibly due to differential retention across conditions. The retention of the highest risk women presents an opportunity to extend intervention effects through booster sessions for these women. 2010 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

Publication Type: Journal: Article

Subject Headings:
adult
African American
article
*cocaine dependence
female
follow up
high risk behavior
human
*Human immunodeficiency virus infection/pc [Prevention]
infection prevention
*intervention study
major clinical study
outcome assessment
priority journal
risk reduction

Source: EMBASE

2. Psychiatric comorbidity and additional abuse of drugs in maintenance treatment with l- and d,l-methadone

Citation: World Journal of Biological Psychiatry, 2010, vol./is. 11/2 PART 2(390-399), 1562-2975;1814-1412 (2010)

Author(s): Wedekind D.; Jacobs S.; Karg I.; Luedecke C.; Schneider U.; Cimander K.; Baumann P.; Ruether E.; Poser W.; Havemann-Reinecke U.

Institution: (Wedekind, Ruether, Poser, Havemann-Reinecke) Department of Psychiatry and Psychotherapy, University of Goettingen, von Siebold Strasse 5, 37075 Goettingen, Germany; (Jacobs, Karg) Department of Psychology, University of Goettingen, Goettingen, Germany; (Luedecke) District Hospital of Lower Saxony, Goettingen, Germany; (Schneider) Department of Clinical Psychiatry and Psychotherapy, Medical School Hannover, Hannover, Germany; (Cimander) Outpatient Department for Drug Addicts, Hanover, Germany; (Baumann) Unit of Biochemistry and Clinical Psychopharmacology, Centre of Psychiatric Neurosciences, Department of Psychiatry, Prilly-Lausanne, Switzerland

Language: English

Abstract: Sixty d,l- or l-methadone treated patients in maintenance therapy were interviewed for additional drug abuse and psychiatric comorbidity; 51.7% of the entire population had a comorbid Axis-I disorder, with a higher prevalence in females (P=0.05). Comorbid patients tended to have higher abuse of benzodiazepines, alcohol, cannabis, and cocaine, but not of heroin. They had received a significantly lower d,l- (P<0.05) and l-methadone dose than non-comorbid subjects. The duration of maintenance treatment showed an inverse relationship to frequency of additional heroin intake (P<0.01). Patients with additional heroin intake over the past 30 days had been treated with a significantly lower l-methadone dosage (P<0.05) than patients without. Axis-I comorbidity appears to be decreased when relatively higher dosages of d,l- (and l-methadone) are administered; comorbid individuals, however, were on significantly lower dosages. Finally, l-, but not d,l-methadone seems to be more effective in reducing additional heroin abuse. 2010 Informa UK Ltd.

Country of Publication: Norway

Publisher: Informa Healthcare (Telephone House, 69 - 77 Paul Street EC2A 4LQ, United Kingdom)

CAS Registry Number: 125-58-6 (levomethadone)

Publication Type: Journal: Article

Subject Headings:
adult
alcohol abuse
article
cannabis addiction/dt [Drug Therapy]
cocaine dependence/dt [Drug Therapy]
comorbidity
controlled study
drug abuse
*drug dependence/dt [Drug Therapy]
female
heroin dependence/dt [Drug Therapy]
human
major clinical study
male
*mental disease
benzodiazepine derivative
*levomethadone/dt [Drug Therapy]

Source: EMBASE

3. Nicotine withdrawal in U.S. smokers with current mood, anxiety, alcohol use, and substance use disorders

Citation: Drug and Alcohol Dependence, April 2010, vol./is. 108/1-2(7-12), 0376-8716 (01 Apr 2010)

Author(s): Weinberger A.H.; Desai R.A.; McKee S.A.

Institution: (Weinberger, McKee) Department of Psychiatry, Yale University School of Medicine, New Haven, CT 06519, United States; (Desai) Department of Epidemiology, Yale University School of Medicine, New Haven, CT 06519, United States

Language: English

Abstract: Background: The current study examined tobacco withdrawal symptoms and withdrawal-related discomfort and relapse in smokers with and without current mood disorders, anxiety disorders, alcohol use disorders (AUD), and substance use disorders (SUD). Methods: The subsample of current daily smokers (n = 8213) from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC, Wave 1, 2001-2002, full sample n = 43,093) were included in these analyses. Cross-sectional data compared smokers with and without current psychiatric disorders on withdrawal symptoms using logistic regression models. The effects of having a co-morbid psychiatric disorder and AUD/SUD compared to a psychiatric disorder alone on nicotine withdrawal were also examined. Results: Participants with a current mood disorder, anxiety disorder, AUD, or SUD were more likely to report withdrawal symptoms and reported more withdrawal symptoms than those without current disorders. Having a current mood disorder, anxiety disorder, or SUD was also associated with increased likelihood of withdrawal-related discomfort and relapse. There were no significant interactions between psychiatric disorders and AUDs/SUDs on withdrawal symptoms or behavior. Conclusions: Participants with a current Axis I disorder were more likely to experience tobacco withdrawal symptoms and withdrawal-related discomfort and relapse. Having a co-morbid psychiatric disorder and AUD/SUD did not synergistically increase the experience of withdrawal-related symptoms or relapse. It is important to identify Axis I disorders in smokers and provide these smokers with more intensive and/or longer treatments to help them cope with withdrawal symptoms and prevent relapse. 2009 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Publication Type: Journal: Article

Subject Headings:
adult
*alcoholism
*anxiety disorder
article
comorbidity
disease association
female
human
major clinical study
male
*mood disorder
priority journal
relapse
risk assessment
risk factor
*smoking cessation
*substance abuse
tobacco dependence
United States
*withdrawal syndrome/et [Etiology]

Source: EMBASE

4. A double-blind, placebo-controlled, randomized clinical trial of oral selegiline hydrochloride for smoking cessation in nicotine-dependent cigarette smokers

Citation: Drug and Alcohol Dependence, March 2010, vol./is. 107/2-3(188-195), 0376-8716 (March 2010)

Author(s): Weinberger A.H.; Reutenauer E.L.; Jatlow P.I.; O'Malley S.S.; Potenza M.N.; George T.P.

Institution: (Weinberger, Reutenauer, George) Program for Research in Smokers with Mental Illness (PRISM), Department of Psychiatry, Yale University School of Medicine, New Haven, CT 06519, United States; (Weinberger, Reutenauer, O'Malley, Potenza, George) Substance Abuse Center (SAC), Department of Psychiatry, Yale University School of Medicine, New Haven, CT 06519, United States; (Jatlow) Departments of Laboratory Medicine and Psychiatry, Yale University School of Medicine, New Haven, CT 06519, United States; (Potenza) Child Study Center, Yale University School of Medicine, New Haven, CT 06519, United States; (George) Division of Addiction Psychiatry, Department of Psychiatry, University of Toronto and Schizophrenia Program, Centre for Addiction and Mental Health (CAMH), Toronto, Ontario, M5T 1R8, Canada

Language: English

Abstract: Aim: The primary aim of this study was to determine the safety and efficacy of the monoamine oxidase-B (MAO-B) inhibitor selegiline hydrochloride (SEL, l-Deprenyl; Eldepryl) as an aid for smoking cessation in cigarette smokers. Methods: One hundred and one nicotine-dependent adult cigarette smokers without current psychiatric or substance use disorders participated in this 8-week randomized, double-blind, placebo-controlled trial. Participants received either SEL (5 mg bid, n=51) or placebo (PLO, n=50), in combination with brief (<10 min) manualized smoking cessation counseling. The main smoking outcome measures were 7-day point prevalence abstinence at end of trial (EOT), 4-week continuous smoking abstinence at end of trial (CA), and 7-day point prevalence abstinence at 6-month follow-up (6MFU). Abstinence was determined by an absence of self-reported cigarette smoking and biochemically verified by expired breath carbon monoxide and plasma cotinine levels. Results: Rates of smoking abstinence did not differ by medication group (EOT: SEL =16%, PLO = 20%, p=0.57; CA: SEL = 14%, PLO = 18%, p= 0.56; 6MFU: SEL=12%, PLO=16%, p=0.54). Adverse events were modest and comparable between medication groups. Participants receiving SEL were more likely than those receiving PLO to report dry mouth (25.5% versus 8.2%, p<0.05). Conclusions: Our results suggest that SEL was safe and well-tolerated by adult cigarette smokers, but did not improve smoking abstinence rates compared to PLO. 2009 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 630-08-0 (carbon monoxide); 486-56-6 (cotinine); 54-11-5 (nicotine); 14611-51-9 (selegiline); 14611-52-0 (selegiline); 2079-54-1 (selegiline); 2323-36-6 (selegiline)

Publication Type: Journal: Article

Subject Headings:

adult
aged
akathisia/si [Side Effect]
anxiety
article
*cigarette smoking
clinical trial
constipation/si [Side Effect]
controlled clinical trial
controlled study
decreased appetite/si [Side Effect]
dizziness/si [Side Effect]
double blind procedure
drowsiness/si [Side Effect]
drug efficacy
drug induced headache/si [Side Effect]
drug safety
drug tolerability
female
flu like syndrome/si [Side Effect]
human
increased appetite/si [Side Effect]

major clinical study
male
memory disorder/si [Side Effect]
nausea and vomiting/si [Side Effect]
patient compliance
patient counseling
prevalence
priority journal
randomized controlled trial
side effect/si [Side Effect]
sleep disorder/si [Side Effect]
*smoking cessation
tachycardia/si [Side Effect]
*tobacco dependence/dt [Drug Therapy]
xerostomia/si [Side Effect]
carbon monoxide
cotinine/ec [Endogenous Compound]
monoamine oxidase B inhibitor/ct [Clinical Trial]
monoamine oxidase B inhibitor/ad [Drug Administration]
monoamine oxidase B inhibitor/dt [Drug Therapy]
*nicotine
placebo
*selegiline/ae [Adverse Drug Reaction]
*selegiline/ct [Clinical Trial]
*selegiline/ad [Drug Administration]
*selegiline/do [Drug Dose]
*selegiline/dt [Drug Therapy]
*selegiline/po [Oral Drug Administration]

Source: EMBASE

5. Inmate responses to prison-based drug treatment: A repeated measures analysis

Citation: Drug and Alcohol Dependence, June 2010, vol./is. 109/1-3(37-44), 0376-8716 (June 2010)

Author(s): Welsh W.N.

Institution: (Welsh) Department of Criminal Justice, Temple University, 5th Floor, 11th St. and Berks Mall, Philadelphia, PA 19122, United States

Language: English

Abstract: Using a sample of 347 prison inmates and general linear modeling (GLM) repeated measures analyses, this paper examined during-treatment responses (e.g., changes in psychological and social functioning) to prison-based TC drug treatment. These effects have rarely been examined in previous studies, and never with a fully multivariate model accounting for within-subjects effects (changes over time), between-subjects effects (e.g., levels of risk and motivation), and within/between-subjects interactions (time x risk x motivation). The results provide evidence of positive inmate change in response to prison TC treatment, but the patterns of results varied depending upon: (a) specific indicators of psychological and social functioning, motivation, and treatment process; (b) the time periods examined (1, 6, and 12 months during treatment); and (c) baseline levels of risk and motivation. Significant interactions between time and type of inmate suggest important new directions for research, theory, and practice in offender-based substance abuse treatment. 2009 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

Publication Type: Journal: Article

Subject Headings:
adult
anxiety disorder
article

behavior change
clinical practice
controlled study
depression
doctor patient relation
*drug dependence/th [Therapy]
high risk behavior
human
major clinical study
male
medical research
motivation
offender
outcome assessment
patient counseling
peer group
priority journal
*prison
prisoner
self concept
self esteem
social interaction
social psychology
social status
social support
statistical model
*therapeutic community
time
treatment outcome

Source: EMBASE

6. Mephedrone - A new 'legal' online drug of abuse. Do we know anything about its safety?

Original Title: Mephedrone - A new 'legal' online drug of abuse. Do we know anything about its safety?

Citation: Clinical Toxicology, March 2010, vol./is. 48/3(305), 1556-3650 (March 2010)

Author(s): Wheatley N.; Thompson J.P.

Institution: (Wheatley, Thompson) Cardiff and Vale University Health Board, National Poisons Information Service, Cardiff, United Kingdom

Language: English

Abstract: Objective: The UK NPIS are receiving an increasing number of calls about a drug of abuse known as mephedrone or 4-methylmethcathinone, also called 'bubbles'. It is usually supplied as an off-white crystalline powder with a strong fish-like odour and is either ingested or inhaled. This drug is becoming increasingly popular in the UK as it is currently classed as a legal substance. It is often bought from the Internet as plant food or as a research chemical marked 'not for human consumption.' Methods: Enquiries to the UK NPIS for the period 1 January 2008 to 1st January 2009 and also 1st January 2009 to 1st November 2009 involving 'mephedrone' or 'methcathinone' were retrieved. Each call was examined in detail and all reported symptoms and the results of any investigations noted. Internet websites were also investigated for details of mephedrone exposures to try and compare symptoms experienced by regular users with those reported to the UK NPIS. Results: No enquiries concerning mephedrone were received by UK NPIS between 1st January 2008 and 1st January 2009 compared with 29 enquiries which were received between 1st January 2009 and 1st November 2009. Of these, the main symptoms reported were agitation/anxiety, headache, sweating, chest pain, mydriasis, loin or back pain and pins and needles. One patient was admitted to ITU with tachycardia, hypotension, rhabdomyolysis and coma following a seizure. The symptoms reported on the Internet (from 13 user information reports) included euphoria, addictive behaviour, dilated pupils, jaw clenching and sweating as well as increased heart rate. There have been some reports

of vasoconstriction causing purple extremities and joints. One death has been reported in Sweden although causal links with mephedrone have not yet been confirmed. Conclusion: Mephedrone is a very new and increasingly popular drug; its legal status in the UK may falsely imply safety. It is, however, a synthetic drug that, from UK NPIS data and Internet reports, causes some potentially dangerous symptoms that are similar to stimulant drugs of abuse. The clinical effects of this chemical need further investigation.

Conference Information: 2010 International Congress of the European Association of Poisons Centres and Clinical Toxicologists Bordeaux France. Conference Start: 20100511 Conference End: 20100514

Publisher: Informa Healthcare

Publication Type: Journal: Conference Abstract

Subject Headings:
*abuse
*safety
United Kingdom
Internet
sweating
tachycardia
hypotension
rhabdomyolysis
coma
seizure
euphoria
jaw
heart rate
vasoconstriction
death
Sweden
powder
fish
plant
human
exposure
headache
thorax pain
mydriasis
backache
needle
patient
*poison
drug
methcathinone
central stimulant agent

Source: EMBASE

7. The abuse potential of propofol

Citation: Clinical Toxicology, March 2010, vol./is. 48/3(165-170), 1556-3650;1556-9519 (March 2010)

Author(s): Wilson C.; Canning P.; Caravati E.M.

Institution: (Wilson, Canning, Caravati) Division of Emergency Medicine, Utah Poison Control Center, University of Utah, Salt Lake City, UT, United States

Language: English

Abstract: Context. Propofol is a sedative-hypnotic prescription medication that is widely used in anesthesia, long-term sedation, and conscious sedation. It is short acting, effective, and, when used appropriately, safe. It is not a controlled substance by the U.S. Drug Enforcement Administration, suggesting that it has little potential for abuse. The objective of this review was to evaluate the evidence for the abuse potential of propofol. Methods. A systematic review of the medical literature was performed using the search terms:

propofol, Diprivan, abuse, addiction, tolerance, misuse, and withdrawal. Six online literature citation databases and relevant bibliographies were searched for articles. Results. Seventy-two articles were identified for review and 45 were relevant to the topic. These articles described propofol's biochemical and pharmacokinetic mechanisms of action that lend themselves to its abuse, propofol's physical and psychological effects that make it alluring as a recreational drug, the current evidence supporting the possibility of tolerance to and withdrawal from propofol, the risk involved in recreational propofol use, and the evidence supporting current abuse of this medication. We found evidence to support propofol's abuse potential from a pharmacological and experiential standpoint with multiple reports describing tolerance, dependence, withdrawal phenomena, abuse, and death from recreational use. Conclusions. Propofol has alluring and addictive properties that lend itself to potential recreational abuse and dependence. We recommend that the U.S. Drug Enforcement Administration and other international agencies should consider regulating propofol as a controlled substance. Copyright Informa UK, Ltd.

Country of Publication: United States

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

CAS Registry Number: 64-17-5 (alcohol); 258516-87-9 (fospropofol); 258516-89-1 (fospropofol); 60142-96-3 (gabapentin); 59467-70-8 (midazolam); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 2078-54-8 (propofol)

Publication Type: Journal: Review

Subject Headings:
anticonvulsant activity
anxiety
arousal
artificial ventilation
biochemistry
Brugada syndrome/si [Side Effect]
clinical trial
data base
death
depression/dt [Drug Therapy]
diagnostic and statistical manual of mental disorders
diaphoresis
*drug abuse
drug dependence
drug distribution
drug dose increase
drug effect
drug fatality/si [Side Effect]
drug induced disease/si [Side Effect]
drug metabolism
drug misuse
drug tolerance
drug withdrawal
general anesthesia
grand mal seizure/si [Side Effect]
headache/dt [Drug Therapy]
human
loading drug dose
muscle toxicity/si [Side Effect]
nonhuman
psychomotor disorder/si [Side Effect]
publication
restlessness/si [Side Effect]
review
risk
sedation
side effect/si [Side Effect]
sleep time

systematic review
tachycardia/si [Side Effect]
tremor/si [Side Effect]
withdrawal syndrome/si [Side Effect]
4 aminobutyric acid receptor
alcohol
barbituric acid derivative
benzodiazepine derivative/ae [Adverse Drug Reaction]
benzodiazepine derivative/cm [Drug Comparison]
fospropofol
gabapentin
midazolam/cm [Drug Comparison]
n methyl dextro aspartic acid receptor
opiate
*propofol/ae [Adverse Drug Reaction]
*propofol/ct [Clinical Trial]
*propofol/cm [Drug Comparison]
*propofol/cr [Drug Concentration]
*propofol/dt [Drug Therapy]
*propofol/to [Drug Toxicity]
*propofol/iv [Intravenous Drug Administration]
*propofol/pk [Pharmacokinetics]
*propofol/pd [Pharmacology]
recreational drug

Source: EMBASE

8. Problems experienced by community pharmacists delivering opioid substitution treatment in New South Wales and Victoria, Australia

Citation: Addiction (Abingdon, England), February 2010, vol./is. 105/2(335-342), 1360-0443 (Feb 2010)

Author(s): Winstock A.R.; Lea T.; Sheridan J.

Institution: (Winstock) Drug Health Services, Sydney South West Area Health Service, Sydney, NSW, Australia.

Language: English

Abstract: AIMS: To explore service provision and the range of problems that New South Wales (NSW) and Victoria (VIC) community pharmacists providing opioid substitution treatment (OST) have experienced with clients and prescribers. DESIGN: ross-sectional postal survey. SETTING: All community pharmacies providing OST in NSW (n = 593) and VIC (n = 393), Australia. PARTICIPANTS: Completed questionnaires were received from 669 pharmacists (68% response rate). MEASUREMENTS: The questionnaire addressed pharmacy characteristics, recent problems experienced with clients including refusal to dose, provision of credit for dispensing fees, termination of treatment, responses of pharmacists to problems experienced with clients, as well as problems experienced with OST prescribers. FINDINGS: In the preceding month, 41% of pharmacists had refused to dose a client for any reason, due most commonly to expired prescriptions (29%), or > or issed doses (23%). Terminating a client's treatment in the past month was reported among 14% of respondents, due most commonly to inappropriate behaviour and missed doses. Treatment termination was reported by a significantly higher proportion of pharmacists in VIC ($P < 0.001$). Treatment termination in last month was predicted having more clients ($P < 0.001$), the provision of buprenorphine treatment ($P = 0.008$), having a separate dosing area ($P = 0.021$), and being a female pharmacist ($P = 0.013$). Past month refusal to dose was predicted by the pharmacy being in VIC ($P < 0.001$) and having more clients ($P < 0.001$). Problems experienced most commonly in the past month with prescribers were difficulty contacting prescriber (21%) and provision of takeaway doses to clients considered unstable by the pharmacist (19%) (higher in VIC: both $P < 0.001$). CONCLUSIONS: This study highlights the range of problems experienced by community pharmacists in the delivery of OST and the consequences for people in

treatment. Particular attention should be focused upon considering number of clients per pharmacy and improving professional communication between pharmacists and prescribers.

Country of Publication: United Kingdom

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)

Publication Type: Journal: Article

Subject Headings:
article
Australia
cross-sectional study
economics
female
human
human relation
male
*opiate addiction/dt [Drug Therapy]
patient abandonment
patient compliance
*pharmacy
public relations
questionnaire
statistics
buprenorphine
methadone
narcotic analgesic agent

Source: EMBASE

9. Recreational Use of Mephedrone (4-Methylmethcathinone, 4-MMC) with Associated Sympathomimetic Toxicity

Citation: Journal of Medical Toxicology, 2010, vol./is. 6/3(327-330), 1556-9039;1937-6995 (2010)

Author(s): Wood D.M.; Davies S.; Puchnarewicz M.; Button J.; Archer R.; Ovaska H.; Ramsey J.; Lee T.; Holt D.W.; Dargan P.I.

Institution: (Wood, Dargan) Clinical Toxicology, Guy's and St. Thomas' NHS Foundation Trust and King's Health Partners, London, United Kingdom; (Davies, Puchnarewicz, Button, Lee) Forensic Toxicology Service, Analytical Unit, St. George's, University of London, London, United Kingdom; (Archer) School of Pharmacy and Chemistry, Kingston University, Kingston Upon Thames, London, United Kingdom; (Ovaska) General Medicine and Clinical Pharmacology and Therapeutics, Guy's and St. Thomas' NHS Foundation Trust, London, United Kingdom; (Ramsey) TICTAC Communications Ltd., St. George's, University of London, London, United Kingdom; (Holt) Analytical Unit St George's, University of London, London, United Kingdom; (Wood) Medical Toxicology Office, 2nd Flr, Bermondsey Wing, Guy's Hospital, Great Maze Pond, London SE1 9RT, United Kingdom

Language: English

Abstract: Introduction: Cathinone is a pharmacologically active alkaloid that can be extracted from the leaves of the khat plant (Catha edulis). There are synthetic derivatives of cathinone entering the recreational drug market, including mephedrone (4-methylmethcathinone, 4-MMC). There are discrepancies in the legal status of both the khat plant and its extracted alkaloids between the UK and the USA. Case Report: A 22-year-old man purchased 4 g of mephedrone powder over the Internet from a chemical supplier based in China. He initially ingested 200 mg of the mephedrone orally, with no perceived clinical effects, and thereafter injected the remaining 3.8 g intramuscularly into his thighs. Shortly after the injection, he developed palpitations, "blurred tunnel vision," chest pressure, and sweating and felt generally unwell; he presented to hospital with continuing features of sympathomimetic toxicity. His symptoms settled over the next 4 h after a single dose of oral lorazepam. Qualitative analysis of the urine and serum sample was undertaken using

gas chromatography with mass spectrometric (GC/MS) detection, both positive for the presence of 4-methylmethcathinone. Quantitative analysis of the serum sample was undertaken by liquid chromatography with tandem mass spectrometric detection; the estimated mephedrone concentration was 0.15 mg/l. Routine toxicological analysis of the serum and urine specimens using a broad GC/MS toxicology screen did not detect any other drugs or alcohol. Discussion: This is the first case of isolated 4-MMC toxicity, with confirmatory analytical findings. It is important that clinical toxicologists and emergency physicians work together to ensure a better understanding of the toxicity of novel/emerging drugs such as 4-MMC. 2010 American College of Medical Toxicology.

Country of Publication: United States

Publisher: Springer New York (233 Springer Street, New York NY 10013-1578, United States)

CAS Registry Number: 846-49-1 (lorazepam); 5650-44-2 (methcathinone)

Publication Type: Journal: Article

Subject Headings:
adrenergic stimulation
adult
anxiety disorder
article
blood analysis
blurred vision
case report
chest tightness
clinical feature
disease association
dose response
*drug misuse
electrocardiogram
emergency care
heart palpitation
human
hypertension
liquid chromatography
male
mass fragmentography
mydriasis
*neurotoxicity/dt [Drug Therapy]
proton nuclear magnetic resonance
qualitative analysis
quantitative analysis
restlessness
single drug dose
sweating
tachycardia
tandem mass spectrometry
toxicity testing
urinalysis
lorazepam/do [Drug Dose]
lorazepam/dt [Drug Therapy]
lorazepam/po [Oral Drug Administration]
*mephedrone/to [Drug Toxicity]
*methcathinone/to [Drug Toxicity]
*recreational drug/to [Drug Toxicity]
unclassified drug

Source: EMBASE

10. Prevention and reversal by cocaine esterase of cocaine-induced cardiovascular effects in rats

Citation: Drug and Alcohol Dependence, January 2010, vol./is. 106/2-3(219-229), 0376-8716 (15 Jan 2010)

Author(s): Wood S.K.; Narasimhan D.; Cooper Z.; Sunahara R.K.; Woods J.H.

Institution: (Wood, Narasimhan, Cooper, Sunahara, Woods) Department of Pharmacology, University of Michigan Medical School, Ann Arbor, MI, United States

Language: English

Abstract: The present study is the first to utilize bacterial cocaine esterase (CocE) to increase elimination of a lethal dose of cocaine and evaluate its cardioprotective effects. Rats received one of 5 treatments: CocE 1 min after saline; CocE 1 min after a lethal i.p. dose of cocaine; saline 1 min after a lethal i.p. dose of cocaine; CocE immediately after observing a cocaine-induced convulsion; and CocE 1 min after observing a cocaine-induced convulsion. Measures were taken of ECG, blood pressure, and cardiac troponin I (cTnI). The specificity of CocE against cocaine was determined by evaluating its actions against the cocaine analogue, WIN-35,065-2, which lacks an ester attack point for CocE. In addition, CocE's effects were compared with those of midazolam, a benzodiazepine often used to manage cocaine overdose. Whereas CocE alone had negligible cardiovascular effects, it blocked or reversed cocaine-induced QRS complex widening, increased QTc interval, ST elevation, bradycardia, and hypertension. When administered 1 min after cocaine, CocE inhibited myocardial damage; however, administered 1 min after a cocaine-induced convulsion (approximately 40 s before cocaine-induced death), CocE did not block cTnI release, but did restore cardiac function. Midazolam blocked convulsions, but exhibited inadequate protection against cocaine-induced cardiotoxicity. The majority of rats given cocaine plus midazolam died. CocE did not prevent the lethal cardiovascular effects of WIN-35,065-2. In all likelihood, CocE rapidly and specifically reduced the body burden of cocaine and inhibited or reversed the cardiovascular consequences of high-dose cocaine. These results support CocE as a potential therapeutic avenue in cocaine overdose.

Country of Publication: Ireland

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

CAS Registry Number: 59536-71-9 (carboxylesterase); 83380-83-0 (carboxylesterase); 9016-18-6 (carboxylesterase); 9028-01-7 (carboxylesterase); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 59467-70-8 (midazolam); 7647-14-5 (sodium chloride); 77108-40-8 (troponin I)

Publication Type: Journal: Article

Subject Headings:
animal experiment
animal model
article
bradycardia/dt [Drug Therapy]
bradycardia/pc [Prevention]
*cardiotoxicity/dt [Drug Therapy]
*cardiotoxicity/pc [Prevention]
*cocaine dependence
controlled study
convulsion/dt [Drug Therapy]
convulsion/pc [Prevention]
drug efficacy
drug selectivity
drug specificity
ECG abnormality/dt [Drug Therapy]
ECG abnormality/pc [Prevention]
heart muscle injury/dt [Drug Therapy]
heart muscle injury/pc [Prevention]
*heart protection
hypertension/dt [Drug Therapy]
hypertension/pc [Prevention]
lethality
male

nonhuman
primary prevention
priority journal
protein secretion
QRS complex
rat
ST segment elevation
toxicokinetics
*carboxylesterase/cm [Drug Comparison]
*carboxylesterase/dt [Drug Therapy]
*carboxylesterase/iv [Intravenous Drug Administration]
*carboxylesterase/pd [Pharmacology]
*cocaine/to [Drug Toxicity]
midazolam/cm [Drug Comparison]
midazolam/dt [Drug Therapy]
midazolam/pd [Pharmacology]
sodium chloride
troponin I/ec [Endogenous Compound]

Source: EMBASE

11. How big is the threat in the outpatient setting?

Original Title: How big is the threat in the outpatient setting?

Citation: Clinical Microbiology and Infection, April 2010, vol./is. 16/(S44-S45), 1198-743X (April 2010)

Author(s): Woodford N.

Institution: (Woodford) LondonUnited Kingdom

Language: English

Abstract: E. coli with CTX-M enzymes are globally the most prevalent ESBL producers. They are often isolated from urines of patients attending general practice, but there are few data to assess accurately the extent of the community burden. The prevalence of ESBL producers in faeces from healthy people is typically <5% in Europe. In a recent multicentre study of non-hospitalized patients with infections, one third of the ESBL producers (mainly E. coli) were from those with no recent health care contact (Ben-Ami et al. Clin Infect Dis. 2009;49:682). In the UK, ESBLproducing E. coli cause c. 2500 cases of bacteraemia p.a., and may be estimated to cause c. 50,000 urinary tract infections p.a. Many belong to the globally-disseminated O25:H4-ST131 uropathogenic clone and have CTX-M-15 ESBL, though CTX-M-3 is equally common in this clone in Belfast, a city where the ST131 clone is present in the faeces of 40% of nursing home residents. CTX-M-15 ESBL is associated with IncFII multi-resistance plasmids, while CTX-M-3 in Belfast is encoded on IncI1 plasmids. These plasmids cannot readily be lost even in the absence of antibiotic selective pressure, since they encode multiple 'addiction' systems. Hence ESBL producers may serve as long-term community reservoirs of resistance genes. Foreign travel may also be associated with gut colonization by ESBL-producing isolates, and the ESBL present often reflects the type most prevalent in the countries visited. Food remains an under-explored potential source for ESBL-producing E. coli. Raw chicken has been sampled in the UK, with CTX-M group 2 and 8 ESBLs found in meat imported from South America; these types account for <1% of ESBLs from clinical infections. There are currently no data to suggest wide presence of CTX-M-15 ESBL in foodstuffs; it may be found in E. coli from animals, but the strains are usually distinct from the dominant human clinical types. ESBL producers are often multiresistant. Carbapenems are the drugs of choice for serious infections, but resistance may emerge in strains with reduced permeability, as observed in a UK nursing home resident who had no recent hospitalization or carbapenem exposure. Carbapenemase-producing E. coli are rare, although isolates with NDM-1 metallo-carbapenemase in addition to CTX-M-15 and acquired AmpC enzymes give cause for concern lest they become as prevalent as those with 'traditional' CTX-M-15 enzyme, or follow them into the community setting.

Conference Information: 20th ECCMID Vienna Austria. Conference Start: 20100410 Conference End: 20100413

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*outpatient
Escherichia coli
community
clone
United Kingdom
plasmid
infection
nursing home patient
food
feces
permeability
hospitalization
exposure
urine
patient
general practice
prevalence
Europe
hospital patient
bacteremia
urinary tract infection
city
multiple drug abuse
gene
travel
intestine
chicken
meat
South America
human
health care
extended spectrum beta lactamase
carbapenemase
carbapenem derivative
antibiotic agent
carbapenem
beta lactamase AmpC
enzyme
beta lactamase CTX M
salicylate sodium

Source: EMBASE

12. Preliminary findings in ablating the nucleus accumbens using stereotactic surgery for alleviating psychological dependence on alcohol

Citation: Neuroscience Letters, April 2010, vol./is. 473/2(77-81), 0304-3940 (April 2010)

Author(s): Wu H.-M.; Wang X.-L.; Chang C.-W.; Li N.; Gao L.; Geng N.; Ma J.-H.; Zhao W.; Gao G.-D.

Institution: (Wu, Wang, Chang, Li, Gao, Geng, Ma, Zhao, Gao) Department of Neurosurgery and Institute for Functional Brain Disorders, Tangdu Hospital, The Fourth Military Medical University, Xi'an 710038, China

Language: English

Abstract: We studied the effect of stereotactic surgery in cases of alcohol dependence. Twelve patients with a psychological dependence on alcohol (treated systematically with

medication for detoxification 3-8 times in various rehabilitation centers before, but had relapsed within 2 weeks after withdrawal) were treated by ablating the nucleus accumbens (NA_C) bilaterally using stereotactic surgery. The therapeutic effect and safety evaluation index of the surgery were analyzed. The timing of the conducted evaluations was preoperatively and in the sixth postoperative month. Currently, relapse has not occurred in 9 cases. Relapse occurred in 3 cases after surgery. The prevalence of relapse was 16.7% within 6 months, and 25% within 12 months. Non-specific complications of this type of surgery (e.g., intracranial hematoma, infection) were not observed. One case in 12 patients suffered dysosmia, but he recovered completely 4 months later after surgery. The full-scale intelligence quotient (FSIQ) and memory quotient (MQ) of these patients were significantly improved 6 months postoperatively compared with preoperatively. The severity of alcohol dependence scale and a scale measuring alcohol craving in these patients were significantly decreased. There were also significant changes over time in the Minnesota multiphasic personality inventory (MMPI) profile, suggesting a decrease in depression, irritability, and psychopathy. Ablating specified targets (NA_C) using stereotactic surgery is a safe method to alleviate alcohol craving, reduce relapse rates and improve quality-of-life in patients with psychological dependence on alcohol. 2010 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

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

Publication Type: Journal: Article

Subject Headings:
adult
alcohol withdrawal
*alcoholism/su [Surgery]
article
brain hematoma/co [Complication]
clinical article
depression
detoxification
disease severity
human
intelligence quotient
irritability
male
Minnesota Multiphasic Personality Inventory
*nucleus accumbens
postoperative infection/co [Complication]
postoperative period
preoperative period
prevalence
priority journal
psychopathy
quality of life
relapse
safety
*stereotaxic surgery
withdrawal syndrome
*alcohol

Source: EMBASE

13. Factors associated with initiation of ecstasy use among US adolescents: Findings from a national survey

Citation: Drug and Alcohol Dependence, January 2010, vol./is. 106/2-3(193-198), 0376-8716 (15 Jan 2010)

Author(s): Wu P.; Liu X.; Fan B.

Institution: (Wu) Department of Psychiatry, College of Physicians and Surgeons, Columbia University, 1051 Riverside Drive, Unit 43, New York, NY 10032, United States; (Wu, Liu) Mailman School of Public Health, Columbia University, New York, NY 10032, United States; (Wu, Fan) New York State Psychiatric Institute, New York, NY 10032, United States

Language: English

Abstract: Aims: To investigate adolescent pathways to ecstasy use by (1) examining how early onsets of smoking, drinking, and marijuana use are related to a child's risk of initiation of ecstasy use and (2) assessing the influence of other individual and parental factors on ecstasy use initiation. Methods: Data on 6426 adolescents (12-17 years old at baseline) from the National Survey of Parents and Youth (NSPY), a longitudinal, nationally representative household survey of youth and their parents, were used in the analyses. Information on youth substance use, including ecstasy use, as well as familial and parental characteristics, was available. Results: Initiation of ecstasy use is predicted by an adolescent's early initiation of smoking, drinking, or marijuana use. In particular, early initiation either of marijuana use, or of both smoking and drinking, increases a child's risk for ecstasy use initiation. Among the familial and parental variables, parent drug use emerged as significantly predictive of child initiation of ecstasy use; living with both parents and close parental monitoring, on the other hand, are negatively associated with ecstasy use initiation, and may be protective against it. At the individual level, sensation seeking tendencies and positive attitudes towards substance use, as well as close associations with deviant peers, are predictive of adolescent initiation of ecstasy use. Conclusion: Our findings on the risk and protective factors for initiation of ecstasy use, especially with regard to factors that are modifiable, will be useful for prevention programs targeting youth use not only of ecstasy, but also of other drugs. 2009 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

CAS Registry Number: 42542-10-9 (3,4 methylenedioxymethamphetamine); 8001-45-4 (cannabis); 8063-14-7 (cannabis)

Publication Type: Journal: Article

Subject Headings:
adolescent
article
attitude
child
drinking behavior
*drug dependence
family
female
health survey
human
male
monitoring
parent
prediction
priority journal
school child
smoking
United States
*3,4 methylenedioxymethamphetamine
cannabis

Source: EMBASE

14. Characterization of a high-activity mutant of human butyrylcholinesterase against (-)-cocaine

Citation: Chemico-Biological Interactions, January 0001, vol./is. 187/1-3(148-152), 0009-2797 (Septemper 2010)

Author(s): Yang W.; Xue L.; Fang L.; Chen X.; Zhan C.-G.

Institution: (Yang, Xue, Fang, Chen, Zhan) Department of Pharmaceutical Sciences, College of Pharmacy, University of Kentucky, 725 Rose Street, Lexington, KY 40536, United States

Language: English

Abstract: Cocaine addiction and overdose are a well-known public health problem. There is no approved medication available for cocaine abuse treatment. Our recently designed and discovered high-activity mutant (A199S/S287G/A328W/Y332G) of human butyrylcholinesterase (BChE) has been recognized to be worth exploring for clinical application in humans as a potential anti-cocaine medication. The catalytic rate constant (k_{cat}) and Michaelis-Menten constant (K_M) for (-)-cocaine hydrolysis catalyzed by A199S/S287G/A328W/Y332G BChE (without fusion with any other peptide) have been determined to be 3060min⁻¹ and 3.1muM, respectively, in the present study. The determined kinetic parameters reveal that the un-fused A199S/S287G/A328W/Y332G mutant has a ~1080-fold improved catalytic efficiency (k_{cat}/K_M) against (-)-cocaine compared to the wild-type BChE. The ~1080-fold improvement in the catalytic efficiency of the un-fused A199S/S287G/A328W/Y332G mutant is very close to the previously reported the ~1000-fold improvement in the catalytic efficiency of the A199S/S287G/A328W/Y332G mutant fused with human serum albumin. These results suggest that the albumin fusion did not significantly change the catalytic efficiency of the BChE mutant while extending the plasma half-life. In addition, we have also examined the catalytic activities of the A199S/S287G/A328W/Y332G mutant against two other substrates, acetylthiocholine (ATC) and butyrylthiocholine (BTC). It has been shown that the A199S/S287G/A328W/Y332G mutations actually decreased the catalytic efficiencies of BChE against ATC and BTC, while considerably improving the catalytic efficiency of BChE against (-)-cocaine. 2010 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 1797-69-9 (acetylthiocholine); 4468-05-7 (acetylthiocholine); 56-41-7 (alanine); 6898-94-8 (alanine); 1866-16-6 (butyrylthiocholine); 4555-00-4 (butyrylthiocholine); 9001-08-5 (cholinesterase); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 56-40-6 (glycine); 6000-43-7 (glycine); 6000-44-8 (glycine); 9048-49-1 (human serum albumin); 56-45-1 (serine); 6898-95-9 (serine); 6912-86-3 (tryptophan); 73-22-3 (tryptophan); 16870-43-2 (tyrosine); 55520-40-6 (tyrosine); 60-18-4 (tyrosine)

Publication Type: Journal: Article

Subject Headings:
article
catalysis
cocaine dependence
controlled study
drug half life
drug mechanism
embryo
enzyme activity
enzyme substrate
enzyme therapy
human
human cell
hydrolysis
mutant
wild type
acetylthiocholine
alanine
butyrylthiocholine
*cholinesterase/pd [Pharmacology]
*cocaine
glycine

human serum albumin
serine
tryptophan
tyrosine

Source: EMBASE

15. Comorbidity between bipolar disorder and alcohol use disorder: Association of dopamine and serotonin gene polymorphisms

Citation: Psychiatry Research, March 2010, vol./is. 176/1(30-33), 0165-1781 (30 Mar 2010)

Author(s): Yasseen B.; Kennedy J.L.; Zawertailo L.A.; Busto U.E.

Institution: (Yasseen, Zawertailo, Busto) Department of Pharmacology and Toxicology, University of Toronto, Toronto, Ont., Canada; (Busto) Faculty of Pharmacy, University of Toronto, Toronto, Ont., Canada; (Kennedy) Department of Psychiatry, Faculty of Medicine, University of Toronto, Toronto, Ont., Canada; (Kennedy, Zawertailo, Busto) Neuroscience Research Department, Centre for Addiction and Mental Health, Toronto, Ont., Canada

Language: English

Abstract: Bipolar disorder is a chronic mental illness with high prevalence of co-occurring alcohol use disorder. Linkage studies have revealed several candidate genes in the dopaminergic and serotonergic pathways which may be associated with both bipolar and alcohol use disorders. We investigated the relationship between polymorphisms in candidate genes and alcohol use disorder comorbidity in bipolar patients. We performed a retrospective study of a genomic database consisting of 278 bipolar disorder patients. Diagnosis of bipolar disorder was according to the Structured Clinical Interview for DSM-IV Axis I disorders (SCID-I). RFLP analysis of single nucleotide polymorphisms were performed in dopamine (DRD1, DRD2 and DRD3) and serotonin receptor and transporter genes (5HTTLPR, 5HT1B, 5HT2A, 5HT2C). There were 179 (64%) females in the database. Seventy-one (25.5%) of the bipolar patients were diagnosed as comorbid alcohol use disorder. Chi-square analysis indicated that in female bipolar patients, there was a significant difference in genotype frequency between the bipolar patients with comorbid alcohol use disorder and non-comorbid bipolar patients for the Ser23Cys (rs6318) polymorphism of the 5HT2C gene. Overall, the results indicate a possible association between 5HT2C and alcohol use disorder comorbidity.

Country of Publication: Ireland

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

CAS Registry Number: 4371-52-2 (cysteine); 52-89-1 (cysteine); 52-90-4 (cysteine); 51-61-6 (dopamine); 62-31-7 (dopamine); 56-45-1 (serine); 6898-95-9 (serine); 50-67-9 (serotonin)

Publication Type: Journal: Article

Subject Headings:
adult
*alcoholism/et [Etiology]
amino acid substitution
article
*bipolar disorder/et [Etiology]
chi square test
comorbidity
controlled study
disease association
female
gene frequency
genetic database
genetic polymorphism
human
linkage analysis
major clinical study

male
priority journal
restriction fragment length polymorphism
sex ratio
single nucleotide polymorphism
Structured Clinical Interview for DSM Disorders
cysteine/ec [Endogenous Compound]
*dopamine/ec [Endogenous Compound]
dopamine 1 receptor/ec [Endogenous Compound]
dopamine 2 receptor/ec [Endogenous Compound]
dopamine 3 receptor/ec [Endogenous Compound]
serine/ec [Endogenous Compound]
*serotonin/ec [Endogenous Compound]
serotonin 1B receptor/ec [Endogenous Compound]
serotonin 2A receptor/ec [Endogenous Compound]
serotonin 2C receptor/ec [Endogenous Compound]
serotonin transporter/ec [Endogenous Compound]

Source: EMBASE

16. Malignancy frequency analysis in a Parkinson's disease patients sample

Original Title: Malignancy frequency analysis in a Parkinson's disease patients sample

Citation: Movement Disorders, 2010, vol./is. 25/(S265-S266), 0885-3185 (2010)

Author(s): Ybot I.; Vivancos F.; Tallon A.; D-Tejedor E.

Institution: (Ybot, Vivancos, Tallon, D-Tejedor) MadridSpain

Language: English

Abstract: Objective: To analyze the frequency of malignant neoplasms (MN) in an out-patients sample of Parkinson's disease (PD) cases attended at a PD office in LPUH. Background: It's been described a low MN incidence and prevalence in PD patients (PDpt). Some genetic mutations may influence inversely in both pathologies, promoting the degeneration of cells, and avoiding uncontrolled cell proliferation mechanisms at the same time. Methods: Performing a detailed randomized review of 126 medical histories of PDpt diagnosed from 1971 to 2009, according to The UK Brain Bank Criteria, and telephone interviews, we obtained a definitive full data sample of 107 cases. All patients consented for reviewing and anonymous publication of medical data. We analyzed: sex, birth date, age at the moment of inclusion (iA), age at PD symptoms onset (PDA), time of evolution (Et), age at diagnose of MN(MNA), MN type (smoking or non smoking-related, melanoma); smoking, alcoholic use and physical activity to sweat (PA); weigh (W, Kg), height (H, meters), body mass index (BMI); PD treatment (L-Dopa, or not), and familiar history of PD and malignancies. Results: Population analysis: 55,1% (n=59) men, 44,9% (n=48) women; iA: 35y-91y, mean (m) 68,23y; PDA range (y): [19-83] (m=58,68; SD=12,6); Et: 0-43y (m=9,55). 63,6% (n=68) had never smoked; 26,2% (n=28) were ex smokers (9,3%, n=10, <20 cigarettes/day; 16,8%, n=18, >=20cig/day); 9,3% (n=10) were active smokers (4,7%, n=5, <20cig/day; 4, 7%, n=5, >=20cig/day). 70,1% (n=75) never drunk alcohol; 19,6% (n=21) presented daily alcohol intake; 6,5% (n=7) drunk 1-6 days/week (d/w); 3,7% (n=4) did it occasionally. 61,7% (n=66) performed no usual sweating PA; 20,6% (n=22) did it 3 or more d/w; 13,1% (n=14) did it once/twice a week; and 4,7% (n=5) did it occasionally. BMI:99,1% (n=106)>=30 Kg/m2 and 0,9% (n=1) was 26-29. MN frequency: 84,1% were never diagnosed of MN (n=90), whereas 15,9% (n=17) were; 6,5% (n=7) of these latter, were smoking-related MN; and 9,3% (n=10) weren't. There was no melanoma case. 92 subjects received L-Dopa treatment and 15,2% (n=14) presented MN, in contrast to 20% (n=3) of 15 patients who didn't received this treatment. Conclusions: Our data confirm a decreased prevalence of MN in PDpt. There's no melanoma in our sample, according to previous studies that reject L-Dopa relation with this MN, but against those ones that do establish it. Our results must be compared in healthy people to analyze the RR of MN in our PDpt.

Conference Information: 14th International Congress of Parkinson's Disease and Movement Disorders Buenos Aires Argentina. Conference Start: 20100613 Conference End: 20100617

Publisher: John Wiley and Sons Inc.

Publication Type: Journal: Conference Abstract

Subject Headings:
*Parkinson disease
*patient
*frequency analysis
*motor dysfunction
smoking
melanoma
prevalence
height
body mass
population
female
alcohol consumption
sweating
outpatient
malignant neoplastic disease
pathology
degeneration
cell proliferation
United Kingdom
brain
telephone
interview
medical history
alcoholism
physical activity
sweat
mutation
levodopa
alcohol

Source: EMBASE

17. Toxic keratopathy due to abuse of topical anesthetic drugs

Citation: Cutaneous and Ocular Toxicology, June 2010, vol./is. 29/2(105-109), 1556-9527;1556-9535 (June 2010)

Author(s): Yeniad B.; Canturk S.; Esin Ozdemir F.; Alparslan N.; Akarcay K.

Institution: (Yeniad, Alparslan, Akarcay) Istanbul University, Istanbul Faculty of Medicine, Department of Ophthalmology, Istanbul, Turkey; (Canturk) Nevsehir Dr. I. Sevki Atasagun State Hospital, Nevsehir, Turkey; (Esin Ozdemir) Mardin State Hospital, Mardin, Turkey

Language: English

Abstract: Objective: To describe 8 cases of toxic keratopathy due to abuse of topical anesthetic drugs. Methods: Clinical findings from patients with toxic keratopathy were investigated retrospectively. Results: Two patients had toxic keratopathy bilaterally. Five of 8 patients had an ocular history of a corneal foreign body, 1 had basal membrane dystrophy, 1 had ultraviolet radiation, and 1 had chemical burn. All patients had undergone psychiatric consultation. Four patients had anxiety disorder and 1 had bipolar disease. Clinical signs were improved in all patients with discontinuation of topical anesthetic drug use along with adjunctive psychiatric treatment. Penetrating keratoplasty was performed in 2 patients. Conclusion: Toxic keratopathy due to topical anesthetic abuse is a curable disease. Early diagnosis and prevention of topical anesthetic drug use are the most important steps in the treatment of this condition. As these patients commonly exhibit

psychiatric disorders, adjunctive psychiatric treatment may help to break the chemical addiction. 2010 Informa UK Ltd.

Country of Publication: United States

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

CAS Registry Number: 79217-60-0 (cyclosporin); 52-21-1 (prednisolone acetate); 52628-64-5 (prednisolone acetate); 499-67-2 (proxymetacaine); 5875-06-9 (proxymetacaine); 111974-72-2 (quetiapine)

Publication Type: Journal: Article

Subject Headings:
adult
anxiety disorder/dt [Drug Therapy]
article
basement membrane
bipolar disorder
chemical burn
clinical article
cornea dystrophy
cornea opacity
*drug abuse
drug withdrawal
foreign body
human
*keratopathy/si [Side Effect]
*keratopathy/su [Surgery]
male
penetrating keratoplasty
retrospective study
*toxic keratopathy/si [Side Effect]
*toxic keratopathy/su [Surgery]
ultraviolet radiation
visual acuity
*anesthetic agent/ae [Adverse Drug Reaction]
*anesthetic agent/tp [Topical Drug Administration]
antibiotic agent/tp [Topical Drug Administration]
cyclosporin
neuroleptic agent
prednisolone acetate
proxymetacaine/tp [Topical Drug Administration]
quetiapine/dt [Drug Therapy]

Source: EMBASE

18. Combining spatial and temporal information to explore resting-state networks changes in abstinent heroin-dependent individuals

Citation: Neuroscience Letters, May 2010, vol./is. 475/1(20-24), 0304-3940 (May 2010)

Author(s): Yuan K.; Qin W.; Dong M.; Liu J.; Liu P.; Zhang Y.; Sun J.; Wang W.; Wang Y.; Li Q.; Yang W.; Tian J.

Institution: (Yuan, Qin, Dong, Liu, Liu, Zhang, Sun, Tian) Life Sciences Research Center, School of Life Sciences and Technology, Xidian University, Xi'an 710071, China; (Wang, Wang, Li, Yang) The Fourth Military Medical University, Xi'an, Shaanxi 710038, China; (Tian) Institute of Automation, Chinese Academy of Sciences, Beijing 100190, China

Language: English

Abstract: Majority of previous heroin fMRI studies focused on abnormal brain function in heroin-dependent individuals. However, few fMRI studies focused on the resting-state abnormalities in heroin-dependent individuals and assessed the relationship between the resting-state functional connectivity changes and duration of heroin use. In the present study, discrete cosine transform (DCT) was employed to explore spatial distribution of

low frequency BOLD oscillations in heroin-dependent individuals and healthy subjects during resting-state; meanwhile resting-state functional connectivity analysis was used to investigate the temporal signatures of overlapping brain regions obtained in DCT analysis among these two groups. Main finding of the present study is that the default mode network (DMN) and rostral anterior cingulate cortex (rACC) network of heroin-dependent individuals were changed compared with healthy subjects. More importantly, these changes negatively correlated with duration of heroin use. These resting-state functional abnormalites in heroin-dependent individuals provided evidence for abnormal functional organization in heroin-dependent individuals, such as functional impairments in decision-making and inhibitory control. 2010 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 1502-95-0 (diamorphine); 561-27-3 (diamorphine)

Publication Type: Journal: Article

Subject Headings:
adult
article
brain region
cingulate gyrus
clinical article
cognitive defect/co [Complication]
controlled study
decision making
discrete cosine transform
Fourier transformation
functional disease/co [Complication]
*heroin dependence
human
male
membrane steady potential
nerve cell network
oscillation
priority journal
rest
*spatial frequency discrimination
temporal cortex
*withdrawal syndrome
*diamorphine

Source: EMBASE

19. Altered small-world brain functional networks and duration of heroin use in male abstinent heroin-dependent individuals

Citation: Neuroscience Letters, June 2010, vol./is. 477/1(37-42), 0304-3940 (June 2010)

Author(s): Yuan K.; Qin W.; Liu J.; Guo Q.; Dong M.; Sun J.; Zhang Y.; Liu P.; Wang W.; Wang Y.; Li Q.; Yang W.; von Deneen K.M.; Gold M.S.; Liu Y.; Tian J.

Institution: (Yuan, Qin, Liu, Guo, Dong, Sun, Zhang, Liu, Tian) Life Sciences Research Center, School of Life Sciences and Technology, Xidian University, Xi'an 710071, China; (Wang, Wang, Li, Yang) The Fourth Military Medical University, Xi'an, Shaanxi 710038, China; (von Deneen, Gold, Liu) Department of Psychiatry and Neuroscience, McKnight Brain Institute, University of Florida, Gainesville, FL 32610, United States; (Tian) Institute of Automation, Chinese Academy of Sciences, Beijing 100190, China

Language: English

Abstract: Although previous studies reported addiction-related alteration in resting-state brain connectivity, it is unclear whether these resting-state connectivity alterations were associated with chronic heroin use. In the current study, graph theory analysis (GTA) was applied to detect abnormal topological properties in heroin-dependent individuals. Several

statistical parameters, such as degree (D), clustering coefficient (C) and shortest absolute path length (L), were included to test whether or not there was significant correlation between these parameters and the duration of heroin use. Our results demonstrated abnormal topological properties in several brain regions among our heroin-dependent subjects. Some of these regions are key areas of drug addiction-related circuits (control, reward, motivation/drive and memory), while others are involved in stress regulation. In addition, the duration of heroin use was positively correlated with the parameter D in the right parahippocampal gyrus, left putamen and bilateral cerebellum, but negatively correlated with the parameter L in the same regions. Our findings suggested that there is abnormal functional organization in heroin-dependent individuals and that the duration of heroin use is a critical factor leading to the altered brain connectivity. 2010 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 1502-95-0 (diamorphine); 561-27-3 (diamorphine)

Publication Type: Journal: Article

Subject Headings:
adult
analytic method
article
brain region
cerebellum
clinical article
control
controlled study
correlation analysis
drive
graph theory analysis
*heroin dependence
human
male
memory
motivation
neuroanatomy
*neurophysiology
priority journal
putamen
*resting state brain connectivity
reward
stress
subiculum
*diamorphine

Source: EMBASE

20. Gray matter deficits and resting-state abnormalities in abstinent heroin-dependent individuals

Citation: Neuroscience Letters, January 0001, vol./is. 482/2(101-105), 0304-3940 (Septemper 2010)

Author(s): Yuan K.; Qin W.; Dong M.; Liu J.; Sun J.; Liu P.; Zhang Y.; Wang W.; Wang Y.; Li Q.; Zhao L.; von Deneen K.M.; Liu Y.; Gold M.S.; Tian J.

Institution: (Yuan, Qin, Dong, Liu, Sun, Liu, Zhang, Tian) Life Sciences Research Center, School of Life Sciences and Technology, Xidian University, Xi'an 710071, China; (Wang, Wang, Li) The Fourth Military Medical University, Xi'an, Shaanxi 710038, China; (Zhao) National Institute on Drug Dependence, Peking University, Beijing 100083, China; (von Deneen, Liu, Gold) Departments of Psychiatry and Neuroscience, McKnight Brain Institute, University of Florida, Gainesville, FL 32610, United States; (Tian) Institute of Automation, Chinese Academy of Sciences, Beijing 100190, China

Language: English

Abstract: Previous neuroimaging studies have demonstrated both structural and functional damages in heroin-dependent individuals. However, few studies investigated gray matter deficits and abnormal resting-state networks together in heroin-dependent individuals. In the present study, voxel-based morphometry (VBM) was used to identify brain regions with gray matter density reduction. Resting-state fMRI connectivity analysis was employed to assess potential functional abnormalities during resting-state. All clinical significances were investigated by examining their association with duration of heroin use. Compared with healthy subjects, heroin-dependent individuals showed significant reduction in gray matter density in the right dorsolateral prefrontal cortex (DLPFC) and a decrease in resting-state functional connectivity between the right DLPFC and left inferior parietal lobe (IPL). The gray matter density of the right DLPFC and its resting-state functional connectivity with the left IPL both showed significantly negative correlation with duration of heroin use, which were likely to be related to the functional impairments in decision-making and cognitive control exhibited by heroin-dependent individuals. Our findings demonstrated that long heroin dependence impairs the right DLPFC in heroin-dependent individuals, including structural deficits and resting-state functional impairments. 2010 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 1502-95-0 (diamorphine); 561-27-3 (diamorphine)

Publication Type: Journal: Article

Subject Headings:
abstinence
adult
article
*brain disease
brain region
clinical article
cognition
controlled study
decision making
functional disease
functional magnetic resonance imaging
*gray matter
*heroin dependence
human
male
membrane steady potential
morphometrics
prefrontal cortex
priority journal
diamorphine

Source: EMBASE

21. Expert opinion on pharmacotherapy of narcolepsy

Citation: Expert Opinion on Pharmacotherapy, July 2010, vol./is. 11/10(1633-1645), 1465-6566 (July 2010)

Author(s): Zaharna M.; Dimitriu A.; Guilleminault C.

Institution: (Zaharna, Dimitriu, Guilleminault) Stanford University, Stanford Medical Outpatient Center, Sleep Medicine Division MC5704, Redwood City, Stanford, CA 94063, United States

Language: English

Abstract: Importance to the field: Narcolepsy is a neurodegenerative disorder resulting in the instability of the sleepwake cycle and marked by low levels of hypocretin in cerebrospinal fluid. Sleep instability is marked by brisk, sleep-onset REM periods and sleep fragmentation, while the waking state is interrupted by the intrusion of REM sleep and

sometimes accompanied by cataplectic attacks. Areas covered in this review: Current pharmacologic interventions that aim to address three primary features of this disorder; excessive daytime sleepiness (EDS), cataplexy and automatic behaviors, and sleep fragmentation. We review and compare the use of traditional and new stimulants in the treatment of EDS. For the treatment of cataplexy and automatic behaviors, serotonergic and noradrenergic agents are considered. The role of gamma-hydroxybutyrate (GHB) is also explored in its ability to reduce daytime sleepiness and catapletic attacks and to consolidate sleep. Findings are based on a PubMed literature search of clinical and basic science research papers spanning 1977-2009. What the reader will gain: A comprehensive understanding of the various existing and promising future treatments for narcolepsy. For each of these treatments, we evaluate risks versus benefits of treatment, and proposed pharmacologic mechanisms of action. We conclude with a review of new treatment approaches, including thyrotropin-releasing hormone (TRH), histamine agonists, immunotherapy and hypocretin replacement therapies. Take home message: Narcolepsy is an autoimmune, neurodegenerative disorder that results in significant sleepwake instability with or without cataplectic attacks. Current treatments aim symptomatically to reconsolidate the sleep and waking states and to reduce daytime attacks of cataplexy. Future treatments aim primarily towards correcting the causal deficiency of hypocretin or preventing the autoimmune response that results in the loss of hypocretin cells. 2010 Informa UK Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

CAS Registry Number: 591-81-1 (4 hydroxybutyric acid); 112111-43-0 (armodafinil); 82248-59-7 (atomoxetine); 82857-39-4 (atomoxetine); 82857-40-7 (atomoxetine); 83015-26-3 (atomoxetine); 58-08-2 (caffeine); 17321-77-6 (clomipramine); 303-49-1 (clomipramine); 50-47-5 (desipramine); 58-28-6 (desipramine); 1462-73-3 (dexamphetamine); 51-63-8 (dexamphetamine); 51-64-9 (dexamphetamine); 116539-59-4 (duloxetine); 136434-34-9 (duloxetine); 1622-62-4 (flunitrazepam); 54910-89-3 (fluoxetine); 56296-78-7 (fluoxetine); 59333-67-4 (fluoxetine); 54739-18-3 (fluvoxamine); 113-52-0 (imipramine); 50-49-7 (imipramine); 28297-73-6 (methamphetamine); 51-57-0 (methamphetamine); 537-46-2 (methamphetamine); 7632-10-2 (methamphetamine); 113-45-1 (methylphenidate); 298-59-9 (methylphenidate); 68693-11-8 (modafinil); 62305-91-3 (montirelin); 205599-75-3 (orexin A); 62305-86-6 (orotirelin); 502-85-2 (oxybate sodium); 2152-34-3 (pemoline); 24305-27-9 (protirelin); 1225-55-4 (protriptyline); 438-60-8 (protriptyline); 103300-74-9 (taltirelin); 846-50-4 (temazepam); 106243-16-7 (thioperamide); 28911-01-5 (triazolam); 93413-69-5 (venlafaxine)

Publication Type: Journal: Review

Subject Headings:
abdominal pain/si [Side Effect]
attention deficit disorder/dt [Drug Therapy]
autoimmunity
automatism
cataplexy/dt [Drug Therapy]
cataplexy/si [Side Effect]
clinical feature
clinical trial
constipation/si [Side Effect]
daytime somnolence/dt [Drug Therapy]
decreased appetite/si [Side Effect]
depression/dt [Drug Therapy]
dizziness/si [Side Effect]
drowsiness/si [Side Effect]
drug effect
drug efficacy
erectile dysfunction/si [Side Effect]
gastrointestinal symptom/si [Side Effect]
headache/si [Side Effect]
human
hypotension/si [Side Effect]

immunotherapy
libido disorder/si [Side Effect]
liver toxicity/si [Side Effect]
low drug dose
major depression/dt [Drug Therapy]
micturition disorder/si [Side Effect]
*narcolepsy/di [Diagnosis]
*narcolepsy/dt [Drug Therapy]
*narcolepsy/ep [Epidemiology]
nausea/si [Side Effect]
nonhuman
peripheral neuropathy/dt [Drug Therapy]
rebound
review
risk benefit analysis
sexual dysfunction/si [Side Effect]
side effect/si [Side Effect]
sleep apnea syndrome/dt [Drug Therapy]
sleep disorder/dt [Drug Therapy]
sleep fragmentation/dt [Drug Therapy]
slow wave sleep
somnolence/dt [Drug Therapy]
status cataplecticus/si [Side Effect]
substitution therapy
tachycardia/si [Side Effect]
vomiting/si [Side Effect]
wakefulness
weight gain
withdrawal syndrome/si [Side Effect]
xerostomia/si [Side Effect]
4 hydroxybutyric acid/dt [Drug Therapy]
antidepressant agent/dt [Drug Therapy]
armodafinil/ae [Adverse Drug Reaction]
armodafinil/ct [Clinical Trial]
armodafinil/dt [Drug Therapy]
armodafinil/pk [Pharmacokinetics]
atomoxetine/ae [Adverse Drug Reaction]
atomoxetine/dt [Drug Therapy]
caffeine/dt [Drug Therapy]
clomipramine/dt [Drug Therapy]
clomipramine/pd [Pharmacology]
desipramine/dt [Drug Therapy]
desipramine/pd [Pharmacology]
dexamphetamine/dt [Drug Therapy]
dexamphetamine/pd [Pharmacology]
duloxetine/ae [Adverse Drug Reaction]
duloxetine/dt [Drug Therapy]
flunitrazepam/dt [Drug Therapy]
fluoxetine/dt [Drug Therapy]
fluoxetine/pk [Pharmacokinetics]
fluvoxamine/dt [Drug Therapy]
imipramine/dt [Drug Therapy]
imipramine/pd [Pharmacology]
methamphetamine/dt [Drug Therapy]
methamphetamine/pd [Pharmacology]
methylphenidate/dt [Drug Therapy]
methylphenidate/pd [Pharmacology]
modafinil/ae [Adverse Drug Reaction]
modafinil/ct [Clinical Trial]
modafinil/dv [Drug Development]

modafinil/dt [Drug Therapy]
modafinil/pk [Pharmacokinetics]
modafinil/pd [Pharmacology]
monoamine oxidase inhibitor/dt [Drug Therapy]
montirelin
orexin A/dv [Drug Development]
orexin A/do [Drug Dose]
orexin A/dt [Drug Therapy]
orexin A/cv [Intracerebroventricular Drug Administration]
orexin A/na [Intranasal Drug Administration]
orexin A/iv [Intravenous Drug Administration]
orexin A/pk [Pharmacokinetics]
orotirelin
oxybate sodium/ct [Clinical Trial]
oxybate sodium/do [Drug Dose]
oxybate sodium/dt [Drug Therapy]
pemoline/dt [Drug Therapy]
protirelin/dt [Drug Therapy]
protirelin/pd [Pharmacology]
protriptyline/dt [Drug Therapy]
serotonin noradrenalin reuptake inhibitor/dt [Drug Therapy]
serotonin uptake inhibitor/ae [Adverse Drug Reaction]
serotonin uptake inhibitor/dt [Drug Therapy]
taltirelin
temazepam/dt [Drug Therapy]
thioperamide/dv [Drug Development]
thioperamide/dt [Drug Therapy]
thioperamide/pd [Pharmacology]
triazolam/dt [Drug Therapy]
tricyclic antidepressant agent/ae [Adverse Drug Reaction]
tricyclic antidepressant agent/dt [Drug Therapy]
tricyclic antidepressant agent/pd [Pharmacology]
unindexed drug
venlafaxine/ae [Adverse Drug Reaction]
venlafaxine/dt [Drug Therapy]

Source: EMBASE

22. Meconium screening for prenatal alcohol exposure: Value of open vs. anonymous testing

Original Title: Meconium screening for prenatal alcohol exposure: Value of open vs. anonymous testing

Citation: Alcoholism: Clinical and Experimental Research, June 2010, vol./is. 34/6(102A), 0145-6008 (June 2010)

Author(s): Zelner I.; Shor S.; Gareri J.; Lynn H.; Roukema H.; Lum L.; Eisinga K.; Nulman I.; Koren G.

Language: English

Abstract: Aim: To assess women's willingness to partake in an open neonatal screening program for prenatal alcohol exposure. Specifically, to assess the rate of voluntary participation and proportion of positive samples in a non-anonymous screening program, in which meconium analysis is coupled to long term follow-up and interventions; and compare these to the rates observed in the same population with anonymous recruiting, where testing was done without identifiers or follow-up. Methods: A pilot non-anonymous screening program for prenatal alcohol exposure is currently being implemented in Grey-Bruce, Ontario. Briefly, written informed consent for meconium testing and follow-up is being sought from all women delivering in St. Joseph's Hospital, London, Ontario. Collected meconium samples are tested for FAEE using established methods; and children with positive results are followed-up through an existing public health program involving regular home visits by a public health nurse and timely developmental assessments. If delays are detected, the child is referred to diagnostic services and

appropriate intervention programs. Upon recruitment completion, the rate of voluntary participation and proportion of positive samples in this voluntary non-anonymous screening program will be compared to the participation rate and proportion of positive samples observed in a previously implemented anonymous phase. Results: To date, 39 women have been offered open testing, of which 30 consented. Of the 24 samples tested thus far, one positive case has been identified and is currently being followed-up by the Public Health Department. At present, the participation rate in this open screening program is significantly lower ($p < 0.05$) than in the anonymous phase (77% vs. 94%, respectively), while the positivity rate is only 4% in contrast to a 30% positivity rate observed under anonymous conditions ($p < 0.01$). Discussion: This study aims to assess the acceptability of open screening to the population, and thus provide information on the usefulness of implementing similar programs in clinical practice. The preliminary findings suggest that open screening results in lower participation and low positivity for fetal exposure, thus implying that despite the potential benefits of such programs, women's unwillingness to consent may severely limit the usefulness of meconium testing for large population-based open screening.

Conference Information: 33rd Annual Scientific Meeting of the Research Society on Alcoholism, RSA San Antonio, TX United States. Conference Start: 20100626 Conference End: 20100630

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*screening
*anonymous testing
*meconium
*exposure
*alcoholism
*society
female
follow up
population
Canada
public health
child
public health service
clinical practice
newborn screening
informed consent
hospital
United Kingdom
health program
professional practice
nurse
preventive health service
*alcohol

Source: EMBASE

23. Chronic pain management issues in the primary care setting and the utility of long-acting opioids

Citation: Expert Opinion on Pharmacotherapy, August 2010, vol./is. 11/11(1823-1833), 1465-6566 (August 2010)

Author(s): Zorba Paster R.

Institution: (Zorba Paster) University of Wisconsin, School of Medicine and Public Health, Madison, WI, United States; (Zorba Paster) Dean Medical Center, Oregon Clinic, 753 North Main Street, Oregon, WI 53575, United States

Language: English

Abstract: Importance of the field: Chronic/persistent pain a highly prevalent condition that places a substantial burden on patients in terms of personal suffering, reduced productivity and health care costs remains inadequately treated in many patients. The purpose of this

review is to provide an overview and evaluate the burden and undertreatment of chronic/persistent pain, considerations for choosing an analgesic and the utility of long-acting opioids. Areas covered in this review: A PubMed search was conducted to identify randomized, placebo-controlled trials evaluating the efficacy and safety of long-acting opioids in chronic pain conditions. The following search terms were used: long-acting opioids, extended-release opioids, controlled-release opioids, sustained-release opioids, and transdermal opioids. The search was limited to randomized, controlled trials published within the last 10 years (1998 2008). Studies meeting the following criteria were excluded from review: those focused on a neuropathic pain condition or specific patient subpopulations (e.g., opioid-experienced patients); those conducted outside the USA; and those evaluating a long-acting opioid that is not on the US market at present. What the reader will gain: The reader will first develop a better understanding of the individual and societal ramifications of undertreated chronic pain. Then, a critical review of safety and efficacy data from well-controlled randomized studies will help readers understand the choices and variables that should be considered when selecting appropriate treatments for patients with chronic pain. Take home message: Successful management of chronic/persistent pain should be individually tailored to each patient, taking into account his or her pain intensity and duration, disease state, tolerance of adverse events and risk of medication abuse or diversion. The literature supports the efficacy and safety of a number of long-acting opioids for the treatment of moderate to severe chronic pain, demonstrating sustained improvements in pain intensity and pain-related sleep disturbances with these agents. 2010 Informa UK Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

CAS Registry Number: 125-29-1 (hydrocodone); 25968-91-6 (hydrocodone); 34366-67-1 (hydrocodone); 23095-84-3 (morphine sulfate); 35764-55-7 (morphine sulfate); 64-31-3 (morphine sulfate); 124-90-3 (oxycodone); 76-42-6 (oxycodone); 357-07-3 (oxymorphone); 76-41-5 (oxymorphone); 103-90-2 (paracetamol); 27203-92-5 (tramadol); 36282-47-0 (tramadol)

Publication Type: Journal: Review

Subject Headings:
amenorrhea/si [Side Effect]
anemia/si [Side Effect]
arthritis/dt [Drug Therapy]
*chronic pain/dt [Drug Therapy]
clinical trial
constipation/si [Side Effect]
depression/si [Side Effect]
disease duration
disease severity
dizziness/si [Side Effect]
drug dependence/si [Side Effect]
drug dose titration
drug efficacy
drug safety
drug tolerability
drug utilization
drug withdrawal
erectile dysfunction/si [Side Effect]
evening dosage
fatigue/si [Side Effect]
headache/si [Side Effect]
health care cost
hip osteoarthritis/dt [Drug Therapy]
hot flush/si [Side Effect]
human
hypogonadism/si [Side Effect]
insomnia/si [Side Effect]
knee osteoarthritis/dt [Drug Therapy]
libido disorder/si [Side Effect]

low back pain/dt [Drug Therapy]
morning dosage
muscle atrophy/si [Side Effect]
nausea/si [Side Effect]
opiate addiction/si [Side Effect]
osteoarthritis/dt [Drug Therapy]
osteoporosis/si [Side Effect]
pain assessment
primary medical care
pruritus/si [Side Effect]
review
risk benefit analysis
sedation
side effect/si [Side Effect]
sleep disorder/co [Complication]
somnolence/si [Side Effect]
treatment outcome
United States
vomiting/si [Side Effect]
xerostomia/si [Side Effect]
hydrocodone/ae [Adverse Drug Reaction]
hydrocodone/dt [Drug Therapy]
morphine sulfate/ae [Adverse Drug Reaction]
morphine sulfate/ct [Clinical Trial]
morphine sulfate/dt [Drug Therapy]
nonsteroid antiinflammatory agent/ae [Adverse Drug Reaction]
nonsteroid antiinflammatory agent/dt [Drug Therapy]
opana
*opiate derivative/ae [Adverse Drug Reaction]
*opiate derivative/ct [Clinical Trial]
*opiate derivative/dt [Drug Therapy]
*opiate derivative/tl [Intrathecal Drug Administration]
*opiate derivative/po [Oral Drug Administration]
oxycodone/ae [Adverse Drug Reaction]
oxycodone/dt [Drug Therapy]
oxycodone/po [Oral Drug Administration]
oxycodone plus paracetamol/ae [Adverse Drug Reaction]
oxycodone plus paracetamol/ct [Clinical Trial]
oxycodone plus paracetamol/dt [Drug Therapy]
oxymorphone/ae [Adverse Drug Reaction]
oxymorphone/ct [Clinical Trial]
oxymorphone/do [Drug Dose]
oxymorphone/dt [Drug Therapy]
paracetamol/dt [Drug Therapy]
tramadol/ae [Adverse Drug Reaction]
tramadol/ct [Clinical Trial]
tramadol/do [Drug Dose]
tramadol/dt [Drug Therapy]
unclassified drug

Source: EMBASE

24. Prevalence and predictors of heavy drinking among OEF/OIF student veterans

Original Title: Prevalence and predictors of heavy drinking among OEF/OIF student veterans

Citation: Alcoholism: Clinical and Experimental Research, June 2010, vol./is. 34/6(126A), 0145-6008 (June 2010)

Author(s): Zywiak W.H.; Lagrutta J.E.; Trefy W.B.; Powers J.T.

Language: English

Abstract: With the increase of guaranteed payments available to OEF/OIF (Operations Enduring and Iraqi Freedom) student veterans through the Post-9/11 GI Bill many colleges and universities are actively recruiting these veterans. OEF/OIF student veterans, in general, are hard working (averaging 12.6 credit hours per semester and 16.1 hours per week worked for pay) and more mature (M = 27.0 years, SD = 5.4, range 20-46) than the typical college student. Many have a drive and focus that is uncommon in the typical college student. We sought to determine the prevalence and predictors of heavy drinking among OEF/OIF student veterans, in part, to inform the tailoring of college facilitation (Zywiak et al., 2003) to this important population. Thirty one OEF/OIF student veterans from 4 New England states completed a survey through the mail. Fifty 5% of the sample reported drinking heavily (4 drinks in one day for women, 5 for men) in the last 28 days, 13% reported using tobacco in this time span, and 10% reported using marijuana in this time span. Peak drinking in this time span ranged from none to 20 drinks (M = 5.3, SD = 4.7). Thirty five percent of the sample had been deployed more than once (M = 1.6, SD = 1.0, range 1-4). The sample included 19% female students, 13% Latino students, and 7% Asian students. Most (74%) had received services from the VA. While PTSD and mental health treatment were reported, none reported receiving services specifically for alcohol or substance misuse. The average travel time to the nearest VA was 28 minutes (SD = 16) and ranged from 10 to 70 minutes. Marijuana use and peak drinking were related [t(29) = 4.27, M = 14.0 (5.3) versus 4.3 (3.6) drinks, p <.001). Peak drinking and PTSD symptoms were also related [r(30) =.36, p <.05]. The relationship between peak drinking and tobacco use was right at the significance threshold [t(29) = 2.04, M = 9.5 (8.2) versus M = 4.6 (3.8) drinks, p =.05]. We did not identify any variables distinguishing heavy drinking student veterans from non-heavy drinking student veterans. Results suggest that alcohol is the drug of choice among OEF/OIF student veterans, and that the prevalence of recent heavy drinking is pronounced in this group of students. When provided to OEF/OIF students, college facilitation should target tobacco use, marijuana use, and PTSD symptoms (when appropriate for that student veteran) in addition to heavy drinking and general academic functioning.

Conference Information: 33rd Annual Scientific Meeting of the Research Society on Alcoholism, RSA San Antonio, TX United States. Conference Start: 20100626 Conference End: 20100630

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:

*student
*society
*veteran
*drinking
*prevalence
*alcoholism
college
tobacco
posttraumatic stress disorder
female
college student
mental health
travel
population
United States
Hispanic
Asian
university
cannabis
alcohol

Source: EMBASE