

# Search Results

## Table of Contents

---

Search History .....	page 4
1. Polydrug abuse: a review of opioid and benzodiazepine combination use. ....	page 5
2. The reinforcement threshold for nicotine as a target for tobacco control. ....	page 5
3. Factors associated with experiences of stigma in a sample of HIV-positive, methamphetamine-using men who have sex with men. ....	page 6
4. Differences in time to onset of smoking and nicotine dependence by race/ethnicity in a Midwestern sample of adolescents and young adults from a high risk family study. ....	page 7
5. Trajectories of adolescent alcohol use after brief treatment in an Emergency Department. ....	page 8
6. Matching adolescents with a cannabis use disorder to multidimensional family therapy or cognitive behavioral therapy: treatment effect moderators in a randomized controlled trial. ....	page 9
7. Correlates of tobacco dependence and motivation to quit among young people receiving mental health treatment. ....	page 10
8. Neurocognitive deficits are associated with unemployment in chronic methamphetamine users. ....	page 11
9. Response inhibition and psychomotor speed during methadone maintenance: impact of treatment duration, dose, and sleep deprivation. ....	page 12
10. The first 90 days following release from jail: findings from the Recovery Management Checkups for Women Offenders (RMCWO) experiment. ....	page 13
11. Nicotine dependence among clients receiving publicly funded substance abuse treatment. ....	page 14
12. Ten-year stability of remission in private alcohol and drug outpatient treatment: non-problem users versus abstainers. ....	page 15
13. A retrospective analysis of two randomized trials of bupropion for methamphetamine dependence: suggested guidelines for treatment discontinuation/augmentation. ....	page 16
14. Cognitive ability in early adulthood as a predictor of habitual drug use during later military service and civilian life: the Vietnam Experience Study. ....	page 17
15. Changes in drinking behavior among control group participants in early intervention studies targeting unhealthy alcohol use recruited in general hospitals and general practices. ....	page 18
16. The role of craving in AUDs: dimensionality and Differential Functioning in the DSM-5. ....	page 19
17. Acute baclofen diminishes resting baseline blood flow to limbic structures: a perfusion fMRI study. ....	page 20
18. The influence of living along the U.S.-Mexico border on unintentional drug overdose death, New Mexico (USA), 2005-2009. ....	page 21
19. Improving control over the impulse for reward: sensitivity of harmful alcohol drinkers to delayed reward but not immediate punishment. ....	page 22
20. Glutamate, GABA, and other cortical metabolite concentrations during early abstinence from alcohol and their associations with neurocognitive changes. ....	page 23
21. Effects of acute nicotine and alcohol on the rating of attractiveness in social smokers and alcohol drinkers. ....	page 24
22. Mortality and causes of death among users of methadone maintenance treatment in Israel, 1999-2008. ....	page 25
23. Brief case finding tools for anxiety disorders: validation of GAD-7 and GAD-2 in addictions treatment. ....	page 26
24. Key components of a service model providing early childhood support for women attending opioid treatment clinics: an Australian state health service review. ....	page 27
25. Recent advances in the genetics and immunology of Stevens-Johnson syndrome and toxic epidermal necrosis. ....	page 28

26. HIV infection among ethnic minority and migrant men who have sex with men in Britain. ....	page 29
27. Violent behaviour in U.K. military personnel returning home after deployment. ....	page 30
28. More English people are recovering from drug addiction, but recession poses risks. ....	page 31
29. If in doubt, don't eat it. ....	page 31
30. Hepatoprotective potential of <i>Tecomella undulata</i> stem bark is partially due to the presence of betulinic acid. .....	page 31
31. Metabolic plasticity and the energy economizing effect of ibogaine, the principal alkaloid of <i>Tabernanthe iboga</i> . .....	page 32
32. Protective effect of <i>Heliotropium foertherianum</i> (Boraginaceae) folk remedy and its active compound, rosmarinic acid, against a Pacific ciguatoxin. ....	page 34
33. Impact of exposure to combat during deployment to Iraq and Afghanistan on mental health by gender. ....	page 35
34. Methadone prescribing is to be reviewed in Scotland as user numbers continue to rise. ....	page 35
35. The lived experience of UK street-based sex workers and the health consequences: an exploratory study. .....	page 36
36. Known and potential new risk factors for skin cancer in European populations: a multicentre case-control study. .....	page 36
37. Hepatoprotective effect of the ethanol extract of <i>Vitis thunbergii</i> on carbon tetrachloride-induced acute hepatotoxicity in rats through anti-oxidative activities. ....	page 38
38. Pharmacological evaluation of <i>Ipomoea asarifolia</i> (Desr.) against carbon tetrachloride-induced hepatotoxicity in rats. ....	page 39
39. Mechanisms for consideration for intervention in the development of organophosphorus-induced delayed neuropathy. ....	page 40
40. Anaphylaxis: current state of knowledge for the modern physician. ....	page 41
41. A randomized, double-blind, placebo-controlled, crossover study to evaluate the subjective abuse potential and cognitive effects of nabiximols oromucosal spray in subjects with a history of recreational cannabis use. ....	page 42
42. Ketamine cystitis: an emerging diagnostic and therapeutic challenge. ....	page 43
43. [Treatment of tobacco dependence - improving availability in the clinical practice]. [Czech] <i>Lecba zavislosti na tabaku - zlepzeni dostupnosti v</i> [NON-BREAKING SPACE] <i>klinicke praxi.</i> ....	page 43
44. The International Alcohol Control (IAC) study-evaluating the impact of alcohol policies. ....	page 44
45. Toxicity of so-called edible hijiki seaweed ( <i>Sargassum fusiforme</i> ) containing inorganic arsenic. ....	page 45
46. Increases in alphaCaMKII phosphorylated on Thr286 in the nucleus accumbens shell but not the core during priming-induced reinstatement of morphine-seeking in rats. ....	page 46
47. Alcohol use and abuse among rural Zimbabwean adults: a test of a community-level intervention. ....	page 47
48. What Oregon's parity law can tell us about the federal Mental Health Parity and Addiction Equity Act and spending on substance abuse treatment services. ....	page 47
49. Reductions in convictions for violent crime during opioid maintenance treatment: a longitudinal national cohort study. ....	page 48
50. ANAPC1 and SLCO3A1 are associated with nicotine dependence: meta-analysis of genome-wide association studies. ....	page 49
51. Risk factors for adolescent smoking: parental smoking and the mediating role of nicotine dependence. ....	page 50
52. The Washington circle engagement performance measures' association with adolescent treatment outcomes. .....	page 51
53. Attention-deficit/hyperactivity disorder (ADHD) symptoms, craving to smoke, and tobacco withdrawal symptoms in adult smokers with ADHD. ....	page 52
54. The cost-effectiveness of tailored, postal feedback on general practitioners' prescribing of pharmacotherapies for alcohol dependence. ....	page 53

55. Deepened extinction of cocaine cues. ....	page 54
56. Coincident posttraumatic stress disorder and depression predict alcohol abuse during and after deployment among Army National Guard soldiers. ....	page 54
57. Development of the caffeine withdrawal symptom questionnaire: caffeine withdrawal symptoms cluster into 7 factors. ....	page 55
58. Screening for bipolar disorders in patients with alcohol or substance use disorders: performance of the mood disorder questionnaire. ....	page 56
59. Prospective patterns and correlates of quality of life among women in substance abuse treatment. ....	page 57
60. Effects of acute combined serotonin and dopamine depletion on cue-induced drinking intention/desire and cognitive function in patients with alcohol dependence. ....	page 58
61. Effect of vaccine dose on the safety and immunogenicity of a candidate TB vaccine, MVA85A, in BCG vaccinated UK adults. ....	page 59
62. Smoking behaviours among young people in custody in New South Wales, Australia. ....	page 60
63. The effect on reconviction of an intervention for drink-driving offenders in the community. ....	page 61
64. Data preparation techniques for a perinatal psychiatric study based on linked data. ....	page 62
65. UK experience in the monitoring and control of lead in drinking water. ....	page 63
66. Thomas Trotter's 'Essay on Drunkenness' appraised. ....	page 63
67. Associations between self-reported illness and non-drinking in young adults. ....	page 64
68. Evaluation of a drop-in rolling-group model of support to stop smoking. ....	page 65
69. Intelligence across childhood in relation to illegal drug use in adulthood: 1970 British Cohort Study. ....	page 66
70. Endogenous or exogenous spreading of HIV-1 in Nordrhein-Westfalen, Germany, investigated by phylodynamic analysis of the RESINA Study cohort. ....	page 67
71. Practice nurses and general practitioners: perspectives on the role and future development of practice nursing in Ireland. ....	page 68
72. Toxicological and pathological findings in a series of buprenorphine related deaths. Possible risk factors for fatal outcome. ....	page 69
73. Prevalence of alcohol and other psychoactive substances in injured drivers: comparison between Belgium and The Netherlands. ....	page 70
74. Trial investigation of post-mortem non-invasive transnasal endoscopy. ....	page 71
75. Phenazepam abuse in Finland: findings from apprehended drivers, post-mortem cases and police confiscations. ....	page 72
76. Clinicopathological features of sudden unexpected infectious death: population-based study in children and young adults. ....	page 73
77. The murderer is the bed: an unusual case of death by traumatic asphyxia in a hotel folding bunk bed. ....	page 74
78. An investigation and pathological analysis of two fatal cases of cadmium poisoning. ....	page 75
79. Forensic aspects of water intoxication: four case reports and review of relevant literature. ....	page 76

## Search History

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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. Polydrug abuse: a review of opioid and benzodiazepine combination use.**

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- Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(8-18), 0376-8716;1879-0046 (2012 Sep 1)
- Author(s):** Jones JD; Mogali S; Comer SD
- Institution:** Division on Substance Abuse, New York Psychiatric Institute and Department of Psychiatry, College of Physicians and Surgeons of Columbia University, 1051 Riverside Drive, Unit 120, New York, NY 10032, USA.
- Language:** English
- Abstract:** This paper reviews studies examining the pharmacological interactions and epidemiology of the combined use of opioids and benzodiazepines (BZDs). A search of English language publications from 1970 to 2012 was conducted using PubMed and PsycINFO([REGISTERED]). Our search found approximately 200 articles appropriate for inclusion in this paper. While numerous reports indicate that the co-abuse of opioids and BZDs is ubiquitous around the world, the reasons for the co-abuse of these medications are not entirely clear. Though the possibility remains that opioid abusers are using BZDs therapeutically to self-medicate anxiety, mania or insomnia, the data reviewed in this paper suggest that BZD use is primarily recreational. For example, co-users report seeking BZD prescriptions for the purpose of enhancing opioid intoxication or "high," and use doses that exceed the therapeutic range. Since there are few clinical studies investigating the pharmacological interaction and abuse liability of their combined use, this hypothesis has not been extensively evaluated in clinical settings. As such, our analysis encourages further systematic investigation of BZD abuse among opioid abusers. The co-abuse of BZDs and opioids is substantial and has negative consequences for general health, overdose lethality, and treatment outcome. Physicians should address this important and underappreciated problem with more cautious prescribing practices, and increased vigilance for abusive patterns of use. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.
- Country of Publication:** Ireland
- CAS Registry Number:** 0 (Analgesics, Opioid); 12794-10-4 (Benzodiazepines)
- Publication Type:** Journal Article; Research Support, N.I.H., Extramural; Review
- Subject Headings:** "Analgesics Opioid/pd [Pharmacology]"  
 "Benzodiazepines/pd [Pharmacology]"  
 \*Benzodiazepines  
 Drug Interactions  
 Humans  
 "\*Opioid-Related Disorders/co [Complications]"  
 "\*Opioid-Related Disorders/px [Psychology]"  
 "Opioid-Related Disorders/rh [Rehabilitation]"  
 "\*Substance-Related Disorders/co [Complications]"  
 "\*Substance-Related Disorders/px [Psychology]"  
 "Substance-Related Disorders/rh [Rehabilitation]"
- Source:** MEDLINE

**2. The reinforcement threshold for nicotine as a target for tobacco control.**

---

- Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(1-7), 0376-8716;1879-0046 (2012 Sep 1)
- Author(s):** Sofuoglu M; LeSage MG
- Institution:** Yale University, School of Medicine, Department of Psychiatry and VA Connecticut Healthcare System, West Haven, CT 06516, United States. mehmet.sofuoglu@yale.edu
- Language:** English
- Abstract:** BACKGROUND: Cigarette smoking represents an enormous public health problem worldwide that leads to over 5 million deaths per year. The gradual reduction of the

nicotine content of cigarettes below the threshold that is required to develop addiction is one strategy that might substantially reduce the number of addicted smokers and prevent adolescents from becoming addicted to nicotine (Benowitz and Henningfield, 1994). While the potential public health benefits of this approach are enormous, the guiding concepts and relevant empirical evidence needed to support the implementation of a nicotine reduction policy require a critical examination. **METHODS:** The purpose of this paper is to briefly review the current concepts and research regarding nicotine reduction while also discussing the utility of the addictive threshold for nicotine in this approach. The accurate determination of the nicotine addiction threshold presents some conceptual challenges as there is a lack of consensus on how to best measure nicotine addiction. This difficulty can impede the progress for developing a science-based tobacco control policy. As an alternative, the nicotine reinforcement threshold is a relatively clear concept, and well-accepted methods and criteria are available to measure nicotine reinforcement. **RESULTS:** However, there are many gaps in our current knowledge concerning the nicotine reinforcement threshold in humans. The threshold for nicotine reinforcement remains to be determined in controlled settings using different populations of current or potential tobacco users. In addition, the value of the nicotine reinforcement threshold in predicting tobacco use in real-world settings needs to be examined. The results of such studies will determine the potential utility of the estimated threshold for nicotine reinforcement in developing science-based tobacco control policies. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Nicotinic Agonists); 54-11-5 (Nicotine)

**Publication Type:** Journal Article; Research Support, N.I.H., Extramural; Research Support, U.S. Gov't, Non-P.H.S.; Review

**Subject Headings:** [Adolescent](#)  
[Animals](#)  
[Humans](#)  
["\\*Nicotine/pd \[Pharmacology\]"](#)  
["\\*Nicotine/tu \[Therapeutic Use\]"](#)  
["\\*Nicotinic Agonists/pd \[Pharmacology\]"](#)  
["\\*Nicotinic Agonists/tu \[Therapeutic Use\]"](#)  
[\\*Reinforcement \(Psychology\)](#)  
["Smoking/px \[Psychology\]"](#)  
["\\*Smoking Cessation/px \[Psychology\]"](#)  
["Tobacco Use Disorder/px \[Psychology\]"](#)  
["Tobacco Use Disorder/rh \[Rehabilitation\]"](#)

**Source:** MEDLINE

### 3. Factors associated with experiences of stigma in a sample of HIV-positive, methamphetamine-using men who have sex with men.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(154-9), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Semple SJ; Strathdee SA; Zians J; Patterson TL

**Institution:** Department of Psychiatry, University of California, San Diego, La Jolla, CA 92093-0680, USA.

**Language:** English

**Abstract:** **BACKGROUND:** While methamphetamine users report high rates of internalized or self-stigma, few studies have examined experiences of stigma (i.e., stigmatization by others) and its correlates. **METHODS:** This study identified correlates of stigma experiences in a sample of 438 HIV-positive men who have sex with men (MSM) who were enrolled in a sexual risk reduction intervention in San Diego, CA. **RESULTS:** Approximately 96% of the sample reported experiences of stigma related to their use of methamphetamine. In multiple regression analysis, experiences of stigma were associated with binge use of methamphetamine, injection drug use, increased anger symptoms, reduced emotional support, and lifetime treatment for methamphetamine

use. CONCLUSIONS: These findings suggest that experiences of stigma are common among methamphetamine users and that interventions to address this type of stigma and its correlates may offer social, psychological, and health benefits to HIV-positive methamphetamine-using MSM. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Dopamine Uptake Inhibitors); 537-46-2 (Methamphetamine)

**Publication Type:** Journal Article; Research Support, N.I.H., Extramural

**Subject Headings:** [Age Factors](#)  
["Alcohol Drinking/ep \[Epidemiology\]"](#)  
["Alcohol Drinking/px \[Psychology\]"](#)  
["\\*Amphetamine-Related Disorders/px \[Psychology\]"](#)  
["Amphetamine-Related Disorders/rh \[Rehabilitation\]"](#)  
[Anger](#)  
["Depression/px \[Psychology\]"](#)  
[\\*Dopamine Uptake Inhibitors](#)  
[Educational Status](#)  
[Employment](#)  
[Ethnic Groups](#)  
["HIV Infections/th \[Therapy\]"](#)  
["\\*HIV Seropositivity/px \[Psychology\]"](#)  
[Homeless Persons](#)  
["\\*Homosexuality Male/px \[Psychology\]"](#)  
[Humans](#)  
[Male](#)  
[Mental Health](#)  
[\\*Methamphetamine](#)  
[\\*Social Stigma](#)  
[Social Support](#)  
[Socioeconomic Factors](#)  
[Unsafe Sex](#)

**Source:** MEDLINE

#### 4. Differences in time to onset of smoking and nicotine dependence by race/ethnicity in a Midwestern sample of adolescents and young adults from a high risk family study.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(140-5), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Duncan AE; Lessov-Schlaggar CN; Sartor CE; Bucholz KK

**Institution:** The Brown School, Washington University, St. Louis, MO 63130, USA. aduncan@wustl.edu

**Language:** English

**Abstract:** OBJECTIVE: The objective of this study was to determine whether race/ethnicity was associated with time to smoking initiation and time from first cigarette to onset of DSM-IV nicotine dependence (ND) after adjusting for familial and individual psychosocial risk factors. METHODS: Cox proportional hazards models with time-dependent covariates were used to analyze data from 1376 offspring aged 12-33 years from 532 families at high risk for substance use problems due to paternal alcohol problems and 235 low risk families. Fifty-six percent of the sample self-identified as African-American (AA) and 44% were mainly of European descent. RESULTS: Controlling for covariates, AAs began smoking at older ages (HR=0.58; 95% CI: 0.48-0.70) and had longer times between smoking initiation and onset of ND compared to non-AAs (HR=0.25, 95% CI: 0.16-0.39 for ND onset occurring <18 years and HR=0.49, 95% CI: 0.30-0.80 for ND onsets >= age 18). After additionally controlling for number of cigarettes smoked daily, the racial/ethnic effects for onset of ND were attenuated, but remained statistically significant for ND onset <18 (HR=0.34, 95% CI: 0.19-0.61); however, the estimate was no longer significant for later ND onset (HR=0.84, 95% CI:

0.50-1.41).CONCLUSIONS: AA adolescents and young adults initiate smoking at older ages and have longer transition periods between initiation and onset of ND compared to non-AAs, even after controlling for many relevant psychiatric and psychosocial covariates; however, racial/ethnic differences in time to onset of nicotine dependence in late adolescence and young adulthood may be explained by differences in daily quantity smoked. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**Publication Type:** Journal Article; Research Support, N.I.H., Extramural

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[African Americans](#)  
[Age Factors](#)  
[Age of Onset](#)  
[Data Interpretation Statistical](#)  
[Diagnostic and Statistical Manual of Mental Disorders](#)  
[Educational Status](#)  
[Ethnic Groups](#)  
[European Continental Ancestry Group](#)  
[Family](#)  
[Female](#)  
[Humans](#)  
[Longitudinal Studies](#)  
[Male](#)  
["Midwestern United States/ep \[Epidemiology\]"](#)  
["Missouri/ep \[Epidemiology\]"](#)  
[Proportional Hazards Models](#)  
[Risk](#)  
[Sex Factors](#)  
["\\*Smoking/ep \[Epidemiology\]"](#)  
[Socioeconomic Factors](#)  
[Telephone](#)  
["\\*Tobacco Use Disorder/ep \[Epidemiology\]"](#)  
[Young Adult](#)

**Source:** MEDLINE

##### 5. Trajectories of adolescent alcohol use after brief treatment in an Emergency Department.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(103-9), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Becker SJ; Spirito A; Hernandez L; Barnett NP; Eaton CA; Lewander W; Rohsenow DJ; Monti PM

**Institution:** Center for Alcohol and Addiction Studies, Brown University, Box G-121S-5, Providence, RI 02912, United States. Sara\_Becker@brown.edu

**Language:** English

**Abstract:** OBJECTIVE: The primary aim of this study was to identify distinct classes of trajectories of adolescent substance use following a brief motivational interviewing (MI) intervention in an Emergency Department (ED). The secondary aim was to identify predictors of class membership.METHODS: Latent growth mixture modeling was used with 177 adolescents who participated in two randomized clinical trials evaluating MI for an alcohol-related event.RESULTS: Three classes were identified: (1) moderate use, decreasees consisting of 56.8% of participants; (2) heavy use, decreasees, consisting of 10.5% of participants, and (3) heavy use sustainers, consisting of 32.7% of participants. Hispanic ethnicity, parental monitoring, and days of high-volume drinking were significant predictors of class membership. Hispanic ethnic status and high levels of parental monitoring were associated with decreased likelihood of belonging to either of the two heavy use classes. More frequent high-volume drinking at baseline was associated with increased likelihood of belonging to the heavy use, sustainer class, and decreased likelihood of belonging to



the heavy use, decreaser class. Across all three classes, being female and having frequent high-volume drinking at baseline were associated with worse response to the intervention. CONCLUSIONS: These findings have important implications for identifying adolescents who may benefit from different or additional intervention, and for anticipating and informing families of adolescents' potential drinking course following treatment. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**Publication Type:** Journal Article; Randomized Controlled Trial; Research Support, N.I.H., Extramural

**Subject Headings:** Adolescent  
Age Factors  
"Alcohol Drinking/px [Psychology]"  
"Alcoholism/ep [Epidemiology]"  
"\*Alcoholism/px [Psychology]"  
"Alcoholism/rh [Rehabilitation]"  
"Depression/co [Complications]"  
"Depression/px [Psychology]"  
\*Emergency Medical Services  
Emergency Service Hospital  
Ethnic Groups  
Feedback  
Female  
Humans  
Male  
Models Statistical  
Odds Ratio  
Parents  
Questionnaires  
Sex Factors  
Socioeconomic Factors

**Source:** MEDLINE

#### 6. Matching adolescents with a cannabis use disorder to multidimensional family therapy or cognitive behavioral therapy: treatment effect moderators in a randomized controlled trial.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(119-26), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Hendriks V; van der Schee E; Blanken P

**Institution:** Parnassia Addiction Research Centre, Brijder Addiction Treatment, Parnassia Bavo Group, PO-Box 53002, 2505 AA, The Hague, The Netherlands.  
vincent.hendriks@brijder.nl

**Language:** English

**Abstract:** BACKGROUND: In a recent randomized controlled trial (Hendriks et al., 2011), multidimensional family therapy (MDFT) and cognitive behavioral therapy (CBT) were equally effective in reducing cannabis use in adolescents (13-18 years old) with a cannabis use disorder (n=109). In a secondary analysis of the trial data, we investigated which pretreatment patient characteristics differentially predicted treatment effect in MDFT and CBT, in order to generate hypotheses for future patient-treatment matching. METHODS: The predictive value of twenty patient characteristics, in the area of demographic background, substance use, substance-related problems, delinquency, treatment history, psychopathology, family functioning and school or work related problems, was investigated in bivariate and subsequent multivariate linear regression analyses, with baseline to month 12 reductions in cannabis use days and smoked joints as dependent variables. RESULTS: Older adolescents (17-18 years old) benefited considerably more from CBT, and younger adolescents considerably more from MDFT (p<0.01). Similarly, adolescents with a past year conduct or oppositional defiant disorder, and those with internalizing problems achieved considerably better results in MDFT, while those without these coexisting psychiatric problems benefited much more from

CBT ( $p < 0.01$ , and  $p = 0.02$ , respectively). **CONCLUSIONS:** The current study strongly suggests that age, disruptive behavior disorders and internalizing problems are important treatment effect moderators of MDFT and CBT in adolescents with a cannabis use disorder. If replicated, this finding suggests directions for future patient-treatment matching in adolescent substance abuse treatment. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Subject Headings:** Adolescent  
Age Factors  
"Attention Deficit and Disruptive Behavior Disorders/co [Complications]"  
"Attention Deficit and Disruptive Behavior Disorders/px [Psychology]"  
\*Cognitive Therapy  
Crime  
Data Interpretation Statistical  
Diagnostic and Statistical Manual of Mental Disorders  
Family  
\*Family Therapy  
Female  
Humans  
"Juvenile Delinquency/sn [Statistics and Numerical Data]"  
Linear Models  
Male  
"Marijuana Abuse/px [Psychology]"  
"\*Marijuana Abuse/th [Therapy]"  
"Mental Disorders/co [Complications]"  
Models Statistical  
Netherlands  
Predictive Value of Tests  
Socioeconomic Factors  
Treatment Outcome

**Source:** MEDLINE

#### 7. Correlates of tobacco dependence and motivation to quit among young people receiving mental health treatment.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(127-31), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Grana RA; Ramo DE; Fromont SC; Hall SM; Prochaska JJ

**Institution:** University of California, San Francisco, Cardiovascular Research Institute, Center for Tobacco Control Research and Education, United States.

**Language:** English

**Abstract:** **BACKGROUND:** Young people with mental health concerns are at high-risk for initiation and continuation of tobacco use. To inform treatment needs, the current study sought to describe tobacco dependence, motivations to quit and associated sociodemographic factors among young people seen in mental health settings. **METHODS:** Sixty adolescent and young adult smokers (age mean=19.5 years, range 13-25) receiving outpatient mental health treatment completed measures of tobacco dependence, motivation to quit smoking, mental health, and social environmental factors. **RESULTS:** Participants averaged 8.0 cigarettes per day (SD=6.6) and moderate nicotine dependence (mFTQ M=4.8, SD=1.6). Participants' mean rating (10-point scales) of perceived difficulty with avoiding relapse during a quit attempt was significantly higher (M=6.7, SD=2.6), than ratings of desire (M=5.1, SD=2.6) and perceived success (M=4.6, SD=2.6) with quitting. Over half (52%) did not intend to quit smoking in the next 6 months, and few (11%) were prepared to quit in the next 30 days. Mental health treatment and symptomatology measures were unrelated to level of dependence or motivation to quit. Among the social environmental factors, having close friends who smoke was associated with greater perceived difficulty with avoiding relapse during a quit

attempt ( $r=0.25$ ,  $p<0.01$ ).CONCLUSIONS: In this sample of adolescent and young adult smokers in mental health treatment, moderate levels of tobacco dependence and motivation to quit were observed and found to be unrelated to mental health measures. Over half of the sample was not intending to quit smoking in the near future, supporting the need for treatment strategies aimed at increasing motivation. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

<b>Country of Publication:</b>	Ireland
<b>Publication Type:</b>	Journal Article; Randomized Controlled Trial; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't
<b>Subject Headings:</b>	Adolescent Analysis of Variance Child Environment Female Humans Longitudinal Studies Male "*Mental Disorders/co [Complications]" "Mental Disorders/px [Psychology]" "Mental Disorders/th [Therapy]" Mental Health *Mental Health Services *Motivation Recurrence "*Smoking Cessation/px [Psychology]" Social Environment "Substance-Related Disorders/co [Complications]" "Substance-Related Disorders/px [Psychology]" "*Tobacco Use Disorder/px [Psychology]" Young Adult
<b>Source:</b>	MEDLINE

#### 8. Neurocognitive deficits are associated with unemployment in chronic methamphetamine users.

<b>Citation:</b>	Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(146-53), 0376-8716;1879-0046 (2012 Sep 1)
<b>Author(s):</b>	Weber E; Blackstone K; Iudicello JE; Morgan EE; Grant I; Moore DJ; Woods SP; Translational Methamphetamine AIDS Research Center (TMARC) Group
<b>Institution:</b>	Joint Doctoral Program in Clinical Psychology, San Diego State University/University of California, San Diego, San Diego, CA, United States.
<b>Language:</b>	English
<b>Abstract:</b>	BACKGROUND: Unemployment rates are high among chronic methamphetamine (MA) users and carry a significant economic burden, yet little is known about the neurocognitive and psychiatric predictors of employment in this vulnerable population.METHODS: The present study examined this issue in 63 participants with recent MA dependence and 47 comparison subjects without histories of MA use disorders. All participants completed a comprehensive neurocognitive, psychiatric and neuromedical evaluation. Individuals with HIV infection, severe neuropsychological or psychiatric conditions that might affect cognition (e.g., seizure disorder, schizophrenia), or a positive Breathalyzer or urine toxicology screen on the day of testing were excluded.RESULTS: Consistent with previous research, a logistic regression revealed MA dependence as a significant, independent predictor of full-time unemployment status. Within the MA-dependent sample, greater impairment in global neurocognitive functioning and history of injection drug use emerged as significant independent predictors of unemployment status. The association between worse global cognitive functioning and unemployment was primarily driven by deficits in executive functions, learning, verbal fluency, and working memory.CONCLUSION: These findings indicate

that neurocognitive deficits play a significant role in the higher unemployment rates of MA-dependent individuals, and highlight the need for vocational rehabilitation and supported employment programs that assess and bolster cognitive skills in this population. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Dopamine Uptake Inhibitors); 537-46-2 (Methamphetamine)

**Publication Type:** Journal Article; Research Support, N.I.H., Extramural

**Subject Headings:** [Adult](#)  
["\\*Amphetamine-Related Disorders/ep \[Epidemiology\]"](#)  
["\\*Amphetamine-Related Disorders/px \[Psychology\]"](#)  
["\\*Cognition Disorders/px \[Psychology\]"](#)  
[Diagnostic and Statistical Manual of Mental Disorders](#)  
[\\*Dopamine Uptake Inhibitors](#)  
[Executive Function](#)  
[Female](#)  
[Humans](#)  
["Learning Disorders/co \[Complications\]"](#)  
["Learning Disorders/px \[Psychology\]"](#)  
[Logistic Models](#)  
[Male](#)  
["Memory Short-Term/ph \[Physiology\]"](#)  
["Mental Disorders/ep \[Epidemiology\]"](#)  
["Mental Disorders/px \[Psychology\]"](#)  
[\\*Methamphetamine](#)  
[Neuropsychological Tests](#)  
[Odds Ratio](#)  
[Socioeconomic Factors](#)  
[Substance Abuse Detection](#)  
["Substance Abuse Intravenous/ep \[Epidemiology\]"](#)  
["Substance Abuse Intravenous/px \[Psychology\]"](#)  
["Substance-Related Disorders/co \[Complications\]"](#)  
["Substance-Related Disorders/px \[Psychology\]"](#)  
["\\*Unemployment/px \[Psychology\]"](#)  
["\\*Unemployment/sn \[Statistics and Numerical Data\]"](#)

**Source:** MEDLINE

### 9. Response inhibition and psychomotor speed during methadone maintenance: impact of treatment duration, dose, and sleep deprivation.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(132-9), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Bracken BK; Trksak GH; Penetar DM; Tartarini WL; Maywalt MA; Dorsey CM; Lukas SE

**Institution:** Behavioral Psychopharmacology Research Lab, McLean Hospital, 115 Mill Street, Belmont, MA 02478, USA. bbracken@mclean.harvard.edu

**Language:** English

**Abstract:** BACKGROUND: In opiate-dependent individuals, abstinence results in deficits in cognitive functioning, which may be exacerbated by medication-associated sleep disruption. METHOD: To assess cognitive function and the influence of sleep deprivation (SD), 14 healthy control (HC) and 22 methadone maintained (MM) participants completed the continuous performance task (CPT) after a baseline night, a night of total SD, and two recovery sleep nights. The digit symbol substitution task (DSST) was administered at bedtime and in the morning. Secondary analyses separated MM participants into short- (< 12 months; n=8) and long-term (>= 12 months; n=14) treatment duration groups, and into low- (< 80 mg; n=9) and high-dose (>= 80 mg; n=13) groups. RESULTS: Linear mixed model ANOVAs revealed that there was no effect of SD. Across all days MM participants had more errors of omission, fewer correct responses,

and slower reaction times (RTs) on the CPT, and fewer accurate substitutions on the evening and morning DSST. Short-term MM participants exhibited slower RTs on the CPT, and fewer correct substitutions on the evening DSST compared to long-term MM participants. Low-dose MM participants had slower RTs on the CPT than HCs and high-dose MM participants. CONCLUSION: These data demonstrate that methadone-maintained individuals exhibit poorer performance on tasks of psychomotor speed and selective attention/impulsivity, but with longer-term treatment, performance appears to return toward control levels. Furthermore, while one day of SD was enough to alter subjective reports of sleep quality, cognitive function may be more resilient. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Narcotics); 76-99-3 (Methadone)

**Publication Type:** Journal Article; Research Support, N.I.H., Extramural

**Subject Headings:** [Adult](#)  
["Affect/de \[Drug Effects\]"](#)  
[Analysis of Variance](#)  
["Brain Chemistry/de \[Drug Effects\]"](#)  
["Cognition/ph \[Physiology\]"](#)  
[Dose-Response Relationship Drug](#)  
["Energy Metabolism/de \[Drug Effects\]"](#)  
[Female](#)  
[Humans](#)  
[Linear Models](#)  
[Male](#)  
["Methadone/ad \[Administration and Dosage\]"](#)  
["\\*Methadone/ae \[Adverse Effects\]"](#)  
["Methadone/tu \[Therapeutic Use\]"](#)  
["Narcotics/ad \[Administration and Dosage\]"](#)  
["\\*Narcotics/ae \[Adverse Effects\]"](#)  
["Narcotics/tu \[Therapeutic Use\]"](#)  
["\\*Opiate Substitution Treatment/ae \[Adverse Effects\]"](#)  
["\\*Opiate Substitution Treatment/px \[Psychology\]"](#)  
["\\*Opioid-Related Disorders/px \[Psychology\]"](#)  
["\\*Opioid-Related Disorders/rh \[Rehabilitation\]"](#)  
["\\*Psychomotor Performance/de \[Drug Effects\]"](#)  
["Reaction Time/ph \[Physiology\]"](#)  
["\\*Sleep Deprivation/ci \[Chemically Induced\]"](#)  
["\\*Sleep Deprivation/px \[Psychology\]"](#)  
["Sleep Stages/de \[Drug Effects\]"](#)  
[Time Factors](#)

**Source:** MEDLINE

#### 10. The first 90 days following release from jail: findings from the Recovery Management Checkups for Women Offenders (RMCWO) experiment.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(110-8), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Scott CK; Dennis ML

**Institution:** Chestnut Health Systems, Chicago, IL 60610, United States. cscott@chestnut.org

**Language:** English

**Abstract:** OBJECTIVES: (1) To examine the impact of monthly Recovery Management Checkups (RMC) vs. control in the first 90 days post-release from jail on receipt of community-based substance abuse treatment, and (2) To explore the impact of RMC, treatment, and abstinence on HIV risk behaviors and recidivism. METHODS: Of the 480 women randomized, 100% completed the intake and release interviews, and over 90% completed the 30-, 60-, and 90-day post-release interviews. Of the 915 times women assigned to RMC were interviewed (at release, 30, 69 and 90 days post release), 885

(97%) times they attended linkage meetings, 429 (47%) times they were identified as in need of substance abuse treatment, 271 (30%) times they agreed to go to treatment, 149 (16%) times they showed to the treatment intake, and 48 (5%) times they stayed in treatment at least two weeks. RESULTS: During the 90 days following release from jail, women in the RMC condition (vs. control) were significantly more likely to return to treatment sooner and to participate in substance abuse treatment. Women who received any treatment were significantly more likely than those who did not to be abstinent from any alcohol or other drugs. Those who were abstinent were significantly more likely to avoid HIV risk behaviors and recidivism. CONCLUSIONS: These results demonstrate the feasibility of conducting monthly Recovery Management Checkups with women offenders post-release and provide support for the effectiveness of using RMC to successfully link women offenders to treatment. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**Publication Type:** Journal Article; Randomized Controlled Trial; Research Support, N.I.H., Extramural

**Subject Headings:** Adolescent  
Adult  
"Crime/sn [Statistics and Numerical Data]"  
"\*Criminals/px [Psychology]"  
Female  
"HIV Infections/px [Psychology]"  
Humans  
"Mental Disorders/co [Complications]"  
"Mental Disorders/px [Psychology]"  
Middle Aged  
\*Prisons  
Quality Assurance Health Care  
Recurrence  
Risk-Taking  
Sample Size  
Socioeconomic Factors  
"\*Substance Abuse Treatment Centers/sn [Statistics and Numerical Data]"  
"Substance-Related Disorders/px [Psychology]"  
"\*Substance-Related Disorders/rh [Rehabilitation]"  
Treatment Outcome  
Young Adult

**Source:** MEDLINE

#### 11. Nicotine dependence among clients receiving publicly funded substance abuse treatment.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(95-102), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Ward KD; Kedia S; Webb L; Relyea GE

**Institution:** School of Public Health, The University of Memphis, Memphis, TN, United States. kdward@memphis.edu

**Language:** English

**Abstract:** BACKGROUND: Smoking and nicotine dependence (ND) are prevalent among substance abusers but little is known about characteristics of ND in this population. This information would help identify those most in need of smoking cessation programs. This study evaluated the associations of socio-demographic, tobacco- and substance use-related, and health/mental health factors to ND in adults receiving publicly funded substance abuse treatment in Tennessee. METHODS: All Tennessee residents who received federal block grant-funded substance abuse treatment during July-December, 2004 were invited to participate in a 6 month post-intake telephone follow-up interview. Socio-demographic characteristics, perceived health and mental health, tobacco use history and patterns, and ND, assessed by the Fagerstrom Test of Nicotine Dependence (FTND), were obtained at follow-up. Alcohol and illicit drug use and smoking status prior

to treatment were assessed at intake. This paper analyzes data for 855 clients who were current cigarette smokers at both intake and follow-up. RESULTS: Sixty three percent of smokers were ND (FTND score  $\geq 4$ ). Correlates of ND included older age, poorer self-rated overall health, earlier age of onset of cigarette smoking and substance abuse, fewer smoking quit attempts in past year, single substance use (alcohol or illicit drug, vs. multiple substances) at intake, use of opiates/narcotics and sedatives, and past month self-reported depression. CONCLUSION: ND was highly prevalent and correlated with specific types and patterns of substance abuse and depression. These results suggest that intensive smoking cessation interventions, involving behavioral support, pharmacotherapy, and mood management, are needed to effectively assist this population. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
["Alcoholism/co \[Complications\]"](#)  
["Alcoholism/px \[Psychology\]"](#)  
[Cross-Sectional Studies](#)  
[Female](#)  
[Health Status](#)  
[Health Surveys](#)  
[Humans](#)  
[Logistic Models](#)  
[Male](#)  
["Mental Disorders/co \[Complications\]"](#)  
["Mental Disorders/px \[Psychology\]"](#)  
[Mental Health](#)  
[Middle Aged](#)  
[Patient Acceptance of Health Care](#)  
["Smoking/ep \[Epidemiology\]"](#)  
["Smoking/px \[Psychology\]"](#)  
[Socioeconomic Factors](#)  
["\\*Substance-Related Disorders/ep \[Epidemiology\]"](#)  
["\\*Substance-Related Disorders/rh \[Rehabilitation\]"](#)  
["Tennessee/ep \[Epidemiology\]"](#)  
["Tobacco Use Disorder/co \[Complications\]"](#)  
["\\*Tobacco Use Disorder/ep \[Epidemiology\]"](#)  
[Young Adult](#)

**Source:** MEDLINE

## 12. Ten-year stability of remission in private alcohol and drug outpatient treatment: non-problem users versus abstainers.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(67-74), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Mertens JR; Kline-Simon AH; Delucchi KL; Moore C; Weisner CM

**Institution:** Division of Research, Kaiser Permanente Northern California, Oakland, CA 94612-2304, United States. Jennifer.Mertens@kp.org

**Language:** English

**Abstract:** BACKGROUND: This study examined stability of remission in patients who were abstainers and non-problem users at 1-year after entering private, outpatient alcohol and drug treatment. We examined: (a) How does risk of relapse change over time? (b) What was the risk of relapse for non-problem users versus abstainers? (c) What individual, treatment, and extra-treatment characteristics predicted time to relapse, and did these differ by non-problem use versus abstinence? METHODS: The sample consisted of 684 adults in remission (i.e., abstainers or non-problem users) 1 year following treatment intake. Participants were interviewed at intake, and 1, 5, 7, 9, and 11 years after intake.

We used discrete-time survival analysis to examine when relapse is most likely to occur and predictors of relapse. RESULTS: Relapse was most likely at 5-year, and least likely at 11-year follow-up. Non-problem users had twice the odds of relapse compared to abstainers. Younger individuals and those with fewer 12-step meetings and shorter index treatment had higher odds of relapse than others. We found no significant interactions between non-problem use and the other covariates suggesting that significant predictors of outcome did not differ for non-problem users. CONCLUSIONS: Non-problem use is not an optimal 1-year outcome for those in an abstinence-oriented, heterogeneous substance use treatment program. Future research should examine whether these results are found in harm reduction treatment and self-help models, or in those with less severe problems. Results suggest treatment retention and 12-step participation are prognostic markers of long-term positive outcomes for those achieving remission at 1 year. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**Publication Type:** Journal Article; Research Support, N.I.H., Extramural

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Age Factors](#)  
[Aged](#)  
["\\*Alcohol Drinking/px \[Psychology\]"](#)  
["\\*Alcoholism/rh \[Rehabilitation\]"](#)  
["\\*Ambulatory Care/sn \[Statistics and Numerical Data\]"](#)  
[Female](#)  
[Follow-Up Studies](#)  
[Health Status](#)  
[Humans](#)  
[Length of Stay](#)  
[Male](#)  
[Middle Aged](#)  
[Predictive Value of Tests](#)  
[Proportional Hazards Models](#)  
[Recurrence](#)  
[Socioeconomic Factors](#)  
["\\*Substance Abuse Treatment Centers/sn \[Statistics and Numerical Data\]"](#)  
[Survival Analysis](#)  
[Treatment Outcome](#)  
[Young Adult](#)

**Source:** MEDLINE

**13. A retrospective analysis of two randomized trials of bupropion for methamphetamine dependence: suggested guidelines for treatment discontinuation/augmentation.**

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(169-72), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Brensilver M; Heinzerling KG; Swanson AN; Shoptaw SJ

**Institution:** Department of Family Medicine, David Geffen School of Medicine at UCLA, CA 90095, USA. mbrensilver@mednet.ucla.edu

**Language:** English

**Abstract:** BACKGROUND: Two clinical trials have shown efficacy for bupropion in treating methamphetamine (MA) dependence among those with moderate baseline MA use. However, treatment response is highly variable and it is unclear what duration of treatment is necessary to determine if maintaining the treatment course is indicated or if discontinuation or augmentation is appropriate. The present study assessed the relationship among early bupropion treatment response for moderate MA users and end-of-treatment (EOT) abstinence. These data provide estimates of the duration of treatment and the degree of responsiveness required to persist in bupropion treatment. METHODS: Participants with moderate baseline MA use in the bupropion



condition of two randomized double-blind placebo controlled trials were included. The relationship between early treatment response and EOT outcomes was assessed with Receiver Operating Characteristic (ROC) curves. RESULTS: With thrice weekly urine drug testing, excellent predictive power was established in the first two weeks of treatment. The inability to achieve at least three MA negative samples in the first two weeks is associated with greater than 90% likelihood of treatment failure. More closely approximating clinical settings, once-weekly testing featured reliable predictive power within three weeks, suggesting that the failure to produce at least two clean samples in the first three weekly visits confers high risk of treatment failure. DISCUSSION: The findings provide preliminary evidence to guide clinical decisions for moderate MA users receiving bupropion. The results are consistent with data from the smoking cessation literature and may highlight the importance of early response in addiction treatment. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Dopamine Uptake Inhibitors); 34841-39-9 (Bupropion); 537-46-2 (Methamphetamine)

**Publication Type:** Journal Article; Randomized Controlled Trial; Research Support, N.I.H., Extramural

**Subject Headings:** [Adult](#)  
["\\*Amphetamine-Related Disorders/dt \[Drug Therapy\]"](#)  
["\\*Bupropion/tu \[Therapeutic Use\]"](#)  
["\\*Dopamine Uptake Inhibitors/tu \[Therapeutic Use\]"](#)  
[Double-Blind Method](#)  
[Female](#)  
[Guidelines as Topic](#)  
[Humans](#)  
[Male](#)  
["Methamphetamine/ur \[Urine\]"](#)  
[\\*Methamphetamine](#)  
[ROC Curve](#)  
[Randomized Controlled Trials as Topic](#)  
[Retrospective Studies](#)  
[Substance Abuse Detection](#)  
[Treatment Outcome](#)

**Source:** MEDLINE

#### 14. Cognitive ability in early adulthood as a predictor of habitual drug use during later military service and civilian life: the Vietnam Experience Study.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(164-8), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** White J; Mortensen LH; Batty GD

**Institution:** Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement, Cardiff University, CF14 4YS, UK. whitej11@cf.ac.uk

**Language:** English

**Abstract:** BACKGROUND: Recent reports have linked cognitive ability (IQ) with alcohol dependency, but the relationship with illegal drug use is not well understood. METHODS: Participants were 14,362 male US Vietnam veterans with IQ test results at entry into military service in 1965-1971 (mean age 22.58) who participated in a telephone interview in 1985-1986. A structured diagnostic telephone interview was used to ascertain habitual drug use during military service (for once a week,  $\geq 3$  months) and in civilian life (in the past 12 months,  $\geq$  once a week), combat exposure, and post-traumatic stress disorder according to established Diagnostic and Statistical Manual of Mental disorders criteria (version III). RESULTS: In unadjusted analysis, men with high IQ scores were less likely to be habitual users of cannabis (OR=0.89, 95% CI=0.86, 0.93), cocaine (OR=0.69, 95% CI=0.61, 0.78), heroin (OR=0.80, 95% CI=0.73, 0.88), amphetamines (OR=0.90, 95% CI=0.83, 0.98), barbiturates (OR=0.79, 95% CI=0.72, 0.86) and LSD (OR=0.91, 95% CI=0.82, 0.99) during military service and civilian life. These associations were markedly attenuated after adjustment for socioeconomic status in early and later civilian

life. CONCLUSION: In this cohort, socioeconomic position might lie on the pathway linking earlier IQ and later habitual drug use but might also act as a surrogate for IQ. This suggests interventions to prevent drug use could attempt to improve early life IQ and opportunities for employment. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Barbiturates)

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

**Subject Headings:** [Adult](#)  
["Amphetamine-Related Disorders/ep \[Epidemiology\]"](#)  
["Amphetamine-Related Disorders/px \[Psychology\]"](#)  
[Barbiturates](#)  
["\\*Cognition/ph \[Physiology\]"](#)  
[Ethnic Groups](#)  
[Health Surveys](#)  
["Heroin Dependence/ep \[Epidemiology\]"](#)  
["Heroin Dependence/px \[Psychology\]"](#)  
[Humans](#)  
[Income](#)  
[Intelligence Tests](#)  
[Male](#)  
["Marijuana Abuse/ep \[Epidemiology\]"](#)  
["Marijuana Abuse/px \[Psychology\]"](#)  
[Middle Aged](#)  
["\\*Military Personnel/px \[Psychology\]"](#)  
[Odds Ratio](#)  
[Predictive Value of Tests](#)  
[Risk Factors](#)  
[Socioeconomic Factors](#)  
["Stress Disorders Post-Traumatic/co \[Complications\]"](#)  
["Stress Disorders Post-Traumatic/px \[Psychology\]"](#)  
["Substance-Related Disorders/ep \[Epidemiology\]"](#)  
["\\*Substance-Related Disorders/px \[Psychology\]"](#)  
[Veterans](#)  
[Vietnam Conflict](#)

**Source:** MEDLINE

#### 15. Changes in drinking behavior among control group participants in early intervention studies targeting unhealthy alcohol use recruited in general hospitals and general practices.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(81-8), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Bischof G; Freyer-Adam J; Meyer C; John U; Rumpf HJ

**Institution:** Department of Psychiatry and Psychotherapy, University of Luebeck, Ratzeburger Allee 160, 23538 Luebeck, Germany. gallus.bischof@psychiatrie.uk-sh.de

**Language:** English

**Abstract:** BACKGROUND: This study aims to analyze the influence of setting variables on drinking behavior in patients with unhealthy alcohol consumption recruited proactively in general medical practices (GP) and internal and surgical wards of two general hospitals (GH) assigned to control groups. METHOD: This analysis compared two control groups of RCTs targeting unhealthy alcohol consumption: one outpatient sample (GP; n=99) with one inpatient sample (GH; n=173). Both groups were recruited via systematic screening of all patients aged between 18 and 64 years and were included in the studies if drank above the at-risk criteria of the British Medical Association (20/30 g alcohol/daily) and/or fulfilled criteria of alcohol abuse or - dependence according to DSM-IV. Both samples received a non-alcohol specific brochure on healthy living after study inclusion and were re-assessed 12 months later. RESULTS: GH patients were significantly older, included of

more males, had received less schooling and had a higher readiness to change at baseline than GP patients. Groups did not differ concerning alcohol-related diagnoses or smoking status. At the 12-month follow-up, significantly more GH patients revealed abstinence or drinking below the inclusion criteria (50.0% vs. 26.1%,  $p < .001$ ). In a multivariate analysis, medical setting (GH vs. GP) remained a significant predictor for non-problematic drinking or abstinence even after controlling for baseline differences between groups. CONCLUSIONS: Findings suggest that untreated change from problematic alcohol use may be more intense after non-alcohol-related inpatient treatment than after having been a GP patient. Implications for brief interventions in inpatients are discussed. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Subject Headings:** Adolescent  
Adult  
"\*Alcohol Drinking/px [Psychology]"  
"\*Alcoholism/px [Psychology]"  
"\*Alcoholism/rh [Rehabilitation]"  
Decision Making  
Diagnostic and Statistical Manual of Mental Disorders  
"\*Early Medical Intervention/mt [Methods]"  
Female  
Follow-Up Studies  
\*General Practice  
Germany  
\*Hospitals General  
Humans  
Male  
Middle Aged  
Motivation  
Patient Selection  
Questionnaires  
Self Efficacy  
Socioeconomic Factors  
Treatment Outcome  
Young Adult

**Source:** MEDLINE

#### 16. The role of craving in AUDs: dimensionality and Differential Functioning in the DSM-5.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(75-80), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Casey M; Adamson G; Shevlin M; McKinney A

**Institution:** University of Ulster, N. Ireland, United Kingdom. Casey-m4@email.ulster.ac.uk

**Language:** English

**Abstract:** BACKGROUND: The dimensionality and the contribution of the proposed diagnostic criteria for the DSM-5 model of alcohol-use disorders (AUDs) which will provide guidelines for future diagnoses have not been examined in depth. METHOD: Data from past year drinkers in the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), Wave 2 (n=22 177) were analysed. Severity and discrimination of DSM-5 diagnostic criteria was determined using a two-parameter logistic Item Response Theory model. Comparative analyses were conducted on the DSM-IV criteria. Differential functioning of the criteria across a number of socio-demographic variables was assessed. RESULTS: The proposed criteria supported a unidimensional AUD model, with a factor loading range of 0.625-0.914 (craving=0.818). The model measured intermediate severity of AUDs with 'reduced time on important/pleasurable activities' and 'failure to meet major role obligations' criteria having the highest severity and discrimination. Craving, endorsed by 4.2% of the general population, was in the

mid-range for both severity (sixth) and discrimination (seventh). Significant measurement bias was found on four criteria across socio-demographic subgroups. CONCLUSIONS: Application of the proposed DSM-5 changes yields an improved one-factor model of AUD over the existing DSM-IV model. Inclusion of a craving criterion improves the application of the diagnostic criteria in a general population sample, covering a previously unrepresented problem area. Additionally, criteria measuring the milder end of the AUD continuum remain absent and some criteria exhibit measurement non-invariance. The AUD classification may require further refinement to enhance validity and reliability. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Subject Headings:** [Adult](#)  
[Age Factors](#)  
[Aged](#)  
[Aged 80 and over](#)  
["\\*Alcoholism/di \[Diagnosis\]"](#)  
["Alcoholism/ep \[Epidemiology\]"](#)  
["\\*Alcoholism/px \[Psychology\]"](#)  
[Diagnostic and Statistical Manual of Mental Disorders](#)  
[Educational Status](#)  
[Ethnic Groups](#)  
[Family](#)  
[Female](#)  
[Humans](#)  
[Income](#)  
[Logistic Models](#)  
[Male](#)  
[Middle Aged](#)  
[Motivation](#)  
[Reproducibility of Results](#)  
[Sex Factors](#)  
[Socioeconomic Factors](#)  
["United States/ep \[Epidemiology\]"](#)  
[Young Adult](#)

**Source:** MEDLINE

#### 17. Acute baclofen diminishes resting baseline blood flow to limbic structures: a perfusion fMRI study.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(60-6), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Franklin TR; Shin J; Jagannathan K; Suh JJ; Detre JA; O'Brien CP; Childress AR

**Institution:** Department of Psychiatry, University of Pennsylvania, Philadelphia, PA 19104, USA. franklin t@mail.trc.upenn.edu

**Language:** English

**Abstract:** BACKGROUND: Preclinical and clinical evidence show that the GABA B agonist, baclofen is a promising treatment for addictive disorders; however, until recently its mechanism of action in the human brain was unknown. In previous work we utilized a laboratory model that included a medication versus placebo regimen to examine baclofen's actions on brain circuitry. Perfusion fMRI [measure of cerebral blood flow (CBF)] data acquired 'at rest' before and on the last day of the 21-day medication regimen showed that baclofen diminished CBF bilaterally in the VS, insula and medial orbitofrontal cortex (mOFC). In the present study, we hypothesized that a single dose of baclofen would have effects similar to repeated dosing. METHODS: To test our hypothesis, in a crossover design, CBF data were acquired using pseudo continuous arterial spin labeled (pCASL) perfusion fMRI. Subjects were either un-medicated or were administered a 20mg dose of baclofen approximately 110 min prior to scanning. RESULTS: Acute baclofen diminished mOFC, amygdala, and ventral anterior

insula CBF without causing sedation (family-wise error corrected at  $p=0.001$ ). CONCLUSIONS: Results demonstrate that similar to repeated dosing, an acute dose of baclofen blunts the 'limbic' substrate that is hyper-responsive to drugs and drug cues. Smokers often manage their craving and can remain abstinent for extended periods after quitting, however the risk of eventual relapse approaches 90%. Given that chronic medication may not be a practical solution to the long-term risk of relapse, acute baclofen may be useful on an 'as-needed' basis to block craving during 'at risk' situations. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (GABA Agonists); 0 (Spin Labels); 1134-47-0 (Baclofen)

**Publication Type:** Journal Article; Research Support, N.I.H., Extramural

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
["\\*Baclofen/pd \[Pharmacology\]"](#)  
["Cerebral Cortex/bs \[Blood Supply\]"](#)  
["Cerebral Cortex/de \[Drug Effects\]"](#)  
["\\*Cerebrovascular Circulation/de \[Drug Effects\]"](#)  
[Cluster Analysis](#)  
[Cross-Over Studies](#)  
[Data Interpretation Statistical](#)  
[Female](#)  
["\\*GABA Agonists/pd \[Pharmacology\]"](#)  
[Humans](#)  
[Image Processing Computer-Assisted](#)  
["\\*Limbic System/bs \[Blood Supply\]"](#)  
["Limbic System/de \[Drug Effects\]"](#)  
[Magnetic Resonance Imaging](#)  
[Male](#)  
[Middle Aged](#)  
[Perfusion](#)  
[Reward](#)  
[Smoking Cessation](#)  
[Spin Labels](#)  
[Young Adult](#)

**Source:** MEDLINE

**18. The influence of living along the U.S.-Mexico border on unintentional drug overdose death, New Mexico (USA), 2005-2009.**

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(19-26), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Shah NG; Lathrop SL; Flores JE; Landen MG

**Institution:** New Mexico Department of Health, 1190 St. Francis Dr., PO Box 26110, Santa Fe, NM 87502-6110, USA. nshah45@jhmi.edu

**Language:** English

**Abstract:** BACKGROUND: The objective of this study was to characterize unintentional drug overdose death patterns among Hispanic ethnicity/sex strata by residence in New Mexico counties that border Mexico and non-border counties. METHODS: We analyzed medical examiner data for all unintentional drug overdose death in New Mexico during 2005-2009. Logistic and Poisson regression was used to examine the relationship of unintentional drug overdose death with border residence and demographics. Risk of overdose death was examined by the interactions of ethnicity, sex and border residence. RESULTS: During 2005-2009, the statewide drug overdose death rate was 17.6 per 100,000 (n=1812). Border decedents were more likely to have died from overdose of prescription opioids other than methadone (Schedule II, Adjusted Odds Ratio (aOR)=1.98; Schedule III/IV, aOR=1.56) but less likely to have died from heroin overdose (aOR=0.35), compared to non-border decedents. In population-based analyses,

people living in border counties had lowest rates of overall overdose death and from illicit drugs, particularly heroin and cocaine. Hispanic males (adjusted incidence rate ratio [aRR]=2.41), Hispanic females (aRR=1.77) and non-Hispanic males (aRR=1.37) from non-border counties had higher risk of drug overdose death than their counterparts from border counties. Border residence had no effect on risk of drug overdose death among non-Hispanic females. CONCLUSIONS: Residents in border counties incurred a protective effect for drug overdose death, most pronounced among Hispanics. There is a component of overdose death risk for which border residence is a proxy, likely an array of cultural and healthcare-related factors. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Prescription Drugs); 0 (Street Drugs)

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

**Subject Headings:** [Adult](#)  
[Cause of Death](#)  
[Ethnic Groups](#)  
[Female](#)  
[Geography](#)  
[Hispanic Americans](#)  
[Humans](#)  
[Male](#)  
[Mexico](#)  
[Middle Aged](#)  
["New Mexico/ep \[Epidemiology\]"](#)  
["Prescription Drugs/po \[Poisoning\]"](#)  
[Regression Analysis](#)  
[Sex Factors](#)  
[Socioeconomic Factors](#)  
["Street Drugs/po \[Poisoning\]"](#)  
["Substance-Related Disorders/ep \[Epidemiology\]"](#)  
["Substance-Related Disorders/mo \[Mortality\]"](#)  
["United States/ep \[Epidemiology\]"](#)

**Source:** MEDLINE

#### 19. Improving control over the impulse for reward: sensitivity of harmful alcohol drinkers to delayed reward but not immediate punishment.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(89-94), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Rossiter S; Thompson J; Hester R

**Institution:** University of Melbourne, Department of Psychological Sciences, Melbourne, Victoria, Australia.

**Language:** English

**Abstract:** Background: Cognitive control dysfunction has been identified in dependent alcohol users and implicated in the transition from abuse to dependence, although evidence of dyscontrol in chronic but non-dependent 'harmful' alcohol abusers is mixed. The current study examined harmful alcohol users response inhibition over rewarding stimuli in the presence of monetary reward and punishment, to determine whether changes in sensitivity to these factors, noted in imaging studies of dependent users, influences impulse control. Method: Harmful (n=30) and non-hazardous (n=55) alcohol users were administered a Monetary Incentive Go/No-go task that required participants to inhibit a prepotent motor response associated with reward. Results: Harmful alcohol users showed a significantly poorer ability to withhold their impulse for a rewarding stimulus in the presence of immediate monetary punishment for failure, while retaining equivalent response inhibition performance under neutral conditions (associated with neither monetary loss or gain), and significantly better performance under delayed reward conditions. Conclusions: The results of the present study suggest that non-dependent alcohol abusers have altered

sensitivity to reward and punishment that influences their impulse control for reward, in the absence of gross dyscontrol that is consistent with past findings in which such performance contingencies were not used. The ability of delayed monetary reward, but not punishment, to increase sustained impulse control in this sample has implications for the mechanism that might underlie the transition from alcohol abuse to dependence, as well as intervention strategies aimed at preventing this transition. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
["\\*Alcoholism/px \[Psychology\]"](#)  
["\\*Alcoholism/rh \[Rehabilitation\]"](#)  
[Educational Status](#)  
[Feedback Psychological](#)  
[Female](#)  
[Humans](#)  
["\\*Impulsive Behavior/px \[Psychology\]"](#)  
["\\*Impulsive Behavior/rh \[Rehabilitation\]"](#)  
[Male](#)  
[Middle Aged](#)  
[Motivation](#)  
[\\*Punishment](#)  
[\\*Reward](#)  
[Young Adult](#)

**Source:** MEDLINE

## 20. Glutamate, GABA, and other cortical metabolite concentrations during early abstinence from alcohol and their associations with neurocognitive changes.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(27-36), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Mon A; Durazzo TC; Meyerhoff DJ

**Institution:** Department of Radiology and Biomedical Imaging, University of California, San Francisco, CA, USA. Anderson.Mon@ucsf.edu

**Language:** English

**Abstract:** BACKGROUND: Little is known about the effects of alcohol dependence on cortical concentrations of glutamate (Glu) or gamma aminobutyric acid (GABA). We used proton magnetic resonance spectroscopy (MRS) to study cross-sectionally and longitudinally the concentrations of these in alcohol dependent individuals (ALC) during early abstinence from alcohol. METHODS: Twenty ALC were studied at about one week of abstinence from alcohol (baseline) and 36 ALC at five weeks of abstinence and compared to 16 light/non-drinking controls (LD). Eleven ALC were studied twice during abstinence. Participants underwent clinical interviewing, blood work, neuropsychological testing, structural imaging and single-volume proton MRS at 4Tesla. Absolute concentrations of Glu, GABA and those of other (1)H MRS-detectable metabolites were measured in the anterior cingulate (ACC), parieto-occipital cortex (POC) and dorso-lateral prefrontal cortex (DLPFC). Relationships of metabolite levels to drinking severity and neurocognition were also assessed. RESULTS: ALC at baseline had lower concentrations of Glu, N-acetylaspartate (NAA), choline- (Cho) and creatine-containing metabolites (Cr) than LD in the ACC, but had normal GABA and myo-inositol (mI) levels. At five weeks of abstinence, metabolite concentrations were not significantly different between groups. Between one and five weeks of abstinence, Glu, NAA and Cho levels in the ACC increased significantly. Higher cortical mI concentrations in ALC related to worse neurocognitive outcome. CONCLUSION: These MRS data suggest compromised and regionally specific bioenergetics/metabolism in one-week-abstinent ALC that largely normalizes over four weeks of sustained abstinence. The correlation between mI levels

and neurocognition affirms the functional relevance of this putative astrocyte marker.  
Published by Elsevier Ireland Ltd.

**Country of Publication:** Ireland

**CAS Registry Number:** 56-12-2 (gamma-Aminobutyric Acid); 56-86-0 (Glutamic Acid)

**Publication Type:** Journal Article; Research Support, N.I.H., Extramural

**Subject Headings:** [Adult](#)  
["\\*Alcoholism/me \[Metabolism\]"](#)  
["\\*Alcoholism/px \[Psychology\]"](#)  
["Alcoholism/rh \[Rehabilitation\]"](#)  
[Algorithms](#)  
[Brain Chemistry](#)  
["\\*Cerebral Cortex/me \[Metabolism\]"](#)  
["\\*Cognition/ph \[Physiology\]"](#)  
[Diagnostic and Statistical Manual of Mental Disorders](#)  
[Female](#)  
["\\*Glutamic Acid/me \[Metabolism\]"](#)  
[Humans](#)  
[Image Processing Computer-Assisted](#)  
["Learning/ph \[Physiology\]"](#)  
[Magnetic Resonance Spectroscopy](#)  
[Male](#)  
["Memory/ph \[Physiology\]"](#)  
["Memory Short-Term/ph \[Physiology\]"](#)  
[Psychiatric Status Rating Scales](#)  
["Psychomotor Performance/ph \[Physiology\]"](#)  
[Socioeconomic Factors](#)  
["\\*gamma-Aminobutyric Acid/me \[Metabolism\]"](#)

**Source:** MEDLINE

## 21. Effects of acute nicotine and alcohol on the rating of attractiveness in social smokers and alcohol drinkers.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(43-8), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Attwood AS; Penton-Voak IS; Goodwin C; Munafo MR

**Institution:** School of Experimental Psychology, University of Bristol, 12a Priory Road, Bristol BS8 1TU, United Kingdom. angela.attwood@bristol.ac.uk

**Language:** English

**Abstract:** BACKGROUND: Nicotine and alcohol are often consumed together. Previous research suggests that both can independently increase the perceived attractiveness of social stimuli, which may be a mechanism that drives continued use. This study examined whether there was an additive effect of nicotine and alcohol on perceived attractiveness of social and environmental stimuli. METHODS: Male and female (n=96) social alcohol consumers and light cigarette smokers (no more than 14 cigarettes per week) were randomized to smoke either a nicotine or denicotinized cigarette and drink either an alcoholic or non-alcoholic (placebo) beverage. The primary outcome was attractiveness ratings of facial and landscape stimuli. Secondary outcomes were self-report mood and craving. RESULTS: There was a main effect of drink (p=.031) and a trend toward a main effect of cigarette (p=.057) with higher ratings of attractiveness after alcohol compared to placebo and after a nicotine cigarette compared to a denicotinized cigarette. Nicotine and alcohol appeared to work additively on ratings of attractiveness, with the highest ratings in the nicotine/alcohol group. There were no interactions between drink, cigarette and stimulus type. CONCLUSIONS: When co-administered, nicotine and alcohol consumption resulted in the highest perceptions of attractiveness across all stimulus types. This additive effect may be a mechanism by which administration of one drug reinforces use of the other, and which leads to an increased likelihood of habitual consumption and relapse. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.



**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Central Nervous System Depressants); 0 (Nicotinic Agonists); 54-11-5 (Nicotine); 64-17-5 (Ethanol)

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

**Subject Headings:** Adolescent  
Adult  
"\*Alcohol Drinking/px [Psychology]"  
"Alcoholism/px [Psychology]"  
"\*Central Nervous System Depressants/pd [Pharmacology]"  
Cues  
Drug Interactions  
"\*Ethanol/pd [Pharmacology]"  
Female  
Humans  
Male  
"\*Nicotine/pd [Pharmacology]"  
"\*Nicotinic Agonists/pd [Pharmacology]"  
Questionnaires  
Sex Characteristics  
"\*Smoking/px [Psychology]"  
\*Social Desirability  
Social Environment  
Young Adult

**Source:** MEDLINE

## 22. Mortality and causes of death among users of methadone maintenance treatment in Israel, 1999-2008.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(160-3), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Rosca P; Haklai Z; Goldberger N; Zohar P; Margolis A; Ponizovsky AM

**Institution:** Department for Treatment of Substance Abuse, Ministry of Health, Jerusalem, Israel.

**Language:** English

**Abstract:** OBJECTIVES: To determine all-cause and specific-causes mortality, in the years 1999-2008, among opioid-dependent users treated at methadone maintenance treatment (MMT) clinics in Israel and to compare the obtained results with data from relevant studies worldwide.METHOD: The records of patients treated at MMT units were linked to the nationwide database of causes of death. Information about the Israeli general population from the Central Bureau of Statistics was used for comparison to match sex and age to the cohort under study. Crude mortality rates (CMRs) per 100 persons per year (PY) and standardized mortality ratios (SMRs) with 95% confidence intervals (CIs) were calculated.RESULTS: The overall CMR for MMT users was 1.49/100 PY (CI 1.40-1.59) and was not associated with gender, age at entering MMT, ethnicity, and immigrant status. The leading causes of mortality were sudden/undefined death (0.31/100 PY, CI 0.26-0.35), overdose (0.22/100 PY, CI 0.17-0.27), and cancer (0.15/100 PY, CI 0.12-0.18). The MMT users were 12.2 times more likely to die from all causes than people from the general population. Overall, our estimates were comparable with the figures pooled from relevant studies.CONCLUSIONS: The results suggest that the excess mortality of MMT users is associated with an increased morbidity, which alone or in combination with service-related risks, lead to worse outcomes. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Narcotics); 76-99-3 (Methadone)

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

**Subject Headings:** Adolescent  
Adult

[Age Factors](#)  
[Cause of Death](#)  
[Cohort Studies](#)  
[Confidence Intervals](#)  
[Databases Factual](#)  
[Emigrants and Immigrants](#)  
[Ethnic Groups](#)  
[Female](#)  
[Humans](#)  
["Israel/ep \[Epidemiology\]"](#)  
[Male](#)  
[Medical Record Linkage](#)  
["\\*Methadone/tu \[Therapeutic Use\]"](#)  
[Middle Aged](#)  
["\\*Narcotics/tu \[Therapeutic Use\]"](#)  
[\\*Opiate Substitution Treatment](#)  
["\\*Opioid-Related Disorders/mo \[Mortality\]"](#)  
["\\*Opioid-Related Disorders/rh \[Rehabilitation\]"](#)  
[Sex Factors](#)  
[Young Adult](#)

**Source:** MEDLINE

### 23. Brief case finding tools for anxiety disorders: validation of GAD-7 and GAD-2 in addictions treatment.

**Citation:** Drug & Alcohol Dependence, September 2012, vol./is. 125/1-2(37-42), 0376-8716;1879-0046 (2012 Sep 1)

**Author(s):** Delgadillo J; Payne S; Gilbody S; Godfrey C; Gore S; Jessop D; Dale V

**Institution:** Primary Care Mental Health Service, Leeds Community Healthcare NHS Trust, The Reginald Centre, 263 Chapeltown Road, Leeds LS7 3EX, United Kingdom. jaime.delgadillo@nhs.net

**Language:** English

**Abstract:** BACKGROUND: Anxiety disorders are the most common mental health problems and often co-exist with substance use. Little evidence exists to support the use of brief screening tools for anxiety disorders in routine addictions treatment. This is the first study to test the validity and reliability of GAD-7 and GAD-2 in an outpatient drugs treatment population. METHODS: A sample of 103 patients completed brief screening questionnaires and took part in structured diagnostic assessments using CIS-R. A subgroup of 60 patients completed retests after 4 weeks. The results of brief questionnaires were compared to those of gold-standard diagnostic interviews using Receiver Operating Characteristic (ROC) curves. Psychometric properties were also calculated to evaluate the validity and reliability of self-completed questionnaires. RESULTS: A GAD-7 score  $\geq 9$  had a sensitivity of 80% and specificity of 86% for any anxiety disorder, also displaying adequate temporal stability at repeated measurements (intra-class correlation=0.85) and high internal consistency (Cronbach's alpha=0.91). A GAD-2 score  $\geq 2$  had 94% sensitivity and 53% specificity, with adequate internal consistency (0.82). CONCLUSIONS: GAD-7 adequately detected the presence of an anxiety disorder in drug and alcohol users; although this study was limited by sample size to determine its reliability for specific diagnoses. Results in this small sample suggest that GAD-7 may be a useful screening tool in addiction services, although replication in a larger sample is warranted. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Subject Headings:**
[Adult](#)  
["\\*Anxiety Disorders/di \[Diagnosis\]"](#)  
["\\*Anxiety Disorders/px \[Psychology\]"](#)  
[Area Under Curve](#)

[Cross-Sectional Studies](#)  
[Diagnostic and Statistical Manual of Mental Disorders](#)  
[Female](#)  
[Humans](#)  
[International Classification of Diseases](#)  
[Male](#)  
[\\*Neuropsychological Tests](#)  
[Outpatients](#)  
[Psychometrics](#)  
[Questionnaires](#)  
[ROC Curve](#)  
[Reproducibility of Results](#)  
["\\*Substance-Related Disorders/px \[Psychology\]"](#)  
["\\*Substance-Related Disorders/rh \[Rehabilitation\]"](#)

**Source:** MEDLINE

**24. Key components of a service model providing early childhood support for women attending opioid treatment clinics: an Australian state health service review.**

**Citation:** Journal of Clinical Nursing, September 2012, vol./is. 21/17-18(2528-37), 0962-1067;1365-2702 (2012 Sep)

**Author(s):** Harvey SR; Schmied V; Nicholls D; Dahlen H

**Institution:** University of Western Sydney, School of Nursing and Midwifery, Family and Community Health Group, NSW, Australia. susan\_harvey@wsahs.nsw.gov.au

**Language:** English

**Abstract:** AIMS AND OBJECTIVES: To report the findings of a service review--specifically the strategy to provide early childhood services 'on site' at opioid treatment clinics to address access difficulties.BACKGROUND: Child and family health nurses are skilled in the assessment and support of families during early childhood. However, women with a history of substance abuse are often cautious when engaging with universal and other health services, with the result that the infant may miss recommended developmental screening and early referral to improve health outcomes.DESIGN: In 2006, an internal review was undertaken of the integration of early childhood and parenting services at opioid treatment clinics in a large Area Health Service of New South Wales, Australia.METHODS: A qualitative study design, using semi-structured interview questions was used. Data were collected via six focus groups (4-15 participants in each group) and individual interview of child and family health nurses, nurse unit managers and clinical staff (n=58).RESULTS: Three key components of a model for providing early childhood support in collaboration with opioid treatment services were identified. First, the importance of building a trusting relationship between the woman and the child and family health nurses, second, maintaining continuity of care and a multidisciplinary/multiagency approach, and finally the importance of staff education, support and professional development.CONCLUSION: The provision of early childhood and parenting services on site, as part of a multidisciplinary 'one stop shop' approach to service delivery was a clear recommendation of the review.RELEVANCE TO CLINICAL PRACTICE: Reduction of access difficulties to specialised early childhood support is of benefit to clients, community health services attempting to provide a service to this difficult to reach population and to drug and alcohol services seeking to provide a high level of holistic care for clients. Copyright 2012 Blackwell Publishing Ltd.

**Country of Publication:** England

**CAS Registry Number:** 0 (Analgesics, Opioid)

**Publication Type:** Journal Article

**Subject Headings:**
["\\*Analgesics Opioid/ae \[Adverse Effects\]"](#)  
[Child](#)  
[Continuity of Patient Care](#)  
[Female](#)  
[Humans](#)

\*Models Organizational  
 New South Wales  
 "\*Opioid-Related Disorders/th [Therapy]"  
 Staff Development

**Source:** MEDLINE

**Full Text:** Available from *Wiley* in *Journal of Clinical Nursing*

## 25. Recent advances in the genetics and immunology of Stevens-Johnson syndrome and toxic epidermal necrosis.

**Citation:** Journal of Dermatological Science, June 2012, vol./is. 66/3(190-6), 0923-1811;1873-569X (2012 Jun)

**Author(s):** Chung WH; Hung SI

**Institution:** Department of Dermatology, Drug Hypersensitivity Clinical and Research Center, Chang Gung Memorial Hospital, Keelung and Linkou Branches, College of Medicine, Chang Gung University, Taiwan. chung1@cgmh.org.tw

**Language:** English

**Abstract:** Stevens-Johnson syndrome (SJS) and toxic epidermal necrosis (TEN) are rare but life-threatening severe cutaneous adverse reactions (SCARs), which are majorly (65-75%) induced by a variety of drugs. SJS/TEN could be recognized as SCARs or drug immune reactions, if the reactions are elicited by drugs. The recent studies suggested that SJS/TEN is a specific immune reaction initiated by the cytotoxic T lymphocytes (CTLs) via human leukocyte antigens (HLAs)-restricted pathway. The patho-mechanism involving HLA-restricted presentation of a drug or its metabolites for T-cell activation is supported by the findings of strong genetic associations with HLA alleles (e.g. HLA-B\*15:02 and carbamazepine-SJS/TEN, and HLA-B\*58:01 and allopurinol-SJS/TEN). However, the genetic associations of SJS/TEN or drug induced cutaneous immune reactions are complex, which are drug specific and ethnicity specific. The genetic polymorphisms and diversity of HLA alleles may provide different binding affinities for drug antigens to launch the activation of specific CTLs responses, further leading to the unique clinical manifestations in SJS/TEN. Fas-FasL and perforin/granzyme B have been advocated mediating the epidermal necrosis in SJS/TEN. Our recent study showed that granulysin, a cytotoxic protein produced by CTLs or natural killer (NK) cells, is the key mediator for disseminated keratinocyte death in SJS/TEN. From the point of view of a physician, the profounder understanding of the genetic predisposition and patho-mechanism we discover, the better strategies for prevention, clinical management, and therapeutic methods of SJS/TEN we can develop in the near future. Copyright Copyright 2012 Japanese Society for Investigative Dermatology. Published by Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Netherlands

**CAS Registry Number:** 0 (Cytokines)

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

**Subject Headings:** "Cytokines/ph [Physiology]"  
 "Drug Hypersensitivity/im [Immunology]"  
 "Epidermal Necrolysis Toxic/eh [Ethnology]"  
 "\*Epidermal Necrolysis Toxic/ge [Genetics]"  
 "\*Epidermal Necrolysis Toxic/im [Immunology]"  
 "Genetic Predisposition to Disease/ge [Genetics]"  
 Humans  
 Signal Transduction  
 "Skin/im [Immunology]"  
 "Stevens-Johnson Syndrome/eh [Ethnology]"  
 "\*Stevens-Johnson Syndrome/ge [Genetics]"  
 "\*Stevens-Johnson Syndrome/im [Immunology]"  
 "T-Lymphocytes Cytotoxic/ph [Physiology]"

**Source:** MEDLINE

**26. HIV infection among ethnic minority and migrant men who have sex with men in Britain.**

- Citation:** Sexually Transmitted Diseases, September 2012, vol./is. 39/9(678-86), 0148-5717;1537-4521 (2012 Sep)
- Author(s):** Elford J; Doerner R; McKeown E; Nelson S; Anderson J; Low N
- Institution:** School of Health Sciences, City University London, London, United Kingdom. j.elford@city.ac.uk
- Language:** English
- Abstract:** OBJECTIVE: To examine human immunodeficiency virus (HIV) infection among men who have sex with men (MSM) from different ethnic and migrant groups living in Britain. METHODS: In 2007-2008, a diverse national sample of MSM living in Britain was recruited through Web sites, in sexual health clinics, bars, clubs, and other venues. Men completed an online survey that included questions on HIV testing, HIV status, and sexual behavior. RESULTS: Nine hundred and ninety-one ethnic minority MSM, 207 men born in Central or Eastern Europe (CEE), 136 men born in South or Central America, and 11,944 white British men were included in the analysis. Self-reported HIV seropositivity was low for men of South Asian, Chinese, and "other Asian" ethnicity (range, 0.0%-5.8%) and for men born in CEE (4.5%) but elevated for men born in South or Central America (18.7%), compared with white British men (13.1%) ( $P < 0.001$ ). There were no significant differences between these groups in high-risk sexual behavior ( $P = 0.8$ ). After adjusting for confounding factors in a multivariable model, substantial differences in the odds of HIV infection remained for South Asian and Chinese MSM as well as for migrants from CEE, but not for other groups, compared with white British men; for example, South Asian men, adjusted odds ratio 0.43, 95% confidence interval 0.23, 0.79,  $P = 0.007$ . CONCLUSION: There were marked differences in self-reported HIV seropositivity between ethnic minority, key migrant, and white British MSM in this study but not in high-risk sexual behavior. This highlights the importance of health promotion targeting MSM from all ethnic and migrant groups in Britain.
- Country of Publication:** United States
- Publication Type:** Journal Article; Research Support, Non-U.S. Gov't
- Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Aged](#)  
["Ethnic Groups/sn \[Statistics and Numerical Data\]"](#)  
["Great Britain/ep \[Epidemiology\]"](#)  
["HIV Seropositivity/di \[Diagnosis\]"](#)  
["\\*HIV Seropositivity/ep \[Epidemiology\]"](#)  
["HIV Seropositivity/eh \[Ethnology\]"](#)  
[Health Knowledge Attitudes Practice](#)  
[Health Services Accessibility](#)  
["Homosexuality Male/eh \[Ethnology\]"](#)  
["\\*Homosexuality Male/sn \[Statistics and Numerical Data\]"](#)  
[Humans](#)  
[Male](#)  
[Mass Screening](#)  
[Men's Health](#)  
[Middle Aged](#)  
["\\*Minority Groups/sn \[Statistics and Numerical Data\]"](#)  
[Patient Selection](#)  
[Questionnaires](#)  
["Sexual Behavior/eh \[Ethnology\]"](#)  
["\\*Sexual Behavior/sn \[Statistics and Numerical Data\]"](#)  
[\\*Sexual Partners](#)  
["\\*Substance-Related Disorders/ep \[Epidemiology\]"](#)  
["Substance-Related Disorders/eh \[Ethnology\]"](#)

["\\*Transients and Migrants/sn \[Statistics and Numerical Data\]"](#)  
[Young Adult](#)

**Source:** MEDLINE

**Full Text:** Available from *Ovid* in *Sexually Transmitted Diseases*

## 27. Violent behaviour in U.K. military personnel returning home after deployment.

**Citation:** Psychological Medicine, August 2012, vol./is. 42/8(1663-73), 0033-2917;1469-8978 (2012 Aug)

**Author(s):** Macmanus D; Dean K; Al Bakir M; Iversen AC; Hull L; Fahy T; Wessely S; Fear NT

**Institution:** Department of Forensic and Neurodevelopmental Sciences, Institute of Psychiatry, King's College London, London, UK. deirdre.macmanus@kcl.ac.uk

**Language:** English

**Abstract:** BACKGROUND: There is growing concern about an alleged rise in violent behaviour amongst military personnel returning from deployment to Iraq and Afghanistan. The aims of this study were to determine the prevalence of violence in a sample of U.K. military personnel following homecoming from deployment in Iraq and to examine the impact of deployment-related experiences, such as combat trauma, on violence, and the role of sociodemographics and pre-enlistment antisocial behaviour. METHOD: This study used baseline data from a cohort study of a large randomly selected sample of U.K. Armed Forces personnel in service at the time of the Iraq war (2003). Regular personnel (n=4928) who had been deployed to Iraq were included. Data, collected by questionnaire, included information on deployment experiences, sociodemographic and military characteristics, pre-enlistment antisocial behaviour, post-deployment health outcomes and a self-report measure of physical violence in the weeks following return from deployment. RESULTS: Prevalence of violence was 12.6%. This was strongly associated with pre-enlistment antisocial behaviour [adjusted odds ratio (aOR) 3.6, 95% confidence interval (CI) 2.9-4.4]. After controlling for pre-enlistment antisocial behaviour, sociodemographics and military factors, violence was still strongly associated with holding a combat role (aOR 2.0, 95% CI 1.6-2.5) and having experienced multiple traumatic events on deployment (aOR for four or more traumatic events 3.7, 95% CI 2.5-5.5). Violence on homecoming was also associated with mental health problems such as post-traumatic stress disorder (aOR 4.8, 95% CI 3.2-7.2) and alcohol misuse (aOR 3.1, 95% CI 2.5-3.9). CONCLUSIONS: Experiences of combat and trauma during deployment were significantly associated with violent behaviour following homecoming in U.K. military personnel. Post-deployment mental health problems and alcohol misuse are also associated with increased violence.

**Country of Publication:** England

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

**Subject Headings:** [Adaptation Psychological](#)  
[Adult](#)  
[Afghan Campaign 2001-](#)  
["Alcoholism/ep \[Epidemiology\]"](#)  
["Antisocial Personality Disorder/ep \[Epidemiology\]"](#)  
[Cohort Studies](#)  
["\\*Combat Disorders/ep \[Epidemiology\]"](#)  
[Confounding Factors \(Epidemiology\)](#)  
[Female](#)  
[Great Britain](#)  
[Humans](#)  
[Logistic Models](#)  
[Male](#)  
["Military Personnel/px \[Psychology\]"](#)  
["\\*Military Personnel/sn \[Statistics and Numerical Data\]"](#)  
[Prevalence](#)  
[Self Report](#)  
[Socioeconomic Factors](#)

"Stress Disorders Post-Traumatic/ep [Epidemiology]"  
 "Violence/px [Psychology]"  
 "\*Violence/sn [Statistics and Numerical Data]"

**Source:** MEDLINE

**Full Text:** Available from *ProQuest* in *Psychological Medicine*

#### 28. More English people are recovering from drug addiction, but recession poses risks.

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**Citation:** BMJ, 2012, vol./is. 345/(e6734), 0959-535X;1756-1833 (2012)

**Author(s):** Kmietowicz Z

**Language:** English

**Country of Publication:** England

**Publication Type:** News

**Subject Headings:** Adolescent  
 Adult  
 \*Economic Recession  
 "England/ep [Epidemiology]"  
 "\*Health Services Needs and Demand/td [Trends]"  
 Humans  
 "\*Substance-Related Disorders/ep [Epidemiology]"  
 "Substance-Related Disorders/rh [Rehabilitation]"  
 Young Adult

**Source:** MEDLINE

**Full Text:** Available from *Highwire Press* in *BMJ: British Medical Journal: Compact Edition*

#### 29. If in doubt, don't eat it.

---

**Citation:** BMJ, 2012, vol./is. 345/(e6391), 0959-535X;1756-1833 (2012)

**Author(s):** Mackay D

**Language:** English

**Country of Publication:** England

**Publication Type:** Letter

**Subject Headings:** \*Agaricales  
 "Food/ae [Adverse Effects]"  
 "Food/st [Standards]"  
 \*Food  
 \*Food Inspection  
 Great Britain  
 Humans  
 "Mushroom Poisoning/et [Etiology]"  
 "\*Mushroom Poisoning/pc [Prevention and Control]"  
 "Public Health/mt [Methods]"

**Source:** MEDLINE

**Full Text:** Available from *Highwire Press* in *BMJ: British Medical Journal: Compact Edition*

#### 30. Hepatoprotective potential of *Tecomella undulata* stem bark is partially due to the presence of betulinic acid.

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**Citation:** Journal of Ethnopharmacology, August 2012, vol./is. 143/1(194-200), 0378-8741;1872-7573 (2012 Aug 30)

**Author(s):** Jain M; Kapadia R; Jadeja RN; Thounaojam MC; Devkar RV; Mishra SH

**Institution:** Pharmacognosy Laboratory, Faculty of Pharmaceutical Sciences, Shoolini University, Solan 173212, Himachal Pradesh, India. mjainms@yahoo.com

<b>Language:</b>	English
<b>Abstract:</b>	<p>ETHNOPHARMACOLOGICAL RELEVANCE: Tecomella undulata (TU;` Family Bignoniaceae) is used in Indian Ayurvedic system of medicine for treating various diseases including hepatic ailments. It is also incorporated in various marketed hepatoprotective polyherbal formulations.AIM: The present study was aimed at evaluating possible hepatoprotective role of isolated compounds from TU stem bark (TSB) using in vitro and in vivo experimental models.METHODS: In vitro cytotoxicity and hepatoprotective potential of various extract, fractions and isolated compounds from TU stem bark were evaluated using HepG2 cells. Rats were pre-treated with TU methanolic extract (TSB-7) or betulinic acid (MS-2) or silymarin for 7 days followed by a single dose of CCl(4) (0.5 ml/kg, i.p.). Plasma markers of hepatic damage, hepatic antioxidants and indices of lipid peroxidation along with microscopic evaluation of liver were assessed in control and treatment groups.RESULTS: TSB-2 and MS-1 accounted for significant cell death whereas; TSB-1, TBS-7, TSB-9, TSB-10 and, MS-2 did not register significant cytotoxicity. Further, non-cytotoxic components exhibited ascending grade of hepatoprotection in vitro (TSB-10&lt;TSB-1&lt;TSB-7&lt;TSB-9&lt;MS-2). Pre-treatment of TSB-7 or MS-2 to CCl(4) treated rats prevented hepatocyte damage as evidenced by biochemical and histopathological observations.CONCLUSION: It can be concluded that, hepatoprotective potential of Tecomella undulata stem bark is partially due to the presence of betulinic acid. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.</p>
<b>Country of Publication:</b>	Ireland
<b>CAS Registry Number:</b>	0 (Antioxidants); 0 (Biological Markers); 0 (Plant Extracts); 0 (Triterpenes); 4G6A18707N (betulinic acid); 56-23-5 (Carbon Tetrachloride)
<b>Publication Type:</b>	Journal Article
<b>Subject Headings:</b>	<p>Animals  "Antioxidants/me [Metabolism]"  "Antioxidants/pd [Pharmacology]"  "*Antioxidants/tu [Therapeutic Use]"  "*Bignoniaceae/ch [Chemistry]"  "Biological Markers/bl [Blood]"  Carbon Tetrachloride  "*Drug-Induced Liver Injury/dt [Drug Therapy]"  "Drug-Induced Liver Injury/me [Metabolism]"  "Drug-Induced Liver Injury/pa [Pathology]"  Female  Hep G2 Cells  Humans  "Lipid Peroxidation/de [Drug Effects]"  "*Liver/de [Drug Effects]"  "Liver/me [Metabolism]"  "Liver/pa [Pathology]"  Male  Medicine Ayurvedic  *Phytotherapy  Plant Bark  "Plant Extracts/pd [Pharmacology]"  "*Plant Extracts/tu [Therapeutic Use]"  Plant Stems  Rats  Rats Wistar  "Triterpenes/pd [Pharmacology]"  "*Triterpenes/tu [Therapeutic Use]"</p>
<b>Source:</b>	MEDLINE

### 31. Metabolic plasticity and the energy economizing effect of ibogaine, the principal alkaloid of Tabernanthe iboga.



**Citation:** Journal of Ethnopharmacology, August 2012, vol./is. 143/1(319-24), 0378-8741;1872-7573 (2012 Aug 30)

**Author(s):** Paskulin R; Jamnik P; Danevcic T; Kozelj G; Krasovec R; Krstic-Milosevic D; Blagojevic D; Strukelj B

**Institution:** OMI Institute, Trnovska 8, Ljubljana, Slovenia. roman.paskulin@siol.net

**Language:** English

**Abstract:** ETHNOPHARMACOLOGICAL RELEVANCE: The root bark of iboga plant-Tabernanthe iboga has been used traditionally in Central Africa as a psychoactive substance in religious rituals, while in smaller doses it is appreciated due to its stimulant properties. The iboga root bark, iboga extract or pure ibogaine are being recognized in the West as an anti-addiction remedy and their use is increasing. AIM OF THE STUDY: Our previous studies have demonstrated a transient ATP pool reduction under ibogaine accompanied by the induction of energy metabolism related enzymes. The present study aimed to find the cause of this energy deprivation and to foresee its immediate and long-term impact on metabolism. The overall project is designed to disclose the common mechanism of action at these seemingly diverse indications for iboga use, to predict eventual adverse effects and to build the grounds for its safe and beneficial utilization. MATERIALS AND METHODS: The rate of carbon dioxide (CO<sub>2</sub>) as a marker of energy metabolism in stationary yeast model under aerobic conditions in the presence of ibogaine at concentration of 1, 4 and 20mg/l was measured for 5h by gas chromatography. The overall oxidative load was determined fluorimetrically by 2',7'-dichlorofluorescein diacetate (H<sub>2</sub>DCFDA) and in vitro antioxidant properties of ibogaine were defined by 1,1-diphenyl-2-picrylhydrazyl (DPPH) test. RESULTS: The CO<sub>2</sub> production under ibogaine was temporarily increased in a dose dependent manner. The increased energy consumption as an early effect of ibogaine was proven by the fact that in spite of energy mobilization, the ATP pool has been simultaneously decreased. Although increased cellular respiration co-produces reactive oxygen species (ROS), the overall oxidative load was significantly lowered by ibogaine. Since ibogaine does not show any significant in vitro antioxidant properties, the results indicate its stimulating influence on physiological oxidative stress defence system. CONCLUSION: Ibogaine triggers remodeling of the housekeeping metabolism. Under the initial energy cost it results in increased efficacy of physiological antioxidative systems, which reduce oxidative damage and lowers basal metabolic needs. Together with induced catabolic enzymes they set a new metabolic equilibrium that saves energy and makes it easily available in case of extra needs. While healthy organism profits from improved fitness and mental performance and can withstand higher stress without risking a disease, due to the same principle ibogaine provides beneficial support at the recovery after diseases including addiction syndrome. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Biphenyl Compounds); 0 (Picrates); 0 (Plant Extracts); 124-38-9 (Carbon Dioxide); 1898-66-4 (2,2-diphenyl-1-picrylhydrazyl); 56-65-5 (Adenosine Triphosphate); 83-74-9 (Ibogaine)

**Publication Type:** Journal Article

**Subject Headings:** ["\\*Adenosine Triphosphate/me \[Metabolism\]"](#)  
["Biphenyl Compounds/me \[Metabolism\]"](#)  
["\\*Carbon Dioxide/me \[Metabolism\]"](#)  
[Dose-Response Relationship Drug](#)  
["\\*Energy Metabolism/de \[Drug Effects\]"](#)  
["\\*Ibogaine/pd \[Pharmacology\]"](#)  
[Medicine African Traditional](#)  
["\\*Oxidative Stress/de \[Drug Effects\]"](#)  
[Phytotherapy](#)  
["Picrates/me \[Metabolism\]"](#)  
[Plant Bark](#)  
["\\*Plant Extracts/pd \[Pharmacology\]"](#)

Plant Roots

"Substance-Related Disorders/dt [Drug Therapy]"

"\*Tabernaemontana/ch [Chemistry]"

"Yeasts/de [Drug Effects]"

"Yeasts/me [Metabolism]"

**Source:** MEDLINE

**32. Protective effect of *Heliotropium foertherianum* (Boraginaceae) folk remedy and its active compound, rosmarinic acid, against a Pacific ciguatoxin.**

**Citation:** Journal of Ethnopharmacology, August 2012, vol./is. 143/1(33-40), 0378-8741;1872-7573 (2012 Aug 30)

**Author(s):** Rossi F; Jullian V; Pawlowicz R; Kumar-Roine S; Haddad M; Darius HT; Gaertner-Mazouni N; Chinain M; Laurent D

**Institution:** Universite de Toulouse, UPS, UMR-152 (Pharma-Dev), 118, rte de Narbonne, cedex 9, F-31062 Toulouse, France.

**Language:** English

**Abstract:** ETHNOPHARMACOLOGICAL RELEVANCE: Senescent leaves of *Heliotropium foertherianum* Diane & Hilger (Boraginaceae) are traditionally used in the Pacific region to treat Ciguatera Fish Poisoning. This plant contains rosmarinic acid that is known for its multiple biological activities. In the present study, *H. foertherianum* aqueous extract, rosmarinic acid and its derivatives were evaluated for their capacity to reduce the effect of ciguatoxins. MATERIALS AND METHODS: Aqueous extract of *H. foertherianum* leaves was prepared and studied for its effects against a Pacific ciguatoxin (P-CTX-1B) in the neuroblastoma cell assay and the receptor binding assay. Rosmarinic acid and six derivatives were also evaluated by means of these bioassays. For this purpose, we have developed an improved synthetic route for caffeic acid 3,4-dihydroxy-phenethyl ester (CADPE). RESULTS: Both the aqueous extract of *H. foertherianum* leaves and rosmarinic acid showed inhibitory activities against a Pacific ciguatoxin in the above bioassays. Among all the molecules that were evaluated, rosmarinic acid was the most active compound. CONCLUSION: These results confirm further the potential of *H. foertherianum* in the treatment of Ciguatera Fish Poisoning. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Cinnamates); 0 (Deposides); 0 (Plant Extracts); 0 (ciguatoxin 1B (CTX 1B)); 11050-21-8 (Ciguatoxins); MQE6XG29YI (rosmarinic acid)

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

**Subject Headings:** [Animals](#)  
[Cell Line Tumor](#)  
[\\*Ciguatera Poisoning/dt \[Drug Therapy\]"](#)  
[\\*Ciguatoxins/ai \[Antagonists and Inhibitors\]"](#)  
["Cinnamates/pd \[Pharmacology\]"](#)  
[\\*Cinnamates/tu \[Therapeutic Use\]"](#)  
["Deposides/pd \[Pharmacology\]"](#)  
[\\*Deposides/tu \[Therapeutic Use\]"](#)  
[\\*Heliotropium/ch \[Chemistry\]"](#)  
[Medicine Traditional](#)  
[Mice](#)  
[Neuroblastoma](#)  
[Pacific Islands](#)  
[\\*Phytotherapy](#)  
["Plant Extracts/ch \[Chemistry\]"](#)  
["Plant Extracts/pd \[Pharmacology\]"](#)  
[\\*Plant Extracts/tu \[Therapeutic Use\]"](#)  
[Plant Leaves](#)

**Source:** MEDLINE

**33. Impact of exposure to combat during deployment to Iraq and Afghanistan on mental health by gender.**

- Citation:** Psychological Medicine, September 2012, vol./is. 42/9(1985-96), 0033-2917;1469-8978 (2012 Sep)
- Author(s):** Woodhead C; Wessely S; Jones N; Fear NT; Hatch SL
- Institution:** King's Centre for Military Health Research, Department of Psychological Medicine, King's College London, London, UK. charlotte.c.woodhead@kcl.ac.uk
- Language:** English
- Abstract:** BACKGROUND: Interest in the mental health of women deployed to modern military campaigns is increasing, although research examining gender differences is limited. Little is known about experiences women have had on these deployments, or whether men and women respond differently to combat exposure.METHOD: The current study used data from a representative sample of UK Armed Forces personnel to examine gender differences among those deployed to Iraq and Afghanistan (n=432 women, n=4554 men) in three measures of experience: 'risk to self', 'trauma to others' and 'appraisal of deployment'. We examined the impact of such experiences on post-deployment symptoms of post-traumatic stress disorder (PTSD), symptoms of common mental disorder (CMD) and hazardous alcohol use.RESULTS: After adjustment, men reported more exposure to 'risk to self' and 'trauma to others' events and more negative appraisals of their deployment. Among both genders, all measures of combat experience were associated with symptoms of PTSD and CMD (except 'risk to self' events on symptoms of CMD among women) but not with alcohol misuse. Women reported higher scores on the PTSD Checklist--Civilian Version (PCL-C) among those exposed to lower levels of each experience type but this did not hold in the higher levels. Women reported greater symptoms of CMD and men reported greater hazardous alcohol use across both levels of each experience type. Examining men and women separately suggested similar responses to exposure to adverse combat experiences.CONCLUSIONS: The current findings suggest that, although gender differences in mental health exist, the impact of deployment on mental health is similar among men and women.
- Country of Publication:** England
- Publication Type:** Journal Article; Research Support, Non-U.S. Gov't
- Subject Headings:** [Adult](#)  
[Afghan Campaign 2001-](#)  
["Alcohol-Related Disorders/ep \[Epidemiology\]"](#)  
[Cohort Studies](#)  
[Female](#)  
["Great Britain/ep \[Epidemiology\]"](#)  
[Humans](#)  
[Male](#)  
["Military Personnel/px \[Psychology\]"](#)  
["\\*Military Personnel/sn \[Statistics and Numerical Data\]"](#)  
[Risk Factors](#)  
[Sex Factors](#)  
["\\*Stress Disorders Post-Traumatic/ep \[Epidemiology\]"](#)
- Source:** MEDLINE
- Full Text:** Available from *ProQuest* in *Psychological Medicine*

**34. Methadone prescribing is to be reviewed in Scotland as user numbers continue to rise.**

- Citation:** BMJ, 2012, vol./is. 345/(e6816), 0959-535X;1756-1833 (2012)
- Author(s):** Christie B
- Language:** English
- Country of Publication:** England
- CAS Registry Number:** 76-99-3 (Methadone)

**Publication Type:** News

**Subject Headings:** [Attitude of Health Personnel](#)  
["HIV Infections/pc \[Prevention and Control\]"](#)  
["\\*Heroin Dependence/rh \[Rehabilitation\]"](#)  
[Humans](#)  
["\\*Methadone/ad \[Administration and Dosage\]"](#)  
["Physician's Practice Patterns/sn \[Statistics and Numerical Data\]"](#)  
[Scotland](#)

**Source:** MEDLINE

**Full Text:** Available from *Highwire Press* in *BMJ: British Medical Journal: Compact Edition*

### 35. The lived experience of UK street-based sex workers and the health consequences: an exploratory study.

**Citation:** Health Promotion International, September 2012, vol./is. 27/3(311-22), 0957-4824;1460-2245 (2012 Sep)

**Author(s):** Mellor R; Lovell A

**Institution:** Wirral Primary Care Trust, Westminster House, Hamilton Street, Birkenhead CH41 5FN, UK.

**Language:** English

**Abstract:** The complex, difficult lives and subsequent health issues of street-based female sex workers are well documented. This paper explores the health needs of a group of sex workers in one geographical locality in the north-west of England. Interviews were conducted with a number of women currently engaged in sex work, with the aim of identifying factors maintaining them in this work and examining their experience of health and health-related services. A thematic analysis revealed considerable life circumstance complexity, with violence, drugs, alcohol and housing problems being prevalent factors. The combination of such factors compounds the likelihood of the women's social exclusion. Other themes related to the casual perception the women had of their own health needs, their generally poor experience of services and the demonstrable impact of one specific service in supporting a group so reluctant to engage. The study suggests poor understanding of the complex needs of street-based sex workers by both services and professionals, particularly a failure to engage with the reality of these women's lives and the factors that maintain them in this work.

**Country of Publication:** England

**Publication Type:** Journal Article

**Subject Headings:** [Adult](#)  
[Female](#)  
[Great Britain](#)  
[Health Services Accessibility](#)  
[Health Services Needs and Demand](#)  
[Health Status](#)  
[Homeless Persons](#)  
[Humans](#)  
[Mental Health](#)  
[\\*Sex Workers](#)  
[Social Isolation](#)  
["Substance-Related Disorders/ep \[Epidemiology\]"](#)  
["Violence/sn \[Statistics and Numerical Data\]"](#)

**Source:** MEDLINE

**Full Text:** Available from *Oxford University Press* in *Health Promotion International*  
Available from *Ovid* in *Health Promotion International*

### 36. Known and potential new risk factors for skin cancer in European populations: a multicentre case-control study.

**Citation:** British Journal of Dermatology, August 2012, vol./is. 167 Suppl 2/(1-13), 0007-0963;1365-2133 (2012 Aug)

**Author(s):** de Vries E; Trakatelli M; Kalabalikis D; Ferrandiz L; Ruiz-de-Casas A; Moreno-Ramirez D; Sotiriadis D; Ioannides D; Aquilina S; Apap C; Micallef R; Scerri L; Ulrich M; Pitkanen S; Saksela O; Altsitsiadis E; Hinrichs B; Magnoni C; Fiorentini C; Majewski S; Ranki A; Stockfleth E; Proby C; EPIDERM Group

**Institution:** Department of Public Health, Erasmus MC University Medical Center Rotterdam, The Netherlands. e.devries@erasmusmc.nl

**Language:** English

**Abstract:** BACKGROUND: During recent years numerous studies have suggested that personal and environmental factors might influence cancer development.OBJECTIVES: To investigate environmental and personal characteristics associated with skin cancer risk.METHODS: A multicentre hospital-based case-control study was performed in Finland, Germany, Greece, Italy, Malta, Poland, Scotland and Spain, including 409 patients with squamous cell carcinoma (SCC), 602 with basal cell carcinoma (BCC) and 360 with cutaneous malignant melanoma (CMM) and 1550 control persons. Exposures were assessed by questionnaires that were partly self-administered, partly completed by dermatologists. Unconditional logistic regression modelling was used to assess associations including the influence of certain drugs and food items on skin cancer risk.RESULTS: The usual associations were observed for sun exposure and pigmentation characteristics, with chronic sun exposure being most strongly associated with SCC risk, and naevi and atypical naevi with CMM risk. Use of ciprofloxacin was associated with a decreased risk of BCC [odds ratio (OR) 0.33] and use of thiazide diuretics was associated with an increased risk of SCC (OR 1.66). Ciprofloxacin was also associated with SCC (OR 0.34) and thiazines with BCC (OR 2.04), but these associations lost significance after correction for multiple testing. Consumption of pomegranate, rich in antioxidants, was associated with decreased BCC and SCC risk, also after correcting for multiple testing. Recent experience of stressful events was associated with increased risk, particularly of CMM.CONCLUSIONS: In this large case-control study from across Europe the expected associations were observed for known risk factors. Some new potential protective factors and potential risk factors were identified for consumption of certain food items, medication use and stress, which deserve further investigation in future studies. Copyright 2012 The Authors. BJD Copyright 2012 British Association of Dermatologists.

**Country of Publication:** England

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

**Subject Headings:** [Adult](#)  
[Aged](#)  
[Aged 80 and over](#)  
["\\*Carcinoma Basal Cell/ep \[Epidemiology\]"](#)  
["\\*Carcinoma Squamous Cell/ep \[Epidemiology\]"](#)  
[Case-Control Studies](#)  
["Diet/ae \[Adverse Effects\]"](#)  
["Drug Eruptions/ep \[Epidemiology\]"](#)  
["Europe/ep \[Epidemiology\]"](#)  
[Female](#)  
[Humans](#)  
[Male](#)  
["\\*Melanoma/ep \[Epidemiology\]"](#)  
[Middle Aged](#)  
[Questionnaires](#)  
[Risk Factors](#)  
["\\*Skin Neoplasms/ep \[Epidemiology\]"](#)  
["Stress Psychological/ep \[Epidemiology\]"](#)

**Source:** MEDLINE

**Full Text:** Available from *Wiley* in *British Journal of Dermatology*

### 37. Hepatoprotective effect of the ethanol extract of *Vitis thunbergii* on carbon tetrachloride-induced acute hepatotoxicity in rats through anti-oxidative activities.

<b>Citation:</b>	Journal of Ethnopharmacology, August 2012, vol./is. 142/3(795-803), 0378-8741;1872-7573 (2012 Aug 1)
<b>Author(s):</b>	Deng JS; Chang YC; Wen CL; Liao JC; Hou WC; Amagaya S; Huang SS; Huang GJ
<b>Institution:</b>	Department of Health and Nutrition Biotechnology, Asia University, Taichung 413, Taiwan.
<b>Language:</b>	English
<b>Abstract:</b>	<p>ETHNOPHARMACOLOGICAL RELEVANCE: <i>Vitis thunbergii</i> var. <i>taiwaniana</i> are traditionally used for the treatment of diarrhea, fracture and injury, jaundice, and hepatitis in Taiwan. AIM OF THE STUDY: The hepatoprotective activity of its plant extracts seems to be associated with its antioxidant activity. This paper aims to investigate the in vitro and in vivo antioxidant effects of the ethanol extract of <i>Vitis thunbergii</i> (EVT). MATERIALS AND METHODS: In HPLC analysis, the fingerprint chromatogram of EVT was established. Antioxidant ability of EVT was investigated by employing several established in vitro methods. In vivo antioxidant activity was tested against CCl<sub>4</sub>-induced toxicity in mice. Alanine aminotransferase (ALT) and aspartate aminotransferase (AST) were detected in the blood to indicate hepatic injury. Product of lipid peroxidation (MDA), superoxide dismutase (SOD), catalase (CAT), glutathione peroxidase (GPx), and reduced glutathione (GSH) contents were evaluated for oxidative stress in hepatic injury. Moreover, histopathological observation was assayed for the degree of hepatic injury. RESULTS: EVT exhibited strong antioxidant ability in vitro. After oral administration of EVT significantly decreased ALT and AST, and ameliorated the oxidative stress in hepatic tissue and increased the activity of CAT, SOD, GPx, and GSH. Serum tumor necrosis factor-alpha (TNF-alpha), interleukin-1beta (IL-1beta), and nitric oxide (NO) were decreased in the group treated with CCl<sub>4</sub> plus EVT. Western blotting revealed that EVT blocked protein expression of inducible NO synthase (iNOS) and cyclooxygenase-2 (COX-2) in CCl<sub>4</sub>-treated rats, significantly. Histopathological examination of livers showed that EVT reduced fatty degeneration, cytoplasmic vacuolization and necrosis in CCl<sub>4</sub>-treated rats. CONCLUSION: This study suggests that EVT possesses antioxidant effects in vitro and hepatoprotective effect on acute liver injuries induced by CCl<sub>4</sub> in vivo, and the results suggested that the effect of EVT against CCl<sub>4</sub>-induced liver damage is related to its antioxidant properties. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.</p>
<b>Country of Publication:</b>	Ireland
<b>CAS Registry Number:</b>	0 (Antioxidants); 0 (Interleukin-1beta); 0 (Plant Extracts); 0 (Solvents); 0 (Tumor Necrosis Factor-alpha); 10102-43-9 (Nitric Oxide); 56-23-5 (Carbon Tetrachloride); 64-17-5 (Ethanol); 70-18-8 (Glutathione); EC 1-11-1-6 (Catalase); EC 1-11-1-9 (Glutathione Peroxidase); EC 1-14-13-39 (Nitric Oxide Synthase Type II); EC 1-14-13-39 (Nos2 protein, rat); EC 1-14-99-1 (Cyclooxygenase 2); EC 1-14-99-1 (Ptgs2 protein, rat); EC 1-15-1-1 (Superoxide Dismutase); EC 2-6-1-1 (Aspartate Aminotransferases); EC 2-6-1-2 (Alanine Transaminase)
<b>Publication Type:</b>	Journal Article; Research Support, Non-U.S. Gov't
<b>Subject Headings:</b>	<p>"Alanine Transaminase/bl [Blood]"  Animals  "*Antioxidants/tu [Therapeutic Use]"  "Aspartate Aminotransferases/bl [Blood]"  Carbon Tetrachloride  "Catalase/me [Metabolism]"  "Cyclooxygenase 2/me [Metabolism]"  "*Drug-Induced Liver Injury/dt [Drug Therapy]"  "Drug-Induced Liver Injury/me [Metabolism]"  "Drug-Induced Liver Injury/pa [Pathology]"  "Ethanol/ch [Chemistry]"  "Glutathione/me [Metabolism]"</p>

"Glutathione Peroxidase/me [Metabolism]"  
 "Interleukin-1beta/bl [Blood]"  
 "Lipid Peroxidation/de [Drug Effects]"  
 Male  
 Mice  
 "Nitric Oxide/bl [Blood]"  
 "Nitric Oxide Synthase Type II/me [Metabolism]"  
 \*Phytotherapy  
 "\*Plant Extracts/tu [Therapeutic Use]"  
 Rats  
 Rats Sprague-Dawley  
 "Solvents/ch [Chemistry]"  
 "Superoxide Dismutase/me [Metabolism]"  
 "Tumor Necrosis Factor-alpha/bl [Blood]"  
 \*Vitis

**Source:** MEDLINE

**38. Pharmacological evaluation of Ipomoea asarifolia (Desr.) against carbon tetrachloride-induced hepatotoxicity in rats.**

**Citation:** Journal of Ethnopharmacology, August 2012, vol./is. 142/3(642-6), 0378-8741;1872-7573 (2012 Aug 1)

**Author(s):** Farida T; Salawu OA; Tijani AY; Ejiofor JI

**Institution:** Department of Pharmacology and Therapeutics, Ahmadu Bello University, Zaria, Nigeria. ftukur@yahoo.com

**Language:** English

**Abstract:** ETHNOPHARMACOLOGICAL RELEVANCE: Ipomoea asarifolia (Desr.) Roem. and Schult. is used traditionally in some parts of Africa for the treatment of a variety of diseases. This study attempts to validate its hepatoprotective activity by evaluating the prophylactic and curative properties of the methanolic extract of Ipomoea asarifolia (IA) leaves. MATERIALS AND METHODS: Liver damage was induced by administering 0.5 ml/kg of an equal mixture of carbon tetrachloride (CCl<sub>4</sub>) in olive oil intraperitoneally on alternate days, for 5 days and the plant extract was given orally daily, for 7 days at doses of 100, 200 and 400 mg/kg. RESULTS: Pre-treatment with the extract significantly (P<0.05) decreased CCl<sub>4</sub>-induced elevation in serum levels of alanine transaminase, aspartate transaminase, alkaline phosphatase, triglycerides, bilirubin and cholesterol, better than the standard drug silymarin at 100 mg/kg. In the curative study, IA significantly (P<0.05) reversed CCl<sub>4</sub>-induced liver damage, comparable to silymarin. Hepatoprotective potential was further supported by decrease in pentobarbitone sleeping time and improved hepatic tissue histopathology. CONCLUSION: These results indicate that I. asarifolia leaves have potent hepatoprotective activity against CCl<sub>4</sub>-induced hepatic damage in rats. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Plant Extracts); 0 (Protective Agents); 0 (Triglycerides); 56-23-5 (Carbon Tetrachloride); 57-88-5 (Cholesterol); 635-65-4 (Bilirubin); EC 2-6-1-1 (Aspartate Aminotransferases); EC 2-6-1-2 (Alanine Transaminase); EC 3-1-3-1 (Alkaline Phosphatase)

**Publication Type:** Journal Article

**Subject Headings:** "Alanine Transaminase/bl [Blood]"  
 "Alkaline Phosphatase/bl [Blood]"  
 Animals  
 "Aspartate Aminotransferases/bl [Blood]"  
 "Bilirubin/bl [Blood]"  
 Carbon Tetrachloride  
 "Cholesterol/bl [Blood]"  
 "Drug-Induced Liver Injury/bl [Blood]"

"\*Drug-Induced Liver Injury/dt [Drug Therapy]"  
 "Drug-Induced Liver Injury/pa [Pathology]"  
 Female  
 \*Ipomoea  
 Male  
 "Organ Size/de [Drug Effects]"  
 \*Phytotherapy  
 "Plant Extracts/ch [Chemistry]"  
 "Plant Extracts/pd [Pharmacology]"  
 "\*Plant Extracts/tu [Therapeutic Use]"  
 "Plant Leaves/ch [Chemistry]"  
 "Protective Agents/ch [Chemistry]"  
 "Protective Agents/pd [Pharmacology]"  
 "\*Protective Agents/tu [Therapeutic Use]"  
 Rats  
 Rats Wistar  
 "Triglycerides/bl [Blood]"

**Source:** MEDLINE

### 39. Mechanisms for consideration for intervention in the development of organophosphorus-induced delayed neuropathy.

**Citation:** Chemico-Biological Interactions, September 2012, vol./is. 199/3(177-84), 0009-2797;1872-7786 (2012 Sep 30)

**Author(s):** Emerick GL; DeOliveira GH; dos Santos AC; Ehrich M

**Institution:** Department of Natural Active Principles and Toxicology, School of Pharmaceutical Sciences, Univ Estadual Paulista - UNESP, Araraquara, SP, Brazil. glemerick@yahoo.com.br

**Language:** English

**Abstract:** Organophosphorus-induced delayed neuropathy (OPIDN) is a neurodegenerative disorder characterised by ataxia progressing to paralysis with concomitant central and peripheral distal axonopathy. Symptoms of OPIDN in people include tingling of the hands and feet. This tingling is followed by sensory loss, progressive muscle weakness and flaccidity of the distal skeletal muscles of the lower and upper extremities and ataxia, which appear about 8-14 days after exposure. Some organophosphorus compounds (OPs) that are still used in worldwide agriculture have potential to induce OPIDN, including methamidophos, trichlorfon, dichlorvos and chorpyrifos. This review summarizes experimental attempts to prevent and/or treat OPIDN and the different mechanisms involved in each approach. The initial mechanism associated with development of OPIDN is phosphorylation and inhibition of neuropathy target esterase (NTE). The phosphorylated enzyme undergoes a second reaction known as "aging" that results in the loss of one of the "R" groups bound to the phosphorus of the OP. A second mechanism involved in OPIDN is an imbalance in calcium homeostasis. This can lead to the activation of calcium-activated neutral protease and increases in calcium/calmodulin-dependent protein kinases. These events contribute to aberrant phosphorylation of cytoskeletal proteins and protein digestion in the terminal axon that can proceed similarly to Wallerian-type degeneration. Several experimental studies demonstrated alleviation of the signs and symptoms of OPIDN by restoring calcium balance. Other studies have used preadministration of NTE inhibitors, such as carbamates, thiocarbamates, sulfonyl fluorides and phosphinate to prevent OPIDN. Progress is being made, but there is yet no single specific treatment available for use in clinical practice to prevent or alleviate the severe effects of OPIDN. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Calcium Channel Blockers); 0 (Organophosphorus Compounds); 7440-70-2 (Calcium); EC 3-1-1 (Carboxylic Ester Hydrolases); EC 3-1-1 (neurotoxic esterase)

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



**Subject Headings:** Animals  
 "Calcium/me [Metabolism]"  
 "Calcium Channel Blockers/pd [Pharmacology]"  
 "Carboxylic Ester Hydrolases/ai [Antagonists and Inhibitors]"  
 "Carboxylic Ester Hydrolases/me [Metabolism]"  
 "Homeostasis/de [Drug Effects]"  
 Humans  
 "\*Neurotoxicity Syndromes/et [Etiology]"  
 "\*Neurotoxicity Syndromes/pc [Prevention and Control]"  
 "Neurotoxicity Syndromes/th [Therapy]"  
 "\*Organophosphorus Compounds/to [Toxicity]"  
 "Phosphorylation/de [Drug Effects]"  
 "Wallerian Degeneration/ci [Chemically Induced]"  
 "Wallerian Degeneration/me [Metabolism]"

**Source:** MEDLINE

#### 40. Anaphylaxis: current state of knowledge for the modern physician.

**Citation:** Postgraduate Medical Journal, August 2012, vol./is. 88/1042(458-64), 0032-5473;1469-0756 (2012 Aug)

**Author(s):** Rutkowski K; Dua S; Nasser S

**Institution:** Department of Allergy, Cambridge University Hospital, Hills Road, Cambridge CB2 0QQ, UK.

**Language:** English

**Abstract:** Anaphylaxis is a severe, potentially fatal, hypersensitivity reaction of rapid onset. It may trigger life-threatening cardiopulmonary compromise, often with skin and mucosal changes such as urticaria and angioedema. The prevalence of anaphylaxis is increasing and the number of cases of fatal anaphylaxis appears to be rising. Food, insect stings, and drugs are the most common triggers. Novel triggers are increasingly seen and include delayed anaphylaxis to red meat, food-dependent exercise-induced reactions and anaphylaxis to monoclonal antibodies. Anaphylaxis is usually IgE mediated, but other mechanisms also play a role for example direct mast cells activation. Differential diagnosis is discussed including asthma, syncope and shock; excessive endogenous histamine, food related syndromes, and some rare diagnoses. Intramuscular epinephrine is first line treatment. The role of other drugs is reviewed. Timed and serial serum tryptase measurements help to confirm the diagnosis. Long-term management is necessary to minimise the risk of recurrence and includes identification of the trigger(s), management of risk factors, education on avoidance and a formalised treatment plan with an epinephrine auto-injector if appropriate. Every patient who has experienced anaphylaxis should be referred to an allergy clinic for appropriate management. This is endorsed by many national guidelines (eg, UK NICE). Anaphylaxis is often misdiagnosed or miscoded as, for example, asthma or food allergy. Most doctors will encounter a patient with anaphylaxis in their career and should to be familiar with the clinical features, management and mechanisms of this potentially fatal condition.

**Country of Publication:** England

**CAS Registry Number:** 0 (Allergens); 0 (Pharmaceutical Preparations); 51-43-4 (Epinephrine); EC 3-4-21-59 (Tryptases)

**Publication Type:** Journal Article; Review

**Subject Headings:** "Allergens/ae [Adverse Effects]"  
 "Allergens/im [Immunology]"  
 "Anaphylaxis/dt [Drug Therapy]"  
 "\*Anaphylaxis/et [Etiology]"  
 "Anaphylaxis/im [Immunology]"  
 Diagnosis Differential  
 "Epinephrine/ad [Administration and Dosage]"  
 "Food/ae [Adverse Effects]"

[Humans](#)  
[Injections Intramuscular](#)  
["Insect Bites and Stings/im \[Immunology\]"](#)  
["Pharmaceutical Preparations/ae \[Adverse Effects\]"](#)  
[Physician's Practice Patterns](#)  
[Risk Factors](#)  
[Time Factors](#)  
["Tryptases/im \[Immunology\]"](#)

**Source:** MEDLINE

**Full Text:** Available from *Highwire Press* in *Postgraduate Medical Journal*

**41. A randomized, double-blind, placebo-controlled, crossover study to evaluate the subjective abuse potential and cognitive effects of nabiximols oromucosal spray in subjects with a history of recreational cannabis use.**

**Citation:** Human Psychopharmacology, April 2011, vol./is. 26/3(224-36), 0885-6222;1099-1077 (2011 Apr)

**Author(s):** Schoedel KA; Chen N; Hilliard A; White L; Stott C; Russo E; Wright S; Guy G; Romach MK; Sellers EM

**Institution:** Kendle Early Stage-Toronto, Toronto, Ontario, Canada. schoedel.kerri@kendle.com

**Language:** English

**Abstract:** OBJECTIVE: This study aimed to evaluate the abuse potential and cognitive effects of nabiximols (Sativex, GW Pharma Ltd. Salisbury, UK), an oromucosal spray primarily containing delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD).METHODS: This was a single-dose, randomized, double-blind, crossover study comparing nabiximols (4, 8, and 16 consecutive sprays: 10.8, 21.6, and 43.2 mg THC, respectively) with dronabinol 20 and 40 mg (synthetic THC: Marinol, Solvay Pharmaceuticals, Brussels, Belgium) and matching placebos in 23 recreational cannabis users. Subjective and cognitive/psychomotor measures were administered over 24 h post-dose.RESULTS: Dronabinol was significantly different from placebo on abuse potential measures, thereby confirming study validity. Nabiximols 10.8 mg was not significantly different from placebo on primary measures but was different on some secondary measures. Nabiximols 21.6 mg was significantly greater than placebo on some primary/secondary measures, whereas nabiximols 43.2 mg showed significant effects on most measures. Nabiximols 10.8 mg was significantly lower than dronabinol doses on most measures (  $p < 0.05$ ). Dronabinol 20 mg effects were numerically higher than nabiximols 21.6 mg but were statistically significant only for some measures. Dronabinol 40 mg and nabiximols 43.2 mg were generally not statistically different.CONCLUSIONS: Both dronabinol and nabiximols had significant abuse potential compared with placebo at higher doses. Nabiximols showed similar or slightly less abuse potential compared with dronabinol. Therefore, the abuse potential of nabiximols should be no higher than that of dronabinol.

**Country of Publication:** England

**CAS Registry Number:** 0 (Cannabinoids); 0 (Oral Sprays); 0 (Plant Extracts); 0 (Street Drugs); 0 (tetrahydrocannabinol-cannabidiol combination); 1972-08-3 (Tetrahydrocannabinol)

**Publication Type:** Comparative Study; Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

**Subject Headings:**
[Adult](#)  
["\\*Cannabinoids/ad \[Administration and Dosage\]"](#)  
["Cannabinoids/bl \[Blood\]"](#)  
["\\*Cognition/de \[Drug Effects\]"](#)  
["Cognition/ph \[Physiology\]"](#)  
[Cross-Over Studies](#)  
[Double-Blind Method](#)  
["Drug Evaluation/mt \[Methods\]"](#)  
[Female](#)  
[Humans](#)  
[Male](#)

"Marijuana Abuse/bl [Blood]"  
 "Marijuana Abuse/ep [Epidemiology]"  
 \*Marijuana Abuse  
 Middle Aged  
 "\*Mouth Mucosa/de [Drug Effects]"  
 "Mouth Mucosa/ph [Physiology]"  
 Oral Sprays  
 "\*Plant Extracts/ad [Administration and Dosage]"  
 "Plant Extracts/bl [Blood]"  
 "Street Drugs/bl [Blood]"  
 "\*Tetrahydrocannabinol/ad [Administration and Dosage]"  
 "Tetrahydrocannabinol/bl [Blood]"  
 Young Adult

**Source:** MEDLINE

**Full Text:** Available from *Wiley* in *Human Psychopharmacology: Clinical and Experimental*

#### 42. Ketamine cystitis: an emerging diagnostic and therapeutic challenge.

**Citation:** British Journal of Hospital Medicine, October 2012, vol./is. 73/10(576-9), 1750-8460;1750-8460 (2012 Oct)

**Author(s):** Gray T; Dass M

**Institution:** Department of Obstetrics and Gynaecology, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK. tom.gray@me.com

**Language:** English

**Abstract:** Ketamine abuse is increasingly common in the UK. Ketamine-induced cystitis can cause serious damage to the urinary tract. This emerging problem presents a new diagnostic challenge and is very likely to increase in incidence over the coming years.

**Country of Publication:** England

**CAS Registry Number:** 0 (Excitatory Amino Acid Antagonists); 0 (Street Drugs); 6740-88-1 (Ketamine)

**Publication Type:** Journal Article; Review

**Subject Headings:** "\*Cystitis/ci [Chemically Induced]"  
 "Cystitis/di [Diagnosis]"  
 "Cystitis/pp [Physiopathology]"  
 "Cystitis/th [Therapy]"  
 Diagnosis Differential  
 "\*Excitatory Amino Acid Antagonists/ae [Adverse Effects]"  
 "Great Britain/ep [Epidemiology]"  
 Humans  
 "\*Ketamine/ae [Adverse Effects]"  
 "\*Street Drugs/ae [Adverse Effects]"  
 "Substance-Related Disorders/ep [Epidemiology]"  
 \*Substance-Related Disorders

**Source:** MEDLINE

**Full Text:** Available from *British Journal of Hospital Medicine* in *Newcomb Library & Information Service*

#### 43. [Treatment of tobacco dependence - improving availability in the clinical practice]. [Czech] Lecba zavislosti na tabaku - zlepzeni dostupnosti v[NON-BREAKING SPACE]klinikke praxi.

**Original Title:** Lecba zavislosti na tabaku - zlepzeni dostupnosti v[NON-BREAKING SPACE]klinikke praxi.

**Citation:** Casopis Lekaru Ceskych, 2012, vol./is. 151/9(432-4), 0008-7335;0008-7335 (2012)

**Author(s):** Kralikova E

**Institution:** Universita Karlova v Praze, Praha. eva.kralikova@lf1.cuni.cz

**Language:** Czech

**Abstract:** Tobacco dependence is a disease that causes dozens of illnesses and premature deaths. Effective treatment exists and should be available to all smokers in frame of the local health care service. The Czech Republic is not the only country missing the full availability. A worldwide project "Global Bridges: Healthcare Alliance for Tobacco Dependence Treatment" is trying to improve the situation. As we can see from the website [globalbridges.org](http://globalbridges.org), the project focuses on different geographical regions of the world - even if comparisons between countries are difficult due to the different health care systems including their financing. The European Globalbridges group met in June 2012 in Birmingham at the occasion of the UK National Smoking Cessation Conference. The entire interconnected system of thousands of people involved in smoking cessation in UK, including research support, is truly impressive and may be an example to other countries not only in Europe.

**Country of Publication:** Czech Republic

**Publication Type:** English Abstract; Journal Article; Review

**Subject Headings:** [Humans](#)  
[\\*Smoking Cessation](#)  
["Tobacco Use Disorder/pc \[Prevention and Control\]"](#)  
["\\*Tobacco Use Disorder/rh \[Rehabilitation\]"](#)

**Source:** MEDLINE

#### 44. The International Alcohol Control (IAC) study-evaluating the impact of alcohol policies.

**Citation:** Alcoholism: Clinical & Experimental Research, August 2012, vol./is. 36/8(1462-7), 0145-6008;1530-0277 (2012 Aug)

**Author(s):** Casswell S; Meier P; MacKintosh AM; Brown A; Hastings G; Thamarangsi T; Chaiyasong S; Chun S; Huckle T; Wall M; You RQ

**Institution:** SHORE and Whariki Research Centre, School of Public Health, Massey University, Auckland, New Zealand. [s.casswell@massey.ac.nz](mailto:s.casswell@massey.ac.nz)

**Language:** English

**Abstract:** BACKGROUND: This paper describes a new multicountry collaborative project to assess the impact of alcohol control policy. Longitudinal surveys of drinkers in a number of participating countries and analysis of the policy context allow for the assessment of change over time within countries and comparison between countries. The design of the study is modeled on the International Tobacco Control study and aims to assess the impact of alcohol policies in different cultural contexts on policy-related behaviors and alcohol consumption. A survey instrument and protocol for policy analysis have been developed by the initial participating countries: England, Scotland, Thailand, South Korea, and New Zealand. The first round of data collection is scheduled for 2011-2012. MEASUREMENTS: The survey instrument (International Alcohol Control [IAC] survey) measures key policy relevant behaviors: place and time of purchase, amounts purchased and price paid; ease of access to alcohol purchase; alcohol marketing measures; social supply; perceptions of alcohol affordability and availability and salience of price; perceptions of enforcement; people's experiences with specific alcohol restrictions; support for policy and consumption (typical quantity, frequency using beverage and location-specific measures). The Policy Analysis Protocol (PoLAP) assesses relevant aspects of the policy environment including regulation and implementation. RESULTS: It has proved feasible to design instruments to collect detailed data on behaviors relevant to alcohol policy change and to assess the policy environment in different cultural settings. CONCLUSIONS: In a policy arena in which the interest groups and stakeholders have different perceptions of appropriate policy responses to alcohol-related harm, a robust methodology to assess the impact of policy will contribute to the debate. Copyright Copyright 2012 by the Research Society on Alcoholism.

**Country of Publication:** England

**Publication Type:** Journal Article

**Subject Headings:** "Alcohol Drinking/ec [Economics]"  
 "Alcohol Drinking/ep [Epidemiology]"  
 "\*Alcohol Drinking/lj [Legislation and Jurisprudence]"  
 "\*Alcoholism/pc [Prevention and Control]"  
 Costs and Cost Analysis  
 Cross-Sectional Studies  
 Data Collection  
 Health Surveys  
 Humans  
 International Cooperation  
 Longitudinal Studies  
 New Zealand  
 Questionnaires  
 Research

**Source:** MEDLINE

**Full Text:** Available from *Wiley* in *Alcoholism: Clinical and Experimental Research*

#### 45. Toxicity of so-called edible hijiki seaweed (*Sargassum fusiforme*) containing inorganic arsenic.

**Citation:** Regulatory Toxicology & Pharmacology, July 2012, vol./is. 63/2(291-7), 0273-2300;1096-0295 (2012 Jul)

**Author(s):** Yokoi K; Konomi A

**Institution:** Department of Human Nutrition, Seioku University Graduate School, Matsudo, Chiba 271-8555, Japan. katsuhikoy@aol.com

**Language:** English

**Abstract:** The UK Food Standards Agency and its counterparts in other countries have warned consumers not to eat hijiki (*Sargassum fusiforme*; synonym *Hizikia fusiformis*), a Sargasso seaweed, because it contains large amounts of inorganic arsenic. We investigated dietary exposure of hijiki in weaning male F344/N rats fed an AIN-93G diet supplemented with 3% (w/w) hijiki powder for 7 weeks, compared with those fed only an AIN-93G diet. Body weight, body temperature, blood and tissue arsenic concentrations, plasma biochemistry and hematological parameters were measured. We found that feeding rats a 3% hijiki diet led to a marked accumulation of arsenic in blood and tissues, and evoked a high body temperature and abnormal blood biochemistry including elevated plasma alkaline phosphatase activity and inorganic phosphorus, consistent with arsenic poisoning. These findings should prompt further investigations to identify the health hazards related to consumption of hijiki and related *Sargassum* species in humans. Copyright Copyright 2012 Elsevier Inc. All rights reserved.

**Country of Publication:** United States

**CAS Registry Number:** 0 (Arsenicals); 0 (Powders)

**Publication Type:** Journal Article

**Subject Headings:** Administration Oral  
 Animals  
 "Arsenic Poisoning/bl [Blood]"  
 "\*Arsenic Poisoning/et [Etiology]"  
 "Arsenicals/bl [Blood]"  
 "Arsenicals/ip [Isolation and Purification]"  
 \*Arsenicals  
 Consumer Product Safety  
 "Dietary Supplements/st [Standards]"  
 "\*Dietary Supplements/to [Toxicity]"  
 "\*Food Contamination/an [Analysis]"  
 Male  
 Powders  
 Rats  
 Rats Inbred F344

["\\*Sargassum/ch \[Chemistry\]"](#)

["\\*Seaweed/ch \[Chemistry\]"](#)

[Toxicity Tests Subchronic](#)

**Source:** MEDLINE

**46. Increases in alphaCaMKII phosphorylated on Thr286 in the nucleus accumbens shell but not the core during priming-induced reinstatement of morphine-seeking in rats.**

**Citation:** Neuroscience Letters, September 2012, vol./is. 526/1(39-44), 0304-3940;1872-7972 (2012 Sep 20)

**Author(s):** Liu Z; Liu XD; Zhang JJ; Yu LC

**Institution:** State Key Laboratory of Biomembrane and Membrane Biotechnology, and Laboratory of Neurobiology, College of Life Sciences, Peking University, Beijing 100871, People's Republic of China.

**Language:** English

**Abstract:** Addiction is a pathological usurpation of the neural processes that normally serve reward-related learning and memory. Ca(2+)/calmodulin-dependent protein kinase II (CaMKII) is an important molecule involved in the mechanisms of learning and memory, suggesting its roles in drug addiction. In this study, we detected the changes of CaMKII protein levels in the nucleus accumbens (NAc), a key nucleus involved in drug-reward, during the reinstatement of morphine-seeking behavior with animal model of morphine self-administration in rats. Moreover, considering that the NAc is also involved in the natural reward-related learning and memory, we detected the changes of CaMKII protein levels in the NAc during the reinstatement of natural reward-seeking with animal model of saccharin self-administration as a control. We found that the level of alphaCaMKII phosphorylated on Thr286 increased in the NAc shell subregion but not the NAc core during the reinstatement of morphine-seeking, compared with that after extinction. However, during the reinstatement of saccharin-seeking, the protein level of alphaCaMKII phosphorylated on Thr286 did not change in the NAc shell. Surprisingly, both alphaCaMKII phosphorylated on Thr286 and betaCaMKII phosphorylated on Thr287 decreased in the NAc core during the reinstatement of saccharin-seeking. These results suggest that increased phosphorylation of CaMKII (Thr286) in the NAc shell is involved in the relapse to opioids-seeking and the mechanisms underlying the reinstatement of morphine-seeking are different from those involved in the reinstatement of natural reward-seeking. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Narcotics); 57-27-2 (Morphine); EC 2-7-11-17 (Calcium-Calmodulin-Dependent Protein Kinase Type 2)

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

**Subject Headings:** [Animals](#)  
["\\*Calcium-Calmodulin-Dependent Protein Kinase Type 2/me \[Metabolism\]"](#)  
[Male](#)  
["Morphine/ad \[Administration and Dosage\]"](#)  
["\\*Morphine/pd \[Pharmacology\]"](#)  
["\\*Morphine Dependence/en \[Enzymology\]"](#)  
["Narcotics/ad \[Administration and Dosage\]"](#)  
["\\*Narcotics/pd \[Pharmacology\]"](#)  
["\\*Nucleus Accumbens/en \[Enzymology\]"](#)  
[Phosphorylation](#)  
[Rats](#)  
[Rats Sprague-Dawley](#)  
[Recurrence](#)  
[Reward](#)  
[Self Administration](#)

**Source:** MEDLINE

**47. Alcohol use and abuse among rural Zimbabwean adults: a test of a community-level intervention.**

**Citation:** Drug & Alcohol Dependence, August 2012, vol./is. 124/3(333-9), 0376-8716;1879-0046 (2012 Aug 1)

**Author(s):** Cubbins LA; Kasprzyk D; Montano D; Jordan LP; Woelk G

**Institution:** Battelle Memorial Institute, Centers for Public Health Research and Evaluation, 1100 Dexter Avenue North, Suite 400, Seattle, WA 98109-3598, USA. cubbinsl@battelle.org

**Language:** English

**Abstract:** BACKGROUND: Understanding what factors contribute to alcohol abuse in resource-poor countries is important given its adverse health consequences. Past research shows that social peers influence substance abuse, suggesting that the social environment may be an effective target for reducing alcohol abuse across a population. This study investigates the determinants of alcohol use and abuse in rural Zimbabwe and tests a community popular opinion leader (CPOL) community-based intervention partly directed at reducing alcohol abuse. METHODS: Tests were conducted on the impact of the CPOL intervention on alcohol use patterns across communities in rural Zimbabwe over three waves from 2003 to 2007, including community- and individual-level tests using data based on in-person interviews of adult men and women (ages 18-30; N=5543). Data were analyzed using paired-sample t-tests, as well as logistic and ordinary least-squares regression with random effects. RESULTS: Higher drinking (any use, more frequent use, greater quantity, and/or frequent drunkenness) was generally associated with being male, older, not married, more highly educated, of Shona ethnicity, away from home frequently, employed, having no religious affiliation, or living in areas with a higher crude death rate or lower population density. Over the study period, significant declines in alcohol use and abuse were found in intervention and control sites at relatively equal levels. CONCLUSIONS: Although no support was found for the effectiveness of the CPOL study in reducing alcohol abuse, Zimbabwe is similar to other countries in the impact of socio-demographic and cultural factors on alcohol use and abuse. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**Publication Type:** Journal Article; Research Support, N.I.H., Extramural

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
["\\*Alcohol Drinking/ep \[Epidemiology\]"](#)  
["Alcohol Drinking/pc \[Prevention and Control\]"](#)  
["\\*Alcoholic Intoxication/ep \[Epidemiology\]"](#)  
["Alcoholic Intoxication/pc \[Prevention and Control\]"](#)  
["\\*Alcoholism/ep \[Epidemiology\]"](#)  
["Alcoholism/pc \[Prevention and Control\]"](#)  
[Female](#)  
[Humans](#)  
[Male](#)  
[Risk Factors](#)  
[Rural Population](#)  
["Zimbabwe/ep \[Epidemiology\]"](#)

**Source:** MEDLINE

**48. What Oregon's parity law can tell us about the federal Mental Health Parity and Addiction Equity Act and spending on substance abuse treatment services.**

**Citation:** Drug & Alcohol Dependence, August 2012, vol./is. 124/3(340-6), 0376-8716;1879-0046 (2012 Aug 1)

**Author(s):** McConnell KJ; Ridgely MS; McCarty D

**Institution:** Oregon Health & Science University, Portland 97239, USA. mcconnjo@ohsu.edu

**Language:** English

**Abstract:** BACKGROUND: The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires commercial group health plans offering coverage for mental health and substance abuse services to offer those services at a level that is no more restrictive than for medical-surgical services. The MHPAEA is notable in restricting the extent to which health plans can use managed care tools on the behavioral health benefit. The only precedent for this approach is Oregon's 2007 state parity law. This study aims to provide evidence on the effect of comprehensive parity on utilization and expenditures for substance abuse treatment services. METHODS: A difference-in-difference analysis compared individuals in five Oregon commercial plans (n=103,820) from 2005 to 2008 to comparison groups exempt from parity in Oregon (n=19,633) and Washington (n=39,447). The primary outcome measures were annual use and total expenditures. RESULTS: Spending for alcohol treatment services demonstrated statistically significant increase in comparison to the Oregon and Washington comparison groups. Spending on other drug abuse treatment services was not associated with statistically significant spending increases, and the effect of parity on overall spending (alcohol plus other drug abuse treatment services) was positive but not statistically significant from zero. CONCLUSIONS: Oregon's experience suggests that behavioral health insurance parity that places restrictions on how plans manage the benefit may lead to increases in expenditures for alcohol treatment services but is unlikely to lead to increases in spending for other drug abuse treatment services. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**Publication Type:** Journal Article; Research Support, N.I.H., Extramural

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
["Behavior Addictive/ec \[Economics\]"](#)  
["Behavior Addictive/th \[Therapy\]"](#)  
[Child](#)  
[Child Preschool](#)  
[Female](#)  
["\\*Health Expenditures/lj \[Legislation and Jurisprudence\]"](#)  
[Humans](#)  
["Insurance Benefits/ec \[Economics\]"](#)  
["Insurance Benefits/lj \[Legislation and Jurisprudence\]"](#)  
["Insurance Health/ec \[Economics\]"](#)  
["\\*Insurance Health/lj \[Legislation and Jurisprudence\]"](#)  
[Male](#)  
["Managed Care Programs/ec \[Economics\]"](#)  
["Managed Care Programs/lj \[Legislation and Jurisprudence\]"](#)  
["Mental Health Services/ec \[Economics\]"](#)  
["\\*Mental Health Services/lj \[Legislation and Jurisprudence\]"](#)  
[Middle Aged](#)  
[Oregon](#)  
["Substance Abuse Treatment Centers/ec \[Economics\]"](#)  
["\\*Substance Abuse Treatment Centers/lj \[Legislation and Jurisprudence\]"](#)  
["Substance-Related Disorders/ec \[Economics\]"](#)  
["\\*Substance-Related Disorders/th \[Therapy\]"](#)

**Source:** MEDLINE

**49. Reductions in convictions for violent crime during opioid maintenance treatment: a longitudinal national cohort study.**

**Citation:** Drug & Alcohol Dependence, August 2012, vol./is. 124/3(307-10), 0376-8716;1879-0046 (2012 Aug 1)

**Author(s):** Havnes I; Bukten A; Gossop M; Waal H; Stangeland P; Clausen T

**Institution:** SERAF-Norwegian Centre for Addiction Research, University of Oslo, Kirkevn 166, N-0407 Oslo, Norway. i.a.havnes@medisin.uio.no



**Language:** English

**Abstract:** BACKGROUND: Although opioid maintenance treatment (OMT) has been found to reduce crime, less is known about its associations with violent crime. This study investigates changes in violent crime convictions prior to, during, and after OMT, and examines the relationship between violent crime convictions prior to OMT with the risk of violent and non-violent crime convictions during treatment. METHODS: The cohort comprised all who started OMT (n=3221) in Norway between 1997 and 2003. Treatment data were cross linked with the national Crime Registry. Convictions for violent crime 3 years prior to, during, and after treatment were studied. RESULTS: Violent crime rates were significantly reduced during OMT compared with before treatment, for both men and women. The rate of convictions for violent crime during OMT was halved amongst those who remained in treatment. The reduction was less pronounced for those who left treatment: for this group, the rate of violent convictions after OMT was higher than before treatment. The risk of convictions for violent and non-violent crime during OMT was highest for those with violent convictions prior to treatment. CONCLUSIONS: Violent crime is reduced during OMT. Screening for violent behaviour and violence risk assessment should be implemented in the treatment system. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Subject Headings:** [Adult](#)  
["Crime/pc \[Prevention and Control\]"](#)  
["\\*Crime/sn \[Statistics and Numerical Data\]"](#)  
[Female](#)  
[Humans](#)  
[Longitudinal Studies](#)  
[Male](#)  
[Norway](#)  
[\\*Opiate Substitution Treatment](#)  
["\\*Opioid-Related Disorders/dt \[Drug Therapy\]"](#)  
["Violence/pc \[Prevention and Control\]"](#)  
["\\*Violence/sn \[Statistics and Numerical Data\]"](#)

**Source:** MEDLINE

**50. ANAPC1 and SLCO3A1 are associated with nicotine dependence: meta-analysis of genome-wide association studies.**

**Citation:** Drug & Alcohol Dependence, August 2012, vol./is. 124/3(325-32), 0376-8716;1879-0046 (2012 Aug 1)

**Author(s):** Wang KS; Liu X; Zhang Q; Zeng M

**Institution:** Department of Biostatistics and Epidemiology, College of Public Health, East Tennessee State University, Johnson City, TN 37614, USA. wangk@etsu.edu

**Language:** English

**Abstract:** Twin and family studies have shown that there is substantial evidence for a genetic component in the vulnerability to nicotine dependence (ND). The purpose of this study was to perform a meta-analysis on two genome-wide association (GWA) data involving 1079 cases of ND and 1341 controls in Caucasian populations. Through meta-analysis we identified 50 SNPs associated with ND with  $p < 10^{-4}$ . The best associated SNP rs7163369 ( $p = 3.27 \times 10^{-6}$ ) was located at 15q26 within SLCO3A1 gene while the second best SNP was rs9308631 ( $p = 9.06 \times 10^{-6}$ ) at 2q12.1 near ANAPC1. The third interesting locus rs688011 ( $p = 1.08 \times 10^{-5}$ ) was at 11q23.2 intergenic between NCAM1 and TCC12. Through meta-analysis, we found two additional ND associated genes ZCCHC14 (the top SNP was rs13334632,  $p = 1.28 \times 10^{-5}$ ) and KANK1 (the top SNP was rs13286166,  $p = 1.49 \times 10^{-5}$ ). The first top SNP rs7163369 within SLCO3A1 in the meta-analysis was replicated in the Australian twin-family study of 778 families ( $p = 6.11 \times 10^{-5}$ ) while SNP rs9653414 within ANAPC1 ( $p = 4.61 \times 10^{-5}$ ) in the meta-analysis was replicated in the

family sample ( $p=9.31 \times 10^{-4}$ ). Furthermore, rs2241617 in ZCCHC14 and rs4742225 in KANK1 showed strong associations with ND ( $p=1.06 \times 10^{-7}$  and  $4.81 \times 10^{-7}$ , respectively) in the replication sample. In addition, several SNPs of these loci (ANAPC1, KANK1, NACM1, TCC12, SLCO3A1 and ZCCHC14) were associated with alcohol dependence. In conclusion, we identified several loci associated with ND through meta-analysis of two GWA studies. These findings offer the potential for new insights into the pathogenesis of ND. Published by Elsevier Ireland Ltd.

<b>Country of Publication:</b>	Ireland
<b>CAS Registry Number:</b>	0 (Organic Anion Transporters); 0 (SLCO3A1 protein, human); EC 6-3-2-19 (Ubiquitin-Protein Ligase Complexes); EC 6-3-2-19 (anaphase-promoting complex)
<b>Publication Type:</b>	Journal Article; Meta-Analysis; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't
<b>Subject Headings:</b>	<a href="#">Adolescent</a> <a href="#">Adult</a> <a href="#">Aged</a> <a href="#">Aged 80 and over</a> <a href="#">Australia</a> <a href="#">"European Continental Ancestry Group/ge [Genetics]"</a> <a href="#">Genetic Loci</a> <a href="#">*Genetic Predisposition to Disease</a> <a href="#">Genome-Wide Association Study</a> <a href="#">Genotype</a> <a href="#">Humans</a> <a href="#">Middle Aged</a> <a href="#">"*Organic Anion Transporters/ge [Genetics]"</a> <a href="#">Polymorphism Single Nucleotide</a> <a href="#">"*Tobacco Use Disorder/ge [Genetics]"</a> <a href="#">"*Ubiquitin-Protein Ligase Complexes/ge [Genetics]"</a>
<b>Source:</b>	MEDLINE

### 51. Risk factors for adolescent smoking: parental smoking and the mediating role of nicotine dependence.

<b>Citation:</b>	Drug & Alcohol Dependence, August 2012, vol./is. 124/3(311-8), 0376-8716;1879-0046 (2012 Aug 1)
<b>Author(s):</b>	Selya AS; Dierker LC; Rose JS; Hedeker D; Mermelstein RJ
<b>Institution:</b>	Department of Psychology, Wesleyan University, Middletown, CT 06459, USA.
<b>Language:</b>	English
<b>Abstract:</b>	<p>BACKGROUND: Parental smoking and early-emerging nicotine dependence symptoms are well-documented risk factors for adolescent smoking. However, very little is known about the mediating pathways through which these risk factors may act, or whether parental smoking may cause or signal early-emerging nicotine dependence symptoms. METHODS: Data were drawn from the longitudinal Social and Emotional Contexts of Adolescent Smoking Patterns Study. Adolescents who had smoked under 100 cigarettes in their lifetime (<math>n=594</math>; low-exposure group) and adolescents who had smoked over 100 cigarettes, but fewer than 5 cigarettes per day (<math>n=152</math>) were included in the analyses. Path analysis was performed on longitudinal data to investigate the association between parental smoking and smoking frequency at the 48 months follow-up, both directly and through mediating variables of smoking frequency, smoking quantity, and nicotine dependence. RESULTS: Father's smoking was associated with higher adolescent nicotine dependence scores at the baseline assessment wave. Structural equation modeling revealed that mother's smoking at baseline was associated with adolescent's smoking frequency at the 48-month follow-up, and its effect was partially mediated by both smoking frequency and nicotine dependence among low-exposure adolescent smokers. CONCLUSIONS: Parental smoking is a risk factor for future smoking in low-exposure adolescent smokers, above and beyond the risks posed by smoking behavior and nicotine dependence. Moreover, parental smoking is associated with early-onset nicotine dependence in low-exposure adolescent smokers. As an easily</p>

measurable risk factor, parent smoking status can be used to identify and intervene with novice adolescent smokers who are at high risk for chronic smoking behavior. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland  
**Publication Type:** Journal Article; Research Support, N.I.H., Extramural  
**Subject Headings:** Adolescent  
 "\*Adolescent Behavior/px [Psychology]"  
 Female  
 Humans  
 Longitudinal Studies  
 Male  
 "\*Parents/px [Psychology]"  
 Risk Factors  
 "\*Smoking/px [Psychology]"  
 "Tobacco Use Disorder/di [Diagnosis]"  
 "\*Tobacco Use Disorder/px [Psychology]"  
**Source:** MEDLINE

## 52. The Washington circle engagement performance measures' association with adolescent treatment outcomes.

**Citation:** Drug & Alcohol Dependence, August 2012, vol./is. 124/3(250-8), 0376-8716;1879-0046 (2012 Aug 1)

**Author(s):** Garnick DW; Lee MT; O'Brien PL; Panas L; Ritter GA; Acevedo A; Garner BR; Funk RR; Godley MD

**Institution:** Institute for Behavioral Health, Schneider Institutes for Health Policy, The Heller School for Social Policy and Management, Brandeis University, Waltham, MA 02454-9110, USA. garnick@brandeis.edu

**Language:** English

**Abstract:** BACKGROUND: For adolescents, substance use disorder (SUD) treatment outcomes (e.g., abstinence, problematic behaviors) often cannot be measured soon enough to influence treatment trajectory. Although process measures (e.g., treatment engagement) can play an important role, it is essential to demonstrate their association with outcomes. This study explored the extent to which engagement in outpatient treatment was associated with outcomes and whether demographic/clinical characteristics moderated these relationships. METHODS: This is a prospective study of adolescents (N=1491) who received outpatient treatment for SUDs at one of 28 treatment sites taking part in a national evidence-based practice implementation initiative. Information from the Global Appraisal of Individual Needs interviews at intake and six-month follow-up, as well as encounter data, were used. Adjusted hierarchical logistic models were used to estimate effects of engagement on six-month outcomes. RESULTS: Sixty-one percent of adolescents engaged in outpatient treatment. Adolescents engaging in treatment had significantly lower likelihoods of reporting any substance use (OR 0.60, 95% CI 0.41, 0.87), alcohol use (OR 0.63, 95% CI 0.45, 0.87), heavy alcohol use (OR 0.53, 95% CI 0.33, 0.86), and marijuana use (OR 0.64, 95% CI 0.45, 0.93). This association of engagement with abstinence outcomes was not limited to any particular group. Treatment engagement, however, was not associated with adolescents' self-report of illegal activity or trouble controlling behavior at follow-up. CONCLUSION: At the individual level, the Washington Circle engagement measure was a predictor of some positive outcomes for adolescents in outpatient treatment. Efforts to better engage adolescents in treatment could improve quality of care. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland  
**Publication Type:** Journal Article; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't  
**Subject Headings:** Adolescent  
 Child  
 Female

[Follow-Up Studies](#)  
[Humans](#)  
[Male](#)  
[Outpatients](#)  
[Prospective Studies](#)  
[Risk-Taking](#)  
[Substance Abuse Treatment Centers](#)  
["Substance-Related Disorders/px \[Psychology\]"](#)  
["\\*Substance-Related Disorders/th \[Therapy\]"](#)  
[Treatment Outcome](#)

**Source:** MEDLINE

**53. Attention-deficit/hyperactivity disorder (ADHD) symptoms, craving to smoke, and tobacco withdrawal symptoms in adult smokers with ADHD.**

**Citation:** Drug & Alcohol Dependence, August 2012, vol./is. 124/3(268-73), 0376-8716;1879-0046 (2012 Aug 1)

**Author(s):** Berlin I; Hu MC; Covey LS; Winhusen T

**Institution:** Departement de Pharmacologie, Hopital Pitie-Salpetriere, AP-HP, Faculte de medecine, Universite P. & M. Curie--INSERM U894, 47, bd de l'Hopital, 75013 Paris, France.  
ivan.berlin@psl.aphp.fr

**Language:** English

**Abstract:** BACKGROUND: Tobacco withdrawal symptoms may be confounded with attention-deficit/hyperactivity disorder (ADHD) symptoms among smokers with ADHD.OBJECTIVE: (1) To assess overlap between ADHD symptoms and tobacco/nicotine withdrawal symptoms and craving; (2) to assess the relationship between craving or withdrawal symptoms and the effect of osmotic-release oral system methylphenidate (OROS-MPH) on ADHD symptoms; (3) to assess the association of ADHD symptoms, craving, and withdrawal symptoms with abstinence.METHODS: Secondary analysis of a randomized, placebo controlled smoking cessation trial assessing the efficacy of OROS-MPH taken in addition to nicotine patch among individuals with ADHD. ADHD symptoms, withdrawal symptoms, and craving were assessed at baseline and 2, 4 and 6 weeks after a target quit day.RESULTS: Withdrawal symptoms and craving showed limited and modest overlap with ADHD symptoms prior to abstinence but more extensive and stronger correlation after quit day. Compared to placebo, OROS-MPH reduced ADHD symptoms; this effect was attenuated by controlling for withdrawal symptoms, but not by craving. Craving, but not ADHD symptoms and withdrawal symptoms, was associated with abstinence during the trial.CONCLUSION: When treating smokers with ADHD (1) craving, rather than tobacco withdrawal symptoms or ADHD symptoms may be the more effective therapeutic smoking cessation targets; (2) careful distinction of craving, withdrawal symptoms, and ADHD symptoms when assessing withdrawal phenomena is needed. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 54-11-5 (Nicotine)

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

**Subject Headings:** [Adult](#)  
["\\*Attention Deficit Disorder with Hyperactivity/px \[Psychology\]"](#)  
["Behavior Addictive/px \[Psychology\]"](#)  
[Female](#)  
[Humans](#)  
[Male](#)  
[Middle Aged](#)  
["\\*Nicotine/ae \[Adverse Effects\]"](#)  
["Nicotine/tu \[Therapeutic Use\]"](#)  
["Smoking/dt \[Drug Therapy\]"](#)  
["\\*Smoking/px \[Psychology\]"](#)

"\*Smoking Cessation/mt [Methods]"  
 "\*Substance Withdrawal Syndrome/di [Diagnosis]"  
 Tobacco Use Cessation Products

**Source:** MEDLINE

**54. The cost-effectiveness of tailored, postal feedback on general practitioners' prescribing of pharmacotherapies for alcohol dependence.**

**Citation:** Drug & Alcohol Dependence, August 2012, vol./is. 124/3(207-15), 0376-8716;1879-0046 (2012 Aug 1)

**Author(s):** Navarro HJ; Shakeshaft A; Doran CM; Petrie DJ

**Institution:** National Drug and Alcohol Research Centre, University of New South Wales, Building R3, 22-32 King Street, Randwick Campus, Sydney, NSW 2031, Australia.  
 h.navarro@unsw.edu.au

**Language:** English

**Abstract:** AIMS: The aims of this study were to conduct a randomised controlled trial to evaluate the cost-effectiveness of tailored, postal feedback on general practitioners' (GPs) prescribing of acamprosate and naltrexone for alcohol dependence relative to current practice and its impact on alcohol dependence morbidity. METHODS: Rural communities in New South Wales, Australia, were randomised into experimental (N=10) and control (N=10) communities. Tailored feedback on their prescribing of alcohol pharmacotherapies was mailed to GPs from the experimental communities (N=115). Segmented regression analysis was used to examine within and between group changes in prescribing and alcohol dependence hospitalisation rates compared to the control communities. Incremental cost-effectiveness ratios (ICERs) were estimated per additional prescription of pharmacotherapies and per alcohol dependence hospitalisation(s) averted. RESULTS: Post-intervention changes, relative to the control communities, in GPs' prescribing rate trends in the experimental communities significantly increased for acamprosate (beta=0.24, 95% CI: 0.13-0.35, p<0.001), and significantly decreased for naltrexone (beta = -0.12, 95% CI: -0.17 to -0.06) per quarter. Quarterly hospitalisation trend rates for alcohol dependence, as principal diagnosis, significantly decreased (beta=-0.07, 95% CI: -0.13 to -0.01, p<0.05), compared to control communities. The median ICER per quarterly hospitalisation(s) averted due to intervention was dominant (dominant--\$12,750). CONCLUSION: Postal, tailored feedback to GPs on their prescribing of acamprosate and naltrexone for alcohol dependence was a cost-effective intervention, in rural communities of NSW, to increase the overall prescribing of pharmacotherapies with a plausible effect on incidence reduction of hospitalisations for alcohol dependence as principal diagnosis. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 107-35-7 (Taurine); 16590-41-3 (Naltrexone); 77337-76-9 (acamprosate)

**Publication Type:** Journal Article; Randomized Controlled Trial

**Subject Headings:** Adolescent  
 Adult  
 "\*Alcoholism/dt [Drug Therapy]"  
 "\*Alcoholism/ec [Economics]"  
 Cost-Benefit Analysis  
 Female  
 \*General Practitioners  
 Humans  
 Male  
 "Naltrexone/ec [Economics]"  
 "\*Naltrexone/tu [Therapeutic Use]"  
 New South Wales  
 "\*Physician's Practice Patterns/ec [Economics]"  
 Postal Service  
 "\*Taurine/aa [Analogues and Derivatives]"

"Taurine/ec [Economics]"  
 "Taurine/tu [Therapeutic Use]"

**Source:** MEDLINE

### 55. Deepened extinction of cocaine cues.

**Citation:** Drug & Alcohol Dependence, August 2012, vol./is. 124/3(283-7), 0376-8716;1879-0046 (2012 Aug 1)

**Author(s):** Kearns DN; Tunstall BJ; Weiss SJ

**Institution:** Psychology Department, American University, Washington, DC 20016, USA.  
 kearns@american.edu

**Language:** English

**Abstract:** BACKGROUND: A method for reducing the power of drug cues could help in treating drug abuse and addiction. Extinction has been used, with mixed success, in such an effort. Research with non-drug cues has shown that simultaneously presenting (compounding) those cues during extinction can enhance the effectiveness of extinction. The present study investigated whether this procedure could be used to similarly deepen the extinction of cocaine cues. METHODS: Rats were first trained to self-administer cocaine during tone, click, and light stimuli. Then, these stimuli were subjected to extinction in an initial phase where they were presented individually. In a second extinction phase, one of the auditory stimuli (counterbalanced) was compounded with the light. The other auditory stimulus continued to be presented alone. Rats were then given a week of rest in their homecages prior to testing for spontaneous recovery of cocaine seeking. RESULTS: The cue that was compounded with the light during the second phase of extinction training occasioned less spontaneous recovery of cocaine seeking than the cue that was always presented individually during extinction. Increasing the number of compound cue extinction sessions did not produce a greater deepened extinction effect. CONCLUSIONS: The present study showed that simultaneously presenting already-extinguished cocaine cues during additional extinction training enhanced extinction. This extends the deepened extinction effect from non-drug cues to drug cues and further confirms predictions of error-correction learning theory. Incorporating deepened extinction into extinction-based drug abuse treatments could help to reduce the power of drug cues. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Dopamine Uptake Inhibitors); 50-36-2 (Cocaine)

**Publication Type:** Journal Article

**Subject Headings:** [Acoustic Stimulation](#)  
[Animals](#)  
[Behavior Addictive](#)  
["\\*Cocaine/ad \[Administration and Dosage\]"](#)  
["\\*Conditioning \(Psychology\)/de \[Drug Effects\]"](#)  
[Cues](#)  
["\\*Dopamine Uptake Inhibitors/ad \[Administration and Dosage\]"](#)  
["\\*Extinction Psychological/de \[Drug Effects\]"](#)  
[Male](#)  
[Rats](#)  
[Rats Long-Evans](#)  
[Self Administration](#)

**Source:** MEDLINE

### 56. Coincident posttraumatic stress disorder and depression predict alcohol abuse during and after deployment among Army National Guard soldiers.

**Citation:** Drug & Alcohol Dependence, August 2012, vol./is. 124/3(193-9), 0376-8716;1879-0046 (2012 Aug 1)

**Author(s):** Marshall BD; Prescott MR; Liberzon I; Tamburrino MB; Calabrese JR; Galea S

- Institution:** Department of Epidemiology, Columbia University Mailman School of Public Health, 722 W 168(th) Street, New York, NY 10032-3727, USA. brandon.marshall@brown.edu
- Language:** English
- Abstract:** BACKGROUND: Although alcohol problems are common in military personnel, data examining the relationship between psychiatric conditions and alcohol abuse occurring de novo peri-/post-deployment are limited. We examined whether pre-existing or coincident depression and post-traumatic stress disorder (PTSD) predicted new onset peri-/post-deployment alcohol abuse among Ohio Army National Guard (OHARNG) soldiers. METHODS: We analyzed data from a sample of OHARNG who enlisted between June 2008 and February 2009. Participants who had ever been deployed and who did not report an alcohol abuse disorder prior to deployment were eligible. Participants completed interviews assessing alcohol abuse, depression, PTSD, and the timing of onset of these conditions. Logistic regression was used to determine the correlates of peri-/post-deployment alcohol abuse. RESULTS: Of 963 participants, 113 (11.7%) screened positive for peri-/post-deployment alcohol abuse, of whom 35 (34.0%) and 23 (32.9%) also reported peri-/post-deployment depression and PTSD, respectively. Soldiers with coincident depression (adjusted odds ratio [AOR]=3.9, 95%CI: 2.0-7.2, p<0.01) and PTSD (AOR=2.7, 95%CI: 1.3-5.4, p<0.01) were significantly more likely to screen positive for peri-/post-deployment alcohol abuse; in contrast, soldiers reporting pre-deployment depression or PTSD were at no greater risk for this outcome. The conditional probability of peri-/post-deployment alcohol abuse was 7.0%, 16.7%, 22.6%, and 43.8% among those with no peri-/post-deployment depression or PTSD, PTSD only, depression only, and both PTSD and depression, respectively. CONCLUSIONS: Coincident depression and PTSD were predictive of developing peri-/post-deployment alcohol abuse, and thus may constitute an etiologic pathway through which deployment-related exposures increase the risk of alcohol-related problems. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.
- Country of Publication:** Ireland
- Publication Type:** Journal Article; Research Support, Non-U.S. Gov't; Research Support, U.S. Gov't, Non-P.H.S.
- Subject Headings:** [Adolescent](#)  
[Adult](#)  
["\\*Alcoholism/di \[Diagnosis\]"](#)  
["Alcoholism/px \[Psychology\]"](#)  
["Combat Disorders/px \[Psychology\]"](#)  
["\\*Depressive Disorder/co \[Complications\]"](#)  
["Depressive Disorder/px \[Psychology\]"](#)  
[Female](#)  
[Humans](#)  
[Life Change Events](#)  
[Male](#)  
[Middle Aged](#)  
["\\*Military Personnel/px \[Psychology\]"](#)  
[Risk Factors](#)  
["\\*Stress Disorders Post-Traumatic/co \[Complications\]"](#)  
["Stress Disorders Post-Traumatic/px \[Psychology\]"](#)
- Source:** MEDLINE
- 57. Development of the caffeine withdrawal symptom questionnaire: caffeine withdrawal symptoms cluster into 7 factors.**
- Citation:** Drug & Alcohol Dependence, August 2012, vol./is. 124/3(229-34), 0376-8716;1879-0046 (2012 Aug 1)
- Author(s):** Juliano LM; Huntley ED; Harrell PT; Westerman AT
- Institution:** Department of Psychology, American University, Washington, DC 20016, USA. juliano@american.edu

**Language:** English

**Abstract:** BACKGROUND: Habitual caffeine consumers who abstain from caffeine experience withdrawal symptoms such as headache, fatigue, difficulty concentrating, mood disturbances, and flu-like symptoms (Juliano and Griffiths, 2004). The caffeine withdrawal syndrome has been documented across many experimental studies; however, little is known about how withdrawal symptoms co-vary during a discrete episode. Furthermore, a validated measure of caffeine withdrawal is lacking.OBJECTIVE: To develop, evaluate, and reduce a 23-item measure of caffeine withdrawal symptoms; the Caffeine Withdrawal Symptom Questionnaire (CWSQ), to a set of composite variables.METHODS: Caffeine consumers (N=213) completed the CWSQ after 16h of caffeine abstinence. A subset of participants also completed the CWSQ during a preceding baseline period and/or after double-blind consumption of caffeinated coffee.RESULTS: Principal components analysis resulted in a solution comprised of 7-factors: (1) Fatigue/drowsiness; (2) Low alertness/difficulty concentrating; (3) Mood disturbances; (4) Low sociability/motivation to work; (5) Nausea/upset stomach; (6) Flu-like feelings; and (7) Headache. With the exception of nausea/upset stomach, the CWSQ total score and individual composite scores were significantly greater during caffeine abstinence relative to both baseline and double-blind consumption of caffeinated coffee, thereby demonstrating sensitivity of the measure. Compared to non-daily coffee consumers, daily consumers had greater increases in total withdrawal, fatigue/drowsiness, low alertness/difficulty concentrating, mood disturbances, and headache.CONCLUSIONS: Future directions include replication, assessment on a clinical population, and further examination of psychometric properties of the CWSQ. The CWSQ should facilitate the assessment and diagnosis of caffeine withdrawal and increase our knowledge of the caffeine withdrawal syndrome. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Coffee); 0 (Psychotropic Drugs); 58-08-2 (Caffeine)

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

**Subject Headings:** Adolescent  
Adult  
"Affect/de [Drug Effects]"  
"Arousal/de [Drug Effects]"  
"\*Caffeine/ae [Adverse Effects]"  
"Caffeine/pd [Pharmacology]"  
Cluster Analysis  
"\*Coffee/ae [Adverse Effects]"  
"\*Fatigue/ci [Chemically Induced]"  
Female  
"\*Headache/ci [Chemically Induced]"  
Humans  
Male  
Middle Aged  
"Motivation/de [Drug Effects]"  
Principal Component Analysis  
"Psychomotor Performance/de [Drug Effects]"  
"\*Psychotropic Drugs/ae [Adverse Effects]"  
"Psychotropic Drugs/pd [Pharmacology]"  
Questionnaires  
"\*Substance Withdrawal Syndrome/di [Diagnosis]"

**Source:** MEDLINE

**58. Screening for bipolar disorders in patients with alcohol or substance use disorders: performance of the mood disorder questionnaire.**

**Citation:** Drug & Alcohol Dependence, August 2012, vol./is. 124/3(235-41), 0376-8716;1879-0046 (2012 Aug 1)



**Author(s):** van Zaane J; van den Berg B; Draisma S; Nolen WA; van den Brink W

**Institution:** Department of Psychiatry, EMGO institute, VU University Medical Center, Amsterdam, The Netherlands. j.vanzaane@ggzingeest.nl

**Language:** English

**Abstract:** BACKGROUND: Screening properties of the mood disorder questionnaire (MDQ) to detect bipolar disorder (BD) in patients with substance use disorders are unknown.METHODS: 403 treatment seeking patients with a substance use disorder completed the MDQ and subsequently 111 MDQ positives and 59 MDQ negatives were assessed with the Structured Clinical Interview for DSM-IV to diagnose BD. In addition, given the overlap with BD symptoms, the presence of borderline personality disorder (BPD), antisocial personality disorder (APD) and attention deficit/hyperactivity disorder (ADHD), were assessed using the Diagnostic Interview Schedule and the Structured Interview for DSM-IV Personality.RESULTS: Of the 170 patients with a SCID interview, 35 patients (20.6%) met criteria for a lifetime diagnosis of BD. Twenty-three patients (62.8%) with BD had a positive MDQ score and 47 of the 135 patients (34.8%) without BD had a negative MDQ score resulting in a weighted sensitivity of .43, a weighted specificity of .57, a positive predictive value of .21, a negative predictive value (NPV) of .80 and an area under the curve of .50. The area under the curve of the MDQ to detect BPD, APD, ADHD and any externalizing disorder ranged from .55 (APD) to .63 (ADHD).CONCLUSIONS: The MDQ is not a suitable screening instrument for the detection of BD or other externalizing disorders but it could be used for ruling out the presence of BD in treatment seeking substance use disorder patients. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Subject Headings:** Adult  
 "Antisocial Personality Disorder/co [Complications]"  
 "Antisocial Personality Disorder/di [Diagnosis]"  
 "Attention Deficit Disorder with Hyperactivity/co [Complications]"  
 "Attention Deficit Disorder with Hyperactivity/di [Diagnosis]"  
 "Bipolar Disorder/co [Complications]"  
 "\*Bipolar Disorder/di [Diagnosis]"  
 "Borderline Personality Disorder/co [Complications]"  
 "Borderline Personality Disorder/di [Diagnosis]"  
 Diagnosis Dual (Psychiatry)  
 Female  
 Humans  
 Male  
 Middle Aged  
 Psychometrics  
 Questionnaires  
 "\*Substance-Related Disorders/co [Complications]"

**Source:** MEDLINE

### 59. Prospective patterns and correlates of quality of life among women in substance abuse treatment.

**Citation:** Drug & Alcohol Dependence, August 2012, vol./is. 124/3(242-9), 0376-8716;1879-0046 (2012 Aug 1)

**Author(s):** Tracy EM; Laudet AB; Min MO; Kim H; Brown S; Jun MK; Singer L

**Institution:** Case Western Reserve University, 10900 Euclid Avenue, Cleveland, OH 44106-7164, USA. elizabeth.tracy@case.edu

**Language:** English

**Abstract:** BACKGROUND: Quality of life (QOL) is increasingly recognized as central to the broad construct of recovery in substance abuse services. QOL measures can supplement more objective symptom measures, identify specific service needs and document changes in

functioning that are associated with substance use patterns. To date however, QOL remains an under investigated area in the addictions field, especially in the United States. METHODS: This study examines patterns and predictors of QOL at 1 and 6 months post treatment intake among 240 women enrolled in substance abuse treatment in Cleveland, Ohio. The World Health Organization Quality of Life (WHOQOL-BREF) measure was used to assess physical, psychological, social and environmental domains. Hierarchical multiple regressions were conducted to identify correlates of QOL at 6 months post treatment intake. RESULTS: All QOL domains across the follow up time points improved significantly. However, QOL scores across domains remained below those of healthy population norms. Trauma symptoms significantly predicted Physical and Psychological QOL. Among treatment process variables, alcohol use was the sole significant factor associated with QOL and only for Environmental QOL. Recovery support and friends support for abstinence were consistently associated with QOL across all four domains. IMPLICATIONS: This study suggests the usefulness of the WHOQOL measure as an indicator of functioning in substance abusing populations. Findings underline the importance of helping women deal with trauma symptoms and develop support for recovery. Further research is needed on the longitudinal relationship between QOL and substance use patterns. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**Publication Type:** Journal Article; Research Support, N.I.H., Extramural

**Subject Headings:** [Adult](#)  
[Female](#)  
[Humans](#)  
[Interviews as Topic](#)  
[Prospective Studies](#)  
[Psychometrics](#)  
["\\*Quality of Life/px \[Psychology\]"](#)  
[Questionnaires](#)  
[Social Support](#)  
["\\*Substance-Related Disorders/px \[Psychology\]"](#)  
["Substance-Related Disorders/th \[Therapy\]"](#)  
[Treatment Outcome](#)

**Source:** MEDLINE

**60. Effects of acute combined serotonin and dopamine depletion on cue-induced drinking intention/desire and cognitive function in patients with alcohol dependence.**

**Citation:** Drug & Alcohol Dependence, August 2012, vol./is. 124/3(200-6), 0376-8716;1879-0046 (2012 Aug 1)

**Author(s):** Sun HQ; Liu Y; Li P; Bao YP; Sheng LX; Zhang RL; Cao YJ; Di XL; Yang FD; Wang F; Luo YX; Lu L

**Institution:** National Institute on Drug Dependence, Peking University, Beijing 100191, China. sunhongqiang0620@126.com

**Language:** English

**Abstract:** BACKGROUND: Alcohol cues can precipitate the desire to drink and cause relapse in recovering alcohol-dependent patients. Serotonin and dopamine may play a role in alcohol cue-induced craving. Acute combined tryptophan (Trp), tyrosine (Tyr), and phenylalanine (Phe) depletion (CMD) in the diet attenuates the synthesis of serotonin and dopamine in the human brain. However, no study of the effects of acute CMD has been previously conducted. Therefore, we investigated whether the attenuation of serotonin and dopamine synthesis changes cue-induced alcohol craving in recently abstinent alcoholics. METHODS: In this double-blind, randomized, placebo-controlled, crossover design, 12 male patients who met the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, criteria for alcohol dependence were divided into two conditions: (1) monoamine depletion (i.e., consumption of a concentrated amino acid beverage that resulted in a rapid and significant decrease in plasma-free Tyr/Phe/Trp) and (2) balanced

condition (i.e., consumption of a similar beverage that contained Tyr/Phe/Trp). The participants were scheduled for two experimental sessions, with an interval of  $\geq 7$  days. The cue-induced craving test session was conducted 6h after each amino acid beverage administration. Drinking urge, blood pressure, heart rate, working memory, and attention/psychomotor performance were assessed before and after administration. RESULTS: Compared with the balanced condition, the monoamine depletion condition significantly increased drinking intention/desire and diastolic blood pressure. Cognitive performance was not different between the two conditions. CONCLUSIONS: Acute combined serotonin and dopamine depletion may increase drinking intention/desire and diastolic blood pressure without influencing cognitive function. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 50-67-9 (Serotonin)

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

**Subject Headings:** ["\\*Alcohol Drinking/me \[Metabolism\]"](#)  
["Alcohol Drinking/px \[Psychology\]"](#)  
["\\*Alcoholism/me \[Metabolism\]"](#)  
["Alcoholism/px \[Psychology\]"](#)  
["\\*Cognition/ph \[Physiology\]"](#)  
 Cross-Over Studies  
 Cues  
["\\*Dopamine/df \[Deficiency\]"](#)  
 Double-Blind Method  
 Humans  
 Male  
["Memory Short-Term/ph \[Physiology\]"](#)  
 Neuropsychological Tests  
["Psychomotor Performance/ph \[Physiology\]"](#)  
 Questionnaires  
["\\*Serotonin/df \[Deficiency\]"](#)

**Source:** MEDLINE

#### 61. Effect of vaccine dose on the safety and immunogenicity of a candidate TB vaccine, MVA85A, in BCG vaccinated UK adults.

**Citation:** Vaccine, August 2012, vol./is. 30/38(5616-24), 0264-410X;1873-2518 (2012 Aug 17)

**Author(s):** Pathan AA; Minassian AM; Sander CR; Rowland R; Porter DW; Poulton ID; Hill AV; Fletcher HA; McShane H

**Institution:** The Jenner Institute, University of Oxford, Oxford, United Kingdom.

**Language:** English

**Abstract:** PURPOSE: A non-randomised, open-label, Phase I safety and immunogenicity dose-finding study to assess the safety and immunogenicity of the candidate TB vaccine Modified Vaccinia virus Ankara expressing Antigen 85A (MVA85A) from Mycobacterium tuberculosis (MTB) in healthy adult volunteers previously vaccinated with BCG. METHODS: Healthy BCG-vaccinated volunteers were vaccinated with either  $1 \times 10^7$  or  $1 \times 10^8$  PFU of MVA85A. All adverse events were documented and antigen specific T cell responses were measured using an ex vivo IFN-gamma ELISPOT assay. Safety and immunogenicity were compared between the 2 dose groups and with a previous trial in which a dose of  $5 \times 10^7$  PFU MVA85A had been administered. RESULTS: There were no serious adverse events recorded following administration of either  $1 \times 10^7$  or  $1 \times 10^8$  PFU of MVA85A. Systemic adverse events were more frequently reported following administration of  $1 \times 10^8$  PFU of MVA85A when compared to either  $5 \times 10^7$  or  $1 \times 10^7$  PFU of MVA85A but were mild or moderate in severity and resolved completely within 7 days of immunisation. Antigen specific T cell responses as measured by the IFN-gamma ELISPOT were significantly higher following immunisation in adults receiving  $1 \times 10^8$  PFU compared to the  $5 \times 10^7$  and  $1 \times 10^7$  doses. Additionally, a broader range of Ag85A epitopes are detected following

1x10(8)PFU of MVA85A. CONCLUSION: A higher dose of 1x10(8)PFU of MVA85A is well-tolerated, increases the frequency of IFN-gamma secreting T cells detected following immunisation and broadens the range of Ag85A epitopes detected. Copyright Copyright 2012 Elsevier Ltd. All rights reserved.

<b>Country of Publication:</b>	Netherlands
<b>CAS Registry Number:</b>	0 (MVA 85A); 0 (Tuberculosis Vaccines); 0 (Viral Vaccines); 82115-62-6 (Interferon-gamma)
<b>Publication Type:</b>	Clinical Trial, Phase I; Comparative Study; Journal Article; Research Support, Non-U.S. Gov't
<b>Subject Headings:</b>	<p>Adult            "Drug Toxicity/ep [Epidemiology]"            Enzyme-Linked Immunospot Assay            Female            Great Britain            Human Experimentation            Humans            "Interferon-gamma/se [Secretion]"            Male            Middle Aged            "T-Lymphocytes/im [Immunology]"            "*Tuberculosis/pc [Prevention and Control]"            "Tuberculosis Vaccines/ad [Administration and Dosage]"            "*Tuberculosis Vaccines/ae [Adverse Effects]"            "*Tuberculosis Vaccines/im [Immunology]"            "Viral Vaccines/ad [Administration and Dosage]"            "*Viral Vaccines/ae [Adverse Effects]"            "*Viral Vaccines/im [Immunology]"            Young Adult</p>
<b>Source:</b>	MEDLINE

## 62. Smoking behaviours among young people in custody in New South Wales, Australia.

<b>Citation:</b>	Drug & Alcohol Review, July 2012, vol./is. 31/5(631-7), 0959-5236;1465-3362 (2012 Jul)
<b>Author(s):</b>	Indig D; Haysom L
<b>Institution:</b>	Centre for Health Research in Criminal Justice, Justice Health, Sydney, Australia. devon.indig@justicehealth.nsw.gov.au
<b>Language:</b>	English
<b>Abstract:</b>	<p>INTRODUCTION AND AIMS: Despite smoking prevalence reductions in the general community, rates remain high among socially disadvantaged populations. This study describes the prevalence and predictors for smoking among young people in custody. DESIGN AND METHODS: The 2009 NSW Young People in Custody Health Survey was conducted in nine juvenile detention centres. This paper reports on findings from the baseline questionnaire which included questions about smoking behaviours. Chi-squared statistics were used to compare the smoking characteristics by gender and Aboriginality. Logistic regression was used to determine predictors of smoking behaviours. RESULTS: The baseline questionnaire included 316 participants with a response rate of 83%. The sample was 88% male, 48% Aboriginal, with an average age of 17 years (range 13-21 years). Nearly all (94%) participants had ever smoked tobacco, with 79% reporting smoking daily prior to custody. Predictors of heavy smoking (20 or more cigarettes per day) prior to custody included being female, high psychological distress and conduct disorder. Predictors for being a current smoker included being on remand, risky drinking and most or all friends as smokers. Predictors of being an aspirational smoker (will smoke on release) included using illicit drugs at least weekly prior to custody, and having most or all friends as smokers. DISCUSSION AND CONCLUSIONS: Rates of smoking in young people entering custody are exceptionally high. Many young people continue to smoke during their incarceration, with an increasing</p>

aspiration to smoke upon release. Effective programs are needed that address these smoking behaviours in young people in custody. Copyright 2012 Australasian Professional Society on Alcohol and other Drugs.

**Country of Publication:** England

**Publication Type:** Journal Article

**Subject Headings:** Adolescent  
 "Alcohol Drinking/ep [Epidemiology]"  
 Chi-Square Distribution  
 Female  
 Health Surveys  
 Humans  
 "\*Juvenile Delinquency/sn [Statistics and Numerical Data]"  
 Logistic Models  
 Male  
 "New South Wales/ep [Epidemiology]"  
 "\*Oceanic Ancestry Group/sn [Statistics and Numerical Data]"  
 Prevalence  
 Questionnaires  
 Risk Factors  
 Sex Factors  
 "\*Smoking/ep [Epidemiology]"  
 "Smoking/eh [Ethnology]"  
 "\*Stress Psychological/ep [Epidemiology]"  
 "Substance-Related Disorders/ep [Epidemiology]"  
 Young Adult

**Source:** MEDLINE

**Full Text:** Available from *Wiley* in *Drug and Alcohol Review*

### 63. The effect on reconviction of an intervention for drink-driving offenders in the community.

**Citation:** International Journal of Offender Therapy & Comparative Criminology, June 2012, vol./is. 56/4(525-38), 0306-624X;1552-6933 (2012 Jun)

**Author(s):** Palmer EJ; Hatcher RM; McGuire J; Bilby CA; Hollin CR

**Institution:** University of Leicester, 106 New Walk, LE1 7EA, UK. ejp8@le.ac.uk

**Language:** English

**Abstract:** This study reports an evaluation of the Drink-Impaired Drivers program in the English and Welsh probation service. Participants were adult male offenders who had been convicted of a drink-driving offence and were serving community sentences. The 1-year drink-drive reconviction rates were compared for offenders who completed the program, offenders who started but did not complete the program, and a comparison group who were not allocated to the program. At 1-year follow-up, there was no reconviction among offenders who had completed the program. Multivariate analysis showed that the noncompleters had a significantly higher rate of reconviction than the completers and comparison group.

**Country of Publication:** United States

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

**Subject Headings:** "\*Accidents Traffic/lj [Legislation and Jurisprudence]"  
 "\*Accidents Traffic/pc [Prevention and Control]"  
 "Accidents Traffic/px [Psychology]"  
 Adolescent  
 Adult  
 Aged  
 "Alcohol Drinking/ae [Adverse Effects]"  
 "\*Alcohol Drinking/lj [Legislation and Jurisprudence]"  
 "\*Alcohol Drinking/pc [Prevention and Control]"

"\*Alcoholic Intoxication/pc [Prevention and Control]"  
 "\*Alcoholic Intoxication/px [Psychology]"  
 "\*Cognitive Therapy/lj [Legislation and Jurisprudence]"  
 "Cognitive Therapy/mt [Methods]"  
 "Combined Modality Therapy/mt [Methods]"  
 "Combined Modality Therapy/px [Psychology]"  
 "\*Community Mental Health Services/lj [Legislation and Jurisprudence]"  
 "Community Mental Health Services/mt [Methods]"  
 England  
 Follow-Up Studies  
 Health Education  
 Humans  
 Male  
 Middle Aged  
 "\*Prisoners/lj [Legislation and Jurisprudence]"  
 "\*Prisoners/px [Psychology]"  
 Psychotherapy Group  
 "Recurrence/pc [Prevention and Control]"  
 Young Adult

**Source:** MEDLINE

#### 64. Data preparation techniques for a perinatal psychiatric study based on linked data.

**Citation:** BMC Medical Research Methodology, 2012, vol./is. 12/(71), 1471-2288;1471-2288 (2012)

**Author(s):** Xu F; Hilder L; Austin MP; Sullivan EA

**Institution:** Perinatal and Reproductive Epidemiology Research Unit, School of Women and Children's Health, University of New South Wales, Randwick NSW 2031, Australia. f.xu@unsw.edu.au

**Language:** English

**Abstract:** BACKGROUND: In recent years there has been an increase in the use of population-based linked data. However, there is little literature that describes the method of linked data preparation. This paper describes the method for merging data, calculating the statistical variable (SV), recoding psychiatric diagnoses and summarizing hospital admissions for a perinatal psychiatric study. METHODS: The data preparation techniques described in this paper are based on linked birth data from the New South Wales (NSW) Midwives Data Collection (MDC), the Register of Congenital Conditions (RCC), the Admitted Patient Data Collection (APDC) and the Pharmaceutical Drugs of Addiction System (PHDAS). RESULTS: The master dataset is the meaningfully linked data which include all or major study data collections. The master dataset can be used to improve the data quality, calculate the SV and can be tailored for different analyses. To identify hospital admissions in the periods before pregnancy, during pregnancy and after birth, a statistical variable of time interval (SVTI) needs to be calculated. The methods and SPSS syntax for building a master dataset, calculating the SVTI, recoding the principal diagnoses of mental illness and summarizing hospital admissions are described. CONCLUSION: Linked data preparation, including building the master dataset and calculating the SV, can improve data quality and enhance data function.

**Country of Publication:** England

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

**Subject Headings:** Adolescent  
 Adult  
 Birth Certificates  
 Female  
 "Hospitalization/sn [Statistics and Numerical Data]"  
 Humans  
 \*Medical Record Linkage  
 "\*Mental Disorders/ep [Epidemiology]"

Midwifery  
 "New South Wales/ep [Epidemiology]"  
 "\*Perinatal Care/sn [Statistics and Numerical Data]"  
 Pregnancy  
 "\*Pregnancy Complications/ep [Epidemiology]"  
 "\*Substance-Related Disorders/ep [Epidemiology]"  
 Young Adult

**Source:** MEDLINE

**Full Text:** Available from *National Library of Medicine* in *BMC Medical Research Methodology*  
 Available from *BioMedCentral* in *BMC Medical Research Methodology*  
 Available from *ProQuest* in *BMC Medical Research Methodology*

#### 65. UK experience in the monitoring and control of lead in drinking water.

**Citation:** Journal of Water & Health, September 2012, vol./is. 10/3(337-48), 1477-8920;1477-8920 (2012 Sep)

**Author(s):** Hayes CR; Hydes OD

**Institution:** College of Engineering, Swansea University, Singleton Park, Swansea, SA2 8PP, UK.  
 c.r.hayes@swansea.ac.uk

**Language:** English

**Abstract:** At the zonal scale (e.g. a city or town), random daytime (RDT) sampling succeeded in demonstrating both the need for corrective action and the benefits of optimised orthophosphate dosing for plumbosolvency control, despite initial concerns about sampling reproducibility. Stagnation sampling techniques were found to be less successful. Optimised treatment measures to minimise lead in drinking water, comprising orthophosphate at an optimum dose and at an appropriate pH, have succeeded in raising compliance with the future European Union (EU) lead standard of 10 µg/L from 80.4% in 1989-94 to 99.0% in 2010 across England and Wales, with compliance greater than 99.5% in some regions. There may be scope to achieve 99.8% compliance with 10 µg/L by further optimisation coupled to selective lead pipe removal, without widespread lead pipe removal. It is unlikely that optimised corrosion control, that includes the dosing of orthophosphate, will be capable of achieving a standard much lower than 10 µg/L for lead in drinking water. The experience gained in the UK provides an important reference for any other country or region that is considering its options for minimising lead in their drinking water supplies.

**Country of Publication:** England

**CAS Registry Number:** 0 (Drinking Water); 0 (Water Pollutants, Chemical); 7439-92-1 (Lead)

**Publication Type:** Journal Article

**Subject Headings:** "\*Drinking Water/ch [Chemistry]"  
 \*Environmental Monitoring  
 Great Britain  
 Humans  
 "\*Lead/ch [Chemistry]"  
 "Lead/to [Toxicity]"  
 "Lead Poisoning/pc [Prevention and Control]"  
 "\*Water Pollutants Chemical/ch [Chemistry]"  
 "\*Water Supply/an [Analysis]"

**Source:** MEDLINE

#### 66. Thomas Trotter's 'Essay on Drunkenness' appraised.

**Citation:** Addiction, September 2012, vol./is. 107/9(1562-79), 0965-2140;1360-0443 (2012 Sep)

**Author(s):** Edwards G

**Institution:** National Addiction Centre, London, UK. jean@addictionjournal.org

**Language:** English

**Abstract:** BACKGROUND: In 1804 Thomas Trotter, a recently retired Physician to the Fleet, published his 'Essay on Drunkenness'. This was the first ever book-length consideration of the phenomenon of alcohol dependence and its treatment. AIMS: The aim of this paper is to explore the impact of that treatise on the evolution of relevant ideas over the years that have followed. METHODS: A factual analysis of the content of the Essay is the starting-point, followed by an examination of sequential published appraisals on the significance, or lack of significance, of this work. Findings and CONCLUSIONS: To the modern reader, Trotter is likely to be seen as prescient, with his assertion that 'the habit of drunkenness is a disease of the mind', setting the scene for two centuries of debate. The literature, however, seems to suggest that Trotter did not, in fact, achieve much impact either on professional opinion or on the emergent temperance movement. It was Benjamin Rush's 1785 pamphlet on 'Ardent Spirits' which achieved iconic status. Rush and Trotter, although in some ways overlapping in their ideas, differed in other respects. Copyright 2012 The Author. Addiction Copyright 2012 Society for the Study of Addiction.

**Country of Publication:** England

**Publication Type:** Historical Article; Journal Article

**Subject Headings:** ["Alcoholic Intoxication/co \[Complications\]"](#)  
["\\*Alcoholic Intoxication/hi \[History\]"](#)  
["Alcoholic Intoxication/pc \[Prevention and Control\]"](#)  
[England](#)  
[History 19th Century](#)  
[Humans](#)

**Source:** MEDLINE

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

#### 67. Associations between self-reported illness and non-drinking in young adults.

**Citation:** Addiction, September 2012, vol./is. 107/9(1612-20), 0965-2140;1360-0443 (2012 Sep)

**Author(s):** Ng Fat L; Shelton N

**Institution:** Department of Epidemiology and Public Health, UCL, London, UK. l.ngfat.10@ucl.ac.uk

**Language:** English

**Abstract:** AIMS: This study investigated associations between self-reported illness, social factors and health behaviours and non-drinking among young people aged 18-34 years. DESIGN: Logistic regression analysis of cross-sectional national survey data, collected from the Health Survey for England 2006 and 2008. Data were collected through face-to-face interviews and are self-reported. PARTICIPANTS AND SETTINGS: A total of 2826 male and 3618 females aged 18-34 years drawn from a nationally representative multi-stage stratified probability sampling design across England. MEASUREMENTS: Non-drinkers were based on those who reported 'no' to drinking alcohol currently. Exposure measures included self-reports of having a limiting long-standing illness, long-standing illness or self-reported poor health. We adjusted for ethnicity, income, education, general physical activity and other factors. FINDINGS: Having a limiting long-standing illness during early adulthood increased the odds of being a non-drinker 1.74 times for men ( $P < 0.01$ ) and 1.45 times for women ( $P < 0.01$ ). In both men and women belonging to the lowest income quintile or having no qualifications was associated with increased odds of being a non-drinker ( $P < 0.001$ ), indicating that the social gradient in non-drinking begins at an early age. Men and women aged 18-34 years with the lowest activity levels were also more likely to be non-drinkers ( $P < 0.01$ ). CONCLUSION: Young adults who have a limiting long-standing illness are more likely not to drink alcohol even after adjusting for a range of social and demographic measures. Studies on the putative health benefits of moderate alcohol consumption later in life need to take account of early life history. Copyright 2012 The Authors, Addiction Copyright 2012 Society for the Study of Addiction.

**Country of Publication:** England



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

**Subject Headings:** Adolescent  
Adult  
"\*Alcohol Drinking/ep [Epidemiology]"  
"Chronic Disease/ep [Epidemiology]"  
"\*Chronic Disease/px [Psychology]"  
Cross-Sectional Studies  
"England/ep [Epidemiology]"  
Female  
Health Status  
Humans  
Male  
Regression Analysis  
Self Report  
Young Adult

**Source:** MEDLINE

**Full Text:** Available from *Wiley* in *Addiction*

### 68. Evaluation of a drop-in rolling-group model of support to stop smoking.

**Citation:** *Addiction*, September 2012, vol./is. 107/9(1687-95), 0965-2140;1360-0443 (2012 Sep)

**Author(s):** Bauld L; Ferguson J; McEwen A; Hiscock R

**Institution:** School of Management, University of Stirling, Stirling, UK. linda.bauld@stir.ac.uk

**Language:** English

**Abstract:** AIMS: To assess longer-term outcomes of a drop-in rolling-group model of behavioural support for smoking cessation and the factors that influence cessation outcomes.DESIGN: Prospective observational cohort study.SETTING: Fag Ends NHS Stop Smoking Service in Liverpool and Knowsley, UK.PARTICIPANTS: A total of 2585 clients, aged 16 or over, setting a quit date.MEASUREMENTS: Routine monitoring data were collected from Fag Ends service users and were supplemented by survey data on socio-economic circumstances, smoking-related behaviour and self-report and carbon monoxide (CO)-validated smoking status at 52-week follow-up.FINDINGS: The CO-validated prolonged abstinence rate at 52 weeks for smokers attending the groups was 5.6%, compared with 30.7% at 4 weeks (a relapse rate of 78.2%). The sample was particularly disadvantaged: 68% resided in the most deprived decile of the English Index of Multiple Deprivation. Higher socio-economic status within the sample was a predictor of quitting. Other predictors of long-term cessation in multivariate analysis included older age, being female, lower levels of nicotine dependence, having a live-in partner, stronger determination to quit and use of varenicline versus other medication.CONCLUSIONS: A wholly state-reimbursed clinical stop-smoking service providing behavioural support and medication in a region of high economic and social disadvantage has reached a significant proportion of the smoking population. Long-term success rates are lower than are found typically in clinical trials, but higher than would be expected if the smokers were to try and quit unaided. Research is needed into how to improve on the success rates achieved. Copyright 2012 The Authors, *Addiction* Copyright 2012 Society for the Study of *Addiction*.

**Country of Publication:** England

**Publication Type:** Evaluation Studies; Journal Article; Multicenter Study; Research Support, Non-U.S. Gov't

**Subject Headings:** Adult  
"\*Ambulatory Care/mt [Methods]"  
"\*Behavior Therapy/mt [Methods]"  
Female  
Humans  
Male  
Middle Aged

Multivariate Analysis  
 Prospective Studies  
 "\*Psychotherapy Group/mt [Methods]"  
 Recurrence  
 "\*Smoking/pc [Prevention and Control]"  
 "\*Smoking Cessation/mt [Methods]"  
 Socioeconomic Factors

**Source:** MEDLINE

**Full Text:** Available from *Wiley* in *Addiction*

#### 69. Intelligence across childhood in relation to illegal drug use in adulthood: 1970 British Cohort Study.

**Citation:** Journal of Epidemiology & Community Health, September 2012, vol./is. 66/9(767-74), 0143-005X;1470-2738 (2012 Sep)

**Author(s):** White J; Batty GD

**Institution:** Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement, Cardiff University, 7th Floor Neuadd Meirionnydd, Heath Park, Cardiff CF14 4YS, UK. whitej11@cf.ac.uk

**Language:** English

**Abstract:** BACKGROUND: Recent reports have linked high childhood IQ scores with excess alcohol intake and alcohol dependency in adult life, but the relationship with illegal drug use in later life is relatively unknown. METHODS: The authors used data from a large population-based birth cohort (1970 British Cohort Study) with measures of lifetime cannabis and cocaine use, parental social class and psychological distress at 16 years; cannabis, cocaine, amphetamine, ecstasy and polydrug use (more than three drugs) in the past 12 months; and social class, educational attainment and gross monthly income at 30 years. All members of the cohort with IQ scores at 5 or 10 years were eligible to be included in the analyses. RESULTS: Of the 11603 (at 5 years) and 11397 (at 10 years) cohort members eligible, 7904 (68.1%) and 7946 (69.7%) were included in the analyses. IQ scores at 5 years were positively associated with cannabis (OR ((bottom vs top tertile)) =2.25, 95% CI 1.71 to 2.97) and cocaine use (OR 2.35, 95% CI 1.41 to 3.92) in women and with amphetamines (OR 1.46, 95% CI 1.03 to 2.06), ecstasy (OR 1.65, 95% CI 1.15 to 2.36) and polydrug use (OR 1.57, 95% CI 1.09 to 2.26) in men at 30 years. IQ scores at 10 years were positively associated with cannabis, cocaine (only at 30 years), ecstasy, amphetamine and polydrug use. Associations were stronger in women than in men and were independent from psychological distress in adolescence and life-course socioeconomic position. CONCLUSION: High childhood IQ may increase the risk of illegal drug use in adolescence and adulthood.

**Country of Publication:** England

**CAS Registry Number:** 0 (Street Drugs); 50-36-2 (Cocaine)

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

**Subject Headings:** Adult  
 Age Factors  
 "Cannabis/de [Drug Effects]"  
 Child  
 "Cocaine/ae [Adverse Effects]"  
 "\*Cognition/ph [Physiology]"  
 Cohort Studies  
 "Fathers/px [Psychology]"  
 "Fathers/sn [Statistics and Numerical Data]"  
 Female  
 Follow-Up Studies  
 "Great Britain/ep [Epidemiology]"  
 Humans  
 \*Intelligence  
 Intelligence Tests

[Logistic Models](#)  
[Longitudinal Studies](#)  
[Male](#)  
["Mothers/px \[Psychology\]"](#)  
["Mothers/sn \[Statistics and Numerical Data\]"](#)  
[Multivariate Analysis](#)  
[Sex Factors](#)  
[\\*Social Class](#)  
["\\*Street Drugs/ae \[Adverse Effects\]"](#)  
["\\*Stress Psychological/ep \[Epidemiology\]"](#)  
["\\*Substance-Related Disorders/ep \[Epidemiology\]"](#)

**Source:** MEDLINE

**Full Text:** Available from *Highwire Press* in *Journal of Epidemiology and Community Health*

**70. Endogenous or exogenous spreading of HIV-1 in Nordrhein-Westfalen, Germany, investigated by phylodynamic analysis of the RESINA Study cohort.**

**Citation:** Medical Microbiology & Immunology, August 2012, vol./is. 201/3(259-69), 0300-8584;1432-1831 (2012 Aug)

**Author(s):** Lawyer G; Schuler E; Kaiser R; Reuter S; Oette M; Lengauer T; RESINA Study Group

**Institution:** Department of Computational Biology, Max Planck Institute for Informatics, Saarbrücken, Germany. lawyer@mpi-inf.mpg.de

**Language:** English

**Abstract:** HIV's genetic instability means that sequence similarity can illuminate the underlying transmission network. Previous application of such methods to samples from the United Kingdom has suggested that as many as 86% of UK infections arose outside of the country, a conclusion contrary to usual patterns of disease spread. We investigated transmission networks in the Resina cohort, a 2,747 member sample from Nordrhein-Westfalen, Germany, sequenced at therapy start. Transmission networks were determined by thresholding the pairwise genetic distance in the pol gene at 96.8% identity. At first blush the results concurred with the UK studies. Closer examination revealed four large and growing transmission networks that encompassed all major transmission groups. One of these formed a supercluster containing 71% of the sex with men (MSM) subjects when the network was thresholded at levels roughly equivalent to those used in the UK studies, though methodological differences suggest that this threshold may be too generous in the current data. Examination of the endo- versus exogenesis hypothesis by testing whether infections that were exogenous to Cologne or to Düsseldorf were endogenous to the greater region supported endogenous spread in MSM subjects and exogenous spread in the endemic transmission group. In intravenous drug using group subjects, it depended on viral strain, with subtype B sequences appearing to have origin exogenous to the Resina data, while non-B sequences (primarily subtype A) were almost completely endogenous to their local community. These results suggest that, at least in Germany, the question of endogenous versus exogenous linkages depends on subject group.

**Country of Publication:** Germany

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

**Subject Headings:**
[Cohort Studies](#)  
[Endemic Diseases](#)  
[Female](#)  
["Germany/ep \[Epidemiology\]"](#)  
["\\*HIV Infections/ep \[Epidemiology\]"](#)  
["\\*HIV Infections/tm \[Transmission\]"](#)  
["HIV Infections/vi \[Virology\]"](#)  
["\\*HIV-1/ge \[Genetics\]"](#)  
[Heterosexuality](#)  
[Homosexuality Male](#)  
[Humans](#)

Male  
 \*Molecular Epidemiology  
 Prospective Studies  
 "Substance Abuse Intravenous/co [Complications]"

Source: MEDLINE

**71. Practice nurses and general practitioners: perspectives on the role and future development of practice nursing in Ireland.**

**Citation:** Journal of Clinical Nursing, August 2012, vol./is. 21/15-16(2286-95), 0962-1067;1365-2702 (2012 Aug)

**Author(s):** McCarthy G; Cornally N; Moran J; Courtney M

**Institution:** Catherine McAuley School of Nursing and Midwifery, University College Cork, Cork, Ireland.

**Language:** English

**Abstract:** AIMS AND OBJECTIVES: To explore the role dimensions, competence and professional development needs of practice nurses in Ireland from both the general practitioner's and practice nurse's perspective and highlight any agreement/disagreement between the professions.BACKGROUND: Economic pressure on healthcare delivery is promoting a re-evaluation of professional roles and boundaries. This coupled with a primary care sector that is evolving prompted an investigation into the role dimensions and competence of the practice nurse. There is a lack of empirical data comparing the general practitioner's and practice nurse's perspective on the current role of the nurse, clinical competence (existing and required), strategic direction for the role and continuing professional development.DESIGN: A descriptive cross-sectional survey design was used.METHODS: A random sample of general practitioners (n = 414) and a purposeful sample of practice nurses (n = 451) participated. Data from each profession were analysed and comparisons drawn.RESULTS: General practitioners and practice nurses agree (+/-5%) that the nursing role is centred on immunisation, direct clinical care and elements of chronic disease management. However, in some areas such as preconceptual advice, family planning, advice on menopause, continence promotion and research, there was a 30% difference between the general practitioners perceptions of the nurse's involvement and the practice nurse's actual involvement in the role. Perceived competency differed in a number of areas with nurses more likely to indicate competency in health promotion activities. Both disciplines acknowledged that only a minority of practice nurses were competent in audit, research and dealing with 'problems with living' (relationship breakdown, addiction and parenting).CONCLUSION: There is some congruence of opinion among practice nurses and general practitioners in Ireland regarding the current role of the practice nurse. Divergent opinions on the nurses' involvement in a particular aspect of the role may be due to the general practitioners underestimating the nurse's involvement in the role. Training is required in the areas of audit, research and 'problems with living'. Relevance TO CLINICAL PRACTICE: This research provides data for role clarity and evidence-based role development for practice nurses within the context of evolving primary care services. It also indicates how general practitioners perceive the nursing role. Copyright 2012 Blackwell Publishing Ltd.

**Country of Publication:** England

**Publication Type:** Journal Article

**Subject Headings:** Clinical Competence  
 Cross-Sectional Studies  
 \*General Practice  
 "\*General Practitioners/px [Psychology]"  
 Humans  
 Ireland  
 \*Nurse's Role  
 "\*Nursing Staff/px [Psychology]"  
 Primary Health Care

Source: MEDLINE

**Full Text:** Available from *Wiley* in *Journal of Clinical Nursing*

**72. Toxicological and pathological findings in a series of buprenorphine related deaths. Possible risk factors for fatal outcome.**

**Citation:** Forensic Science International, July 2012, vol./is. 220/1-3(284-90), 0379-0738;1872-6283 (2012 Jul 10)

**Author(s):** Selden T; Ahlner J; Druid H; Kronstrand R

**Institution:** Department of Forensic Genetics and Forensic Toxicology, National Board of Forensic Medicine, Linköping, Sweden. tor.selden@rmv.se

**Language:** English

**Abstract:** Buprenorphine is considered to have little respiratory side effects at therapeutic doses and the partial agonistic properties should produce a "ceiling effect" for respiratory depression at higher doses. Still, there are several reports on buprenorphine related deaths. Most deaths involve drug users and the co-administration of other CNS depressant drugs as well as reduced tolerance have been suggested to be risk factors. The primary aims were to investigate if lack of tolerance and/or co-ingestion of other psychotropic drugs are significant risk factors in buprenorphine fatalities. From July 2005 to September 2009, all autopsy cases where buprenorphine or norbuprenorphine had been detected in femoral blood and where analysis of buprenorphine had been performed in urine were selected. Results from the postmortem examination and toxicology were compiled. Postmortem toxicology was performed using the routine methodology at the laboratory. In total, 97 subjects were included in the study. These were divided into four groups; Intoxication with buprenorphine (N=41), Possible intoxication with buprenorphine (N=24), Control cases where buprenorphine was not the cause of death (N=14), and Unclear (N=18). The metabolite to parent compound ratios in both blood and urine in the Intoxication group were significantly different from those in the Control and Unclear groups. An extensive poly-drug use was seen in all groups with several additional opioids in the Possible group (54%) and in the Unclear group (78%) and hypnotics or sedatives in more than 75% of the Intoxication, Possible, and Unclear cases. Illicit drugs were present in all groups but not to a great extent with amphetamine and tetrahydrocannabinol as the main findings. Interestingly, 4 cases in the Intoxication group presented with no other significant drugs in blood other than buprenorphine. We conclude that a lethal concentration of buprenorphine in blood cannot be defined. Instead the analysis of blood as well as urine can be an important tool to show that the drug was taken shortly before death and to rule out a continuous use of buprenorphine supporting the notion that abstinence is an important risk factor. The presence of alprazolam in more than 40% of the Intoxications and the presence of hypnotics and sedatives in 75% of the Intoxications suggests that these drugs interact with buprenorphine producing toxic effects that buprenorphine alone would not have produced. Still, in 10% of the Intoxications no other drugs were found indicating that under certain circumstances buprenorphine alone may produce respiratory depression resulting in death. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Hypnotics and Sedatives); 0 (Narcotics); 0 (Pharmaceutical Preparations); 0 (Street Drugs); 52485-79-7 (Buprenorphine); 7E53B4O073 (norbuprenorphine)

**Publication Type:** Journal Article

**Subject Headings:** [Adult](#)  
["\\*Buprenorphine/ae \[Adverse Effects\]"](#)  
["Buprenorphine/aa \[Analogues and Derivatives\]"](#)  
["\\*Buprenorphine/an \[Analysis\]"](#)  
["Buprenorphine/po \[Poisoning\]"](#)  
[Case-Control Studies](#)  
[Female](#)  
[Forensic Pathology](#)  
[Forensic Toxicology](#)  
[Humans](#)

"Hypnotics and Sedatives/ae [Adverse Effects]"  
 "Hypnotics and Sedatives/an [Analysis]"  
 "Lung/pa [Pathology]"  
 Male  
 Middle Aged  
 "\*Narcotics/ae [Adverse Effects]"  
 "\*Narcotics/an [Analysis]"  
 "Narcotics/po [Poisoning]"  
 "Pharmaceutical Preparations/ae [Adverse Effects]"  
 "Pharmaceutical Preparations/an [Analysis]"  
 "Pulmonary Edema/pa [Pathology]"  
 "Respiration/de [Drug Effects]"  
 Retrospective Studies  
 Risk Factors  
 "Street Drugs/ae [Adverse Effects]"  
 "Street Drugs/an [Analysis]"  
 "Substance-Related Disorders/bl [Blood]"  
 "\*Substance-Related Disorders/mo [Mortality]"  
 "Substance-Related Disorders/ur [Urine]"  
 Young Adult

**Source:** MEDLINE

### 73. Prevalence of alcohol and other psychoactive substances in injured drivers: comparison between Belgium and The Netherlands.

**Citation:** Forensic Science International, July 2012, vol./is. 220/1-3(224-31), 0379-0738;1872-6283 (2012 Jul 10)

**Author(s):** Legrand SA; Houwing S; Hagenzieker M; Verstraete AG

**Institution:** Department of Clinical Chemistry, Microbiology and Immunology, Ghent University, De Pintelaan 185, 9000 Ghent, Belgium. saraann.legrand@ugent.be

**Language:** English

**Abstract:** STUDY OBJECTIVE: To compare the prevalence of alcohol and (il)licit drugs in seriously injured drivers in Belgium (BE) and the Netherlands (NL).METHODS: Injured car and van drivers admitted to the emergency departments of five hospitals in Belgium and three in the Netherlands from January 2008 to May 2010 were included. Blood samples were taken and analysed for ethanol (with an enzymatic method) and 22 other psychoactive substances (UPLC-MS/MS or GC-MS).RESULTS: In total 535 injured drivers were included in the study (BE: 348; NL: 187). More drivers were found positive for alcohol and drugs in Belgium (52.6%) than in the Netherlands (33.9%). Alcohol ( $\geq 0.1$  g/L) was the most prevalent substance in both countries (BE: 42.5%; NL: 29.6%). A similar prevalence was found for amphetamine (BE: 2.6%; NL: 2.2%) and cocaine (BE: 2.3%; NL: 2.1%). In the Netherlands almost no positive findings for cannabis were recorded (0.5%). No driver tested positive for benzodiazepines in the Netherlands compared to 7.3% in Belgium. More injured drivers tested positive for Z-drugs (BE: 1.8%; NL: 0.5%) and medicinal opioids (BE: 3.3%; NL: 0.5%) in Belgium.CONCLUSIONS: The prevalence of alcohol in seriously injured drivers was 12% higher found in Belgium than in the Netherlands. The prevalence of drugs was similar in both countries except for THC and medicinal drugs, particularly benzodiazepines, with a much higher prevalence in Belgium. In comparison to previous survey there were differences in the prevalence of THC, benzodiazepines and combinations of drugs. Possible explanations are the different matrix used, a bias in study population, or in case of illicit opiates and benzodiazepines a different consumption pattern in the two countries. Alcohol is still the most prevalent substance among the injured driver population and this increased the last 15 years. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

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

**Subject Headings:** ["\\*Accidents Traffic/sn \[Statistics and Numerical Data\]"](#)  
[Adolescent](#)  
[Adult](#)  
[Age Distribution](#)  
["\\*Automobile Driving/lj \[Legislation and Jurisprudence\]"](#)  
["Belgium/ep \[Epidemiology\]"](#)  
["\\*Central Nervous System Depressants/bl \[Blood\]"](#)  
[Chromatography Liquid](#)  
["\\*Ethanol/bl \[Blood\]"](#)  
[Female](#)  
[Forensic Toxicology](#)  
[Gas Chromatography-Mass Spectrometry](#)  
[Humans](#)  
[Male](#)  
[Middle Aged](#)  
["\\*Narcotics/bl \[Blood\]"](#)  
["Netherlands/ep \[Epidemiology\]"](#)  
[Sex Distribution](#)  
[Substance Abuse Detection](#)  
["Substance-Related Disorders/di \[Diagnosis\]"](#)  
["\\*Substance-Related Disorders/ep \[Epidemiology\]"](#)  
[Young Adult](#)

**Source:** MEDLINE

#### 74. Trial investigation of post-mortem non-invasive transnasal endoscopy.

**Citation:** Forensic Science International, July 2012, vol./is. 220/1-3(184-90), 0379-0738;1872-6283 (2012 Jul 10)

**Author(s):** Asamura H; Shiozaki T; Sato N; Hayashi T

**Institution:** Department of Legal Medicine, Shinshu University School of Medicine, Asahi 3-1-1, Matsumoto, Nagano 390-8621, Japan. [asamura@shinshu-u.ac.jp](mailto:asamura@shinshu-u.ac.jp)

**Language:** English

**Abstract:** We performed a trial investigation of transnasal endoscopy for post-mortem examinations to assess its efficacy in superficial post-mortem examinations. Transnasal endoscopy proved capable of permitting detailed visual inspections of the respiratory and the upper gastrointestinal tract, equal to direct viewing, on an LCD digital display. In 18 (40.9%) of 44 cases, findings obtained by post-mortem transnasal endoscopy (PMTNE) provided valuable clues regarding cause of death. The cases examined included seven deaths by fire, four by hypothermia, four by asphyxia (three involving death by mechanical asphyxia, the other by choking), two by drowning and one case of lung cancer. In two cases, PMTNE also led to informative findings not directly related to the cause of death. Under Japan's current systems, we are required to diagnose the cause of death for over 80% of all the unnatural death cases based solely on superficial post-mortem examinations, in the absence of an autopsy. Introducing PMTNE to superficial post-mortem examinations will undoubtedly provide much more information on the cause of death than relying solely on superficial post-mortem examinations. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**Publication Type:** Evaluation Studies; Journal Article

**Subject Headings:** [Adult](#)  
[Aged](#)  
[Aged 80 and over](#)  
["Asphyxia/di \[Diagnosis\]"](#)  
["\\*Autopsy/is \[Instrumentation\]"](#)  
["Autopsy/mt \[Methods\]"](#)

"Burns/di [Diagnosis]"  
 "Carbon Monoxide Poisoning/di [Diagnosis]"  
 Cause of Death  
 "Drowning/di [Diagnosis]"  
 \*Endoscopy Digestive System  
 Female  
 Fires  
 Forensic Pathology  
 Humans  
 "Hypothermia/di [Diagnosis]"  
 Image Processing Computer-Assisted  
 Japan  
 "Lung Neoplasms/di [Diagnosis]"  
 Male  
 Middle Aged  
 "Respiratory Aspiration/di [Diagnosis]"  
 "\*Respiratory System/pa [Pathology]"

**Source:** MEDLINE

#### **75. Phenazepam abuse in Finland: findings from apprehended drivers, post-mortem cases and police confiscations.**

**Citation:** Forensic Science International, July 2012, vol./is. 220/1-3(111-7), 0379-0738;1872-6283 (2012 Jul 10)

**Author(s):** Kriikku P; Wilhelm L; Rintatalo J; Hurme J; Kramer J; Ojanpera I

**Institution:** Vita Health Care Services Ltd, Vita Laboratory, Laivakatu 5 F, 00150 Helsinki, Finland. pirkko.kriikku@helsinki.fi

**Language:** English

**Abstract:** Phenazepam is a long-acting benzodiazepine that, unlike other benzodiazepines, is currently not scheduled as a narcotic in Finland, most other European countries or the USA. It is used as an anxiolytic, sedative-hypnotic and anti-epileptic, mainly in Russia. In Finland, as well as in some other countries, an increase in the unauthorized use of phenazepam has been observed in recent years. In the one year period between July 1, 2010 and June 30, 2011 the prevalence of phenazepam in Finland was assessed among drivers apprehended for driving under the influence of drugs (DUID), in medico-legal autopsy cases and in police confiscations of illicit drugs. In DUID cases an LC-MS/MS method preceded by solid phase extraction was used for the determination of phenazepam. In the post-mortem investigations the sample preparation consisted of liquid-liquid extraction followed by derivatization and the determination was carried out by GC-MS. The police confiscations were analysed by GC-MS. There were 141 positive phenazepam cases among apprehended drivers, representing approximately 3.5% of all confirmed drug cases (n=4007) in this time period. The median (range) phenazepam blood concentration in DUID cases was 0.061 mg/L (0.004-3.600 mg/L). The median phenazepam concentration in cases with no concomitant stimulant use was significantly higher than the overall median concentration. Phenazepam was found in 17 medico-legal autopsy cases and the median (range) blood concentration was 0.048 mg/L (0.007-1.600 mg/L). Phenazepam was not considered by the medico-legal team to be the sole cause of death in any of the cases, the majority of them being accidental opioid overdoses. There were 26 seizures of phenazepam by the Police in the time period studied, some of the batches consisted of a mixture of phenazepam and stimulant designer drugs. The data show that phenazepam abuse is a widespread phenomenon in Finland. A typical user was a male multi-drug user in his 30s. The concentration range of phenazepam among apprehended drivers and medico-legal autopsy cases was wide and the drug was usually found along with other psychoactive drugs. Therefore, although it seems likely that phenazepam contributed to impairment of driving in some DUID cases, the extent of its effect remains unclear and further studies are needed to define the concentrations causing impairment and toxicity. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland



**CAS Registry Number:** 0 (Central Nervous System Depressants); 0 (Hypnotics and Sedatives); 0 (Narcotics); 12794-10-4 (Benzodiazepines); 3DSB43090Z (phenazepam); 64-17-5 (Ethanol)

**Publication Type:** Journal Article

**Subject Headings:** Adult  
 "\*Automobile Driving/lj [Legislation and Jurisprudence]"  
 "\*Benzodiazepines/bl [Blood]"  
 "Benzodiazepines/ur [Urine]"  
 "Central Nervous System Depressants/bl [Blood]"  
 Chromatography Gas  
 Chromatography Liquid  
 Crime  
 "Ethanol/bl [Blood]"  
 Female  
 "Finland/ep [Epidemiology]"  
 Forensic Toxicology  
 Humans  
 "\*Hypnotics and Sedatives/bl [Blood]"  
 "Hypnotics and Sedatives/ur [Urine]"  
 Male  
 Mass Spectrometry  
 Middle Aged  
 "Narcotics/bl [Blood]"  
 Police  
 Solid Phase Extraction  
 Substance Abuse Detection  
 "\*Substance-Related Disorders/ep [Epidemiology]"  
 Young Adult

**Source:** MEDLINE

#### 76. Clinicopathological features of sudden unexpected infectious death: population-based study in children and young adults.

**Citation:** Forensic Science International, July 2012, vol./is. 220/1-3(80-4), 0379-0738;1872-6283 (2012 Jul 10)

**Author(s):** Morentin B; Suarez-Mier MP; Aguilera B; Arrieta J; Audicana C; Fernandez-Rodriguez A

**Institution:** Forensic Pathology Service, Basque Institute of Legal Medicine, Bilbao, Spain. morentin.b@aju.ej-gv.es

**Language:** English

**Abstract:** INTRODUCTION AND OBJECTIVES: Infectious diseases are one of the major causes of sudden death, but data of sudden unexpected death from infectious diseases (SUDID) are sparse in children and young people. The aim of this study is to analyse their epidemiological, clinical, pathological and microbiological characteristics.METHODS: Population observational study of all deaths due to infectious diseases in people aged 0-34 years in Biscay between 1991 and 2010. The data of Mortality Register and Forensic Pathology Service were analysed. The SUDID cases in which a forensic autopsy was performed were identified.RESULTS: There were 56 SUDID cases (16% of the all sudden deaths). Myocarditis (n=20) and acute bacterial bronchopneumonia/pneumonia (n=18) were the most frequent causes, followed by meningococemia (n=5) and viral pneumonia (n=4). A chronic co-morbid condition (mainly drug abuse in young people and moderate low birth weight in infants) was recorded in one-third and prodromal symptoms in two-thirds. Seventeen young people had consumed illegal drugs and/or methadone. In 17 of the 23 autopsies where microbiological analyses were performed, the organism responsible was identified. The incidence of SUDID was 0.6/100000 inhabitants/year, representing 5% of all deaths from infectious diseases. SUDID rate was 1.87 times higher in males than in females. The highest incidence occurred in infants (3.7).CONCLUSIONS: SUDID is infrequent, but it represents a significant proportion of

all sudden deaths in children and young people. The relationship between methadone and bronchopneumonia is noticeable. This article stresses the importance of microbiological analyses in SUDID. Investigation based on forensic pathology provides useful epidemiologic, clinico-pathological and microbiological information for prevention of infectious diseases. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**Publication Type:** Journal Article

**Subject Headings:** Adolescent  
Adult  
"Brain Abscess/mo [Mortality]"  
Child  
Child Preschool  
"\*Death Sudden/ep [Epidemiology]"  
Female  
Forensic Pathology  
Humans  
Incidence  
Infant  
Infant Newborn  
"\*Infection/mo [Mortality]"  
Male  
"Myocarditis/mo [Mortality]"  
"Spain/ep [Epidemiology]"  
"Substance-Related Disorders/ep [Epidemiology]"  
Young Adult

**Source:** MEDLINE

**77. The murderer is the bed: an unusual case of death by traumatic asphyxia in a hotel folding bunk bed.**

**Citation:** Forensic Science International, July 2012, vol./is. 220/1-3(e1-4), 0379-0738;1872-6283 (2012 Jul 10)

**Author(s):** Domenech MS; Alcazar HM; Pallares AA; Vicente IG; Garcia JC; Gutierrez CV; Muniz JM

**Institution:** Servei de Patologia Forense Zona Sud - Barcelona, Institut de Medicina Legal de Catalunya, Ciutat de la Justícia, Edifici G, 5a Planta, Gran Via 111, Barcelona 08014, Spain. 25402msd@comb.cat

**Language:** English

**Abstract:** This paper presents the first referenced case on a death by traumatic asphyxia in a folding bunk bed. A middle-aged man was found dead in a hotel room trapped into a lower folding bunk bed where he had been sleeping after a party. The autopsy showed signs of asphyxia and excluded signs of struggle and sexual intercourse. Toxicological analyses revealed alcohol intoxication. A differential diagnosis of the manner of death including a technical study of the bed which contributed to understand the circumstances of death was made. The medico-legal investigation of the case strongly supported the hypothesis of an accidental death by traumatic asphyxia. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**Publication Type:** Case Reports; Journal Article

**Subject Headings:** Accidents  
"\*Alcoholic Intoxication/co [Complications]"  
"\*Asphyxia/et [Etiology]"  
"Asphyxia/pa [Pathology]"  
"\*Beds/ae [Adverse Effects]"  
"Cyanosis/pa [Pathology]"  
Equipment Design  
Forensic Pathology

Humans  
 Male  
 Middle Aged  
 "Myocardium/pa [Pathology]"  
 "Pericardium/pa [Pathology]"  
 Posture  
 "Pulmonary Edema/pa [Pathology]"  
 "Purpura/pa [Pathology]"

**Source:** MEDLINE

#### 78. An investigation and pathological analysis of two fatal cases of cadmium poisoning.

**Citation:** Forensic Science International, July 2012, vol./is. 220/1-3(e5-8), 0379-0738;1872-6283 (2012 Jul 10)

**Author(s):** Chang YF; Wen JF; Cai JF; Xiao-Ying W; Yang L; Guo YD

**Institution:** Department of Forensic Science, School of Basic Medicine Science, Central South University, No. 172 Tongzipo Road of Yuelu District, Changsha City, PR China. changyunfeng880@163.com

**Language:** English

**Abstract:** Pollution associated with population growth, and with industrial and urban development has led to a serious decline in the water quality of Chinese rivers. Cadmium (Cd) is recognized as one of the most toxic metals and is strongly accumulated by organisms. Humans are exposed to cadmium originating from the environment and from industrial pollution. In spite of thousands of published studies on Cd, there is little information on its pathological features seen in human autopsy. The gross and pathological findings of forensic autopsies of two case of cadmium poisoning are presented and related to an epidemiological investigation. In both cases, multiple organ damage was observed, involving brain, lung, liver, kidney, red blood cells, and platelets, which is consistent with reports in the literature. In particular, in both cases, transmission electron microscopy revealed a large number of dense lysosomal and phagocytic particles in the cytoplasm near the nucleus, indicating the need for a genotoxic study of cadmium. Our observations provide new clues for the future recognition and prevention of Cd poisoning. Crown Copyright Copyright 2012. Published by Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 7440-43-9 (Cadmium)

**Publication Type:** Case Reports; Journal Article

**Subject Headings:** Adult  
 "Cadmium/bl [Blood]"  
 "Cadmium/ur [Urine]"  
 "\*Cadmium Poisoning/pa [Pathology]"  
 "Cell Nucleus/pa [Pathology]"  
 China  
 "Cytoplasm/pa [Pathology]"  
 Environmental Pollution  
 Forensic Pathology  
 Humans  
 "Kidney/pa [Pathology]"  
 "Liver/pa [Pathology]"  
 "Lung/pa [Pathology]"  
 "Lysosomes/pa [Pathology]"  
 Male  
 Microscopy Electron Transmission  
 Middle Aged  
 "Occupational Exposure/ae [Adverse Effects]"  
 "Phagocytes/pa [Pathology]"

**Source:** MEDLINE

**79. Forensic aspects of water intoxication: four case reports and review of relevant literature.**

<b>Citation:</b>	Forensic Science International, July 2012, vol./is. 220/1-3(1-5), 0379-0738;1872-6283 (2012 Jul 10)
<b>Author(s):</b>	Radojevic N; Bjelogrljic B; Aleksic V; Rancic N; Samardzic M; Petkovic S; Savic S
<b>Institution:</b>	Department of Forensic Medicine, Clinical Centre of Montenegro, Podgorica, Montenegro. com_nr@yahoo.com
<b>Language:</b>	English
<b>Abstract:</b>	Water intoxication (WI) is a rare condition that originates from over-consumption of water, with a potentially fatal outcome. Increased water intake (polydipsia) is followed by urination of high amount of diluted urine (polyuria) which are the main initial symptoms of WI. We present four case reports of WI. Two of them are unusual pediatric clinical cases using medical documentation and police case files, one of which is related to child abuse, and the other to a psychiatric disorder. The other two cases are fatal adult cases submitted to autopsy from a psychiatric hospital. Also, we present a diagnostic algorithm for polydipsia and polyuria before death. WI is usually seen in patients with psychiatric disorders, victims of child abuse or torture, drug abusers or it can be iatrogenically induced. Copyright Copyright 2012 Elsevier Ireland Ltd. All rights reserved.
<b>Country of Publication:</b>	Ireland
<b>CAS Registry Number:</b>	0 (Diuretics); 54-31-9 (Furosemide); 7440-09-7 (Potassium); 7440-23-5 (Sodium)
<b>Publication Type:</b>	Case Reports; Journal Article; Review
<b>Subject Headings:</b>	<p>Adult</p> <p>Child</p> <p>Child Abuse</p> <p>Child Preschool</p> <p>"Diuretics/tu [Therapeutic Use]"</p> <p>Forensic Pathology</p> <p>"Furosemide/tu [Therapeutic Use]"</p> <p>Humans</p> <p>Male</p> <p>"*Polydipsia/di [Diagnosis]"</p> <p>"*Polydipsia Psychogenic/di [Diagnosis]"</p> <p>"Polyuria/et [Etiology]"</p> <p>"Potassium/an [Analysis]"</p> <p>Schizophrenic Psychology</p> <p>"Sodium/an [Analysis]"</p> <p>"Urinary Bladder/pa [Pathology]"</p> <p>"Vitreous Body/ch [Chemistry]"</p> <p>"*Water Intoxication/pa [Pathology]"</p> <p>"*Water Intoxication/px [Psychology]"</p> <p>"Water-Electrolyte Imbalance/dt [Drug Therapy]"</p> <p>"*Water-Electrolyte Imbalance/et [Etiology]"</p>
<b>Source:</b>	MEDLINE