

# Search Results

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## 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. Unit cohesion and mental health in the UK armed forces.**

---

- Citation:** Occupational Medicine (Oxford), January 2012, vol./is. 62/1(47-53), 0962-7480;1471-8405 (2012 Jan)
- Author(s):** Du Preez J; Sundin J; Wessely S; Fear NT
- Institution:** School of Medicine, King's College London, London, UK.
- Language:** English
- Abstract:** BACKGROUND: Unit cohesion is recognized as a potentially modifiable factor in the aetiology of mental illness among military personnel.AIMS: To examine the association between unit cohesion and probable post-traumatic stress disorder (PTSD), common mental disorder and alcohol misuse, in UK armed forces personnel deployed to Iraq.METHODS: A sample of 4901 male UK armed forces personnel who had deployed to Iraq was drawn from a cohort of personnel who participated in a cross-sectional postal questionnaire study between June 2004 and March 2006. Information was collected on socio-demographic and military characteristics, deployment experiences and information on current health.RESULTS: Perceived interest from seniors was associated with less probable PTSD [odds ratio (OR) 0.42, 95% confidence interval (CI) 0.26-0.67] and common mental disorder (OR 0.68, 95% CI 0.53-0.87). Among regular personnel, feeling well informed was associated with less common mental disorder (OR 0.74, 95% CI 0.58-0.95) and comradeship was associated with greater alcohol misuse (OR 1.98, 95% CI 1.19-3.28). Feeling able to talk about personal problems was associated with less alcohol misuse among reserve personnel (OR 0.31, 95% CI 0.16-0.60). The general construct of unit cohesion was predictive of less probable PTSD (OR 0.69, 95% CI 0.58-0.81) and common mental disorder (OR 0.80, 95% CI 0.73-0.87).CONCLUSIONS: Unit cohesion had a linear association with less probable PTSD and common mental disorder. Of the individual items, perception of leadership was associated with less probable PTSD and common mental disorder. Comradeship was associated with greater alcohol misuse among regular personnel, while feeling able to talk about personal problems was associated with less alcohol misuse for reserve personnel.
- Country of Publication:** England
- Publication Type:** Journal Article; Research Support, Non-U.S. Gov't
- Subject Headings:** [Adult](#)  
["\\*Alcohol-Related Disorders/ep \[Epidemiology\]"](#)  
[Cross-Sectional Studies](#)  
[Great Britain](#)  
[Humans](#)  
[\\*Interpersonal Relations](#)  
[Iraq War 2003 -](#)  
[Longitudinal Studies](#)  
[Male](#)  
["Mental Disorders/ep \[Epidemiology\]"](#)  
["\\*Military Personnel/px \[Psychology\]"](#)  
[Qualitative Research](#)  
[Risk Factors](#)  
[Self Report](#)  
["\\*Stress Disorders Post-Traumatic/ep \[Epidemiology\]"](#)
- Source:** MEDLINE
- Full Text:** Available in *fulltext* at [Oxford University Press](#)

**2. Drug-related problems (DRPs) identified from geriatric medication safety review clinics.**

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- Citation:** Archives of Gerontology & Geriatrics, January 2012, vol./is. 54/1(168-74), 0167-4943;1872-6976 (2012 Jan)
- Author(s):** Chan DC; Chen JH; Kuo HK; We CJ; Lu IS; Chiu LS; Wu SC

**Institution:** Department of Geriatrics and Gerontology, National Taiwan University Hospital, No. 7 Zhongshan S. Rd, Taipei 100, Taiwan. doctord6226@yahoo.com

**Language:** English

**Abstract:** Drug-related problems (DRPs) were identified from baseline data of 193 Medication Safety Review Clinic (MSRC) patients. MSRCs enroll older adults ( $\geq 65$  years) with either (1) prescriptions of  $\geq 8$  chronic medications (drugs prescribed for  $\geq 28$  days) or (2) a visit to  $\geq 3$  different physicians at the two participating hospitals in Taipei, Taiwan from August to October 2007. The Pharmaceutical Care Network Europe (PCNE) Classification Version 5.01 was used to report DRPs. Mean age was 76.2  $\pm$  6.2 years and 53% of participants were male. Participants had, on average, 9.0  $\pm$  2.6 chronic conditions and took 8.9  $\pm$  3.1 chronic medications and 1.7  $\pm$  1.8 dietary supplements. Eighty-seven percent had at least one DRP. Being older, having orthostatic hypotension and taking more chronic medications were associated with higher likelihood of having at least one DRP. For the 1713 medications and 331 diet supplements reviewed, 427 DRPs were found, 490 causes (1.1  $\pm$  0.4 per problem) identified and 1067 interventions proposed (2.5  $\pm$  0.6 per problem). The most common DRP category was "drug not taken/administered" (35%), and the most common offending drug category was cardiovascular agents (33%). Prevalence of DRPs was high among geriatric outpatients prescribed multiple medications. Careful medication review is needed in routine clinical practice to improve prescription quality. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Netherlands

**CAS Registry Number:** 0 (Pharmaceutical Preparations)

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

**Subject Headings:** [Aged](#)  
[Aged 80 and over](#)  
[\\*Drug Interactions](#)  
[\\*Drug Toxicity](#)  
[Female](#)  
[Humans](#)  
[Male](#)  
[Medical Audit](#)  
["\\*Pharmaceutical Preparations/ae \[Adverse Effects\]"](#)  
[\\*Polypharmacy](#)  
[Taiwan](#)

**Source:** MEDLINE

### 3. Smoke, alcohol consumption and illicit drug use in an Italian population of pregnant women.

**Citation:** European Journal of Obstetrics, Gynecology, & Reproductive Biology, November 2011, vol./is. 159/1(106-10), 0301-2115;1872-7654 (2011 Nov)

**Author(s):** De Santis M; De Luca C; Mappa I; Quattrocchi T; Angelo L; Cesari E

**Institution:** Telefono Rosso - Teratology Information Service, Department of Obstetrics and Gynaecology, Universita Cattolica del Sacro Cuore, Largo A. Gemelli 8, Rome, Italy. marcodesantis@rm.unicatt.it

**Language:** English

**Abstract:** OBJECTIVE: High-risk behaviours are associated with an increased risk of adverse pregnancy outcomes. Exposure to drugs, infection or radiation is a cause of concern for pregnant women, who contact Teratology Information Services (TIS) to have a counseling but with an accurate medical history is possible to detect additional behavioural risk factors that can significantly interfere with pregnancy outcome. The aim of this study is to describe risk behaviours in a population of Italian women calling our TIS and to identify related maternal factors. STUDY DESIGN: Between December 2008 and January 2010 we collected data from 503 pregnant women calling our TIS (Telefono Rosso, Rome). We investigated about smoke, alcohol and abuse substances addiction and

we also collected demographic data. RESULTS: Of the 503 women consenting to participate 34% were found to have an additional risk marker during the current pregnancy. Within this group were 22.7% (n=119) who reported smoking, the 17.7% (n=89) admitted to drink and 2 women (0.4%) used illicit drugs. In 13.7% of cases (n=69) reason for calling represented an exposure to teratogenic agents. Unmarried status and previous induced abortion represent a risk factor for all high-risk behaviours. Lower education ( $p<0.001$ ) and use of neurological drugs ( $p<0.001$ ) are related with cigarette consumption. A lower parity was a risk factor for alcohol assumption ( $p=0.04$ ). Women with high-risk behaviours tend to be exposed to more than a risk factor. CONCLUSIONS: Teratogen Information Services are an important system to identify women with pregnancy risk markers. These services should have the ability to provide risk reduction information to women who smoke cigarettes or with alcohol or drug use. In addition to the phone based information these women may benefit from referral back to their physician for assessment and management of substance use/abuse during pregnancy. Substance abuse risks are often underestimated by pregnant women. Single mothers or women with an history of terminations of pregnancy represents an high-risk population. Physicians should inform their patients about possible risks related to high-risk behaviours during preconception counseling or during the first obstetric visit. Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Publication Type:** Journal Article

**Subject Headings:** "Abortion Induced/px [Psychology]"  
 Adult  
 "\*Alcohol Drinking/ep [Epidemiology]"  
 "Alcohol Drinking/px [Psychology]"  
 Consumer Health Information  
 Cross-Sectional Studies  
 Educational Status  
 Female  
 Humans  
 "Italy/ep [Epidemiology]"  
 Parity  
 Patient Education as Topic  
 Poison Control Centers  
 Pregnancy  
 "\*Pregnancy Complications/ep [Epidemiology]"  
 "Pregnancy Complications/px [Psychology]"  
 Prevalence  
 "Single Person/px [Psychology]"  
 "\*Smoking/ep [Epidemiology]"  
 "Smoking/px [Psychology]"  
 "\*Street Drugs/to [Toxicity]"  
 "Substance Abuse Detection/mt [Methods]"  
 "\*Substance-Related Disorders/ep [Epidemiology]"  
 "Substance-Related Disorders/px [Psychology]"  
 "Teratogens/to [Toxicity]"  
 Young Adult

**Source:** MEDLINE

#### 4. Infants born to mothers under phenobarbital treatment: correlation between serum levels and clinical features of neonates.

**Citation:** European Journal of Obstetrics, Gynecology, & Reproductive Biology, November 2011, vol./is. 159/1(53-6), 0301-2115;1872-7654 (2011 Nov)

**Author(s):** Zuppa AA; Carducci C; Scorrano A; Antichi E; Catenazzi P; Piras A; Pozzoli G; Cardiello V; D'Antuono A; Romagnoli C

**Institution:** Division of Neonatology, Department of Paediatrics, University Hospital A. Gemelli, Catholic University of Sacred Heart, Largo Agostino Gemelli no. 8, Rome 00168, Italy. zuppaaa@rm.unicatt.it

**Language:** English

**Abstract:** **OBJECTIVE:** Phenobarbital crosses the placenta quickly, and the balance between maternal and fetal blood is achieved in a few minutes. Data on the clinical outcomes of infants born to mothers under phenobarbital treatment during pregnancy show that they are at risk of adverse events, such as sedation and abstinence syndrome. The aim of this study was to analyse the correlation between serum levels of phenobarbital and clinical features of neonates.**STUDY DESIGN:** Twenty-three infants born between 2001 and 2008 were studied. Maternal, neonatal and pharmacological variables were considered.**RESULTS:** Eleven infants displayed symptoms related to phenobarbital. Withdrawal syndrome was seen in seven infants and sedation syndrome was seen in four infants. One infant had severe cardiorespiratory depression at birth. None of the infants had severe neonatal abstinence syndrome. No statistically significant differences were found between symptomatic and asymptomatic infants. At birth, the mean serum level of phenobarbital of the 23 infants was 15.4 [standard deviation (SD) 6.2] mug/ml. A peak (16.1 mug/ml, SD 5.5) was seen on Day 3, followed by a gradual decrease to non-therapeutic levels (<10 mug/ml) by Day 8 (9.3 mug/ml, SD 1.0). Phenobarbital levels were higher in symptomatic infants than asymptomatic infants, although the difference was not statistically significant.**CONCLUSIONS:** Serum levels of phenobarbital remained in the therapeutic range for both mothers and infants, and reduced gradually in infants. However, some infants displayed symptoms related to phenobarbital. As such, a clinical pharmacological surveillance protocol is necessary. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Anticonvulsants); 50-06-6 (Phenobarbital)

**Publication Type:** Journal Article

**Subject Headings:** [Adult](#)  
["\\*Anticonvulsants/ae \[Adverse Effects\]"](#)  
["\\*Anticonvulsants/bl \[Blood\]"](#)  
["Anticonvulsants/pk \[Pharmacokinetics\]"](#)  
["Anticonvulsants/tu \[Therapeutic Use\]"](#)  
[Cohort Studies](#)  
["\\*Epilepsy/dt \[Drug Therapy\]"](#)  
[Female](#)  
[Hospitals University](#)  
[Humans](#)  
[Infant Newborn](#)  
["Lethargy/bl \[Blood\]"](#)  
["Lethargy/ci \[Chemically Induced\]"](#)  
["Lethargy/pp \[Physiopathology\]"](#)  
[Male](#)  
[Maternal-Fetal Exchange](#)  
["\\*Neonatal Abstinence Syndrome/bl \[Blood\]"](#)  
["Neonatal Abstinence Syndrome/pp \[Physiopathology\]"](#)  
["\\*Phenobarbital/ae \[Adverse Effects\]"](#)  
["\\*Phenobarbital/bl \[Blood\]"](#)  
["Phenobarbital/pk \[Pharmacokinetics\]"](#)  
["Phenobarbital/tu \[Therapeutic Use\]"](#)  
["Postpartum Period/bl \[Blood\]"](#)  
[Pregnancy](#)  
["\\*Pregnancy Complications/dt \[Drug Therapy\]"](#)  
["Respiratory Distress Syndrome Newborn/bl \[Blood\]"](#)  
["Respiratory Distress Syndrome Newborn/ci \[Chemically Induced\]"](#)  
["Respiratory Distress Syndrome Newborn/pp \[Physiopathology\]"](#)  
[Retrospective Studies](#)



Severity of Illness Index  
Young Adult

Source: MEDLINE

### 5. Emergency care. Urgent issues of alcohol overload.

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**Citation:** Health Service Journal, January 2012, vol./is. 122/6288(26-7), 0952-2271;0952-2271 (2012 Jan 5)

**Author(s):** Bell J; Bowler S; Lyons J

**Institution:** Addiction Services, South London and Maudsley Foundation Trust.

**Language:** English

**Country of Publication:** England

**Publication Type:** Journal Article

**Subject Headings:** [\\*Alcoholic Intoxication](#)  
["\\*Emergency Service Hospital/ut \[Utilization\]"](#)  
[Great Britain](#)  
[Humans](#)

Source: MEDLINE

**Full Text:** Available in *print* at [Newcomb Library & Information Service](#)  
Available in *fulltext* at [ProQuest](#)

### 6. Hard times can happen to anyone--even a dentist.

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**Citation:** British Dental Journal, November 2011, vol./is. 211/9(435-7), 0007-0610;1476-5373 (2011 Nov)

**Author(s):** Atkinson S

**Institution:** BDA Benevolent Fund.

**Language:** English

**Abstract:** The BDA Benevolent Fund has been helping needy dentists and their families for 130 years, while the Dentist Health Support Trust, founded in 1986, offers support specifically on addiction and other mental health issues. The Ben Fund offers a lifeline to those struggling with poverty arising from illness, accidents, bereavement, addiction, mental health issues, and many other difficulties. It may be that someone needs financial help to deal with a short-term problem before they get themselves back on track, and the Fund can do this with a one-off grant or perhaps an interest-free loan, to be repaid when their life is on an even keel again. Other people may face long-term uncertainty and need regular support.

**Country of Publication:** England

**Publication Type:** Journal Article

**Subject Headings:** [Charities](#)  
["\\*Dentists/ec \[Economics\]"](#)  
[Financing Organized](#)  
[Great Britain](#)  
[Humans](#)  
[Poverty](#)  
["\\*Professional Impairment/ec \[Economics\]"](#)  
["\\*Societies Dental/ec \[Economics\]"](#)

Source: MEDLINE

### 7. Seizure clusters and adverse events during pre-surgical video-EEG monitoring with a slow anti-epileptic drug (AED) taper.

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**Citation:** Clinical Neurophysiology, March 2012, vol./is. 123/3(486-8), 1388-2457;1872-8952 (2012 Mar)

**Author(s):** Di Gennaro G; Picardi A; Sparano A; Mascia A; Meldolesi GN; Grammaldo LG; Esposito V; Quarato PP

**Institution:** Epilepsy Surgery Unit, Department of Neurological Sciences, IRCCS Neuromed, Pozzilli (IS), Italy. gdigennaro@neuromed.it

**Language:** English

**Abstract:** OBJECTIVE: To evaluate the efficiency and safety of pre-surgical video-EEG monitoring with a slow anti-epileptic drug (AED) taper and a rescue benzodiazepine protocol.METHODS: Fifty-four consecutive patients with refractory focal epilepsy who underwent pre-surgical video-electroencephalography (EEG) monitoring during the year 2010 were included in the study. Time to first seizure, duration of monitoring, incidence of 4-h and 24-h seizure clustering, secondarily generalised tonic-clonic seizures (sGTCS), status epilepticus, falls and cardiac asystole were evaluated.RESULTS: A total of 190 seizures were recorded. Six (11%) patients had 4-h clusters and 21 (39%) patients had 24-h clusters. While 15 sGTCS were recorded in 14 patients (26%), status epilepticus did not occur and no seizure was complicated with cardiac asystole. Epileptic falls with no significant injuries occurred in three patients. The mean time to first seizure was 3.3days and the time to conclude video-EEG monitoring averaged 6days.CONCLUSION: Seizure clustering was common during pre-surgical video-EEG monitoring, although serious adverse events were rare with a slow AED tapering and a rescue benzodiazepine protocol.SIGNIFICANCE: Slow AED taper pre-surgical video-EEG monitoring is fairly safe when performed in a highly specialised and supervised hospital setting. Copyright Copyright 2011 International Federation of Clinical Neurophysiology. Published by Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Netherlands

**CAS Registry Number:** 0 (Anticonvulsants); 12794-10-4 (Benzodiazepines)

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

**Subject Headings:** Adult  
 "\*Anticonvulsants/ct [Contraindications]"  
 "Benzodiazepines/tu [Therapeutic Use]"  
 "\*Electroencephalography/ae [Adverse Effects]"  
 "\*Electroencephalography/mt [Methods]"  
 "Epilepsy/ci [Chemically Induced]"  
 "\*Epilepsy/dt [Drug Therapy]"  
 "\*Epilepsy/ep [Epidemiology]"  
 "\*Epilepsy/pp [Physiopathology]"  
 Female  
 Humans  
 Incidence  
 Male  
 "Monitoring Physiologic/mt [Methods]"  
 Patient Safety  
 Preoperative Period  
 "\*Substance Withdrawal Syndrome/pp [Physiopathology]"  
 Treatment Outcome  
 "Video Recording/mt [Methods]"

**Source:** MEDLINE

#### 8. Nonquaternary reactivators for organophosphate-inhibited cholinesterases.

**Citation:** Journal of Medicinal Chemistry, January 2012, vol./is. 55/1(465-74), 0022-2623;1520-4804 (2012 Jan 12)

**Author(s):** Kalisiak J; Ralph EC; Cashman JR

**Institution:** Human BioMolecular Research Institute, 5310 Eastgate Mall, San Diego, California 92121, United States.

**Language:** English

**Abstract:** A new class of amidine-oxime reactivators of organophosphate (OP)-inhibited cholinesterases (ChE) was synthesized and tested in vitro and in vivo. Compared with 2-PAM, the most promising cyclic amidine-oxime (i.e., 12e) showed comparable or greater reactivation of OP-inactivated AChE and OP-inactivated BChE. To the best of our knowledge, this is the first report of a nonquaternary oxime that has, comparable to 2-PAM, in vitro potency for reactivation of Sarin (GB)-inhibited AChE and BChE. Amidine-oximes were tested in vitro, and reactivation rates for OP-inactivated butyrylcholinesterase (BChE) were greater than those for 2-PAM or MINA. Amidine-oxime reactivation rates for OP-inactivated acetylcholinesterase (AChE) were lower compared to 2-PAM but greater compared with MINA. Amidine-oximes were tested in vivo for protection against the toxicity of nerve agent model compounds. (i.e., a model of Sarin). Post-treatment (i.e., 5 min after OP exposure, i.p.) with amidine oximes 7a-c and 12a, 12c, 12e, 12f, and 15b (145  $\mu\text{mol/kg}$ , i.p.) protected 100% of the mice challenged with the sarin model compound. Even at 25% of the initial dose of amidine-oxime (i.e., a dose of 36  $\mu\text{mol/kg}$ , i.p.), 7b and 12e protected 100% of the animals challenged with the sarin nerve agent model compound that caused lethality in 6/11 animals without amidine-oxime.

**Country of Publication:** United States

**CAS Registry Number:** 0 (Amidines); 0 (Chemical Warfare Agents); 0 (Cholinesterase Inhibitors); 0 (Enzyme Reactivators); 0 (Oximes); 107-44-8 (Sarin); EC 3-1-1 (Butyrylcholinesterase); EC 3-1-1-7 (Acetylcholinesterase); EC 3-1-1-8 (Cholinesterases)

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

**Subject Headings:** "Acetylcholinesterase/me [Metabolism]"  
 "\*Amidines/cs [Chemical Synthesis]"  
 "Amidines/ch [Chemistry]"  
 "Amidines/pd [Pharmacology]"  
 Animals  
 "Butyrylcholinesterase/me [Metabolism]"  
 "\*Chemical Warfare Agents/po [Poisoning]"  
 "\*Cholinesterase Inhibitors/po [Poisoning]"  
 "\*Cholinesterases/me [Metabolism]"  
 "\*Enzyme Reactivators/cs [Chemical Synthesis]"  
 "Enzyme Reactivators/ch [Chemistry]"  
 "Enzyme Reactivators/pd [Pharmacology]"  
 Female  
 Mice  
 "\*Oximes/cs [Chemical Synthesis]"  
 "Oximes/ch [Chemistry]"  
 "Oximes/pd [Pharmacology]"  
 "Poisoning/mo [Mortality]"  
 "Poisoning/pc [Prevention and Control]"  
 "\*Sarin/po [Poisoning]"  
 Structure-Activity Relationship

**Source:** MEDLINE

**9. National outbreak of Salmonella Java phage type 3b variant 9 infection using parallel case-control and case-case study designs, United Kingdom, July to October 2010.**

**Citation:** Euro Surveillance: Bulletin Europeen sur les Maladies Transmissibles = European Communicable Disease Bulletin, 2011, vol./is. 16/47(20023), 1025-496X;1560-7917 (2011)

**Author(s):** Gobin M; Lauanders N; Lane C; Kafatos G; Adak B

**Institution:** Health Protection Agency South West Regional Office, Health Protection Agency, Gloucester, United Kingdom. Maya.Gobin@hpa.org.uk

**Language:** English

**Abstract:** Between July and October 2010, a national outbreak comprising 136 cases of Salmonella Java phage type 3b variant 9 was identified by the Health Protection Agency. Most cases were female. Cases had a median age of 39.5 years and lived in London, the South East and East of England. Parallel case-control and case-case study designs were undertaken to test the generated hypotheses. The case-case study aimed to examine if the infection was associated with eating food items purchased from commercial catering settings, and the reference group comprised non-travel related cases of S. Enteritidis infected during the same time period as the cases. The case-control study was designed to examine if the infection was associated with specific food items purchased from commercial catering settings, and recruited case-nominated controls. However, in response to poor recruitment we adapted our methods to investigate food exposures in the same way. Results of epidemiological investigations are compatible with salad vegetables as the potential source, but no common suppliers of salad were identified and no organisms were isolated from environmental and food samples. Limitations in the case-control study highlight the potential value of using a combination of epidemiological methods to investigate outbreaks.

**Country of Publication:** Sweden

**Publication Type:** Journal Article

**Subject Headings:** [Adult](#)  
[Bacteriophage Typing](#)  
[Case-Control Studies](#)  
["Diarrhea/mi \[Microbiology\]"](#)  
["Diarrhea/vi \[Virology\]"](#)  
[\\*Disease Outbreaks](#)  
[Female](#)  
[Food Microbiology](#)  
["Great Britain/ep \[Epidemiology\]"](#)  
[Humans](#)  
[Male](#)  
[Middle Aged](#)  
[Odds Ratio](#)  
[Questionnaires](#)  
[Restaurants](#)  
["\\*Salmonella Food Poisoning/ep \[Epidemiology\]"](#)  
["Salmonella Food Poisoning/mi \[Microbiology\]"](#)  
["Salmonella Food Poisoning/vi \[Virology\]"](#)  
["\\*Salmonella Phages/py \[Pathogenicity\]"](#)  
["Salmonella enteritidis/ip \[Isolation and Purification\]"](#)  
["Salmonella enteritidis/py \[Pathogenicity\]"](#)  
["\\*Salmonella enteritidis/vi \[Virology\]"](#)  
["Vegetables/mi \[Microbiology\]"](#)

**Source:** MEDLINE

**10. Preventing alcohol misuse in young people aged 9-11 years through promoting family communication: an exploratory evaluation of the Kids, Adults Together (KAT) Programme.**

**Citation:** BMC Public Health, 2011, vol./is. 11/(810), 1471-2458;1471-2458 (2011)

**Author(s):** Rothwell H; Segrott J

**Institution:** Cardiff Institute of Society and Health, Cardiff School of Social Sciences, Cardiff University, 1-3 Museum Place, Cardiff, UK.

**Language:** English

**Abstract:** BACKGROUND: Alcohol misuse by young people is an important public health issue, and has led to the development of a range of prevention interventions. Evidence

concerning the most effective approaches to intervention design and implementation is limited. Parental involvement in school-based interventions is important, but many programmes fail to recruit large numbers of parents. This paper reports findings from an exploratory evaluation of a new alcohol misuse prevention programme--Kids, Adults Together (KAT), which comprised a classroom component, engagement with parents through a fun evening for families with children aged 9-11 years, and a DVD. The evaluation aimed to establish the programme's theoretical basis, explore implementation processes and acceptability, and identify plausible precursors of the intended long-term outcomes. **METHODS:** Documentary analysis and interviews with key personnel examined the programme's development. Classroom preparation and KAT family events in two schools were observed. Focus groups with children, and interviews with parents who attended KAT family events were held immediately after programme delivery, and again after three months. Interviews with head teachers and with teachers who delivered the classroom preparation were conducted. Follow-up interviews with programme personnel were undertaken. Questionnaires were sent to parents of all children involved in classroom preparation. **RESULTS:** KAT achieved high levels of acceptability and involvement among both children and parents. Main perceived impacts of the programme were increased pro-social communication within families (including discussions about harmful parental alcohol consumption), heightened knowledge and awareness of the effects of alcohol consumption and key legal and health issues, and changes in parental drinking behaviours. **CONCLUSIONS:** KAT demonstrated promise as a prevention intervention, primarily through its impact on knowledge and communication processes within families, and its ability to engage with large numbers of parents. A key programme mechanism was the classroom preparation's facilitation of parental involvement in the family fun evening. The programme also incorporated features identified in the literature as likely to increase effectiveness, including a focus on harm reduction, interactive delivery, and targeting primary-school-age children. Further research is needed to test and develop programme theory through implementation in different school contexts, and to examine potential longer-term impacts, and the feasibility of large scale delivery.

**Country of Publication:** England

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

**Subject Headings:** ["\\*Alcoholic Intoxication/pc \[Prevention and Control\]"](#)  
[Child](#)  
[\\*Communication](#)  
[Female](#)  
[Focus Groups](#)  
[Great Britain](#)  
["Health Promotion/mt \[Methods\]"](#)  
[Humans](#)  
[Interviews as Topic](#)  
[Male](#)  
[\\*Parent-Child Relations](#)  
[Questionnaires](#)

**Source:** MEDLINE

**Full Text:** Available in *fulltext* at [BioMedCentral](#)  
Available in *fulltext* at [National Library of Medicine](#)  
Available in *fulltext* at [ProQuest](#)

#### 11. Adverse events of interferon beta-1a: a prospective multi-centre international ICH-GCP-based CRO-supported external validation study in daily practice.

**Citation:** PLoS ONE [Electronic Resource], 2011, vol./is. 6/10(e26568), 1932-6203;1932-6203 (2011)

**Author(s):** Jongen PJ; Sindic C; Sanders E; Hawkins S; Linssen W; van Munster E; Frequin S; Borm G; Functional Composite and Quality of Life in Avonex-treated Relapsing Multiple Sclerosis Patients Study Group

**Institution:** MS4 Research Institute, Nijmegen, The Netherlands.

<b>Language:</b>	English
<b>Abstract:</b>	<p><b>BACKGROUND:</b> Due to methodological shortcomings the available post-registration data on the adverse events (AEs) occurring in interferon beta-1a (INFb-1a)-treated patients fail to adequately validate phase III data and only partially inform on safety in daily practice. We assessed AEs in relapsing remitting multiple sclerosis (RRMS) patients treated with intramuscular (IM) INFb-1a in daily practice using data quality assurance measures similar to those in phase III trials.<b>METHODS:</b> A prospective, International Conference on Harmonization (ICH) - Good Clinical Practice (GCP)-based, clinical research organization (CRO)-supported study in 36 practices in the Netherlands, Belgium, the United Kingdom and Luxembourg. During 24 months after start of IM INFb-1a treatment 275 RRMS patients were assessed for AEs' severity (mild, moderate, severe) and relationship to treatment (not, unlikely, likely, definite). Data were compared with those reported in the pivotal phase III trial.<b>FINDINGS:</b> 75.3% of the patients experienced one or more AEs that were likely or definitely related to INFb-1a. Of all AEs 40.5% were likely or definitely treatment-related; 68.5% of these were mild, and 3% severe. 6.6% of the patients discontinued treatment because of an AE. Compared to the pivotal phase III trial, we found statistically significantly lower incidences for most of the common AEs: headache, muscle ache, fatigue, fever, chills, nausea. One patient died following two cerebral vascular events in study month 22, both AEs were assessed as not related to INFb-1a.<b>CONCLUSION:</b> Three out of four RRMS patients treated with IM INFb-1a in daily practice experience treatment-related AEs, most of these being mild. Our data externally validate the favorable phase III safety profile of IM INFb-1a and suggest that the real-life incidence of treatment-related AEs is less than reported in the pivotal phase III trial. Larger studies are needed to detect rare, potentially hazardous AEs of IM INFb-1a.</p>
<b>Country of Publication:</b>	United States
<b>CAS Registry Number:</b>	0 (Adjuvants, Immunologic); 145258-61-3 (interferon beta 1a); 77238-31-4 (Interferon-beta)
<b>Publication Type:</b>	Clinical Trial; Journal Article; Multicenter Study; Research Support, Non-U.S. Gov't; Validation Studies
<b>Subject Headings:</b>	<a href="#">Adjuvants Immunologic</a> <a href="#">Adult</a> <a href="#">Drug Toxicity</a> <a href="#">Europe</a> <a href="#">Humans</a> <a href="#">Incidence</a> <a href="#">Injections Intramuscular</a> <a href="#">"Interferon-beta/ad [Administration and Dosage]"</a> <a href="#">"*Interferon-beta/ae [Adverse Effects]"</a> <a href="#">"Multiple Sclerosis Relapsing-Remitting/co [Complications]"</a> <a href="#">"*Multiple Sclerosis Relapsing-Remitting/dt [Drug Therapy]"</a> <a href="#">Treatment Outcome</a>
<b>Source:</b>	MEDLINE
<b>Full Text:</b>	Available in <i>fulltext</i> at <a href="#">National Library of Medicine</a>

## 12. Addiction and ageing-awareness, assessment and action.

<b>Citation:</b>	Age & Ageing, November 2011, vol./is. 40/6(657-8), 0002-0729;1468-2834 (2011 Nov)
<b>Author(s):</b>	Crome IB; Crome P; Rao R
<b>Language:</b>	English
<b>Country of Publication:</b>	England
<b>Publication Type:</b>	Editorial
<b>Subject Headings:</b>	<a href="#">Aged</a> <a href="#">Aged 80 and over</a> <a href="#">*Awareness</a>

"Behavior Addictive/di [Diagnosis]"  
 "Behavior Addictive/ep [Epidemiology]"  
 \*Geriatric Assessment  
 Great Britain  
 "Health Services for the Aged/td [Trends]"  
 Humans  
 Incidence  
 Middle Aged  
 "Resource Allocation/td [Trends]"  
 "\*Substance-Related Disorders/di [Diagnosis]"  
 "\*Substance-Related Disorders/ep [Epidemiology]"  
 "Substance-Related Disorders/pc [Prevention and Control]"

**Source:** MEDLINE

**Full Text:** Available in *fulltext* at *Oxford University Press*  
 Available in *print* at *Newcomb Library & Information Service*

### 13. Partnerships and communities in English drug policy: the challenge of deprivation.

**Citation:** International Journal of Drug Policy, November 2011, vol./is. 22/6(478-90), 0955-3959;1873-4758 (2011 Nov)

**Author(s):** Macgregor S; Thickett A

**Institution:** Department of Social and Environmental Health Research, London School of Hygiene and Tropical Medicine, University of London, 15-17 Tavistock Place, London WC1H 9SH, United Kingdom. Susanne.MacGregor@lshtm.ac.uk

**Language:** English

**Abstract:** BACKGROUND: From the mid-1990s, UK governments developed partnerships to tackle drugs nationally and locally. Over time, increased resources focused on communities and localities in greatest need. This reflected growing awareness of the concentration of problems in deprived areas, with social and spatial segregation being a feature of post-industrial urban areas. METHODS: A review of English drug policy since the 1990s, drawing on:- analysis of documents; a review of sociological studies; an illustrative case-study of one northern town; interviews with local policy players; statistical analysis of key indicators with some of these data presented using Geographical Information System (GIS) mapping. RESULTS: In-depth sociological studies demonstrate interconnections between historical patterns, socio-economic change, cultural complexity, deprivation, limited opportunities and illicit drugs. At local level, there are links between concentrated multiple deprivation, poor health, acquisitive crime and problematic drug use. Partnership policies, encouraged by the provision of ring-fenced funds, have been effective in containing problems. Underlying issues of inequality are however neglected in political debates. The article argues that post-industrial towns and cities are characterised by an increase in problems related to poverty and drugs. Both the real shape and perceptions of what is the problem change over time. In England, the profile of the problem drug user was described in a number of sociological studies conducted from the 1980s onwards. Key features were the concentration of problems in certain social groups (such as the poorly educated or unemployed) and in certain areas (inner cities or outer estates). Responding to rising public concern, national drug strategies developed and the New Labour Government after 1997 prioritised the issue of drugs, directing increased resources to drug treatment with tight control over the use of these new monies through target setting and measurement of performance. The emphasis was on the most dangerous drugs and most disadvantaged areas. CONCLUSION: There is local variation in the pattern of problems and in implementation of national policies. In UK after 1997, New Labour policy aimed to promote a fair and cost-effective distribution of resources and improved availability and quality of treatment services and local policing. Tensions appeared between the drive to meet national targets and local perceptions of need. Ideas of localism, promoting market solutions and flexibility in provision, are now gaining ground in English social policy with the arrival of a Coalition (Conservative/Liberal Democrat) Government. These, together with an emphasis on abstinence and recovery, raise questions about the future adequacy of (a) attention to marginalised problems and



stigmatised groups and (b) the distribution of resources in a context of severe fiscal restraint. Copyright Copyright 2011 Elsevier B.V. All rights reserved.

**Country of Publication:** Netherlands

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

**Subject Headings:** Administrative Personnel  
 \*Community-Institutional Relations  
 \*Cooperative Behavior  
 "Crime/lj [Legislation and Jurisprudence]"  
 "Crime/pc [Prevention and Control]"  
 Cultural Characteristics  
 "\*Drug Users/lj [Legislation and Jurisprudence]"  
 "Drug Users/px [Psychology]"  
 "\*Drug and Narcotic Control/lj [Legislation and Jurisprudence]"  
 "England/ep [Epidemiology]"  
 Geographic Information Systems  
 \*Government Regulation  
 "\*Health Policy/lj [Legislation and Jurisprudence]"  
 Humans  
 Perception  
 Policy Making  
 "\*Poverty/lj [Legislation and Jurisprudence]"  
 Residence Characteristics  
 Social Stigma  
 "\*Social Welfare/lj [Legislation and Jurisprudence]"  
 Socioeconomic Factors  
 Stereotyping  
 "Substance-Related Disorders/ep [Epidemiology]"  
 "Substance-Related Disorders/pc [Prevention and Control]"  
 "Substance-Related Disorders/px [Psychology]"  
 "Substance-Related Disorders/rh [Rehabilitation]"  
 \*Substance-Related Disorders  
 Time Factors

**Source:** MEDLINE

#### 14. Marriage, mortgage, motherhood: what longitudinal studies can tell us about gender, drug 'careers' and the normalisation of adult 'recreational' drug use.

**Citation:** International Journal of Drug Policy, November 2011, vol./is. 22/6(420-7), 0955-3959;1873-4758 (2011 Nov)

**Author(s):** Measham F; Williams L; Aldridge J

**Institution:** Department of Applied Social Science, Bowland College North, Lancaster University, Lancaster LA1 4YT, UK. F.Measham@lancaster.ac.uk

**Language:** English

**Abstract:** Through a consideration of quantitative and qualitative data obtained from young women aged 18-28 in the later years of the North West England Longitudinal Study, this paper explores how women's drug careers develop, progressing the authors' normalisation thesis of 'recreational' drug use from adolescence into adulthood. Longitudinal studies are here compared with repeated cross-sectional surveys more usually favoured and funded by governments. The authors argue that firstly, in relation to methodology, longitudinal studies provide a unique opportunity to elucidate how drug careers develop across the life course and to chart the various impacts of life events and transitions on these careers and vice versa. Secondly, through this exploration of gender differences in drug careers and life transitions, we develop an age and gender-sensitive understanding of how recreational drug use fits into women's adult lives. The paper concludes that the challenge for policy makers is how to address adult women's 'normalised' recreational drug use, in the face of a regime focused on educational provision aimed at adolescent prevention; public health information designed for teenagers; and treatment resources focused on predominantly



male and non parenting problem drug users, and the links between addiction and acquisitive crime. Copyright Copyright 2011 Elsevier B.V. All rights reserved.

**Country of Publication:** Netherlands

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

**Publication Type:** Journal Article

**Subject Headings:** Adolescent  
Adult  
Age Factors  
"Crime/pc [Prevention and Control]"  
"Crime/px [Psychology]"  
"\*Crime/sn [Statistics and Numerical Data]"  
Cross-Sectional Studies  
"Drug Users/lj [Legislation and Jurisprudence]"  
"Drug Users/px [Psychology]"  
"\*Drug Users/sn [Statistics and Numerical Data]"  
"Drug and Narcotic Control/lj [Legislation and Jurisprudence]"  
"England/ep [Epidemiology]"  
Female  
Government Regulation  
"Health Policy/lj [Legislation and Jurisprudence]"  
Humans  
Income  
\*Independent Living  
Life Change Events  
Longitudinal Studies  
Male  
\*Marriage  
"Mothers/lj [Legislation and Jurisprudence]"  
"Mothers/px [Psychology]"  
"\*Mothers/sn [Statistics and Numerical Data]"  
Pregnancy  
Sex Factors  
Social Behavior  
\*Street Drugs  
"\*Substance-Related Disorders/ep [Epidemiology]"  
"Substance-Related Disorders/pc [Prevention and Control]"  
"Substance-Related Disorders/px [Psychology]"  
"Substance-Related Disorders/rh [Rehabilitation]"  
Time Factors  
"\*Women's Health/sn [Statistics and Numerical Data]"  
Young Adult

**Source:** MEDLINE

#### 15. Explaining drug policy: Towards an historical sociology of policy change.

**Citation:** International Journal of Drug Policy, November 2011, vol./is. 22/6(415-9), 0955-3959;1873-4758 (2011 Nov)

**Author(s):** Seddon T

**Institution:** Regulation, Security and Justice Research Centre, School of Law, University of Manchester, Manchester, UK. toby.seddon@manchester.ac.uk

**Language:** English

**Abstract:** The goal of seeking to understand the development over time of drug policies is a specific version of the more general intellectual project of finding ways of explaining social change. The latter has been a preoccupation of some of the greatest thinkers within the social sciences of the last 200 years, from Foucault all the way back to the three nineteenth-century pioneers, Marx, Durkheim and Weber. I describe this body of work as 'historical sociology'. In this paper, I outline how a particular approach to historical

sociology can be fruitfully drawn upon to understand the development of drug policy, using by way of illustration the example of the analysis of a recent transformation in British drug policy: the rise of the criminal justice agenda. I conclude by arguing that by looking at developments in drug policy in this way, some new insights are opened up. Copyright Copyright 2011 Elsevier B.V. All rights reserved.

**Country of Publication:** Netherlands

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

**Subject Headings:** ["\\*Crime/hi \[History\]"](#)  
["Crime/lj \[Legislation and Jurisprudence\]"](#)  
["Crime/pc \[Prevention and Control\]"](#)  
["Cultural Characteristics/hi \[History\]"](#)  
["\\*Drug and Narcotic Control/hi \[History\]"](#)  
["Drug and Narcotic Control/lj \[Legislation and Jurisprudence\]"](#)  
["\\*Government Regulation/hi \[History\]"](#)  
 Great Britain  
["\\*Health Policy/hi \[History\]"](#)  
["Health Policy/lj \[Legislation and Jurisprudence\]"](#)  
 History 18th Century  
 History 19th Century  
 History 20th Century  
 History 21st Century  
 Humans  
["\\*Social Change/hi \[History\]"](#)  
["\\*Sociology/hi \[History\]"](#)  
["\\*Substance-Related Disorders/hi \[History\]"](#)  
["Substance-Related Disorders/pc \[Prevention and Control\]"](#)  
["Substance-Related Disorders/rh \[Rehabilitation\]"](#)

**Source:** MEDLINE

#### 16. 'Ivory wave' toxicity in recreational drug users; integration of clinical and poisons information services to manage legal high poisoning.

**Citation:** Clinical Toxicology: The Official Journal of the American Academy of Clinical Toxicology & European Association of Poisons Centres & Clinical Toxicologists, February 2012, vol./is. 50/2(108-13), 1556-3650;1556-9519 (2012 Feb)

**Author(s):** Murray DB; Potts S; Haxton C; Jackson G; Sandilands EA; Ramsey J; Puchnarewicz M; Holt DW; Johnston A; Nicholas Bateman D; Dear JW

**Institution:** NPIS Edinburgh, Scottish Poisons Information Bureau, Royal Infirmary of Edinburgh, 51 Little France Crescent, EH16 4SA.

**Language:** English

**Abstract:** BACKGROUND: Novel psychoactive substances or 'legal highs' can be defined as psychoactive substances that have been developed to avoid existing drug control measures. Consistency of name, but with change in the content of the product, may cause harm. This could result in clusters of users being poisoned and developing unexpected physical and psychiatric symptoms. We describe such an event and the clinical phenotypes of a cluster of patients poisoned with a novel psychoactive substance in 'ivory wave' and analyze data from the National Poisons Information Service (NPIS) to estimate use across the United Kingdom. In addition, the likely active ingredient in this cluster of 'ivory wave' poisonings was identified. METHODS: An analysis of consecutive patients attending the Royal Infirmary of Edinburgh emergency department in July and August 2010 with self-reported 'ivory wave' use was performed. Over a similar time frame, poisons enquiries regarding 'ivory wave' to the UK NPIS, by telephone and via the internet-based TOXBASE([REGISTERED]) poisons database ( www.toxbase.org ), were analyzed. A sample of 'ivory wave' powder and biological fluids from poisoned patients were investigated to determine the active ingredient. RESULTS: Thirty four emergency attendances due to 'ivory wave' toxicity were identified. The mean +/- SD (range) age was 28.6 +/- 7.8 (16-44) years. Patients demonstrated a toxidrome which lasted several days,

characterized by tachycardia (65%), tachypnoea (76%), dystonia (18%), rhabdomyolysis (96%), leucocytosis (57%), agitation (62%), hallucinations (50%), insomnia (32%) and paranoia (21%). Enquiries to NPIS suggest that 'ivory wave' poisoning occurred throughout the United Kingdom. A sample of 'ivory wave' powder was analyzed and found to contain desoxypipradrol, which was also identified in biological fluids from 4 out of 5 patients tested. **DISCUSSION:** A cluster of cases presenting after use of a novel psychoactive substance was identified in Edinburgh and desoxypipradrol was identified as the likely cause. It was associated with prolonged psychiatric symptoms as a key feature. This chemical was regulated in response to the wider UK outbreak, which NPIS data suggest was geographically widespread but probably short lived. **CONCLUSION:** Novel psychoactive substances can produce significant toxicity and data from poisons centres may be used to indirectly detect new 'legal highs' that are causing clinical toxicity.

<b>Country of Publication:</b>	England
<b>CAS Registry Number:</b>	0 (Benzodioxoles); 0 (Drug Combinations); 0 (Pyrrolidines); 0 (Street Drugs); 0 (ivory wave); 137-58-6 (Lidocaine)
<b>Publication Type:</b>	Journal Article; Research Support, Non-U.S. Gov't
<b>Subject Headings:</b>	<a href="#">Adolescent</a> <a href="#">Adult</a> <a href="#">"*Benzodioxoles/po [Poisoning]"</a> <a href="#">Delivery of Health Care Integrated</a> <a href="#">Drug Combinations</a> <a href="#">Female</a> <a href="#">Humans</a> <a href="#">"*Lidocaine/po [Poisoning]"</a> <a href="#">Male</a> <a href="#">"Poisoning/th [Therapy]"</a> <a href="#">"*Pyrrolidines/po [Poisoning]"</a> <a href="#">"*Street Drugs/po [Poisoning]"</a> <a href="#">Young Adult</a>
<b>Source:</b>	MEDLINE

#### 17. Acute hepatic injury following treatment of a long-acting insulin analogue overdose necessitating urgent insulin depot excision.

<b>Citation:</b>	Diabetic Medicine, February 2012, vol./is. 29/2(232-5), 0742-3071;1464-5491 (2012 Feb)
<b>Author(s):</b>	Warriner D; Debono M; Gandhi RA; Chong E; Creagh F
<b>Institution:</b>	Department of Diabetes and Endocrinology, Northern General Hospital, Sheffield, UK.
<b>Language:</b>	English
<b>Abstract:</b>	<p><b>BACKGROUND:</b> A 26-year-old man with Type[em space]1 diabetes presented with an overdose of 4800[em space]units of the long-acting insulin analogue, glargine (Lantus). Glucose supplementation of approximately 800[em space]g/day was associated with acute hepatic injury. <b>METHODS:</b> On day[em space]4, a depot of insulin was excised from the patient's abdominal wall; this was followed by a reduction in his glucose requirements and improvement in liver function. <b>CONCLUSIONS:</b> This report highlights the risk of acute hepatic injury during the treatment of insulin overdose and the importance of careful glucose supplementation. It also demonstrates how earlier excision of an insulin depot could potentially prevent this problem and hasten recovery. Copyright 2012 The Authors. Diabetic Medicine Copyright 2012 Diabetes UK.</p>
<b>Country of Publication:</b>	England
<b>CAS Registry Number:</b>	0 (Hypoglycemic Agents); 0 (Insulin); 0 (Insulin, Long-Acting); 0 (glargine); 0 (insulin, depot-); 50-99-7 (Glucose)
<b>Publication Type:</b>	Case Reports; Journal Article
<b>Subject Headings:</b>	<a href="#">"Abdomen/su [Surgery]"</a> <a href="#">Adult</a> <a href="#">Device Removal</a>

"\*Diabetes Mellitus Type 1/dt [Drug Therapy]"  
 "Glucose/ad [Administration and Dosage]"  
 "\*Glucose/ae [Adverse Effects]"  
 Humans  
 "\*Hypoglycemia/ci [Chemically Induced]"  
 "\*Hypoglycemia/dt [Drug Therapy]"  
 "Hypoglycemic Agents/ad [Administration and Dosage]"  
 "\*Hypoglycemic Agents/ae [Adverse Effects]"  
 Injections Subcutaneous  
 "Insulin/ad [Administration and Dosage]"  
 "Insulin/ae [Adverse Effects]"  
 "\*Insulin/aa [Analog and Derivatives]"  
 "Insulin Long-Acting/ad [Administration and Dosage]"  
 "\*Insulin Long-Acting/ae [Adverse Effects]"  
 "\*Liver/de [Drug Effects]"  
 "Liver/su [Surgery]"  
 Male  
 Overdose  
 Treatment Outcome

**Source:** MEDLINE

#### 18. Reporting rates of yellow fever vaccine 17D or 17DD-associated serious adverse events in pharmacovigilance data bases: systematic review.

**Citation:** Current Drug Safety, July 2011, vol./is. 6/3(145-54), 1574-8863 (2011 Jul)

**Author(s):** Thomas RE; Lorenzetti DL; Spragins W; Jackson D; Williamson T

**Institution:** Department of Family Medicine, University of Calgary, G012, Health Sciences Centre, 3330 Hospital Drive NW, Calgary, Alberta T2N 4N1, Canada. rthomas@ucalgary.ca

**Language:** English

**Abstract:** PURPOSE: To assess the reporting rates of serious adverse events attributable to yellow fever vaccination with 17D and 17DD strains as reported in pharmacovigilance databases, and assess reasons for differences in reporting rates.METHODS: We searched 9 electronic databases for peer reviewed and grey literature (government reports, conferences), in all languages. Reference lists of key studies were also reviewed to identify additional studies.RESULTS: We identified 2,415 abstracts, of which 472 were selected for full text review. We identified 15 pharmacovigilance databases which reported adverse events attributed to yellow fever vaccination, of which 10 contributed data to this review with about 107,600,000 patients (allowing for overlapping time periods for the studies of the US VAERS database), and the data are very heavily weighted (94%) by the Brazilian database. The estimates of serious adverse events form three groups. The estimates for Australia were low at 0/210,656 for "severe neurological disease" and 1/210,656 for YEL-AVD, and also low for Brazil with 9 hypersensitivity events, 0.23 anaphylactic shock events, 0.84 neurologic syndrome events and 0.19 viscerotropic events cases/million doses. The five analyses of partly overlapping periods for the US VAERS database provide an estimate of 3.6/cases per million YEL-AND in one analysis and 7.8 in another, and 3.1 YEL-AVD in one analysis and 3.9 in another. The estimates for the UK used only the inclusive term of "serious adverse events" not further classified into YEL-And or YEL-AND and reported 34 "serious adverse events." The Swiss database used the term "serious adverse events" and reported 7 such events (including 4 "neurologic reactions") for a reporting rate of 25 "serious adverse events"/million doses.CONCLUSIONS: Reporting rates for serious adverse events following yellow fever vaccination are low. Differences in reporting rates may be due to differences in definitions, surveillance system organisation, methods of reporting cases, administration of YFV with other vaccines, incomplete information about denominators, time intervals for reporting events, the degree of passive reporting, access to diagnostic resources, and differences in time periods of reporting.

**Country of Publication:** United Arab Emirates

**CAS Registry Number:** 0 (Yellow Fever Vaccine)

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

**Subject Headings:** ["\\*Adverse Drug Reaction Reporting Systems/sn \[Statistics and Numerical Data\]"](#)  
[Humans](#)  
["Neurotoxicity Syndromes/et \[Etiology\]"](#)  
[Pharmacovigilance](#)  
[Severity of Illness Index](#)  
[Time Factors](#)  
["Yellow Fever/im \[Immunology\]"](#)  
["\\*Yellow Fever/pc \[Prevention and Control\]"](#)  
["Yellow Fever Vaccine/ad \[Administration and Dosage\]"](#)  
["\\*Yellow Fever Vaccine/ae \[Adverse Effects\]"](#)

**Source:** MEDLINE

### 19. Impact of exercise on mitochondrial transcription factor expression and damage in the striatum of a chronic mouse model of Parkinson's disease.

**Citation:** Neuroscience Letters, November 2011, vol./is. 505/3(268-72), 0304-3940;1872-7972 (2011 Nov 21)

**Author(s):** Patki G; Lau YS

**Institution:** Department of Pharmacological and Pharmaceutical Sciences, University of Houston, Houston, TX 77204, USA.

**Language:** English

**Abstract:** The etiology of neurodegenerative disorders like Parkinson's disease remains unknown, although many genetic and environmental factors are suggested as likely causes. Neuronal oxidative stress and mitochondrial dysfunction have been implicated as possible triggers for the onset and progression of Parkinson's neurodegeneration. We have recently shown that long-term treadmill exercise prevented neurological, mitochondrial and locomotor deficits in a chronic 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine and probenecid-induced mouse model of Parkinson's disease that was originally established in our laboratory. In the present study, we further demonstrated that long-term exercise attenuated both cytochrome c release and elevated levels of p53, which are known to be associated with mitochondrial dysfunction in the striatum of this chronic model. On the other hand, the expressions of mitochondrial transcription factor A and peroxisome proliferator-activated receptor gamma coactivator 1alpha were unexpectedly upregulated in the striatum of this chronic model, but long-term exercise training brought their levels down closer to normal. Our findings suggest that maintaining normal mitochondrial function is essential for preventing the process of Parkinson's disease-like neurodegeneration, whereas stimulating the mitochondrial transcription factors for biogenesis is not obligatory. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Adjuvants, Pharmaceutical); 0 (DNA-Binding Proteins); 0 (High Mobility Group Proteins); 0 (Ppargc1a protein, mouse); 0 (RNA, Messenger); 0 (Tfam protein, mouse); 0 (Trans-Activators); 0 (Transcription Factors); 57-66-9 (Probenecid); 9007-43-6 (Cytochromes c)

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

**Subject Headings:** ["Adjuvants Pharmaceutical/to \[Toxicity\]"](#)  
[Analysis of Variance](#)  
[Animals](#)  
[Chronic Disease](#)  
["\\*Corpus Striatum/me \[Metabolism\]"](#)  
["Corpus Striatum/pa \[Pathology\]"](#)  
["Cytochromes c/me \[Metabolism\]"](#)  
["DNA-Binding Proteins/ge \[Genetics\]"](#)

"DNA-Binding Proteins/me [Metabolism]"  
 Disease Models Animal  
 Exercise Test  
 "High Mobility Group Proteins/ge [Genetics]"  
 "High Mobility Group Proteins/me [Metabolism]"  
 "MPTP Poisoning/ci [Chemically Induced]"  
 "\*MPTP Poisoning/pa [Pathology]"  
 "\*MPTP Poisoning/rh [Rehabilitation]"  
 Male  
 Mice  
 Mice Inbred C57BL  
 "\*Physical Conditioning Animal/mt [Methods]"  
 "Probenecid/to [Toxicity]"  
 "RNA Messenger/me [Metabolism]"  
 "Trans-Activators/ge [Genetics]"  
 "Trans-Activators/me [Metabolism]"  
 "Transcription Factors/ge [Genetics]"  
 "\*Transcription Factors/me [Metabolism]"

**Source:** MEDLINE

## 20. Comparative in vitro study of the inhibition of human and hen esterases by methamidophos enantiomers.

**Citation:** Toxicology, February 2012, vol./is. 292/2-3(145-50), 0300-483X;1879-3185 (2012 Feb 26)

**Author(s):** Emerick GL; DeOliveira GH; Oliveira RV; Ehrich M

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

**Language:** English

**Abstract:** The current Organisation for Economic Co-operation and Development (OECD) guidelines for evaluating organophosphorus-induced delayed neuropathy (OPIDN) require the observation of dosed animals over several days and the sacrifice of 48 hens. Adhering to these protocols in tests with enantiomers is difficult because large quantities of the compound are needed and many animals must be utilized. Thus, developing an in vitro screening protocol to evaluate chiral organophosphorus pesticides (OPs) that can induce delayed neuropathy is important. This work aimed to evaluate, in blood and brain samples from hens, human blood, and human cell culture samples, the potential of the enantiomeric forms of methamidophos to induce acetylcholinesterase (AChE) inhibition and/or delayed neurotoxicity. Calpain activation was also evaluated in the hen brain and SH-SY5Y human neuroblastoma cells. The ratio between the inhibition of neuropathy target esterase (NTE) and AChE activities by the methamidophos enantiomers was evaluated as a possible indicator of the enantiomers' abilities to induce OPIDN. The (-)-methamidophos exhibited an IC(50) value approximately 6 times greater than that of the (+)-methamidophos for the lymphocyte NTE (LNTE) of hens, and (+)-methamidophos exhibited an IC(50) value approximately 7 times larger than that of the (-)-methamidophos for the hen brain AChE. The IC(50) values were 7 times higher for the human erythrocyte AChE and 5 times higher for AChE in the SH-SY5Y human neuroblastoma cells. Considering the esterases inhibition and calpain results, (+)-methamidophos would be expected to have a greater ability to induce OPIDN than the (-)-methamidophos in humans and in hens. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Cholinesterase Inhibitors); 0 (Insecticides); 0 (Organothiophosphorus Compounds); 10265-92-6 (methamidophos); EC 3-1-1-7 (Acetylcholinesterase); EC 3-4-22 (Calpain)

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

**Subject Headings:** "\*Acetylcholinesterase/me [Metabolism]"  
 Animals



["\\*Brain/de \[Drug Effects\]"](#)  
["\\*Brain/en \[Enzymology\]"](#)  
["Calpain/me \[Metabolism\]"](#)  
[Cell Line Tumor](#)  
[Chickens](#)  
["\\*Cholinesterase Inhibitors/to \[Toxicity\]"](#)  
[Female](#)  
[Humans](#)  
[Inhibitory Concentration 50](#)  
["\\*Insecticides/to \[Toxicity\]"](#)  
[Least-Squares Analysis](#)  
["Neurotoxicity Syndromes/et \[Etiology\]"](#)  
["\\*Organothiophosphorus Compounds/to \[Toxicity\]"](#)  
[Stereoisomerism](#)

**Source:** MEDLINE

### **21. Testing a level of response to alcohol-based model of heavy drinking and alcohol problems in 1,905 17-year-olds.**

**Citation:** Alcoholism: Clinical & Experimental Research, October 2011, vol./is. 35/10(1897-904), 0145-6008;1530-0277 (2011 Oct)

**Author(s):** Schuckit MA; Smith TL; Heron J; Hickman M; Macleod J; Lewis G; Davis JM; Hibbeln JR; Brown S; Zuccolo L; Miller LL; Davey-Smith G

**Institution:** Department of Psychiatry, University of California, San Diego, La Jolla, California 92037, USA. mschuckit@ucsd.edu

**Language:** English

**Abstract:** BACKGROUND: The low level of response (LR) to alcohol is one of several genetically influenced characteristics that increase the risk for heavy drinking and alcohol problems. Efforts to understand how LR operates through additional life influences have been carried out primarily in modest-sized U.S.-based samples with limited statistical power, raising questions about generalizability and about the importance of components with smaller effects. This study evaluates a full LR-based model of risk in a large sample of adolescents from the United Kingdom.METHODS: Cross-sectional structural equation models were used for the approximate first half of the age 17 subjects assessed by the Avon Longitudinal Study of Parents and Children, generating data on 1,905 adolescents (mean age 17.8 years, 44.2% boys). LR was measured with the Self-Rating of the Effects of Alcohol Questionnaire, outcomes were based on drinking quantities and problems, and standardized questionnaires were used to evaluate peer substance use, alcohol expectancies, and using alcohol to cope with stress.RESULTS: In this young and large U.K. sample, a low LR related to more adverse alcohol outcomes both directly and through partial mediation by all 3 additional key variables (peer substance use, expectancies, and coping). The models were similar in boys and girls.CONCLUSIONS: These results confirm key elements of the hypothesized LR-based model in a large U.K. sample, supporting some generalizability beyond U.S. groups. They also indicate that with enough statistical power, multiple elements contribute to how LR relates to alcohol outcomes and reinforce the applicability of the model to both genders. Copyright Copyright 2011 by the Research Society on Alcoholism.

**Country of Publication:** England

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

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

**Subject Headings:**
[Adaptation Psychological](#)  
[Adolescent](#)  
["Alcohol Drinking/ep \[Epidemiology\]"](#)  
["Alcohol Drinking/pp \[Physiopathology\]"](#)  
["\\*Alcohol Drinking/px \[Psychology\]"](#)  
["Alcoholism/ep \[Epidemiology\]"](#)  
["Alcoholism/pp \[Physiopathology\]"](#)  
["\\*Alcoholism/px \[Psychology\]"](#)



["\\*Central Nervous System Depressants/ae \[Adverse Effects\]"](#)  
["Central Nervous System Depressants/pd \[Pharmacology\]"](#)  
[Culture](#)  
[Databases Factual](#)  
["\\*Ethanol/ae \[Adverse Effects\]"](#)  
["Ethanol/pd \[Pharmacology\]"](#)  
[Female](#)  
[Humans](#)  
[Interview Psychological](#)  
[Longitudinal Studies](#)  
[Male](#)  
[Models Theoretical](#)  
[Motivation](#)  
[Peer Group](#)  
[Psychiatric Status Rating Scales](#)  
[Questionnaires](#)  
[Risk](#)  
[Sex Factors](#)  
[Time Factors](#)

**Source:** MEDLINE

**Full Text:** Available in *fulltext* at [Wiley](#)

## 22. Inhibition of store-operated Ca(2+) channels prevent ethanol-induced intracellular Ca(2+) increase and cell injury in a human hepatoma cell line.

**Citation:** Toxicology Letters, February 2012, vol./is. 208/3(254-61), 0378-4274;1879-3169 (2012 Feb 5)

**Author(s):** Liu H; Jia X; Luo Z; Guan H; Jiang H; Li X; Yan M

**Institution:** Department of Hepatology and Gastroenterology, Qilu Hospital of Shandong University, 107 West Wenhua Road, Jinan 250012, PR China.

**Language:** English

**Abstract:** Elevated intracellular Ca(2+) content is implicated in ethanol-induced hepatocyte apoptosis and necrosis. Extracellular Ca(2+) influx has been suggested to play a role in this process. However, the exact Ca(2+)-permeable channel involved in the plasma membrane is still unclear. This study investigated the role of store-operated calcium entry (SOCE) in ethanol-induced cytosolic free Ca(2+) concentrations ([Ca(2+)](i)) increase and hepatotoxicity. Ethanol (25-800mM) dose-dependently increased [Ca(2+)](i) content and hepatocyte damage in HepG2 cells. 2-aminoethoxydiphenyl borate (2-APB), the proved efficient antagonist of SOCs, dose-dependently suppressed the ethanol (200nM)-increased [Ca(2+)](i) content and protected against ethanol-induced viability loss and transaminase leakage. Exposure to 200mM ethanol for 24h significantly upregulated the mRNA and protein expression of calcium release-activated calcium channel protein 1 (CRACM1, Orai1) and stromal interaction molecule 1 (STIM1), the two main molecular constituents of SOCs, which was sustained for at least 72h. In addition, small interfering RNA knockdown of STIM1 attenuated the ethanol-increased [Ca(2+)](i) content and hepatotoxicity. Taken together, these data indicate that the Ca(2+) channel of SOCE may be involved in the pathogenesis of ethanol-induced intracellular Ca(2+) elevation and consequent hepatocyte damage. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Netherlands

**CAS Registry Number:** 0 (2-aminoethoxydiphenyl borate); 0 (Boron Compounds); 0 (Calcium Channel Blockers); 0 (Calcium Channels); 0 (Membrane Proteins); 0 (Neoplasm Proteins); 0 (ORAI1 protein, human); 0 (RNA, Messenger); 0 (RNA, Small Interfering); 0 (STIM1 protein, human); 64-17-5 (Ethanol); 7440-70-2 (Calcium)

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

**Subject Headings:** [Blotting Western](#)

["Boron Compounds/pd \[Pharmacology\]"](#)  
["\\*Calcium/me \[Metabolism\]"](#)  
["\\*Calcium Channel Blockers/pd \[Pharmacology\]"](#)  
["Calcium Channels/ge \[Genetics\]"](#)  
["\\*Calcium Channels/me \[Metabolism\]"](#)  
["Cell Survival/de \[Drug Effects\]"](#)  
[Drug Interactions](#)  
["Ethanol/ai \[Antagonists and Inhibitors\]"](#)  
["\\*Ethanol/to \[Toxicity\]"](#)  
[Hep G2 Cells](#)  
["Hepatocytes/de \[Drug Effects\]"](#)  
["Hepatocytes/me \[Metabolism\]"](#)  
["Hepatocytes/pa \[Pathology\]"](#)  
[Humans](#)  
["\\*Liver Diseases Alcoholic/me \[Metabolism\]"](#)  
["Liver Diseases Alcoholic/pa \[Pathology\]"](#)  
["Membrane Proteins/ge \[Genetics\]"](#)  
["Membrane Proteins/me \[Metabolism\]"](#)  
["Neoplasm Proteins/ge \[Genetics\]"](#)  
["Neoplasm Proteins/me \[Metabolism\]"](#)  
["RNA Messenger/ch \[Chemistry\]"](#)  
["RNA Messenger/ge \[Genetics\]"](#)  
["RNA Small Interfering/pd \[Pharmacology\]"](#)  
[Real-Time Polymerase Chain Reaction](#)  
[Reverse Transcriptase Polymerase Chain Reaction](#)

**Source:** MEDLINE

### 23. Revival of an old problem: an increase in *Salmonella enterica* serovar Typhimurium definitive phage type 8 infections in 2010 in England and Northern Ireland linked to duck eggs.

**Citation:** *Epidemiology & Infection*, January 2012, vol./is. 140/1(146-9), 0950-2688;1469-4409 (2012 Jan)

**Author(s):** Noble DJ; Lane C; Little CL; Davies R; De Pinna E; Larkin L; Morgan D

**Institution:** Department of Gastrointestinal, Emerging and Zoonotic Infections, Health Protection Services-Colindale, Health Protection Agency, 61 Colindale Ave., London, UK.

**Language:** English

**Abstract:** *Salmonella enterica* serovar Typhimurium definitive phage type (DT) 8 is uncommon in humans in the UK. In July 2010, the Health Protection Agency reported an excess isolation rate of pan-susceptible *S. Typhimurium* DT8 in England and Northern Ireland. By the end of October, this amounted to 81 laboratory-confirmed human cases for all regions of England and Northern Ireland in 2010, an increase of 26% and 41% on 2009 and 2008, respectively. Descriptive epidemiological investigation found a strong association with infection and consumption of duck eggs. Duck eggs contaminated with *S. Typhimurium* DT8 were collected from a patient's home and also at farms in the duck-egg supply chain. Although duck eggs form a small part of total UK eggs sales, there has been significant growth in sales in recent years. This is the first known outbreak of salmonellosis linked to duck eggs in the UK since 1949 and highlighted the impact of a changing food source and market on the re-emergence of salmonellosis linked to duck eggs. Control measures by the duck-egg industry should be improved along with a continued need to remind the public and commercial caterers of the potential high risks of contracting salmonellosis from duck eggs.

**Country of Publication:** England

**Publication Type:** Journal Article

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Aged](#)  
[Aged 80 and over](#)

[Animals](#)  
[Child](#)  
[Child Preschool](#)  
["Disease Outbreaks/sn \[Statistics and Numerical Data\]"](#)  
["Ducks/mi \[Microbiology\]"](#)  
["\\*Eggs/mi \[Microbiology\]"](#)  
["England/ep \[Epidemiology\]"](#)  
[Female](#)  
[Food Safety](#)  
[Humans](#)  
[Infant](#)  
[Male](#)  
[Middle Aged](#)  
["Northern Ireland/ep \[Epidemiology\]"](#)  
[Population Surveillance](#)  
["\\*Salmonella Food Poisoning/ep \[Epidemiology\]"](#)  
["\\*Salmonella Food Poisoning/mi \[Microbiology\]"](#)  
["Salmonella Food Poisoning/pc \[Prevention and Control\]"](#)  
[Salmonella Phages](#)  
["Salmonella typhimurium/ge \[Genetics\]"](#)  
["\\*Salmonella typhimurium/ip \[Isolation and Purification\]"](#)

**Source:** MEDLINE

**Full Text:** Available in *fulltext* at [ProQuest](#)

#### 24. Effect of acupuncture on naloxone-precipitated withdrawal syndrome in morphine-experienced rats: the mediation of GABA receptors.

**Citation:** Neuroscience Letters, October 2011, vol./is. 504/3(301-5), 0304-3940;1872-7972 (2011 Oct 31)

**Author(s):** Lee JH; Kim HY; Jang EY; Choi SH; Han CH; Lee BH; Yang CH

**Institution:** College of Oriental Medicine, Daegu Hanny University, Daegu 706-828, South Korea.

**Language:** English

**Abstract:** Repeated morphine administration increases extracellular dopamine levels in the nucleus accumbens, which results in behavioral sensitization that can be suppressed by acupuncture at Shenmen (HT7) points. The present study was conducted to investigate the effects of acupuncture at HT7 on morphine withdrawal syndrome as well as to explore the role of GABA receptors in mediating the effects of HT7 acupuncture. We induced morphine withdrawal by injecting naloxone to rats that self-administer morphine and evaluated the effects of acupuncture and/or GABA receptor antagonists on their withdrawal symptoms. Acupuncture at HT7, but not at the control point LI5, significantly decreased symptoms of morphine withdrawal. HT7 inhibition of the withdrawal syndrome was blocked by pretreatment with either the GABA(A) receptor antagonist bicuculline or the GABA(B) antagonist SCH 50911. These findings suggest that the effects of acupuncture on suppression of morphine withdrawal syndrome are mediated, at least in part, through GABA receptors. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 ((+)-(S)-5,5-dimethylmorpholinyl-2-acetic acid); 0 (GABA-A Receptor Antagonists); 0 (GABA-B Receptor Antagonists); 0 (Morpholines); 0 (Narcotic Antagonists); 0 (Receptors, GABA-A); 0 (Receptors, GABA-B); 465-65-6 (Naloxone); 485-49-4 (Bicuculline); 57-27-2 (Morphine)

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

**Subject Headings:** [Acupuncture Points](#)  
[\\*Acupuncture Therapy](#)  
[Animals](#)  
["Bicuculline/pd \[Pharmacology\]"](#)

"Diarrhea/ci [Chemically Induced]"  
 "Diarrhea/dt [Drug Therapy]"  
 "Diarrhea/pp [Physiopathology]"  
 "GABA-A Receptor Antagonists/pd [Pharmacology]"  
 "GABA-B Receptor Antagonists/pd [Pharmacology]"  
 Male  
 "\*Morphine/ae [Adverse Effects]"  
 "Morphine Dependence/dt [Drug Therapy]"  
 "Morpholines/pd [Pharmacology]"  
 "Muscle Contraction/de [Drug Effects]"  
 "Naloxone/ae [Adverse Effects]"  
 "Naloxone/tu [Therapeutic Use]"  
 "Narcotic Antagonists/ae [Adverse Effects]"  
 "Narcotic Antagonists/tu [Therapeutic Use]"  
 Rats  
 Rats Sprague-Dawley  
 "Receptors GABA-A/de [Drug Effects]"  
 "\*Receptors GABA-A/ph [Physiology]"  
 "Receptors GABA-B/de [Drug Effects]"  
 "\*Receptors GABA-B/ph [Physiology]"  
 "Substance Withdrawal Syndrome/et [Etiology]"  
 "Substance Withdrawal Syndrome/pp [Physiopathology]"  
 "\*Substance Withdrawal Syndrome/th [Therapy]"  
 "Tremor/ci [Chemically Induced]"  
 "Tremor/dt [Drug Therapy]"  
 "Tremor/pp [Physiopathology]"

**Source:** MEDLINE

## 25. Survey of ICD-10 coding of hospital admissions in the UK due to recreational drug toxicity.

**Citation:** Qjm, September 2011, vol./is. 104/9(779-84), 1460-2393;1460-2393 (2011 Sep)

**Author(s):** Shah AD; Wood DM; Dargan PI

**Institution:** Department of Clinical Toxicology, Guy's and St Thomas' NHS Foundation Trust, London, UK.

**Language:** English

**Abstract:** BACKGROUND: Hospital admissions for acute recreational drug toxicity are coded using the International Classification of Diseases (ICD-10) coding system. It is unclear how these admissions are coded, as often there are no specific ICD-10 codes for the drug(s) involved. This study was undertaken to determine how acute recreational drug toxicity admissions are routinely coded. DESIGN: Questionnaire survey. METHODS: Questionnaires were sent to clinical coding departments in all England and Wales acute National Health Service Trusts, comprising of 12 hypothetical discharge summaries (4 acute recreational drug toxicity for which there are no appropriate ICD-10 codes, 5 other toxicological presentations with appropriate ICD-10 codes available and 3 control medical admissions), and they were asked to code these discharge summaries. RESULTS: Seventy responses were received. Discharge summaries relating to acute recreational drug toxicity without appropriate ICD-10 codes, had a wider range of diagnostic codes used (7-19 primary codes per summary) compared to control/alcohol discharge summaries (1-4 per summary). Additionally, often the codes did not refer to recreational drugs in those summaries relating to acute recreational drug toxicity. CONCLUSIONS: Hospital admissions due to recreational drugs without specific ICD-10 codes are assigned a wide variety of primary codes and/or the use of recreational drugs may not be coded. Further work is needed to look at methods of capturing presentations to hospital with acute recreational drug toxicity, either by updating the ICD codes or using a more time-responsive data capture system in sentinel hospitals in the UK to monitor trends in acute recreational drug toxicity.

**Country of Publication:** England

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

**Publication Type:** Journal Article; Multicenter Study

**Subject Headings:** ["\\*Clinical Coding/st \[Standards\]"](#)  
["Emergency Service Hospital/st \[Standards\]"](#)  
[England](#)  
[Health Care Surveys](#)  
["Hospitalization/sn \[Statistics and Numerical Data\]"](#)  
[Humans](#)  
[\\*International Classification of Diseases](#)  
["\\*Patient Admission/st \[Standards\]"](#)  
["\\*Street Drugs/ae \[Adverse Effects\]"](#)  
["Substance-Related Disorders/cl \[Classification\]"](#)  
["\\*Substance-Related Disorders/di \[Diagnosis\]"](#)  
[Wales](#)

**Source:** MEDLINE

**Full Text:** Available in *fulltext* at [Oxford University Press](#)

## 26. A multinational assessment of metal-on-metal bearings in hip replacement.

**Citation:** Journal of Bone & Joint Surgery - American Volume, December 2011, vol./is. 93 Suppl 3/(43-7), 1535-1386 (2011 Dec 21)

**Author(s):** Graves SE; Rothwell A; Tucker K; Jacobs JJ; Sedrakyan A

**Institution:** Australian Orthopaedic Association National Joint Replacement Registry, Discipline of Public Health University of Adelaide, MDP DX650 511, Adelaide SA 5005, Australia. [segraves@aoanjrr.org.au](mailto:segraves@aoanjrr.org.au)

**Language:** English

**Abstract:** There is emerging evidence that many metal-on-metal (MoM) bearings, when used with large femoral heads in conventional hip replacement and some resurfacing prostheses, are associated with increased rates of revision arthroplasty. Registries are the main sources of data on MoM prostheses. At the recent International Consortium of Orthopaedic Registries (ICOR) meeting, data were presented from the Australian, England and Wales, and New Zealand registries. All registries reported an increased rate of revision for large femoral head MoM prostheses when prostheses were aggregated compared with the aggregated data of hip prostheses with other bearing surfaces. There was also evidence, however, that the outcome varied, depending on the type of prostheses used, in both large femoral head MoM conventional hip replacement as well as resurfacing hip replacement. The relevance of the recent isolated case reports on systemic metal toxicity was also discussed at the ICOR meeting. Although systemic metal toxicity appears to be a rare occurrence, there is a need to undertake appropriately designed studies to define the true prevalence of this phenomenon. There may be advantages in nesting these studies within registries. The ICOR meeting highlighted the implications of the MoM experience for the orthopaedic industry, regulators, and surgeons.

**Country of Publication:** United States

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

**Publication Type:** Journal Article; Multicenter Study

**Subject Headings:** [Aged](#)  
["Australia/ep \[Epidemiology\]"](#)  
[Equipment Failure Analysis](#)  
[Female](#)  
["Great Britain/ep \[Epidemiology\]"](#)  
["\\*Hip Prosthesis/ae \[Adverse Effects\]"](#)  
[Humans](#)  
["\\*Hypersensitivity/ep \[Epidemiology\]"](#)  
["Hypersensitivity/et \[Etiology\]"](#)  
[International Cooperation](#)

Male  
 "\*Metals/ae [Adverse Effects]"  
 Middle Aged  
 "New Zealand/ep [Epidemiology]"  
 "Osteoarthritis Hip/su [Surgery]"  
 "\*Poisoning/ep [Epidemiology]"  
 "Poisoning/et [Etiology]"  
 "Product Surveillance Postmarketing/sn [Statistics and Numerical Data]"  
 "Registries/sn [Statistics and Numerical Data]"  
 "Reoperation/sn [Statistics and Numerical Data]"

**Source:** MEDLINE

### 27. Drug control in marginalised communities.

**Citation:** Lancet, March 2012, vol./is. 379/9818(778), 0140-6736;1474-547X (2012 Mar 3)

**Author(s):** anonymous

**Language:** English

**Country of Publication:** England

**Publication Type:** Editorial

**Subject Headings:** Crime  
 "Drug and Narcotic Control/mt [Methods]"  
 "Drug and Narcotic Control/td [Trends]"  
 \*Drug and Narcotic Control  
 Great Britain  
 \*Health Services Accessibility  
 Humans  
 \*International Cooperation  
 Poverty  
 \*Residence Characteristics  
 Risk Factors  
 "Substance-Related Disorders/et [Etiology]"  
 "\*Substance-Related Disorders/pc [Prevention and Control]"

**Source:** MEDLINE

**Full Text:** Available in *fulltext* at [Elsevier](#)  
 Available in *print* at [Newcomb Library & Information Service](#)

### 28. Violence and phases of illness: differential risk and predictors.

**Citation:** European Psychiatry: the Journal of the Association of European Psychiatrists, November 2011, vol./is. 26/8(518-24), 0924-9338;1778-3585 (2011 Nov)

**Author(s):** Hodgins S; Riaz M

**Institution:** Department of Forensic and Neurodevelopmental Sciences, Institute of Psychiatry at Kings College London, 16 De Crespigny Park, London SE5 8AF, UK.  
 s.hodgins@kcl.ac.uk

**Language:** English

**Abstract:** This study tested the hypothesis that among patients with schizophrenia the risk and correlates of aggressive behavior differ depending on the level of positive symptoms. Two hundred and fifty-one adults with schizophrenia who were living in the community were assessed by psychiatrists using validated instruments. Patients and collaterals reported aggressive behavior. In a final multivariate model, aggressive behavior was significantly and positively associated with childhood conduct disorder, current use of illicit drugs, positive, threat-control-override (TCO), and depression symptoms. While 16% of the patients with two or fewer positive symptoms engaged in aggressive behavior in the previous six months, this was true of 28.4% of those with three or more positive symptoms ( $X^2(n=251,1)=5.48, P=0.019$ ). Among patients with high positive symptoms,

even univariate analyses failed to detect any factors associated with aggressive behavior other than medication non-compliance, typical antipsychotic medication, and clozapine. By contrast, among patients with few positive symptoms, aggressive behavior was associated with TCO and depression symptoms, young age, male sex, the number of childhood conduct disorder symptoms, prior aggressive behavior, and current illicit drug use. In phases of illness characterized by different levels of positive symptoms, the risk of aggressive behavior and the associated factors differ. Copyright ACopyright 2010 Elsevier Masson SAS. All rights reserved.

**Country of Publication:** France

**CAS Registry Number:** 0 (Antipsychotic Agents); 5786-21-0 (Clozapine)

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

**Subject Headings:** [Adult](#)  
[Age Factors](#)  
["Aggression/de \[Drug Effects\]"](#)  
["Aggression/px \[Psychology\]"](#)  
[\\*Aggression](#)  
["\\*Antipsychotic Agents/tu \[Therapeutic Use\]"](#)  
["Clozapine/tu \[Therapeutic Use\]"](#)  
["Conduct Disorder/co \[Complications\]"](#)  
["Conduct Disorder/px \[Psychology\]"](#)  
["Depression/co \[Complications\]"](#)  
["Depression/px \[Psychology\]"](#)  
[Female](#)  
["Great Britain/ep \[Epidemiology\]"](#)  
[Humans](#)  
[Male](#)  
["Medication Adherence/px \[Psychology\]"](#)  
["Medication Adherence/sn \[Statistics and Numerical Data\]"](#)  
[Middle Aged](#)  
[Psychiatric Status Rating Scales](#)  
["\\*Risk Assessment/mt \[Methods\]"](#)  
[Risk Factors](#)  
["Schizophrenia/di \[Diagnosis\]"](#)  
["Schizophrenia/dt \[Drug Therapy\]"](#)  
["Schizophrenia/ep \[Epidemiology\]"](#)  
["Schizophrenia/et \[Etiology\]"](#)  
[\\*Schizophrenia](#)  
[\\*Schizophrenic Psychology](#)  
[Sex Factors](#)  
["Substance-Related Disorders/co \[Complications\]"](#)  
["Substance-Related Disorders/px \[Psychology\]"](#)  
["Violence/pc \[Prevention and Control\]"](#)  
["Violence/px \[Psychology\]"](#)  
["Violence/sn \[Statistics and Numerical Data\]"](#)

**Source:** MEDLINE

### 29. Enhanced cue reactivity and fronto-striatal functional connectivity in cocaine use disorders.

**Citation:** Drug & Alcohol Dependence, May 2011, vol./is. 115/1-2(137-44), 0376-8716;1879-0046 (2011 May 1)

**Author(s):** Wilcox CE; Teshiba TM; Merideth F; Ling J; Mayer AR

**Institution:** Department of Psychiatry, University of New Mexico, 2400 Tucker NE, MSC 09 5030, Albuquerque, NM 87131, USA.

**Language:** English

**Abstract:** Chronic cocaine use is associated with enhanced cue reactivity to drug stimuli. However, it may also alter functional connectivity (fcMRI) in regions involved in processing drug stimuli. Our aims were to evaluate the neural regions involved in subjective craving and



how fMRI may be altered in chronic cocaine users. Fourteen patients with a confirmed diagnosis of cocaine abuse or dependence (CCA) and 16 gender, age, and education-matched healthy controls (HC) completed a cue reactivity task and a resting state scan while undergoing functional magnetic resonance imaging. CCA showed increased activation compared to HC in left dorsolateral prefrontal and bilateral occipital cortex in response to cocaine cues but not to appetitive control stimuli. Moreover, CCA also showed increased activation within the orbital frontal cortex (OFC) for cocaine cues relative to the appetitive stimuli during a hierarchical regression analysis. A negative association between subjective craving and activity in medial posterior cingulate gyrus (PCC) was also observed for CCA. CCA exhibited increased resting state correlation (positive) between cue-processing seed regions (OFC and ventral striatum), and negative connectivity between cue-processing regions and PCC/precuneus. These alterations in fMRI may partially explain the neural basis of increased drug cue salience in CCA. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Subject Headings:** Adult  
 "\*Cocaine-Related Disorders/me [Metabolism]"  
 "Cocaine-Related Disorders/px [Psychology]"  
 \*Cues  
 "\*Frontal Lobe/me [Metabolism]"  
 Humans  
 "Magnetic Resonance Imaging/mt [Methods]"  
 Middle Aged  
 "Neural Pathways/me [Metabolism]"  
 "\*Parietal Lobe/me [Metabolism]"  
 "Photostimulation/mt [Methods]"  
 "Psychomotor Performance/ph [Physiology]"

**Source:** MEDLINE

### 30. Initiation and engagement in chronic disease management care for substance dependence.

**Citation:** Drug & Alcohol Dependence, May 2011, vol./is. 115/1-2(80-6), 0376-8716;1879-0046 (2011 May 1)

**Author(s):** Kim TW; Saitz R; Cheng DM; Winter MR; Witas J; Samet JH

**Institution:** Clinical Addiction Research and Education Unit, Section of General Internal Medicine, Boston Medical Center, 801 Massachusetts Avenue, Boston, MA 02118, USA. theresa.kim@bmc.org

**Language:** English

**Abstract:** BACKGROUND: Substance dependence treatment is often episodic and not well coordinated with healthcare for common comorbidities. Chronic disease/care management (CDM), longitudinal, patient-centered care delivered by multidisciplinary health professionals, may be well suited to treat substance dependence (SD). OBJECTIVE: To examine initiation and engagement with CDM care for SD located in a primary medical setting. METHODS: We prospectively studied substance dependent participants enrolled in a trial of CDM addiction care. Primary study outcomes, based upon Washington Circle performance measures, were 14-day initiation of CDM care and 30-day engagement with CDM care. Factors associated with these outcomes were determined using multivariable logistic regression models. We also estimated the proportion of participants who eventually attended at least two visits and four visits by the end of the study (Kaplan-Meier method). RESULTS: Of 282 participants, approximately half of the cohort (45%, 95% Confidence Interval [CI] 39-51%) met criteria for 14-day initiation and 23% (95% CI 18-28%) for 30-day engagement with CDM care. Most participants attended two or more (81%, 95% CI 76-85%) and four or more CDM visits (62%, 95% CI 56-68%). Major depressive episode (AOR 2.60, 95% CI 1.39, 4.87) was associated with higher odds of 14-day initiation; younger age, female sex, and higher

alcohol addiction severity were associated with lower odds of 30-day engagement with CDM care. CONCLUSION: People with SD appear to be willing to initiate and engage with CDM care in a primary medical care setting. CDM care has the potential to improve the quality of care for people with addictions. Copyright Copyright 2010. Published by Elsevier Ireland Ltd.

**Country of Publication:** Ireland

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

**Subject Headings:** [Adult](#)  
[Chronic Disease](#)  
[Cohort Studies](#)  
[Disease Management](#)  
[Female](#)  
[Humans](#)  
[Longitudinal Studies](#)  
[Male](#)  
[Middle Aged](#)  
["\\*Patient-Centered Care/mt \[Methods\]"](#)  
["Patient-Centered Care/td \[Trends\]"](#)  
[Prospective Studies](#)  
["\\*Substance-Related Disorders/px \[Psychology\]"](#)  
["\\*Substance-Related Disorders/th \[Therapy\]"](#)

**Source:** MEDLINE

### 31. Distinctive characteristics of methamphetamine users presenting at public clinics: steep rise in South Carolina, United States, 2000-2005.

**Citation:** Drug & Alcohol Dependence, May 2011, vol./is. 115/1-2(9-15), 0376-8716;1879-0046 (2011 May 1)

**Author(s):** Korte JE; Hiott FB; Brady KT; Malcolm RJ; See RE

**Institution:** Department of Medicine, Division of Biostatistics and Epidemiology, Medical University of South Carolina, Charleston, SC 29425, USA. korte@musc.edu

**Language:** English

**Abstract:** BACKGROUND: Illicit methamphetamine use has risen dramatically over the last decade. We sought to examine methamphetamine use among individuals presenting for drug treatment in South Carolina, USA, to assess trends over time, correlates of methamphetamine use, and the relationship between methamphetamine use and functional/behavioral problems. METHODS: Data from 2000 to 2005 were obtained from a state-wide network of substance abuse clinics. We examined time trends, and compared sociodemographic characteristics and problems with daily functioning (Axis IV and Axis V disorders) of methamphetamine users vs. other drug users. RESULTS: Of 235,415 individuals presenting or being admitted to a clinic, 3526 reported illicit methamphetamine use. The prevalence of methamphetamine use as a presenting problem increased dramatically across the six-year period, especially in the rural Upstate region (0.4-6.1%). In comparison to other drug users presenting or admitted to treatment during this same time period, methamphetamine users were more likely to be female, between 20 and 40 years old, and non-Hispanic white ethnicity. In addition, more methamphetamine users had occupational (49% vs. 43%,  $p<0.001$ ) or economic problems (41% vs. 35%,  $p<0.001$ ), and problems with their primary support group (58% vs. 54%,  $p<0.05$ ). However, the prevalence of Axis IV and Axis V problems were not statistically different between the two groups. CONCLUSIONS: The rapid escalation of methamphetamine use in South Carolina and elsewhere highlights the need for longitudinal studies to better understand the etiology and characteristics associated with methamphetamine uptake and addiction, and to develop the knowledge base required for more effective prevention and treatment. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 537-46-2 (Methamphetamine)

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

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Aged](#)  
["\\*Amphetamine-Related Disorders/ep \[Epidemiology\]"](#)  
["\\*Amphetamine-Related Disorders/th \[Therapy\]"](#)  
[Child](#)  
[Female](#)  
[Humans](#)  
[Male](#)  
[\\*Methamphetamine](#)  
[Middle Aged](#)  
["\\*Public Sector/td \[Trends\]"](#)  
[Socioeconomic Factors](#)  
["South Carolina/ep \[Epidemiology\]"](#)  
["\\*Substance Abuse Treatment Centers/td \[Trends\]"](#)  
["United States/ep \[Epidemiology\]"](#)  
[Young Adult](#)

**Source:** MEDLINE

### 32. Cognitive predictors of problem drinking and AUDIT scores among college students.

**Citation:** Drug & Alcohol Dependence, May 2011, vol./is. 115/1-2(94-100), 0376-8716;1879-0046 (2011 May 1)

**Author(s):** Murphy P; Garavan H

**Institution:** School of Psychology and Trinity College Institute of Neuroscience, Trinity College Dublin, College Green, Dublin 2, Ireland.

**Language:** English

**Abstract:** Evidence from a number of substance abuse populations suggests that substance abuse is associated with a cluster of differences in cognitive processes. However, investigations of this kind in non-clinical samples are relatively few. The present study examined the ability of alcohol-attentional bias (an alcohol Stroop task), impulsive decision-making (a delay discounting task), and impaired inhibitory control (a GO-NOGO task) to: (a) discriminate problem from non-problem drinkers among a sample of college students; (b) predict scores on the Alcohol Use Disorders Identification Test (AUDIT; a measure of alcohol consumption, drinking behaviour, and alcohol-related problems) across all of the student drinkers; (c) predict AUDIT scores within the subgroups of problem and non-problem student drinkers. In logistic regression controlling for gender and age, student drinkers with elevated alcohol-attentional bias and impulsive decision-making were over twice as likely to be a problem than a non-problem drinker. Multiple regression analysis of the entire sample revealed that all three cognitive measures were significant predictors of AUDIT scores after gender and age had been controlled; the cognitive variables together accounted for 48% of the variance. Moreover, subsequent multiple regressions revealed that impaired inhibitory control was the only significant predictor of AUDIT scores for the group of non-problem drinkers, and alcohol-attentional bias and impulsive decision-making were the only significant predictors of AUDIT scores for the group of problem drinkers. Finally, both impulsive decision-making and impaired inhibitory control were significantly correlated with alcohol-attentional bias across the whole sample. Implications are discussed relating to the development of problematic drinking. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
["Alcohol Drinking/ep \[Epidemiology\]"](#)

"Alcohol Drinking/px [Psychology]"  
 "Alcoholism/di [Diagnosis]"  
 "Alcoholism/ep [Epidemiology]"  
 "\*Alcoholism/px [Psychology]"  
 \*Cognition  
 Female  
 Humans  
 Male  
 "Photic Stimulation/mt [Methods]"  
 Predictive Value of Tests  
 \*Psychological Tests  
 \*Psychomotor Performance  
 "\*Students/px [Psychology]"  
 \*Universities  
 Young Adult

**Source:** MEDLINE

### 33. Psychiatric disorder symptoms, substance use, and sexual risk behavior among African-American out of school youth.

**Citation:** Drug & Alcohol Dependence, May 2011, vol./is. 115/1-2(67-73), 0376-8716;1879-0046 (2011 May 1)

**Author(s):** Turner AK; Latkin C; Sonenstein F; Tandon SD

**Institution:** Center for Urban Epidemiologic Studies, New York Academy of Medicine, 1216 Fifth Ave, Rm 552, New York, NY 10029, United States. aturner@jhsph.edu

**Language:** English

**Abstract:** PURPOSE: To examine the association between symptoms of psychiatric disorder (i.e. depression, anxiety, and substance use) and sexual risk behavior in a sample of African-American adolescents and young adults in an employment training program.METHODS: Baseline data were used from a pilot study of an intervention to reduce depressive symptoms among youth disconnected from school and the workforce. Participants were recruited from two employment training programs in East and West Baltimore (N=617; age 16-23 years). Data were collected through audio computer-assisted self-interview (ACASI). Mental health indicators were measured using the Center for Epidemiological Studies Depression Scale and Beck Anxiety Inventory. Multivariate logistic regression was used to determine the odds of sexual risk behavior for each mental health condition and combinations of conditions.RESULTS: Lack of condom use at last sex was significantly associated with elevated anxiety symptoms. Number of sexual partners was associated with elevated depression symptoms and substance use. Early sexual debut was associated with substance use in the past 30 days. Also, there were differences in the likelihood of engaging in sexual risk behavior comparing groups with different combinations of mental health problems to those with no symptoms of disorder or substance use.CONCLUSIONS: The results demonstrate the need for HIV prevention programs that target out-of-school youth, as they are likely to engage in risky sexual behavior. Our findings highlight the need to develop behavioral interventions that address disorder symptoms, substance use, and risky sexual behavior among youth in employment training programs. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Subject Headings:** Adolescent  
 "African Americans/eh [Ethnology]"  
 "\*African Americans/px [Psychology]"  
 "Employment/mt [Methods]"  
 "\*Employment/px [Psychology]"  
 Female  
 Humans

Male  
 "Mental Disorders/eh [Ethnology]"  
 "\*Mental Disorders/px [Psychology]"  
 "Mental Disorders/th [Therapy]"  
 Pilot Projects  
 Questionnaires  
 \*Risk-Taking  
 "Sexual Behavior/eh [Ethnology]"  
 "Sexual Behavior/px [Psychology]"  
 "Substance-Related Disorders/eh [Ethnology]"  
 "\*Substance-Related Disorders/px [Psychology]"  
 "Substance-Related Disorders/th [Therapy]"  
 "Unsafe Sex/eh [Ethnology]"  
 "Unsafe Sex/pc [Prevention and Control]"  
 "\*Unsafe Sex/px [Psychology]"  
 Young Adult

**Source:** MEDLINE

**34. Optimizing heroin-assisted treatment (HAT): assessment of the contribution of direct ethanol metabolites in identifying hazardous and harmful alcohol use.**

**Citation:** Drug & Alcohol Dependence, May 2011, vol./is. 115/1-2(57-61), 0376-8716;1879-0046 (2011 May 1)

**Author(s):** Wurst FM; Thon N; Yegles M; Halter C; Weinmann W; Laskowska B; Strasser J; Skipper G; Wiesbeck GA; Dursteler-Macfarland K

**Institution:** Department of Psychiatry and Psychotherapy II, Christian-Doppler-Hospital, Paracelsus Medical University, Ignaz-Harrer-Strasse 79, Salzburg A-5020, Austria. f.wurst@salk.at

**Language:** English

**Abstract:** BACKGROUND: Heavy alcohol consumption may accelerate the progression of hepatitis C-related liver disease and/or limit efforts at antiviral treatment in opioid-dependent patients receiving heroin-assisted treatment (HAT). Our study aims to assess alcohol intake among HAT patients by self-reports compared to direct ethanol metabolites. METHOD: Fifty-four patients in HAT were recruited from the centre for HAT at the University of Basel, Switzerland. The patients completed the Alcohol Use Disorder Identification Test (AUDIT), a self-report questionnaire on past-week ethanol intake and provided samples for the determination of ethyl glucuronide (UeTG) and ethyl sulphate (UeTS) in urine and of ethyl glucuronide (HEtG) in hair. RESULTS: Eighteen patients scored above the AUDIT cut-off levels. Twenty-six patients tested positive for UeTG and 29 for UeTS. HEtG identified ethanol intake of more than 20 g/d in 20 additional cases that did not appear in the AUDIT. Using the total score of the AUDIT, HEtG detected 14 additional cases of relevant alcohol intake. CONCLUSIONS: The findings of this study, which is the first assessing alcohol intake in HAT patients using direct ethanol metabolites and self reports, suggest the complementary use of both. Improved detection of hazardous or harmful alcohol consumption in the context of HCV and heroin dependence will allow for earlier intervention in this population. This ultimately will contribute to an improvement in quality of life of patients in HAT. Furthermore, a significant reduction of costs can be achieved through a reduction of complications caused by alcohol intake. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Glucuronates); 0 (Sulfuric Acid Esters); 17685-04-0 (ethyl glucuronide); 64-17-5 (Ethanol); 64-67-5 (diethyl sulfate)

**Publication Type:** Comparative Study; Journal Article

**Subject Headings:** Adult  
 "\*Alcohol Drinking/me [Metabolism]"  
 "Ethanol/me [Metabolism]"  
 Female

"\*Glucuronates/me [Metabolism]"  
 "\*Heroin Dependence/me [Metabolism]"  
 "\*Heroin Dependence/th [Therapy]"  
 Humans  
 Male  
 Middle Aged  
 Retrospective Studies  
 "\*Substance Abuse Treatment Centers/mt [Methods]"  
 "Substance Abuse Treatment Centers/st [Standards]"  
 "\*Sulfuric Acid Esters/me [Metabolism]"  
 Young Adult

**Source:** MEDLINE

### 35. HIV/AIDS services in private substance abuse treatment programs.

**Citation:** Drug & Alcohol Dependence, May 2011, vol./is. 115/1-2(16-22), 0376-8716;1879-0046 (2011 May 1)

**Author(s):** Abraham AJ; O'Brien LA; Bride BE; Roman PM

**Institution:** Center for Research on Behavioral Health and Human Services Delivery, University of Georgia, United States. aabraham@uga.edu

**Language:** English

**Abstract:** BACKGROUND: HIV infection among substance abusers is a growing concern in the United States. Little research, however, has examined the provision of HIV/AIDS services in substance abuse treatment programs. METHODS: This study examines the provision of onsite HIV/AIDS services in a nationally representative sample of 345 privately funded substance abuse treatment programs. Data were collected via face-to-face interviews with administrators and/or clinical directors of treatment programs in 2007-2008. RESULTS: Results show that larger programs and programs with a higher percentage of both African American and injection drug using (IDU) patients were more likely to offer onsite HIV/AIDS support groups and a dedicated HIV/AIDS treatment track. Multinomial logistic regression reveals that the odds of offering onsite HIV testing services were higher for hospital based programs, programs providing medical services onsite, and programs with higher percentages of African American patients, relative to the odds of offering no HIV testing or referring patients to an external provider for HIV testing services. The odds of providing onsite testing were lower for outpatient-only treatment programs, relative to the odds of offering no HIV testing or referring patients to an external provider for HIV testing services. CONCLUSIONS: Our findings highlight critical barriers to the adoption of onsite HIV/AIDS services and suggest treatment programs are missing the opportunity to significantly impact HIV-related health outcomes. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Subject Headings:** "Acquired Immunodeficiency Syndrome/di [Diagnosis]"  
 "Acquired Immunodeficiency Syndrome/ep [Epidemiology]"  
 "Acquired Immunodeficiency Syndrome/th [Therapy]"  
 Cross-Sectional Studies  
 "HIV Infections/di [Diagnosis]"  
 "\*HIV Infections/ep [Epidemiology]"  
 "\*HIV Infections/th [Therapy]"  
 Humans  
 "Private Sector/td [Trends]"  
 \*Private Sector  
 Questionnaires  
 "Substance Abuse Treatment Centers/mt [Methods]"  
 \*Substance Abuse Treatment Centers  
 "Substance-Related Disorders/di [Diagnosis]"



["\\*Substance-Related Disorders/ep \[Epidemiology\]"](#)  
["\\*Substance-Related Disorders/th \[Therapy\]"](#)

**Source:** MEDLINE

**36. Probability and predictors of transition from first use to dependence on nicotine, alcohol, cannabis, and cocaine: results of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC).**

**Citation:** Drug & Alcohol Dependence, May 2011, vol./is. 115/1-2(120-30), 0376-8716;1879-0046 (2011 May 1)

**Author(s):** Lopez-Quintero C; Perez de los Cobos J; Hasin DS; Okuda M; Wang S; Grant BF; Blanco C

**Institution:** New York State Psychiatric Institute, Department of Psychiatry, College of Physicians and Surgeons, Columbia University, New York, NY 10032, USA.

**Language:** English

**Abstract:** BACKGROUND: This study aims to estimate general and racial-ethnic specific cumulative probability of developing dependence among nicotine, alcohol, cannabis or cocaine users, and to identify predictors of transition to substance dependence.METHODS: Analyses were done for the subsample of lifetime nicotine (n=15,918), alcohol (n=28,907), cannabis (n=7389) or cocaine (n=2259) users who participated in the first and second wave of the National Epidemiological Survey on Alcohol and Related Conditions (NESARC). Discrete-time survival analyses were implemented to estimate the cumulative probability of transitioning from use to dependence and to identify predictors of transition to dependence.RESULTS: The cumulative probability estimate of transition to dependence was 67.5% for nicotine users, 22.7% for alcohol users, 20.9% for cocaine users, and 8.9% for cannabis users. Half of the cases of dependence on nicotine, alcohol, cannabis and cocaine were observed approximately 27, 13, 5 and 4 years after use onset, respectively. Significant racial-ethnic differences were observed in the probability of transition to dependence across the four substances. Several predictors of dependence were common across the four substances assessed.CONCLUSIONS: Transition from use to dependence was highest for nicotine users, followed by cocaine, alcohol and cannabis users. Transition to cannabis or cocaine dependence occurred faster than transition to nicotine or alcohol dependence. The existence of common predictors of transition dependence across substances suggests that shared mechanisms are involved. The increased risk of transition to dependence among individuals from minorities or those with psychiatric or dependence comorbidity highlights the importance of promoting outreach and treatment of these populations. Published by Elsevier Ireland Ltd.

**Country of Publication:** Ireland

**CAS Registry Number:** 50-36-2 (Cocaine); 54-11-5 (Nicotine)

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

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
["\\*Alcoholism/ep \[Epidemiology\]"](#)  
["Alcoholism/et \[Etiology\]"](#)  
[Cannabis](#)  
[Cocaine](#)  
["\\*Cocaine-Related Disorders/ep \[Epidemiology\]"](#)  
["Cocaine-Related Disorders/et \[Etiology\]"](#)  
[Female](#)  
["Health Surveys/mt \[Methods\]"](#)  
["\\*Health Surveys/td \[Trends\]"](#)  
[Humans](#)  
[Male](#)  
["\\*Marijuana Abuse/ep \[Epidemiology\]"](#)  
["Marijuana Abuse/et \[Etiology\]"](#)  
["\\*Mental Disorders/ep \[Epidemiology\]"](#)



"Mental Disorders/et [Etiology]"  
 Middle Aged  
 Nicotine  
 Predictive Value of Tests  
 Probability  
 Risk Factors  
 "Smoking/ae [Adverse Effects]"  
 "Smoking/ep [Epidemiology]"  
 Socioeconomic Factors  
 "\*Tobacco Use Disorder/ep [Epidemiology]"  
 "Tobacco Use Disorder/et [Etiology]"  
 Young Adult

**Source:** MEDLINE

### 37. A multistudy analysis of the effects of early cocaine abstinence on sleep.

**Citation:** Drug & Alcohol Dependence, May 2011, vol./is. 115/1-2(62-6), 0376-8716;1879-0046 (2011 May 1)

**Author(s):** Matuskey D; Pittman B; Forselius E; Malison RT; Morgan PT

**Institution:** Connecticut Mental Health Center, Department of Psychiatry, Yale University, 34 Park Street, New Haven, CT 06519, United States. david.matuskey@yale.edu

**Language:** English

**Abstract:** OBJECTIVE: To describe the sleep patterns of early cocaine abstinence in chronic users by polysomnographic and subjective measures. METHODS: 28 cocaine-dependent participants (ages 24-55) underwent polysomnographic sleep (PSG) recording on the 1st, 2nd and 3rd weeks of abstinence on a research dedicated inpatient facility. Objective measures of total sleep time, total REM time, slow wave sleep, sleep efficiency and a subjective measure (sleep quality) along with demographic data were collected from three different long term research studies over a five year period. Data were reanalysed to allow greater statistical power for comparisons. RESULTS: Progressive weeks of abstinence had main effects on all assessed PSG sleep measures showing decreased total sleep time, REM sleep, stages 1 and 2 sleep, and sleep efficiency; increases in sleep onset and REM latencies and a slight increase in slow-wave sleep time were also present. Total sleep time and slow wave sleep were negatively associated with years of cocaine use. Total sleep time was positively associated with the amount of current ethanol use. Sex differences were found with females having more total REM time and an increase at a near significance level in slow wave sleep. Subjective measures were reported as improving with increasing abstinence over the same time period. CONCLUSIONS: Chronic cocaine users show a general deterioration in objective sleep measures over a three-week period despite an increase in subjective overall sleep quality providing further evidence for "occult insomnia" during early cocaine abstinence. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 50-36-2 (Cocaine)

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

**Subject Headings:** Adult  
 "\*Cocaine/ae [Adverse Effects]"  
 "Cocaine-Related Disorders/co [Complications]"  
 "\*Cocaine-Related Disorders/pp [Physiopathology]"  
 "Cocaine-Related Disorders/px [Psychology]"  
 Female  
 Humans  
 Male  
 Middle Aged  
 "Polysomnography/mt [Methods]"  
 "\*Sleep/ph [Physiology]"

"Sleep Initiation and Maintenance Disorders/et [Etiology]"  
 "Sleep Initiation and Maintenance Disorders/pp [Physiopathology]"  
 "Sleep Initiation and Maintenance Disorders/px [Psychology]"  
 "Sleep Stages/ph [Physiology]"  
 "\*Substance Withdrawal Syndrome/pp [Physiopathology]"  
 "Substance Withdrawal Syndrome/px [Psychology]"  
 Time Factors  
 Young Adult

**Source:** MEDLINE

### 38. An initial trial of a computerized behavioral intervention for cannabis use disorder.

**Citation:** Drug & Alcohol Dependence, May 2011, vol./is. 115/1-2(74-9), 0376-8716;1879-0046 (2011 May 1)

**Author(s):** Budney AJ; Fearer S; Walker DD; Stanger C; Thostenson J; Grabinski M; Bickel WK

**Institution:** Department of Psychiatry and Behavioral Sciences, University of Arkansas for Medical Sciences, Little Rock, AR 72205, USA. ajbudney@uams.edu

**Language:** English

**Abstract:** The most potent outcomes for cannabis use disorders have been observed with a combination of three evidence-based interventions, motivational enhancement therapy (MET), cognitive-behavioral therapy (CBT), and abstinence-based contingency-management (CM). Access to this intervention remains limited because of cost and service availability issues. This report describes the initial stages of a project designed to develop and test a computer-assisted version of MET/CBT/CM that could address many of the current barriers to its dissemination. A nonrandomized, 12-week comparison study assigned 38 adults seeking treatment for a cannabis use disorder to either therapist-delivered (n=22) or computer-delivered (n=16) MET/CBT/CM. Attendance, retention, and cannabis use outcomes did not differ significantly between groups, and there were no indications of superior outcomes favoring therapist delivery. Participants provided positive ratings of the computer-delivered sessions. These preliminary findings suggest that computer-assisted delivery of MET/CBT/CM is acceptable to outpatients and does not adversely impact compliance or outcomes achieved during treatment with MET/CBT/CM for cannabis use disorders. Assessment of post-treatment outcomes and replication in randomized trials are needed to determine reliability and longer term effects. As observed in a growing number of studies, computerized therapies have the potential to increase access to, reduce costs, and enhance fidelity of providing evidence-based treatments without sacrificing and possibly enhancing effectiveness. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Subject Headings:** Adult  
 "\*Cognitive Therapy/mt [Methods]"  
 "\*Computer-Assisted Instruction/mt [Methods]"  
 Female  
 Humans  
 Male  
 "\*Marijuana Abuse/px [Psychology]"  
 "\*Marijuana Abuse/th [Therapy]"  
 \*Motivation  
 Young Adult

**Source:** MEDLINE

### 39. Methamphetamine injection and syringe sharing among a community-recruited sample of injection drug users in Bangkok, Thailand.

**Citation:** Drug & Alcohol Dependence, May 2011, vol./is. 115/1-2(145-9), 0376-8716;1879-0046 (2011 May 1)

**Author(s):** Hayashi K; Wood E; Suwannawong P; Kaplan K; Qi J; Kerr T

**Institution:** Urban Health Research Initiative, British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, 608-1081 Burrard Street, Vancouver, BC, V6Z 1Y6 Canada.

**Language:** English

**Abstract:** BACKGROUND: The recent growth in methamphetamine use internationally has raised concerns about the relationship between methamphetamine use and HIV infection. However, the risks associated with methamphetamine injection have not been fully described, particularly outside of Western countries. Therefore, we sought to examine the relationship between methamphetamine injection and syringe sharing among injection drug users (IDU) in Bangkok, Thailand. METHODS: Using bivariate statistics and multivariate logistic regression, we examined the prevalence of methamphetamine injection and the relationship between more than weekly methamphetamine injection and syringe sharing among a community-recruited sample of IDU participating in the Mitsampan Community Research Project in Bangkok. RESULTS: During June and July 2009, 311 IDU participated in this study, including 91 (29.3%) women. In total, 114 (36.7%) participants reported having injected methamphetamine ("yaba") twice or more per week in the past six months. In multivariate analyses, after adjustment for potential social, demographic and behavioral confounders, syringe sharing remained independently associated with injecting methamphetamine more than once per week (adjusted odds ratio=2.86, 95% confidence interval: 1.59-5.15). CONCLUSIONS: Over one-third of a community-recruited sample of Thai IDU reported more than weekly injection of methamphetamine, and methamphetamine injection was independently associated with syringe sharing. Essential HIV prevention services targeting IDU, such as syringe exchange and evidence-based addiction treatment, should be included in interventional efforts to address methamphetamine use in Thailand. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 537-46-2 (Methamphetamine)

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

**Subject Headings:** [Adult](#)  
[\\*Drug Users](#)  
[Female](#)  
["\\*HIV Infections/ep \[Epidemiology\]"](#)  
["HIV Infections/et \[Etiology\]"](#)  
["HIV Infections/pc \[Prevention and Control\]"](#)  
[Humans](#)  
[Male](#)  
["\\*Methamphetamine/ad \[Administration and Dosage\]"](#)  
[Middle Aged](#)  
["\\*Needle Sharing/ae \[Adverse Effects\]"](#)  
[\\*Residence Characteristics](#)  
["Substance Abuse Intravenous/co \[Complications\]"](#)  
["\\*Substance Abuse Intravenous/ep \[Epidemiology\]"](#)  
["Substance Abuse Intravenous/pc \[Prevention and Control\]"](#)  
["Thailand/ep \[Epidemiology\]"](#)

**Source:** MEDLINE

#### 40. Individual and network factors associated with non-fatal overdose among rural Appalachian drug users.

**Citation:** Drug & Alcohol Dependence, May 2011, vol./is. 115/1-2(107-12), 0376-8716;1879-0046 (2011 May 1)

**Author(s):** Havens JR; Oser CB; Knudsen HK; Lofwall M; Stoops WW; Walsh SL; Leukefeld CG; Kral AH

**Institution:** Center on Drug and Alcohol Research, University of Kentucky College of Medicine, Lexington, KY 40504, United States. Jennifer.havens@uky.edu

**Language:** English

**Abstract:** BACKGROUND: Fatal overdoses involving prescription opioids have increased significantly in recent years in the United States--especially in rural areas. However, there are scant data about non-fatal overdose among rural drug users. The purpose of this study is to examine the prevalence and correlates of non-fatal overdose and witnessed overdose among rural Appalachian drug users.METHODS: Rural drug users were participants in a longitudinal study of social networks and HIV transmission. An interviewer-administered questionnaire elicited information in the following domains: sociodemographic characteristics, drug use (including lifetime overdose and witnessed overdose), psychiatric disorders, HIV risk behaviors and social networks (support, drug and sex networks). Negative binomial regression was used to model the number of lifetime overdoses and witnessed overdoses.RESULTS: Of the 400 participants, 28% had ever experienced a non-fatal overdose, while 58.2% had ever witnessed an overdose (fatal or non-fatal). Factors independently associated with a greater number of overdoses included having ever been in drug treatment, past 30-day injection of prescription opioids, meeting the criteria for post-traumatic stress disorder and/or antisocial personality disorder and having more members in one's support network.CONCLUSIONS: Rural drug users with history of overdose were more likely to have injected with prescription opioids--which is different from urban heroin users. However, the remaining correlates of non-fatal overdose among this cohort of rural drug users were similar to those of urban heroin users, which suggests current overdose prevention strategies employed in urban settings may be effective in preventing fatal overdose in this population. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

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

**Subject Headings:** [Adult](#)  
["Appalachian Region/ep \[Epidemiology\]"](#)  
["\\*Drug Users/px \[Psychology\]"](#)  
[Female](#)  
[Humans](#)  
[Longitudinal Studies](#)  
[Male](#)  
["\\*Overdose/ep \[Epidemiology\]"](#)  
["\\*Overdose/px \[Psychology\]"](#)  
["Overdose/th \[Therapy\]"](#)  
[\\*Prescription Drugs](#)  
[\\*Rural Population](#)  
[\\*Social Support](#)

**Source:** MEDLINE

**41. Antecedents and correlates of methadone treatment entry: a comparison of out-of-treatment and in-treatment cohorts.**

**Citation:** Drug & Alcohol Dependence, May 2011, vol./is. 115/1-2(23-9), 0376-8716;1879-0046 (2011 May 1)

**Author(s):** Schwartz RP; Kelly SM; O'Grady KE; Mitchell SG; Brown BS

**Institution:** Friends Research Institute, Inc. 1040 Park Avenue, Suite 103, Baltimore, MD 21201 USA. rschwartz@friendsresearch.org

**Language:** English

**Abstract:** BACKGROUND: The majority of opioid-dependent individuals in the US in need of drug treatment are not receiving it. It would be useful to understand the characteristics of individuals entering and failing to enter methadone treatment.METHODS: Participants

were opioid-dependent adults in Baltimore Maryland recruited from new admissions to one of six methadone treatment programs (n=351) and from the streets from among non-treatment seekers (n=164). At study enrollment, participants were administered the Addiction Severity Index, AIDS Risk Assessment, Community Assessment Inventory, Attitudes toward Methadone Scale, Motivation for Treatment Scale and a urine drug test. A series of logistic regression analyses were conducted to determine the best model to predict treatment entry. RESULTS: The final logistic regression analysis showed that predictors of treatment entry included: being African-American, being on parole or probation, having lower rates of self-reported cocaine use and criminal activity, higher employment functioning, and greater perceptions of support from family and community for behavioral change. In addition, in-treatment participants were more likely to have a more extensive prior history of drug abuse treatment, greater desire to seek help in coping with their drug problem, and more positive view of methadone. CONCLUSIONS: The distinctions between those entering and those not pursuing MTP entry have significance for the structure of outreach programs and reaffirm the need to supplement the current practices of voluntary and coerced treatment entry with one of encouraged treatment entry through outreach. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

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

**Subject Headings:** [Adult](#)  
[Cohort Studies](#)  
[Female](#)  
[Humans](#)  
[Male](#)  
[\\*Methadone](#)  
[Middle Aged](#)  
["\\*Opiate Substitution Treatment/mt \[Methods\]"](#)  
["\\*Opiate Substitution Treatment/px \[Psychology\]"](#)  
["Opiate Substitution Treatment/td \[Trends\]"](#)  
["Opioid-Related Disorders/ep \[Epidemiology\]"](#)  
["\\*Opioid-Related Disorders/px \[Psychology\]"](#)  
["\\*Opioid-Related Disorders/th \[Therapy\]"](#)  
[\\*Patient Admission](#)  
[Questionnaires](#)  
["\\*Substance Abuse Treatment Centers/mt \[Methods\]"](#)

**Source:** MEDLINE

#### 42. Enhancing response inhibition by incentive: comparison of adolescents with and without substance use disorder.

**Citation:** Drug & Alcohol Dependence, May 2011, vol./is. 115/1-2(43-50), 0376-8716;1879-0046 (2011 May 1)

**Author(s):** Chung T; Geier C; Luna B; Pajtek S; Terwilliger R; Thatcher D; Clark DB

**Institution:** Western Psychiatric Institute and Clinic, University of Pittsburgh Medical Center, 3811 O'Hara Street, Pittsburgh, PA 15213, United States. chungta@upmc.edu

**Language:** English

**Abstract:** Effective response inhibition is a key component of recovery from addiction. Some research suggests that response inhibition can be enhanced through reward contingencies. We examined the effect of monetary incentive on response inhibition among adolescents with and without substance use disorder (SUD) using a fast event-related fMRI antisaccade reward task. The fMRI task permits investigation of how reward (monetary incentive) might modulate inhibitory control during three task phases: cue presentation (reward or neutral trial), response preparation, and response execution. Adolescents with lifetime SUD (n=12; 100% marijuana use disorder) were gender and age-matched to healthy controls (n=12). Monetary incentive facilitated inhibitory control for SUD adolescents; for healthy controls, the difference in error rate for neutral and reward trials was not significant. There were no significant differences in behavioral performance

between groups across reward and neutral trials, however, group differences in regional brain activation were identified. During the response preparation phase of reward trials, SUD adolescents, compared to controls, showed increased activation of prefrontal and oculomotor control (e.g., frontal eye field) areas, brain regions that have been associated with effective response inhibition. Results indicate differences in brain activation between SUD and control youth when preparing to inhibit a prepotent response in the context of reward, and support a possible role for incentives in enhancing response inhibition among youth with SUD. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Subject Headings:** Adolescent  
 "\*Eye Movements/ph [Physiology]"  
 Female  
 Follow-Up Studies  
 Humans  
 \*Inhibition (Psychology)  
 Longitudinal Studies  
 "Magnetic Resonance Imaging/mt [Methods]"  
 Male  
 "\*Motivation/ph [Physiology]"  
 "Photic Stimulation/mt [Methods]"  
 Random Allocation  
 "\*Reaction Time/ph [Physiology]"  
 "\*Substance-Related Disorders/pp [Physiopathology]"  
 "\*Substance-Related Disorders/px [Psychology]"

**Source:** MEDLINE

#### 43. Measuring pain medication expectancies in adults treated for substance use disorders.

**Citation:** Drug & Alcohol Dependence, May 2011, vol./is. 115/1-2(51-6), 0376-8716;1879-0046 (2011 May 1)

**Author(s):** Ilgen MA; Roeder KM; Webster L; Mowbray OP; Perron BE; Chermack ST; Bohnert AS

**Institution:** Department of Veterans Affairs, Health Services Research & Development, 2215 Fuller Road, (152), Ann Arbor, MI 48105, USA. marki@umich.edu

**Language:** English

**Abstract:** BACKGROUND: The U.S. prevalence of misuse of prescription opioid analgesics has increased substantially over the past decade but research on the factors influencing misuse of these medications remains preliminary. In the literature on alcohol, marijuana and stimulants, substance-related expectancies have been found to predict level of substance use. A similar line of research is needed to better understand reasons for misusing pain medications. METHODS: This study utilized a sample of adults presenting to a large residential addictions treatment program (N=351). Participants were administered a new instrument, the Pain Medication Expectancy Questionnaire (PMEQ) as well as questions about current alcohol, illegal drug and pain medication misuse. Exploratory factor analysis was used to determine underlying factors of the PMEQ. RESULTS: Results of the factor analysis supported a three-factor solution focusing on pleasure/social enhancement, pain reduction and negative experience reduction. In general, greater perceived expectancy of the positive effects of Prescription Opiate Analgesics (POAs) in all three domains were correlated with greater frequency of substance use and poorer mental health functioning. Expectancies directly related to the pain-reducing properties of POAs were also related to greater pain and poorer physical functioning. CONCLUSIONS: This new measure of pain medication expectancies had sound psychometric properties and the resulting factors were associated with other clinically important aspects of patient functioning. The results highlight the need to assess for and address perceptions related to pain medication use in patients presenting to addictions treatment. Published by Elsevier Ireland Ltd.

**Country of Publication:** Ireland



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

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

**Subject Headings:** Adult  
 "Analgesics Opioid/tu [Therapeutic Use]"  
 \*Analgesics Opioid  
 Female  
 Humans  
 Male  
 Middle Aged  
 "Opioid-Related Disorders/px [Psychology]"  
 "Opioid-Related Disorders/th [Therapy]"  
 "Pain/dt [Drug Therapy]"  
 "\*Pain/px [Psychology]"  
 "Questionnaires/st [Standards]"  
 Reproducibility of Results  
 "Substance Abuse Treatment Centers/mt [Methods]"  
 \*Substance Abuse Treatment Centers  
 "\*Substance-Related Disorders/px [Psychology]"  
 "\*Substance-Related Disorders/th [Therapy]"

**Source:** MEDLINE

#### 44. Enjoyment of smoking and urges to smoke as predictors of attempts and success of attempts to stop smoking: a longitudinal study.

**Citation:** Drug & Alcohol Dependence, May 2011, vol./is. 115/1-2(30-4), 0376-8716;1879-0046 (2011 May 1)

**Author(s):** Fidler JA; West R

**Institution:** Health Behaviour Research Centre, Department of Epidemiology and Public Health, University College London, 2-16 Torrington Place, London WC1E 6BT, UK. j.fidler@ucl.ac.uk

**Language:** English

**Abstract:** BACKGROUND: 'Enjoyment' and 'addiction' have been proposed as opposing reasons why people continue to smoke despite the manifest dangers. This study examined the roles of these as barriers to smoking cessation. METHODS: 2257 smokers taking part in a national household survey completed postal-follow-up questionnaires 6 months later. Enjoyment of smoking was measured at baseline as was strength of urges to smoke during a normal smoking day as a subjective marker of addiction. Smoking status, quit attempts and quit success were assessed at follow-up. Data on age, sex, social grade and method of cessation support used were also collected. Associations between baseline measures and smoking outcomes were assessed using logistic regression. RESULTS: Only enjoyment of smoking predicted whether a quit attempt was made (OR=0.70, p<0.001, 95% CI=0.62-0.78) and only strength of urges to smoke predicted whether a quit attempt was successful (OR=0.70, p<0.001, 95% CI=0.57-0.87). This pattern of results remained when controlling for sociodemographic factors and method of support used. CONCLUSIONS: Both enjoyment of smoking and strength of urges to smoke are important in the smoking cessation process, but in different ways. Interventions to promote cessation need to address both in order to maximise the rate of quit attempts and their chances of success. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Subject Headings:** Adult  
 "\*Behavior Addictive/px [Psychology]"  
 "Behavior Addictive/th [Therapy]"  
 Female



[Follow-Up Studies](#)  
[Forecasting](#)  
[\\*Happiness](#)  
[Humans](#)  
[Longitudinal Studies](#)  
[Male](#)  
[Middle Aged](#)  
[\\*Motivation](#)  
[Questionnaires](#)  
["\\*Smoking/px \[Psychology\]"](#)  
["Smoking/th \[Therapy\]"](#)  
["\\*Smoking Cessation/px \[Psychology\]"](#)  
[Young Adult](#)

**Source:** MEDLINE

#### 45. Projections of alcohol-related deaths in England and Wales--tragic toll or potential prize?.

**Citation:** Lancet, February 2012, vol./is. 379/9817(687-8), 0140-6736;1474-547X (2012 Feb 25)

**Author(s):** Sheron N; Gilmore I; Parsons C; Hawkey C; Rhodes J

**Institution:** NIHR Biomedical Research Unit (Nutrition, Diet and Lifestyle), University Hospital Southampton NHS Foundation Trust, Southampton SO16 6YD, UK.  
[nick.sheron@soton.ac.uk](mailto:nick.sheron@soton.ac.uk)

**Language:** English

**Country of Publication:** England

**Publication Type:** Journal Article

**Subject Headings:**
[Adolescent](#)  
[Adult](#)  
[Aged](#)  
["Alcohol Drinking/ec \[Economics\]"](#)  
["Alcohol Drinking/pc \[Prevention and Control\]"](#)  
["England/ep \[Epidemiology\]"](#)  
[Humans](#)  
["\\*Liver Diseases Alcoholic/mo \[Mortality\]"](#)  
["Liver Diseases Alcoholic/pc \[Prevention and Control\]"](#)  
[Middle Aged](#)  
["Wales/ep \[Epidemiology\]"](#)  
[Young Adult](#)

**Source:** MEDLINE

**Full Text:** Available in *fulltext* at [ProQuest](#)  
 Available in *fulltext* at [Elsevier](#)  
 Available in *print* at [Newcomb Library & Information Service](#)

#### 46. Alcohol-related cognitive impairment in New South Wales hospital patients aged 50 years and over.

**Citation:** Australian & New Zealand Journal of Psychiatry, November 2011, vol./is. 45/11(985-92), 0004-8674;1440-1614 (2011 Nov)

**Author(s):** Draper B; Karmel R; Gibson D; Peut A; Anderson P

**Institution:** School of Psychiatry, University of NSW, Sydney, Australia. [b.draper@unsw.edu.au](mailto:b.draper@unsw.edu.au)

**Language:** English

**Abstract:** OBJECTIVES: The aim of this study was to describe the principal reasons for admission, medical comorbidities, interventions and outcomes of patients admitted to New South Wales hospitals with alcohol-related cognitive impairment. METHODS: We extracted data from the NSW Admitted Patient Care Database for nearly 410 000 multi-day hospital admissions from 222 public hospitals ending between July 2006 and June 2007 for people aged 50 and over. Data linkage using a unique patient identifier, derived by the Centre for

Health Record Linkage identified hospital transfers and readmissions for individual patients. Using ICD10-AM codes, we identified patients with alcohol-related dementia, amnesic syndrome due to alcohol, and Wernicke's encephalopathy, their principal reasons for admission and medical comorbidities, and procedures undertaken. Outcomes were length of stay, mortality, discharge destination, and readmission. RESULTS: A total of 462 patients diagnosed with alcohol-related dementia (n = 300; 82% male, mean age 63.9 years), Wernicke's encephalopathy (n = 77) or amnesic syndrome due to alcohol (n = 126) were identified with overlap between diagnoses. Alcohol-related dementia occurred in 1.4% of dementia patients, and was more likely to occur in younger age groups and men than other types of dementia. Alcohol-related mental disorder was recorded in 70% of alcohol-related dementia multi-day admissions: dependence (52%), 'harmful use' (11%) and withdrawal (12%). Principal reasons for admission for multi-day stays included alcohol-related mental disorder (18%), liver disease (11%) and injuries/poisonings (10%). Medical comorbidity was common. Like other dementia patients, alcohol-related dementia patients had longer length of stay (mean of 15 days) than non-dementia patients and more transfers to residential care (7%). However, mortality was similar to non-dementia patients (5%). Discharge at own risk was high (3.7%). CONCLUSIONS: Alcohol-related dementia is a preventable and potentially reversible condition. Investigation of intervention strategies initiated during hospitalization are warranted.

**Country of Publication:** England

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

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

**Subject Headings:** [Age Factors](#)  
[Aged](#)  
[Aged 80 and over](#)  
["\\*Alcohol Amnesic Disorder/ep \[Epidemiology\]"](#)  
[Comorbidity](#)  
["Dementia/ci \[Chemically Induced\]"](#)  
["\\*Dementia/ep \[Epidemiology\]"](#)  
["\\*Ethanol/to \[Toxicity\]"](#)  
[Female](#)  
[Humans](#)  
[Male](#)  
[Middle Aged](#)  
["New South Wales/ep \[Epidemiology\]"](#)  
["Outcome Assessment \(Health Care\)/sn \[Statistics and Numerical Data\]"](#)  
["Patient Admission/sn \[Statistics and Numerical Data\]"](#)  
[Sex Characteristics](#)  
["\\*Wernicke Encephalopathy/ep \[Epidemiology\]"](#)

**Source:** MEDLINE

#### 47. Co-occurring mental illness and substance use disorder among Australian prisoners.

**Citation:** Drug & Alcohol Review, March 2011, vol./is. 30/2(188-94), 0959-5236;1465-3362 (2011 Mar)

**Author(s):** Butler T; Indig D; Allnutt S; Mamoon H

**Institution:** National Drug Research Institute, Curtin University, GPO Box U1987, Perth, WA 6845, Australia. t.butler@curtin.edu.au

**Language:** English

**Abstract:** INTRODUCTION AND AIMS: Estimate the prevalence of co-occurring substance use disorder and mental illness in a sample of Australian prisoners, and describe patterns of co-occurring substance use disorder and mental illness. DESIGN AND METHODS: The sample comprised 1478 individuals (1208 men, 270 women) from two surveys of prisoners' mental health: the 2001 New South Wales Inmate Health Survey, and a consecutive sample of prison receptions. Individuals were drawn from all of the state's 29 prisons. Mental health and substance use disorders were assessed using the Composite International Diagnostic Interview. RESULTS: The overall prevalence of any mental

disorder was 42.7% and the prevalence of any substance use disorder was 55.3%. With the exception of alcohol use disorder, women had higher rates than men of mental illness and substance use disorders. The prevalence of a co-occurring mental illness and substance use disorder in the past 12 months was 29% (46% among women vs. 25% among men). The association between cannabis use disorder and psychosis was significant for men only [odds ratio (OR)=2.4]. Among women there was a significant association between affective disorder and co-occurring alcohol use disorder (OR=2.4), and stimulant use disorder (OR=2.4).DISCUSSION AND CONCLUSION: The results highlight the high prevalence of co-occurring substance use and mental illness among prisoners. These results indicate that mental health services in prisons need to be adequately resourced to address co-occurring mental health and substance use problems, and these services need to be appropriately structured to effectively screen, manage and treat this group. Copyright 2010 Australasian Professional Society on Alcohol and other Drugs.

**Country of Publication:** England

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

**Subject Headings:** Adolescent  
Adult  
Aged  
"Australia/ep [Epidemiology]"  
"Diagnosis Dual (Psychiatry)/mt [Methods]"  
"Diagnosis Dual (Psychiatry)/px [Psychology]"  
Female  
"Health Surveys/mt [Methods]"  
\*Health Surveys  
Humans  
Male  
"Mental Disorders/di [Diagnosis]"  
"\*Mental Disorders/ep [Epidemiology]"  
"\*Mental Disorders/px [Psychology]"  
Middle Aged  
"New South Wales/ep [Epidemiology]"  
"\*Prisoners/px [Psychology]"  
"Substance-Related Disorders/di [Diagnosis]"  
"\*Substance-Related Disorders/ep [Epidemiology]"  
"\*Substance-Related Disorders/px [Psychology]"  
Young Adult

**Source:** MEDLINE

**Full Text:** Available in *fulltext* at [Wiley](#)

#### 48. Myocardial infarction in a 45-year-old man following an anaphylactic reaction to a wasp sting.

**Citation:** International Journal of Cardiology, May 2011, vol./is. 148/3(e63-5), 0167-5273;1874-1754 (2011 May 5)

**Author(s):** Valla M; Moulin F; Angioi M; Groben L; Sadoul N; Aliot E

**Language:** English

**Abstract:** We present the case of a 45-year-old man with clinical features of acute coronary syndrome with persistent ST segment elevation following an anaphylactic reaction to a wasp sting treated with adrenaline. A thrombolysis is performed with no effect on clinical signs, leading to an emergency cardiac catheterization which reveals a non-occlusive thrombosis of the right coronary artery. The pathophysiology and clinical implications of this association are discussed. Copyright Copyright 2009 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Netherlands

**Publication Type:** Case Reports; Letter

**Subject Headings:** "Anaphylaxis/et [Etiology]"

"\*Anaphylaxis/ra [Radiography]"  
 Animals  
 Humans  
 "Insect Bites and Stings/co [Complications]"  
 "\*Insect Bites and Stings/ra [Radiography]"  
 Male  
 Middle Aged  
 "Myocardial Infarction/et [Etiology]"  
 "\*Myocardial Infarction/ra [Radiography]"  
 \*Wasps

**Source:** MEDLINE

#### 49. An unusual "winter case" of myocarditis.

**Citation:** International Journal of Cardiology, May 2011, vol./is. 148/3(e68-9), 0167-5273;1874-1754 (2011 May 5)

**Author(s):** Leroy A; Cuisset T; Quilici J; Paule P; Poyet R; Bali L; Bonnet JL

**Language:** English

**Abstract:** Myocardial injury from moderate to severe carbon monoxide (CO) poisoning is common. We reported a case of acute myocarditis related to CO poisoning in a 34[NON-BREAKING SPACE]year-old man confirmed by normal coronary angiography, diffuse sub-epicardial late enhancement at MRI and COHb level of 25%.The patient was treated with hyperbaric oxygen therapy with favourable clinical evolution. Copyright Copyright 2009 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Netherlands

**Publication Type:** Letter

**Subject Headings:** Adult  
 "Carbon Monoxide Poisoning/co [Complications]"  
 "\*Carbon Monoxide Poisoning/di [Diagnosis]"  
 Humans  
 Male  
 "\*Myocarditis/di [Diagnosis]"  
 "Myocarditis/et [Etiology]"  
 \*Seasons

**Source:** MEDLINE

#### 50. National outbreak of Salmonella Enteritidis phage type 14b in England, September to December 2009: case-control study.

**Citation:** Euro Surveillance: Bulletin Europeen sur les Maladies Transmissibles = European Communicable Disease Bulletin, 2011, vol./is. 16/15, 1025-496X;1560-7917 (2011)

**Author(s):** Janmohamed K; Zenner D; Little C; Lane C; Wain J; Charlett A; Adak B; Morgan D

**Institution:** Health Protection Agency, Centre for Infections, London, United Kingdom. Kulsum@doctors.org.uk

**Language:** English

**Abstract:** We conducted an unmatched retrospective case-control study to investigate an upsurge of non-travel-related sporadic cases of infection with Salmonella enterica subsp. enterica serotype Enteritidis phage type 14b with antimicrobial resistance to nalidixic acid and partial resistance to ciprofloxacin (S. Enteritidis PT 14b Nx Cp(L)) that was reported in England from 1 September to 31 December 2009. We analysed data from 63 cases and 108 controls to determine whether cases had the same sources of infection as those found through investigation of 16 concurrent local foodborne outbreaks in England and Wales. Multivariable logistic regression analysis adjusting for age and sex identified food consumption at restaurants serving Chinese or Thai cuisine (odds ratio (OR): 4.4; 95% CI: 1.3-14.8; p=0.02), egg consumed away from home (OR: 5.1; 95% CI: 1.3-21.2;

p=0.02) and eating vegetarian foods away from home (OR: 14.6; 95% CI: 2.1-99; p=0.006) as significant risk factors for infection with *S. Enteritidis* PT 14b Nx Cp(L). These findings concurred with those from the investigation of the 16 outbreaks, which identified the same *Salmonella* strain in eggs from a specified source outside the United Kingdom. The findings led to a prohibition of imports from this source, in order to control the outbreak.

**Country of Publication:** Sweden

**Publication Type:** Comparative Study; Journal Article

**Subject Headings:** Adolescent  
Adult  
Aged  
Case-Control Studies  
Child  
"Diet Vegetarian/ae [Adverse Effects]"  
\*Disease Outbreaks  
"Eggs/po [Poisoning]"  
"England/ep [Epidemiology]"  
Female  
Humans  
Male  
Middle Aged  
"Restaurants/st [Standards]"  
Retrospective Studies  
"Salmonella Food Poisoning/di [Diagnosis]"  
"\*Salmonella Food Poisoning/ep [Epidemiology]"  
"Salmonella Food Poisoning/et [Etiology]"  
"\*Salmonella Phages/ip [Isolation and Purification]"  
"Salmonella enteritidis/ip [Isolation and Purification]"  
"Salmonella enteritidis/vi [Virology]"  
Young Adult

**Source:** MEDLINE

### 51. Heroin maintenance treatment: from idea to research to practice.

**Citation:** Drug & Alcohol Review, March 2011, vol./is. 30/2(130-7), 0959-5236;1465-3362 (2011 Mar)

**Author(s):** Uchtenhagen AA

**Institution:** Research Institute for Public Health and Addiction, WHO Collaborating Centre, Zurich University, Zurich, Switzerland. uchtenhagen@isgf.uzh.ch

**Language:** English

**Abstract:** Maintaining opiate addicts on opiates has a long history. The idea to prescribe pharmaceutical morphine as a substitute for street heroin started in USA and was abolished on the basis of prohibitionist legislation. A new approach to maintain opiate addicts on substitution therapy was initiated in USA in 1963, with the prescription of methadone. This approach found, although slowly, increasing acceptance, and is nowadays considered to be a cornerstone in the management of opiate dependence and for the prevention of HIV/AIDS in opiate injectors. Since 1975, the concept of heroin maintenance treatment was re-activated in order to reach out to treatment-resistant heroin addicts. Research projects were performed in Switzerland, the Netherlands, Germany, Spain, Canada and in England, another one is planned in Belgium. Based on the unanimously positive outcomes, heroin maintenance has become routine treatment for otherwise untreatable heroin addicts in Switzerland, the Netherlands, Germany and England, and Denmark has set up heroin maintenance without new research trials. Copyright 2011 Australasian Professional Society on Alcohol and other Drugs.

**Country of Publication:** England

**CAS Registry Number:** 561-27-3 (Heroin); 76-99-3 (Methadone)

**Publication Type:** Journal Article; Review

**Subject Headings:** "Canada/ep [Epidemiology]"  
 "Clinical Trials as Topic/mt [Methods]"  
 "Europe/ep [Epidemiology]"  
 "Health Policy/td [Trends]"  
 Heroin  
 "\*Heroin Dependence/dt [Drug Therapy]"  
 "Heroin Dependence/ep [Epidemiology]"  
 Humans  
 "\*Methadone/ad [Administration and Dosage]"  
 "\*Opiate Substitution Treatment/mt [Methods]"  
 "Opiate Substitution Treatment/td [Trends]"  
 "\*Research Design/td [Trends]"  
 Treatment Outcome  
 World Health Organization

**Source:** MEDLINE

**Full Text:** Available in *fulltext* at *Wiley*

## 52. Schizencephaly prevalence, prenatal diagnosis and clues to etiology: a register-based study.

**Citation:** Ultrasound in Obstetrics & Gynecology, January 2012, vol./is. 39/1(75-82), 0960-7692;1469-0705 (2012 Jan)

**Author(s):** Howe DT; Rankin J; Draper ES

**Institution:** Wessex Fetal Medicine Unit, Princess Anne Hospital, Southampton, UK.  
 dth@soton.ac.uk

**Language:** English

**Abstract:** OBJECTIVES: To establish the prevalence and antenatal diagnosis of schizencephaly in the UK. METHODS: Data on schizencephaly were extracted from six regional congenital anomaly registers. RESULTS: Thirty-eight cases of schizencephaly were identified in 2 567 165 livebirths and stillbirths, giving a total prevalence of 1.48/100 000 births (95% CI, 1.01-1.95). Eighteen (47% (95% CI, 31-63%)) of the 38 cases were identified antenatally. No affected fetus had an abnormal karyotype identified. A high proportion of cases of schizencephaly occurred in younger mothers: 63% were aged 24 years or less, significantly higher ( $P < 0.0001$ ) than the corresponding proportion (26%) of mothers in England and Wales. The majority of cases were not identified until after 22 weeks of pregnancy. Additional anomalies associated with vascular disruption sequences were found in eight cases which had septo-optic dysplasia or absent septum pellucidum, one of which also had gastroschisis. CONCLUSIONS: Schizencephaly occurs more frequently in the fetuses of younger mothers. It is often associated with septo-optic dysplasia, suggesting that the two conditions may share a common origin, arising as a result of destructive processes that cause changes in the brain which only become apparent on ultrasound in the second half of pregnancy. Copyright Copyright 2011 ISUOG. Published by John Wiley & Sons, Ltd.

**Country of Publication:** England

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

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

**Subject Headings:** Adolescent  
 Adult  
 Age Distribution  
 "Cytomegalovirus Infections/co [Complications]"  
 "\*Cytomegalovirus Infections/di [Diagnosis]"  
 "Cytomegalovirus Infections/ep [Epidemiology]"  
 "England/ep [Epidemiology]"  
 Female  
 Humans

[Infant Newborn](#)  
[Karyotyping](#)  
[\\*Magnetic Resonance Imaging](#)  
[Male](#)  
["\\*Malformations of Cortical Development/di \[Diagnosis\]"](#)  
["Malformations of Cortical Development/ep \[Epidemiology\]"](#)  
["Malformations of Cortical Development/et \[Etiology\]"](#)  
[Maternal Age](#)  
[Pregnancy](#)  
[Pregnancy Outcome](#)  
[Prenatal Diagnosis](#)  
[Prevalence](#)  
[Registries](#)  
["\\*Street Drugs/ae \[Adverse Effects\]"](#)  
["Substance-Related Disorders/co \[Complications\]"](#)  
["\\*Substance-Related Disorders/di \[Diagnosis\]"](#)  
["Substance-Related Disorders/ep \[Epidemiology\]"](#)  
[\\*Ultrasonography Prenatal](#)  
[Young Adult](#)

**Source:** MEDLINE

**Full Text:** Available in *fulltext* at [Wiley](#)

### 53. An apparently jawless cadaver: a case of post-mortem slippage.

**Citation:** Science & Justice, December 2011, vol./is. 51/4(150-3), 1355-0306;1355-0306 (2011 Dec)

**Author(s):** Ruffell A; Murphy E

**Institution:** School of Geography, Queens University, Belfast, UK. [a.ruffell@qub.ac.uk](mailto:a.ruffell@qub.ac.uk)

**Language:** English

**Abstract:** Passer-by witnesses reported a human cadaver in woodland associated with an agricultural college to police in Northern Ireland. The cadaver comprised reasonably preserved feet, legs and pelvis, with poorly preserved arms and torso, lying with the torso down-slope abutting a fallen tree. A search of the area around the torso, and for some 20m around, failed to find the cranium and mandible. The mandible was found, embedded inside the chest cavity. The cranium was found some 30m away. The victim was later identified as a 24-year old drug addict who had absconded from a local hospital. Mapping of the area led us to speculate that he had tripped and fallen down-slope: other reasons for the body location were also considered. After death, the cadaver had further slipped down-slope forcing the mandible into the chest cavity: slippage of human remains is well-known in forensic and archaeological literature but not well documented. Knowledge of this process of cadaver 'slip' may save wasted police resources in future similar environments where the mandible, and possible other nearby bones appear missing yet are inside the body. Copyright Copyright 2011 Forensic Science Society. Published by Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** England

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

**Subject Headings:** [Adult](#)  
[Cadaver](#)  
[Forensic Anthropology](#)  
[Humans](#)  
[Male](#)  
["\\*Mandible/pa \[Pathology\]"](#)  
[\\*Postmortem Changes](#)  
["\\*Skull/pa \[Pathology\]"](#)  
[Young Adult](#)

**Source:** MEDLINE



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

- Citation:** Journal of Medical Ethics, November 2011, vol./is. 37/11(682-7), 0306-6800;1473-4257 (2011 Nov)
- Author(s):** Promberger M; Brown RC; Ashcroft RE; Marteau TM
- Institution:** King's College London, London SE1 9RT, UK. marianne.promberger@kcl.ac.uk
- Language:** English
- Abstract:** In an online study conducted separately in the UK and the US, participants rated the acceptability and fairness of four interventions: two types of financial incentives (rewards and penalties) and two types of medical interventions (pills and injections). These were stated to be equally effective in improving outcomes in five contexts: (a) weight loss and (b) smoking cessation programmes, and adherence in treatment programmes for (c) drug addiction, (d) serious mental illness and (e) physiotherapy after surgery. Financial incentives (weekly rewards and penalties) were judged less acceptable and to be less fair than medical interventions (weekly pill or injection) across all five contexts. Context moderated the relative preference between rewards and penalties: participants from both countries favoured rewards over penalties in weight loss and treatment for serious mental illness. Only among US participants was this relative preference moderated by perceived responsibility of the target group. Overall, participants supported funding more strongly for interventions when they judged members of the target group to be less responsible for their condition, and vice versa. These results reveal a striking similarity in negative attitudes towards the use of financial incentives, rewards as well as penalties, in improving outcomes across a range of contexts, in the UK and the USA. The basis for such negative attitudes awaits further study.
- Country of Publication:** England
- Publication Type:** Journal Article; Research Support, Non-U.S. Gov't
- Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Aged](#)  
[Aged 80 and over](#)  
[Female](#)  
[Great Britain](#)  
["\\*Health Promotion/mt \[Methods\]"](#)  
[Humans](#)  
[Internet](#)  
[Male](#)  
[Middle Aged](#)  
[\\*Motivation](#)  
["\\*Patient Acceptance of Health Care/px \[Psychology\]"](#)  
[Patient Education as Topic](#)  
["\\*Patients/px \[Psychology\]"](#)  
["\\*Quality of Health Care/ec \[Economics\]"](#)  
[Questionnaires](#)  
[\\*Reward](#)  
[United States](#)  
[Young Adult](#)
- Source:** MEDLINE
- Full Text:** Available in *fulltext* at [Highwire Press](#)

**55. Undergraduate medical education in substance use in Ireland: a review of the literature and discussion paper.**

- Citation:** Irish Journal of Medical Science, December 2011, vol./is. 180/4(787-92), 0021-1265;1863-4362 (2011 Dec)
- Author(s):** O'Brien S; Cullen W

**Institution:** UCD General Practice, UCD School of Medicine and Medical Science, Coombe Healthcare Centre, Dolphins Barn, Dublin 8, Ireland. sarahob17@gmail.com

**Language:** English

**Abstract:** BACKGROUND: Medical complications of substance use are a considerable cause of morbidity and the role of the physician in the care of such problems has consistently been demonstrated. Appropriate knowledge and skills are necessary to carry out this role. AIMS: To review the literature on training undergraduate medical students in identifying and managing substance misuse and to discuss the implications of this literature for Irish medical education. METHODS: A search of the literature was performed using keywords; "substance-related disorders", "undergraduate" and "curriculum". All abstracts were reviewed and the full text of relevant abstracts was studied and references reviewed for further articles. RESULTS: Despite an increase in prevalence of the problem of drug and alcohol use in Ireland and the UK, this has not been reflected in undergraduate medical curricula. In the UK, minimal time is devoted to formal teaching of medical undergraduates in the area of substance misuse and many doctors do not have the appropriate knowledge, skills, attitudes and confidence to treat patients with such problems. In Ireland, no data has reported formal undergraduate teaching hours in the area of drug and alcohol misuse. Internationally, substance abuse curricula have been developed and implemented in medical schools in the United States and Australia. CONCLUSION: While substance misuse is increasing in prevalence, this is not reflected in the composition of medical curricula, especially in Ireland. International best practice whereby undergraduate curricula that adequately address substance misuse and related issues are systematically developed and implemented, is recommended for adoption by Irish medical schools.

**Country of Publication:** Ireland

**Publication Type:** Journal Article; Review

**Subject Headings:** [\\*Education Medical Undergraduate Humans Ireland](#)  
[\\*\\*Substance-Related Disorders/di \[Diagnosis\]](#)  
[\\*\\*Substance-Related Disorders/th \[Therapy\]](#)

**Source:** MEDLINE

#### 56. Isolation of *Bisgaardia hudsonensis* from a seal bite. Case report and review of the literature on seal finger.

**Citation:** Journal of Infection, July 2011, vol./is. 63/1(86-8), 0163-4453;1532-2742 (2011 Jul)

**Author(s):** Sundeep S; Cleeve V

**Institution:** Department of Microbiology, Freeman Hospital, High Heaton, Newcastle upon, Tyne NE7 7DN, United Kingdom. sheetalsun@gmail.com

**Language:** English

**Abstract:** Here we describe the case of a young man who sustained a seal bite to his hand and developed a seal finger. The symptoms of seal finger include pain, swelling, discharge, and in some cases there is joint involvement.(1) The organism isolated from the lesion was identified as a *Bisgaardia hudsonensis* and we believe this is the first case of a seal bite caused by *B.[NON-BREAKING SPACE]hudsonensis* which is a new member of the family Pasteurellaceae and as yet unpublished. Copyright Copyright 2011 The British Infection Association. Published by Elsevier Ltd. All rights reserved.

**Country of Publication:** England

**CAS Registry Number:** 0 (Anti-Bacterial Agents)

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

**Subject Headings:** [Adult Animals](#)  
["Anti-Bacterial Agents/tu \[Therapeutic Use\]"](#)  
[\\*\\*Bites and Stings/mi \[Microbiology\]"](#)

"Finger Injuries/dt [Drug Therapy]"  
 "\*Finger Injuries/mi [Microbiology]"  
 \*Fur Seals  
 Great Britain  
 Humans  
 Male  
 "\*Pasteurellaceae/ip [Isolation and Purification]"  
 "\*Pasteurellaceae Infections/di [Diagnosis]"  
 "Pasteurellaceae Infections/dt [Drug Therapy]"

**Source:** MEDLINE

### 57. Safety of high doses of urokinase and reteplase for acute ischemic stroke.

**Citation:** Ajnr: American Journal of Neuroradiology, June 2011, vol./is. 32/6(998-1001), 0195-6108;1936-959X (2011 Jun-Jul)

**Author(s):** Misra V; El Khoury R; Arora R; Chen PR; Suzuki S; Harun N; Gonzales NR; Barreto AD; Grotta JC; Savitz SI

**Institution:** Department of Neurology, The University of Texas Medical School at Houston, USA.

**Language:** English

**Abstract:** BACKGROUND AND PURPOSE: ET is considered in selected patients with AIS with persistent arterial occlusion after receiving IVT. Limited data exist on the safety of IA high doses of UK and RT for ET. We investigated any correlation between IA doses of UK or RT and safety outcomes in patients who underwent ET.MATERIALS AND METHODS: We identified all patients from our stroke registry who received UK or RT for ET from 1998 to 2008. Demographics, baseline National Institutes of Health Stroke Scale scores, recanalization rates, rates of attempted MT, mortality, SICH, and discharge modified Rankin Scale scores were collected.RESULTS: Of 197 patients; 72 received UK and 125 received RT. More than 90% of patients in both groups had received prior IVT. The median IA dose of UK was 200,000 U (range, 25,000-1,500,000 U) and of RT was 2 mg (range, 1-8 mg). Concurrent MT was attempted in 59.7% of UK-treated patients and 72.0% of RT-treated patients, with SICH rates of 4.2% and 8.0%, respectively. Logistic regression adjusting for prior IVT and MT revealed no correlation between SICH and doses of UK (OR, 1.00; 95% CI, 0.99-1.00; P = .94) or RT (OR, 0.803; 95% CI, 0.48-1.33; P = .39). There was no correlation between mortality and doses of UK (OR, 1.00; 95% CI, 0.99-1.00; P = .51) or RT (OR, 1.048; 95% CI, 0.77-1.42; P = .75).CONCLUSIONS: High IA doses of UK and RT may be safe when given with or without MT in patients with AIS despite receiving a full dose of intravenous recombinant tissue plasminogen activator. These results need prospective validation.

**Country of Publication:** United States

**CAS Registry Number:** 0 (Recombinant Proteins); 133652-38-7 (reteplase); EC 3-4-21-68 (Tissue Plasminogen Activator); EC 3-4-21-73 (Urokinase-Type Plasminogen Activator)

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

**Subject Headings:** Comorbidity  
 Dose-Response Relationship Drug  
 "\*Drug Toxicity/ep [Epidemiology]"  
 Female  
 Humans  
 Male  
 Middle Aged  
 Prevalence  
 "Recombinant Proteins/tu [Therapeutic Use]"  
 Risk Assessment  
 Risk Factors  
 "\*Stroke/dt [Drug Therapy]"  
 "\*Stroke/ep [Epidemiology]"  
 "Texas/ep [Epidemiology]"

"\*Tissue Plasminogen Activator/tu [Therapeutic Use]"  
 "\*Urokinase-Type Plasminogen Activator/tu [Therapeutic Use]"

**Source:** MEDLINE

**58. Enhancing response inhibition by incentive: comparison of adolescents with and without substance use disorder.**

**Citation:** Drug & Alcohol Dependence, May 2011, vol./is. 115/1-2(43-50), 0376-8716;1879-0046 (2011 May 1)

**Author(s):** Chung T; Geier C; Luna B; Pajtek S; Terwilliger R; Thatcher D; Clark DB

**Institution:** Western Psychiatric Institute and Clinic, University of Pittsburgh Medical Center, 3811 O'Hara Street, Pittsburgh, PA 15213, United States. chungta@upmc.edu

**Language:** English

**Abstract:** Effective response inhibition is a key component of recovery from addiction. Some research suggests that response inhibition can be enhanced through reward contingencies. We examined the effect of monetary incentive on response inhibition among adolescents with and without substance use disorder (SUD) using a fast event-related fMRI antisaccade reward task. The fMRI task permits investigation of how reward (monetary incentive) might modulate inhibitory control during three task phases: cue presentation (reward or neutral trial), response preparation, and response execution. Adolescents with lifetime SUD (n=12; 100% marijuana use disorder) were gender and age-matched to healthy controls (n=12). Monetary incentive facilitated inhibitory control for SUD adolescents; for healthy controls, the difference in error rate for neutral and reward trials was not significant. There were no significant differences in behavioral performance between groups across reward and neutral trials, however, group differences in regional brain activation were identified. During the response preparation phase of reward trials, SUD adolescents, compared to controls, showed increased activation of prefrontal and oculomotor control (e.g., frontal eye field) areas, brain regions that have been associated with effective response inhibition. Results indicate differences in brain activation between SUD and control youth when preparing to inhibit a prepotent response in the context of reward, and support a possible role for incentives in enhancing response inhibition among youth with SUD. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Subject Headings:** Adolescent  
 "\*Eye Movements/ph [Physiology]"  
 Female  
 Follow-Up Studies  
 Humans  
 \*Inhibition (Psychology)  
 Longitudinal Studies  
 "Magnetic Resonance Imaging/mt [Methods]"  
 Male  
 "\*Motivation/ph [Physiology]"  
 "Photic Stimulation/mt [Methods]"  
 Random Allocation  
 "\*Reaction Time/ph [Physiology]"  
 "\*Substance-Related Disorders/pp [Physiopathology]"  
 "\*Substance-Related Disorders/px [Psychology]"

**Source:** MEDLINE