Search Results

Table of Contents

Search History

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

1. Lost in translation? Learning from the opioid epidemic in the USA

Citation: Anaesthesia, December 2013, vol./is. 68/12(1215-1219), 0003-2409;1365-2044 (December 2013)

Author(s): Weisberg D.; Stannard C.

Institution: (Weisberg) Yale University School of Medicine, New Haven, CT, United States; (Stannard) Macmillan Centre Frenchay Hospital, Bristol, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)

CAS Registry Number: 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)

Publication Type: Journal: Editorial

Subject Headings:
*analgesia
"cancer pain/dt [Drug Therapy]"
"chronic pain/dt [Drug Therapy]"
drug antagonism
drug cost
*drug dependence
drug industry
drug intoxication
drug misuse
drug safety
drug traffic
editorial
health care access
*health care delivery
*health care policy
human
"opiate addiction/dt [Drug Therapy]"
"pain/dt [Drug Therapy]"
*prescription
*quality of life
"respiration depression/si [Side Effect]"
United Kingdom
United States
"benzodiazepine derivative/it [Drug Interaction]"
central stimulant agent
"methadone/ae [Adverse Drug Reaction]"
"methadone/dt [Drug Therapy]"
"*narcotic analgesic agent/it [Drug Interaction]"
"*narcotic analgesic agent/dt [Drug Therapy]"
"*narcotic analgesic agent/pe [Pharmacoeconomics]"

Source: EMBASE

Full Text: Available from *Wiley* in *Anaesthesia*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"
Available from *Anaesthesia* in *Newcomb Library & Information Service*

2. Pharmacotherapeutics for substance-use disorders: A focus on dopaminergic medications

Citation: Expert Opinion on Investigational Drugs, December 2013, vol./is. 22/12(1549-1568), 1354-3784;1744-7658 (December 2013)

Author(s): Verrico C.D.; Haile C.N.; Newton T.F.; Kosten T.R.; De La Garza R.

Institution: (Verrico, Haile, Newton, Kosten, De La Garza) Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine, One Baylor Plaza, Houston, TX 77030-3411, United States

Language: English

Abstract: Introduction: Illicit substance-use is a substantial public health concern, contributing over $150 billion in costs annually to Americans. A complex disease, a substance-use disorder affects neural circuits involved in reinforcement, motivation, learning and memory, and inhibitory control. Areas covered: The modulatory influence of dopamine in mesocorticolimbic circuits contributes to encoding the primary reinforcing effects of substances and numerous studies suggest that aberrant signaling within these circuits contributes to the development of a substance-use disorder in some individuals. Decades of research focused on the clinical development of medications that directly target dopamine receptors has led to recent studies of agonist-like dopaminergic treatments for stimulant-use disorders and, more recently, cannabis-use disorder. Human studies evaluating the efficacy of dopaminergic agonist-like medications to reduce reinforcing effects and substance-use provide some insight into the design of future pharmacotherapy trials. A search of PubMed using specific brain regions, medications, and/or the terms 'dopamine', 'cognition', 'reinforcement', 'cocaine', 'methamphetamine', 'amphetamine', 'cannabis', 'treatment/pharmacotherapy', 'addiction/abuse/dependence' identified articles relevant to this review. Expert opinion: Conceptualization of substance-use disorders and their treatment continues to evolve. Current efforts increasingly focus on a strategy fostering combination pharmacotherapies that target multiple neurotransmitter systems. 2013 Informa UK, Ltd. 2013 Informa UK, Ltd.

Country of Publication: United Kingdom

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

CAS Registry Number: 31677-93-7 (amfebutamone); 34911-55-2 (amfebutamone); 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 28860-95-9 (carbidopa); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 59-92-7 (levodopa); 28297-73-6 (methamphetamine); 51-57-0 (methamphetamine); 537-46-2 (methamphetamine); 7632-10-2 (methamphetamine); 113-45-1 (methylphenidate); 298-59-9 (methylphenidate); 68693-11-8 (modafinil); 14611-51-9 (selegiline); 14611-52-0 (selegiline); 2079-54-1 (selegiline); 2323-36-6 (selegiline)

Publication Type: Journal: Review

Subject Headings:
"attention deficit disorder/dt [Drug Therapy]"
"cannabis addiction/dt [Drug Therapy]"
"cocaine dependence/dt [Drug Therapy]"
cognition
cognitive therapy
corpus striatum
decision making
dependent personality disorder
dopaminergic nerve cell
dopaminergic transmission
hippocampus
human
learning
limbic system
long term depression
memory
mesencephalon
motivation
negative feedback
nucleus accumbens
*pharmaceutical care
phase 1 clinical trial (topic)

phase 2 clinical trial (topic)
placebo effect
prefrontal cortex
randomized controlled trial (topic)
reinforcement
review
smoking cessation
state dependent learning
*substance abuse
synaptosome
ventral tegmentum
"4 aminobutyric acid receptor/ec [Endogenous Compound]"
"amfebutamone/ct [Clinical Trial]"
"amfebutamone/dt [Drug Therapy]"
amphetamine
"cannabinoid 1 receptor/ec [Endogenous Compound]"
cannabis
"carbidopa/dt [Drug Therapy]"
cocaine
"dopamine receptor/ec [Endogenous Compound]"
"endocannabinoid/ec [Endogenous Compound]"
illicit drug
"levodopa/dt [Drug Therapy]"
methamphetamine
"methylphenidate/ct [Clinical Trial]"
"methylphenidate/dt [Drug Therapy]"
"modafinil/ct [Clinical Trial]"
"modafinil/dt [Drug Therapy]"
"selegiline/dt [Drug Therapy]"
"selegiline/td [Transdermal Drug Administration]"
"vesicular monoamine transporter 2/ec [Endogenous Compound]"

Source: EMBASE

3. Use of the Alcohol Use Disorders Identification Test (AUDIT) to determine the prevalence of alcohol misuse among HIV-infected individuals

Citation: International Journal of STD and AIDS, April 2013, vol./is. 24/7(517-521), 0956-4624 (April 2013)

Author(s): Surah S.; Kieran J.; O'Dea S.; Shiel C.; Raffee S.; Mulcahy F.; Keenan E.; Lyons F.

Institution: (Surah, Kieran, O'Dea, Shiel, Raffee, Mulcahy, Lyons) The GUIDE clinic (Department of Genito-Urinary Medicine and Infectious Diseases), St James's Hospital, James's Street, Dublin 8, Ireland; (Keenan) The Drug Treatment Centre Board, The McCarthy Centre, 30/31 Pearse Street, Dublin 2, Ireland

Language: English

Abstract: The aim of the paper is to evaluate alcohol misuse among an inner city adult HIV clinic population with AUDIT (Alcohol Use Disorders Identification Test). A cross-sectional HIV outpatient clinic analysis between 28 February 2011 and 11 March 2011 was carried out. AUDIT, demographic and clinical data were collected. Univariate analysis was performed to look for the associations between variables. Backward stepwise multivariate analyses were performed on significant variables from the univariate analysis to assess for predictors of alcohol dependence. In total, 111 patients were included (60% uptake of clinic attendees); 66% were men and 26% were hepatitis C virus (HCV) co-infected. The median AUDIT score was 5 (within normal range). Thirty-four 'AUDIT positive' cases were identified: five (4.5%) indicated consumption of hazardous levels of alcohol; 21 (19%) indicated harmful levels of alcohol; and eight (7%) were likely alcohol dependent. Younger age (<40 years old) was significantly associated with AUDIT positivity (P = 0.006). On multivariate analysis younger age (P = 0.045, odds ratio 13.8) and lower level of education (P = 0.006, odds ratio 6.7) were predictive of scores indicative of alcohol

dependence (AUDIT >=20). In conclusion, younger age and lower educational levels were associated with scores consistent with alcohol dependence. AUDIT was well tolerated and easy to administer in this outpatient HIV clinic population. The Author(s) 2013 Reprints and permissions: sagepub.co.uk/journalsPermissions.nav.

Country of Publication: United Kingdom

Publisher: SAGE Publications Ltd (55 City Road, London EC1Y 1SP, United Kingdom)

Publication Type: Journal: Article

Subject Headings:
adult
age
alcohol consumption
*alcohol use disorder
*alcohol use disorders identification test
"*alcoholism/ep [Epidemiology]"
article
controlled study
cross-sectional study
demography
education
employment status
female
health survey
hepatitis C
human
*Human immunodeficiency virus infected patient
Ireland
major clinical study
male
mixed infection
*named inventories questionnaires and rating scales
outpatient department
prevalence
priority journal
risk factor

Source: EMBASE

4. Association between hematocrit in late adolescence and subsequent myocardial infarction in Swedish men

Citation: International Journal of Cardiology, October 2013, vol./is. 168/4(3588-3593), 0167-5273;1874-1754 (09 Oct 2013)

Author(s): Toss F.; Nordstrom A.; Nordstrom P.

Institution: (Toss, Nordstrom, Nordstrom) Department of Surgical and Perioperative Sciences, Sports Medicine, Sweden; (Toss, Nordstrom) Department of Community Medicine and Rehabilitation, Rehabilitation Medicine, Sweden; (Toss, Nordstrom) Department of Community Medicine and Rehabilitation, Geriatric Medicine, Umea University, 90187 Umea, Sweden

Language: English

Abstract: Background Hematocrit is an independent predictor of cardiovascular risk in middle and old age, but whether hematocrit is also a predictor at younger ages is presently not known. In this study, we examined whether hematocrit measured in adolescence was associated with the risk of myocardial infarction later in life. Methods During Swedish national conscription tests conducted between 1969 and 1978, the hematocrit was measured in 417,099 young Swedish men. The cohort was followed for subsequent myocardial infarction events through December 2010. Associations between hematocrit and myocardial infarction were accessed using Cox regression models. Results During a median follow-up period of 36 years, 9322 first-time myocardial infarctions occurred within the study cohort. After adjusting for relevant confounders and potential risk factors for myocardial infarction, men with a hematocrit >= 49% had a 1.4-fold increased risk of

myocardial infarction compared with men with a hematocrit <= 44%. This relationship was dose dependent (p < 0.001 for trend) and remained consistent throughout the follow-up period. Conclusions In this cohort of young Swedish men, hematocrit was associated with the risk of myocardial infarction later in life after controlling for other coronary risk factors. The study findings indicate that hematocrit may aid future risk assessments in young individuals. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

Publication Type: Journal: Article

Subject Headings:
*adolescence
adult
"alcoholism/di [Diagnosis]"
article
"asthma/di [Diagnosis]"
"atopic dermatitis/di [Diagnosis]"
body mass
cardiovascular risk
cohort analysis
cold
controlled study
"diabetes mellitus/di [Diagnosis]"
diastolic blood pressure
disease association
dose response
"drug dependence/di [Diagnosis]"
erythrocyte
erythrocyte sedimentation rate
ethnic group
follow up
"gastritis/di [Diagnosis]"
"hay fever/di [Diagnosis]"
"hearing impairment/di [Diagnosis]"
"*heart infarction/di [Diagnosis]"
height
*hematocrit
human
human cell
"low back pain/di [Diagnosis]"
major clinical study
male
priority journal
proportional hazards model
Swedish
systolic blood pressure
weight

Source: EMBASE

Full Text: Available from *Elsevier* in *International Journal of Cardiology*

5. Naturalistic disease management study of patients with alcohol dependence in the primary care setting in the United Kingdom (STREAM)

Citation: Value in Health, November 2013, vol./is. 16/7(A551), 1098-3015 (November 2013)

Author(s): Coste F.; Chalem Y.; Francois C.; Wallace P.

Institution: (Coste, Chalem, Francois) Lundbeck S.A.S., Issy-les-Moulineaux, France; (Wallace) NIHR, London, United Kingdom

Language: English

Abstract: Objectives: Describe the management of alcohol dependence at general practitioner (GP) level. Methods: STREAM is a non-interventional, 6-month prospective study of adult patients undergoing targeted alcohol screening during routine consultation by GPs throughout England and Scotland, for whom alcohol problems were either known or suspected on the basis of clinical signs or patient's report. Inclusion criteria were an AUDIT score > = 8 and consent. At baseline, diagnosis of dependence was made using the DSM-IV criteria and data were collected on socio-demographic characteristics, comorbidities alcohol consumption with the timeline follow-back method, previous and current alcohol treatment, treatment goal (abstinence or reduction of alcohol consumption). The data were analyzed descriptively. Results: A total of 218 patients screened positive and were included in 26 sites. A total of 79% of patients fulfilled the DSM-IV criteria for alcohol dependence; 74% were men, the mean age was 50 years and only 29% were working full or part-time. 40% of patients had a history of alcohol treatment (almost always counseling), 20% had a history of detoxification and 9% a history of pharmacological treatment. At inclusion, the proportion of patients with ongoing treatment for alcohol addiction was 28% and these patients were drinking in average 63 g/ day compared to 89 g/d in untreated patients. Of those patients on treatment or about to initiate it, alcohol reduction was more frequently the treatment goal than abstinence (51% vs. 45%). Co nclusions: Targeted screening is an effective way for GPs to identify patients with alcohol dependence opportunistically. Many such patients have a history of counseling but few have received pharmacological interventions. Only a minority of those with alcohol dependence have ever received any form of treatment. For the majority of those in treatment, alcohol reduction is the treatment goal of choice. Consumption levels in patients with dependence tend to be high, irrespective of treatment status.

Conference Information: ISPOR 16th Annual European Congress Dublin Ireland. Conference Start: 20131102 Conference End: 20131106

Publisher: Elsevier Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:

*patient
*human
*alcoholism
*primary medical care
*United Kingdom
*disease management
alcohol consumption
abstinence
screening
counseling
detoxification
adult
demography
prospective study
general practitioner
diagnosis
consultation
drug therapy
male
drinking
alcohol

Source: EMBASE

Full Text: Available from *Elsevier* in *Value in Health*

6. The Global Epidemiology and Contribution of Cannabis Use and Dependence to the Global Burden of Disease: Results from the GBD 2010 Study

Citation: PLoS ONE, October 2013, vol./is. 8/10, 1932-6203 (24 Oct 2013)

Author(s): Degenhardt L.; Ferrari A.J.; Calabria B.; Hall W.D.; Norman R.E.; McGrath J.; Flaxman A.D.; Engell R.E.; Freedman G.D.; Whiteford H.A.; Vos T.

Institution: (Degenhardt, Calabria) National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW, Australia; (Degenhardt) Melbourne School of Population and Global Health, University of Melbourne, Melbourne, VIC, Australia; (Ferrari, Whiteford) Queensland Centre for Mental Health Research, Brisbane, QLD, Australia; (Ferrari, Norman, Whiteford) School of Population Health, University of Queensland, Brisbane, QLD, Australia; (Hall) University of Queensland Centre for Clinical Research, University of Queensland, Brisbane, QLD, Australia; (Hall) National Addiction Centre, Kings College London, London, United Kingdom; (Norman) Queensland Children's Medical Research Institute, University of Queensland, Brisbane, QLD, Australia; (McGrath) Queensland Brain Institute, University of Queensland, Brisbane, QLD, Australia; (Flaxman, Engell, Freedman, Vos) Institute for Health Metrics and Evaluation, University of Washington, Seattle, WA, United States

Language: English

Abstract: Aims:Estimate the prevalence of cannabis dependence and its contribution to the global burden of disease.Methods:Systematic reviews of epidemiological data on cannabis dependence (1990-2008) were conducted in line with PRISMA and meta-analysis of Observational Studies in Epidemiology (MOOSE) guidelines. Culling and data extraction followed protocols, with cross-checking and consistency checks. DisMod-MR, the latest version of generic disease modelling system, redesigned as a Bayesian meta-regression tool, imputed prevalence by age, year and sex for 187 countries and 21 regions. The disability weight associated with cannabis dependence was estimated through population surveys and multiplied by prevalence data to calculate the years of life lived with disability (YLDs) and disability-adjusted life years (DALYs). YLDs and DALYs attributed to regular cannabis use as a risk factor for schizophrenia were also estimated.Results:There were an estimated 13.1 million cannabis dependent people globally in 2010 (point prevalence0.19% (95% uncertainty: 0.17-0.21%)). Prevalence peaked between 20-24 yrs, was higher in males (0.23% (0.2-0.27%)) than females (0.14% (0.12-0.16%)) and in high income regions. Cannabis dependence accounted for 2 million DALYs globally (0.08%; 0.05-0.12%) in 2010; a 22% increase in crude DALYs since 1990 largely due to population growth. Countries with statistically higher age-standardised DALY rates included the United States, Canada, Australia, New Zealand and Western European countries such as the United Kingdom; those with lower DALY rates were from Sub-Saharan Africa-West and Latin America. Regular cannabis use as a risk factor for schizophrenia accounted for an estimated 7,000 DALYs globally.Conclusion:Cannabis dependence is a disorder primarily experienced by young adults, especially in higher income countries. It has not been shown to increase mortality as opioid and other forms of illicit drug dependence do. Our estimates suggest that cannabis use as a risk factor for schizophrenia is not a major contributor to population-level disease burden. 2013 Degenhardt et al.

Country of Publication: United States

Publisher: Public Library of Science (185 Berry Street, Suite 1300, San Francisco CA 94107, United States)

Publication Type: Journal: Article

Subject Headings:
age distribution
article
"*cannabis addiction/ep [Epidemiology]"
disability
disability adjusted life year
*general aspects of disease
geographic distribution
*global burden of disease
human
prevalence
quality of life
risk assessment

risk factor
schizophrenia
sex difference
socioeconomics
systematic review

Source: EMBASE

Full Text: Available from *ProQuest* in *PLoS One*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions. Available from *National Library of Medicine* in *PLoS ONE*

7. Alcohol use among older people

Citation: British Journal of Community Nursing, September 2013, vol./is. 18/9(468), 1462-4753 (September 2013)

Author(s): While A.

Institution: (While) King's College London, Florence Nightingale School of Nursing and Midwifery, QNI, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: MA Healthcare Ltd (Dulwich Road, London SE24 0PB, United Kingdom)

Publication Type: Journal: Note

Subject Headings:
aged
"*alcoholism/pc [Prevention]"
community health nursing
*geriatric assessment
*health promotion
human
*mass screening
methodology
note
United Kingdom
very elderly

Source: EMBASE

Full Text: Available from *EBSCOhost* in *British Journal of Community Nursing*

8. An update on the use of laser technology in skin vaccination

Citation: Expert Review of Vaccines, 2013, vol./is. 12/11(1313-1323), 1476-0584;1744-8395 (2013)

Author(s): Chen X.; Wang J.; Shah D.; Wu M.X.

Institution: (Chen, Wang, Shah) Department of Dermatology, Harvard Medical School, Massachusetts General Hospital, 50 Boston Street, Boston, MA 02114, United States; (Wu) Harvard-MIT Division of Health Sciences and Technology, Cambridge, MA 02139, United States

Language: English

Abstract: Vaccination via skin often induces stronger immune responses than via muscle. This, in line with potential needle-free, painless delivery, makes skin a very attractive site for immunization. Yet, despite decades of effort, effective skin delivery is still in its infant stage and safe and potent adjuvants for skin vaccination remain largely undefined. We have shown that laser technologies including both fractional and non-fractional lasers can greatly augment vaccine-induced immune response without incurring any significant local and systemic side effects. Laser illumination at specific settings can accelerate the motility of antigen-presenting cells or trigger release of 'danger' signals stimulating the immune system. Moreover, several other groups including the authors explore laser

technologies for needle-free transcutaneous vaccine delivery. As these laser-mediated resurfacing technologies are convenient, safe and cost-effective, their new applications in vaccination warrant clinical studies in the very near future. 2013 Informa UK Ltd.

Country of Publication: United Kingdom

Publisher: Expert Reviews Ltd. (2 Albert Place, London N3 1QB, United Kingdom)

CAS Registry Number: 25567-67-3 (1 chloro 2,4 dinitrobenzene); 97-00-7 (1 chloro 2,4 dinitrobenzene); 106-60-5 (aminolevulinic acid); 134-03-2 (ascorbic acid); 15421-15-5 (ascorbic acid); 50-81-7 (ascorbic acid); 25168-13-2 (fluorescein isothiocyanate); 27072-45-3 (fluorescein isothiocyanate); 3326-32-7 (fluorescein isothiocyanate); 51-21-8 (fluorouracil); 50-23-7 (hydrocortisone); 99011-02-6 (imiquimod); 9004-10-8 (insulin); 15475-56-6 (methotrexate); 59-05-2 (methotrexate); 7413-34-5 (methotrexate); 77466-29-6 (ovalbumin); 81-88-9 (rhodamine B)

Publication Type: Journal: Review

Subject Headings:
adaptive immunity
antibody titer
antigen presenting cell
cellular immunity
DNA immunization
*drug delivery system
erbium YAG laser
human
illumination
immunogenicity
immunotherapy
*low level laser therapy
"narcolepsy/si [Side Effect]"
neodymium YAG laser
"neurologic disease/si [Side Effect]"
nonhuman
photodynamic therapy
priority journal
provocation test
review
"tobacco dependence/th [Therapy]"
*vaccination
"1 chloro 2 4 dinitrobenzene/pr [Pharmaceutics]"
"1 chloro 2 4 dinitrobenzene/pd [Pharmacology]"
"aminolevulinic acid/pr [Pharmaceutics]"
"aminolevulinic acid/pd [Pharmacology]"
"ascorbic acid/pr [Pharmaceutics]"
"ascorbic acid/pd [Pharmacology]"
"BCG vaccine/pr [Pharmaceutics]"
"BCG vaccine/pd [Pharmacology]"
"BCG vaccine/td [Transdermal Drug Administration]"
"DNA vaccine/pr [Pharmaceutics]"
"DNA vaccine/pd [Pharmacology]"
"fluorescein isothiocyanate/pr [Pharmaceutics]"
"fluorescein isothiocyanate/pd [Pharmacology]"
"fluorouracil/pr [Pharmaceutics]"
"fluorouracil/pd [Pharmacology]"
"hepatitis B surface antigen/pr [Pharmaceutics]"
"hepatitis B surface antigen/pd [Pharmacology]"
"hydrocortisone/pr [Pharmaceutics]"
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"imiquimod/pr [Pharmaceutics]"
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"influenza vaccine/pr [Pharmaceutics]"

"influenza vaccine/pd [Pharmacology]"
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"insulin/pr [Pharmaceutics]"
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"interferon/pr [Pharmaceutics]"
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"nicotine vaccine/pd [Pharmacology]"
"nicotine vaccine/td [Transdermal Drug Administration]"
"ovalbumin/pr [Pharmaceutics]"
"ovalbumin/pd [Pharmacology]"
"peptide hen egg lysozyme/pr [Pharmaceutics]"
"peptide hen egg lysozyme/pd [Pharmacology]"
"peptide vaccine/pr [Pharmaceutics]"
"peptide vaccine/pd [Pharmacology]"
"pr8 vaccine/pr [Pharmaceutics]"
"pr8 vaccine/pd [Pharmacology]"
"rabies vaccine/pr [Pharmaceutics]"
"rabies vaccine/pd [Pharmacology]"
"recombinant phl 5with cpg/pr [Pharmaceutics]"
"recombinant phl 5with cpg/pd [Pharmacology]"
"rhodamine B/pr [Pharmaceutics]"
"rhodamine B/pd [Pharmacology]"
"small interfering RNA/pr [Pharmaceutics]"
"small interfering RNA/pd [Pharmacology]"
unclassified drug

Source: EMBASE

Full Text: Available from *Expert Reviews* in *Expert Review of Vaccines*

9. Chronic pain treatment with opioid analgesics: Benefits versus harms of long-term therapy

Citation: Expert Review of Neurotherapeutics, 2013, vol./is. 13/11(1201-1220), 1473-7175;1744-8360 (2013)

Author(s): Sehgal N.; Colson J.; Smith H.S.

Institution: (Sehgal) Department of Orthopedics and Rehabilitation, University of Wisconsin School of Medicine and Public Health, 1685 Highland Avenue, Madison, WI 53705-2281, United States; (Colson) W. Virginia Univ. Hospitals, 1 Medical Center Drive, Morgantown, WV 26506, United States; (Smith) Department of Anesthesiology, Albany Medical College, 47 New Scotland Avenue; MC-135, Albany, NY 12608, United States

Language: English

Abstract: Chronic non-cancer pain (CNCP) is a disabling chronic condition with a high prevalence rate around the world. Opioids are routinely prescribed for treatment of chronic pain (CP). In the past two decades there has been a massive increase in the number of opioid prescriptions, prescribed daily opioid doses and overall opioid availability. Many more patients with CNCP receive high doses of long-acting opioids on a long-term basis. Yet CP and related disability rates remain high, and majority of the patients with CNCP are dissatisfied with their treatments. Intersecting with the upward trajectory in opioid use are the increasing trends in opioid related adverse effects, especially prescription drug abuse, addiction and overdose deaths. This complex situation raises questions on the relevance of opioid therapy in the treatment of CNCP. This article reviews current evidence on opioid effectiveness, the benefits and harms of long-term therapy in CNCP. 2013 Informa UK, Ltd.

Country of Publication: United Kingdom

Publisher: Expert Reviews Ltd. (2 Albert Place, London N3 1QB, United Kingdom)

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 169590-42-5 (celecoxib); 1639-60-7 (dextropropoxyphene); 469-62-5 (dextropropoxyphene); 437-38-7 (fentanyl); 60142-96-3 (gabapentin); 466-99-9 (hydromorphone); 71-68-1 (hydromorphone); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 52-26-6 (morphine); 57-27-2 (morphine); 22204-53-1 (naproxen); 26159-34-2 (naproxen); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 124-90-3 (oxycodone); 76-42-6 (oxycodone); 357-07-3 (oxymorphone); 76-41-5 (oxymorphone); 103-90-2 (paracetamol); 175591-09-0 (tapentadol); 175591-23-8 (tapentadol); 27203-92-5 (tramadol); 36282-47-0 (tramadol)

Publication Type: Journal: Review

Subject Headings:

"*cancer pain/dt [Drug Therapy]"
cardiotoxicity
"*chronic noncancer pain/dt [Drug Therapy]"
"*chronic pain/dt [Drug Therapy]"
"constipation/dt [Drug Therapy]"
"constipation/si [Side Effect]"
"diabetic neuropathy/dt [Drug Therapy]"
"diarrhea/si [Side Effect]"
disease severity
"dizziness/si [Side Effect]"
"drowsiness/si [Side Effect]"
drug abuse
drug dose escalation
drug dose increase
drug efficacy
drug overdose
drug safety
"dry skin/si [Side Effect]"
evidence based medicine
functional status
health care utilization
"hip osteoarthritis/dt [Drug Therapy]"
human
Karnofsky Performance Status
"knee osteoarthritis/dt [Drug Therapy]"
long term care
"loss of appetite/si [Side Effect]"
"low back pain/dt [Drug Therapy]"
"memory disorder/si [Side Effect]"
meta analysis
"nausea/si [Side Effect]"
"*neuropathic pain/dt [Drug Therapy]"
opiate addiction
"osteoarthritis/dt [Drug Therapy]"
pain assessment
prospective study
"pruritus/si [Side Effect]"
"QT prolongation/si [Side Effect]"
quality of life
randomized controlled trial (topic)
"respiration depression/si [Side Effect]"
review
risk benefit analysis
risk reduction
"sexual dysfunction/si [Side Effect]"
Short Form 12
"side effect/si [Side Effect]"
"sleep disorder/si [Side Effect]"

"somnolence/si [Side Effect]"
sudden death
systematic review
"urine retention/si [Side Effect]"
"vertigo/si [Side Effect]"
"vomiting/si [Side Effect]"
weight gain
"xerostomia/si [Side Effect]"
"benzodiazepine derivative/dt [Drug Therapy]"
"buprenorphine/ae [Adverse Drug Reaction]"
"buprenorphine/dt [Drug Therapy]"
"celecoxib/ct [Clinical Trial]"
"celecoxib/dt [Drug Therapy]"
"dextropropoxyphene/ae [Adverse Drug Reaction]"
"dextropropoxyphene/dt [Drug Therapy]"
"fentanyl/ae [Adverse Drug Reaction]"
"fentanyl/ct [Clinical Trial]"
"fentanyl/cm [Drug Comparison]"
"fentanyl/dt [Drug Therapy]"
"fentanyl/td [Transdermal Drug Administration]"
"gabapentin/ae [Adverse Drug Reaction]"
"gabapentin/ct [Clinical Trial]"
"gabapentin/cb [Drug Combination]"
"gabapentin/dt [Drug Therapy]"
"hydromorphone/ae [Adverse Drug Reaction]"
"hydromorphone/ct [Clinical Trial]"
"hydromorphone/cb [Drug Combination]"
"hydromorphone/dt [Drug Therapy]"
"laxative/dt [Drug Therapy]"
"methadone/ae [Adverse Drug Reaction]"
"methadone/dt [Drug Therapy]"
"methadone/to [Drug Toxicity]"
"morphine/ae [Adverse Drug Reaction]"
"morphine/cb [Drug Combination]"
"morphine/cm [Drug Comparison]"
"morphine/dt [Drug Therapy]"
"naproxen/ae [Adverse Drug Reaction]"
"naproxen/dt [Drug Therapy]"
"*narcotic analgesic agent/dt [Drug Therapy]"
"*narcotic analgesic agent/to [Drug Toxicity]"
"*narcotic analgesic agent/pd [Pharmacology]"
"nonsteroid antiinflammatory agent/dt [Drug Therapy]"
"opiate/ae [Adverse Drug Reaction]"
"opiate/dt [Drug Therapy]"
"opiate/to [Drug Toxicity]"
"oxycodone/ae [Adverse Drug Reaction]"
"oxycodone/ct [Clinical Trial]"
"oxycodone/cb [Drug Combination]"
"oxycodone/cm [Drug Comparison]"
"oxycodone/dt [Drug Therapy]"
"oxymorphone/ae [Adverse Drug Reaction]"
"oxymorphone/ct [Clinical Trial]"
"oxymorphone/dt [Drug Therapy]"
"paracetamol/dt [Drug Therapy]"
placebo
"tapentadol/ae [Adverse Drug Reaction]"
"tapentadol/cm [Drug Comparison]"
"tapentadol/dt [Drug Therapy]"
"tramadol/ae [Adverse Drug Reaction]"

"tramadol/ct [Clinical Trial]"
"tramadol/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Expert Reviews* in *Expert Review of Neurotherapeutics*

10. Losses and gains: Chronic pain and altered brain morphology

Citation: Expert Review of Neurotherapeutics, 2013, vol./is. 13/11(1221-1234), 1473-7175;1744-8360 (2013)

Author(s): Borsook D.; Erpelding N.; Becerra L.

Institution: (Borsook, Erpelding, Becerra) Center for Pain and the Brain, Boston Children's Hospital, Harvard Medical School, c/o 9 Hope Avenue, Waltham, MA, United States

Language: English

Abstract: As in many fields of neuroscience, alterations in brain morphology, and specifically gray matter volume and cortical thickness, have been repeatedly linked to chronic pain disorders. Numerous studies have shown changes in cortical and subcortical brain regions suggesting a dynamic process that may be a result of chronic pain or contributing to a more generalized phenomenon in chronic pain including comorbid anxiety and depression. In this review, we provide a perspective of pain as an innate state of pain based on alterations in structure and by inference, brain function. A better neurobiological understanding of gray matter changes will contribute to our understanding of how structural changes contribute to chronic pain (disease driver) and how these changes may be reversed (disease modification or treatment). 2013 Informa UK, Ltd.

Country of Publication: United Kingdom

Publisher: Expert Reviews Ltd. (2 Albert Place, London N3 1QB, United Kingdom)

CAS Registry Number: 50-48-6 (amitriptyline); 549-18-8 (amitriptyline); 1867-66-9 (ketamine); 6740-88-1 (ketamine); 81771-21-3 (ketamine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)

Publication Type: Journal: Review

Subject Headings:
aging
amygdaloid nucleus
anterior cingulate
*brain
brain cortex
*brain function
*brain morphology
brain size
cerebrovascular accident
"*chronic pain/et [Etiology]"
cingulate gyrus
Crohn disease
dendrite
disease association
dorsal frontomedial cortex
drug dependence
drug effect
drug induced headache
*gray matter
hippocampus
human
inferior frontal gyrus
influenza
insula
major depression
meta analysis (topic)
middle frontal gyrus

multiple sclerosis
nerve cell plasticity
*neuroanatomy
neurobiology
neuropathology
nociception
pain threshold
paracingulate cortex
parahippocampal gyrus
putamen
review
sex difference
spinal cord injury
stress
synaptogenesis
thalamus
white matter
amitriptyline
ketamine
methadone

Source: EMBASE

Full Text: Available from *Expert Reviews* in *Expert Review of Neurotherapeutics*

11. Glucocorticoid receptor expression and sub-cellular localization in dopamine neurons of the rat midbrain

Citation: Neuroscience Letters, November 2013, vol./is. 556/(191-195), 0304-3940;1872-7972 (27 Nov 2013)

Author(s): Hensleigh E.; Pritchard L.M.

Institution: (Hensleigh, Pritchard) Department of Psychology, University of Nevada Las Vegas, 4505 Maryland Parkway, Box 455030, Las Vegas, NV, United States

Language: English

Abstract: Stress plays an important role in the development of addiction. Animals subjected to stress exhibit sensitized responses to psychostimulant drugs, and this sensitized response is associated with functional adaptations of the mesolimbic dopamine system. These adaptations likely arise from direct or indirect effects of glucocorticoids on dopaminergic neurons. Though glucocorticoid receptor expression in midbrain dopaminergic neurons has been examined in previous studies, results have been somewhat equivocal. We sought to clarify this issue by analyzing tyrosine hydroxylase (TH) and glucocorticoid receptor (GR) co-localization in the rat midbrain by dual fluorescence immunohistochemistry. We also examined sub-cellular localization of the GR in rat midbrain neurons after acute restraint stress. Adult Long-Evans rats were sacrificed 0, 30, 60 or 120. min after 30. min of restraint stress. A control group did not undergo restraint. Blood samples were collected immediately before and after restraint for measurement of plasma corticosterone by enzyme immunoassay. Glucocorticoid receptors were observed in dopaminergic neurons in both the substantia nigra (SN) and ventral tegmental area (VTA). The degree of co-localization of TH and GR did not differ between the VTA and the SN. All animals subjected to stress exhibited significant increases in plasma corticosterone. Significant translocation of GR signal to cell nuclei was observed after restraint in the SN, but not in the VTA. These results suggest that stress-induced glucocorticoid secretion could trigger functional changes in the mesolimbic dopamine system by direct activation of glucocorticoid receptors in dopaminergic neurons. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 50-22-6 (corticosterone); 9036-22-0 (tyrosine 3 monooxygenase)

Publication Type: Journal: Article

Subject Headings: animal cell

animal experiment
article
blood sampling
brain region
cell count
cell nucleus
*cellular distribution
controlled study
corticosterone blood level
*dopaminergic nerve cell
enzyme immunoassay
fluorescence analysis
hormone release
immobilization stress
immunohistochemistry
male
*mesencephalon
*mesolimbic dopaminergic system
nonhuman
priority journal
protein analysis
*protein expression
protein function
protein localization
qualitative analysis
rat
signal transduction
substantia nigra
ventral tegmentum
"corticosterone/ec [Endogenous Compound]"
"glucocorticoid/ec [Endogenous Compound]"
"*glucocorticoid receptor/ec [Endogenous Compound]"
"tyrosine 3 monooxygenase/ec [Endogenous Compound]"

Source: EMBASE

12. Global burden of disease attributable to mental and substance use disorders: Findings from the Global Burden of Disease Study 2010

Citation: The Lancet, 2013, vol./is. 382/9904(1575-1586), 0140-6736;1474-547X (2013)

Author(s): Whiteford H.A.; Degenhardt L.; Rehm J.; Baxter A.J.; Ferrari A.J.; Erskine H.E.; Charlson F.J.; Norman R.E.; Flaxman A.D.; Johns N.; Burstein R.; Murray C.J.L.; Vos T.

Institution: (Whiteford, Baxter, Ferrari, Erskine, Charlson, Norman) School of Population Health, University of Queensland, Herston, QLD, Australia; (Norman) Queensland Children's Medical Research Institute, University of Queensland, Herston, QLD, Australia; (Whiteford, Baxter, Ferrari, Erskine, Charlson) Queensland Centre for Mental Health Research, University of Queensland, Park Centre for Mental Health, Wacol, QLD 4076, Australia; (Degenhardt) University of New South Wales, National Drug and Alcohol Research Centre, Sydney, NSW, Australia; (Degenhardt) University of Melbourne, Melbourne School of Population and Global Health, Centre for Health Policy, Programs and Economics, Melbourne, VIC, Australia; (Rehm) Social and Epidemiological Research Department, Centre for Addiction and Mental Health, Toronto, Canada; (Rehm) Epidemiological Research Unit, Klinische Psychologie and Psychotherapie, Technische Universitat Dresden, Dresden, Germany; (Flaxman, Johns, Burstein, Murray, Vos) University of Washington, Institute for Health Metrics and Evaluation, Seattle, WA, United States

Language: English

Abstract: Background We used data from the Global Burden of Diseases, Injuries, and Risk Factors Study 2010 (GBD 2010) to estimate the burden of disease attributable to mental and

substance use disorders in terms of disability-adjusted life years (DALYs), years of life lost to premature mortality (YLLs), and years lived with disability (YLDs). Methods For each of the 20 mental and substance use disorders included in GBD 2010, we systematically reviewed epidemiological data and used a Bayesian meta-regression tool, DisMod-MR, to model prevalence by age, sex, country, region, and year. We obtained disability weights from representative community surveys and an internet-based survey to calculate YLDs. We calculated premature mortality as YLLs from cause of death estimates for 1980-2010 for 20 age groups, both sexes, and 187 countries. We derived DALYs from the sum of YLDs and YLLs. We adjusted burden estimates for comorbidity and present them with 95% uncertainty intervals. Findings In 2010, mental and substance use disorders accounted for 1839 million DALYs (95% UI 1535 million - 2167 million), or 74% (62-86) of all DALYs worldwide. Such disorders accounted for 86 million YLLs (65 million-121 million; 05% [04-07] of all YLLs) and 1753 million YLDs (1445 million-2078 million; 229% [186- 272] of all YLDs). Mental and substance use disorders were the leading cause of YLDs worldwide. Depressive disorders accounted for 405% (317-492) of DALYs caused by mental and substance use disorders, with anxiety disorders accounting for 146% (112-184), illicit drug use disorders for 109% (89-132), alcohol use disorders for 96% (77-118), schizophrenia for 74% (50-98), bipolar disorder for 70% (44-103), pervasive developmental disorders for 42% (32-53), childhood behavioural disorders for 34% (22-47), and eating disorders for 12% (09-15). DALYs varied by age and sex, with the highest proportion of total DALYs occurring in people aged 10-29 years. The burden of mental and substance use disorders increased by 376% between 1990 and 2010, which for most disorders was driven by population growth and ageing. Interpretation Despite the apparently small contribution of YLLs - with deaths in people with mental disorders coded to the physical cause of death and suicide coded to the category of injuries under self-harm - our findings show the striking and growing challenge that these disorders pose for health systems in developed and developing regions. In view of the magnitude of their contribution, improvement in population health is only possible if countries make the prevention and treatment of mental and substance use disorders a public health priority. Funding Queensland Department of Health, National Health and Medical Research Council of Australia, National Drug and Alcohol Research Centre-University of New South Wales, Bill & Melinda Gates Foundation, University of Toronto, Technische Universitat, Ontario Ministry of Health and Long Term Care, and the US National Institute of Alcohol Abuse and Alcoholism.

Country of Publication: United Kingdom

Publisher: Lancet Publishing Group (Langford Lane, Kidlington, Oxford OX5 1GB, United Kingdom)

Publication Type: Journal: Article

Subject Headings:

adolescent
adult
aged
aging
alcohol use disorder
anxiety disorder
article
autism
behavior disorder
bipolar disorder
cause of death
child
community
comorbidity
depression
disability
disability adjusted life year
"*drug dependence/ep [Epidemiology]"
eating disorder
female
*global burden

health survey
human
major clinical study
male
"*mental disease/ep [Epidemiology]"
population growth
premature mortality
prevalence
priority journal
quality of life
schizophrenia
school child
*stress
*substance abuse
years lived with disability
years of life lost to premature mortality
illicit drug

Source: EMBASE

Full Text: Available from *Elsevier* in *Lancet, The*
Available from *Lancet* in *Newcomb Library & Information Service*
Available from *Elsevier ScienceDirect Journals* in *Lancet, The*
Available from *ProQuest* in *Lancet, The*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.
Available from *The Lancet* in *Lancet, The*

13. Global burden of disease attributable to illicit drug use and dependence: Findings from the Global Burden of Disease Study 2010

Citation: The Lancet, 2013, vol./is. 382/9904(1564-1574), 0140-6736;1474-547X (2013)

Author(s): Degenhardt L.; Whiteford H.A.; Ferrari A.J.; Baxter A.J.; Charlson F.J.; Hall W.D.; Freedman G.; Burstein R.; Johns N.; Engell R.E.; Flaxman A.; Murray C.J.L.; Vos T.

Institution: (Degenhardt) National Drug and Alcohol Research Centre, Faculty of Medicine, University of New South Wales, Sydney, NSW 2052, Australia; (Degenhardt) Melbourne School of Population and Global Health, University of Melbourne, Melbourne, VIC, Australia; (Whiteford, Ferrari, Baxter, Charlson) Policy and Evaluation Group, Queensland Centre for Mental Health Research, Brisbane, QLD, Australia; (Whiteford, Ferrari, Baxter, Charlson) School of Population Health, University of Queensland, Herston, QLD, Australia; (Hall) University of Queensland Centre for Clinical Research, University of Queensland, Brisbane, QLD, Australia; (Freedman, Burstein, Johns, Engell, Flaxman, Murray, Vos) Institute for Health Metrics and Evaluation, University of Washington, Seattle, WA, United States

Language: English

Abstract: Background No systematic attempts have been made to estimate the global and regional prevalence of amphetamine, cannabis, cocaine, and opioid dependence, and quantify their burden. We aimed to assess the prevalence and burden of drug dependence, as measured in years of life lived with disability (YLDs), years of life lost (YLLs), and disability-adjusted life years (DALYs). Methods We conducted systematic reviews of the epidemiology of drug dependence, and analysed results with Global Burden of Diseases, Injuries, and Risk Factors Study 2010 (GBD 2010) Bayesian meta-regression technique (DisMod-MR) to estimate population-level prevalence of dependence and use. GBD 2010 calculated new disability weights by use of representative community surveys and an internet-based survey. We combined estimates of dependence with disability weights to calculate prevalent YLDs, YLLs, and DALYs, and estimated YLDs, YLLs, and DALYs attributable to drug use as a risk factor for other health outcomes. Findings Illicit drug dependence directly accounted for 200 million DALYs (95% UI 153-254 million) in 2010, accounting for 08% (06-10) of global all-cause DALYs. Worldwide, more people were dependent on opioids and amphetamines than other drugs. Opioid dependence was the largest contributor to the direct burden of DALYs (92 million, 95% UI 71-114). The

proportion of all-cause DALYs attributed to drug dependence was 20 times higher in some regions than others, with an increased proportion of burden in countries with the highest incomes. Injecting drug use as a risk factor for HIV accounted for 21 million DALYs (95% UI 11-36 million) and as a risk factor for hepatitis C accounted for 502 000 DALYs (286 000-891 000). Suicide as a risk of amphetamine dependence accounted for 854 000 DALYs (291 000-1 791 000), as a risk of opioid dependence for 671 000 DALYs (329 000-1 730 000), and as a risk of cocaine dependence for 324 000 DALYs (109 000-682 000). Countries with the highest rate of burden (>650 DALYs per 100 000 population) included the USA, UK, Russia, and Australia. Interpretation Illicit drug use is an important contributor to the global burden of disease. Efficient strategies to reduce disease burden of opioid dependence and injecting drug use, such as delivery of opioid substitution treatment and needle and syringe programmes, are needed to reduce this burden at a population scale. Funding Australian National Health and Medical Research Council, Australian Government Department of Health and Ageing, Bill & Melinda Gates Foundation.

Country of Publication: United Kingdom

Publisher: Lancet Publishing Group (Langford Lane, Kidlington, Oxford OX5 1GB, United Kingdom)

CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
aged
article
*attributable risk
Australia
"cannabis addiction/ep [Epidemiology]"
child
"cocaine dependence/ep [Epidemiology]"
disability adjusted life years
"*drug dependence/ep [Epidemiology]"
*drug use
female
"hepatitis C/et [Etiology]"
human
"Human immunodeficiency virus infection/et [Etiology]"
income
infant
Internet
intravenous drug abuse
male
named inventories questionnaires and rating scales
newborn
"opiate addiction/ep [Epidemiology]"
preschool child
prevalence
priority journal
Russian Federation
school child
United Kingdom
United States
years of life lived with disability
years of life lost
amphetamine derivative
cannabis
cocaine

*illicit drug
opiate

Source: EMBASE

Full Text: Available from *Elsevier* in *Lancet, The*
Available from *Lancet* in *Newcomb Library & Information Service*
Available from *Elsevier ScienceDirect Journals* in *Lancet, The*
Available from *ProQuest* in *Lancet, The*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.
Available from *The Lancet* in *Lancet, The*

14. Methadone prescribing should continue in Scotland, says review

Citation: BMJ (Clinical research ed.), 2013, vol./is. 347/, 1756-1833 (2013)

Author(s): Christie B.

Language: English

Country of Publication: United Kingdom

CAS Registry Number: 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)

Publication Type: Journal: Note

Subject Headings: female
health care delivery
"*heroin dependence/dt [Drug Therapy]"
"*heroin dependence/ep [Epidemiology]"
"*heroin dependence/rh [Rehabilitation]"
human
male
methodology
note
*opiate substitution treatment
"United Kingdom/ep [Epidemiology]"
"*methadone/dt [Drug Therapy]"
"*narcotic agent/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Highwire Press* in *BMJ*
Available from *BMJ* in *Newcomb Library & Information Service*

15. Systematic review of record linkage studies of mortality in ex-prisoners: why (good) methods matter

Citation: Addiction (Abingdon, England), January 2013, vol./is. 108/1(38-49), 1360-0443 (Jan 2013)

Author(s): Kinner S.A.; Forsyth S.; Williams G.

Institution: (Kinner) Centre for Population Health, Burnet Institute, Melbourne, Vic., Australia.

Language: English

Abstract: World-wide, more than 30 million people move through prisons annually. Record linkage studies have identified an increased risk of death in ex-prisoners. In order to inform preventive interventions it is necessary to understand who is most at risk, when and why. Limitations of existing studies have rendered synthesis and interpretation of this literature difficult. The aim of this study was to describe methodological characteristics of existing studies and make recommendations for the design, analysis and reporting of future studies. Systematic review of studies using record linkage to explore mortality in ex-prisoners. Based on analysis of these studies we illustrate how methodological limitations and heterogeneity of design, analysis and reporting both hamper data synthesis and create potential for misinterpretation of findings. Using data from a recent Australian study involving 42,015 ex-prisoners and 2329 observed deaths, we quantify the variation

in findings associated with various approaches. We identified 29 publications based on 25 separate studies published 1998-2011, mainly from the United Kingdom, United States and Australia. Mortality estimates varied systematically according to features of study design and data analysis. A number of common, avoidable and significant methodological limitations were identified. Substantial heterogeneity in study design, methods of data analysis and reporting of findings was observed. Record linkage studies examining mortality in ex-prisoners show widely varying estimates that are influenced substantially by avoidable methodological limitations and reducible heterogeneity. Future studies should adopt best practice methods and more consistent methods of analysis and reporting, to maximize policy relevance and impact. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: United Kingdom

Publication Type: Journal: Review

Subject Headings:
adolescent
adult
*cause of death
female
human
male
medical record
meta analysis
middle aged
*prisoner
review
statistics
survival rate

Source: EMBASE

Full Text: Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

16. Predictors of abstinence among smokers recruited actively to quitline support

Citation: Addiction (Abingdon, England), January 2013, vol./is. 108/1(181-185), 1360-0443 (Jan 2013)

Author(s): Tzelepis F.; Paul C.L.; Walsh R.A.; Wiggers J.; Duncan S.L.; Knight J.

Institution: (Tzelepis) Priority Research Centre for Health Behaviour, University of Newcastle, Callaghan, NSW, Australia.

Language: English

Abstract: Active recruitment of smokers increases the reach of quitlines; however, some quitlines restrict proactive telephone counselling (i.e. counsellor-initiated calls) to smokers ready to quit within 30 days. Identifying characteristics associated with successful quitting by actively recruited smokers could help to distinguish those most likely to benefit from proactive telephone counselling. This study assessed the baseline characteristics of actively recruited smokers associated with prolonged abstinence at 4, 7 and 13 months and the proportion achieving prolonged abstinence that would miss out on proactive telephone counselling if such support was offered only to smokers intending to quit within 30 days at baseline. Secondary analysis of a randomized controlled trial in which the baseline characteristics associated with prolonged abstinence were examined. New South Wales (NSW) community, Australia. A total of 1562 smokers recruited at random from the electronic NSW telephone directory. Baseline socio-demographic and smoking-related characteristics associated with prolonged abstinence at 4, 7 and 13 months post-recruitment. Waiting more than an hour to smoke after waking and intention to quit within 30 days at baseline predicted five of the six prolonged abstinence measures. If proactive telephone counselling was restricted to smokers who at baseline intended to quit within 30 days, 53.8-65.9% of experimental group participants who achieved prolonged abstinence would miss out on telephone support. Less addicted and more

motivated smokers who are actively recruited to quitline support are more likely to achieve abstinence. Most actively recruited smokers reported no intention to quit within the next 30 days, but such smokers still achieved long-term abstinence. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
aged
article
controlled clinical trial
controlled study
*counseling
female
human
male
methodology
middle aged
randomized controlled trial
"*smoking/pc [Prevention]"
*smoking cessation
social support
socioeconomics
statistics
*telephone
time
treatment outcome

Source: EMBASE

Full Text: Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

17. Adalimumab for the treatment of psoriasis in real life: A retrospective cohort of 119 patients at a single Spanish centre

Citation: British Journal of Dermatology, November 2013, vol./is. 169/5(1141-1147), 0007-0963;1365-2133 (November 2013)

Author(s): Lopez-Ferrer A.; Vilarrasa E.; Gich I.J.; Puig L.

Institution: (Lopez-Ferrer, Vilarrasa, Puig) Department of Dermatology, Hospital de la Santa Creu i Sant Pau, Universitat Autonoma de Barcelona, Sant Antoni Maria Claret 167, 08025 Barcelona, Catalonia, Spain; (Gich) Department of Clinical Epidemiology and Public Health, Hospital de la Santa Creu i Sant Pau, Universitat Autonoma de Barcelona, Sant Antoni Maria Claret 167, 08025 Barcelona, Catalonia, Spain

Language: English

Abstract: Background Patients with moderate-to-severe psoriasis treated with adalimumab in daily clinical practice are different from those in clinical trials, and outcomes may differ in different geographical settings. Objectives To analyse the efficacy, retention of treatment and adverse events in a cohort of such patients at a referral centre in Barcelona, Spain. Methods Data from a cohort of 119 consecutive patients treated between January 2008 and March 2013 were retrospectively collected. Drug survival was analysed by the Kaplan-Meier method with log-rank test and Cox regression. Results The mean duration of treatment was 25 months (median 22, range 2-60). The 75% improvement in Psoriasis Area and Severity Index (PASI 75) response rates at 16 weeks, 6 months and 1 year of treatment were 64%, 58% and 53%, respectively (intention-to-treat analysis). The corresponding PASI 90 values were 49%, 52% and 50%. Biologic-naive patients (41%) had significantly higher PASI 75 and PASI 90 response rates at 6 months and 1 year. On multivariate analysis, only PASI 90 response at 6 months was significantly associated

with treatment retention (P = 00009), with a hazard ratio of 73 (95% confidence interval 23-236). Forty-eight adverse events (AEs) occurred in 29 patients, and were serious in eight (0032 events per patient-year). Paradoxical flares of psoriasis or arthritis were seen in five patients. Infections accounted for seven serious AEs, and were the reason for discontinuation in two patients. Conclusions PASI 90 response at 6 months was the only independent variable predicting drug survival on multivariate analysis. Infections, including de novo infection by Mycobacterium tuberculosis, accounted for seven serious AEs. What's already known about this topic? There are few reports on the use of adalimumab for the treatment of moderate-to-severe psoriasis in clinical practice according to the European Medicines Agency. Psoriasis Area and Severity Index (PASI) 75% response rates at 16 weeks and 6 months were approximately 60% in a previously published U.K. series. Male sex and the presence of arthritis have been associated with decreased drug survival in one study. What does this study add? Biologic-naive status and efficacy parameters denoting a good or excellent response appear to be associated with a higher probability of drug survival. Combination treatment increased PASI response rates at 6 months and might provide an explanation for the relatively high rate of PASI 90 responders in our cohort. Infections, including de novo infection by Mycobacterium tuberculosis, accounted for most serious adverse events, and paradoxical flares of psoriasis and psoriatic arthritis were relatively frequent. 2013 British Association of Dermatologists.

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)

CAS Registry Number: 331731-18-1 (adalimumab); 59865-13-3 (cyclosporin A); 63798-73-2 (cyclosporin A); 55079-83-9 (etretin); 170277-31-3 (infliximab); 75706-12-6 (leflunomide); 15475-56-6 (methotrexate); 59-05-2 (methotrexate); 7413-34-5 (methotrexate)

Publication Type: Journal: Article

Subject Headings:
"abscess/si [Side Effect]"
adult
aged
alcoholism
article
"bronchitis/si [Side Effect]"
cohort analysis
comparative study
controlled study
diabetes mellitus
disease course
drug efficacy
drug safety
drug withdrawal
dyslipidemia
female
"furunculosis/si [Side Effect]"
"gastroenteritis/si [Side Effect]"
"heart infarction/si [Side Effect]"
"herpes simplex/si [Side Effect]"
human
"hyperglycemia/si [Side Effect]"
"hypertension/si [Side Effect]"
"hypertriglyceridemia/si [Side Effect]"
"injection site reaction/si [Side Effect]"
intention to treat analysis
latent tuberculosis
"leukopenia/si [Side Effect]"
major clinical study
male
medical record review
"miliary tuberculosis/si [Side Effect]"

"muscle cramp/si [Side Effect]"
nonalcoholic fatty liver
obesity
open study
"paronychia/si [Side Effect]"
patient monitoring
patient referral
"pneumonia/si [Side Effect]"
priority journal
"prostatitis/si [Side Effect]"
"pruritus/si [Side Effect]"
"*psoriasis/dt [Drug Therapy]"
Psoriasis Area and Severity Index
psoriasis vulgaris
"psoriatic arthritis/di [Diagnosis]"
"psoriatic arthritis/dt [Drug Therapy]"
retrospective study
"scabies/si [Side Effect]"
Spain
survival
"thrombocytopenia/si [Side Effect]"
"thrush/si [Side Effect]"
treatment duration
treatment outcome
treatment response
"tuberculosis/dt [Drug Therapy]"
"urinary tract infection/si [Side Effect]"
"vasculitis/si [Side Effect]"
"*adalimumab/ae [Adverse Drug Reaction]"
"*adalimumab/ct [Clinical Trial]"
"*adalimumab/cb [Drug Combination]"
"*adalimumab/dt [Drug Therapy]"
"*adalimumab/pd [Pharmacology]"
"cyclosporin A/cb [Drug Combination]"
"cyclosporin A/dt [Drug Therapy]"
"etretin/cb [Drug Combination]"
"etretin/dt [Drug Therapy]"
"infliximab/dt [Drug Therapy]"
"leflunomide/dt [Drug Therapy]"
"methotrexate/cb [Drug Combination]"
"methotrexate/dt [Drug Therapy]"
"tuberculostatic agent/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Wiley* in *British Journal of Dermatology*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

18. Can clinical institute withdrawal assessment (CIWA) score be used to predict alcohol related admissions?

Citation: European Journal of Internal Medicine, October 2013, vol./is. 24/(e89-e90), 0953-6205 (October 2013)

Author(s): Parvez Z.A.; Khanna A.; Chawla M.

Institution: (Parvez) General Medicine, West Cumberland Hospital,Whitehaven, United Kingdom; (Khanna) Respiratory Medicine, Nottingham University Hospitals, Nottingham, United Kingdom; (Chawla) General Practice, NHS Nottingham, Nottingham, United Kingdom

Language: English

Abstract: Objective: Hospital Episode statistics for UK suggest a 6% increase in alcohol related admissions in the year 2011/12 with the absolute numbers crossing 300,000 a year. An

urgent need to identify possible 're-attenders' and focus resources to try and prevent this, thus exists. We evaluate the role of CIWA score at presentation to aid this endeavour. Methods: We retrospectively identified all purely alcohol related admissions to our hospital in the last 3 years. 50 cases thus identified were then followed up for 2 years to ascertain factors that co-relate with re-admissions. Demographic data, baseline alcohol consumption, CIWA score at presentation, presence/absence of delirium tremens, fits or Wernicke's encephalopathy, number and timing of re-admissions over 2 years as well as length of stay during primary episode were collected and analysed. Results: CIWA score above 8 at presentation co-related closely with the possibility of future re-admission (Spearman's r= 0.9). It also correlated well with baseline alcohol consumption, presence/absence of severe withdrawal symptoms at presentation and length of stay > 5 days. There was no correlation with gender, although in our study the population of males drank more, on average, than females. Conclusions: Our study demonstrates the possible utility of CIWA score in predicting alcohol related re-admissions. This can enable triage of valuable resources towards 'high-risk' groups to maximise benefits, both to the patient as well as to the cash strapped healthcare system. There are limitations to our study (retrospective analysis, small numbers) that make drawing firm conclusions difficult. A prospective, adequately powered trial to look into this problem is urgently required.

Conference Information: 12th European Congress on Internal Medicine, ECIM 2013 Prague Czech Republic. Conference Start: 20131002 Conference End: 20131005

Publisher: Elsevier

Publication Type: Journal: Conference Abstract

Subject Headings:
*internal medicine
hospital
length of stay
alcohol consumption
withdrawal syndrome
patient
human
United Kingdom
delirium tremens
female
male
population
emergency health service
high risk population
statistics
health care system
gender
Wernicke encephalopathy
*alcohol

Source: EMBASE

Full Text: Available from *Elsevier* in *European Journal of Internal Medicine*

19. Novel strategy to diagnose and grade hepatocellular carcinoma

Citation: Journal of Pathology, September 2013, vol./is. 231/(S17), 0022-3417 (September 2013)

Author(s): Mehboob R.

Institution: (Mehboob) King Edward Medical University, Lahore, Pakistan

Language: English

Abstract: Hepatocellular carcinoma (HCC) is among the most common malignancies worldwide, particularly in South and South East Asia. Unfortunately due to lack of appropriate facilities and awareness only limited information is available about its early diagnosis. Aim of the present study was to determine the efficacy of p53 by immunohistochemistry and Argyrophilicnucleolar organizer regions (AgNORs) in diagnosis of HCC and cirrhosis of liver. A total of 100 liver biopsies were studied, it included 20 cases of HCC,

60 cases of cirrhosis of the liver and 20 cases of normal liver from autopsy specimens as a control. Out of 20 cases of HCC, 15 were positive for p53 stain and 5 were negative. None of the 60 cases of cirrhosis or 20 with normal histology revealed p53expression. A statistically significant ($p < 0.001$) difference was observed between mean AgNOR counts of normal (1.57 +/- 0.13), cirrhotic (4.70 +/- 0.66) and HCC tissues (14.96 +/- 1.18). In contrast the mean AgNOR count of biopsies with alcoholic cirrhosis (1.57 +/- 1.62) was significantly less ($p < 0.001$) than post-hepatitic cirrhosis and was similar to that of normal liver tissue. AgNORs differentiates post-hepatitic and alcoholic cirrhosis.HCV and HBV were found to be the main causative agents in HCC and Cirrhosis of liver. Mean age of HCC patients was slightly higher than liver cirrhosis patients.It is concluded that p53 and AgNORs can act as a good adjuvant to histology in diagnosing liver diseases. It helps in differentiation from well differentiated to moderately and to poorly differentiated HCC.

Conference Information: 7th Joint Meeting of the British Division of the International Academy of Pathology and the Pathological Society of Great Britain and Ireland Edinburgh United Kingdom. Conference Start: 20130618 Conference End: 20130621

Publisher: John Wiley and Sons Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*liver cell carcinoma
*pathology
*society
*United Kingdom
*Ireland
liver cirrhosis
liver
histology
immunohistochemistry
alcohol liver cirrhosis
biopsy
tissues
early diagnosis
stain
autopsy
diagnosis
liver biopsy
alcoholism
patient
Asia
liver disease
human
protein p53
adjuvant

Source: EMBASE

Full Text: Available from *Wiley* in *Journal of Pathology, The*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

20. Comparison of the histogenesis of regenerative nodules in patients with cirrhosis of different aetiologies

Citation: Journal of Pathology, September 2013, vol./is. 231/(S17), 0022-3417 (September 2013)

Author(s): Gabriel J.P.; Komuta M.; Roskams T.; Wright N.A.; McDonald S.A.; Alison M.R.

Institution: (Gabriel, Wright, McDonald, Alison) Barts Cancer Institute, London, United Kingdom; (Komuta, Roskams) University Hospitals Leuven, Leuven, Belgium

Language: English

Abstract: Liver cirrhosis is characterised by regenerative nodules of hepatocyte parenchyma surrounded by fibrous septae. The conventional wisdom has been that these nodules are

created when groups of hepatocytes are entrapped between these bands of extracellular matrix. We have recently shown that such nodules may be clonally derived from cholangiocyte-derived hepatic progenitor cells, providing a new paradigm for nodule formation. We now extend our studies to cirrhotic nodules in human liver disease with different aetiologies. Using mitochondrial DNA (mtDNA) mutations as markers of clonal expansion we investigated the clonal origins of regenerative nodules in cirrhosis of different aetiology. Mutated cells were identified phenotypically by deficiency in the predominantly mtDNA encoded cytochrome c oxidase (CCO) enzyme by histochemical and immunohistochemical methods. Hepatocytes were laser-capture microdissected from frozen sections of human liver containing CCO-deficient nodules from age-matched non-alcoholic steatotic hepatitis (NASH) and alcohol liver disease (ALD) patients with cirrhosis. Mutations were identified by polymerase chain reaction sequencing of the entire mtDNA genome. Regenerative nodules analysed from both aetiologies were clonal for mtDNA mutations suggesting a stem cell origin in both conditions. We further demonstrate that adjacent regenerative nodules can have identical mtDNA mutations, implying a single ductular reaction can form multiple regenerative nodules during the histogenesis of cirrhosis. These data suggest a unifying hypothesis for the formation of regenerative nodules in human cirrhosis, namely their creation from the clonal amplification of liver stem cells.

Conference Information: 7th Joint Meeting of the British Division of the International Academy of Pathology and the Pathological Society of Great Britain and Ireland Edinburgh United Kingdom. Conference Start: 20130618 Conference End: 20130621

Publisher: John Wiley and Sons Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*patient
*human
*liver cirrhosis
*etiology
*pathology
*society
*United Kingdom
*Ireland
*histogenesis
mutation
liver cell
liver
stem cell
hepatitis
alcoholism
frozen section
laser
liver disease
hypothesis
extracellular matrix
polymerase chain reaction
alcohol liver disease
genome
parenchyma
mitochondrial DNA
enzyme
cytochrome c oxidase
marker
DNA

Source: EMBASE

Full Text: Available from *Wiley* in *Journal of Pathology, The*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

21. Phosphoproteomic analysis of the striatum from pleiotrophin knockout and midkine knockout mice treated with cocaine reveals regulation of oxidative stress-related proteins potentially underlying cocaine-induced neurotoxicity and neurodegeneration

Citation: Toxicology, December 2013, vol./is. 314/1(166-173), 0300-483X;1879-3185 (06 Dec 2013)

Author(s): Vicente-Rodriguez M.; Gramage E.; Herradon G.; Perez-Garcia C.

Institution: (Vicente-Rodriguez, Gramage, Herradon, Perez-Garcia) Pharmacology Lab, Department of Pharmaceutical and Health Sciences, Facultad de Farmacia, Universidad CEU San Pablo, Madrid, Spain; (Gramage) University of Michigan Medical School, Ann Arbor, MI, United States

Language: English

Abstract: The neurotrophic factors pleiotrophin (PTN) and midkine (MK) are highly upregulated in different brain areas relevant to drug addiction after administrations of different drugs of abuse, including psychostimulants. We have previously demonstrated that PTN and MK modulate amphetamine-induced neurotoxicity and that PTN prevents cocaine-induced cytotoxicity in NG108-15 and PC12 cells. In an effort to dissect the different mechanisms of action triggered by PTN and MK to exert their protective roles against psychostimulant neurotoxicity, we have now used a proteomic approach to study protein phosphorylation, in which we combined phosphoprotein enrichment, by immobilized metal affinity chromatography (IMAC), with two-dimensional gel electrophoresis and mass spectrometry, in order to identify the phosphoproteins regulated in the striatum of PTN knockout, MK knockout and wild type mice treated with a single dose of cocaine (15. mg/kg, i.p.). We identified 7 differentially expressed phosphoproteins: 5'(3')-deoxyribonucleotidase, endoplasmic reticulum resident protein 60 (ERP60), peroxiredoxin-6 (PRDX6), glutamate dehydrogenase 1 (GLUD1), aconitase and two subunits of hemoglobin. Most of these proteins are related to neurodegeneration processes and oxidative stress and their variations specially affect the PTN knockout mice, suggesting a protective role of endogenous PTN against cocaine-induced neural alterations. Further studies are needed to validate these proteins as possible targets against neural alterations induced by cocaine. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 9027-73-0 (5' nucleotidase); 9024-25-3 (aconitate hydratase); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 9001-46-1 (glutamate dehydrogenase); 137497-38-2 (midkine)

Publication Type: Journal: Article

Subject Headings:
animal experiment
animal model
animal tissue
article
controlled study
*corpus striatum
immobilized metal affinity chromatography
knockout mouse
mass spectrometry
mouse
*nerve degeneration
neuroprotection
*neurotoxicity
nonhuman
nucleotide sequence
oxidative stress
priority journal
protein expression
protein phosphorylation

proteomics
two dimensional gel electrophoresis
wild type
"5' nucleotidase/ec [Endogenous Compound]"
"5'(3') deoxyribonucleotidase/ec [Endogenous Compound]"
"aconitate hydratase/ec [Endogenous Compound]"
"*cocaine/to [Drug Toxicity]"
"endoplasmic reticulum resident protein 60/ec [Endogenous Compound]"
"glutamate dehydrogenase/ec [Endogenous Compound]"
"glutamate dehydrogenase 1/ec [Endogenous Compound]"
"hemoglobin chain/ec [Endogenous Compound]"
"*midkine/ec [Endogenous Compound]"
"peroxiredoxin 6/ec [Endogenous Compound]"
"*phosphoprotein/ec [Endogenous Compound]"
"*pleiotrophin/ec [Endogenous Compound]"
unclassified drug

Source: EMBASE

Full Text: Available from *Elsevier* in *Toxicology*

22. Evaluation of the Simplified Comorbidity Score (Colinet) as a prognostic indicator for patients with lung cancer: A cancer registry study

Citation: Lung Cancer, November 2013, vol./is. 82/2(358-361), 0169-5002;1872-8332 (November 2013)

Author(s): Ball D.; Thursfield V.; Irving L.; Mitchell P.; Richardson G.; Torn-Broers Y.; Wright G.; Giles G.

Institution: (Ball, Irving, Wright) Peter MacCallum Cancer Centre, East Melbourne, Victoria, Australia; (Ball) Sir Peter MacCallum Department of Oncology, The University of Melbourne, Parkville, Vic, Australia; (Thursfield, Torn-Broers, Giles) The Cancer Council Victoria, Carlton, Vic, Australia; (Irving) Melbourne Health, Parkville, Vic, Australia; (Irving, Mitchell, Wright) The University of Melbourne, Parkville, Vic, Australia; (Mitchell) Olivia Newton-John Cancer and Wellness Centre, Austin Health, Heidelberg, Vic, Australia; (Richardson) Cabrini Health Malvern, Malvern, Vic, Australia; (Wright) St Vincent's Hospital, Fitzroy, Vic, Australia

Language: English

Abstract: Introduction: A Simplified Comorbidity Score (SCS) provided additional prognostic information to the established factors in patients with non-small cell lung cancer lung cancer. We undertook this analysis to test the prognostic value of the SCS in a population-based study. Patients and methods: Retrospective survey of all Victorians diagnosed with lung cancer in January-June 2003, identified from the Victorian Cancer Registry. Results: There were 921 patients, with data available for 841 (91.3%). Median age was 72 years (range 30-94) and 63.1% were male. A tissue diagnosis was made for 89.9%, of which 86.6% were non-small cell (NSCLC), and 13.4% small cell carcinoma (SCLC). Comorbidities on which the SCS is based were distributed: cardiovascular 54.6%; respiratory 38.9%; neoplastic 19.9%; renal 4.6%; diabetes 11.7%; alcoholism 5.5%; and tobacco 83.1%.In patients with NSCLC, higher SCS score (>9) was associated with increasing stage, ECOG performance status, male sex, increasing age, tobacco consumption and not receiving treatment. Using Cox regression, survival was analysed by SCS score after adjusting for the effect of age, sex, cell type (NSCLC, SCLC, no histology), ECOG performance status and stage for all patients and then restricted to NSCLC. As a continuous or dichotomous (<= or >9) variable, SCS was not a significant prognostic factor for all patients or when restricted to NSCLC. Conclusion: In this retrospective analysis of population based registry patients, SCS did not provide additional prognostic information in patients with lung cancer. ECOG performance status may be a substitute for the effect of comorbidity. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

Publication Type: Journal: Article

Subject Headings:
adult
aged
alcoholism
article
*cancer registry
cell type
comorbidity
diabetes mellitus
female
health survey
histopathology
human
*lung cancer
lung non small cell cancer
lung small cell cancer
major clinical study
male
priority journal
prognosis
*rating scale
retrospective study
*simplified comorbidity score

Source: EMBASE

Full Text: Available from *Elsevier* in *Lung Cancer*

23. Anxiety comorbidity in schizophrenia

Citation: Psychiatry Research, November 2013, vol./is. 210/1(1-7), 0165-1781;1872-7123 (30 Nov 2013)

Author(s): Braga R.J.; Reynolds G.P.; Siris S.G.

Institution: (Braga, Siris) The Zucker Hillside Hospital, North Shore-Long Island Jewish Health System, Department of Psychiatry Research, Glen Oaks, NY, United States; (Braga, Siris) Department of Psychiatry, Hofstra North Shore-LIJ School of Medicine at Hofstra University, Hempstead, NY, United States; (Reynolds) Department of Psychology, Hofstra University, Hempstead, NY, United States

Language: English

Abstract: Diagnostic and treatment hierarchical reductionisms have led to an oversight of anxiety syndromes in schizophrenia. Nevertheless, recent data have indicated that anxiety can be a significant source of morbidity in this patient group. This paper reviews current knowledge concerning anxiety comorbidity in schizophrenia, its epidemiology, course, and treatment. A computerized search of the literature published from 1966 to July 2012 was conducted on Medline. Comorbid anxiety disorders are present in 38.3% of subjects with schizophrenia spectrum disorders. The most common anxiety disorder is social phobia followed by post-traumatic stress disorder and obsessive compulsive disorder. The presence and severity of symptoms of anxiety are associated with more severe clinical features and poorer outcomes. Available literature on the treatment consists primarily of case reports and open trials. Fragments of data support the notion of treating these anxiety states and syndromes as co-occurring clinical conditions with adjunctive medications and psychosocial interventions. However, additional work remains to be done on this issue before firm conclusions can be drawn. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 28981-97-7 (alprazolam); 129722-12-9 (aripiprazole); 12794-10-4 (benzodiazepine); 17321-77-6 (clomipramine); 303-49-1 (clomipramine); 5786-21-0 (clozapine); 439-14-5 (diazepam); 54910-89-3 (fluoxetine); 56296-78-7 (fluoxetine); 59333-67-4 (fluoxetine);

54739-18-3 (fluvoxamine); 52-86-8 (haloperidol); 113-52-0 (imipramine); 50-49-7 (imipramine); 84057-84-1 (lamotrigine); 61869-08-7 (paroxetine); 106266-06-2 (risperidone); 79617-96-2 (sertraline)

Publication Type: Journal: Review

Subject Headings:
"akathisia/dt [Drug Therapy]"
"akathisia/si [Side Effect]"
"*anxiety disorder/di [Diagnosis]"
"*anxiety disorder/ep [Epidemiology]"
"*anxiety disorder/th [Therapy]"
clinical trial (topic)
cognitive therapy
*comorbidity
depression
disease association
disease course
drug dose titration
drug efficacy
DSM-IV
electroconvulsive therapy
emotion
environmental factor
exposure response prevention
functional assessment
"generalized anxiety disorder/di [Diagnosis]"
hallucination
health care cost
health care utilization
health service
hopelessness
hostility
human
low drug dose
"obsessive compulsive disorder/di [Diagnosis]"
"obsessive compulsive disorder/dt [Drug Therapy]"
"obsessive compulsive disorder/pc [Prevention]"
"obsessive compulsive disorder/th [Therapy]"
outcome assessment
"panic/di [Diagnosis]"
"panic/dt [Drug Therapy]"
"panic/th [Therapy]"
post hoc analysis
"posttraumatic stress disorder/di [Diagnosis]"
"posttraumatic stress disorder/th [Therapy]"
prevention
priority journal
prognosis
progressive muscle relaxation training
psychoeducation
psychosocial care
psychotherapy
quality of life
relaxation training
review
"schizoaffective psychosis/di [Diagnosis]"
"*schizophrenia/di [Diagnosis]"
"*schizophrenia/dt [Drug Therapy]"
"*schizophrenia/th [Therapy]"
"social phobia/di [Diagnosis]"
"social phobia/dt [Drug Therapy]"

"social phobia/th [Therapy]"
symptomatology
systematic review
tension
training
treatment duration
treatment indication
treatment outcome
withdrawal syndrome
"alprazolam/ct [Clinical Trial]"
"alprazolam/dt [Drug Therapy]"
"aripiprazole/do [Drug Dose]"
"aripiprazole/dt [Drug Therapy]"
"benzodiazepine/dt [Drug Therapy]"
"clomipramine/dt [Drug Therapy]"
"clomipramine/iv [Intravenous Drug Administration]"
"clozapine/dt [Drug Therapy]"
"diazepam/dt [Drug Therapy]"
"fluoxetine/ct [Clinical Trial]"
"fluoxetine/dt [Drug Therapy]"
"fluvoxamine/dt [Drug Therapy]"
"haloperidol/dt [Drug Therapy]"
"imipramine/dt [Drug Therapy]"
"lamotrigine/dt [Drug Therapy]"
"neuroleptic agent/ae [Adverse Drug Reaction]"
"neuroleptic agent/ct [Clinical Trial]"
"neuroleptic agent/do [Drug Dose]"
"neuroleptic agent/dt [Drug Therapy]"
"paroxetine/dt [Drug Therapy]"
placebo
"risperidone/dt [Drug Therapy]"
"sertraline/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Elsevier* in *Psychiatry Research*

24. Current cannabis use and age of psychosis onset: A gender-mediated relationship? Results from an 8-year FEP incidence study in Bologna

Citation: Psychiatry Research, November 2013, vol./is. 210/1(368-370), 0165-1781;1872-7123 (30 Nov 2013)

Author(s): Allegri F.; Belvederi Murri M.; Paparelli A.; Marcacci T.; Braca M.; Menchetti M.; Michetti R.; Berardi D.; Tarricone I.

Institution: (Allegri, Belvederi Murri, Marcacci, Braca, Menchetti, Berardi, Tarricone) Department of Medical and Surgical Science, Section of Psychiatry, University of Bologna, Bologna, Italy; (Paparelli) Department of Psychosis Studies, Institute of Psychiatry, Kings College London, London, United Kingdom; (Belvederi Murri) King's College London, Institute of Psychiatry, Department of Psychological Medicine, London, United Kingdom; (Michetti, Berardi, Tarricone) Bologna West Mental Health Department, Ausl di Bologna, Bologna, Italy

Language: English

Abstract: This study examined the relationship between gender, illicit drug use and age of onset of psychosis. We analysed data from an epidemiologically based cohort of 160 subjects with first-episode psychosis from community mental health centers. Cannabis was associated with an earlier onset of psychosis compared to other drugs, especially among women. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings:
adult
aged
article
*cannabis addiction
cocaine dependence
disease association
female
human
incidence
Italy
major clinical study
male
onset age
opiate addiction
priority journal
"*psychosis/ep [Epidemiology]"
risk
sex difference
*cannabis
central stimulant agent
cocaine
opiate

Source: EMBASE

Full Text: Available from *Elsevier* in *Psychiatry Research*

25. The long arm of parental addictions: The association with adult children's depression in a population-based study

Citation: Psychiatry Research, November 2013, vol./is. 210/1(95-101), 0165-1781;1872-7123 (30 Nov 2013)

Author(s): Fuller-Thomson E.; Katz B.R.; Phan T.V.; Liddycoat P.M.J.; Brennenstuhl S.

Institution: (Fuller-Thomson, Katz, Phan, Liddycoat) Factor-Inwentash Faculty of Social Work, University of Toronto, 246 Bloor Street West, Toronto, ON M5S 1A1, Canada; (Brennenstuhl) Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada

Language: English

Abstract: Parental addictions have been associated with adult children's depression in several clinical and population-based studies. However, these studies have not examined if gender differences exist nor have they controlled for a range of potential explanatory factors. Using a regionally representative sample of 6268 adults from the 2005 Canadian Community Health Survey (response rate=83%), we investigated the association between parental addictions and adulthood depression controlling for four clusters of variables: adverse childhood experiences, adult health behaviors, adult socioeconomic status and other stressors. After controlling for all factors, adults exposed to parental addiction had 69% higher odds of depression compared to their peers with non-addicted parents (OR=1.69; 95% CI, 1.25-2.28). The relationship between parental addictions and depression did not vary by gender. These findings underscore the intergenerational consequences of drug and alcohol addiction and reinforce the need to develop interventions that support healthy childhood development. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

Publication Type: Journal: Article

Subject Headings: adult

aged
*alcoholism
article
Canada
chronic disease
controlled study
*depression
disease association
*drug dependence
educational status
female
gender
health behavior
human
income
life stress
male
marriage
personal experience
population research
priority journal
smoking
social status

Source: EMBASE

Full Text: Available from *Elsevier* in *Psychiatry Research*

26. Current smoking rate in patients with psychiatric disorders in Japan: Questionnaire survey

Citation: Psychiatry Research, November 2013, vol./is. 210/1(268-273), 0165-1781;1872-7123 (30 Nov 2013)

Author(s): Umene-Nakano W.; Yoshimura R.; Hoshuyama T.; Yoshii C.; Hayashi K.; Nakano H.; Hori H.; Ikenouchi-Sugita A.; Katsuki A.; Atake K.; Nakamura J.

Institution: (Umene-Nakano, Yoshimura, Hayashi, Nakano, Hori, Ikenouchi-Sugita, Katsuki, Atake, Nakamura) Department of Psychiatry, School of Medicine, University of Occupational and Environmental Health, Japan; (Hoshuyama) Department of Environmental Epidemiology, University of Occupational and Environmental Health, Japan; (Hoshuyama) Ushibuka City Hospital, Amakusa, Japan; (Yoshii) Department of Respiratory Medicine, Wakamatsu Hospital of University of Occupational and Environmental Health, Japan

Language: English

Abstract: The association between smoking and psychiatric disorders (PD) has been known for many years. Support for smoking cessation among patients with PD is provided in advanced nations, but there is a little support for smoking cessation among patients with PD in Japan, where few studies have investigated the smoking rate. The aim of the present study is to determine the smoking rate and smoking habits of Japanese patients with PD. The subjects included outpatients who visited the outpatient psychiatric clinic at a University hospital between January and March of 2011. They answered a questionnaire consisting of questions about their sociodemographic background and smoking habits. In an analysis of 733 subjects, the overall smoking rate was 25.1%. The smoking rates among the patients with schizophrenia and depression were 17.3% and 23.9%, respectively, and these rates were lower than the results of previous studies. Among the current smokers, 43.4% had experienced smoking cessation, and only 26.1% were not interested in smoking cessation. Of the current smokers, 37.5% spent between US$128.88 and US$257 per month on cigarettes. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 58-08-2 (caffeine)

Publication Type: Journal: Article

Subject Headings:
adult
age
aged
"anxiety disorder/di [Diagnosis]"
article
"bipolar disorder/di [Diagnosis]"
community living
controlled study
cost
demography
"depression/di [Diagnosis]"
disease association
"dissociative disorder/di [Diagnosis]"
"dysthymia/di [Diagnosis]"
female
human
ICD-10
income
Japan
Japanese
logistic regression analysis
major clinical study
male
"*mental disease/di [Diagnosis]"
multivariate logistic regression analysis
"obsessive compulsive disorder/di [Diagnosis]"
outpatient
priority journal
questionnaire
"schizophrenia/di [Diagnosis]"
sex difference
*smoking
smoking cessation
*smoking habit
socioeconomics
stress
substance abuse
"tobacco dependence/di [Diagnosis]"
university hospital
caffeine

Source: EMBASE

Full Text: Available from *Elsevier* in *Psychiatry Research*

27. Electroconvulsive therapy in patients with diagnoses other than major depression and/or difficult characteristics: A combined psychiatric-anesthesiological approach based on a retrospective chart analysis

Citation: Psychiatry Research, November 2013, vol./is. 210/1(159-165), 0165-1781;1872-7123 (30 Nov 2013)

Author(s): Gahr M.; Schonfeldt-Lecuona C.; Kolle M.A.; Pfenninger E.; Freudenmann R.W.

Institution: (Gahr, Schonfeldt-Lecuona, Kolle, Freudenmann) Department of Psychiatry and Psychotherapy III, University of Ulm, Leimgrubenweg 12-14, 89075 Ulm, Germany; (Pfenninger) Department of Anesthesiology, University of Ulm, Albert-Einstein-Allee 23, 89081 Ulm, Germany

Language: English

Abstract: Though electroconvulsive therapy (ECT) requires a close cooperation between anesthesiology and psychiatry, literature lacks of approaches that consider both

disciplines in parallel. Special problems might be posed by patients with complicated features or ECT-indications other than treatment-refractory depression (TRD). Considering these patients there is a particular paucity of data, especially regarding anesthesiological aspects. Therefore, we sought (1) to discuss special issues of the peri-interventional management of non-TRD-cases from a combined psychiatric-anesthesiological point of view and (2) to assess the efficacy of ECT in the classical indication of TRD as compared to cases undergoing ECT for other indications or under difficult conditions (non-TRD) by means of Clinical Global Impression-Improvement (CGI-I) scale scores. A retrospective chart analysis of patients treated with ECT between the years 2009 and 2011 at the University of Ulm, Department of Psychiatry, was conducted. Special anesthesiological efforts were necessary in cohort non-TRD. There was no difference in the clinical outcome between cohort non-TRD (n=7) and TRD (n=22) with a median CGI-I score of 2 ("much improved") in both groups. Close cooperation between psychiatry and anesthesiology is indispensable in non-TRD patients. Our results provide preliminary evidence that ECT is equally effective in the standard indication of TRD compared to other indications. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 71675-85-9 (amisulpride); 554-13-2 (lithium carbonate); 846-49-1 (lorazepam); 61337-67-5 (mirtazapine); 1225-65-6 (prothipendyl); 303-69-5 (prothipendyl); 79617-96-2 (sertraline)

Publication Type: Journal: Article

Subject Headings:

"addiction/di [Diagnosis]"
"addiction/th [Therapy]"
adult
aged
article
Beck Depression Inventory
"catatonia/di [Diagnosis]"
"catatonia/th [Therapy]"
clinical article
clinical feature
Clinical Global Impression scale
cohort analysis
controlled study
"depression/di [Diagnosis]"
"depression/dt [Drug Therapy]"
"depression/th [Therapy]"
"depressive psychosis/th [Therapy]"
DSM-IV
"dyskinesia/dt [Drug Therapy]"
*electroconvulsive therapy
electroencephalography
female
human
"*major depression/di [Diagnosis]"
"*major depression/th [Therapy]"
male
physical examination
priority journal
psychotherapy
retrospective study
"schizoaffective psychosis/di [Diagnosis]"
"schizoaffective psychosis/th [Therapy]"
"schizophrenia/di [Diagnosis]"
"schizophrenia/th [Therapy]"
smoking

"somatization/di [Diagnosis]"
"somatization/dt [Drug Therapy]"
"somatization/th [Therapy]"
"suicide/di [Diagnosis]"
"suicide/dt [Drug Therapy]"
"suicide/th [Therapy]"
"treatment refractory depression/di [Diagnosis]"
"treatment refractory depression/th [Therapy]"
visual hallucination
"amisulpride/dt [Drug Therapy]"
"antidepressant agent/dt [Drug Therapy]"
"lithium carbonate/dt [Drug Therapy]"
"lorazepam/dt [Drug Therapy]"
"lorazepam/po [Oral Drug Administration]"
"mirtazapine/dt [Drug Therapy]"
"prothipendyl/dt [Drug Therapy]"
"prothipendyl/po [Oral Drug Administration]"
"sertraline/dt [Drug Therapy]"
"tau protein/ec [Endogenous Compound]"

Source: EMBASE

Full Text: Available from *Elsevier* in *Psychiatry Research*

28. Psychiatric disorders in patients presenting to hospital following self-harm: A systematic review

Citation: Journal of Affective Disorders, December 2013, vol./is. 151/3(821-830), 0165-0327;1573-2517 (December 2013)

Author(s): Hawton K.; Saunders K.; Topiwala A.; Haw C.

Institution: (Hawton, Saunders, Haw) Centre for Suicide Research, University Department of Psychiatry, Warneford Hospital, Oxford OX3 7JX, United Kingdom; (Hawton) Oxford Health NHS Foundation Trust, Warneford Hospital Oxford, Oxfordshire, United Kingdom; (Haw) St Andrews Healthcare, Northampton, United Kingdom; (Topiwala) University Department of Psychiatry, Warneford Hospital, Oxford OX3 7JX, United Kingdom

Language: English

Abstract: Background Psychiatric disorders occur in approximately 90% of individuals dying by suicide. The prevalence of psychiatric disorders in people who engage in non-fatal self-harm has received less attention. Method Systematic review using electronic databases (Embase, PsychINFO and Medline) for English language publications of studies in which psychiatric disorders have been assessed using research or clinical diagnostic schedules in self-harm patients of all ages presenting to general hospitals, followed by meta-analyses using random effects methods. Results A total of 50 studies from 24 countries were identified. Psychiatric (Axis I) disorders were identified in 83.9% (95% CI 74.7-91.3%) of adults and 81.2% (95% CI 60.9-95.5%) of adolescents and young persons. The most frequent disorders were depression, anxiety and alcohol misuse, and additionally attention deficit hyperactivity disorder (ADHD) and conduct disorder in younger patients. Personality (Axis II) disorders were found in 27.5% (95% CI 17.6-38.7%) of adult patients. Psychiatric disorders were somewhat more common in patients in Western (89.6%, 95% CI 83.0-94.7%) than non-Western countries (70.6%, 95% CI 50.1-87.6%). Limitations Heterogeneity between study results was generally high. There were differences between studies in identification of study participants and diagnostic procedures. Conclusions Most self-harm patients have psychiatric disorders, as found in people dying by suicide. Depression and anxiety disorders are particularly common, together with ADHD and conduct disorder in adolescents. Psychosocial assessment and aftercare of self-harm patients should include careful screening for such disorders and appropriate therapeutic interventions. Longitudinal studies of the progress of these disorders are required. Declaration of interests None. 2013 Elsevier B.V.

Country of Publication: Netherlands

Publisher: Elsevier (P.O. Box 211, Amsterdam 1000 AE, Netherlands)

Publication Type: Journal: Review

Subject Headings:
alcoholism
anxiety disorder
attention deficit disorder
Australia
*automutilation
Bahrain
Canada
China
conduct disorder
Denmark
depression
Finland
France
general hospital
Greece
Hong Kong
human
Hungary
India
Iran
Israel
Italy
Japan
medical literature
medical research
*mental disease
New Zealand
personality disorder
prevalence
priority journal
publication
review
self concept
*self harm
self poisoning
South Africa
Spain
*suicidal behavior
suicide attempt
Sweden
Switzerland
systematic review
Turkey (republic)
United Kingdom
United States
Viet Nam

Source: EMBASE

Full Text: Available from *Elsevier* in *Journal of Affective Disorders*

29. Mephedrone: A new synthetic drug [French] La mephedrone: Une nouvelle drogue de synthese

Original Title: La mephedrone: Une nouvelle drogue de synthese

Citation: Presse Medicale, October 2013, vol./is. 42/10(1310-1316), 0755-4982 (October 2013)

Author(s): Petit A.; Karila L.; Sananes M.; Lejoyeux M.

Institution: (Petit, Sananes, Lejoyeux) AP-HP, Hopital Bichat, Service de psychiatrie, addictologie et tabacologie, 75018 Paris, France; (Petit, Sananes, Lejoyeux) Universite Paris-VII, Faculte de medecine, 75018 Paris, France; (Karila) AP-HP, Hopital Paul-Brousse, Centre d'enseignement, de recherche et de traitement des addictions, 94800 Villejuif, France; (Karila) CEA, Inserm U1000, 91405 Orsay, France

Language: French

Abstract: Mephedrone is a synthetic psychostimulant derived from cathinone belonging to the family of phenylethylamines. Sold on the Internet, it has recently emerged in France in recreational settings, and is mostly consumed by young people from the gay community and festive environment. Identified in 2008by the European Monitoring Centre for Drugs and Drug Addiction as a new drug on the market, the use of mephedrone has attracted media attention following the suspicious deaths of two young adults in Sweden and in England. Its legal aspect, ease of getting it on the Internet and cheap price coupled and an alternative-seeking to other psychostimulants make mephedrone a prime target for these populations and a source of abuse, with psychiatric and somatic complications. There is no curative pharmacological treatment approved by health authorities. 2013 Elsevier Masson SAS.

Country of Publication: France

Publisher: Elsevier Masson SAS (62 rue Camille Desmoulins, Issy les Moulineaux Cedex 92442, France)

Publication Type: Journal: Short Survey

Subject Headings:
drug abuse
drug cost
*drug dependence
drug legislation
drug marketing
drug seeking behavior
human
short survey
*4' methylmethcathinone

Source: EMBASE

30. Self-care success

Citation: Nursing standard (Royal College of Nursing (Great Britain) : 1987), August 2013, vol./is. 27/52(19), 0029-6570 (2013 Aug 28-Sep 3)

Author(s): Pearce L.

Language: English

Abstract: Nurse-led community care for substance misusers is improving the health of individuals who had previously struggled with conventional services. Health interventions tailored to accommodate chaotic lifestyles have also helped reduce clients' social isolation.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings:
"*addiction/rh [Rehabilitation]"
article
human
nursing
psychological aspect
role playing
*self care
United Kingdom

Source: EMBASE

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

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

31. Outcomes from liaison psychiatry referrals for older people with alcohol use disorders in the UK

Citation: Mental Health and Substance Use: Dual Diagnosis, November 2013, vol./is. 6/4(362-368), 1752-3281;1752-3273 (01 Nov 2013)

Author(s): Rao R.

Institution: (Rao) Department of Old Age Psychiatry, Institute of Psychiatry, London, United Kingdom

Language: English

Abstract: The paper examines assessment and outcomes of alcohol misuse and dual diagnosis from liaison psychiatry services for older people. The authors used a retrospective case note survey for referrals to four older adult liaison psychiatry services was carried out on consecutive anonymised in-patient records for admissions from 2006 to 2011. Notes were examined for all older people with alcohol-related problems seen by liaison psychiatry services, with documentation of reason for admission, accompanying mental disorder, referral to mental health services and 6 month follow-up. Four hundred and twenty unique case notes were identified, with 108 patients being eligible for inclusion. Sixty patients were admitted with alcohol withdrawal syndrome, 42 of whom were given a diagnosis of alcohol-related brain injury (ARBI). Fifty patients were taken on by community mental health teams (CMHTs); a further 14 were placed in continuing care facilities. Of the patients under CMHTs, 19 patients (38%) had achieved abstinence from alcohol or controlled drinking at 6 month follow-up. Patients with ARBI were less likely than those without it to have changed their drinking behaviour after 6 months. This is the first UK naturalistic study to show positive outcomes from community treatment of alcohol misuse and dual diagnosis. In spite of the high rate of referral to mental health services and positive outcomes, there was little indication of clear pathways being used in the assessment, treatment and referral of older people with alcohol misuse in medical wards. 2013 Taylor & Francis.

Country of Publication: United Kingdom

Publisher: Routledge (4 Park Square, Milton Park, Abingdon, Oxfordshire OX14 4RN, United Kingdom)

CAS Registry Number: 64-17-5 (alcohol); 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 12794-10-4 (benzodiazepine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine)

Publication Type: Journal: Article

Subject Headings:
adult
aged
alcohol abstinence
alcohol consumption
"alcohol related brain injury/di [Diagnosis]"
*alcohol use disorder
alcohol withdrawal
alcoholism
anxiety
article
bereavement
"brain injury/di [Diagnosis]"
community mental health
controlled study
"depression/di [Diagnosis]"
drinking behavior
female
follow up
group therapy

hospital patient
human
*liaison psychiatry
major clinical study
male
medical documentation
medical record
mental health service
mood
outcome assessment
pain
patient assessment
patient referral
"personality disorder/di [Diagnosis]"
priority journal
retrospective study
treatment duration
treatment refusal
United Kingdom
*alcohol
amphetamine
benzodiazepine
cannabis
cocaine

Source: EMBASE

32. Safety profile of two novel antiepileptic agents approved for the treatment of refractory partial seizures: Ezogabine (retigabine) and perampanel

Citation: Expert Opinion on Drug Safety, November 2013, vol./is. 12/6(847-855), 1474-0338;1744-764X (November 2013)

Author(s): Faulkner M.A.; Burke R.A.

Institution: (Faulkner) Creighton University, School of Pharmacy and Health Professions, School of Medicine, 2500 California Plaza, Omaha, NE, 68178, United States; (Burke) Creighton University, School of Pharmacy and Health Professions, Omaha, NE, United States

Language: English

Abstract: Introduction: Complex-partial seizures are frequently resistant to antiepileptic therapy. Two new medications with mechanisms of action novel within the antiepileptic class have recently received approval for the adjunctive treatment of partial (focal) seizures. Areas covered: A Medline search was conducted to identify preclinical and clinical studies of ezogabine and perampanel. This was supplemented with additional articles obtained from online sources and information provided by the FDA and the manufacturers. The focus of this review is on the safety profiles of ezogabine (retigabine), a novel antiepileptic that targets voltage-gated potassium channels, and perampanel, a noncompetitive alpha-amino-3-hydroxyl-5-methyl-4-isoxazole- propionate glutamate receptor antagonist. Expert opinion: Central nervous system effects are predominant within the adverse event profiles of both ezogabine and perampanel. In addition, ezogabine exerts its inhibitory effects on potassium channels in the urogenital tract potentially resulting in urinary retention and related outcomes. Recent reports of blue discoloration of the skin and in the retinas of long-term ezogabine users have surfaced. Both drugs have demonstrated the ability to induce neuropsychiatric symptoms. Though both are welcome additions to the antiepileptic drug class, additional monitoring, appropriate counseling, and careful selection of patients are warranted to minimize adverse events. 2013 Informa UK, Ltd.

Country of Publication: United Kingdom

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

CAS Registry Number: 9000-86-6 (alanine aminotransferase); 9014-30-6 (alanine aminotransferase); 9000-97-9 (aspartate aminotransferase); 298-46-4 (carbamazepine); 8047-84-5 (carbamazepine);

9001-15-4 (creatine kinase); 65277-42-1 (ketoconazole); 84057-84-1 (lamotrigine); 59467-70-8 (midazolam); 28721-07-5 (oxcarbazepine); 380917-97-5 (perampanel); 57-41-0 (phenytoin); 630-93-3 (phenytoin); 150812-12-7 (retigabine); 150812-13-8 (retigabine); 13292-46-1 (rifampicin); 97240-79-4 (topiramate)

Publication Type: Journal: Review

Subject Headings:
"abnormal thinking/si [Side Effect]"
aggression
alanine aminotransferase blood level
"amnesia/si [Side Effect]"
anger
aspartate aminotransferase blood level
"asthenia/si [Side Effect]"
"ataxia/si [Side Effect]"
blood pressure
central nervous system
"confusion/si [Side Effect]"
"conversion disorder/si [Side Effect]"
creatine kinase blood level
"dizziness/si [Side Effect]"
"drug dependence/si [Side Effect]"
drug dose reduction
drug dose titration
drug exposure
drug mechanism
drug monitoring
drug safety
drug tolerability
drug withdrawal
electrocardiogram
euphoria
eye color
"fatigue/si [Side Effect]"
"*focal epilepsy/dt [Drug Therapy]"
"gait disorder/si [Side Effect]"
"hallucination/si [Side Effect]"
"headache/si [Side Effect]"
homicide
hostility
human
irritability
"nephrolithiasis/si [Side Effect]"
outcome assessment
patient counseling
phase 2 clinical trial (topic)
phase 3 clinical trial (topic)
"psychosis/si [Side Effect]"
"QT prolongation/si [Side Effect]"
recommended drug dose
residual volume
"retina dystrophy/si [Side Effect]"
review
"side effect/si [Side Effect]"
"skin discoloration/et [Etiology]"
"skin discoloration/si [Side Effect]"
"somnolence/si [Side Effect]"
"speech disorder/si [Side Effect]"
"stone formation/si [Side Effect]"
"suicidal ideation/si [Side Effect]"
"tremor/si [Side Effect]"

"urine retention/et [Etiology]"
"urine retention/si [Side Effect]"
"vertigo/si [Side Effect]"
visual acuity
weight gain
"alanine aminotransferase/ec [Endogenous Compound]"
"aspartate aminotransferase/ec [Endogenous Compound]"
"carbamazepine/it [Drug Interaction]"
"creatine kinase/ec [Endogenous Compound]"
"Hypericum perforatum extract/it [Drug Interaction]"
"ketoconazole/it [Drug Interaction]"
"lamotrigine/it [Drug Interaction]"
"midazolam/it [Drug Interaction]"
"oxcarbazepine/it [Drug Interaction]"
"*perampanel/ae [Adverse Drug Reaction]"
"*perampanel/ct [Clinical Trial]"
"*perampanel/do [Drug Dose]"
"*perampanel/it [Drug Interaction]"
"*perampanel/dt [Drug Therapy]"
"*perampanel/po [Oral Drug Administration]"
"*perampanel/pk [Pharmacokinetics]"
"*perampanel/pd [Pharmacology]"
"phenytoin/it [Drug Interaction]"
"*retigabine/ae [Adverse Drug Reaction]"
"*retigabine/ct [Clinical Trial]"
"*retigabine/do [Drug Dose]"
"*retigabine/it [Drug Interaction]"
"*retigabine/dt [Drug Therapy]"
"*retigabine/pk [Pharmacokinetics]"
"*retigabine/pd [Pharmacology]"
"rifampicin/it [Drug Interaction]"
"topiramate/ae [Adverse Drug Reaction]"
"voltage gated potassium channel/ec [Endogenous Compound]"

Source: EMBASE

33. The cannabis conundrum

Citation: Proceedings of the National Academy of Sciences of the United States of America, October 2013, vol./is. 110/43(17165), 0027-8424;1091-6490 (22 Oct 2013)

Author(s): Miller R.J.

Institution: (Miller) Department of Pharmacology, Northwestern University Medical School, Chicago, IL 60611, United States

Language: English

Country of Publication: United States

Publisher: National Academy of Sciences (2101 Constitution Avenue NW, Washington DC 20418, United States)

CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis); 7663-50-5 (dronabinol)

Publication Type: Journal: Note

Subject Headings:
drug dependence
government
Netherlands
note
Panama
prescription
priority journal
signal transduction
therapy effect

United Kingdom
United States
"cannabinoid receptor/ec [Endogenous Compound]"
*cannabis
dronabinol
endocannabinoid

Source: EMBASE

34. The relationship between maternal methadone dose at delivery and neonatal outcome: Methodological and design considerations

Citation: Neurotoxicology and Teratology, September 2013, vol./is. 39/(110-115), 0892-0362;1872-9738 (September 2013)

Author(s): Jones H.E.; Jansson L.M.; O'Grady K.E.; Kaltenbach K.

Institution: (Jones) UNC Horizons, Department of Obstetrics and Gynecology, University of North Carolina at Chapel Hill, Carrboro NC 27510, United States; (Jones) Department of Psychiatry and Behavioral Sciences, School of Medicine, Johns Hopkins University, Baltimore MD 21224, United States; (Jones) Department of Obstetrics and Gynecology, School of Medicine, Johns Hopkins University, Baltimore MD 21224, United States; (Jansson) Department of Pediatrics, School of Medicine, Johns Hopkins University, Baltimore MD 21224, United States; (O'Grady) Department of Psychology, University of Maryland, College Park, College Park MD 20742, United States; (Kaltenbach) Department of Pediatrics, Jefferson Medical College, Thomas Jefferson University, Philadelphia PA 19107, United States; (Kaltenbach) Department of Psychiatry and Human Behavior, Jefferson Medical College, Thomas Jefferson University, Philadelphia PA 19107, United States

Language: English

Abstract: Compared to untreated opioid dependence, methadone maintenance treatment of opioid-dependent pregnant women has been found to be associated with better maternal and neonatal outcomes. Secondary analysis of data from 73 maternal and neonatal participants in the MOTHER study (H. E. Jones et al., New England Journal of Medicine, 2010) found no relationship between maternal methadone dose at delivery and any of 9 neonatal outcomes - peak neonatal abstinence syndrome (NAS) score, total amount of morphine needed to treat NAS, duration of neonatal hospital stay, duration of treatment for NAS, estimated gestational age at delivery, Apgar score at 5. min, and neonatal head circumference, length, and weight at birth. These results are consistent with a recent systematic review and meta-analysis (B. J. Cleary et al., Addiction, 2010) and extend findings to outcomes other than NAS. Methodological and design issues that might have adversely impacted the ability of researchers to establish the existence or non-existence of these relationships are considered. 2013 Elsevier Inc.

Country of Publication: United States

Publisher: Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 23095-84-3 (morphine sulfate); 35764-55-7 (morphine sulfate); 64-31-3 (morphine sulfate)

Publication Type: Journal: Article

Subject Headings: anthropometric parameters
article
birth length
birth weight
clinical trial
controlled study
dose response
double blind procedure
drug efficacy

drug megadose
female
*fetus outcome
gestational age
head circumference
human
length of stay
"opiate addiction/dt [Drug Therapy]"
priority journal
treatment duration
"withdrawal syndrome/dt [Drug Therapy]"
"buprenorphine/dt [Drug Therapy]"
"*methadone/ct [Clinical Trial]"
"*methadone/dt [Drug Therapy]"
"morphine sulfate/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Elsevier* in *Neurotoxicology and Teratology*

35. Skin-picking heralding Parkinson's disease

Citation: European Neuropsychopharmacology, October 2013, vol./is. 23/(S547-S548), 0924-977X (October 2013)

Author(s): Chee K.Y.; Evans A.H.; Velakoulis D.

Institution: (Chee) Kuala Lumpur Hospital, Psychiatry and Mental Health, Kuala Lumpur, Malaysia; (Evans) Royal Melbourne Hospital, Neurology, Melbourne, Australia; (Velakoulis) Royal Melbourne Hospital, Neuropsychiatry Unit, Melbourne, Australia

Language: English

Abstract: Background: In Parkinson's disease (PD), symptom of skin picking has been reported as either an impulsive behavior, i.e. dermatillomania [1] or as a manifestation of delusions of parasitosis in which it is commonly linked to dopamine-agonist treatment of PD [2]. Skin-picking leads to tissue damage, thus medical complications and psychological distress. While most reports of impulse control disorders in patients with PD have been associated with dopamine agonist treatment, there have been no reports of such disorders presenting prior to treatment with dopamine agonists. Methods: We present four patients who presented with skin picking as the prodromal phase of idiopathic PD, diagnosed using the UK Parkinson's Disease Society Brain Bank clinical diagnostic criteria by single neurologist specialized in movement disorders and PD. We discuss the implications of these clinical observations from both a clinical and neurobiological point of view. The patients have provided informed consent prior to being included in the study. Result: We have described four patients with skin-picking behavior and PD (Table 1), all of whom had a diagnosis of an affective illness preceding the diagnosis of PD. In these patients, skin-picking behavior emerged after the development of affective symptoms and prior to the diagnosis or treatment of PD. The skinpicking behavior was most severe when the affective illness was severe and often improved after treatment of the affective illness. Conclusion: The association of skin-picking behavior and depression as a prodrome to PD has not been previously reported and raises the interesting question of how a hypodopaminergic state would be associated with an impulse control disorder. Dopamine hypofunction within the frontostriatal and mesolimbic dopaminergic systems has been reported to underpin depressive symptoms and apathy in PD and has been associated with addiction behaviours. Repeated skin picking to relieve tension from itching may 'sensitize' the reward system and lead to escalation in reward seeking and repeated stimulation of dopamine release and resultant in restoration a state of dopamine deficiency [3]. From a clinical perspective these four cases highlight that late-onset skin-picking behavior together with a mood disorder may be a prodrome to PD and should alert the clinician to the possibility of PD. From a therapeutic perspective two important observations are that treatment of the mood disorder is more likely to lead to resolution of the skin-picking behavior than are dopamine agonists and dopamine agonists did not worsen the skin-picking behavior. (Table Presented).

Conference Information: 26th European College of Neuropsychopharmacology, ECNP Congress Barcelona Spain. Conference Start: 20131005 Conference End: 20131009

Publisher: Elsevier

Publication Type: Journal: Conference Abstract

Subject Headings:
*skin
*psychopharmacology
*college
*Parkinson disease
human
patient
mood disorder
diagnosis
reward
impulse control disorder
brain
society
United Kingdom
informed consent
diseases
delusional parasitosis
dopamine release
emotional disorder
stimulation
pruritus
clinical observation
motor dysfunction
apathy
neurologist
distress syndrome
addiction
depression
mesolimbic dopaminergic system
tissue injury
impulsiveness
dopamine receptor stimulating agent
dopamine

Source: EMBASE

Full Text: Available from *Elsevier* in *European Neuropsychopharmacology*

36. Cognitive impairment in patients with depressive and euthymic episodes of bipolar disorder

Citation: European Neuropsychopharmacology, October 2013, vol./is. 23/(S384-S385), 0924-977X (October 2013)

Author(s): Paunescu R.; Miclutia I.

Institution: (Paunescu, Miclutia) University of Medicine and Pharmacy Cluj-Napoca, Psychiatry, Cluj-Napoca, Romania

Language: English

Abstract: Purpose: Patients with bipolar disorder show cognitive deficits in all stages of the disorder, but also during remission phases [1]. Although those deficits are less expressed than in other psychiatric conditions they seem to affect the prognosis, outcome and global functioning of the patients suffering from bipolar disorder. The purpose of the study was to assess cognitive functions (attention, memory, speech, psychomotor performances, executive functions, and global functioning) in patients with bipolar disorder during depressive episodes and after six months of euthymia and also to evaluate if cognitive impairments are persistent in time, diminish or disappear after an affective episode. Method: Forty patients with bipolar disorder were assessed during a depressive episode

(DSM IV-TR criteria for bipolar disorder and major depression, Hamilton Depression Rating Scale and Beck Depression Inventory>17) and after six months of euthymia. The assessment of cognition was performed with a neuropsychological battery test (Basic Assessment of Cognition in Schizophrenia version A, Trial Making Test A and B). Inclusion criteria for depressive patients were: age 18-60, level of education > 8 years of school, score HAM-D > 17. Euthymic patients fulfilled the following criteria: DSM IV-TR criteria for bipolar disorder, same age interval and education levels, score HAM-D < 8, at least six months of euthymia and no residual affective symptoms. The control group consisted of 35 participants who were matched for demographic data and had no history of psychiatric conditions. All three groups met excluding criteria of head trauma history chronic alcoholic dependence or dependence to substances, dementia, or any current medical condition that could interfere with the level of cognitive performances. Results: Both group patients obtained lower results in a few cognitive domains when compared to the control group. The differences between the means (patients - control) were always negative. However, for Verbal Memory, Letter Fluency Digit Frequency, Token Motor Task and Tower of London, the difference of the means of the two groups were statistically significant ($p<0.001$), suggesting a very important divergence in the specified cognitive areas between the patients and the control individuals. Important discrepancies were revealed in the case of Semantic Fluency and Symbol Coding (differences significant at $p<0.005$). On other cognitive functions such as attention, visual search, sequencing and shifting, psychomotor speed, there were statistically significant differences between depressive patients and control group, but also between eutymic patient and healthy subjects. Conclusions: Results showed cognitive impairments in patients with bipolar disorder during depressive episodes when compared to the control group, in attention (difficulties in focusing and maintaining attention), memory (impaired verbal recall and recognition), psychomotor performance (slowness of motor functions when the number of tasks increased), executive functions. A degree of cognitive impairment was also present in eutymic bipolar patients in comparison with healthy subjects.

Conference Information: 26th European College of Neuropsychopharmacology, ECNP Congress Barcelona Spain. Conference Start: 20131005 Conference End: 20131009

Publisher: Elsevier

Publication Type: Journal: Conference Abstract

Subject Headings:

*cognitive defect
*patient
*human
*bipolar disorder
*college
*psychopharmacology
cognition
control group
depression
education
psychomotor performance
executive function
memory
normal human
DSM-IV-TR
Hamilton scale
motor performance
major depression
recall
velocity
United Kingdom
verbal memory
prognosis
dementia
speech
head injury

alcoholism
remission
emotional disorder
school
schizophrenia
Beck Depression Inventory
slowness
diseases

Source: EMBASE

Full Text: Available from *Elsevier* in *European Neuropsychopharmacology*

37. Anti-platelet aggregation activity observed in Honkaku shochu

Citation: Journal of Thrombosis and Haemostasis, July 2013, vol./is. 11/(1190), 1538-7933 (July 2013)

Author(s): Sumi H.; Fujii S.; Tokudome S.; Yoshida E.; Yatagai C.; Naito S.; Maruyama M.

Institution: (Sumi, Fujii, Tokudome, Yoshida, Yatagai, Naito) Kurashiki University of Science and the Arts, Kurashiki, Japan; (Maruyama) University of Miyazaki, Miyazaki, Japan

Language: English

Abstract: Background: We have previously reported that the intake of various types of alcoholic beverages (Sumi et al., H., Alcohol & Alcoholism,23, 33, 1988; Sumi et al., Jpn. J. Alcohol & Drug Dependence, 33, 263, 1998) brings about changes in the coagulation and fibrinolytic system, and that drinking Honkaku shochu (distilled through a pot still) results in promotion of fibrinolysis in blood for a rather long period. In another report, we demonstrated that the distillation fractions of shochu have the effect on cells to release t-PA (tissue plasminogen activator) and that the shochu aroma is effective in inhibiting platelet aggregation (Sumi et al., 21st ISFP, p.18, Brighton, UK, 2012). Aims: We have now conducted a comparative study of the effects of various types of Japanese Honkaku shochuon platelet aggregation. The results are reported here as new information. Methods: Honkaku shochu is classified by the laws of Japan into 2 types: shochu and awamori. For the tests, 7 types of awamori and 24 types of shochu were purchased as specimens, and then diluted by deionized water to achieve an ethanol concentration of 25%. The platelet aggregation rate was then measured with an aggregometer (PAT-4A). Inhibition rate against platelet aggregation of each aromatic component specimen in the dilution series was calculated and the 50% inhibition value (IC50) was determined. Results: Approximately half of the Honkaku shochu tested exhibited anti-platelet aggregation activity. Under typical concentration conditions of 25% ethanol concentration, direct inhibition against aggregation was observed to be 20.5% on average. The shochu specimens exhibiting the strongest inhibitive activity against aggregation were made from such raw materials as brown sugar (S-1), sweet potatoes (S-11), rice (S-6), and barley (S-12). It is presumed that the activity does not difference on the raw materials. Aspirin is a well kwon antiplatelet agent. A-6 and S-11 showed the strongest effects, the inhibitive capacity has an equivalent value to 50-200 mM Aspirin. Summary/Conclusion: A total of 31 types of Honkaku shochu were tested, and it was found that 4 out of 7 types of awamori and 12 out of 24 types of shochu inhibited the aggregation induced by the use of ADP or collagen. It is believed that the inhibitive capacity observed is not the effect of the materials used in producing Honkaku shochu, such as sweet potatoes, rice and barley, but rather the result of the fermentative production process. We foresee that if inhibitive effects against platelet aggregation can be achieved by merely smelling the given material instead of eating it, then these types of material could prove to be functional materials in a completely new category not thought of before.

Conference Information: 24th Congress of the International Society on Thrombosis and Haemostasis Amsterdam Netherlands. Conference Start: 20130629 Conference End: 20130704

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*thrombocyte aggregation
*society
*thrombosis
*hemostasis
fibrinolysis
rice
barley
sweet potato
drinking
dilution
blood
alcoholic beverage
eating
Japan
Japanese
comparative study
United Kingdom
drug dependence
aroma
smelling
alcoholism
alcohol
acetylsalicylic acid
sugar
water
tissue plasminogen activator
antithrombocytic agent
collagen
adenosine diphosphate

Source: EMBASE

38. Prescription opioid abuse in the UK

Citation: British Journal of Clinical Pharmacology, November 2013, vol./is. 76/5(823-824), 0306-5251;1365-2125 (November 2013)

Author(s): Giraudon I.; Lowitz K.; Dargan P.I.; Wood D.M.; Dart R.C.

Institution: (Giraudon) Health Consequences, Prevalence, Consequences and Data Management Unit, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Lisbon, Portugal; (Lowitz, Dart) Rocky Mountain Poison and Drug Center, Denver Health and Hospital Authority, Denver, CO, United States; (Dargan, Wood) Medical Toxicology Office, Guy's and St Thomas Hospital, London, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)

CAS Registry Number: 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 124-90-3 (oxycodone); 76-42-6 (oxycodone); 27203-92-5 (tramadol); 36282-47-0 (tramadol)

Publication Type: Journal: Letter

Subject Headings:
analgesia
*analgesic agent abuse
drug fatality
drug intoxication
drug misuse
drug monitoring
human
letter
*opiate addiction

opiate substitution treatment
*prescription
priority journal
United Kingdom
United States
"*opiate/to [Drug Toxicity]"
oxycodone
tramadol

Source: EMBASE

Full Text: Available from *Wiley* in *British Journal of Clinical Pharmacology*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

39. Griffith Edwards (1928-2012)

Citation: Addiction (Abingdon, England), December 2012, vol./is. 107/12(2225-2228), 1360-0443 (Dec 2012)

Author(s): Babor T.

Institution: (Babor) Department of Community Medicine and Health Care, University of Connecticut School of Medicine, 263 Farmington Avenue, Farmington, CT 06030-6325, USA.

Language: English

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings:
*addiction
art
article
history
human
*psychiatry
United Kingdom

Source: EMBASE

Full Text: Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

40. Gambling in Britain: the application of restraint erosion theory

Citation: Addiction (Abingdon, England), December 2012, vol./is. 107/12(2082-2086), 1360-0443 (Dec 2012)

Author(s): Orford J.

Institution: (Orford) School of Psychology, University of Birmingham, Edgbaston, Birmingham, UK.

Language: English

Abstract: To provide an overview of gambling and problem gambling in Britain, including historical background, current regulations and the recognition, prevalence and treatment of problem gambling. A new theory, Gambling Restraint Erosion Theory (GRET), is used as a framework for understanding the history of gambling regulation in Britain in the 20th century and evidence about the prevalence of gambling and problem gambling, as well as public attitudes towards gambling, in Britain in the first decade of the 21st century. Restraints on gambling were progressively dismantled as regulation moved from partial prohibition, to tolerance, and then to liberalization by the turn of the millennium. British adult gambling prevalence surveys carried out in 1999/2000, 2006/07 and 2009/10 suggest that the British public is still relatively restrained in its engagement in gambling, and is still suspicious of gambling. There is evidence from the last of those surveys that engagement in some forms of gambling, and the prevalence of problem gambling, have

risen, and that attitudes have become less negative towards gambling. Restraints which kept British gambling circumscribed, and the prevalence of problem gambling low, may be in the process of being eroded. Meanwhile, an effective public health response to problem gambling is constrained by lack of Department of Health interest and a failure to develop a research and treatment base independent of the gambling industry. 2012 The Author, Addiction 2012 Society for the Study of Addiction.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings:
adult
article
conflict of interest
"*gambling/pc [Prevention]"
"*gambling/rh [Rehabilitation]"
human
law
prevalence
psychological aspect
public opinion
research
*social control
United Kingdom

Source: EMBASE

Full Text: Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

41. Effectiveness of web-based tailored smoking cessation advice reports (iQuit): a randomized trial

Citation: Addiction (Abingdon, England), December 2012, vol./is. 107/12(2183-2190), 1360-0443 (Dec 2012)

Author(s): Mason D.; Gilbert H.; Sutton S.

Institution: (Mason) Behavioural Science Group, Institute of Public Health, University of Cambridge, Cambridge, UK.

Language: English

Abstract: To determine whether web-based tailored cessation advice, based on social cognitive theory and the perspectives on change model, was more effective in aiding a quit attempt than broadly similar web-based advice that was not tailored. Participants were allocated randomly to one of two groups, to receive either a cessation advice report and progress report that were tailored to individual-level characteristics or a cessation advice report that presented standardized (non-tailored) content. Tailoring was based on smoking-related beliefs, personal characteristics and smoking patterns, self-efficacy and outcome expectations. Participant enrolment and baseline assessments were conducted remotely online via the study website, with the advice reports presented by the same website. Participants (n = 1758) were visitors to the QUIT website who were based in the United Kingdom, aged 18 years or over and who smoked cigarettes or hand-rolled tobacco. Follow-up assessments were made at 6 months by telephone interview. The primary outcome measure was self-reported 3 months prolonged abstinence, and secondary outcomes were 1 month prolonged abstinence, 7-day and 24-hour point prevalence abstinence. The intervention group did not differ from the control group on the primary outcome (9.1% versus 9.3%; odds ratio = 1.02 95% confidence interval 0.73-1.42) or on any of the secondary outcomes. Intervention participants gave more positive evaluations of the materials than control participants. A web-based intervention that tailored content according to smoking-related beliefs, personal characteristics and smoking patterns, self-efficacy and outcome expectations, was not more effective than web-based materials presenting broadly similar non-tailored information. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings:
adult
article
computer assisted therapy
controlled clinical trial
controlled study
counseling
female
follow up
human
*Internet
male
methodology
patient satisfaction
randomized controlled trial
recurrent disease
self care
"*smoking/pc [Prevention]"
*smoking cessation
teleconsultation
treatment outcome

Source: EMBASE

Full Text: Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

42. Risk adjustment of heroin treatment outcomes for comparative performance assessment in England

Citation: Addiction (Abingdon, England), December 2012, vol./is. 107/12(2161-2172), 1360-0443 (Dec 2012)

Author(s): Marsden J.; Eastwood B.; Jones H.; Bradbury C.; Hickman M.; Knight J.; Randhawa K.; White M.; National Drug Treatment Monitoring System Outcomes Study Group

Institution: (Marsden) King's College London, Addictions Department, Institute of Psychiatry, London, UK.

Language: English

Abstract: Variability in effectiveness of treatment for substance abuse disorder (SUD) is an important and understudied issue. This study aimed to quantify the extent of outcome variability in the English SUD treatment system after adjusting for potential confounding variables. Prospective cohort study using data from the English national drug treatment outcome monitoring database. All 149 administrative areas delivering publicly funded SUD services in the National Health Service and non-governmental sector. New adult admissions between January 2008 and October 2010 with illicit heroin-related problems in all administrative areas, with an in-treatment review conducted between 5 and 26 weeks (mean = 129.5 days; SD = 40.0) up to 30 April 2011 (n = 65 223; 75.6% of eligible clients). Individuals were divided randomly to form model developmental and internal validation samples. These were contrasted with an independent (external) sample of the same population admitted to treatment between November 2010 and April 2011 and followed to 31 October 2011 (n = 13 797; 81.4% of those eligible). MEASUREMENTS AND ANALYSIS: The outcome measure was self-reported illicit heroin use, categorized as abstinent or deteriorated (the latter by Reliable Change Index), each risk-adjusted by person-level (demographics, clinical severity and treatment complexity) and area-level (SUD prevalence, social deprivation and severity averages) covariates by multivariable logistic regression using multiply imputed outcome and covariate data. Risk-adjusted models were assessed by information criteria and discrimination (c-index). Standardized outcome rates were compared by funnel plot with 95% and 99% control limits. Models of heroin abstinence (48.4%) and deterioration (3.2%) were comparable across the

developmental and validation samples (c-index = 0.70-0.71 and 0.82-0.87), with 79.2 and 94.0%, respectively, of the 149 treatment areas falling within 95% control limits. At the 99% limit, seven areas (4.7%) achieved abstinence rates above the national average, and eight had relatively poor abstinence rates (5.4%). At the 99% control limit, one area achieved very low deterioration outcomes and two (1.3%) were worse that the average. Risk adjustment served to increase abstinence rates in good performing areas by 0.63% and reduce abstinence rates by 0.37% in poor performing areas, and by 0.12% and 0.18%, respectively, for deterioration. There is some exceptional variability in the apparent effectiveness of the English treatment system for substance use disorders. It is important to determine the source of this variability in order to inform drug treatment delivery and its evaluation both in England and overseas. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings:
adult
article
female
health care delivery
"*heroin dependence/rh [Rehabilitation]"
human
male
methodology
patient referral
prospective study
recurrent disease
risk assessment
self report
socioeconomics
standard
statistics
treatment outcome
United Kingdom

Source: EMBASE

Full Text: Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

43. Prevalence of pathological internet use among adolescents in Europe: demographic and social factors

Citation: Addiction (Abingdon, England), December 2012, vol./is. 107/12(2210-2222), 1360-0443 (Dec 2012)

Author(s): Durkee T.; Kaess M.; Carli V.; Parzer P.; Wasserman C.; Floderus B.; Apter A.; Balazs J.; Barzilay S.; Bobes J.; Brunner R.; Corcoran P.; Cosman D.; Cotter P.; Despalins R.; Graber N.; Guillemin F.; Haring C.; Kahn J.P.; Mandelli L.; Marusic D.; Meszaros G.; Musa G.J.; Postuvan V.; Resch F.; Saiz P.A.; Sisask M.; Varnik A.; Sarchiapone M.; Hoven C.W.; Wasserman D.

Institution: (Durkee) National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP), Karolinska Institutet, Stockholm, Sweden.

Language: English

Abstract: To investigate the prevalence of pathological internet use (PIU) and maladaptive internet use (MIU) among adolescents in 11 European countries in relation to demographic, social factors and internet accessibility. Cross-sectional survey. The 7th Framework European Union (EU) funded project, Saving and Empowering Young Lives in Europe (SEYLE), is a randomized controlled trial (RCT) evaluating interventions for risk behaviours among adolescents in Austria, Estonia, France, Germany, Hungary, Ireland, Israel, Italy, Romania, Slovenia and Spain, with Sweden serving as the coordinating centre. A total of 11 956 adolescents (female/male: 6731/5225; mean age: 14.9 +/- 0.89) recruited from

randomly selected schools within the 11 study sites. Internet users were classified by gender into three categories: adaptive, maladaptive and pathological, based on their score in the Young Diagnostic Questionnaire for Internet Addiction (YDQ). The overall prevalence of PIU was 4.4%; it was higher among males than females (5.2% versus 3.8%) and differed between countries (chi(2) = 309.98; d.f. = 20; P < 0.001). PIU correlated significantly with mean hours online and male gender. The highest-ranked online activities were watching videos, frequenting chatrooms and social networking; significantly higher rates of playing single-user games were found in males and social networking in females. Living in metropolitan areas was associated with PIU. Students not living with a biological parent, low parental involvement and parental unemployment showed the highest relative risks of both MIU and PIU. Across a range of countries in Europe, using the Young Diagnostic Questionnaire for Internet Addiction yields a prevalence of 'pathological internet use' of 4.4% among adolescents, but varies by country and gender; adolescents lacking emotional and psychological support are at highest risk. 2012 The Authors, Addiction 2012 Society for the Study of Addiction.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings:
"*addiction/ep [Epidemiology]"
adolescent
article
comparative study
cross-sectional study
demography
"Europe/ep [Epidemiology]"
female
human
*Internet
male
prevalence
questionnaire
sex ratio
socioeconomics
statistics
time
utilization review

Source: EMBASE

Full Text: Available from *Wiley* in *Addiction*; Note: ; Collection notes: Offsite access: Type "Homerton" into box entitled "Institution Name" at lower right of the screen and select "Homerton Hospital"

44. Alcohol addiction: Toward a patient-oriented pharmacological treatment

Citation: Expert Opinion on Pharmacotherapy, 2013, vol./is. 14/16(2157-2160), 1465-6566;1744-7666 (2013)

Author(s): Addolorato G.; Mirijello A.; Leggio L.

Institution: (Addolorato, Mirijello) Catholic University of Rome, Gemelli Hospital, Department of Internal Medicine, Largo Gemelli 8, 00168 Rome, Italy; (Leggio) Section on Clinical Psychoneuroendocrinology and Neuropsychopharmacology, Laboratory of Clinical and Translational Studies, National Institute on Alcohol Abuse and Alcoholism, Bethesda, MD, United States; (Leggio) Intramural Research Program, National Institute on Drug Abuse, NIH, Baltimore, MD, United States; (Leggio) Department of Behavioral and Social Sciences, Brown University, Providence, RI, United States

Language: English

Abstract: Very few medications (i.e., disulfiram, naltrexone and acamprosate) are approved for the treatment of alcoholism and their effects are suboptimal. The development of new effective and safe pharmacological agents to treat alcoholic patients is crucial, together

with the need to identify predictors of outcomes in different subsets of patients. Informa UK, Ltd.

Country of Publication: United Kingdom

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

CAS Registry Number: 77337-73-6 (acamprosate); 1134-47-0 (baclofen); 97-77-8 (disulfiram); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone)

Publication Type: Journal: Editorial

Subject Headings:
alcohol abstinence
alcohol liver disease
alcohol use disorder
"*alcoholism/dt [Drug Therapy]"
clinical practice
comorbidity
critically ill patient
editorial
fatty liver
health care personnel
human
liver fibrosis
liver function test
medical school
predictive value
treatment outcome
"acamprosate/dt [Drug Therapy]"
"baclofen/dt [Drug Therapy]"
"disulfiram/dt [Drug Therapy]"
"naltrexone/dt [Drug Therapy]"

Source: EMBASE

45. Friends, doctors, and tramadol: We might have a problem

Citation: BMJ (Online), September 2013, vol./is. 347/7925, 1756-1833 (21 Sep 2013)

Author(s): Winstock A.; Bell J.; Borschmann R.

Institution: (Winstock) South London and Maudsley NHS Trust, London, United Kingdom; (Winstock, Bell) Addictions Clinical Academic Group, King's College London, London, United Kingdom; (Borschmann) Institute of Psychiatry, King's College London, London, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)

CAS Registry Number: 64-17-5 (alcohol); 27203-92-5 (tramadol); 36282-47-0 (tramadol)

Publication Type: Journal: Letter

Subject Headings:
adult
Caucasian
*drug misuse
drug monitoring
female
friendship
heterosexuality
human
letter
male
physician
*prescription

priority journal
self report
social problem
United Kingdom
alcohol
*tramadol

Source: EMBASE

Full Text: Available from *Highwire Press* in *BMJ*
Available from *BMJ* in *Newcomb Library & Information Service*

46. Wanted: National regulatory monitoring system for long term opioid prescription

Citation: BMJ (Online), September 2013, vol./is. 347/7925, 1756-1833 (21 Sep 2013)

Author(s): Stewart G.; Basler M.H.

Institution: (Stewart, Basler) Glasgow Royal Infirmary, Glasgow G4 0SF, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)

CAS Registry Number: 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Letter

Subject Headings: alcoholism
backache
clinical practice
clinical protocol
drug indication
*drug monitoring
drug safety
*drug surveillance program
electronic medical record
evidence based medicine
human
letter
outcome assessment
pain
patient information
*prescription
priority journal
substance abuse
treatment duration
treatment indication
United Kingdom
*opiate

Source: EMBASE

Full Text: Available from *Highwire Press* in *BMJ*
Available from *BMJ* in *Newcomb Library & Information Service*

47. Cholinergic receptor gene (CHRM2) variation and familial loading for alcohol dependence predict childhood developmental trajectories of P300

Citation: Psychiatry Research, October 2013, vol./is. 209/3(504-511), 0165-1781;1872-7123 (30 Oct 2013)

Author(s): Hill S.Y.; Jones B.L.; Holmes B.; Steinhauer S.R.; Zezza N.; Stiffler S.

Institution: (Hill, Jones, Holmes, Zezza, Stiffler) Department of Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, PA 15213, United States; (Steinhauer) Biometrics Research, VA Pittsburgh Healthcare System, Pittsburgh, PA 15206, United States

Language: English

Abstract: P300 amplitude in childhood predicts substance use disorders by young adulthood. Trajectories of visual P300 amplitude show an association between low amplitude P300 and familial risk for alcohol dependence (AD). Variation in the cholinergic muscarinic receptor gene (CHRM2) has previously been associated with P300 amplitude and AD. The present study used group based trajectory modeling of auditory P300 data collected longitudinally from offspring in families with and without familial loading for AD to determine if specific trajectories would be associated with familial risk and CHRM2 variation. Trajectory modeling confirms previous reports of an association between the low visual P300 trajectory with high familial risk in male offspring. This association was detected in offspring in the 8-12 age range, but not in 13-18 or 19-29 year olds or in high-risk female offspring. CHRM2 association analysis with P300 finds 8-12 year olds who are homozygous for the T allele of rs1824024 are 2.6 times more likely to follow a P300 trajectory characterized by lower and slower change regardless of familial loading. Combining the odds for being male and having a TT genotype results in odds of 6.5 that individuals will follow the low P300 trajectory. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 36676-50-3 (threonine); 72-19-5 (threonine)

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
age distribution
*alcoholism
allele
article
child
*child development
*chrm2 gene
controlled study
*evoked auditory response
familial disease
female
genetic association
genetic risk
*genetic variability
high risk population
homozygosity
human
major clinical study
male
prediction
priority journal
progeny
risk assessment
school child
sex difference
single nucleotide polymorphism
"*muscarinic M2 receptor/ec [Endogenous Compound]"
"threonine/ec [Endogenous Compound]"

Source: EMBASE

Full Text: Available from *Elsevier* in *Psychiatry Research*

48. Public perceptions of risk in criminality: The effects of mental illness and social disadvantage

Citation: Psychiatry Research, October 2013, vol./is. 209/3(675-683), 0165-1781;1872-7123 (30 Oct 2013)

Author(s): Nee C.; Witt C.

Institution: (Nee) Department of Psychology, University of Portsmouth, King Henry Building, King Henry 1st St., Portsmouth PO1 2DY, United Kingdom; (Witt) Her Majesty's Prison Service, United Kingdom

Language: English

Abstract: We examined how different types of mental illness elicited varying levels of predicted criminality and compared this with factors which might also elicit a negative response, specifically, a criminal history and social disadvantage. A sample of 243 participants undertook an anonymous, online experiment. Each participant was exposed to one of six vignettes: three involved mental illness (schizophrenia, depression/anxiety, or alcohol dependency); two in which socio-economic background was manipulated; and a control. The impact of mental illness, history of criminality and social disadvantage on the likelihood that the character in the vignette would commit future crime, and levels of sympathy, trust and potential for rehabilitation in the character were measured. Age and personal experience of mental illness and/or criminal behaviour in the participants was also examined. The sample were significantly more likely to think that a character would 'possibly' commit future crime if he had mental illness in comparison to the control, but crimes were expected to be minor. Significantly more discriminatory behaviour was reported towards the character with no mental illness but a disadvantaged background. Familiarity ameliorated this effect. Prejudice towards those with a criminal past and a disadvantaged background may be stronger than prejudice against those with mental illnesses. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

Publication Type: Journal: Article

Subject Headings:
adult
aged
alcoholism
anxiety disorder
article
character disorder
community reintegration
controlled study
*criminal behavior
depression
emotional attachment
familiarity
female
high risk behavior
high risk population
human
major clinical study
male
medical history
*mental disease
patient attitude
perception
personal experience
priority journal
public health
*public opinion
risk assessment
schizophrenia
social discrimination
social status
sympathy

trust
vignette

Source: EMBASE

Full Text: Available from *Elsevier* in *Psychiatry Research*

49. The economic cost of heroin dependency and quality of life among heroin users in Taiwan

Citation: Psychiatry Research, October 2013, vol./is. 209/3(512-517), 0165-1781;1872-7123 (30 Oct 2013)

Author(s): Lin S.-H.; Chen K.C.; Lee S.-Y.; Hsiao C.-Y.; Lee I.H.; Yeh T.L.; Chen P.S.; Lu R.-B.; Yang Y.K.

Institution: (Lin, Chen, Lee, Hsiao, Lee, Yeh, Chen, Lu, Yang) Department of Psychiatry, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan, Taiwan (Republic of China); (Lin, Chen, Lee, Hsiao, Lee, Yeh, Chen, Lu, Yang) Addiction Research Center, National Cheng Kung University, Tainan, Taiwan (Republic of China); (Chen, Chen, Yang) Department of Psychiatry, National Cheng Kung University Hospital, Dou-Liou Branch, Yunlin, Taiwan (Republic of China); (Lu) Institute of Behavioral Medicine, College of Medicine, National Cheng Kung University, Tainan, Taiwan (Republic of China)

Language: English

Abstract: Heroin dependence may cause an economic burden and has an impact on quality of life (QOL). However, assessments of economic cost are scarce and the relationship between economic cost and QOL is unclear in the Asian population. In the present study, an established questionnaire was modified to assess the economic cost and its association with QOL. A total of 121 volunteer subjects in a methadone maintenance therapy programme and 157 normal controls were enrolled. The total economic cost of heroin dependency is US$ 18,310 per person-year. The direct cost is US$ 11,791 per person-year (64% of the total cost), mostly consisting of the cost of heroin and other illegal drugs. The indirect cost is US$ 6519 (36% of the total cost) per person-year, most of which arises from productivity loss caused by unemployment and incarceration. The QOL of heroin-dependent patients is poorer than that of healthy controls in all domains. The overall QOL is negatively related to direct cost and total cost. The economic cost of heroin dependency is huge, equal to 1.07 times the average gross domestic product per capita. Reduction of the economic cost to society and the economic burden for heroin users is important. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

Publication Type: Journal: Article

Subject Headings:
adult
age distribution
aged
article
controlled study
cost benefit analysis
cost control
*cost of illness
disease association
female
gross national product
health care cost
*heroin dependence
human
major clinical study
male
methadone treatment
priority journal

prison
psychologic assessment
*quality of life
sex difference
Taiwan
unemployment
illicit drug

Source: EMBASE

Full Text: Available from *Elsevier* in *Psychiatry Research*

50. Continuum beliefs and stigmatizing attitudes towards persons with schizophrenia, depression and alcohol dependence

Citation: Psychiatry Research, October 2013, vol./is. 209/3(665-669), 0165-1781;1872-7123 (30 Oct 2013)

Author(s): Schomerus G.; Matschinger H.; Angermeyer M.C.

Institution: (Schomerus) Department of Psychiatry, University Medicine Greifswald, Greifswald, Germany; (Schomerus) HELIOS Hanseklinikum Stralsund, Stralsund, Germany; (Matschinger) Institute of Social Medicine, Occupational Health and Public Health, University of Leipzig, Leipzig, Germany; (Matschinger) Institute of Medical Sociology and Health Economics, University of Hamburg, Hamburg, Germany; (Angermeyer) Department of Public Health, University of Cagliari, Cagliari, Italy; (Angermeyer) Center for Public Mental Health, Gosing am Wagram, Austria

Language: English

Abstract: Separation is a central step in the process of stigmatizing persons with mental disorders. We examine whether belief in a continuum of symptoms from mental health to mental illness is associated with less stigmatizing attitudes. In a representative population survey in Germany (n=3642), using case-vignettes of persons suffering from schizophrenia, depression or alcohol dependence, we measured belief in a continuity of symptoms, emotional reactions and desire for social distance related to the person described in the vignette. While 42% of respondents agreed in symptom continuity for depression, this percentage was 26% for schizophrenia and 27% for alcohol dependence. Continuum beliefs were associated in general with more positive emotional reactions and less desire for social distance. This relationship was strongest for schizophrenia, followed by alcohol dependence. Continuum beliefs thus seem to be associated with less stigmatizing attitudes, particularly regarding schizophrenia and alcohol dependence. Educational information on the continuous nature of most psychopathological phenomena could usefully be integrated in anti-stigma messages. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

Publication Type: Journal: Article

Subject Headings:
adult
aged
*alcoholism
article
*attitude to illness
attitude to mental illness
controlled study
*depression
fear
female
Germany
*health belief
health education
health survey
human

male
mental health
priority journal
*schizophrenia
social discrimination
social distance
social interaction
social isolation
*social stigma

Source: EMBASE

Full Text: Available from *Elsevier* in *Psychiatry Research*

51. Compulsive sexual behavior and psychopathology among treatment-seeking men in Sao Paulo, Brazil

Citation: Psychiatry Research, October 2013, vol./is. 209/3(518-524), 0165-1781;1872-7123 (30 Oct 2013)

Author(s): Scanavino M.D.T.; Ventuneac A.; Abdo C.H.N.; Tavares H.; Amaral M.L.S.D.; Messina B.; Reis S.C.D.; Martins J.P.L.B.; Parsons J.T.

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Language: English

Abstract: This study examined compulsive sexual behavior (CSB) and psychopathology in a treatment-seeking sample of men in Sao Paulo, Brazil. Eighty-six men (26% gay, 17% bisexual, 57% heterosexual) who met diagnostic criteria for excessive sexual drive and sexual addiction completed assessments consisting of the Mini International Neuropsychiatric Interview, a structured clinical interview for DSM-IV Axis I Disorders-Clinical Version (segment for Impulse Control Disorder), Sexual Compulsivity Scale (SCS), and questions about problematic CSB. The average SCS score for our sample was above the cut-off score reported in other studies, and 72% of the sample presented at least one Axis I psychiatric diagnosis. There were no differences among gay, bisexual, and heterosexual men on SCS scores and psychiatric conditions, but gay and bisexual men were more likely than heterosexual men to report casual sex and sex with multiple casual partners as problematic behaviors. SCS scores were associated with psychiatric co-morbidities, mood disorder, and suicide risk, but diagnosis of a mood disorder predicted higher SCS scores in a regression analysis. The study provides important data on the mental health needs of men with CSB in Sao Paulo, Brazil. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

Publication Type: Journal: Article

Subject Headings:
adult
aged
article
bisexual male
Brazil
casual sex
*compulsion
*compulsive sexual behavior
concurrent sexual partnership
disease association
DSM-IV
help seeking behavior

heterosexual male
human
libido
major clinical study
male
male homosexual
mental health
priority journal
psychologic assessment
psychological rating scale
*sexual addiction
sexual compulsivity scale

Source: EMBASE

Full Text: Available from *Elsevier* in *Psychiatry Research*

52. The relationship between optimal parenting, Internet addiction and motives for social networking in adolescence

Citation: Psychiatry Research, October 2013, vol./is. 209/3(529-534), 0165-1781;1872-7123 (30 Oct 2013)

Author(s): Floros G.; Siomos K.

Institution: (Floros) Student Counseling Unit for Internet and PC addiction, 2nd Department of Psychiatry, Aristotle University of Thessaloniki, Greece; (Floros, Siomos) Hellenic Association for the Study of Internet Addiction Disorder, Larissa, Greece

Language: English

Abstract: This paper presents a cross-sectional study of a large, high-school Greek student sample (N=1971) with the aim to examine adolescent motives for participating in social networking (SN) for a possible link with parenting style and cognitions related to Internet addiction disorder (IAD). Exploratory statistics demonstrate a shift from the prominence of online gaming to social networking for this age group. A regression model provides with the best linear combination of independent variables useful in predicting participation in SN. Results also include a validated model of negative correlation between optimal parenting on the one hand and motives for SN participation and IAD on the other. Examining cognitions linked to SN may assist in a better understanding of underlying adolescent wishes and problems. Future research may focus in the patterns unveiled among those adolescents turning to SN for the gratification of basic unmet psychological needs. The debate on the exact nature of IAD would benefit from the inclusion of SN as a possible online activity where addictive phenomena may occur. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
age distribution
article
*child parent relation
cross-sectional study
disease association
escape behavior
female
game
Greece
human
impulsiveness
*internet addiction
major clinical study

male
motivation
online system
prediction
priority journal
psychologic assessment
*social network
social participation

Source: EMBASE

Full Text: Available from *Elsevier* in *Psychiatry Research*

53. Serum levels of brain-derived neurotrophic factor in patients with internet use disorder

Citation: Psychiatry Research, October 2013, vol./is. 209/3(525-528), 0165-1781;1872-7123 (30 Oct 2013)

Author(s): Geisel O.; Banas R.; Schneider M.; Hellweg R.; Muller C.A.

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Language: English

Abstract: Internet use disorder (IUD) is characterised by excessive internet gaming use and has temporarily been conceptualised as a behavioural addiction. Since brain-derived neurotrophic factor (BDNF) has been hypothesised to be involved in the development and maintenance of addictive disorders, we investigated BDNF expression in IUD. We measured BDNF serum levels in male patients with IUD (n=11) and individually matched healthy controls (n=10). There was no significant difference in BDNF serum levels of patients with IUD in comparison to control subjects. Serum levels of BDNF were not correlated with severity of IUD or clinical and demographic variables in our study. These preliminary findings possibly suggest a different underlying pathophysiology in IUD compared to addictive disorders. Thus, further studies are needed to clarify, whether IUD represents an addictive spectrum disorder, an impulse control disorder or finally an individual diagnostic entity that overlaps with both disease categories. 2012 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 218441-99-7 (brain derived neurotrophic factor)

Publication Type: Journal: Article

Subject Headings:
adult
article
blood analysis
body mass
clinical article
clinical assessment
controlled study
demography
disease association
disease severity
human
*internet addiction
male
pathophysiology
priority journal
protein blood level
protein expression
smoking habit
urban area
"*brain derived neurotrophic factor/ec [Endogenous Compound]"

Source: EMBASE

Full Text: Available from *Elsevier* in *Psychiatry Research*

54. Prevalence, correlates, and comorbidities of four DSM-IV specific phobia subtypes: Results from the Korean Epidemiological Catchment Area study

Citation: Psychiatry Research, October 2013, vol./is. 209/3(596-603), 0165-1781;1872-7123 (30 Oct 2013)

Author(s): Park S.; Sohn J.H.; Hong J.P.; Chang S.M.; Lee Y.M.; Jeon H.J.; Cho S.-J.; Bae J.N.; Lee J.Y.; Son J.-W.; Cho M.J.

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Language: English

Abstract: Although several studies have detected differences in clinical features among specific phobias, there is a shortage of detailed national data on the on the DSM-IV SP subtypes, particularly in the Asian population. To examine the prevalence, demographic and other correlates, and co-morbidities of DSM-IV SP subtypes in a nationwide sample of Korean adults. We recruited 6510 participants aged 18-64 years for this study. Lay interviewers used the Composite International Diagnostic Interview to assess participants. We analyzed socio-demographics, health-related correlates and frequencies of comorbid mental disorders among participants with SP and each subtypes compared to unaffected adults. The prevalence of lifetime DSM-IV SP was 3.8%, and animal phobias were the most prevalent type of SP. Blood-injection-injury phobia was negatively associated with education, whereas situational phobia was positively associated with education. The strongest mental disorder comorbidity was associated with situational phobia; there is a higher probability of comorbid mood (OR=5.73, 95% CI=2.09-15.73), anxiety (OR=7.54, 95% CI=2.34-24.28), and somatoform disorders (OR=7.61, 95% CI=1.64-35.22) with this subtype. Blood-injection-injury phobia was highly associated with alcohol dependence (OR=9.02, 95% CI=3.54-23.02). Specific phobias are heterogeneous with respect to socio-demographic characteristics and comorbidity pattern. Implications of the usefulness of current subtype categories should continue to be investigated. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

Publication Type: Journal: Article

Subject Headings:
adult
alcoholism
"*animal phobia/di [Diagnosis]"
anxiety disorder
article
"*blood injection injury phobia/di [Diagnosis]"
comorbidity
controlled study
disease association
DSM-IV
female
human

Korea
major clinical study
male
mood disorder
"*natural environment phobia/di [Diagnosis]"
"*phobia/di [Diagnosis]"
priority journal
psychologic assessment
"*situational phobia/di [Diagnosis]"
somatoform disorder

Source: EMBASE

Full Text: Available from *Elsevier* in *Psychiatry Research*

55. Bipolar disorder and co-occurring cannabis use disorders: Characteristics, co-morbidities and clinical correlates

Citation: Psychiatry Research, October 2013, vol./is. 209/3(459-465), 0165-1781;1872-7123 (30 Oct 2013)

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Language: English

Abstract: This study examines rates of co-morbid mental disorders and indicators of the course of illness among individuals with bipolar disorder and cannabis use disorders (CUD). Data were drawn from the National Epidemiological Survey of Alcohol and Related Conditions (NESARC Wave 1, 2001-2002), a nationally representative sample of adults living in the United States. Among individuals with lifetime prevalence of bipolar disorder (N=1905) rates of CUD in the past 12 months were 7.2%, compared to 1.2% in the general population. Logistic regression models adjusting for sociodemographic variables indicated that individuals with bipolar disorder and co-occurring CUD were at increased risk for nicotine dependence (Adjusted Odds Ratio (AOR)=3.8), alcohol (AOR=6.6) and drug (AOR=11.9) use disorders, as well as antisocial personality disorder (AOR=2.8) compared to those without CUD. Among individuals with co-occurring CUD, age of onset of bipolar disorder was significantly lower and median number of manic, hypomanic and depressive episodes per year was significantly greater compared to individuals without CUD. Co-occurring CUD is associated with significant co-morbidities and a more severe course of illness among individuals with bipolar disorder. Comprehensive evaluation of patients with bipolar disorder should include a systematic assessment of CUD. 2012 Elsevier Ireland Ltd.

Country of Publication: Ireland

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

CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis)

Publication Type: Journal: Article

Subject Headings: adult
aged

antisocial personality disorder
article
*bipolar disorder
*cannabis addiction
*comorbidity
controlled study
disease association
disease severity
female
human
hypomania
major clinical study
male
onset age
prevalence
priority journal
risk assessment
risk factor
tobacco dependence
cannabis

Source: EMBASE

Full Text: Available from *Elsevier* in *Psychiatry Research*