

Search Results

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Search History

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

1. Efficacy of a brief cognitive behavioral therapy program to reduce excessive drinking behavior among new recruits entering the Irish Navy: a pilot evaluation.

Citation: Military Medicine, November 2010, vol./is. 175/11(841-6), 0026-4075;0026-4075 (2010 Nov)

Author(s): McCarthy PM; O'Sullivan D

Institution: Personnel Support Service, Irish Naval Service Haulbowline, Cobh, Co. Cork, Republic of Ireland.

Language: English

Abstract: This pilot study evaluated the efficacy of a brief cognitive behavioral therapy (CBT) intervention program designed to reduce excessive pre-enlistment drinking behaviors in a sample of Irish Navy recruits undergoing a 16-week basic training course. Participants were randomly allocated to either a treatment (TG) or control group (CG) (N = 13 each). The program was conducted over four consecutive 1.5-hour weekly sessions. Data were collected at pre and post intervention as well as at a 2-month follow-up. In comparison to those in the control group, participants who received the intervention reported increased scores ($p < 0.05$) in readiness to change drinking at time 2 and reduced scores in binge drinking ($p < 0.05$) at time 3. There were also marginal changes in self-efficacy and risky drinking behavior. This work adds to the evidence of the emerging efficacy of a workplace CBT intervention for unhealthy drinking.

Country of Publication: United States

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

Subject Headings: [Adolescent](#)
[Adult](#)
[*Alcoholism/rh \[Rehabilitation\]](#)
[*Cognitive Therapy](#)
[Factor Analysis, Statistical](#)
[Female](#)
[Health Behavior](#)
[Humans](#)
[Ireland](#)
[Male](#)
[Military Personnel/px \[Psychology\]](#)
[*Military Personnel](#)
[Naval Medicine](#)
[Pilot Projects](#)
[*Psychotherapy, Brief](#)
[Self Efficacy](#)

Source: MEDLINE

2. Determinants of parental support for governmental alcohol control policies.

Citation: Health Policy, October 2010, vol./is. 97/2-3(195-201), 0168-8510;1872-6054 (2010 Oct)

Author(s): Van Hoof JJ; Gosselt JF; de Jong MD

Institution: Institute for Behavioral Research, Department of Technical and Professional Communication, University of Twente, Enschede, The Netherlands.
j.j.vanhoof@utwente.nl

Language: English

Abstract: AIM: To explore determinants that predict parental support for governmental alcohol control policies in the Netherlands. Copyright (c) 2010 Elsevier Ireland Ltd. All rights reserved.METHOD: A questionnaire was administered among 1550 parents, containing six possible predictors to explain support for alcohol control policies. Copyright (c) 2010 Elsevier Ireland Ltd. All rights reserved.RESULTS: Parental support can be explained by five partly normative predictors ($R(2)=.503$). Parents with lower drinking frequencies are

stricter and more supportive than parents who consume more alcohol. Higher-educated parents are stricter than lower-educated parents. Copyright (c) 2010 Elsevier Ireland Ltd. All rights reserved. CONCLUSION: In general, parents do support governmental alcohol control policies. Communication of the fact that youth alcohol consumption is problematic tends to increase parental support. Also, if policy makers are able to influence parents' opinions on the consequences of alcohol consumption, as well as the norm of not consuming alcohol before 16 years of age, then parental support increases. Parents' experiences with drunken youths also explain support. Factual knowledge does not influence support, so information campaigns alone do not increase parental support. Copyright (c) 2010 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article; Multicenter Study

Subject Headings: [Adolescent](#)
[Adult](#)
[Aged](#)
[*Alcohol Drinking/lj \[Legislation & Jurisprudence\]](#)
[*Alcohol Drinking/pc \[Prevention & Control\]](#)
[*Alcoholism/pc \[Prevention & Control\]](#)
[Child](#)
[Cross-Sectional Studies](#)
[Female](#)
[*Health Knowledge, Attitudes, Practice](#)
[*Health Policy](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
[Netherlands](#)
[*Parents](#)

Source: MEDLINE

3. Evidence-based practices in addiction treatment: review and recommendations for public policy.

Citation: Health Policy, October 2010, vol./is. 97/2-3(93-104), 0168-8510;1872-6054 (2010 Oct)

Author(s): Glasner-Edwards S; Rawson R

Institution: Integrated Substance Abuse Programs, David Geffen School of Medicine at UCLA, Semel Institute for Neuroscience and Human Behavior, 1640 S. Sepulveda Blvd., Los Angeles, CA 90024, USA. sglasner@ucla.edu

Language: English

Abstract: The movement in recent years towards evidence-based practice (EBP) in health care systems and policy has permeated the substance abuse treatment system, leading to a growing number of federal and statewide initiatives to mandate EBP implementation. Nevertheless, due to a lack of consensus in the addiction field regarding procedures or criteria to identify EBPs, the optimal processes for disseminating empirically based interventions into real-world clinical settings have not been identified. Although working lists of interventions considered to be evidence-based have been developed by a number of constituencies advocating EBP dissemination in addiction treatment settings, the use of EBP lists to form policy-driven mandates has been controversial. This article examines the concept of EBP, critically reviews criteria used to evaluate the evidence basis of interventions, and highlights the manner in which such criteria have been applied in the addictions field. Controversies regarding EBP implementation policies and practices in addiction treatment are described, and suggestions are made to shift the focus of dissemination efforts from manualized psychosocial interventions to specific skill sets that are broadly applicable and easily learned by clinicians. Organizational and workforce barriers to EBP implementation are delineated, with corresponding recommendations to facilitate successful dissemination of evidence-based skills. Copyright (c) 2010 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

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

Subject Headings: [*Diffusion of Innovation](#)
[*Evidence-Based Practice](#)
[Health Policy](#)
[Humans](#)
[Information Dissemination](#)
[Practice Guidelines as Topic](#)
[*Substance-Related Disorders/rh \[Rehabilitation\]](#)
[United States](#)

Source: MEDLINE

4. Personality-targeted interventions delay uptake of drinking and decrease risk of alcohol-related problems when delivered by teachers.

Citation: Journal of the American Academy of Child & Adolescent Psychiatry, September 2010, vol./is. 49/9(954-963.e1), 0890-8567;1527-5418 (2010 Sep)

Author(s): O'Leary-Barrett M; Mackie CJ; Castellanos-Ryan N; Al-Khudhairy N; Conrod PJ

Institution: Institute of Psychiatry, King's College London, and the South London and Maudsley National Health Service Foundation Trust, London, United Kingdom.

Language: English

Abstract: **OBJECTIVE:** This trial examined the efficacy of teacher-delivered personality-targeted interventions for alcohol-misuse over a 6-month period. 2010 American Academy of Child and Adolescent Psychiatry. Published by Elsevier Inc. All rights reserved.**METHOD:** This randomized controlled trial randomly allocated participating schools to intervention (n = 11) or control (n = 7) conditions. A total of 2,506 (mean age, 13.7 years) were assessed for elevated levels of personality risk factors for substance misuse: sensation-seeking, impulsivity, anxiety sensitivity, and hopelessness. Six hundred ninety-six adolescents were invited to participate in teacher-delivered personality-targeted interventions, and 463 were assigned to the nontreatment condition. Primary outcomes were drinking, binge-drinking status, quantity by frequency of alcohol use, and drinking-related problems. 2010 American Academy of Child and Adolescent Psychiatry. Published by Elsevier Inc. All rights reserved.**RESULTS:** School delivery of the personality-targeted intervention program was associated with significantly lower drinking rates in high-risk students at 6-month follow-up (odds ratio, 0.6), indicating a 40% decreased risk of alcohol consumption in the intervention group. Receiving an intervention also predicted significantly lower binge-drinking rates in students who reported alcohol use at baseline (odds ratio, 0.45), indicating a 55% decreased risk of binge-drinking in this group compared with controls. In addition, high-risk intervention-school students reported lower quantity by frequency of alcohol use (beta = -.18) and drinking-related problems (beta = -.15) compared with the nontreatment group at follow-up. 2010 American Academy of Child and Adolescent Psychiatry. Published by Elsevier Inc. All rights reserved.**CONCLUSION:** This trial replicates previous studies reporting the efficacy of personality-targeted interventions and demonstrates that targeted interventions can be successfully delivered by teachers, suggesting potential for this approach as a sustainable school-based prevention model. Clinical trial registration information-Personality-Targeted Interventions for Adolescent Alcohol Misuse, URL: <http://www.clinicaltrials.gov>, unique identifier: NCT00344474. 2010 American Academy of Child and Adolescent Psychiatry. Published by Elsevier Inc. All rights reserved.

Country of Publication: United States

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

Subject Headings: [Adolescent](#)
[*Alcohol Drinking/pc \[Prevention & Control\]](#)
[Alcohol Drinking/px \[Psychology\]](#)
[*Alcoholic Intoxication/pc \[Prevention & Control\]](#)

[Alcoholic Intoxication/px \[Psychology\]](#)
[Anxiety/di \[Diagnosis\]](#)
[Anxiety/px \[Psychology\]](#)
[*Character](#)
[Cognitive Therapy](#)
[Exploratory Behavior](#)
[Female](#)
[*Health Education/mt \[Methods\]](#)
[Humans](#)
[Impulsive Behavior/pc \[Prevention & Control\]](#)
[Impulsive Behavior/px \[Psychology\]](#)
[Individuality](#)
[Inservice Training](#)
[London](#)
[Male](#)
[Motivation](#)
[*Personality Inventory/sn \[Statistics & Numerical Data\]](#)
[Psychometrics](#)
[Risk Factors](#)

Source: MEDLINE

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

5. Mode of delivery in HIV-infected pregnant women and prevention of mother-to-child transmission: changing practices in Western Europe.

Citation: HIV Medicine, July 2010, vol./is. 11/6(368-78), 1464-2662;1468-1293 (2010 Jul 1)

Author(s): European Collaborative Study; Boer K; England K; Godfried MH; Thorne C

Language: English

Abstract: OBJECTIVES: The aim of the study was to examine temporal and geographical patterns of mode of delivery in the European Collaborative Study (ECS), identify factors associated with elective caesarean section (CS) delivery in the highly active antiretroviral therapy (HAART) era and explore associations between mode of delivery and mother-to-child transmission (MTCT).METHODS: The ECS is a cohort study in which HIV-infected pregnant women are enrolled and their infants prospectively followed. Data on 5238 mother-child pairs (MCPs) enrolled in Western European ECS sites between 1985 and 2007 were analysed.RESULTS: The elective CS rate increased from 16% in 1985-1993 to 67% in 1999-2001, declining to 51% by 2005-2007. In 2002-2004, 10% of infants were delivered vaginally, increasing to 34% by 2005-2007. During the HAART era, women in Belgium, the United Kingdom and the Netherlands were less likely to deliver by elective CS than those in Italy and Spain [adjusted odds ratio (AOR) 0.07; 95% confidence interval (CI) 0.04-0.12]. The MTCT rate in 2005-2007 was 1%. Among MCPs with maternal HIV RNA<400 HIV-1 RNA copies/mL (n=960), elective CS was associated with 80% decreased MTCT risk (AOR 0.20; 95% CI 0.05-0.65) adjusting for HAART and prematurity. Two infants born to 559 women with viral loads <50 copies/mL were infected, one of whom was delivered by elective CS (MTCT rate 0.4%; 95% CI 0.04-1.29).CONCLUSIONS: Our findings suggest that elective CS prevents MTCT even at low maternal viral loads, but the study was insufficiently powered to enable a conclusion to be drawn as to whether this applies for viral loads <50 copies/mL. Diverging mode of delivery patterns in Europe reflect uncertainties regarding the risk-benefit balance of elective CS for women on successful HAART.

Country of Publication: England

CAS Registry Number: 0 (Reverse Transcriptase Inhibitors); 30516-87-1 (Zidovudine)

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

Subject Headings: [Adult](#)
[Antiretroviral Therapy, Highly Active/ut \[Utilization\]](#)
[Cesarean Section/ut \[Utilization\]](#)
[Delivery, Obstetric/mt \[Methods\]](#)

*Delivery, Obstetric/td [Trends]
 Epidemiologic Methods
 Europe/ep [Epidemiology]
 Female
 HIV Infections/ep [Epidemiology]
 HIV Infections/pc [Prevention & Control]
 *HIV Infections/tm [Transmission]
 Humans
 Infant
 Infant, Newborn
 *Infectious Disease Transmission, Vertical/pc [Prevention & Control]
 Pregnancy
 *Pregnancy Complications, Infectious
 Premature Birth/ep [Epidemiology]
 Prenatal Care/mt [Methods]
 Reverse Transcriptase Inhibitors/tu [Therapeutic Use]
 Substance Abuse, Intravenous/co [Complications]
 Viral Load
 Young Adult
 Zidovudine/tu [Therapeutic Use]

Source: MEDLINE

6. All-cause mortality among people with serious mental illness (SMI), substance use disorders, and depressive disorders in southeast London: a cohort study.

Citation: BMC Psychiatry, 2010, vol./is. 10/(77), 1471-244X;1471-244X (2010)

Author(s): Chang CK; Hayes RD; Broadbent M; Fernandes AC; Lee W; Hotopf M; Stewart R

Institution: King's College London, Section of Epidemiology, Dept of Health Service and Population Research, Institute of Psychiatry, London, UK. chin-kuo.chang@kcl.ac.uk

Language: English

Abstract: BACKGROUND: Higher mortality has been found for people with serious mental illness (SMI, including schizophrenia, schizoaffective disorders, and bipolar affective disorder) at all age groups. Our aim was to characterize vulnerable groups for excess mortality among people with SMI, substance use disorders, depressive episode, and recurrent depressive disorder. METHODS: A case register was developed at the South London and Maudsley National Health Services Foundation Trust (NHS SLAM), accessing full electronic clinical records on over 150,000 mental health service users as a well-defined cohort since 2006. The Case Register Interactive Search (CRIS) system enabled searching and retrieval of anonymised information since 2008. Deaths were identified by regular national tracing returns after 2006. Standardized mortality ratios (SMRs) were calculated for the period 2007 to 2009 using SLAM records for this period and the expected number of deaths from age-specific mortality statistics for the England and Wales population in 2008. Data were stratified by gender, ethnicity, and specific mental disorders. RESULTS: A total of 31,719 cases, aged 15 years old or more, active between 2007-2009 and with mental disorders of interest prior to 2009 were detected in the SLAM case register. SMRs were 2.15 (95% CI: 1.95-2.36) for all SMI with genders combined, 1.89 (1.64-2.17) for women and 2.47 (2.17-2.80) for men. In addition, highest mortality risk was found for substance use disorders (SMR = 4.17; 95% CI: 3.75-4.64). Age- and gender-standardised mortality ratios by ethnic group revealed huge fluctuations, and SMRs for all disorders diminished in strength with age. The main limitation was the setting of secondary mental health care provider in SLAM. CONCLUSIONS: Substantially higher mortality persists in people with serious mental illness, substance use disorders and depressive disorders. Furthermore, mortality risk differs substantially with age, diagnosis, gender and ethnicity. Further research into specific risk groups is required.

Country of Publication: England

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

Subject Headings: Adolescent

[Adult](#)
[Age Distribution](#)
[Aged](#)
[Bipolar Disorder/mo \[Mortality\]](#)
[Cause of Death](#)
[Cohort Studies](#)
[Depressive Disorder/ep \[Epidemiology\]](#)
[*Depressive Disorder/mo \[Mortality\]](#)
[England/ep \[Epidemiology\]](#)
[Female](#)
[Humans](#)
[London/ep \[Epidemiology\]](#)
[Male](#)
[Mental Disorders/ep \[Epidemiology\]](#)
[*Mental Disorders/mo \[Mortality\]](#)
[Middle Aged](#)
[Recurrence](#)
[Schizophrenia/ep \[Epidemiology\]](#)
[Schizophrenia/mo \[Mortality\]](#)
[Sex Distribution](#)
[Substance-Related Disorders/ep \[Epidemiology\]](#)
[*Substance-Related Disorders/mo \[Mortality\]](#)
[Wales/ep \[Epidemiology\]](#)

Source: MEDLINE

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

7. Alcohol and drug use in students attending a student health centre.

Citation: Irish Medical Journal, September 2010, vol./is. 103/8(230-3), 0332-3102;0332-3102 (2010 Sep)

Author(s): Cahill E; Byrne M

Institution: Student Health Department, UCC, Ardpark, College Road, Cork.
 lisacahill1@gmail.com

Language: English

Abstract: Alcohol and drug use amongst 3rd level students in Ireland is a concern and has been reported previously in the CLAN Survey. The aim of our study was to determine the alcohol and drug use and any alcohol associated adverse consequences amongst students attending the health centre of University College Cork (UCC). 178 (98.3%) of the 181 students who replied reported having ever drunk alcohol. 157 (91.3%) students drank spirits in the past year v 148 (86.5%) who drank beer/cider v 135 (78.5%) who drank wine. 81 (44.8%) students reported binge drinking at least once weekly. 48 (26.5%) students used cannabis in the past year v 12 (6.9%) who used cocaine and 7 (4%) who used ecstasy. All students who drink reported at least one adverse consequence. 114 (63%) of students report adverse consequences of other peoples drinking. The changing drinking behaviour of female students is of particular concern.

Country of Publication: Ireland

Publication Type: Journal Article

Subject Headings: [*Alcohol Drinking/ep \[Epidemiology\]](#)
[Female](#)
[Humans](#)
[Ireland/ep \[Epidemiology\]](#)
[Male](#)
[Marijuana Abuse/ep \[Epidemiology\]](#)
[Student Health Services](#)
[Students/sn \[Statistics & Numerical Data\]](#)

[*Substance-Related Disorders/ep \[Epidemiology\]](#)
[Young Adult](#)

Source: MEDLINE

8. Patterns and management of vascular injuries in intravenous drug users: a literature review.

Citation: Surgeon Journal of the Royal Colleges of Surgeons of Edinburgh & Ireland, December 2010, vol./is. 8/6(353-61), 1479-666X;1479-666X (2010 Dec)

Author(s): Fiddes R; Khattab M; Abu Dakka M; Al-Khaffaf H

Institution: Vascular unit, Burnley General Hospital, Casterton Avenue, BB10 2PQ, East Lancashire Hospitals Trust, UK.

Language: English

Abstract: BACKGROUND: Intravenous drug use is becoming an increasing problem in today's society causing an enormous socio-economic burden. Any intravenous injection will carry a risk of vascular injury. However, this risk will be significantly increased with repeated injections. With ongoing injection drug misuse, individuals are at risk of serious complex vascular injuries that can masquerade as simple illnesses. Copyright [copyright sign] 2010 Royal College of Surgeons of Edinburgh (Scottish charity number SC005317) and Royal College of Surgeons in Ireland. Published by Elsevier Ltd. All rights reserved. METHODS: A comprehensive Medline search was conducted to identify key articles related to vascular injuries in intravenous drug users (IVDUs). Copyright [copyright sign] 2010 Royal College of Surgeons of Edinburgh (Scottish charity number SC005317) and Royal College of Surgeons in Ireland. Published by Elsevier Ltd. All rights reserved. RESULTS: Numerous arterial and venous injuries have been described as a result of intravenous drug use. This article reviews the literature to identify appropriate management of the peripheral vascular injuries encountered more and more often in this group of patients. Recommendations for investigation and treatment are made. Copyright [copyright sign] 2010 Royal College of Surgeons of Edinburgh (Scottish charity number SC005317) and Royal College of Surgeons in Ireland. Published by Elsevier Ltd. All rights reserved. CONCLUSION: Intravenous drug users are notoriously difficult to treat and present late in the course of their illnesses. Despite management problems, it is important to have a high index of suspicion for serious vascular problems. Education and awareness of both patients and health care professionals may lead to earlier diagnosis and treatment of these conditions which carry significant morbidity and mortality. Copyright [copyright sign] 2010 Royal College of Surgeons of Edinburgh (Scottish charity number SC005317) and Royal College of Surgeons in Ireland. Published by Elsevier Ltd. All rights reserved.

Country of Publication: Scotland

Publication Type: Journal Article; Review

Subject Headings: [Humans](#)
[*Peripheral Vascular Diseases/et \[Etiology\]](#)
[*Peripheral Vascular Diseases/su \[Surgery\]](#)
[*Substance Abuse, Intravenous/co \[Complications\]](#)

Source: MEDLINE

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

9. Help-seeking and receipt of treatment among UK service personnel.

Citation: British Journal of Psychiatry, August 2010, vol./is. 197/(149-55), 0007-1250;1472-1465 (2010 Aug)

Author(s): Iversen AC; van Staden L; Hughes JH; Browne T; Greenberg N; Hotopf M; Rona RJ; Wessely S; Thornicroft G; Fear NT

Institution: King's Centre for Military Health Research, King's College London, Weston Education Centre, Cutcombe Road, London SE5 9RJ, UK. amy.c.iversen@kcl.ac.uk

Language: English

Abstract: BACKGROUND: For armed forces personnel, data on help-seeking behaviour and receipt of treatment for mental disorders are important for both research and policy. AIMS: To examine mental healthcare service use and receipt of treatment in a sample of the UK military. METHOD: Participants were drawn from an existing UK military health cohort. The sample was stratified by reserve status and by participation in the main war-fighting period of the Iraq War. Participants completed a telephone-based structured diagnostic interview comprising the Patient Health Questionnaire and Primary Care Post-Traumatic Stress Disorder Screen (PC-PTSD), and a series of questions about service utilisation and treatment receipt. RESULTS: Only 23% of those with common mental disorders and still serving in the military were receiving any form of medical professional help. Non-medical sources of help such as chaplains were more widely used. Among regular personnel in receipt of professional help, most were seen in primary care (79%) and the most common treatment was medication or counselling/psychotherapy. Few regular personnel were receiving cognitive-behavioural therapy (CBT). These findings are comparable with those reported for the general population. CONCLUSIONS: In the UK armed forces, the majority of those with mental disorders are not currently seeking medical help for their symptoms. Further work to understand barriers to care is important and timely given that this is a group at risk of occupational psychiatric injury.

Country of Publication: England

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

Subject Headings: [Afghan Campaign 2001-Alcoholism/ep \[Epidemiology\]](#)
[Cross-Sectional Studies](#)
[Female](#)
[Great Britain/ep \[Epidemiology\]](#)
[Humans](#)
[Iraq War, 2003 - Male](#)
[*Mental Disorders/ep \[Epidemiology\]](#)
[*Mental Disorders/th \[Therapy\]](#)
[*Mental Health Services/ut \[Utilization\]](#)
[*Military Personnel/px \[Psychology\]](#)
[*Patient Acceptance of Health Care/sn \[Statistics & Numerical Data\]](#)
[Questionnaires](#)
[Stress Disorders, Post-Traumatic/ep \[Epidemiology\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [The Royal College of Psychiatrists](#)
Available in *fulltext* at [Highwire Press](#)
Available in *print* at [Newcomb Library & Information Service](#)

10. Antagonism of orexin type 1 receptors in the locus coeruleus attenuates signs of naloxone-precipitated morphine withdrawal in rats.

Citation: Neuroscience Letters, October 2010, vol./is. 482/3(255-9), 0304-3940;1872-7972 (2010 Oct 4)

Author(s): Azizi H; Mirnajafi-Zadeh J; Rohampour K; Semnanian S

Institution: Department of Physiology, Faculty of Medical Sciences, Tarbiat Modares University, PO Box 14115-331, Tehran, IR, Iran.

Language: English

Abstract: It has been shown that orexin neuropeptides contribute to morphine-induced physical dependence. The locus coeruleus (LC), which receives a dense extra-hypothalamic orexinergic projection, is a key brain region implicated in the expression of somatic signs of morphine withdrawal syndrome. The aim of the present study is to investigate the role of LC orexin type 1 receptors (OXR1) on naloxone-precipitated morphine withdrawal signs in rats. Adult male Wistar rats were rendered dependent on morphine by subcutaneous (s.c.) injection of morphine sulfate (10mg/kg) at an interval of 12h for 9

days. On day 10, naloxone (1mg/kg i.p.) was injected 2h after morphine administration. Somatic signs of withdrawal were then evaluated in a clear Plexiglas test chamber (30 cm diameter, 50 cm height) for 25 min. One group of animals received intra-LC SB-334867-A, a selective OXR1 antagonist, (100 microM, 0.2 microl) immediately before naloxone. In the control group, SB-334867-A vehicle was microinjected into the LC in the same manner. The results showed that intra-LC OXR1 receptor blockade significantly decreased the somatic signs of withdrawal including chewing, diarrhea, scratching, teeth chattering, wet-dog shake and ptosis. These results suggest that activation of OXR1 in the LC might be involved in the expression of withdrawal signs in morphine dependent rats. (c) 2010 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (1-(2-methylbenzoxazol-6-yl)-3-(1,5)naphthyridin-4-yl urea); 0 (Benzoxazoles); 0 (Narcotic Antagonists); 0 (Narcotics); 0 (Receptors, G-Protein-Coupled); 0 (Receptors, Neuropeptide); 0 (orexin receptors); 465-65-6 (Naloxone); 57-13-6 (Urea); 57-27-2 (Morphine)

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

Subject Headings: [Animals](#)
[Benzoxazoles/ad \[Administration & Dosage\]](#)
[Injections, Intraventricular](#)
[Locus Coeruleus/de \[Drug Effects\]](#)
[*Locus Coeruleus/me \[Metabolism\]](#)
[Male](#)
[*Morphine/ae \[Adverse Effects\]](#)
[Morphine Dependence/me \[Metabolism\]](#)
[Naloxone/pd \[Pharmacology\]](#)
[Narcotic Antagonists/pd \[Pharmacology\]](#)
[Narcotics/ae \[Adverse Effects\]](#)
[Rats](#)
[Rats, Wistar](#)
[*Receptors, G-Protein-Coupled/me \[Metabolism\]](#)
[*Receptors, Neuropeptide/me \[Metabolism\]](#)
[*Substance Withdrawal Syndrome/me \[Metabolism\]](#)
[Urea/ad \[Administration & Dosage\]](#)
[Urea/aa \[Analogues & Derivatives\]](#)

Source: MEDLINE

11. Internet gamblers: a latent class analysis of their behaviours and health experiences.

Citation: Journal of Gambling Studies, September 2010, vol./is. 26/3(387-99), 1050-5350;1573-3602 (2010 Sep)

Author(s): Lloyd J; Doll H; Hawton K; Dutton WH; Geddes JR; Goodwin GM; Rogers RD

Institution: Department of Psychiatry, Warneford Hospital, Oxford University, UK.

Language: English

Abstract: In order to learn about the behaviours and health experiences of people who gamble on the Internet, we conducted an international online survey with respondents recruited via gambling and gambling-related websites. The mean (SD) age of the 4,125 respondents completing the survey was 35.5 (11.8) years, with 79.1% being male and 68.8% UK residents. Respondents provided demographic details and completed validated psychometric screening instruments for problem gambling, mood disturbances, as well as alcohol and substance misuse, and history of deliberate self harm. We applied latent class analysis to respondents' patterns of regular online gambling activities, and identified subgroups of individuals who used the Internet to gamble in different ways ($L(2) = 44.27$, bootstrap $P = 0.07$). We termed the characteristic profiles as 'non-to-minimal gamblers'; 'sports bettors'; 'casino & sports gamblers'; 'lottery players'; and 'multi-activity gamblers'. Furthermore, these subgroups of respondents differed on other demographic and psychological dimensions, with significant inter-cluster differences in proportion of individuals scoring above threshold for problem gambling, mood disorders and substance

misuse, and history of deliberate self harm (all Chi (2)s > 23.4, all P-values <0.001). The 'casino & sports' and 'multi-activity-gamblers' clusters had the highest prevalence of mental disorder. Internet gamblers appear to be heterogeneous but composed of several subgroups, differing markedly on both demographic and clinical characteristics.

Country of Publication: United States
Publication Type: Journal Article; Research Support, Non-U.S. Gov't
Subject Headings: Adult
 *Attitude to Health
 *Behavior, Addictive/ep [Epidemiology]
 Behavior, Addictive/px [Psychology]
 Cluster Analysis
 Comorbidity
 Europe/ep [Epidemiology]
 Female
 *Gambling/ep [Epidemiology]
 Gambling/px [Psychology]
 *Health Status
 Humans
 *Internet/sn [Statistics & Numerical Data]
 Male
 Middle Aged
 Prevalence
 Questionnaires
 Severity of Illness Index
 Socioeconomic Factors
 Stress, Psychological/ep [Epidemiology]
 Substance-Related Disorders/ep [Epidemiology]
 Young Adult
Source: MEDLINE

12. Management of physical health in patients with schizophrenia: international insights.

Citation: European Psychiatry: the Journal of the Association of European Psychiatrists, June 2010, vol./is. 25 Suppl 2/(S37-40), 0924-9338;1778-3585 (2010 Jun)

Author(s): Chaudhry IB; Jordan J; Cousin FR; Cavallaro R; Mostaza JM

Institution: Lancashire Care NHS Trust Early Intervention Service, The Mount, Whalley Road, Accrington BB5 5DE, United-Kingdom. ibchaudhry@btinternet.com

Language: English

Abstract: This international meeting discussed the management of physical health in patients with schizophrenia in several countries including France, Spain, Germany, the UK and Italy. Physical health parameters, including weight, blood pressure, blood glucose, lipids and standard biochemical assessments are measured in many patients at the first hospital consultation. These reveal physical disorders such as obesity, hypertension, dyslipidaemia, the metabolic syndrome, substance abuse, cardiovascular disease, extrapyramidal symptoms, sexual dysfunction and diabetes in substantial proportions of patients. Psychiatrists consider switching antipsychotic therapy if excessive sedation, extrapyramidal symptoms, unacceptable weight gain, hyperglycaemia or dyslipidaemia occur. In general, switching is more likely to be considered for symptomatic adverse events than for laboratory abnormalities. Switching is discouraged by limited knowledge of protocols, the absence of guidelines and fears of relapse or reduced treatment adherence. The physical health of patients with schizophrenia receives much less attention in the community setting than in the hospital setting. Improved guidelines, protocols, resources and support are needed to improve the physical health of patients in the community. Copyright (c) 2010 Elsevier Masson SAS. All rights reserved.

Country of Publication: France
CAS Registry Number: 0 (Antipsychotic Agents)

Publication Type: Comparative Study; Journal Article

Subject Headings: [*Antipsychotic Agents/ae \[Adverse Effects\]](#)
[Antipsychotic Agents/tu \[Therapeutic Use\]](#)
[Cardiovascular Diseases/ci \[Chemically Induced\]](#)
[Cardiovascular Diseases/ep \[Epidemiology\]](#)
 Comorbidity
 Cooperative Behavior
[*Cross-Cultural Comparison](#)
 Europe
[*Health Status](#)
 Humans
 Interdisciplinary Communication
 Life Style
 Mass Screening
 Patient Care Team
[*Schizophrenia/dt \[Drug Therapy\]](#)
[*Schizophrenia/ep \[Epidemiology\]](#)
[Substance-Related Disorders/ep \[Epidemiology\]](#)
 Treatment Outcome
[Weight Gain/de \[Drug Effects\]](#)

Source: MEDLINE

13. Analysis of the impact of treatment setting on outcomes from methadone treatment.

Citation: Journal of Substance Abuse Treatment, October 2010, vol./is. 39/3(195-201), 0740-5472;1873-6483 (2010 Oct)

Author(s): Comiskey CM; Cox G

Institution: School of Nursing and Midwifery, Trinity College Dublin, Dublin 2, Ireland. catheirne.comiskey@tcd.ie

Language: English

Abstract: How methadone setting, duration of drug career, and dose impact on treatment are assessed. Two hundred fifteen participants were recruited. Analysis revealed significant reductions in drug use at 1 year within all settings, but the pattern varied. Proportions using heroin reduced in all settings, unprescribed benzodiazepines reduced in community, and general practitioner settings and cocaine use reduced in community and Government health board settings. A logistic model controlling for intake methadone dose, setting, previous treatments, and intake heroin use revealed that setting was a significant factor in predicting heroin use at 1 year but was not significant in predicting changes in health. Findings illustrate that drug outcomes improved across all settings, and health did not improve in any setting. For optimum outcomes to be achieved, opiate users must be directed to settings that best match their needs and that the "one-stop-shop for methadone" is not the most effective solution. Copyright (c) 2010 Elsevier Inc. All rights reserved.

Country of Publication: United States

CAS Registry Number: 0 (Narcotics); 12794-10-4 (Benzodiazepines); 76-99-3 (Methadone)

Publication Type: Journal Article

Subject Headings: [Benzodiazepines/ad \[Administration & Dosage\]](#)
[Benzodiazepines/ae \[Adverse Effects\]](#)
[Cocaine-Related Disorders/rh \[Rehabilitation\]](#)
 Dose-Response Relationship, Drug
 Follow-Up Studies
[*Heroin Dependence/rh \[Rehabilitation\]](#)
 Humans
 Ireland
 Logistic Models
 Longitudinal Studies

Methadone/ad [Administration & Dosage]
 *Methadone/tu [Therapeutic Use]
 Narcotics/ad [Administration & Dosage]
 *Narcotics/tu [Therapeutic Use]
 Time Factors
 Treatment Outcome

Source: MEDLINE

14. Evaluating integrated MI and CBT for people with psychosis and substance misuse: recruitment, retention and sample characteristics of the MIDAS trial.

Citation: Addictive Behaviors, October 2009, vol./is. 34/10(859-66), 0306-4603;1873-6327 (2009 Oct)

Author(s): Barrowclough C; Haddock G; Beardmore R; Conrod P; Craig T; Davies L; Dunn G; Lewis S; Moring J; Tarrier N; Wykes T

Institution: School of Psychological Sciences, Zochonis Building, University of Manchester, Oxford Road, UK. christine.barrowclough@manchester.ac.uk

Language: English

Abstract: Major problems with existing RCTs evaluating psychosocial interventions for psychosis and substance misuse have been identified, in particular small sample sizes, high attrition rates, and short follow up periods. With a sample size of 327 and a follow up of 2 years, the MIDAS trial in the UK is to date the largest RCT for people with psychosis and substance use and is evaluating an integrated MI and CBT ("MiCBT") client therapy. Whilst the outcomes of the study are not yet available, data on recruitment and retention indicate that attrition rates in MIDAS are low and the majority of those allocated to treatment received a substantial number of therapy sessions. Sample characteristics are in line with those reported in epidemiological studies and are indicative of the challenges facing mental health services attempting to manage the client group: substance use is often longstanding, with frequent use at moderate or severe level and low motivation for change, and seen in the context of low levels of functioning and significant psychopathology. We conclude that this is a methodologically robust study that will have results generalisable to mental health services.

Country of Publication: England

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

Subject Headings: Adolescent
 Adult
 Aged
 Cognitive Therapy/mt [Methods]
 Female
 Follow-Up Studies
 Great Britain
 Humans
 Male
 Mental Health Services
 Middle Aged
 *Motivation
 *Patient Selection
 *Psychotic Disorders/th [Therapy]
 *Randomized Controlled Trials as Topic
 Single-Blind Method
 *Substance-Related Disorders/th [Therapy]
 Young Adult

Source: MEDLINE

15. Primary care 2010.

Citation: Journal of Family Health Care, 2010, vol./is. 20/4(136-40), 1474-9114;1474-9114 (2010)

Author(s): Scowen P

Language: English

Country of Publication: England

Publication Type: Congresses

Subject Headings: [Alcoholism/pc \[Prevention & Control\]](#)
[Child](#)
[Constipation/th \[Therapy\]](#)
[Female](#)
[Great Britain](#)
[Humans](#)
[Midwifery](#)
[Nurse's Practice Patterns](#)
[Otitis Media/th \[Therapy\]](#)
[Pre-Eclampsia/pc \[Prevention & Control\]](#)
[Pregnancy](#)
[Primary Health Care/mt \[Methods\]](#)
[Primary Health Care/og \[Organization & Administration\]](#)
[*Primary Health Care](#)
[Smoking Cessation](#)

Source: MEDLINE