

# Search Results

## Table of Contents

Search History .....	page 3
1. Plasma cannabinoid pharmacokinetics following controlled oral delta9-tetrahydrocannabinol and oromucosal cannabis extract administration. ....	page 4
2. Effectiveness of a nurse-led alcohol liaison service in a secondary care medical unit. ....	page 4
3. A life-cycle approach to the analysis of the relationship between social capital and health in Britain. ....	page 5
4. Analysis of elevated liver enzymes in an acute medical setting: jaundice may indicate increased survival in elderly patients with bacterial sepsis. ....	page 6
5. Effect of 24-h alcohol licensing on emergency departments: the South Yorkshire experience. ....	page 7
6. Hospitalization of hepatitis C-diagnosed individuals in Scotland for decompensated cirrhosis: a population-based record-linkage study. ....	page 8
7. Effects of MEK and DNMT inhibitors on arsenic-treated human uroepithelial cells in relation to Cyclin-D1 and p16. ....	page 9
8. Opium consumption in men and diabetes mellitus in women are the most important risk factors of premature coronary artery disease in Iran. ....	page 10
9. Strategies for the early detection of drug-induced hepatic steatosis in preclinical drug safety evaluation studies. ....	page 10
10. Perillyl alcohol protects against ethanol induced acute liver injury in Wistar rats by inhibiting oxidative stress, NF-B activation and proinflammatory cytokine production. ....	page 11
11. Toxicokinetic and toxicodynamic (TK/TD) evaluation to determine and predict the neurotoxicity of artemisinins. ....	page 12
12. Infant mortality among women on a methadone program during pregnancy. ....	page 13
13. 5-HT(1A)-like receptor activation inhibits abstinence-induced methamphetamine withdrawal in planarians. ....	page 14
14. Dietary supplements and military operations: caution is advised. ....	page 15
15. Clare Gerada: Chair of UK's Royal College of General Practitioners. ....	page 16
16. A case report of inpatient detoxification after kratom ( <i>Mitragyna speciosa</i> ) dependence. ....	page 16
17. During pregnancy, recreational drug-using women stop taking ecstasy (3,4-methylenedioxy-N-methylamphetamine) and reduce alcohol consumption, but continue to smoke tobacco and cannabis: initial findings from the Development and Infancy Study. ....	page 17
18. Recording of clinical information in a Scotland-wide drug deaths study. ....	page 17
19. Prevalence of acute adverse reactions to gadobutrol--a highly concentrated macrocyclic gadolinium chelate: review of 14,299 patients from observational trials. ....	page 18
20. Dietary selenium's protective effects against methylmercury toxicity. ....	page 19
21. Governments confront drunken violence. ....	page 20
22. Making sense of epidemiological studies of young children exposed to thimerosal in vaccines. ....	page 21
23. Emergency department presentations with suspected acute coronary syndrome--frequency of self-reported cocaine use. ....	page 22
24. Respiratory effect related to exposure of different concentrations of arsenic in drinking water in West Bengal, India. ....	page 22
25. Psychosocial stress enhances non-drug-related positive memory retrieval in male abstinent heroin addicts. ....	page 23

26. Tackling tuberculosis in London's homeless population. .... page 24

27. AMP-activated protein kinase: 'a cup of tea' against cholesterol-induced neurotoxicity. .... page 25

## Search History

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

**1. Plasma cannabinoid pharmacokinetics following controlled oral delta9-tetrahydrocannabinol and oromucosal cannabis extract administration.**

- Citation:** Clinical Chemistry, January 2011, vol./is. 57/1(66-75), 0009-9147;1530-8561 (2011 Jan)
- Author(s):** Karschner EL; Darwin WD; Goodwin RS; Wright S; Huestis MA
- Institution:** Chemistry and Drug Metabolism, Intramural Research Program, National Institute on Drug Abuse, National Institutes of Health, Baltimore, MD 21224, USA.
- Language:** English
- Abstract:** BACKGROUND: Sativex(), a cannabis extract oromucosal spray containing (9)-tetrahydrocannabinol (THC) and cannabidiol (CBD), is currently in phase III trials as an adjunct to opioids for cancer pain treatment, and recently received United Kingdom approval for treatment of spasticity. There are indications that CBD modulates THC's effects, but it is unclear if this is due to a pharmacokinetic and/or pharmacodynamic interaction. METHODS: Cannabis smokers provided written informed consent to participate in this randomized, controlled, double-blind, double-dummy institutional review board-approved study. Participants received 5 and 15 mg synthetic oral THC, low-dose (5.4 mg THC and 5.0 mg CBD) and high-dose (16.2 mg THC and 15.0 mg CBD) Sativex, and placebo over 5 sessions. CBD, THC, 11-hydroxy-THC, and 11-nor-9-carboxy-THC were quantified in plasma by 2-dimensional GC-MS. Lower limits of quantification were  $\leq 0.25$  g/L. RESULTS: Nine cannabis smokers completed all 5 dosing sessions. Significant differences ( $P < 0.05$ ) in maximum plasma concentrations ( $C(\max)$ ) and areas under the curve from 0-10.5 h postdose ( $AUC(0 \rightarrow 10.5)$ ) for all analytes were found between low and high doses of synthetic THC and Sativex. There were no statistically significant differences in  $C(\max)$ , time to maximum concentration or in the  $AUC(0 \rightarrow 10.5)$  between similar oral THC and Sativex doses. Relative bioavailability was calculated to determine the relative rate and extent of THC absorption; 5 and 15 mg oral THC bioavailability was 92.6% (13.1%) and 98.8% (11.0%) of low- and high-dose Sativex, respectively. CONCLUSION: These data suggest that CBD modulation of THC's effects is not due to a pharmacokinetic interaction at these therapeutic doses.
- Country of Publication:** United States
- CAS Registry Number:** 0 (Plant Extracts); 0 (tetrahydrocannabinol-cannabidiol combination); 13956-29-1 (Cannabidiol); 1972-08-3 (Tetrahydrocannabinol); 26108-40-7 (11-hydroxy-delta(9)-tetrahydrocannabinol); 64280-14-4 (11-nor-delta(9)-tetrahydrocannabinol-9-carboxylic acid)
- Publication Type:** Journal Article; Randomized Controlled Trial; Research Support, N.I.H., Intramural
- Subject Headings:** [Adult](#)  
[\\*Cannabidiol/pk \[Pharmacokinetics\]](#)  
[\\*Cannabis](#)  
[Double-Blind Method](#)  
[Female](#)  
[Humans](#)  
[Male](#)  
[Marijuana Abuse/me \[Metabolism\]](#)  
[Mouth Mucosa](#)  
[\\*Plant Extracts/pk \[Pharmacokinetics\]](#)  
[Tetrahydrocannabinol/aa \[Analog & Derivatives\]](#)  
[Tetrahydrocannabinol/bl \[Blood\]](#)  
[\\*Tetrahydrocannabinol/pk \[Pharmacokinetics\]](#)  
[Young Adult](#)
- Source:** MEDLINE
- Full Text:** Available in *print* at [Newcomb Library & Information Service](#)

**2. Effectiveness of a nurse-led alcohol liaison service in a secondary care medical unit.**

- Citation:** Clinical Medicine, October 2010, vol./is. 10/5(435-40), 1470-2118;1470-2118 (2010 Oct)

**Author(s):** Ryder SD; Aithal GP; Holmes M; Burrows M; Wright NR

**Institution:** Department of Gastroenterology, Queens Medical Centre Campus, Nottingham University Hospitals NHS Trust. stephen.ryder@nuh.nhs.uk

**Language:** English

**Abstract:** Alcohol misuse is a common reason for hospital admission. While there is considerable evidence from other areas that provision of specialised alcohol services can reduce alcohol intake, there is currently less evidence for medical departments in an acute hospital setting. Nottingham hospitals initiated such a service in 2002-3 based around two nurse specialists who provided input to inpatients with alcohol-related physical disease and provided links to community-based services for alcohol misuse. This service assessed 3632 patients over five years and has seen a reduction in hospital admissions, violent incidents against staff and primary care attendances. It is believed that this model of care is an effective means of intervening in people with alcohol-related problems.

**Country of Publication:** England

**Publication Type:** Journal Article

**Subject Headings:** [Adult](#)  
[Aged](#)  
[\\*Alcoholism/nu \[Nursing\]](#)  
[England](#)  
[Female](#)  
[\\*Hospital Units/og \[Organization & Administration\]](#)  
[Hospitalization/sn \[Statistics & Numerical Data\]](#)  
[Humans](#)  
[Male](#)  
[Middle Aged](#)  
[\\*Outcome and Process Assessment \(Health Care\)](#)  
[State Medicine](#)  
[Violence/sn \[Statistics & Numerical Data\]](#)

**Source:** MEDLINE

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

### 3. A life-cycle approach to the analysis of the relationship between social capital and health in Britain.

**Citation:** Social Science & Medicine, December 2010, vol./is. 71/11(1927-34), 0277-9536;1873-5347 (2010 Dec)

**Author(s):** Borgonovi F

**Institution:** The Organisation for Economic Co-Operation and Development, France. Francesca.borgonovi@oecd.org

**Language:** English

**Abstract:** I examine to what extent social capital can promote individual well-being in the form of good physical and mental health. Our analysis is based on multiple waves of data from the National Child Development Survey and the British Cohort Study, two large cohort studies following the lives of children who were born in Britain in one particular week in 1958 and 1970. I use waves that are comparable across the surveys in childhood and adulthood to explore the association between aspects of social capital and several measures of health when adopting a life-cycle approach. The findings suggest that individuals with high levels of social capital generally fare better than individuals with lower levels of social capital and that such associations are robust to the inclusion of controls such as physical and mental health in childhood and circumstances of the family of origin. Copyright [copyright sign] 2010 Elsevier Ltd. All rights reserved.

**Country of Publication:** England

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

**Subject Headings:** Adult  
Alcoholism/ep [Epidemiology]  
Female  
Follow-Up Studies  
Great Britain/ep [Epidemiology]  
\*Health Status  
Health Surveys  
Humans  
Male  
\*Mental Health  
Middle Aged  
Obesity/ep [Epidemiology]  
Risk Factors  
\*Social Support  
Socioeconomic Factors

**Source:** MEDLINE

**4. Analysis of elevated liver enzymes in an acute medical setting: jaundice may indicate increased survival in elderly patients with bacterial sepsis.**

**Citation:** Saudi Journal of Gastroenterology, October 2010, vol./is. 16/4(260-3), 1319-3767;1998-4049 (2010 Oct-Dec)

**Author(s):** Shah AA; Patton M; Chishty WH; Hussain A

**Institution:** Crosshouse Hospital, Kilmarnock KA2 0BE, Scotland, UK. amir.shah@aaaht.scot

**Language:** English

**Abstract:** BACKGROUND /AIM: It has been shown previously that in primary care settings in UK abnormal liver enzymes are not adequately investigated and followed up; hence potentially treatable chronic liver diseases remain undiagnosed. No such published data is available with regard to secondary care settings. The aims of this audit were, to determine if the current practice in our hospital with regards to investigation, management and follow-up of patients with elevated liver enzymes is in accordance with American Gastroenterology Association (AGA) guidelines and to analyze the effect of age and elevated parameters of liver blood tests on mortality in patients with bacterial sepsis . MATERIALS AND METHODS: A total of 4816 patients were admitted to our acute medical receiving unit during a period of 6 months, of which 378 were with elevated liver enzymes. RESULTS AND CONCLUSION: The common conditions that resulted in elevated liver enzymes were sepsis (123) and alcohol-related liver diseases (120). All patients with elevated parameters of liver function tests (LFTs) were fully investigated, managed and followed up in accordance with AGA guidelines. In addition, in patients with bacterial sepsis, old age was associated with increased mortality, while development of jaundice in elderly patients with bacterial sepsis was associated with increased survival.

**Country of Publication:** India

**CAS Registry Number:** EC 2-6-1-1 (Aspartate Aminotransferases); EC 2-6-1-2 (Alanine Transaminase)

**Publication Type:** Journal Article

**Subject Headings:** Adult  
Aged  
Aged, 80 and over  
Aging  
\*Alanine Transaminase/bl [Blood]  
\*Aspartate Aminotransferases/bl [Blood]  
Clinical Enzyme Tests  
Guideline Adherence  
Humans  
\*Jaundice/co [Complications]  
Liver/en [Enzymology]

Liver Diseases/co [Complications]  
 \*Liver Diseases/di [Diagnosis]  
 Liver Diseases, Alcoholic/co [Complications]  
 Liver Diseases, Alcoholic/di [Diagnosis]  
 Liver Function Tests  
 Middle Aged  
 Sepsis/co [Complications]  
 \*Sepsis/mo [Mortality]  
 Young Adult

**Source:** MEDLINE

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

##### 5. Effect of 24-h alcohol licensing on emergency departments: the South Yorkshire experience.

**Citation:** Emergency Medicine Journal, September 2010, vol./is. 27/9(688-91), 1472-0205;1472-0213 (2010 Sep)

**Author(s):** Jones LA; Goodacre S

**Institution:** Emergency Department, Northern General Hospital, Herries Road, Sheffield S5 7UA, UK. indiana\_2000@doctors.org.uk

**Language:** English

**Abstract:** BACKGROUND: The alcohol Licensing Act (2003) was introduced to England and Wales on 23 November 2005. A single-centre study in 2007 from St Thomas's Hospital concluded that their alcohol-related attendances had significantly increased after the implementation of this new Act. This study aimed to assess whether this finding was reproduced in other hospitals. METHOD: A retrospective cohort study, reviewing anonymised routine data from four emergency departments (ED) in South Yorkshire, was undertaken. The study population was adults (over the age of 18 years) attending the ED with injuries or illnesses directly related to alcohol in the 12 months before and after the implementation of the Licensing Act (2003). The primary outcome was the number of these alcohol-related attendances. Secondary outcomes assessed whether there was any change in the timing of these presentations. RESULTS: Alcohol-related attendances, as detected by clinical coding, increased from 0.6% to 0.7% as a proportion of all attendances (95% CI 0.1 to 0.2,  $p < 0.001$ ). They increased by 0.4% at the Northern General Hospital and by 0.1% at Barnsley Hospital, decreased by 0.2% at Doncaster Royal Infirmary and did not significantly change at Rotherham General Hospital. The secondary outcome showed an unaltered peak time of 01:00 hours for alcohol-related attendances. CONCLUSION: Trends in alcohol-related attendances after the implementation of the Licensing Act (2003) varied across South Yorkshire hospitals and probably reflect local factors rather than any consistent impact from the Act.

**Country of Publication:** England

**Publication Type:** Journal Article

**Subject Headings:** Adult  
 \*Alcohol Drinking/lj [Legislation & Jurisprudence]  
 \*Alcohol-Related Disorders/ep [Epidemiology]  
 Cohort Studies  
 \*Emergency Service, Hospital/ut [Utilization]  
 England/ep [Epidemiology]  
 \*Hospitalization/td [Trends]  
 Humans  
 \*Licensure/lj [Legislation & Jurisprudence]  
 Questionnaires  
 Retrospective Studies

**Source:** MEDLINE

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

## 6. Hospitalization of hepatitis C-diagnosed individuals in Scotland for decompensated cirrhosis: a population-based record-linkage study.

<b>Citation:</b>	European Journal of Gastroenterology & Hepatology, January 2010, vol./is. 22/1(49-57), 0954-691X;1473-5687 (2010 Jan)
<b>Author(s):</b>	McDonald SA; Hutchinson SJ; Bird SM; Mills PR; Robertson C; Dillon JF; Williams T; Goldberg DJ
<b>Institution:</b>	Health Protection Scotland, Clifton House, Clifton Place, Glasgow G3 7LN, UK. smcdonald4@nhs.net
<b>Language:</b>	English
<b>Abstract:</b>	<p><b>OBJECTIVES:</b> Although chronic infection with the hepatitis C virus (HCV) may lead to the development of cirrhosis and its complications, little data are available on progression to the decompensated stage in a heterogeneous population. Our aims were to characterize the burden of HCV-related decompensated cirrhosis on the national health care system in Scotland in terms of hospital admissions and length of stay, and to estimate the associations between epidemiological variables and time to the first hospital admission/death with mention of decompensated cirrhosis.<b>METHODS:</b> We carried out a record-linkage study of 20 969 individuals diagnosed with hepatitis C through laboratory testing between 1991 and 30 June 2006, whose records were linked to the Scottish Morbidity Records hospital discharge database and to national HIV databases.<b>RESULTS:</b> Nine hundred and ninety-five individuals were admitted to hospital and 63 individuals died with first-time mention of decompensated cirrhosis during follow-up (median 5.2 years). The number of new cases increased over the period 1996-2005, with an average annual change of 11% [95% confidence interval (CI): 8-13]. The relative risk of developing decompensated cirrhosis was greater for men (hazard ratio = 1.4, 95% CI: 1.1-1.7), for those coinfecting with HIV (hazard ratio = 2.1, 95% CI: 1.4-3.3), for those with a prior alcohol-related admission, fitted as a time-dependent covariate (hazard ratio = 5.5, 95% CI: 4.6-6.6) and for those aged 30 years or older (30-39 years: hazard ratio = 3.7, 95% CI: 2.4-5.8; 40-49 years: hazard ratio = 10.0, 95% CI: 6.5-15.6; 50-59 years: hazard ratio = 20.6, 95% CI: 12.9-32.9, 60 years or older: hazard ratio = 37.4, 95% CI: 22.8-61.3).<b>CONCLUSION:</b> The burden from HCV-infected individuals developing cirrhotic complications is increasing because of the advancing age of this population. On account of the synergistic effect of HCV and excessive alcohol consumption on the development of liver disease, it is essential that policy-makers address alcohol intake when allocating resources for the management of HCV infection.</p>
<b>Country of Publication:</b>	England
<b>Publication Type:</b>	Journal Article; Research Support, Non-U.S. Gov't
<b>Subject Headings:</b>	<a href="#">Adult</a> <a href="#">Alcoholism/co [Complications]</a> <a href="#">Alcoholism/ep [Epidemiology]</a> <a href="#">Epidemiologic Methods</a> <a href="#">Female</a> <a href="#">HIV Infections/co [Complications]</a> <a href="#">HIV Infections/ep [Epidemiology]</a> <a href="#">*Hepatitis C, Chronic/co [Complications]</a> <a href="#">Hepatitis C, Chronic/ep [Epidemiology]</a> <a href="#">*Hospitalization/sn [Statistics &amp; Numerical Data]</a> <a href="#">Humans</a> <a href="#">Liver Cirrhosis/ep [Epidemiology]</a> <a href="#">Liver Cirrhosis/et [Etiology]</a> <a href="#">*Liver Cirrhosis/vi [Virology]</a> <a href="#">Male</a> <a href="#">Middle Aged</a> <a href="#">Scotland/ep [Epidemiology]</a> <a href="#">Substance Abuse, Intravenous/co [Complications]</a> <a href="#">Substance Abuse, Intravenous/ep [Epidemiology]</a>

**Source:** MEDLINE  
**Full Text:** Available in *fulltext* at *Ovid*; Note: No fulltext access 2005-2008

### 7. Effects of MEK and DNMT inhibitors on arsenic-treated human uroepithelial cells in relation to Cyclin-D1 and p16.

**Citation:** Toxicology Letters, January 2011, vol./is. 200/1-2(59-66), 0378-4274;1879-3169 (2011 Jan 15)

**Author(s):** Huang YC; Hung WC; Chen WT; Jiang WH; Yu HS; Chai CY

**Institution:** Graduate Institute of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan.

**Language:** English

**Abstract:** Arsenic compounds are well-known toxic and carcinogenic agents, and they are widely distributed throughout the earth's crust. These compounds are associated with various human malignancies. It has been reported that there is an elevated risk of bladder cancer in an area highly contaminated with arsenic on the southwest coast of Taiwan. However, the underlying mechanisms of arsenic-associated carcinogenesis are still unclear. The cell cycle regulatory proteins are important indicators in control of cell cycle progression. Moreover, the high expression of Cyclin-D1 and loss of p16 has been associated with a worse prognosis in a variety of human cancers. Therefore, we investigated the effect of arsenic on Cyclin-D1 and p16 expression and evaluated the role of the ERK signaling pathway and DNA methylation in arsenic carcinogenesis. Our study results showed that Cyclin-D1 high expression was found in 56.3% (9/16) of urothelial carcinomas (UC) from a blackfoot disease (BFD) area and 6.3% (1/16) of UC from a non-BFD area ( $p=0.002$ ). The p16 low expression in 81.2% (13/16) of UC from BFD areas was significantly lower than in non-BFD areas (25.0%; 4/16) ( $p=0.001$ ). In addition, the Cyclin-D1 increased expression but decreased p16 expression in arsenite-treated SV-HUC-1 cells. However, when cells were pretreated with inhibitors (5-aza-CdR or U0126), the effects of arsenite on Cyclin-D1 and p16 expression were suppressed. Finally, these results indicated that Cyclin-D1 and p16 both might play important roles in carcinogenesis as a result of arsenic. Copyright [copyright sign] 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Netherlands

**CAS Registry Number:** 0 (Arsenites); 0 (Butadienes); 0 (CCND1 protein, human); 0 (Neoplasm Proteins); 0 (Nitriles); 0 (P16 protein, human); 0 (U 0126); 136601-57-5 (Cyclin D1); 15502-74-6 (arsenite); 2353-33-5 (decitabine); 320-67-2 (Azacitidine); EC 2-1-1 (DNA Modification Methylases); EC 2-7-11-25 (MAP Kinase Kinase Kinases)

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

**Subject Headings:** [Arsenic Poisoning/me \[Metabolism\]](#)  
[\\*Arsenites/pd \[Pharmacology\]](#)  
[\\*Azacitidine/aa \[Analog & Derivatives\]](#)  
[Azacitidine/pd \[Pharmacology\]](#)  
[Blotting, Western](#)  
[\\*Butadienes/pd \[Pharmacology\]](#)  
[Cell Cycle/de \[Drug Effects\]](#)  
[Cells, Cultured](#)  
[\\*Cyclin D1/bi \[Biosynthesis\]](#)  
[\\*DNA Modification Methylases/ai \[Antagonists & Inhibitors\]](#)  
[Dose-Response Relationship, Drug](#)  
[Environmental Exposure](#)  
[Humans](#)  
[\\*MAP Kinase Kinase Kinases/ai \[Antagonists & Inhibitors\]](#)  
[\\*Neoplasm Proteins/bi \[Biosynthesis\]](#)  
[\\*Nitriles/pd \[Pharmacology\]](#)  
[Reverse Transcriptase Polymerase Chain Reaction](#)  
[Urologic Neoplasms/ci \[Chemically Induced\]](#)

Urologic Neoplasms/me [Metabolism]  
 Urologic Neoplasms/pa [Pathology]  
 \*Urothelium/de [Drug Effects]  
 Urothelium/me [Metabolism]

**Source:** MEDLINE

#### 8. Opium consumption in men and diabetes mellitus in women are the most important risk factors of premature coronary artery disease in Iran.

**Citation:** International Journal of Cardiology, May 2010, vol./is. 141/1(116-8), 0167-5273;1874-1754 (2010 May 14)

**Author(s):** Sadeghian S; Graili P; Salarifar M; Karimi AA; Darvish S; Abbasi SH

**Language:** English

**Abstract:** We performed this study to compare of CAD risk factors in young male and female in Iran. In an analytic cross-sectional study, two groups of patients were evaluated with and without Coronary artery disease. The result of study suggests that there is a relationship between CAD and diabetes mellitus, increasing level of LDL and lipoprotein A in women, While CAD in men had more relation with smoking and opium use. High prevalence and uncontrolled diabetes mellitus in females and relatively high prevalence of opium consumption in males result in different premature CAD patterns. Copyright (c) 2010. Published by Elsevier Ireland Ltd.

**Country of Publication:** Netherlands

**CAS Registry Number:** 8008-60-4 (Opium)

**Publication Type:** Comparative Study; Letter

**Subject Headings:** Adult  
 \*Coronary Artery Disease/ep [Epidemiology]  
 \*Coronary Artery Disease/et [Etiology]  
 Cross-Sectional Studies  
 Diabetes Complications/co [Complications]  
 Diabetes Complications/ep [Epidemiology]  
 \*Diabetes Mellitus/ep [Epidemiology]  
 Female  
 Humans  
 Iran/ep [Epidemiology]  
 Male  
 Middle Aged  
 \*Opioid-Related Disorders/co [Complications]  
 \*Opioid-Related Disorders/ep [Epidemiology]  
 \*Opium/ad [Administration & Dosage]  
 Risk Factors  
 Sex Factors

**Source:** MEDLINE

#### 9. Strategies for the early detection of drug-induced hepatic steatosis in preclinical drug safety evaluation studies.

**Citation:** Toxicology, January 2011, vol./is. 279/1-3(10-8), 0300-483X;1879-3185 (2011 Jan 11)

**Author(s):** Amacher DE

**Institution:** Sciadvisor Toxicology Consulting, P.O. Box 254, Hadlyme, CT 06439, USA.  
 toxadvisor-hadlyme@yahoo.com

**Language:** English

**Abstract:** Hepatic steatosis is characterized by the accumulation of lipid droplets in the liver. Although relatively benign, simple steatosis can eventually lead to the development of steatohepatitis, a more serious condition characterized by fibrosis, cirrhosis, and eventual liver failure if the underlying cause is not eliminated. According to the "two hit" theory of steatohepatitis, the initial hit involves fat accumulation in the liver, and a second hit leads

to inflammation and subsequent tissue injury. Because some xenobiotics target liver fatty acid metabolism, especially mitochondrial  $\beta$ -oxidation, it is important to avoid potential drug candidates that can contribute to either the initiation of liver steatosis or progression to the more injurious steatohepatitis. The gold standard for the detection of these types of hepatic effects is histopathological examination of liver tissue. In animal studies, these examinations are slow, restricted to a single sampling time, and limited tissue sections. Recent literature suggests that rapid in vitro screening methods can be used early in the drug R&D process to identify compounds with steatotic potential. Further, progress in the identification of potential serum or plasma protein biomarkers for these liver changes may provide additional in vivo tools to the preclinical study toxicologist. This review summarizes recent developments for in vitro screening and in vivo biomarker detection for steatotic drug candidates. Copyright [copyright sign] 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Biological Markers); 0 (Pharmaceutical Preparations)

**Publication Type:** Journal Article; Review

**Subject Headings:** [Animals](#)  
[Biological Markers/me \[Metabolism\]](#)  
[Drug Design](#)  
[Drug Evaluation, Preclinical/mt \[Methods\]](#)  
[\\*Drug-Induced Liver Injury/di \[Diagnosis\]](#)  
[Drug-Induced Liver Injury/et \[Etiology\]](#)  
[Drug-Induced Liver Injury/pa \[Pathology\]](#)  
[Fatty Liver/ci \[Chemically Induced\]](#)  
[\\*Fatty Liver/di \[Diagnosis\]](#)  
[Fatty Liver/pa \[Pathology\]](#)  
[Humans](#)  
[Mitochondria/me \[Metabolism\]](#)  
[\\*Pharmaceutical Preparations/ae \[Adverse Effects\]](#)  
[Toxicity Tests/mt \[Methods\]](#)

**Source:** MEDLINE

**10. Perillyl alcohol protects against ethanol induced acute liver injury in Wistar rats by inhibiting oxidative stress, NF-B activation and proinflammatory cytokine production.**

**Citation:** Toxicology, January 2011, vol./is. 279/1-3(108-14), 0300-483X;1879-3185 (2011 Jan 11)

**Author(s):** Khan AQ; Nafees S; Sultana S

**Institution:** Molecular Carcinogenesis and Chemoprevention Division, Department of Medical Elementology and Toxicology, Faculty of Science, Jamia Hamdard (Hamdard University), Hamdard Nagar, New Delhi 110062, India.

**Language:** English

**Abstract:** Oxidative stress and inflammation are two major etiological factors that are suggested to play key roles in the development of ethanol induced liver injury. Release of proinflammatory cytokine like tumor necrosis factor alpha (TNF-) and activation of nuclear factor kappa-B (NF-B) may strongly intensify inflammation and cell damage. Additionally, reactive oxygen species (ROS) also exerts significant effect in this whole cell signaling machinery. The present study was designed to investigate the protective effects of perillyl alcohol (POH) on ethanol-induced acute liver injury in Wistar rats and its probable mechanism. We have successfully demonstrated that pre-treatment with POH, besides exerting antioxidant activity might be able to modulate TNF- release and NF-B activation. Rats were divided into five groups and treated with ethanol or POH via an intragastric tube for one week. Control group was treated with vehicle, and ethanol treated group was given ethanol (5 g/kg body wt). Animal of treatment groups were pretreated with POH (50 & 100 mg/kg body wt) and have been given ethanol. Serum aspartate aminotransferase, alanine aminotransferase and lactate dehydrogenase and hepatic malondialdehyde were increased significantly by ethanol treatment. Ethanol administration decreased hepatic reduced glutathione content and various antioxidant

enzymes activity. TNF- production and NF-B activation was also found to be increased after ethanol administration. POH pre-treatment significantly ameliorates ethanol induced acute liver injury possibly by inhibition of lipid peroxidation, replenishment of endogenous enzymatic and non-enzymatic defense system, downregulation of TNF- as well as NF-B. Crown Copyright [copyright sign] 2010. Published by Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Cytokines); 0 (Enzyme Inhibitors); 0 (Inflammation Mediators); 0 (Monoterpenes); 0 (NF-kappa B); 0 (Tumor Necrosis Factor-alpha); 536-59-4 (perilla alcohol); 64-17-5 (Ethanol)

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

**Subject Headings:** [Animals](#)  
[\\*Cytokines/de \[Drug Effects\]](#)  
[Cytokines/me \[Metabolism\]](#)  
[Dose-Response Relationship, Drug](#)  
[Down-Regulation/de \[Drug Effects\]](#)  
[Drug-Induced Liver Injury/et \[Etiology\]](#)  
[\\*Drug-Induced Liver Injury/pc \[Prevention & Control\]](#)  
[Enzyme Inhibitors/ad \[Administration & Dosage\]](#)  
[Enzyme Inhibitors/pd \[Pharmacology\]](#)  
[\\*Ethanol/to \[Toxicity\]](#)  
[Inflammation Mediators/me \[Metabolism\]](#)  
[Lipid Peroxidation/de \[Drug Effects\]](#)  
[Male](#)  
[Monoterpenes/ad \[Administration & Dosage\]](#)  
[\\*Monoterpenes/pd \[Pharmacology\]](#)  
[NF-kappa B/me \[Metabolism\]](#)  
[\\*Oxidative Stress/de \[Drug Effects\]](#)  
[Rats](#)  
[Rats, Wistar](#)  
[Tumor Necrosis Factor-alpha/me \[Metabolism\]](#)

**Source:** MEDLINE

#### **11. Toxicokinetic and toxicodynamic (TK/TD) evaluation to determine and predict the neurotoxicity of artemisinin.**

**Citation:** Toxicology, January 2011, vol./is. 279/1-3(1-9), 0300-483X;1879-3185 (2011 Jan 11)

**Author(s):** Li Q; Hickman M

**Institution:** Division of Experimental Therapeutics, Walter Reed Army Institute of Research, Silver Spring, MD 20910-7500, USA. qigui.li@us.army.mil

**Language:** English

**Abstract:** Studies with laboratory animals have demonstrated fatal neurotoxicity that is associated with administration of artemether (AM) and arteether (AE) intramuscularly or arteminic acid (AL) orally. Toxicokinetic studies showed oil-soluble artemisinins form a depot at the intramuscular injection sites, which is associated with fascia inflammation in muscles. Oral administration of AL induces a gastrointestinal toxicity that is linked with delayed gastric emptying. These effects suggest that the exposure time of artemisinins was extended due to drug accumulation in blood, and this in turn resulted in neurotoxicity. In the present report, the drug exposure time with a neurotoxic outcome (neurotoxic exposure time) was evaluated as a predictor of neurotoxicity in vivo. The neurotoxic exposure time represents a total time spent above a lowest observed neurotoxic effect levels (LONEL) in plasma. The dose of AE required to induce minimal neurotoxicity requires a 2-3 fold longer exposure time in rhesus monkeys (179.5 h) than in rats (67.1 h) and dogs (103.7 h) by using a daily dose of 6-12.5 mg/kg for 7-28 days, indicating that the safe dosing duration in monkeys should be longer than 7 days under the exposure. The neurotoxic exposure time of artemisinins could be longer in humans as the comparison of monkeys to humans is likely more relevant than from rodents or dogs. Oral AL required much longer exposure times (8-fold) than intramuscular AE to induce neurotoxicity,

suggesting that water-soluble artemisinins appear to be much safer than oil-soluble artemisinins. Due to lower doses (2-4 mg/kg) used with current artemisinins and the more rare use of AE in treating humans the exposure time is much shorter in humans. Therefore, the current regimen of 3-5 days dosing duration should be quite safe. These findings support a recently published WHO guide for malaria treatment with artemisinin regimens, such as artemisinin-based combination therapies and injectable artesunate, to avoid neurotoxicity. Published by Elsevier Ireland Ltd.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Antimalarials); 0 (Artemisinins); 0 (artemether); 109637-83-4 (artelinic acid); 109716-83-8 (arteether)

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

**Subject Headings:** [Animals](#)  
[Antimalarials/ad \[Administration & Dosage\]](#)  
[Antimalarials/pk \[Pharmacokinetics\]](#)  
[\\*Antimalarials/to \[Toxicity\]](#)  
[Artemisinins/ad \[Administration & Dosage\]](#)  
[Artemisinins/pk \[Pharmacokinetics\]](#)  
[\\*Artemisinins/to \[Toxicity\]](#)  
[Dose-Response Relationship, Drug](#)  
[Drug Administration Schedule](#)  
[Humans](#)  
[\\*Neurotoxicity Syndromes/et \[Etiology\]](#)  
[No-Observed-Adverse-Effect Level](#)  
[Species Specificity](#)

**Source:** MEDLINE

## 12. Infant mortality among women on a methadone program during pregnancy.

**Citation:** Drug & Alcohol Review, September 2010, vol./is. 29/5(551-6), 0959-5236;1465-3362 (2010 Sep)

**Author(s):** Burns L; Conroy E; Mattick RP

**Institution:** National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia. l.burns@unsw.edu.au

**Language:** English

**Abstract:** INTRODUCTION AND AIMS: The rate and correlates of infant death in those born to opioid-dependent women are unclear. This study aims to determine the infant mortality rate of infants born to women on a methadone program during pregnancy and to identify any modifiable risk factors. DESIGN AND METHODS: A retrospective study of live births to all women in New South Wales, Australia during the period 1995-2002. Using record linkage four groups were compared: (i) live births to women on a methadone program during pregnancy who subsequently died during infancy; (ii) live births to women not on a methadone program who subsequently died during infancy; (iii) live births to women on a methadone program during pregnancy who did not die during infancy; and (iv) live births to women not on a methadone program who did not die during infancy. RESULTS, DISCUSSION AND CONCLUSION: The infant mortality rate was higher among infants whose mothers were on methadone during pregnancy (24.3 per 1000 live born infants in group 1 and 4.0 per 1000 live born infants in group 2) compared with infants of all other mothers. The single main cause of death for all infants was Sudden Infant Death Syndrome. There was a higher rate of smoking among women on methadone. The findings suggest that methadone and non-methadone infant-mother pairs have different symptom profiles, diagnostic procedures and/or different patterns of access to care.

**Country of Publication:** England

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

**Publication Type:** Journal Article

**Subject Headings:** Adult  
 Female  
 Humans  
 \*Infant Mortality  
 Infant, Newborn  
 Live Birth  
 Medical Record Linkage  
 Methadone/ae [Adverse Effects]  
 \*Methadone/tu [Therapeutic Use]  
 Narcotics/ae [Adverse Effects]  
 Narcotics/tu [Therapeutic Use]  
 New South Wales  
 \*Opioid-Related Disorders/rh [Rehabilitation]  
 Pregnancy  
 Pregnancy Complications  
 Pregnancy Outcome  
 Retrospective Studies  
 Risk Factors  
 Smoking/ep [Epidemiology]  
 Sudden Infant Death/ep [Epidemiology]  
 \*Sudden Infant Death/et [Etiology]  
 Young Adult

**Source:** MEDLINE

### 13. 5-HT(1A)-like receptor activation inhibits abstinence-induced methamphetamine withdrawal in planarians.

**Citation:** Neuroscience Letters, October 2010, vol./is. 484/2(113-7), 0304-3940;1872-7972 (2010 Oct 29)

**Author(s):** Rawls SM; Shah H; Ayoub G; Raffa RB

**Institution:** Department of Pharmaceutical Sciences, Temple University School of Pharmacy, Philadelphia, PA, USA. scott.rawls@temple.edu

**Language:** English

**Abstract:** No pharmacological therapy is approved to treat methamphetamine physical dependence, but it has been hypothesized that serotonin (5-HT)-enhancing drugs might limit the severity of withdrawal symptoms. To test this hypothesis, we used a planarian model of physical dependence that quantifies withdrawal as a reduction in planarian movement. Planarians exposed to methamphetamine (10 M) for 60 min, and then placed (tested) into drug-free water for 5 min, displayed less movement (i.e., withdrawal) than either methamphetamine-naive planarians tested in water or methamphetamine-exposed planarians tested in methamphetamine. A concentration-related inhibition of withdrawal was observed when methamphetamine-exposed planarians were placed into a solution containing either methamphetamine and 5-HT (0.1-100 M) or methamphetamine and the 5-HT(1A) receptor agonist 8-hydroxy-N,N-dipropyl-2-aminotetralin (8-OH-DPAT) (10, 20 M). Planarians with prior methamphetamine exposure displayed enhanced withdrawal when tested in a solution of the 5-HT(1A) receptor antagonist N-[2-[4-(2-methoxyphenyl)-1-piperazinyl]ethyl]-N-(2-pyridyl)cyclohexanecarboxamide (WAY 100635) (1 M). Methamphetamine-induced withdrawal was not affected by the 5-HT(2B/2C) receptor agonist meta-chlorophenylpiperazine (m-CPZ) (0.1-20 M). These results provide pharmacological evidence that serotonin-enhancing drugs inhibit expression of methamphetamine physical dependence in an invertebrate model of withdrawal, possibly through a 5-HT(1A)-like receptor-dependent mechanism. Copyright [copyright sign] 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Central Nervous System Stimulants); 0 (Piperazines); 0 (Pyridines); 0 (Serotonin Antagonists); 0 (Serotonin Receptor Agonists); 112692-38-3 (Receptor, Serotonin, 5-HT1A); 146714-97-8 (WAY 100635); 50-67-9 (Serotonin); 537-46-2 (Methamphetamine)

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

**Subject Headings:** [Analysis of Variance](#)  
[Animals](#)  
[\\*Central Nervous System Stimulants/ae \[Adverse Effects\]](#)  
[Disease Models, Animal](#)  
[Dose-Response Relationship, Drug](#)  
[Drug Administration Schedule](#)  
[\\*Methamphetamine/ae \[Adverse Effects\]](#)  
[Movement/de \[Drug Effects\]](#)  
[Piperazines/pd \[Pharmacology\]](#)  
[Planarians](#)  
[Pyridines/pd \[Pharmacology\]](#)  
[\\*Receptor, Serotonin, 5-HT1A/me \[Metabolism\]](#)  
[Serotonin/pd \[Pharmacology\]](#)  
[Serotonin/tu \[Therapeutic Use\]](#)  
[Serotonin Antagonists/pd \[Pharmacology\]](#)  
[Serotonin Receptor Agonists/pd \[Pharmacology\]](#)  
[Serotonin Receptor Agonists/tu \[Therapeutic Use\]](#)  
[Substance Withdrawal Syndrome/dt \[Drug Therapy\]](#)  
[Substance Withdrawal Syndrome/et \[Etiology\]](#)  
[\\*Substance Withdrawal Syndrome/me \[Metabolism\]](#)

**Source:** MEDLINE

#### 14. Dietary supplements and military operations: caution is advised.

**Citation:** Journal of the Royal Army Medical Corps, March 2010, vol./is. 156/1(41-3), 0035-8665;0035-8665 (2010 Mar)

**Author(s):** Boos CJ; White SH; Bland SA; McAllister PD

**Institution:** MDHU (Portsmouth), Queen Alexandra Hospital, Cosham PO6 3LY.  
 Christopherboos@hotmail.com

**Language:** English

**Abstract:** We describe the case of a 32-year-old soldier who presented with acute organic psychosis during an operational tour to Iraq. This was precipitated by excessive consumption of caffeine coupled with additional use of oral nutritional stimulants. Her biochemical profile was compounded by the additional use of exogenous creatine. We present a brief overview of the issue of exercise supplementation and highlight some of the potential problems and clinical issues surrounding their use. This has important implications for both serving soldiers and the wider medical community.

**Country of Publication:** England

**CAS Registry Number:** 0 (Central Nervous System Stimulants); 57-00-1 (Creatine); 58-08-2 (Caffeine)

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

**Subject Headings:** [Adult](#)  
[\\*Caffeine/ae \[Adverse Effects\]](#)  
[\\*Central Nervous System Stimulants/ae \[Adverse Effects\]](#)  
[\\*Creatine/ae \[Adverse Effects\]](#)  
[Delirium/ci \[Chemically Induced\]](#)  
[Delirium/di \[Diagnosis\]](#)  
[\\*Dietary Supplements/ae \[Adverse Effects\]](#)  
[Dietary Supplements/sn \[Statistics & Numerical Data\]](#)  
[Female](#)  
[Great Britain](#)  
[Humans](#)  
[Iraq](#)  
[\\*Iraq War, 2003 -](#)  
[Psychoses, Substance-Induced/di \[Diagnosis\]](#)  
[\\*Psychoses, Substance-Induced/et \[Etiology\]](#)

**Source:** MEDLINE

**15. Clare Gerada: Chair of UK's Royal College of General Practitioners.**

**Citation:** Lancet, January 2011, vol./is. 377/9759(21), 0140-6736;1474-547X (2011 Jan 1)

**Author(s):** Kirby T

**Institution:** tony.kirby@lancet.com

**Language:** English

**Country of Publication:** England

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

**Subject Headings:** [\\*General Practice/hi \[History\]](#)  
[General Practice/td \[Trends\]](#)  
[Great Britain](#)  
[History, 20th Century](#)  
[History, 21st Century](#)  
[Humans](#)  
[Substance-Related Disorders/th \[Therapy\]](#)

**Source:** MEDLINE

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

**16. A case report of inpatient detoxification after kratom (*Mitragyna speciosa*) dependence.**

**Citation:** European Addiction Research, 2010, vol./is. 16/4(229-31), 1022-6877;1421-9891 (2010)

**Author(s):** McWhirter L; Morris S

**Institution:** Alcohol Problems Service, Edinburgh, UK.

**Language:** English

**Abstract:** Kratom (*Mitragyna speciosa*) has been used for medicinal and recreational purposes. It has reported analgesic, euphoric and antitussive effects via its action as an agonist at opioid receptors. It is illegal in many countries including Thailand, Malaysia, Myanmar, South Korea and Australia; however, it remains legal or uncontrolled in the UK and USA, where it is easily available over the Internet. We describe a case of kratom dependence in a 44-year-old man with a history of alcohol dependence and anxiety disorder. He demonstrated dependence on kratom with withdrawal symptoms consisting of anxiety, restlessness, tremor, sweating and cravings for the substance. A reducing regime of dihydrocodeine and lofexidine proved effective in treating subjective and objective measures of opioid-like withdrawal phenomena, and withdrawal was relatively short and benign. There are only few reports in the literature of supervised detoxification and drug treatment for kratom dependence. Our observations support the idea that kratom dependence syndrome is due to short-acting opioid receptor agonist activity, and suggest that dihydrocodeine and lofexidine are effective in supporting detoxification. Copyright [copyright sign] 2010 S. Karger AG, Basel.

**Country of Publication:** Switzerland

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

**Subject Headings:** [Adult](#)  
[\\*Anxiety/ci \[Chemically Induced\]](#)  
[Humans](#)  
[Inpatients](#)  
[Male](#)  
[Metabolic Detoxication, Drug](#)  
[\\*Mitragyna/ae \[Adverse Effects\]](#)  
[\\*Substance Withdrawal Syndrome/th \[Therapy\]](#)  
[\\*Tremor/ci \[Chemically Induced\]](#)

**Source:** MEDLINE

**17. During pregnancy, recreational drug-using women stop taking ecstasy (3,4-methylenedioxy-N-methylamphetamine) and reduce alcohol consumption, but continue to smoke tobacco and cannabis: initial findings from the Development and Infancy Study.**

**Citation:** Journal of Psychopharmacology, September 2010, vol./is. 24/9(1403-10), 0269-8811;1461-7285 (2010 Sep)

**Author(s):** Moore DG; Turner JD; Parrott AC; Goodwin JE; Fulton SE; Min MO; Fox HC; Braddick FM; Axelsson EL; Lynch S; Ribeiro H; Frostick CJ; Singer LT

**Institution:** University of East London, London, UK. d.g.moore@uel.ac.uk

**Language:** English

**Abstract:** While recreational drug use in UK women is prevalent, to date there is little prospective data on patterns of drug use in recreational drug-using women immediately before and during pregnancy. A total of 121 participants from a wide range of backgrounds were recruited to take part in the longitudinal Development and Infancy Study (DAISY) study of prenatal drug use and outcomes. Eighty-six of the women were interviewed prospectively while pregnant and/or soon after their infant was born. Participants reported on use immediately before and during pregnancy and on use over their lifetime. Levels of lifetime drug use of the women recruited were high, with women reporting having used at least four different illegal drugs over their lifetime. Most users of cocaine, 3,4-methylenedioxy-N-methylamphetamine (MDMA) and other stimulants stopped using these by the second trimester and levels of use were low. However, in pregnancy, 64% of the sample continued to use alcohol, 46% tobacco and 48% cannabis. While the level of alcohol use reduced substantially, average tobacco and cannabis levels tended to be sustained at pre-pregnancy levels even into the third trimester (50 cigarettes and/or 11 joints per week). In sum, while the use of 'party drugs' and alcohol seems to reduce, levels of tobacco and cannabis use are likely to be sustained throughout pregnancy. The data provide polydrug profiles that can form the basis for the development of more realistic animal models.

**Country of Publication:** United States

**CAS Registry Number:** 0 (Hallucinogens); 0 (Street Drugs); 42542-10-9 (N-Methyl-3,4-methylenedioxyamphetamine)

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

**Subject Headings:** [Adult](#)  
[\\*Alcohol Drinking/ep \[Epidemiology\]](#)  
[Female](#)  
[Great Britain/ep \[Epidemiology\]](#)  
[Hallucinogens](#)  
[Humans](#)  
[Longitudinal Studies](#)  
[\\*Marijuana Smoking/ep \[Epidemiology\]](#)  
[\\*N-Methyl-3,4-methylenedioxyamphetamine](#)  
[Pregnancy](#)  
[\\*Pregnancy Complications/ep \[Epidemiology\]](#)  
[Pregnancy Trimesters](#)  
[\\*Smoking/ep \[Epidemiology\]](#)  
[\\*Street Drugs](#)  
[Substance Abuse Detection](#)  
[\\*Substance-Related Disorders/ep \[Epidemiology\]](#)

**Source:** MEDLINE

**18. Recording of clinical information in a Scotland-wide drug deaths study.**

**Citation:** Journal of Psychopharmacology, September 2010, vol./is. 24/9(1289-98), 0269-8811;1461-7285 (2010 Sep)

**Author(s):** Baldacchino A; Crome IB; Zador D; McGarrol S; Taylor A; Hutchison S; Fahey T; Hickman M; Kidd B

**Institution:** Centre for Addiction Research and Education Scotland (CARES), Division of Molecular and Translational Medicine, College of Medicine, Nursing and Dentistry, Ninewells Hospital and Medical School, University of Dundee, Dundee, Scotland, UK. a.baldacchino@dundee.ac.uk

**Language:** English

**Abstract:** The aim of this study was to analyse the nature and extent of data extracted from case files of deceased individuals in contact with services 6 months prior to drug deaths in Scotland during 2003. A cross-sectional descriptive analysis of 317 case notes of 237 individuals who had drug-related deaths was undertaken, using a data linkage process. All contacts made with services in the 6 months prior to death were identified. Information on clinical and social circumstances obtained from social care, specialist drug treatment, mental health, non-statutory services, the Scottish Prison Service and Criminal Records Office was collated. More than 70% (n = 237) were seen 6 months prior to their drug death. Sociodemographic details were reported much more frequently than medical problems, for example, ethnicity (49%), living accommodation (66%), education and income (52%) and dependent children (73%). Medical and psychiatric history was recorded in only 12%, blood-borne viral status in 17% and life events in 26%. This paucity of information was a feature of treatment plans and progress recorded. The 237 drug deaths were not a population unknown to services. Highly relevant data were missing. Improved training to promote in-depth recording and effective monitoring may result in better understanding and reduction of drug deaths.

**Country of Publication:** United States

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

**Subject Headings:** [Cross-Sectional Studies](#)  
[Humans](#)  
[Medical Record Linkage](#)  
[\\*Medical Records/sn \[Statistics & Numerical Data\]](#)  
[Overdose/mo \[Mortality\]](#)  
[Records as Topic/sn \[Statistics & Numerical Data\]](#)  
[Retrospective Studies](#)  
[Risk Factors](#)  
[Scotland](#)  
[Socioeconomic Factors](#)  
[\\*Substance-Related Disorders/mo \[Mortality\]](#)

**Source:** MEDLINE

**19. Prevalence of acute adverse reactions to gadobutrol--a highly concentrated macrocyclic gadolinium chelate: review of 14,299 patients from observational trials.**

**Citation:** European Journal of Radiology, June 2010, vol./is. 74/3(e186-92), 0720-048X;1872-7727 (2010 Jun)

**Author(s):** Forsting M; Palkowitsch P

**Institution:** Institute of Diagnostic and Interventional Radiology and Neuroradiology, University Hospital Essen, Hufelandstr. 55, 45122 Essen, Germany. michael.forsting@uni-due.de

**Language:** English

**Abstract:** OBJECTIVE: To determine the safety and tolerability of gadobutrol in a large number of non-selected patients from routine clinical radiology practices. Copyright (c) 2009 Elsevier Ireland Ltd. All rights reserved. MATERIALS AND METHODS: Six prospectively planned, observational surveillance studies were conducted at more than 300 institutions in Europe and Canada from 2000 to 2007. Demographic and medical status data, details of the diagnostic procedure, contrast agent administration and adverse drug reaction (ADR) data were collected using a standardized questionnaire. Copyright (c) 2009 Elsevier Ireland Ltd. All rights reserved. RESULTS: A total of 14,299 patients

were enrolled. The mean age of the patients was 53.7 years; 1.3% of the patients were <18 years old and 40.8% were 60 years or older. The body regions most frequently examined were head/neck/brain (54.3%), followed by spine (7.2%), pelvis/joints/limbs (6.7%) and multiple body regions (6.4%). Gadobutrol-enhanced magnetic resonance angiography (MRA) was performed in 14.7% of patients. Overall, the mean volume of gadobutrol administered for contrast-enhanced magnetic resonance imaging was 12 mL (0.16 mmol gadolinium [Gd]/kg body weight [BW]; mean BW: 75.5 kg), whereas for contrast-enhanced MRA the mean volume was 15.7 mL (0.21 mmol Gd/kg BW). Seventy-eight of the 14,299 patients (0.55%) reported at least one ADR. Two (0.01%) serious ADRs were reported. The most frequently reported ADR was nausea, which occurred in 36 patients (0.25%). Copyright (c) 2009 Elsevier Ireland Ltd. All rights reserved. CONCLUSION: Gadobutrol 1.0M is very well tolerated and has a good safety profile. The occurrence of ADRs observed following the intravenous injection of gadobutrol is comparable with the published data of other Gd-based contrast agents. Copyright (c) 2009 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Contrast Media); 0 (Organometallic Compounds); 138071-82-6 (gadobutrol)

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

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Aged](#)  
[Aged, 80 and over](#)  
[Canada/ep \[Epidemiology\]](#)  
[Child](#)  
[Child, Preschool](#)  
[Clinical Trials as Topic/sn \[Statistics & Numerical Data\]](#)  
[Contrast Media](#)  
[\\*Drug Toxicity/ep \[Epidemiology\]](#)  
[Europe/ep \[Epidemiology\]](#)  
[Female](#)  
[Humans](#)  
[Infant](#)  
[\\*Magnetic Resonance Imaging/ut \[Utilization\]](#)  
[Male](#)  
[Middle Aged](#)  
[\\*Organometallic Compounds/du \[Diagnostic Use\]](#)  
[Prevalence](#)  
[Product Surveillance, Postmarketing/sn \[Statistics & Numerical Data\]](#)  
[Risk Assessment](#)  
[Risk Factors](#)  
[Young Adult](#)

**Source:** MEDLINE

## 20. Dietary selenium's protective effects against methylmercury toxicity.

**Citation:** Toxicology, November 2010, vol./is. 278/1(112-23), 0300-483X;1879-3185 (2010 Nov 28)

**Author(s):** Ralston NV; Raymond LJ

**Institution:** Energy & Environmental Research Center, University of North Dakota, 15 North 23rd Street, Grand Forks, ND 58202, USA. nralston@undeerc.org

**Language:** English

**Abstract:** Dietary selenium (Se) status is inversely related to vulnerability to methylmercury (MeHg) toxicity. Mercury exposures that are uniformly neurotoxic and lethal among animals fed low dietary Se are far less serious among those with normal Se intakes and are without observable consequences in those fed Se-enriched diets. Although these effects have been known since 1967, they have only lately become well understood. Recent studies have shown that Se-enriched diets not only prevent MeHg toxicity, but can

also rapidly reverse some of its most severe symptoms. It is now understood that MeHg is a highly specific, irreversible inhibitor of Se-dependent enzymes (selenoenzymes). Selenoenzymes are required to prevent and reverse oxidative damage throughout the body, particularly in the brain and neuroendocrine tissues. Inhibition of selenoenzyme activities in these vulnerable tissues appears to be the proximal cause of the pathological effects known to accompany MeHg toxicity. Because Hg's binding affinities for Se are up to a million times higher than for sulfur, its second-best binding partner, MeHg inexorably sequesters Se, directly impairing selenoenzyme activities and their synthesis. This may explain why studies of maternal populations exposed to foods that contain Hg in molar excess of Se, such as shark or pilot whale meats, have found adverse child outcomes, but studies of populations exposed to MeHg by eating Se-rich ocean fish observe improved child IQs instead of harm. However, since the Se contents of freshwater fish are dependent on local soil Se status, fish with high MeHg from regions with poor Se availability may be cause for concern. Further studies of these relationships are needed to assist regulatory agencies in protecting and improving child health. Copyright [copyright sign] 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Methylmercury Compounds); 10236-58-5 (Selenocysteine); 1464-42-2 (Selenomethionine); 7782-49-2 (Selenium)

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

**Subject Headings:** [Animals](#)  
[Humans](#)  
[Mercury Poisoning/me \[Metabolism\]](#)  
[\\*Mercury Poisoning/pc \[Prevention & Control\]](#)  
[Methylmercury Compounds/ad \[Administration & Dosage\]](#)  
[\\*Methylmercury Compounds/po \[Poisoning\]](#)  
[\\*Methylmercury Compounds/to \[Toxicity\]](#)  
[Seafood/po \[Poisoning\]](#)  
[Selenium/ad \[Administration & Dosage\]](#)  
[\\*Selenium/pd \[Pharmacology\]](#)  
[Selenocysteine/ai \[Antagonists & Inhibitors\]](#)  
[Selenocysteine/me \[Metabolism\]](#)  
[Selenomethionine/ai \[Antagonists & Inhibitors\]](#)  
[Selenomethionine/me \[Metabolism\]](#)

**Source:** MEDLINE

## 21. Governments confront drunken violence.

**Citation:** Bulletin of the World Health Organization, September 2010, vol./is. 88/9(644-5), 0042-9686;1564-0604 (2010 Sep 1)

**Author(s):** Desai A

**Language:** English

**Country of Publication:** Switzerland

**Publication Type:** News

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Age Factors](#)  
[\\*Alcoholic Intoxication/ep \[Epidemiology\]](#)  
[Alcoholism/ep \[Epidemiology\]](#)  
[Great Britain/ep \[Epidemiology\]](#)  
[Health Policy](#)  
[Health Promotion/mt \[Methods\]](#)  
[Health Promotion/og \[Organization & Administration\]](#)  
[Humans](#)  
[Violence/pc \[Prevention & Control\]](#)  
[\\*Violence/sn \[Statistics & Numerical Data\]](#)

\*World Health  
Young Adult

**Source:** MEDLINE  
**Full Text:** Available in *fulltext* at [EBSCO Host](#)  
Available in *fulltext* at [EBSCO Host](#)  
Available in *fulltext* at [ProQuest \(Legacy Platform\)](#)  
Available in *fulltext* at [National Library of Medicine](#)

## 22. Making sense of epidemiological studies of young children exposed to thimerosal in vaccines.

**Citation:** Clinica Chimica Acta, November 2010, vol./is. 411/21-22(1580-6), 0009-8981;1873-3492 (2010 Nov 11)

**Author(s):** Dorea JG

**Institution:** C.P. 04322, Universidade de Brasilia, 70919-970 Brasilia, DF, Brazil.  
dorea@rudah.com.br

**Language:** English

**Abstract:** OBJECTIVE: To compare epidemiological studies dealing with neurological issues (compatible with Hg toxicity) linked to exposing newborns and infants to intramuscular doses of preservative-Hg resulting from vaccination with thimerosal-containing vaccines (TCV). 2010 Elsevier B.V. All rights reserved.METHODS: Major databases were searched for studies that addressed neurodevelopment outcomes other than autism. Eight studies were identified and compared. 2010 Elsevier B.V. All rights reserved.RESULTS: Information extracted from the studies done in the USA, the UK, and Italy is important in understanding the complex interplay of variables but insufficient to establish non-toxicity for infants and young children still receiving TCV: a) there is ambiguity in some studies reporting neurodevelopment outcomes that seem to depend on confounding variables; b) the risk of neurotoxicity due to low doses of thimerosal is plausible at least for susceptible infants; c) there is a need to address these issues in less developed countries still using TCV in pregnant mothers, newborns, and young children. 2010 Elsevier B.V. All rights reserved.CONCLUSIONS: Since the use of TCV is still inevitable in many countries, this increases the need to protect vulnerable infants and promote actions that strengthen neurodevelopment. Developing countries should intensify campaigns that include breastfeeding among efforts to help prime the central nervous system to tolerate exposure to neurotoxic substances, especially thimerosal-Hg. 2010 Elsevier B.V. All rights reserved.

**Country of Publication:** Netherlands

**CAS Registry Number:** 0 (Preservatives, Pharmaceutical); 0 (Vaccines); 54-64-8 (Thimerosal)

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

**Subject Headings:** [Developmental Disabilities/ep \[Epidemiology\]](#)  
[Developmental Disabilities/et \[Etiology\]](#)  
[Epidemiologic Studies](#)  
[Female](#)  
[Humans](#)  
[Infant](#)  
[Infant, Newborn](#)  
[Neurotoxicity Syndromes/ep \[Epidemiology\]](#)  
[\\*Neurotoxicity Syndromes/et \[Etiology\]](#)  
[Pregnancy](#)  
[Preservatives, Pharmaceutical/ae \[Adverse Effects\]](#)  
[\\*Thimerosal/ae \[Adverse Effects\]](#)  
[\\*Vaccines/ae \[Adverse Effects\]](#)  
[Vaccines/ch \[Chemistry\]](#)

**Source:** MEDLINE

**23. Emergency department presentations with suspected acute coronary syndrome--frequency of self-reported cocaine use.**

<b>Citation:</b>	European Journal of Emergency Medicine, June 2010, vol./is. 17/3(164-6), 0969-9546;1473-5695 (2010 Jun)
<b>Author(s):</b>	Bishop CR; Dargan PI; Greene SL; Garnham F; Wood DM
<b>Institution:</b>	Emergency Department, Guy's and St. Thomas' NHS Foundation Trust, London, UK.
<b>Language:</b>	English
<b>Abstract:</b>	The objective of this study was to assess the prevalence of self-reported cocaine use in individuals presenting to the Emergency Department (ED) with suspected myocardial ischaemia/acute coronary syndrome (ACS). A retrospective review (1 January to 31 December 2008) of all suspected myocardial ischaemia/ACS presentations to our ED was undertaken. Basic demographic data and use/nonuse of cocaine were recorded from notes; where appropriate the route of use, concomitant use of other recreational drugs/ethanol, presenting features and treatment(s) were extracted. Self-reported cocaine use was recorded in 54 (1.9%) of the 2810 presentations. The mean+/-SD age of those who self-reported the use of cocaine (28.9+/-9.0) was significantly lower than those who did not (52.3+/-12.7) (P<0.0001). Twenty (37.0%) of those with cocaine use had one or more features of potential cocaine (sympathomimetic) toxicity at presentation to the ED. In conclusion, self-reported recent cocaine use was documented in a clinically significant minority of patients with suspected myocardial ischaemia/ACS.
<b>Country of Publication:</b>	England
<b>CAS Registry Number:</b>	0 (Troponin T); 50-36-2 (Cocaine)
<b>Publication Type:</b>	Journal Article
<b>Subject Headings:</b>	<a href="#">Acute Coronary Syndrome/di [Diagnosis]</a> <a href="#">Acute Coronary Syndrome/ep [Epidemiology]</a> <a href="#">*Acute Coronary Syndrome/et [Etiology]</a> <a href="#">Adolescent</a> <a href="#">Adult</a> <a href="#">Chest Pain/et [Etiology]</a> <a href="#">*Cocaine/ae [Adverse Effects]</a> <a href="#">*Emergency Service, Hospital/sn [Statistics &amp; Numerical Data]</a> <a href="#">Female</a> <a href="#">Great Britain/ep [Epidemiology]</a> <a href="#">Humans</a> <a href="#">Male</a> <a href="#">Middle Aged</a> <a href="#">Prevalence</a> <a href="#">Retrospective Studies</a> <a href="#">*Self Disclosure</a> <a href="#">*Substance-Related Disorders/co [Complications]</a> <a href="#">Substance-Related Disorders/ep [Epidemiology]</a> <a href="#">Troponin T/bl [Blood]</a> <a href="#">Young Adult</a>
<b>Source:</b>	MEDLINE

**24. Respiratory effect related to exposure of different concentrations of arsenic in drinking water in West Bengal, India.**

<b>Citation:</b>	Journal of Environmental Science & Engineering, April 2010, vol./is. 52/2(147-54) (2010 Apr)
<b>Author(s):</b>	Chattopadhyay BP; Mukherjee AK; Gangopadhyay PK; Alam J; Roychowdhury A
<b>Institution:</b>	Regional Occupational Health Centre (Eastern), Indian Council of Medical Research, Block DP, Sector-V, Salt Lake City, Kolkata, India. bpc_rohc_icmr@yahoo.co.in

**Language:** English

**Abstract:** Arsenic toxicity due to drinking of arsenic contaminated water has been one of the worst environmental health hazards. High levels of arsenic have been reported in different natural water sources from West Bengal for more than two decades. Groundwater contamination by arsenic and its adverse effects on the health of a big population in nine districts of West Bengal have been reported. The problems found were mainly related to skin and respiratory, digestive, cardiovascular and nervous systems. The respiratory effects are largely confined to those who had the skin lesion. The present study was undertaken to evaluate the respiratory effects of exposure to different levels of arsenic in drinking water. The water samples were collected from different tube wells and wells in the study area. Analysis of arsenic was done by Atomic Absorption Spectrophotometer with hydride generation system. Based on the consumption of arsenic concentrations in drinking water the populations were divided into three categories, i.e.,  $\leq 50$  microg/L,  $>50 - \leq 150$  microg/L and  $>150$  microg/L. Standard techniques of medical examination were applied to elicit signs and recorded in the pre-designed proforma. A written consent was taken from each subject for their voluntary participation in the study. 112 subjects were investigated. The respiratory effect was evaluated by measuring the pulmonary function test (PFT). Vital Capacity (VC) and Forced Vital Capacity (FVC) were measured by Spirovit-SP-10 (Schiller Health Care Pvt Ltd., Switzerland) and Peak Expiratory Flow Rate by Wrights Peak Flow Meter (Clement and Clarke, UK). The PFT values showed gradual decrement among the males following skin pigmentation, keratosis and arsenicosis. The respiratory function impairment among the male subjects found as restrictive type (26.41%), obstructive type (3.77%) and combined type (7.54%), whereas in females only the restrictive type of impairment (10.16%) was found. Restrictive type of impairments among the subjects increased as the concentration of arsenic in drinking water increased, in males 15.78%, 29.41% and 35.29% and in females 4.54%, 5.00% and 23.52% respectively. The pathophysiologic mechanism, by which ingested arsenic leads to impairments of lung function and increased respiratory symptoms, is yet to be understood and needs further investigation.

**Country of Publication:** India

**CAS Registry Number:** 0 (Water Pollutants, Chemical); 7440-38-2 (Arsenic)

**Publication Type:** Journal Article

**Subject Headings:** [Adult](#)  
[Arsenic/ad \[Administration & Dosage\]](#)  
[\\*Arsenic Poisoning/pp \[Physiopathology\]](#)  
[Dose-Response Relationship, Drug](#)  
[Environmental Exposure](#)  
[Female](#)  
[Humans](#)  
[India](#)  
[Male](#)  
[Middle Aged](#)  
[Respiratory Function Tests](#)  
[Respiratory Insufficiency/ci \[Chemically Induced\]](#)  
[Respiratory Insufficiency/pp \[Physiopathology\]](#)  
[\\*Respiratory System/de \[Drug Effects\]](#)  
[\\*Respiratory System/pp \[Physiopathology\]](#)  
[Sex Characteristics](#)  
[Water Pollutants, Chemical/ad \[Administration & Dosage\]](#)  
[\\*Water Pollutants, Chemical/po \[Poisoning\]](#)  
[Water Supply/an \[Analysis\]](#)  
[Young Adult](#)

**Source:** MEDLINE

**25. Psychosocial stress enhances non-drug-related positive memory retrieval in male abstinent heroin addicts.**

**Citation:** Neuroscience Letters, November 2010, vol./is. 485/1(16-20), 0304-3940;1872-7972 (2010 Nov 12)

**Author(s):** Zhao LY; Shi J; Zhang XL; Lu L

**Institution:** National Institute on Drug Dependence, Peking University, 38 Xueyuan Road, Beijing 100083, China. zgywyls2006@bjmu.edu.cn

**Language:** English

**Abstract:** Stress exposure in addicted individuals is known to provoke drug craving, presumably through a memory-like process, but less is known about the effects of stress on non-drug-related affective memory retrieval per se in such individuals, which is likely to provide important insights into therapy for relapse. In present study, we explored the effect of stress on retrieval of neutral and emotionally valenced (positive and negative) words in abstinent heroin addicts. In present study, 28 male inpatient abstinent heroin addicts and 20 sex-, age-, education- and economic status-matched healthy control participants were assessed for 24h delayed recall of valenced and neutral word lists on two occasions 4 weeks apart-once in a nonstress control condition, once after exposure to the Trier Social Stress Test in a counterbalanced design. In addition, attention, working memory, blood pressure, heart rate and salivary cortisol were assessed. We found acute stress at the time of word list recall enhanced retrieval of positively valenced words, but no effect on negative and neutral word retrieval in abstinent heroin addicts was observed. No changes were detected for attention and working memory. The stressor induced a significant increase in salivary free cortisol, blood pressure and heart rate. Stress can enhance non-drug-related positive memory in abstinent heroin addicts. Our findings will provide richer information in understanding dysregulation of their emotional memory processing under stress and hopefully provide insight into designing improved treatments for drug addiction. Copyright [copyright sign] 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 50-23-7 (Hydrocortisone)

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

**Subject Headings:** [Adult](#)  
[Attention](#)  
[Blood Pressure](#)  
[Case-Control Studies](#)  
[Heart Rate](#)  
[Heroin Dependence/co \[Complications\]](#)  
[Heroin Dependence/pp \[Physiopathology\]](#)  
[\\*Heroin Dependence/px \[Psychology\]](#)  
[Humans](#)  
[Hydrocortisone/an \[Analysis\]](#)  
[Male](#)  
[Memory, Short-Term](#)  
[\\*Mental Recall](#)  
[Saliva/ch \[Chemistry\]](#)  
[Semantics](#)  
[Stress, Psychological/co \[Complications\]](#)  
[Stress, Psychological/pp \[Physiopathology\]](#)  
[\\*Stress, Psychological/px \[Psychology\]](#)  
[Young Adult](#)

**Source:** MEDLINE

## 26. Tackling tuberculosis in London's homeless population.

**Citation:** Lancet, December 2010, vol./is. 376/9758(2055-6), 0140-6736;1474-547X (2010 Dec 18)

**Author(s):** Burki T

**Language:** English

**Country of Publication:** England

**CAS Registry Number:** 0 (Crack Cocaine)

**Publication Type:** News

**Subject Headings:** [Alcohol Drinking/ae \[Adverse Effects\]](#)  
[Cocaine-Related Disorders/co \[Complications\]](#)  
[Crack Cocaine/ae \[Adverse Effects\]](#)  
[\\*Homeless Persons/sn \[Statistics & Numerical Data\]](#)  
[Humans](#)  
[London/ep \[Epidemiology\]](#)  
[Malnutrition/co \[Complications\]](#)  
[Mental Disorders/co \[Complications\]](#)  
[Peer Group](#)  
[Risk Factors](#)  
[Smoking/ae \[Adverse Effects\]](#)  
[Tuberculosis, Pulmonary/dt \[Drug Therapy\]](#)  
[\\*Tuberculosis, Pulmonary/ep \[Epidemiology\]](#)  
[Tuberculosis, Pulmonary/pc \[Prevention & Control\]](#)  
[Tuberculosis, Pulmonary/tm \[Transmission\]](#)

**Source:** MEDLINE

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

#### 27. AMP-activated protein kinase: 'a cup of tea' against cholesterol-induced neurotoxicity.

**Citation:** Journal of Pathology, December 2010, vol./is. 222/4(329-34), 0022-3417;1096-9896 (2010 Dec)

**Author(s):** Martinez de Morentin PB; Gonzalez CR; Lopez M

**Institution:** Department of Physiology, School of Medicine, University of Santiago de Compostela--Instituto de Investigacion Sanitaria, Santiago de Compostela, Spain.

**Language:** English

**Abstract:** Disturbances in brain cholesterol metabolism have been linked to Alzheimer's disease (AD) pathology. A high-cholesterol diet increases fibrillar amyloid peptide (A) deposition, inflammation, and apoptosis that eventually results in neurodegeneration and learning and memory impairments. In the October 2010 issue of The Journal of Pathology, Lu and colleagues provided a novel and interesting mechanism that explains how quercetin, a flavonoid found at high concentrations in green and black teas, may help to protect against cholesterol-induced neurotoxicity through activation of AMP-activated protein kinase (AMPK), a metabolic energy gauge. Further work will be necessary to address whether AMPK may be a potential target to combat neurodegenerative diseases. Copyright [copyright sign] 2010 Pathological Society of Great Britain and Ireland. Published by John Wiley & Sons, Ltd.

**Country of Publication:** England

**CAS Registry Number:** 0 (Cholesterol, Dietary); 0 (Neuroprotective Agents); 0 (Tea); 117-39-5 (Quercetin); EC 2-7-11-1 (AMP-Activated Protein Kinases)

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

**Subject Headings:** [\\*AMP-Activated Protein Kinases/ph \[Physiology\]](#)  
[\\*Cholesterol, Dietary/ae \[Adverse Effects\]](#)  
[Enzyme Activation/de \[Drug Effects\]](#)  
[Humans](#)  
[Neuroprotective Agents/pd \[Pharmacology\]](#)  
[Neurotoxicity Syndromes/en \[Enzymology\]](#)  
[Neurotoxicity Syndromes/et \[Etiology\]](#)  
[\\*Neurotoxicity Syndromes/pc \[Prevention & Control\]](#)  
[Quercetin/pd \[Pharmacology\]](#)  
[\\*Tea](#)

**Source:** MEDLINE