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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.
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14. MEDLINE; "British Isles".ti,ab; 627 results.
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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.
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1. Listeria monocytogenes infection in the over-60s in England between 2005 and 2008: a retrospective case-control study utilizing market research panel data.

Citation: Foodborne Pathogens & Disease, November 2010, vol./is. 7/11(1373-9), 1535-3141;1556-7125 (2010 Nov)

Author(s): Gillespie IA; Mook P; Little CL; Grant K; Adak GK

Institution: Department of Gastrointestinal, Emerging, and Zoonotic Infections, Health Protection Agency Centre for Infections, London, United Kingdom. iain.gillespie@hpa.org.uk

Language: English

Abstract: A retrospective case-control study of listeriosis in patients in England aged over 60 years is described. The incidence of listeriosis in patients aged >=60 years in England has doubled since 2001; hence, the investigation of risk factors for infection in this group is important to inform on prevention and control. Standardized epidemiological information has been sought on cases since 2005, but the value of the data accrued is limited without some perception of exposure prevalence in the population at risk of listeriosis. The exposures of listeriosis cases aged >=60 years reported in England from 2005 to 2008 were compared to those of market research panel members representing the same population (i.e., residents of England aged >=60 years) and time period. Exposures were grouped to facilitate comparison. Odds ratios and 95% confidence intervals were calculated. Cases were more likely than panel members to report the consumption of cooked meats (beef and ham/pork, but not poultry), cooked fish (specifically smoked salmon) and shellfish (prawns), dairy products (most noticeably milk but also certain cheeses), and mixed salads. They were less likely to report the consumption of other forms of seafood, dairy spread, other forms of dairy, sandwiches, and fresh vegetables. The diversity of high-risk food exposures reflects the ubiquity of the microorganism in the environment and/or the susceptibility of those at risk, and suggests that a wider variety of foods can give rise to listeriosis. Food safety advice on avoiding listeriosis should be adapted accordingly. While not inexpensive, the application of market research data to infectious disease epidemiology can add value to routine surveillance data.

Country of Publication: United States

Publication Type: Journal Article

Subject Headings:
Aged
Aged, 80 and over
Case-Control Studies
Dairy Products/mi [Microbiology]
England/ep [Epidemiology]
Female
Foodborne Diseases/et [Etiology]
Foodborne Diseases/mi [Microbiology]
Humans
Lettuce/mi [Microbiology]
Listeria monocytogenes/ip [Isolation & Purification]
*Listeriosis/ep [Epidemiology]
Male
Meat/mi [Microbiology]
Middle Aged
Odds Ratio
Questionnaires
Retrospective Studies
Risk Factors
Seafood/mi [Microbiology]

Source: MEDLINE

2. Effects of berberine on 6-hydroxydopamine-induced neurotoxicity in PC12 cells and a rat model of Parkinson's disease.

Citation: Neuroscience Letters, December 2010, vol./is. 486/1(29-33), 0304-3940;1872-7972 (2010 Dec 3)

Author(s): Kwon IH; Choi HS; Shin KS; Lee BK; Lee CK; Hwang BY; Lim SC; Lee MK

Institution: College of Pharmacy, Chungbuk National University, Heungduk-gu, Cheongju 361-763, Republic of Korea.

Language: English

Abstract: Protoberberine isoquinoline alkaloids including berberine inhibit dopamine biosynthesis and aggravate l-DOPA-induced cytotoxicity in PC12 cells. In this study, the effects of berberine on 6-hydroxydopamine (6-OHDA)-induced cytotoxicity in PC12 cells and on unilateral 6-OHDA-lesioned rats were investigated. In PC12 cells, berberine at 10 and 30M associated with 6-OHDA (10, 20, and 50M) enhanced cytotoxicity at 48h compared to 6-OHDA alone, indicated by an increase in apoptotic cell death. In addition, treatment with berberine (5 and 30mg/kg, i.p.) for 21 days in 6-OHDA-lesioned rats markedly depleted tyrosine hydroxylase-immunopositive cells in the substantia nigra as compared to berberine-untreated rats. Further, the levels of dopamine and norepinephrine were also significantly decreased by berberine administration (5 and 30mg/kg) in the striatal regions of 6-OHDA-lesioned rats. These results suggested that berberine aggravated 6-OHDA-induced cytotoxicity in PC12 cells, and led to the degeneration of dopaminergic neuronal cells in the substantia nigra of 6-OHDA-lesioned rats. It is, therefore, suggested that the use of long-term l-DOPA therapy with isoquinoline derivatives including berberine may need to be examined for the presence of adverse symptoms. Copyright

Country of Publication: Ireland

CAS Registry Number: 1199-18-4 (Oxidopamine); 2086-83-1 (Berberine); 51-41-2 (Norepinephrine); EC 1-14-16-2 (Tyrosine 3-Monooxygenase)

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

Subject Headings:
Animals
*Berberine/pd [Pharmacology]
Cell Death/de [Drug Effects]
Corpus Striatum/de [Drug Effects]
Corpus Striatum/me [Metabolism]
Disease Models, Animal
Dopamine/me [Metabolism]
Dose-Response Relationship, Drug
Drug Synergism
Male
Neurotoxicity Syndromes/me [Metabolism]
*Neurotoxicity Syndromes/pa [Pathology]
Norepinephrine/me [Metabolism]
*Oxidopamine/to [Toxicity]
PC12 Cells
Parkinsonian Disorders/ci [Chemically Induced]
Parkinsonian Disorders/me [Metabolism]
*Parkinsonian Disorders/pa [Pathology]
Rats
Rats, Sprague-Dawley
Substantia Nigra/de [Drug Effects]
Substantia Nigra/me [Metabolism]
Tyrosine 3-Monooxygenase/me [Metabolism]

Source: MEDLINE

3. Nephrotoxicity of mercuric chloride, methylmercury and cinnabar-containing Zhu-Sha-An-Shen-Wan in rats.

Citation: Toxicology Letters, February 2011, vol./is. 200/3(194-200), 0378-4274;1879-3169 (2011 Feb 5)

Author(s): Shi JZ; Kang F; Wu Q; Lu YF; Liu J; Kang YJ

Institution: Guiyang Traditional Medical College, Guiyang, China.

Language: English

Abstract: Cinnabar (HgS) is used in traditional medicines, and total Hg content is used for risk assessment of cinnabar-containing traditional medicines such as Zhu-Sha-An-Shen-Wan (ZSASW). Is ZSASW or cinnabar toxicologically similar to common mercurials? Adult Sprague-Dawley rats were gavaged with ZSASW (1.4 g/kg), cinnabar (0.2g/kg), HgCl(2) (0.02 g/kg), MeHg (0.001 g/kg), or saline daily for 60 days, and toxicity was determined. Animal body-weight gain was decreased by HgCl(2) and MeHg. Blood urea nitrogen (BUN) was increased by MeHg. Histology showed severe kidney injury following MeHg and HgCl(2) treatments, but mild after ZSASW and cinnabar. Renal Hg contents were markedly increased in the HgCl(2) and MeHg groups but were not elevated in the ZSASW and cinnabar groups. The expression of kidney injury molecule-1 was increased 50-fold by MeHg, 4-fold by HgCl(2), but was unaltered by ZSASW and cinnabar; the expression of matrilysin was increased 3-fold by MeHg. In contrast, the expression of N-cadherin was decreased by HgCl(2). Thus, ZSASW and cinnabar are much less nephrotoxic than HgCl(2) and MeHg, indicating that chemical forms of mercury underlie their disposition and toxicity.

Country of Publication: Netherlands

CAS Registry Number: 0 (Biological Markers); 0 (DNA Primers); 0 (Drugs, Chinese Herbal); 0 (Mercury Compounds); 0 (Methylmercury Compounds); 0 (Zhu-Sha-An-Shen-Wan); 19122-79-3 (cinnabar); 63231-63-0 (RNA); 7439-97-6 (Mercury); 7487-94-7 (Mercuric Chloride)

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

Subject Headings:
Animals
Biological Markers/me [Metabolism]
Blood Chemical Analysis
Body Weight/de [Drug Effects]
DNA Primers
*Drugs, Chinese Herbal/to [Toxicity]
Gene Expression/de [Drug Effects]
Kidney/me [Metabolism]
Kidney/pa [Pathology]
Kidney Diseases/ci [Chemically Induced]
Kidney Diseases/pa [Pathology]
Male
Medicine, Chinese Traditional
Mercuric Chloride/pk [Pharmacokinetics]
*Mercuric Chloride/to [Toxicity]
Mercury/me [Metabolism]
Mercury Compounds/pk [Pharmacokinetics]
*Mercury Compounds/to [Toxicity]
Mercury Poisoning/ge [Genetics]
Mercury Poisoning/pa [Pathology]
Methylmercury Compounds/pk [Pharmacokinetics]
*Methylmercury Compounds/to [Toxicity]
RNA/ge [Genetics]
RNA/ip [Isolation & Purification]
Rats
Rats, Sprague-Dawley
Reverse Transcriptase Polymerase Chain Reaction
Weight Gain/de [Drug Effects]

Source: MEDLINE

4. IL-4 mediates dicloxacillin-induced liver injury in mice.

Citation: Toxicology Letters, February 2011, vol./is. 200/3(139-45), 0378-4274;1879-3169 (2011 Feb 5)

Author(s): Higuchi S; Kobayashi M; Yoshikawa Y; Tsuneyama K; Fukami T; Nakajima M; Yokoi T

Institution: Drug Metabolism and Toxicology, Faculty of Pharmaceutical Sciences, Kanazawa University, Kakuma-machi, Kanazawa 920-1192, Japan.

Language: English

Abstract: Drug-induced liver injury (DILI) is a major problem in drug development and clinical drug therapy. In most cases, the mechanisms are still unknown. It is difficult to predict DILI in humans due to the lack of experimental animal models. Dicloxacillin, penicillinase-sensitive penicillin, rarely causes cholestatic or mixed liver injury, and there is some evidence for immunoallergic idiosyncratic reaction in human. In this study, we investigated the mechanisms of dicloxacillin-induced liver injury. Plasma ALT and total-bilirubin (T-Bil) levels were significantly increased in dicloxacillin-administered (600 mg/kg, i.p.) mice. Dicloxacillin administration induced Th2 (helper T cells)-mediated factors and increased the plasma interleukin (IL)-4 level. Neutralization of IL-4 suppressed the hepatotoxicity of dicloxacillin, and recombinant mouse IL-4 administration (0.5 or 2.0 g/mouse, i.p.) exacerbated it. Chemoattractant receptor-homologous molecule expressed on Th2 cells (CRTh2) is a cognate receptor for prostaglandin (PG) D(2), and is suggested to be involved in Th2-dependent allergic inflammation. We investigated the effect of 13,14-Dihydro-15-keto-PGD(2) (DK-PGD(2); 10 g/mouse, i.p.) administration on dicloxacillin-induced liver injury. DK-PGD(2)/dicloxacillin coadministration resulted in a significant increase of alanine aminotransferases and a remarkable increase of macrophage inflammatory protein 2 expression. In conclusion, to the best of our knowledge, this is the first report to demonstrate that dicloxacillin-induced liver injury is mediated by a Th2-type immune reaction and exacerbated by DK-PGD(2).

Country of Publication: Netherlands

CAS Registry Number: 0 (Anti-Bacterial Agents); 0 (Antibodies, Blocking); 0 (RNA, Messenger); 207137-56-2 (Interleukin-4); 3116-76-5 (Dicloxacillin); 41598-07-6 (Prostaglandin D2); 59894-07-4 (13,14-dihydro-15-ketoprostaglandin D2); 635-65-4 (Bilirubin); EC 2-6-1-2 (Alanine Transaminase)

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

Subject Headings:
Alanine Transaminase/me [Metabolism]
Animals
*Anti-Bacterial Agents/to [Toxicity]
Antibodies, Blocking/pd [Pharmacology]
Bilirubin/me [Metabolism]
*Dicloxacillin/to [Toxicity]
*Drug-Induced Liver Injury/pa [Pathology]
Female
Interleukin-4/ai [Antagonists & Inhibitors]
Interleukin-4/im [Immunology]
*Interleukin-4/to [Toxicity]
Liver/de [Drug Effects]
Liver/me [Metabolism]
Mice
Mice, Inbred BALB C
Prostaglandin D2/aa [Analogs & Derivatives]
Prostaglandin D2/pd [Pharmacology]
RNA, Messenger/bi [Biosynthesis]
RNA, Messenger/ge [Genetics]
Reverse Transcriptase Polymerase Chain Reaction
T-Lymphocytes, Helper-Inducer/de [Drug Effects]
Th2 Cells/de [Drug Effects]

Source: MEDLINE

5. The triumph of Bacchus.

Citation: Archives of General Psychiatry, January 2011, vol./is. 68/1(8-9), 0003-990X;1538-3636 (2011 Jan)

Author(s): Harris JC

Language: English

Country of Publication: United States

Publication Type: Biography; Historical Article; Journal Article

Subject Headings:
*Alcohol Drinking/hi [History]
Alcohol Drinking/px [Psychology]
*Alcoholism/hi [History]
Alcoholism/px [Psychology]
Beer/hi [History]
England
History, 16th Century
History, 17th Century
History, 18th Century
History, 19th Century
History, 20th Century
Humans
*Medicine in Art
*Paintings/hi [History]
Spain
Wine/hi [History]

Source: MEDLINE

Full Text: Available in *fulltext* at *Highwire Press*

6. Suicide and deliberate self harm in older Irish adults.

Citation: International Psychogeriatrics, December 2010, vol./is. 22/8(1327-36), 1041-6102;1741-203X (2010 Dec)

Author(s): Corcoran P; Reulbach U; Perry IJ; Arensman E

Institution: National Suicide Research Foundation, Cork, Ireland. paul.nsrf@iol.ie

Language: English

Abstract: BACKGROUND: Hospital-treated deliberate self harm and suicide among older adults have rarely been examined at a national level.METHODS: The Irish Central Statistics Office provided suicide and undetermined death data for 1980-2006. The National Registry of Deliberate Self Harm collected data relating to deliberate self harm presentations made in 2006-2008 to all 40 Irish hospital emergency departments.RESULTS: Rates of female suicide among older adults (over 55 years) were relatively stable in Ireland during 1980-2006 whereas male rates increased in the 1980s and decreased in more recent decades. Respectively, the annual male and female suicide and undetermined death rate was 22.1 and 7.6 per 100,000 in 1997-2006. Male and female deliberate self harm was 3.0 and 11.0 times higher at 67.4 and 83.4 per 100,000, respectively. Deliberate self harm and suicide decreased in incidence with increasing age. Deliberate self harm generally involved drug overdose (male: 72%; female 85%) or self-cutting (male: 15%; female 9%). The most common methods of suicide were hanging (41%) and drowning (29%) for men and drowning (39%) and drug overdose (24%) for women. City and urban district populations had the highest rates of hospital-treated self harm. The highest suicide rates were in urban districts.CONCLUSIONS: Older Irish adults have high rates of hospital-treated deliberate self harm but below average rates of suicide. Drowning was relatively common as a method of suicide. Restricting availability of specific medications may reduce both forms of suicidal behavior.

Country of Publication: England

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

Subject Headings: Age Factors

Aged
Aged, 80 and over
Cause of Death
*Drowning/ep [Epidemiology]
Drowning/mo [Mortality]
Emergency Service, Hospital/ut [Utilization]
Female
Humans
Incidence
Ireland/ep [Epidemiology]
Male
Middle Aged
*Overdose/ep [Epidemiology]
Overdose/mo [Mortality]
Risk Factors
*Self-Injurious Behavior/ep [Epidemiology]
Self-Injurious Behavior/mo [Mortality]
Sex Factors
Suicide/px [Psychology]
*Suicide/sn [Statistics & Numerical Data]
Urban Population/sn [Statistics & Numerical Data]
*Wounds, Stab/ep [Epidemiology]
Wounds, Stab/mo [Mortality]

Source: MEDLINE

7. Antihypertensive and neuroprotective activities of rhynchophylline: the role of rhynchophylline in neurotransmission and ion channel activity.

Citation: Journal of Ethnopharmacology, October 2010, vol./is. 132/1(15-27), 0378-8741;1872-7573 (2010 Oct 28)

Author(s): Zhou J; Zhou S

Institution: Base for Drug Clinical Trial, Xinqiao Hospital, Third Military Medical University, Chongqing 400037, China. zhoujiyin@gmail.com

Language: English

Abstract: ETHNOPHARMACOLOGICAL RELEVANCE: Uncaria species (Gouteng in Chinese) have been used as ethnopharmacological medicines to treat ailments of the cardiovascular and central nervous systems. As the main alkaloid constituent of Uncaria species, rhynchophylline has drawn extensive attention in recent years for its antihypertensive and neuroprotective activities, and its pharmacological effects are related to ethnopharmacological medicine properties of Uncaria species.AIM OF THE REVIEW: This review examined the pharmacological studies and mechanisms of rhynchophylline, with an emphasis on cardiovascular and central nervous system diseases linked to the ethnopharmacological uses of Uncaria species.METHODS: We conducted both an electronic search and a library search of in vivo and in vitro studies. The terms and keywords for the search included rhynchophylline, Uncaria species, Gouteng, pharmacological effects, and mechanism. We focused on the papers, including ours, with studies on all related pharmacological effects and mechanisms of rhynchophylline.RESULTS: Rhynchophylline was the main constituent of several components identified from Uncaria species. Rhynchophylline mainly acts on cardiovascular and central nervous system diseases, including hypertension, bradycardia, arrhythmia, sedation, vascular dementia, epileptic seizures, drug addiction, and cerebral ischemia. Rhynchophylline also has effects on anticoagulation, inhibits vascular smooth muscle cell proliferation, and has been shown to be anti-endotoxemic. The active mechanisms are related to modulation of calcium and potassium ion channels, protection of neural and neuroglial cells, and regulation of central neurotransmitter transport and metabolism. More studies are necessary to verify the pharmacological activities and determine the exact mechanisms of rhynchophylline activity.CONCLUSIONS: Rhynchophylline treatment of cardiovascular and central nervous system diseases has a

strong linkage with traditional concepts and uses of Uncaria species in ethnopharmacological medicine, such as treatment for lightheadedness, convulsions, numbness, and hypertension. As a candidate drug for several cardiovascular and central nervous system diseases, rhynchophylline will attract scientists to pursue the potential pharmacological effects and mechanisms with new technologies. Relatively few clinically relevant studies of rhynchophylline have been conducted. Thus, more in vivo validations and investigations of antihypertensive and neuroprotective mechanisms of rhynchophylline are necessary.

Country of Publication: Ireland

CAS Registry Number: 0 (Antihypertensive Agents); 0 (Indole Alkaloids); 0 (Ion Channels); 0 (Neuroprotective Agents); 76-66-4 (rhyncophylline)

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

Subject Headings:
Animals
Antihypertensive Agents/ip [Isolation & Purification]
*Antihypertensive Agents/pd [Pharmacology]
Cardiovascular Diseases/dt [Drug Therapy]
Cardiovascular Diseases/me [Metabolism]
Central Nervous System Diseases/dt [Drug Therapy]
Central Nervous System Diseases/me [Metabolism]
Ethnopharmacology
Humans
Indole Alkaloids/ip [Isolation & Purification]
*Indole Alkaloids/pd [Pharmacology]
*Ion Channels/me [Metabolism]
Neuroprotective Agents/ip [Isolation & Purification]
*Neuroprotective Agents/pd [Pharmacology]
*Synaptic Transmission/de [Drug Effects]
*Uncaria/ch [Chemistry]

Source: MEDLINE

8. How psychological symptoms relate to different motivations for gambling: an online study of internet gamblers.

Citation: Biological Psychiatry, October 2010, vol./is. 68/8(733-40), 0006-3223;1873-2402 (2010 Oct 15)

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

Institution: Oxford University Department of Psychiatry, Oxford, United Kingdom.

Language: English

Abstract: BACKGROUND: Gambling can be motivated by both its hedonic value and by attempts to cope with dysphoric or stressful states. Thus, motivations constitute important mechanisms linking mood fluctuations and gambling. However, little is known about how different kinds of affective disturbance, such as mood elevation and dysphoria, motivate gambling behavior.METHODS: To estimate relationships between different mood experiences and gambling motivations, we recruited 4125 Internet gamblers via hyperlinks placed on gambling Web sites. Mean (SD) age of respondents was 35.5 (11.8) years, with 79.1% (3263) being male and 68.8% (2838) UK residents. We collected ratings for 11 gambling motivations. We used principal components analysis, followed by hierarchical linear regression, to model the relationships between motivation factor scores and gambling behavior, depressive symptoms, hypomanic experiences, deliberate self-harm, and alcohol and substance misuse.RESULTS: Gambling to regulate mood, gambling for monetary goals, and gambling for enjoyment were enhanced in individuals at heightened risk of problematic gambling, with mood regulation and enjoyment factors being enhanced in female compared with male problem gamblers. Lowered mood reduced the enjoyment motivation, whereas previous mood elevation enhanced it. Gambling problems alongside previous hypomanic experiences or current dysphoria enhanced gambling to regulate emotional states.CONCLUSIONS: Recent theorizing argues that mood disorders and pathologic gambling may share aspects of

pathophysiology. Different forms of emotional disturbance, such as mood elevation and dysphoric states, which confer heightened risk for bipolar disorder and depression, are associated with divergent motivations that might represent distinct pathways into gambling behavior. Copyright Copyright 2010 Society of Biological Psychiatry. Published by Elsevier Inc. All rights reserved.

Country of Publication: United States

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

Subject Headings:
Adult
*Affect
Anxiety/px [Psychology]
Behavior, Addictive/px [Psychology]
Depression/px [Psychology]
Female
*Gambling/px [Psychology]
Humans
Internet
Male
*Motivation
Principal Component Analysis/mt [Methods]
*Substance-Related Disorders/px [Psychology]

Source: MEDLINE

9. Providing nicotine dependence treatment to psychiatric inpatients: the views of Australian nurse managers.

Citation: Journal of Psychiatric & Mental Health Nursing, May 2010, vol./is. 17/4(319-27), 1351-0126;1365-2850 (2010 May)

Author(s): Wye P; Bowman J; Wiggers J; Baker A; Carr V; Terry M; Knight J; Clancy R

Institution: Hunter New England Population Health, Tamworth NSW, Australia. paula.wye@newcastle.edu.au

Language: English

Abstract: The prevalence of smoking in psychiatric settings remains high. This study aims to describe the views of nurse managers in psychiatric inpatient settings regarding the provision of nicotine dependence treatment, and whether there were associations between such views and the provision of nicotine dependence treatment. A cross-sectional survey was mailed to all public psychiatric inpatient units in New South Wales, Australia, for completion by nurse managers. Of the identified 131 service units, 123 completed questionnaires were returned (94%). Patient-related factors were considered to have a high level of influence on the provision of nicotine dependence treatment: patients requesting assistance to quit (58%), patients being receptive to interventions (52%), and patient health improving with quitting (45%). Units where the respondent reported that nicotine dependence treatment was as important as other roles were more likely to provide nicotine dependence treatment compared to units whose respondents did not hold this view (OR = 0.257, d.f. = 1, P < 0.01). While the results indicate strong support for the provision of nicotine dependence treatment, this support appears qualified by perceived patient readiness to quit, suggesting care is provided selectively rather than systematically. Positioning smoking as an addiction requiring treatment within a traditional curative approach may lead to a health service more conducive to the routine provision of nicotine dependence treatment.

Country of Publication: England

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

Subject Headings:
Attitude of Health Personnel
Cross-Sectional Studies
Data Collection
Humans
Inpatients
*Mental Disorders/co [Complications]

New South Wales
Nurse Administrators
Patient Acceptance of Health Care
Tobacco Use Disorder/co [Complications]
*Tobacco Use Disorder/th [Therapy]

Source: MEDLINE

10. Relapse prevention in UK Stop Smoking Services: current practice, systematic reviews of effectiveness and cost-effectiveness analysis.

Citation: Health Technology Assessment (Winchester, England), October 2010, vol./is. 14/49(1-152, iii-iv), 1366-5278;1366-5278 (2010 Oct)

Author(s): Coleman T; Agboola S; Leonardi-Bee J; Taylor M; McEwen A; McNeill A

Institution: University of Nottingham, Division of Primary Care, Nottingham, UK.

Language: English

Abstract: BACKGROUND: Reducing smoking is a chief priority for governments and health systems like the UK National Health Service (NHS). The UK has implemented a comprehensive tobacco control strategy involving a combination of population tobacco control interventions combined with treatment for dependent smokers through a national network of NHS Stop Smoking Services (NHS SSS).OBJECTIVES: To assess the effectiveness and cost-effectiveness of relapse prevention in NHS SSS. To (1) update current estimates of effectiveness on interventions for preventing relapse to smoking; (2) examine studies that provide findings that are generalisable to NHS SSS, and which test interventions that might be acceptable to introduce within the NHS; and (3) determine the cost-effectiveness of those relapse preventions interventions (RPIs) that could potentially be delivered by the NHS SSS.DATA SOURCES: A systematic review of the literature and economic evaluation were carried out. In addition to searching the Cochrane Tobacco Addiction Group register of trials (2004 to July 2008), MEDLINE, the Cochrane Central Register of Controlled Trials, EMBASE, PsycINFO, the Science Citation Index and Social Science Citation Index were also searched.REVIEW METHODS: The project was divided into four distinct phases with different methodologies: qualitative research with a convenience sample of NHS SSS managers; a systematic review investigation the efficacy of RPIs; a cost-effectiveness analysis; and a further systematic review to derive the relapse curves for smokers receiving evidence-based treatment of the type delivered by the NHS SSS.RESULTS: Qualitative research with 16 NHS SSS managers indicated that there was no shared understanding of what relapse prevention meant or of the kinds of interventions that should be used for this. The systematic review included 36 studies that randomised and delivered interventions to abstainers. 'Self-help' behavioural interventions delivered to abstainers who had achieved abstinence unaided were effective for preventing relapse to smoking at long-term follow-up [odds ratio (OR) 1.52, 95% confidence interval (CI) 1.15 to 2.01]. The following pharmacotherapies were also effective as RPIs after their successful use as cessation treatments: bupropion at long-term follow-up (pooled OR 1.49, 95% CI 1.10 to 2.01); nicotine replacement therapy (NRT) at medium- (pooled OR 1.56, 95% CI 1.16 to 2.11) and long-term follow-ups (pooled OR 1.33, 95% CI 1.08 to 1.63) and one trial of varenicline also indicated effectiveness. The health economic analysis found that RPIs are highly cost-effective. Compared with 'no intervention'; using bupropion resulted in an incremental quality-adjusted life-year (QALY) increase of 0.07, with a concurrent NHS cost saving of 68 pounds; for NRT, spending 12 pounds resulted in a 0.04 incremental QALY increase; varenicline resulted in a similar QALY increase as NRT, but at almost seven times the cost. Extensive sensitivity analyses demonstrated that cost-effectiveness ratios were more sensitive to variations in effectiveness than cost and that for bupropion and NRT, cost-effectiveness generally remained. Varenicline also demonstrated cost-effectiveness at a 'willingness-to-pay' threshold of 20,000 pounds per QALY, but exceeded this when inputted values for potential effectiveness were at the lower end of the range explored. For all drugs, there was substantial relapse to smoking after treatment courses had finished. Quit attempts involving NRT appeared to have the highest early relapse rates, when trial participants would be expected to still be on treatment, but for those involving bupropion and

varenicline little relapse was apparent during this time.LIMITATIONS: The qualitative research sample was small.CONCLUSIONS: Based on the totality of evidence, RPIs are expected to be effective and cost-effective if incorporated into routine treatment within the NHS SSS. While staff within the NHS SSS were largely favourably inclined towards providing RPIs, guidance would be needed to encourage the adoption of the most effective RPIs, as would incentives that focused on the importance of sustaining quit attempts beyond the currently monitored 4-week targets.

Country of Publication: England

CAS Registry Number: 0 (Benzazepines); 0 (Nicotinic Agonists); 0 (Piperidines); 0 (Pyrazoles); 0 (Quinoxalines); 0 (varenicline); 158681-13-1 (rimonabant)

Publication Type: Journal Article; Review

Subject Headings:
Benzazepines/tu [Therapeutic Use]
Cost-Benefit Analysis
Evidence-Based Medicine
Great Britain
Health Promotion/ec [Economics]
Humans
Nicotinic Agonists/tu [Therapeutic Use]
Piperidines/tu [Therapeutic Use]
*Public Health/ec [Economics]
Pyrazoles/tu [Therapeutic Use]
Qualitative Research
Quinoxalines/tu [Therapeutic Use]
Recurrence/pc [Prevention & Control]
Smoking/ec [Economics]
*Smoking/pc [Prevention & Control]
*Smoking Cessation/ec [Economics]
Smoking Cessation/mt [Methods]
Social Marketing
State Medicine/ec [Economics]
Treatment Failure

Source: MEDLINE

11. The SUMMIT trial: a field comparison of buprenorphine versus methadone maintenance treatment.

Citation: Journal of Substance Abuse Treatment, December 2010, vol./is. 39/4(340-52), 0740-5472;1873-6483 (2010 Dec)

Author(s): Pinto H; Maskrey V; Swift L; Rumball D; Wagle A; Holland R

Institution: Norfolk & Waveney Mental Health NHS Foundation Trust (NWMHFT), UK. hayley.pinto@nwmhp.nhs.uk

Language: English

Abstract: This prospective patient-preference study examined the effectiveness in practice of methadone versus buprenorphine maintenance treatment and the beliefs of subjects regarding these drugs. A total of 361 opiate-dependent individuals (89% of those eligible, presenting for treatment over 2 years at a drug service in England) received rapid titration then flexible dosing with methadone or buprenorphine; 227 patients chose methadone (63%) and 134 buprenorphine (37%). Participants choosing methadone had more severe substance abuse and psychiatric and physical problems but were more likely to remain in treatment. Survival analysis indicated those prescribed methadone were over twice as likely to be retained (hazard ratio for retention was 2.08 and 95% confidence interval [CI] = 1.49-2.94 for methadone vs. buprenorphine), However, those retained on buprenorphine were more likely to suppress illicit opiate use (odds ratio = 2.136, 95% CI = 1.509-3.027, $p < .001$) and achieve detoxification. Buprenorphine may also recruit more individuals to treatment because 28% of those choosing buprenorphine (10% of the total sample) stated they would not have accessed treatment with methadone.

Country of Publication: United States

CAS Registry Number: 52485-79-7 (Buprenorphine); 76-99-3 (Methadone)

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

Subject Headings:
Adult
*Buprenorphine/tu [Therapeutic Use]
Choice Behavior
England
Female
Humans
Male
*Methadone/tu [Therapeutic Use]
*Opiate Substitution Treatment/mt [Methods]
Opiate Substitution Treatment/px [Psychology]
*Opioid-Related Disorders/rh [Rehabilitation]
Patient Preference/px [Psychology]
Pilot Projects
Proportional Hazards Models
Prospective Studies
Severity of Illness Index
Treatment Outcome
Young Adult

Source: MEDLINE

12. Errors associated with the preparation of aseptic products in UK hospital pharmacies: lessons from the national aseptic error reporting scheme.

Citation: Quality & Safety in Health Care, October 2010, vol./is. 19/5(e29), 1475-3898;1475-3901 (2010 Oct)

Author(s): Bateman R; Donyai P

Institution: Reading School of Pharmacy, University of Reading, PO Box 226, Whiteknights, Reading RG6 6AP, UK.

Language: English

Abstract: BACKGROUND: Pharmacy aseptic units prepare and supply injectables to minimise risks. The UK National Aseptic Error Reporting Scheme has been collecting data on pharmacy compounding errors, including near-misses, since 2003.OBJECTIVES: The cumulative reports from January 2004 to December 2007, inclusive, were analysed.METHODS: The different variables of product types, error types, staff making and detecting errors, stage errors detected, perceived contributory factors, and potential or actual outcomes were presented by cross-tabulation of data.RESULTS: A total of 4691 reports were submitted against an estimated 958 532 items made, returning 0.49% as the overall error rate. Most of the errors were detected before reaching patients, with only 24 detected during or after administration. The highest number of reports related to adult cytotoxic preparations (40%) and the most frequently recorded error was a labelling error (34.2%). Errors were mostly detected at first check in assembly area (46.6%). Individual staff error contributed most (78.1%) to overall errors, while errors with paediatric parenteral nutrition appeared to be blamed on low staff levels more than other products were. The majority of errors (68.6%) had no potential patient outcomes attached, while it appeared that paediatric cytotoxic products and paediatric parenteral nutrition were associated with greater levels of perceived patient harm.CONCLUSIONS: The majority of reports were related to near-misses, and this study highlights scope for examining current arrangements for checking and releasing products, certainly for paediatric cytotoxic and paediatric parenteral nutrition preparations within aseptic units, but in the context of resource and capacity constraints.

Country of Publication: England

Publication Type: Journal Article

Subject Headings:
*Asepsis/st [Standards]
*Drug Compounding/st [Standards]
Drug Toxicity
Great Britain
Humans
Mandatory Reporting
Medication Errors/cl [Classification]
Medication Errors/sn [Statistics & Numerical Data]
*Medication Errors
*Pharmacy Service, Hospital

Source: MEDLINE

13. Urine tested positive for ethyl glucuronide and ethyl sulfate after the consumption of yeast and sugar.

Citation: Forensic Science International, October 2010, vol./is. 202/1-3(e45-7), 0379-0738;1872-6283 (2010 Oct 10)

Author(s): Thierauf A; Wohlfarth A; Auwarter V; Perdekamp MG; Wurst FM; Weinmann W

Institution: Institute of Forensic Medicine, Freiburg University Medical Centre, Albertstrasse 9, 79104 Freiburg, Germany. annette.thierauf@uniklinik-freiburg.de

Language: English

Abstract: BACKGROUND: To an increasing degree, EtG and EtS are routinely used for the proof of abstinence for purposes of traffic, occupational, addiction and social medicine. This routine use demands further investigations on the sensitivity and specificity of these analytes and the examination of possible genesis of positive EtG and EtS concentrations even without the consumption of ethanol. In vivo fermentation with consecutive formation of EtG and EtS was addressed by experiments with yeast products.METHODS: Two experiments with baker's yeast and brewer's yeast tablets were performed. The ethanol concentrations in urine of the 2 and 4 volunteers, respectively, were detected by HS-GC-FID, EtG and EtS analysis was performed by LC-ESI-MS/MS, and the creatinine concentration was determined using a method based on the Jaffe reaction.RESULTS AND CONCLUSIONS: After the consumption of baker's yeast the maximum concentrations of EtG and EtS normalised to creatinine were found to be 0.67 and 1.41mg/L, respectively, and therefore clearly above the commonly applied cut-off value for the proof of abstinence of 0.1mg/L. In contrast, in this study the, uptake of yeast tablets did not result in a detection of EtG and EtS in urine.

Country of Publication: Ireland

CAS Registry Number: 0 (Dietary Sucrose); 0 (Glucuronates); 0 (Sulfuric Acid Esters); 17685-04-0 (ethyl glucuronide); 60-27-5 (Creatinine); 64-67-5 (diethyl sulfate)

Publication Type: Journal Article

Subject Headings:
Adult
Chromatography, Gas
Chromatography, Liquid
Creatinine/ur [Urine]
*Dietary Sucrose/ad [Administration & Dosage]
Female
*Glucuronates/ur [Urine]
Humans
Male
*Sulfuric Acid Esters/ur [Urine]
Tandem Mass Spectrometry
*Yeast, Dried/ad [Administration & Dosage]

Source: MEDLINE

14. Suicide by hanging under the influence of ketamine and ethanol.

Citation: Forensic Science International, October 2010, vol./is. 202/1-3(e23-7), 0379-0738;1872-6283 (2010 Oct 10)

Author(s): Dinis-Oliveira RJ; Carvalho F; Duarte JA; Dias R; Magalhaes T; Santos A

Institution: Faculty of Medicine, University of Porto, Porto, Portugal. ricardinis@sapo.pt

Language: English

Abstract: Psychiatric deviations resulting from alcohol and illegal drug abuse may be considered a major risk factor for suicidal behavior. This report describes a suicide by hanging, under the influence of ketamine and alcohol. The victim was a 29-year-old man, found dead hanging by the neck from a metallic beam in the ceiling of his workplace. Besides characteristic signs of hanging seen at the autopsy, toxicological analysis revealed a femoral blood concentration of ketamine and ethanol of 1.3mg/L and 0.66g/L, respectively. Positive qualitative results for ketamine were also detected, in a powder found near the victim and on the victim's nostrils, which suggests nasal inhaling as administration route. The hallucinogenic effects caused by ketamine, associated with an increased sensitivity of N-methyl-d-aspartate (NMDA) receptors to ketamine as result of the previous history of alcoholism should be considered as potential inducing factors in suicide behaviors.

Country of Publication: Ireland

CAS Registry Number: 0 (Anesthetics, Dissociative); 0 (Central Nervous System Depressants); 64-17-5 (Ethanol); 6740-88-1 (Ketamine)

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

Subject Headings:
Adult
Anesthetics, Dissociative/ae [Adverse Effects]
Anesthetics, Dissociative/bl [Blood]
*Asphyxia/pa [Pathology]
Carotid Artery Injuries/pa [Pathology]
Carotid Artery, Common/pa [Pathology]
Central Nervous System Depressants/ae [Adverse Effects]
Central Nervous System Depressants/bl [Blood]
*Ethanol/ae [Adverse Effects]
Ethanol/bl [Blood]
Forensic Pathology
Forensic Toxicology
Gas Chromatography-Mass Spectrometry
Humans
*Ketamine/ae [Adverse Effects]
Ketamine/bl [Blood]
Male
*Neck Injuries/pa [Pathology]
Substance-Related Disorders/co [Complications]
*Suicide

Source: MEDLINE

15. Murder-suicide: A reaction to interpersonal crises.

Citation: Forensic Science International, October 2010, vol./is. 202/1-3(93-6), 0379-0738;1872-6283 (2010 Oct 10)

Author(s): Haines J; Williams CL; Lester D

Institution: School of Psychology, University of Tasmania, Private Bag 30, Hobart, Tasmania 70001, Australia. J.Haines@utas.edu.au

Language: English

Abstract: The aim of this study was to examine the nature of homicide-suicides and determine the ways in which they differ from suicides without the perpetration of homicide in terms of their demographic characteristics, suicide, medical and psychiatric history, their

psychological state leading up to the suicide, and their motives for their suicidal behavior. Cases of homicide-suicide from a 20-year period were extracted from the Coroner's inquest files and were matched to suicide-only cases on the basis of age and sex. The characteristics that predominantly distinguished the homicide-suicides were based on psychological state leading up to the act and motive for the act. It is proposed that homicide-suicides may be better understood within an expressive homicide framework.

Country of Publication: Ireland

Publication Type: Journal Article

Subject Headings:
Adult
Anger
Australia/ep [Epidemiology]
Behavior
Employment/sn [Statistics & Numerical Data]
Female
Forensic Medicine
Health Status
*Homicide/px [Psychology]
Homicide/sn [Statistics & Numerical Data]
Hospitalization/sn [Statistics & Numerical Data]
Hostility
Humans
Male
Marital Status/sn [Statistics & Numerical Data]
Matched-Pair Analysis
Motivation
Poisoning/mo [Mortality]
Residence Characteristics
Stress, Psychological/ep [Epidemiology]
*Suicide/px [Psychology]
Suicide/sn [Statistics & Numerical Data]
Violence
Wounds, Gunshot/mo [Mortality]

Source: MEDLINE

16. Clinical immunology review series: an approach to desensitization.

Citation: Clinical & Experimental Immunology, February 2011, vol./is. 163/2(131-46), 0009-9104;1365-2249 (2011 Feb)

Author(s): Krishna MT; Huissoon AP

Institution: Department of Allergy and Immunology, Birmingham Heartlands Hospital, UK. mtkrishna@yahoo.com

Language: English

Abstract: Allergen immunotherapy describes the treatment of allergic disease through administration of gradually increasing doses of allergen. This form of immune tolerance induction is now safer, more reliably efficacious and better understood than when it was first formally described in 1911. In this paper the authors aim to summarize the current state of the art in immunotherapy in the treatment of inhalant, venom and drug allergies, with specific reference to its practice in the United Kingdom. A practical approach has been taken, with reference to current evidence and guidelines, including illustrative protocols and vaccine schedules. A number of novel approaches and techniques are likely to change considerably the way in which we select and treat allergy patients in the coming decade, and these advances are previewed.

Country of Publication: England

CAS Registry Number: 0 (Adjuvants, Immunologic); 0 (Adrenergic beta-Antagonists); 0 (Allergens); 0 (Angiotensin-Converting Enzyme Inhibitors); 0 (Anti-Allergic Agents); 0 (Arthropod Venoms); 0 (Histamine Antagonists)

Publication Type: Journal Article; Review

Subject Headings:
Adjuvants, Immunologic/tu [Therapeutic Use]
Adrenergic beta-Antagonists/ct [Contraindications]
Adrenergic beta-Antagonists/tu [Therapeutic Use]
Allergens/ad [Administration & Dosage]
*Allergens/tu [Therapeutic Use]
Angiotensin-Converting Enzyme Inhibitors/ct [Contraindications]
Angiotensin-Converting Enzyme Inhibitors/tu [Therapeutic Use]
Animals
Anti-Allergic Agents/tu [Therapeutic Use]
Arthropod Venoms/ad [Administration & Dosage]
*Arthropod Venoms/tu [Therapeutic Use]
Asthma/th [Therapy]
*Desensitization, Immunologic/mt [Methods]
Female
Great Britain
Histamine Antagonists/tu [Therapeutic Use]
Humans
Hymenoptera/im [Immunology]
*Hypersensitivity/th [Therapy]
Insect Bites and Stings/th [Therapy]
Pregnancy
Rhinitis, Allergic, Perennial/th [Therapy]

Source: MEDLINE

17. The GIST paradigm: lessons for other kinase-driven cancers.

Citation: Journal of Pathology, January 2011, vol./is. 223/2(251-61), 0022-3417;1096-9896 (2011 Jan)

Author(s): Antonescu CR

Institution: Department of Pathology, Memorial Sloan-Kettering Cancer Center, New York, NY 10021, USA. antonesc@mskcc.org

Language: English

Abstract: Gastrointestinal stromal tumour (GIST) is the most common sarcoma of the intestinal tract, known to be notoriously refractory to conventional chemotherapy or radiation. It is an ideal solid tumour model to apply our understanding from aberrant signal transduction to drug development, since nearly all tumours have a mutation in the KIT or, less often, the PDGFRA or BRAF genes. The constitutively activated KIT and PDGFRA oncoproteins serve as crucial diagnostic and therapeutic targets. The discovery of oncogenic KIT activation as a central mechanism of GIST pathogenesis suggested that inhibiting or blocking KIT signalling might be the milestone in the targeted therapy of GISTs. Indeed, imatinib mesylate inhibits KIT kinase activity and represents the front-line drug for the treatment of unresectable and advanced GISTs, achieving a partial response or stable disease in about 80% of patients with metastatic GIST. KIT mutation status has a significant impact on treatment response, emerging in recent years as a leading paradigm for genotype-driven targeted therapy. In this review, parallels with other models in oncology that share their addiction to a particular mutationally activated kinase are contrasted. A better understanding of oncogene addiction as a common theme across tumours of diverse histologies underlies the clinical success of targeting such kinases with several selective kinase inhibitors. Also remarkable is the similarity displayed in the mechanisms of drug failure after a successful but temporary clinical response to kinase inhibition. Reactivation of the same oncogenic kinase, often by acquisition of second site mutations, is another emerging paradigm of secondary resistance in these tumour models. The complexity of polyclonal resistance in imatinib-resistant patients argues that single

next-generation kinase inhibitors will not be beneficial in all mutant clones. Other broad therapeutic strategies could include combination of kinase inhibitors with targeting KIT downstream targets, such as PI3-K or MAPK/MEK inhibitors. Copyright Copyright 2010 Pathological Society of Great Britain and Ireland. Published by John Wiley & Sons, Ltd.

Country of Publication: England

CAS Registry Number: 0 (Antineoplastic Agents); 0 (Piperazines); 0 (Protein Kinase Inhibitors); 0 (Pyrimidines); 152459-95-5 (imatinib); EC 2-7-10-1 (Proto-Oncogene Proteins c-kit)

Publication Type: Journal Article; Review

Subject Headings:
Antineoplastic Agents/tu [Therapeutic Use]
Chemotherapy, Adjuvant
Drug Resistance, Neoplasm
*Gastrointestinal Stromal Tumors/dt [Drug Therapy]
*Gastrointestinal Stromal Tumors/ge [Genetics]
Humans
Molecular Targeted Therapy/mt [Methods]
Piperazines/tu [Therapeutic Use]
Protein Kinase Inhibitors/tu [Therapeutic Use]
Proto-Oncogene Proteins c-kit/ge [Genetics]
Pyrimidines/tu [Therapeutic Use]

Source: MEDLINE

18. Dopamine and serotonin transporter availability in chronic heroin users: a [123I]-CIT SPECT imaging study.

Citation: Psychiatry Research, December 2010, vol./is. 184/3(192-5), 0165-1781;0165-1781 (2010 Dec 30)

Author(s): Cosgrove KP; Tellez-Jacques K; Pittman B; Petrakis I; Baldwin RM; Tamagnan G; Seibyl J; Kosten T; Staley JK

Institution: Yale University School of Medicine and the VACHS, New Haven, CT 06516, United States. kelly.cosgrove@yale.edu

Language: English

Abstract: Dopamine (DA) and serotonin (5-HT) transporter availability in heroin users and healthy controls was measured using [123I]-CIT and SPECT imaging. Heroin users had statistically similar striatal DA and brainstem and diencephalon 5-HT transporter availability compared with controls. No associations between transporter availability and heroin use characteristics were found. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Radiopharmaceuticals); 0 (Serotonin Plasma Membrane Transport Proteins); 133647-95-7 (RTI 55); 50-36-2 (Cocaine)

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

Subject Headings:
Adult
Brain/pa [Pathology]
*Brain/ri [Radionuclide Imaging]
Brain Mapping
Chronic Disease
Cocaine/aa [Analogs & Derivatives]
Cocaine/du [Diagnostic Use]
*Dopamine/me [Metabolism]
Female
Heroin Dependence/me [Metabolism]
Heroin Dependence/pa [Pathology]
Heroin Dependence/ri [Radionuclide Imaging]
*Heroin Dependence
Humans
Magnetic Resonance Imaging/mt [Methods]

Male
Middle Aged
Radiopharmaceuticals/du [Diagnostic Use]
*Serotonin Plasma Membrane Transport Proteins/me [Metabolism]
*Tomography, Emission-Computed, Single-Photon
Young Adult

Source: MEDLINE

19. Concomitant use of ibuprofen and paracetamol and the risk of major clinical safety outcomes.

Citation: British Journal of Clinical Pharmacology, September 2010, vol./is. 70/3(429-38), 0306-5251;1365-2125 (2010 Sep)

Author(s): de Vries F; Setakis E; van Staa TP

Institution: General Practice Research Database, Medicines and Healthcare products Regulatory Agency (MHRA), London, UK.

Language: English

Abstract: UNLABELLED: WHAT IS ALREADY KNOWN ABOUT THIS SUBJECT: Non-steroidal anti-inflammatory drugs (NSAIDs) and paracetamol are widely used analgesics in the prescription and non-prescription settings. Although both classes of drug are generally well tolerated, they can lead to well-characterized adverse effects. Both drugs are widely co-prescribed and it is of interest to understand better safety outcomes when the two drugs are taken concomitantly. WHAT THIS STUDY ADDS?: Relative rates and hazard ratio patterns of safety outcomes were broadly similar for patients prescribed ibuprofen alone, paracetamol alone and concomitant ibuprofen and paracetamol. The risks of the various safety outcomes examined do not appear to be modified by concomitant use of ibuprofen and paracetamol compared with paracetamol or ibuprofen alone.AIMS: To evaluate and compare the risk of specific safety outcomes in patients prescribed ibuprofen and paracetamol concomitantly with those in patients prescribed ibuprofen or paracetamol alone. The outcomes were evaluated according to dose, duration and exposure.METHODS: The study used a retrospective longitudinal cohort design with data from the UK General Practice Research Database (GPRD). The study population included patients aged 18 years or over who were prescribed ibuprofen alone, paracetamol alone or concomitant ibuprofen and paracetamol (tablets or capsules only). The safety outcomes evaluated were upper gastrointestinal events, myocardial infarction, stroke, renal failure (excluding chronic), congestive heart failure, intentional or accidental overdose, suicidal behaviour and mortality. Time-dependent Cox regression was used to estimate relative rates for the safety outcomes, by treatment group. A further analysis evaluated whether the hazard rates (i.e. absolute risks) varied over time with changes in drug exposure.RESULTS: The study population included 1.2 million patients. There was considerable heterogeneity in both patient and exposure characteristics. When comparing with past users, for most safety outcomes, current users of concomitant paracetamol and ibuprofen had relative rates between those for current users of ibuprofen alone and paracetamol alone. The hazard rates were generally proportional over time, from current to past exposure, following a prescription for concomitant paracetamol and ibuprofen compared with ibuprofen alone or paracetamol alone.CONCLUSIONS: The known risk of the safety outcomes examined does not appear to be modified by concomitant use of ibuprofen and paracetamol compared with paracetamol or ibuprofen alone.

Country of Publication: England

CAS Registry Number: 0 (Anti-Inflammatory Agents, Non-Steroidal); 103-90-2 (Acetaminophen); 15687-27-1 (Ibuprofen)

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

Subject Headings: *Acetaminophen/ae [Adverse Effects]
Adolescent
Adult
Aged
Aged, 80 and over

*Anti-Inflammatory Agents, Non-Steroidal/ae [Adverse Effects]
Dose-Response Relationship, Drug
*Drug Therapy, Combination/ae [Adverse Effects]
Drug Toxicity
Female
Great Britain
Humans
*Ibuprofen/ae [Adverse Effects]
Male
Middle Aged
Risk Factors
Time Factors
Young Adult

Source: MEDLINE

20. A foodborne outbreak of Salmonella Bareilly in the United Kingdom, 2010.

Citation: Euro Surveillance: Bulletin Europeen sur les Maladies Transmissibles = European Communicable Disease Bulletin, December 2010, vol./is. 15/48, 1025-496X;1560-7917 (2010 Dec 2)

Author(s): Cleary P; Browning L; Coia J; Cowden J; Fox A; Kearney J; Lane C; Mather H; Quigley C; Syed Q; Tubin-Delic D; outbreak control team

Institution: Health Protection Agency North West region (HPA NW), Liverpool, United Kingdom. paul.cleary@hpa.org.uk

Language: English

Abstract: We report the preliminary findings of the investigation of an outbreak of foodborne Salmonella Bareilly. Between August and November 2010, there were 231 laboratory-confirmed reports of S. Bareilly in the United Kingdom. A case-control study showed that consumption of bean sprouts was significantly associated with illness. The investigation concluded that raising public awareness to ensure the correct preparation of raw bean sprouts during cooking was the principal means of preventing further cases.

Country of Publication: Sweden

Publication Type: Journal Article

Subject Headings:
Adult
Case-Control Studies
Cooking
*Disease Outbreaks
Fabaceae
Female
Food Supply
*Foodborne Diseases/ep [Epidemiology]
Foodborne Diseases/mi [Microbiology]
Foodborne Diseases/pc [Prevention & Control]
Great Britain/ep [Epidemiology]
Humans
Male
Middle Aged
Salmonella/cl [Classification]
*Salmonella/ip [Isolation & Purification]
*Salmonella Food Poisoning/ep [Epidemiology]
Salmonella Food Poisoning/et [Etiology]
Salmonella Food Poisoning/mi [Microbiology]
Salmonella Food Poisoning/pc [Prevention & Control]
Seeds/mi [Microbiology]

Source: MEDLINE

21. Is neonatal abstinence syndrome related to the amount of opiate used?.

Citation: JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing, September 2010, vol./is. 39/5(503-9), 0090-0311;1552-6909 (2010 Sep)

Author(s): Thajam D; Atkinson DE; Sibley CP; Lavender T

Institution: Maternal and Fetal Health Research Centre, University of Manchester, Manchester, UK. deirdre.thajam@nhs.net

Language: English

Abstract: OBJECTIVE: To determine if a relationship exists between the dose of heroin and/or substitute medication used in pregnancy and neonatal abstinence syndrome (NAS).DATA SOURCES: Ovid online was used to search the following: EMBASE, Ovid MEDLINE, CINHAL, PscyINFO, Cochrane Database of Systematic Reviews.STUDY SELECTION: English language journal articles reporting original research undertaken and published between 1995 and 2009 that examined relationships between NAS and opiate use in pregnancy and with patterns of substance abuse that reflect those of the United Kingdom and other high-resource settings.DATA EXTRACTION: The studies were reviewed independently by two authors using predefined quality criteria.DATA SYNTHESIS: This was a narrative review; key messages from included studies were discussed in the context of the diversity and commonality of findings in relation to NAS.CONCLUSIONS: No correlation between the amount of fetal opioid exposure and expression of NAS was reported in eight of the 10 studies. This observation was consistent across international boundaries, and studies that included both methadone and buprenorphine. Copyright 2010 AWHONN, the Association of Women's Health, Obstetric and Neonatal Nurses.

Country of Publication: United States

CAS Registry Number: 0 (Analgesics, Opioid); 52485-79-7 (Buprenorphine); 561-27-3 (Heroin); 76-99-3 (Methadone)

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

Subject Headings:
*Analgesics, Opioid/ae [Adverse Effects]
Buprenorphine/ae [Adverse Effects]
Dose-Response Relationship, Drug
Female
*Heroin/ae [Adverse Effects]
Humans
Infant, Newborn
Methadone/ae [Adverse Effects]
*Neonatal Abstinence Syndrome
*Opiate Substitution Treatment/ae [Adverse Effects]
Pregnancy

Source: MEDLINE

22. Honey intoxication and the Bezold-Jarisch reflex.

Citation: International Journal of Cardiology, October 2010, vol./is. 144/2(251), 0167-5273;1874-1754 (2010 Oct 8)

Author(s): Eller P; Hochegger K

Language: English

Abstract: Food-poisonings with grayanotoxin-contaminated honey can induce atrioventricular blocks. Actually, grayanotoxin and similar neurotoxins like veratridine stimulate the unmyelinated afferent cardiac branches of the vagus nerve. Tonic inhibition of central vasomotor centres leads to a reduced sympathetic output and a reduced peripheral vascular resistance with bradycardia, continued hypotension, and peripheral vasodilation. This cardioinhibitory reflex is known as the Bezold-Jarisch reflex. Recognition of the Bezold-Jarisch reflex is important, as there is no need for electric pacing, when atrioventricular blocks occur. The pharmacologically induced bradycardia and heart

blocks do promptly disappear after injection of the antidote atropine.

Country of Publication: Netherlands

Publication Type: Comment; Letter

Subject Headings:
*Apnea/et [Etiology]
*Bradycardia/et [Etiology]
*Foodborne Diseases/et [Etiology]
*Heart Block/et [Etiology]
*Honey/po [Poisoning]
Humans
Rhododendron

Source: MEDLINE

23. Optimal provision of needle and syringe programmes for injecting drug users: A systematic review.

Citation: International Journal of Drug Policy, September 2010, vol./is. 21/5(335-42), 0955-3959;1873-4758 (2010 Sep)

Author(s): Jones L; Pickering L; Sumnall H; McVeigh J; Bellis MA

Institution: Centre for Public Health, Research Directorate, Faculty of Health and Applied Social Sciences, Liverpool John Moores University, United Kingdom. l.jones1@ljmu.ac.uk

Language: English

Abstract: The introduction of needle and syringe programmes (NSPs) during the 1980s is credited with averting an HIV epidemic in the United Kingdom and Australia, but hepatitis C (HCV) incidence continues to rise among injecting drug users (IDUs). NSPs incorporating additional harm reduction strategies have been highlighted as an approach that may impact on HCV incidence. This systematic review sought to determine which approaches to the organisation and delivery of NSPs are effective. Fifteen databases were searched for studies published since 1990. Two reviewers screened all titles and abstracts, and data extraction and quality assessment of individual studies were undertaken independently by one reviewer and checked for accuracy by a second. Sixteen studies met the criteria for inclusion. Based on 11 studies there was no evidence of an impact of different NSP settings or syringe dispensation policies on drug injecting behaviours, but mobile van sites and vending machines appeared to attract younger IDUs and IDUs with higher risk profiles. Two studies of interventions aimed at encouraging IDUs to enter drug treatment reported limited effects, but one study found that the combination of methadone treatment and full participation in NSPs was associated with a lower incidence of HIV and HCV. In addition, one study indicated that hospital-based programmes may improve access to health care services among IDUs. Currently, it is difficult to draw conclusions on 'what works best' within the range of harm reduction services available to IDUs. Further studies are required which have a stated aim of evaluating how different approaches to the organisation and delivery NSPs impact on effectiveness.

Country of Publication: Netherlands

Publication Type: Journal Article; Meta-Analysis; Research Support, N.I.H., Extramural; Review

Subject Headings:
*Drug Users
HIV Infections/co [Complications]
*HIV Infections/ep [Epidemiology]
*Harm Reduction
Health Services
Health Services Accessibility
Hepatitis C/co [Complications]
*Hepatitis C/ep [Epidemiology]
Humans
Incidence
Needle Sharing
*Needle-Exchange Programs

Needles
*Substance Abuse, Intravenous
Syringes

Source: MEDLINE

24. Older and sicker: Changing mortality of drug users in treatment in the North West of England.

Citation: International Journal of Drug Policy, September 2010, vol./is. 21/5(429-31), 0955-3959;1873-4758 (2010 Sep)

Author(s): Beynon C; McVeigh J; Hurst A; Marr A

Institution: Centre for Public Health Research Directorate, Liverpool John Moores University, Castle House, North Street, Liverpool L3 2AY, United Kingdom. c.m.beynon@ljmu.ac.uk

Language: English

Abstract: BACKGROUND: The study examines the age at which drug users die and ascertains whether there is a significant difference in the causes of death ('drug related' versus 'non-drug related') according to age.METHODS: Details of people reported to the North West of England's National Drug Treatment Monitoring System as dying (years 2003/2004-2007/2008) were matched by the Office for National Statistics to death notifications to identify the cause and date of death. Spearman's rank correlation was performed on median age at death by year. Mantel-Haenszel statistics tested the association between age and type of death, adjusted for year.RESULTS: Causes of death were ascertained for 504 people. Median age at death increased significantly from 36.46 in 2003/2004 to 41.38 in 2007/2008. The odds of a person aged 40 and over dying from a non-drug related death were 3.27 the odds of a person aged less than 40 dying from a non-drug related death.CONCLUSION: Current focus on drug related deaths detracts attention from other causes; in particular, the types of death which disproportionately affect older drug users. Ongoing debates about reintegration into society and employment presuppose that drug users are of working age and are healthy enough to work.

Country of Publication: Netherlands

Publication Type: Journal Article

Subject Headings:
Adult
Age Factors
Cause of Death
*Drug Users
Employment
England/ep [Epidemiology]
Humans
Middle Aged
*Substance-Related Disorders/mo [Mortality]
*Substance-Related Disorders/rh [Rehabilitation]

Source: MEDLINE

25. Sudden unexpected death in alcohol misuse--an unrecognized public health issue?.

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Abstract: Sudden arrhythmic cardiac death can occur in chronic misusers of alcohol. The only findings at post mortem are fatty liver and a negative or low blood alcohol. This is an under-recognized entity. Coroner's post mortems in a typical UK city were studied. Seven out of 1,292 (0.5%) post mortems were deemed to have died of alcohol associated

arrhythmic death. Applying this study to the UK as a whole, alcohol related arrhythmic death or as we have termed it SUDAM (Sudden Unexpected Death in Alcohol Misuse) probably accounts for around 1,000 deaths, many of which are misattributed to other causes.

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