

Search Results

Table of Contents

Search History	page 2
1. Problem drug use prevalence estimation revisited: heterogeneity in capture-recapture and the role of external evidence.	page 3
2. Polygenic risk for alcohol dependence associates with alcohol consumption, cognitive function and social deprivation in a population-based cohort.	page 3
3. Comorbid depression, antisocial personality, and substance dependence: Relationship with delay discounting.	page 4
4. Cognition and impulsivity in adults with attention deficit hyperactivity disorder with and without cocaine and/or crack dependence.	page 4
5. Prevention of drug priming- and cue-induced reinstatement of MDMA-seeking behaviors by the CB1 cannabinoid receptor antagonist AM251.	page 5
6. Impaired inhibition and working memory in response to internet-related words among adolescents with internet addiction: A comparison with attention-deficit/hyperactivity disorder.	page 5
7. Impaired non-verbal emotion processing in Pathological Gamblers.	page 6
8. Converging effects of cocaine addiction and sex on neural responses to monetary rewards.	page 6
9. Opposite regulation of cannabinoid CB1 and CB2 receptors in the prefrontal cortex of rats treated with cocaine during adolescence.	page 7
10. Methadone, buprenorphine and preferences for opioid agonist treatment: A qualitative analysis.	page 7

Search History

1. Medline; exp SUBSTANCE-RELATED DISORDERS/; 227764 results.
2. Medline; addict*.ti,ab; 43919 results.
3. Medline; "substance abuse".ti,ab; 18133 results.
4. Medline; exp GREAT BRITAIN/; 304814 results.
5. Medline; "united kingdom".ti,ab; 26086 results.
6. Medline; "great britain".ti,ab; 9532 results.
7. Medline; England.ti,ab; 34265 results.
8. Medline; Scotland.ti,ab; 12228 results.
9. Medline; Ireland.ti,ab; 74448 results.
10. Medline; UK.ti,ab; 71147 results.
11. Medline; Wales.ti,ab; 17002 results.
12. Medline; GB.ti,ab; 7764 results.
13. Medline; exp IRELAND/; 13420 results.
14. Medline; "British Isles".ti,ab; 2006 results.
15. Medline; "Channel Islands".ti,ab; 114 results.
16. Medline; 1 OR 2 OR 3; 251476 results.
17. Medline; 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14; 461662 results.
18. Medline; 16 AND 17; 9274 results.

1. Problem drug use prevalence estimation revisited: heterogeneity in capture-recapture and the role of external evidence.

- Citation:** Addiction (Abingdon, England), Mar 2016, vol. 111, no. 3, p. 438-447, 1360-0443 (March 2016)
- Author(s):** Jones, Hayley E; Welton, Nicky J; Ades, A E; Pierce, Matthias; Davies, Wyn; Coleman, Barbara; Millar, Tim; Hickman, Matthew
- Abstract:** Capture-recapture (CRC) analysis is recommended for estimating the prevalence of problem drug use or people who inject drugs (PWID). We aim to demonstrate how naive application of CRC can lead to highly misleading results, and to suggest how the problems might be overcome. We present a case study of estimating the prevalence of PWID in Bristol, UK, applying CRC to lists in contact with three services. We assess: (i) sensitivity of results to different versions of the dominant (treatment) list: specifically, to inclusion of non-incident cases and of those who were referred directly from one of the other services; (ii) the impact of accounting for a novel covariate, housing instability; and (iii) consistency of CRC estimates with drug-related mortality data. We then incorporate formally the drug-related mortality data and lower bounds for prevalence alongside the CRC into a single coherent model. Five of 11 models fitted the full data equally well but generated widely varying prevalence estimates, from 2740 [95% confidence interval (CI) = 2670, 2840] to 6890 (95% CI = 3740, 17680). Results were highly sensitive to inclusion of non-incident cases, demonstrating the presence of considerable heterogeneity, and were sensitive to a lesser extent to inclusion of direct referrals. A reduced data set including only incident cases and excluding referrals could be fitted by simpler models, and led to much greater consistency in estimates. Accounting for housing stability improved model fit considerably more than did the standard covariates of age and gender. External data provided validation of results and aided model selection, generating a final estimate of the number of PWID in Bristol in 2011 of 2770 [95% credible interval (Cr-I) = 2570, 3110] or 0.9% (95% Cr-I = 0.9, 1.0%) of the population aged 15-64 years. Steps can be taken to reduce bias in capture-recapture analysis, including: careful consideration of data sources, reduction of lists to less heterogeneous subsamples, use of covariates and formal incorporation of external data. © 2015 The Authors. Addiction published by John Wiley & Sons Ltd on behalf of Society for the Study of Addiction.
- Subject Headings:** [Index Medicus](#)
- Source:** Medline
- Full Text:** Available from *Wiley* in [Addiction](#)

2. Polygenic risk for alcohol dependence associates with alcohol consumption, cognitive function and social deprivation in a population-based cohort.

- Citation:** Addiction biology, Mar 2016, vol. 21, no. 2, p. 469-480, 1369-1600 (March 2016)
- Author(s):** Clarke, Toni-Kim; Smith, Andrew H; Gelernter, Joel; Kranzler, Henry R; Farrer, Lindsay A; Hall, Lynsey S; Fernandez-Pujals, Ana M; MacIntyre, Donald J; Smith, Blair H; Hocking, Lynne J; Padmanabhan, Sandosh; Hayward, Caroline; Thomson, Pippa A; Porteous, David J; Deary, Ian J; McIntosh, Andrew M
- Abstract:** Alcohol dependence is frequently co-morbid with cognitive impairment. The relationship between these traits is complex as cognitive dysfunction may arise as a consequence of heavy drinking or exist prior to the onset of dependence. In the present study, we tested the genetic overlap between cognitive abilities and alcohol dependence using polygenic risk scores (PGRS). We created two independent PGRS derived from two recent genome-wide association studies (GWAS) of alcohol dependence (SAGE GWAS: n = 2750; Yale-Penn GWAS: n = 2377) in a population-based cohort, Generation Scotland: Scottish Family Health Study (GS:SFHS) (n = 9863). Data on alcohol consumption and four tests of cognitive function [Mill Hill Vocabulary (MHV), digit symbol coding, phonemic verbal fluency (VF) and logical memory] were available. PGRS for alcohol dependence were negatively associated with two measures of cognitive function: MHV (SAGE: P = 0.009, β = -0.027; Yale-Penn: P = 0.001, β = -0.034) and VF (SAGE: P = 0.0008, β = -0.036; Yale-Penn: P = 0.00005, β = -0.044). VF remained robustly associated

after adjustment for education and social deprivation; however, the association with MHV was substantially attenuated. Shared genetic variants may account for some of the phenotypic association between cognitive ability and alcohol dependence. A significant negative association between PGRS and social deprivation was found (SAGE: $P = 5.2 \times 10^{-7}$, $\beta = -0.054$; Yale-Penn: $P = 0.000012$, $\beta = -0.047$). Individuals living in socially deprived regions were found to carry more alcohol dependence risk alleles which may contribute to the increased prevalence of problem drinking in regions of deprivation. Future work to identify genes which affect both cognitive impairment and alcohol dependence will help elucidate biological processes common to both disorders. © 2015 The Authors. *Addiction Biology* published by John Wiley & Sons Ltd on behalf of Society for the Study of Addiction.

Subject Headings: [Index Medicus](#)
Source: Medline
Full Text: Available from *Wiley* in [Addiction Biology](#)

3. Comorbid depression, antisocial personality, and substance dependence: Relationship with delay discounting.

Citation: Drug and alcohol dependence, Mar 2016, vol. 160, p. 190-196, 1879-0046 (March 1, 2016)
Author(s): Moody, Lara; Franck, Christopher; Bickel, Warren K
Abstract: Within the field of addiction, as many as four-fifths of individuals in treatment for substance use disorder have co-existing lifetime psychopathology and as high as two-thirds have current psychopathology. Among substance-dependent individuals, excessive delay discounting is pervasive. Despite evidence of excessive discounting across substance use disorders, few studies have investigated the impact of co-occurring psychopathologies and SUD on delay discounting. We compared delay discounting in currently abstaining substance users with (a) SUD (n=166), (b) SUD and managed major depressive disorder (MDD; n=44), (c) SUD and antisocial personality disorder (APD; n=35), (d) SUD and managed MDD and APD (n=22) and (e) no SUD or co-occurring psychopathology (n=60). All groups with SUD discounted future delayed rewards significantly more than healthy controls ($p < 0.001$ in each case, $d = 0.686, 0.835, 1.098$ and 1.650 , respective to groups a-d above). Individuals with both APD and SUD and individuals with MDD, APD, and SUD discounted future rewards significantly more than substance users without comorbid psychopathology ($p = 0.029$, $d = 0.412$ and $p < 0.001$, $d = 0.964$, respectively). Overall, individuals with multiple psychopathologies in addition to substance use have exacerbated deficits in discounting of the future, above and beyond that observed in substance use alone. Increased discounting in combined substance and psychopathology profiles suggest a greater chance of treatment failure and therefore may necessitate individualized treatment using adjunctive interventions to achieve better treatment outcomes. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Subject Headings: [Index Medicus](#)
Source: Medline
Full Text: Available from *Elsevier* in [Drug and Alcohol Dependence](#)

4. Cognition and impulsivity in adults with attention deficit hyperactivity disorder with and without cocaine and/or crack dependence.

Citation: Drug and alcohol dependence, Mar 2016, vol. 160, p. 97-104, 1879-0046 (March 1, 2016)
Author(s): Miguel, Carmen S; Martins, Paula A; Moleda, Nathalya; Klein, Margarete; Chaim-Avancini, Tiffany; Gobbo, Maria A; Alves, Tania M; Silva, Maria A; Louzã, Mario R
Abstract: Substance use disorder (SUD) is a common comorbidity in adults with attention deficit-hyperactivity disorder (ADHD). However, there have been few studies on cognitive profiles of these patients. Impulsivity is also commonly increased in both disorders. The central aim of this study was to compare cognition and impulsivity in subjects who had ADHD and cocaine dependence (ADHD+COC group) to those with

ADHD only (ADHD-noSUD group). We hypothesized that the ADHD+COC group would show more marked cognitive dysfunction and greater impulsivity than their counterparts with ADHD only. A total of 70 adult patients diagnosed with ADHD according to (DSM-IV-TR) criteria were enrolled; 36 with ADHD+COC and 34 with ADHD-noSUD. All study participants were evaluated with a sociodemographic questionnaire; the Mini International Neuropsychiatric Interview; the Adult ADHD Self-Report Scale; the Addiction Severity Index; the Alcohol, Smoking and Substance Involvement Screening Test; the Barratt Impulsiveness Scale; and a comprehensive neurocognitive battery. Compared to individuals with ADHD-noSUD, ADHD+COC individuals had significantly lower mean IQ and higher motor impulsivity. On average, the ADHD+COC group also performed more poorly on tasks assessing verbal skills, vigilance, implicit learning during decision making, and ADHD-noSUD performed more poorly on selective attention, information processing, and visual search. Our results support the integrative theory of ADHD based on the cognitive and affective neuroscience model, and suggests that ADHD-noSUD patients have impairments in cognitive regulation, while ADHD+COC patients have impairments in both cognitive and affective regulation. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Subject Headings: [Index Medicus](#)

Source: Medline

Full Text: Available from *Elsevier* in [Drug and Alcohol Dependence](#)

5. Prevention of drug priming- and cue-induced reinstatement of MDMA-seeking behaviors by the CB1 cannabinoid receptor antagonist AM251.

Citation: Drug and alcohol dependence, Mar 2016, vol. 160, p. 76-81, 1879-0046 (March 1, 2016)

Author(s): Nawata, Yoko; Kitaichi, Kiyoyuki; Yamamoto, Tsuneyuki

Abstract: 3,4-Methylenedioxymethamphetamine (MDMA), a methamphetamine (METH) derivative, exhibits METH-like actions at monoamine transporters and positive reinforcing effects in rodents and primates. The purposes of the present study were to determine whether cross-reinstatement would be observed between MDMA and METH and if the cannabinoid receptor, a receptor known to play critical roles in the brain reward system, could modulate MDMA craving. Rats were trained to press a lever for intravenous MDMA (0.3mg/infusion) or METH (0.02mg/infusion) infusions under a fixed ratio 1 schedule paired with drug-associated cues (light and tone). Following drug self-administration acquisition training, rats underwent extinction training (an infusion of saline). Reinstatement tests were performed once the extinction criteria were achieved. In MDMA-trained rats, the MDMA-priming injection (3.2mg/kg, i.p.) or re-exposure to MDMA-associated cues reinstated MDMA-seeking behavior. Additionally, a priming injection of METH (1.0mg/kg, i.p.) also reinstated MDMA-seeking behavior. In contrast, none of the MDMA doses reinstated METH-seeking behavior in the METH-trained rats. The CB1 cannabinoid receptor antagonist AM251 markedly attenuated the MDMA-seeking behaviors induced by MDMA-priming injection or re-exposure to MDMA-associated cues in a dose-dependent manner. These findings show that MDMA has obvious addictive potential for reinstating drug-seeking behavior and that METH can be an effective stimulus for reinstating MDMA-seeking behaviors. Furthermore, based on the attenuating effect of AM251 in the reinstatement of MDMA-seeking behaviors, drugs that suppress CB1 receptors may be used in treatment of MDMA dependence. Copyright © 2016. Published by Elsevier Ireland Ltd.

Subject Headings: [Index Medicus](#)

Source: Medline

Full Text: Available from *Elsevier* in [Drug and Alcohol Dependence](#)

6. Impaired inhibition and working memory in response to internet-related words among adolescents with internet addiction: A comparison with attention-deficit/hyperactivity disorder.

Citation: Psychiatry research, Feb 2016, vol. 236, p. 28-34, 1872-7123 (February 28, 2016)

Author(s): Nie, Jia; Zhang, Wei; Chen, Jia; Li, Wendi

Abstract: Impairments in response inhibition and working memory functions have been found to be closely associated with internet addiction (IA) symptoms and attention-deficit/hyperactivity disorder (ADHD) symptoms. In this study, we examined response inhibition and working memory processes with two different materials (internet-related and internet-unrelated stimuli) among adolescents with IA, ADHD and co-morbid IA/ADHD. Twenty-four individuals with IA, 28 individuals with ADHD, 17 individuals with IA/ADHD, and 26 matched normal controls (NC) individuals were recruited. All participants were measured with a Stop-Signal Task and 2-Back Task under the same experimental conditions. In comparison to the NC group, subjects with IA, ADHD and IA/ADHD demonstrated impaired inhibition and working memory. In addition, in comparison to internet-unrelated conditions, IA and co-morbid subjects performed worse on the internet-related condition in the Stop trials during the stop-signal task, and they showed better working memory on the internet-related condition in the 2-Back Task. The findings of our study suggest individuals with IA and IA/ADHD may be impaired in inhibition and working memory functions that might be linked to poor inhibition specifically related to internet-related stimuli, which will advance our understanding of IA and contribute to prevention and intervention strategies. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Subject Headings: [Index Medicus](#)

Source: Medline

Full Text: Available from *Elsevier* in [Psychiatry Research](#)

7. Impaired non-verbal emotion processing in Pathological Gamblers.

Citation: Psychiatry research, Feb 2016, vol. 236, p. 125-129, 1872-7123 (February 28, 2016)

Author(s): Kornreich, Charles; Saeremans, Mélanie; Delwarte, Jennifer; Noël, Xavier; Campanella, Salvatore; Verbanck, Paul; Ermer, Elsa; Brevers, Damien

Abstract: Impaired perception of emotion in others has been described and confirmed in addictions with substances, but no such data exists regarding addictions without substances. As it has been hypothesized that toxic effect of substances on the brain was responsible for the impairments described, studying addictions without substances could be of interest to confirm this hypothesis. Twenty-two male pathological gamblers were compared to 22 male healthy controls matched for age and education level on non-verbal emotion perception tasks including faces, voices, and musical excerpts. Depression and anxiety levels were controlled for. Pathological gamblers significantly underestimated the intensity of peacefulness in music, and overall they were less accurate when reading emotion in voices and faces. They also overestimated emotional intensity in neutral voices and faces. Although anxiety levels did account for accuracy problems when detecting fear in voices and for overestimating emotions in neutral faces, anxiety levels did not explain the range of deficits observed. This is the first study showing non-verbal perception deficits in a purely behavioural addiction. These findings show that deficits in decoding non-verbal signals are associated with addictive behaviours per se, and are not due solely to toxic effects of substances on the brain. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

Subject Headings: [Index Medicus](#)

Source: Medline

Full Text: Available from *Elsevier* in [Psychiatry Research](#)

8. Converging effects of cocaine addiction and sex on neural responses to monetary rewards.

Citation: Psychiatry research, Feb 2016, vol. 248, p. 110-118, 1872-7123 (February 28, 2016)

Author(s): Konova, Anna B; Moeller, Scott J; Parvaz, Muhammad A; Froböse, Monja I; Alia-Klein, Nelly; Goldstein, Rita Z

Abstract: There is some evidence that cocaine addiction manifests as more severe in women than men. Here, we examined whether these sex-specific differences in the clinical setting parallel differential neurobehavioral sensitivity to rewards in the laboratory setting.

Twenty-eight (14 females/14 males) cocaine-dependent and 25 (11 females/14 males) healthy individuals completed a monetary reward task during fMRI. Results showed that the effects of cocaine dependence and sex overlapped in regions traditionally considered part of the mesocorticolimbic brain circuits including the hippocampus and posterior cingulate cortex (PCC), as well as those outside of this circuit (e.g., the middle temporal gyrus). The nature of this 'overlap' was such that both illness and female sex were associated with lower activations in these regions in response to money. Diagnosis-by-sex interactions instead emerged in the frontal cortex, such that cocaine-dependent females exhibited lower precentral gyrus and greater inferior frontal gyrus (IFG) activations relative to cocaine-dependent males and healthy females. Within these regions modulated both by diagnosis and sex, lower activation in the hippocampus and PCC, and higher IFG activations, correlated with increased subjective craving during the task. Results suggest sex-specific differences in addiction extend to monetary rewards and may contribute to core symptoms linked to relapse. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Subject Headings: [Index Medicus](#)
Source: Medline
Full Text: Available from *Elsevier* in [Psychiatry Research](#)

9. Opposite regulation of cannabinoid CB1 and CB2 receptors in the prefrontal cortex of rats treated with cocaine during adolescence.

Citation: Neuroscience letters, Feb 2016, vol. 615, p. 60-65, 1872-7972 (February 26, 2016)
Author(s): García-Cabrero, Rubén; García-Fuster, M Julia
Abstract: The endocannabinoid system is implicated in the neurobiology of cocaine addiction, although it is not clear how cocaine regulates brain CB1 and CB2 receptors, especially during adolescence, a critical moment for shaping adult response to drug use. This study evaluated CB1 and CB2 protein levels in prefrontal cortex (PFC) and hippocampus (HC) by western blot analysis with specific and validated antibodies: (1) basally during adolescence (post-natal day PND 40, PND 47, PND 54), (2) by a sensitizing regimen of cocaine (15mg/kg, 7 days, i.p.) during different windows of adolescence vulnerability (PND 33-39, PND 40-46, PND 47-53), and (3) following repeated cocaine administration during adolescence (PND 33-39) in adulthood (PND 64). The results demonstrated a dynamic and opposite basal modulation of CB1 and CB2 receptors in PFC and HC during adolescence. CB1 receptor levels were increased while CB2 receptors were decreased as compared to adulthood with asymptotes values around mid adolescence (PND 47) both in PFC (CB1: +45±22, p<0.05; CB2: -24±6%, p<0.05) and HC (CB1: +53±23, p<0.05; CB2: -20±8%, p<0.05). Interestingly, cocaine only altered CB1 (+55±10%, p<0.05) and CB2 (-25±10%, p<0.05) receptors when administered during early adolescence and only in PFC. However, the changes observed in PFC by repeated cocaine administration in adolescence were transient and did not endure into adulthood. These results identified a period of vulnerability during adolescence at which cocaine dysregulated the content of CB receptors in PFC, suggesting an opposite role for these receptors in the effects mediated by cocaine. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Subject Headings: [Index Medicus](#)
Source: Medline

10. Methadone, buprenorphine and preferences for opioid agonist treatment: A qualitative analysis.

Citation: Drug and alcohol dependence, Mar 2016, vol. 160, p. 112-118, 1879-0046 (March 1, 2016)
Author(s): Yarborough, Bobbi Jo H; Stumbo, Scott P; McCarty, Dennis; Mertens, Jennifer; Weisner, Constance; Green, Carla A
Abstract: Patients and clinicians have begun to recognize the advantages and disadvantages of buprenorphine relative to methadone, but factors that influence choices between these two medications remain unclear. For example, we know little about how patients' preferences and previous experiences influence treatment decisions. Understanding these issues may

enhance treatment engagement and retention. Adults with opioid dependence (n=283) were recruited from two integrated health systems to participate in interviews focused on prior experiences with treatment for opioid dependence, knowledge of medication options, preferences for treatment, and experiences with treatment for chronic pain in the context of problems with opioids. Interviews were audio-recorded, transcribed verbatim, and coded using Atlas.ti. Our analysis revealed seven areas of consideration for opioid agonist treatment decision-making: (1) awareness of treatment options; (2) expectations and goals for duration of treatment and abstinence; (3) prior experience with buprenorphine or methadone; (4) need for accountability and structured support; (5) preference to avoid methadone clinics or associated stigma; (6) fear of continued addiction and perceived difficulty of withdrawal; and (7) pain control. The availability of medication options increases the need for clear communication between clinicians and patients, for additional patient education about these medications, and for collaboration and patient influence over choices in treatment decision-making. Our results suggest that access to both methadone and buprenorphine will increase treatment options and patient choice and may enhance treatment adherence and outcomes. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Subject Headings:[Index Medicus](#)**Source:**

Medline

Full Text:Available from *Elsevier* in [Drug and Alcohol Dependence](#)