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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. Occupational health issues amongst UK doctors: a literature review.

- Citation:** Occupational medicine (Oxford, England), Oct 2015, vol. 65, no. 7, p. 519-528 (October 2015)
- Author(s):** Vijendren, A; Yung, M; Sanchez, J
- Abstract:** Around 1.1 million people suffer from occupational health diseases in the UK. Work-related conditions reported by doctors include mental health disorders, musculoskeletal problems and skin disorders. To investigate the prevalence of occupational illness in UK doctors from different specialties. A literature search conducted on PubMed, EMBASE, MEDLINE® and Health Management Information Consortium (HMIC) identified relevant research about doctors between the years 1990 and 2013. Seventy-two papers were identified. The majority of studies were cross-sectional with no randomized controlled trials or meta-analyses found. Mental health issues including burnout were widely reported and were attributed to greater job constraints, managerial issues, difficulty with clinical cases and lack of job satisfaction. Substance abuse in doctors was reported to be a risk of maladaptive coping mechanisms and was associated with early retirement. Surgeons were reported as being at greatest risk of needle-stick injuries and musculoskeletal pain. Orthopaedic surgeons were reported to be at risk of noise-induced hearing loss as a result of the use of air-powered and electric drills. There was limited research found concerning contact dermatitis and work-related malignancies amongst doctors in the UK. Our literature review found research on UK doctors for a variety of work-related illnesses with the prevalence varying depending on both specialty and seniority. This could have adverse effects both on the individual and the provision of patient care. Further studies are required to investigate the epidemiology of noise-induced hearing loss, nosocomial infections, skin-related disorders and work-related malignancies. © The Author 2015. Published by Oxford University Press on behalf of the Society of Occupational Medicine. All rights reserved. For Permissions, please email: journals.permissions@oup.com.
- Subject Headings:** [Index Medicus](#)
- Source:** Medline

2. Are predictors of making a quit attempt the same as predictors of 3-month abstinence from smoking? Findings from a sample of smokers recruited for a study of computer-tailored smoking cessation advice in primary care.

- Citation:** Addiction (Abingdon, England), Oct 2015, vol. 110, no. 10, p. 1653-1664 (October 2015)
- Author(s):** Kale, Dimitra; Gilbert, Hazel M; Sutton, Stephen
- Abstract:** To identify predictors of quit attempts and of 3-month abstinence from cigarette smoking. Secondary analysis of data gathered for a two-armed randomized controlled trial with 6-month follow-up. A total of 123 general practices across the United Kingdom. A total of 4397 participants who completed the 6-month follow-up. Participants were categorized on self-reported smoking behaviour at 6-month follow-up as non-attempters (n = 2664), attempted quitters (n = 1548) and successful quitters (n = 185). Demographic characteristics, smoking history and nicotine dependence, cognitive and social-environmental factors measured at baseline were examined as potential predictors of quit attempts and 3-month abstinence. Univariate predictors of quit attempts included commitment [odds ratio (OR) = 11.64, 95% confidence interval (CI) = 8.30-16.32], motivation (OR = 2.10, 95% CI = 1.98-2.22) and determination to quit (OR = 1.94, 95% CI = 1.83-2.05). Successful quitting was associated with being married (OR = 1.51, 95% CI = 1.11-2.05), lower social deprivation (OR = 0.47, 95% CI = 0.30-0.74), higher reading level (OR = 1.62, 95% CI = 1.19-2.21) and lower nicotine dependence (OR = 0.42, 95% CI = 0.29-0.62). Health problems related to smoking and previous quit attempts for 3 months or longer predicted both. In the multivariate analysis, the significant predictors of making a quit attempt were; later stage of readiness to quit (OR = 5.38, 95% CI = 3.67-7.89), motivation (OR = 1.48, 95% CI = 1.34-1.62) and determination to quit (OR = 1.16, 95% CI = 1.05-1.29) and health problems related to smoking (OR = 1.44, 95% CI = 1.18-1.75). For 3-month abstinence, the only significant predictor was not having health problems related to smoking (OR = 0.50, 95% CI =

0.29-0.83). While high motivation and determination to quit is necessary to prompt an attempt to quit smoking, demographic factors and level of nicotine dependence are more important for maintaining abstinence. © 2015 Society for the Study of Addiction.

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Source: Medline

3. Impact of opioid substitution therapy for Scotland's prisoners on drug-related deaths soon after prisoner release.

Citation: Addiction (Abingdon, England), Oct 2015, vol. 110, no. 10, p. 1617-1624 (October 2015)

Author(s): Bird, Sheila M; Fischbacher, Colin M; Graham, Lesley; Fraser, Andrew

Abstract: To assess whether the introduction of a prison-based opioid substitution therapy (OST) policy was associated with a reduction in drug-related deaths (DRD) within 14 days after prison release. Linkage of Scotland's prisoner database with death registrations to compare periods before (1996-2002) and after (2003-07) prison-based OST was introduced. All Scottish prisons. People released from prison between 1 January 1996 and 8 October 2007 following an imprisonment of at least 14 days and at least 14 weeks after the preceding qualifying release. Risk of DRD in the 12 weeks following release; percentage of these DRDs which occurred during the first 14 days. Before prison-based OST (1996-2002), 305 DRDs occurred in the 12 weeks after 80 200 qualifying releases, 3.8 per 1000 releases [95% confidence interval (CI) = 3.4-4.2]; of these, 175 (57%) occurred in the first 14 days. After the introduction of prison-based OST (2003-07), 154 DRDs occurred in the 12 weeks after 70 317 qualifying releases, a significantly reduced rate of 2.2 per 1000 releases (95% CI = 1.8-2.5). However, there was no change in the proportion which occurred in the first 14 days, either for all DRDs (87: 56%) or for opioid-related DRDs. Following the introduction of a prison-based opioid substitution therapy (OST) policy in Scotland, the rate of drug-related deaths in the 12 weeks following release fell by two-fifths. However, the proportion of deaths that occurred in the first 14 days did not change appreciably, suggesting that in-prison OST does not reduce early deaths after release. © 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

4. Naloxone-does over-antagonism matter? Evidence of iatrogenic harm after emergency treatment of heroin/opioid overdose.

Citation: Addiction (Abingdon, England), Oct 2015, vol. 110, no. 10, p. 1644-1652 (October 2015)

Author(s): Neale, Joanne; Strang, John

Abstract: To analyse drug users' views and experiences of naloxone during emergency resuscitation after illicit opiate overdose to identify (i) any evidence of harm caused by excessive naloxone dosing ('over-antagonism'); and (ii) implications for the medical administration of naloxone within contemporary emergency settings. Re-analysis of a large qualitative data set comprising 70 face-to-face interviews conducted within a few hours of heroin/opioid overdose occurring, observations from hospital settings and a further 130 interviews with illicit opiate users. Data were generated between 1997 and 1999. Emergency departments, drug services and pharmacies in two Scottish cities. Two hundred illicit opiate users: 131 males and 69 females. Participants had limited knowledge of naloxone and its pharmacology, yet described it routinely in negative terms and were critical of its medical administration. In particular, they complained that naloxone induced acute withdrawal symptoms, causing patients to refuse treatment, become aggressive, discharge themselves from hospital and take additional street drugs to counter the naloxone effects. Participants believed that hospital staff should administer naloxone selectively and cautiously, and prescribe counter-naloxone medication if dosing precipitated withdrawals. In contrast, observational data indicated that participants did not always know that they had received naloxone and hospital doctors did not necessarily administer it incautiously. Opiate users in urban Scotland repeatedly report harm caused by naloxone over-antagonism, although this is not evident in observational data. The

concept of contemporary legend (a form of folklore that can be based on fact and provides a means of communicating and negotiating anxiety) helps to explain why naloxone has such a feared reputation among opiate users. © 2015 Society for the Study of Addiction.

Subject Headings: [Index Medicus](#)

Source: Medline

5. Novel insights into the genetics of smoking behaviour, lung function, and chronic obstructive pulmonary disease (UK BiLEVE): a genetic association study in UK Biobank.

Citation: The Lancet. Respiratory medicine, Oct 2015, vol. 3, no. 10, p. 769-781 (October 2015)

Author(s): Wain, Louise V; Shrine, Nick; Miller, Suzanne; Jackson, Victoria E; Ntalla, Ioanna; Artigas, Maria Soler; Billington, Charlotte K; Kheirallah, Abdul Kader; Allen, Richard; Cook, James P; Probert, Kelly; Obeidat, Ma'en; Bossé, Yohan; Hao, Ke; Postma, Dirkje S; Paré, Peter D; Ramasamy, Adaikalavan; UK Brain Expression Consortium (UKBEC); Mägi, Reedik; Mihailov, Evelin; Reinmaa, Eva; Melén, Erik; O'Connell, Jared; Frangou, Eleni; Delaneau, Olivier; OxGSK Consortium; Freeman, Colin; Petkova, Desislava; McCarthy, Mark; Sayers, Ian; Deloukas, Panos; Hubbard, Richard; Pavord, Ian; Hansell, Anna L; Thomson, Neil C; Zeggini, Eleftheria; Morris, Andrew P; Marchini, Jonathan; Strachan, David P; Tobin, Martin D; Hall, Ian P

Abstract: Understanding the genetic basis of airflow obstruction and smoking behaviour is key to determining the pathophysiology of chronic obstructive pulmonary disease (COPD). We used UK Biobank data to study the genetic causes of smoking behaviour and lung health. We sampled individuals of European ancestry from UK Biobank, from the middle and extremes of the forced expiratory volume in 1 s (FEV1) distribution among heavy smokers (mean 35 pack-years) and never smokers. We developed a custom array for UK Biobank to provide optimum genome-wide coverage of common and low-frequency variants, dense coverage of genomic regions already implicated in lung health and disease, and to assay rare coding variants relevant to the UK population. We investigated whether there were shared genetic causes between different phenotypes defined by extremes of FEV1. We also looked for novel variants associated with extremes of FEV1 and smoking behaviour and assessed regions of the genome that had already shown evidence for a role in lung health and disease. We set genome-wide significance at $p < 5 \times 10^{-8}$. UK Biobank participants were recruited from March 15, 2006, to July 7, 2010. Sample selection for the UK BiLEVE study started on Nov 22, 2012, and was completed on Dec 20, 2012. We selected 50 008 unique samples: 10 002 individuals with low FEV1, 10 000 with average FEV1, and 5002 with high FEV1 from each of the heavy smoker and never smoker groups. We noted a substantial sharing of genetic causes of low FEV1 between heavy smokers and never smokers ($p = 2.29 \times 10^{-16}$) and between individuals with and without doctor-diagnosed asthma ($p = 6.06 \times 10^{-11}$). We discovered six novel genome-wide significant signals of association with extremes of FEV1, including signals at four novel loci (KANSL1, TSEN54, TET2, and RBM19/TBX5) and independent signals at two previously reported loci (NPNT and HLA-DQB1/HLA-DQA2). These variants also showed association with COPD, including in individuals with no history of smoking. The number of copies of a 150 kb region containing the 5' end of KANSL1, a gene that is important for epigenetic gene regulation, was associated with extremes of FEV1. We also discovered five new genome-wide significant signals for smoking behaviour, including a variant in NCAM1 (chromosome 11) and a variant on chromosome 2 (between TEX41 and PABPC1P2) that has a trans effect on expression of NCAM1 in brain tissue. By sampling from the extremes of the lung function distribution in UK Biobank, we identified novel genetic causes of lung function and smoking behaviour. These results provide new insight into the specific mechanisms underlying airflow obstruction, COPD, and tobacco addiction, and show substantial shared genetic architecture underlying airflow obstruction across individuals, irrespective of smoking behaviour and other airway disease. Medical Research Council. Copyright © 2015 Wain et al. Open Access article distributed under the terms of CC BY. Published by Elsevier Ltd.. All rights reserved.

Subject Headings: [Index Medicus](#)

Source: Medline

Full Text: Available from *Elsevier* in *Lancet Respiratory Medicine, The*

6. The effectiveness of brief alcohol interventions delivered by community pharmacists: randomized controlled trial.

Citation: *Addiction* (Abingdon, England), Oct 2015, vol. 110, no. 10, p. 1586-1594 (October 2015)

Author(s): Dhital, Ranjita; Norman, Ian; Whittlesea, Cate; Murrells, Trevor; McCambridge, Jim

Abstract: To undertake the first randomized controlled trial to evaluate the effectiveness of a brief intervention delivered by community pharmacists to reduce hazardous or harmful drinking. This parallel group randomized trial allocated participants individually to brief alcohol intervention (n = 205) or a leaflet-only control condition (n = 202), with follow-up study after 3 months. Sixteen community pharmacies in one London Borough, UK. A total of 407 pharmacy customers (aged 18 years or over) with Alcohol Use Disorder Identification Test (AUDIT) scores 8-19, inclusive. A brief motivational discussion of approximately 10 minutes' duration, for which 17 pharmacists received a half-day of training. Hazardous or harmful drinking was assessed using the AUDIT administered by telephone by a researcher blind to allocation status. The two primary outcomes were: (1) change in AUDIT total scores and (2) the proportions no longer hazardous or harmful drinkers (scoring < 8) at 3 months. The four secondary outcomes were: the three subscale scores of the AUDIT (for consumption, problems and dependence) and health status according to the EQ-5D (a standardized instrument for use as a measure of health outcome). At 3 months 326 (80% overall; 82% intervention, 78% control) participants were followed-up. The difference in reduction in total AUDIT score (intervention minus control) was -0.57, 95% confidence interval (CI) = -1.59 to 0.45, P = 0.28. The odds ratio for AUDIT < 8 (control as reference) was 0.87, 95% CI = 0.50 to 1.51, P = 0.61). For two of the four secondary outcomes (dependence score: -0.46, 95% CI = -0.82 to -0.09, P = 0.014; health status score: -0.09, 95% CI = -0.16 to -0.02, P = 0.013) the control group did better, and in the other two there were no differences (consumption score: -0.05, 95% CI = -0.54 to 0.44, P = 0.85; non-dependence problems score: -0.13, 95% CI = -0.66 to 0.41). Sensitivity analyses did not change these findings. A brief intervention delivered by community pharmacists appears to have had no effect in reducing hazardous or harmful alcohol consumption. © 2015 Society for the Study of Addiction.

Subject Headings: [Index Medicus](#)

Source: Medline

7. The effects of liquor licensing restriction on alcohol-related violence in NSW, 2008-13.

Citation: *Addiction* (Abingdon, England), Oct 2015, vol. 110, no. 10, p. 1574-1582 (October 2015)

Author(s): Menéndez, Patricia; Tusell, Fernando; Weatherburn, Don

Abstract: To estimate the effect on assault of a series of legislative reforms that restricted the trading hours and trading conditions of licensed premises in New South Wales (NSW), Australia. We examine the effects of the legislative reforms introduced between July 2008 and January 2012 using time series structural models. These models are used to estimate the underlying long-term dynamics of the time series of police recorded domestic and non-domestic assaults occasioning actual bodily harm (ABH) and assaults occasioning grievous bodily harm (GBH) in NSW between January 1996 and December 2013. The effect of the legislative changes is captured by including terms in the models which reflect a smooth step change in the number of assaults. The reforms introduced between July 2008 and January 2012 were associated with a fall in levels of ABH and GBH assaults. The joint effect of all the interventions on ABH lasted until July 2013, accounting for a reduction of -31.27% over that period [parameter estimate -0.38 with 95% confidence interval (CI) = -0.65, -0.10]. The same set of interventions had a greater effect on GBH assaults; achieving a -39.70% reduction over a shorter period of time July 2008 and July 2012 (parameter estimate -0.51 with 95% CI = -0.69, -0.33). Legislative reforms introduced in New South Wales, Australia between July 2008 and January 2012 to restrict trading hours and trading conditions of licensed alcohol premises appear to have reduced the number of police-recorded assaults of ABH and GBH by 31.27% and 39.70% respectively. © 2015 Society for the Study of Addiction.

Subject Headings: [Index Medicus](#)

Source: Medline

8. Can cannabis use be prevented by targeting personality risk in schools? Twenty-four-month outcome of the adventure trial on cannabis use: a cluster-randomized controlled trial.

Citation: *Addiction* (Abingdon, England), Oct 2015, vol. 110, no. 10, p. 1625-1633 (October 2015)

Author(s): Mahu, Ioan T; Doucet, Christine; O'Leary-Barrett, Maeve; Conrod, Patricia J

Abstract: To examine the effectiveness of a personality-targeted intervention program (Adventure trial) delivered by trained teachers to high-risk (HR) high-school students on reducing marijuana use and frequency of use. A cluster-randomized controlled trial. Secondary schools in London, UK. Twenty-one secondary schools were randomized to intervention (n = 12) or control (n = 9) conditions, encompassing a total of 1038 HR students in the ninth grade [mean (standard deviation) age = 13.7 (0.33) years]. Brief personality-targeted interventions to students with one of four HR profiles: anxiety sensitivity, hopelessness, impulsivity and sensation-seeking. marijuana use. Secondary outcome: frequency of use. Assessed using the Reckless Behaviour Questionnaire at intervals of 6 months for 2 years. Personality risk was measured with the Substance Use Risk Profile Scale. Logistic regression analysis revealed significant intervention effects on cannabis use rates at the 6-month follow-up in the intent-to-treat sample [odds ratio (OR) = 0.67, P = 0.05, 95% confidence interval (CI) = 0.45-1.0] and significant reductions in frequency of use at 12- and 18-month follow-up ($\beta = -0.14$, $P \leq 0.05$, 95% CI = -0.6 to -0.01; $\beta = -0.12$, $P \leq 0.05$, 95% CI = -0.54 to 0.0), but this was not supported in two-part latent growth models. Subgroup analyses (both logistic and two-part models) reveal that the sensation-seeking intervention delayed the onset of cannabis use among sensation seekers (OR = 0.25, $\beta = -0.833$, standard error = 0.342, P = 0.015). Personality-targeted interventions can be delivered effectively by trained school staff to delay marijuana use onset among a subset of high-risk teenagers: sensation-seekers. © 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

9. 'Nobody really gets it': a qualitative exploration of youth mental health in deprived urban areas.

Citation: *Early intervention in psychiatry*, Oct 2015, vol. 9, no. 5, p. 406-411 (October 2015)

Author(s): Schaffalitzky, Elisabeth; Leahy, Dorothy; Armstrong, Claire; Gavin, Blanaid; Latham, Linda; McNicholas, Fiona; Meagher, David; O'Connor, Ray; O'Toole, Thomas; Smyth, Bobby P; Cullen, Walter

Abstract: To examine the experience of developing and living with mental health and substance use disorders among young people living in urban-deprived areas in Ireland to inform primary care interventions. Semi-structured qualitative interviews with 20 young adults attending health and social care agencies in two deprived urban areas, and analysed using thematic analysis. Five themes were identified: experiencing symptoms, symptom progression, delay accessing help, loss of control/crisis point, and consequences of mental health and substance use disorders. As young people delayed help, symptoms disrupted normal life progression and they found themselves unable to engage in everyday activities, and living with reduced potential. Living in deprived areas influenced the development of problems: many had added stressors, less familial support and early exposure to violence, addiction and bereavement. Young people in urban-deprived areas are especially vulnerable to mental health and substance use disorders. Early identification in primary care appears necessary in halting symptom and illness progression, improving young people's chances of achieving their potential. © 2014 Wiley Publishing Asia Pty Ltd.

Subject Headings: [Index Medicus](#)

Source: Medline

Full Text: Available from *Wiley* in [Early Intervention in Psychiatry](#)

10. Abstinence phenomena of chronic cannabis-addicts prospectively monitored during controlled inpatient detoxification (Part II): Psychiatric complaints and their relation to delta-9-tetrahydrocannabinol and its metabolites in serum.

- Citation:** Drug and alcohol dependence, Oct 2015, vol. 155, p. 302-306 (October 1, 2015)
- Author(s):** Bonnet, Udo; Borda, Thorsten; Scherbaum, Norbert; Specka, Michael
- Abstract:** To investigate the impact of inpatient detoxification treatment on psychiatric symptoms of chronic cannabis addicts and to analyze the influence of serum cannabinoid levels on the severity of these symptoms. Thirty five treatment-seeking, not active co-morbid chronic cannabis dependents (ICD-10) were studied on admission and on abstinence days 8 and 16, using several observational and self-report scales, such as Hamilton Depression Rating Scale (HAMD), Hamilton Anxiety Rating Scale (HAMA), Young Mania Rating Scale (YMRS) and Brief Psychiatric Rating Scale (BPRS), and the Symptom Checklist-90-Revised (SCL-90-R). Simultaneously obtained serum was analyzed with regard to levels of delta-9-tetrahydrocannabinol (THC) and its main metabolites 11-hydroxy-delta-9-tetrahydrocannabinol (THC-OH) and 11-nor-delta-9-tetrahydrocannabinol-9-carboxylic acid (THC-COOH). At admission, nearly 90% of the patients were not, or only mildly, affected by depression, anxiety or manic symptoms. In contrast, patients' self-description indicated a strong psychiatric burden in approximately 60% of the cases. All patients improved significantly within 16 days of the treatment. Effect sizes ranged from 0.7 to 1.4. (Cohen's d) for the respective scales. Serum THC-levels were positively associated with impairment of cognition in HAMA and motor retardation in BPRS. All other test results were not significantly related to the serum levels of the measured cannabinoids. Effects of the cannabis withdrawal syndrome and executive dysfunctions might explain the discrepancy between the observer ratings and self-reported psychiatric burden. Inpatient cannabis detoxification treatment significantly improved psychiatric symptoms. Serum THC-levels were not associated with affective symptoms and anxiety but predicted cognitive impairment and motor retardation. Copyright © 2015. Published by Elsevier Ireland Ltd.
- Subject Headings:** [Index Medicus](#)
- Source:** Medline
- Full Text:** Available from *Elsevier* in [Drug and Alcohol Dependence](#)

11. Melatonin attenuates methamphetamine-induced inhibition of neurogenesis in the adult mouse hippocampus: An in vivo study.

- Citation:** Neuroscience letters, Oct 2015, vol. 606, p. 209-214 (October 8, 2015)
- Author(s):** Singhakumar, Rachen; Boontem, Parichart; Ekthuwapranee, Kasima; Sotthibundhu, Areechun; Mukda, Sujira; Chetsawang, Banthit; Govitrapong, Piyarat
- Abstract:** Methamphetamine (METH), a highly addictive psychostimulant drug, is known to exert neurotoxic effects to the dopaminergic neural system. Long-term METH administration impairs brain functions such as cognition, learning and memory. Newly born neurons in the dentate gyrus of the hippocampus play an important role in spatial learning and memory. Previous in vitro studies have shown that METH inhibits cell proliferation and neurogenesis in the hippocampus. On the other hand, melatonin, a major indole secreted by the pineal gland, enhances neurogenesis in both the subventricular zone and dentate gyrus. In this study, adult C57BL/6 mice were used to study the beneficial effects of melatonin on METH-induced alterations in neurogenesis and post-synaptic proteins related to learning and memory functions in the hippocampus. The results showed that METH caused a decrease in neuronal phenotypes as determined by the expressions of nestin, doublecortin (DCX) and beta-III tubulin while causing an increase in glial fibrillary acidic protein (GFAP) expression. Moreover, METH inhibited mitogen-activated protein kinase (MAPK) signaling activity and altered expression of the N-methyl-d-aspartate (NMDA) receptor subunits NR2A and NR2B as well as calcium/calmodulin-dependent protein kinase II (CaMKII). These effects could be attenuated by melatonin pretreatment. In conclusion, melatonin prevented the METH-induced reduction in neurogenesis, increase in astrogliogenesis and alteration of

NMDA receptor subunit expression. These findings may indicate the beneficial effects of melatonin on the impairment of learning and memory caused by METH. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

Subject Headings: [Index Medicus](#)

Source: Medline

12. Effects of 7-day continuous d-amphetamine, methylphenidate, and cocaine treatment on choice between methamphetamine and food in male rhesus monkeys.

Citation: Drug and alcohol dependence, Oct 2015, vol. 155, p. 16-23 (October 1, 2015)

Author(s): Schwienteck, Kathryn L; Banks, Matthew L

Abstract: Methamphetamine addiction is a significant public health problem for which no Food and Drug Administration-approved pharmacotherapies exist. Preclinical drug vs. food choice procedures have been predictive of clinical medication efficacy in the treatment of opioid and cocaine addiction. Whether preclinical choice procedures are predictive of candidate medication effects for other abused drugs, such as methamphetamine, remains unclear. The present study aim was to determine continuous 7-day treatment effects with the monoamine releaser d-amphetamine and the monoamine uptake inhibitor methylphenidate on methamphetamine vs. food choice. In addition, 7-day cocaine treatment effects were also examined. Behavior was maintained under a concurrent schedule of food delivery (1-g pellets, fixed-ratio 100 schedule) and methamphetamine injections (0-0.32mg/kg/injection, fixed-ratio 10 schedule) in male rhesus monkeys (n=4). Methamphetamine choice dose-effect functions were determined daily before and during 7-day periods of continuous intravenous treatment with d-amphetamine (0.01-0.1mg/kg/h), methylphenidate (0.032-0.32mg/kg/h), or cocaine (0.1-0.32mg/kg/h). During saline treatment, increasing methamphetamine doses resulted in a corresponding increase in methamphetamine vs. food choice. Continuous 7-day treatments with d-amphetamine, methylphenidate or cocaine did not significantly attenuate methamphetamine vs. food choice up to doses that decreased rates of operant responding. However, 0.1mg/kg/h d-amphetamine did eliminate methamphetamine choice in two monkeys. The present subchronic treatment results support the utility of preclinical methamphetamine choice to evaluate candidate medications for methamphetamine addiction. Furthermore, these results confirm and extend previous results demonstrating differential pharmacological mechanisms between cocaine choice and methamphetamine choice. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

Subject Headings: [Index Medicus](#)

Source: Medline

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

13. Differential profiles of drug-addicted patients according to gender and the perpetration of intimate partner violence.

Citation: Drug and alcohol dependence, Oct 2015, vol. 155, p. 183-189 (October 1, 2015)

Author(s): Arteaga, Alfonso; López-Goñi, José J; Fernández-Montalvo, Javier

Abstract: This study explored the differential profiles of drug-addicted patients according to gender and the perpetration of intimate partner violence (IPV). The study assessed a sample of 127 drug-addicted patients (84 male and 43 female) who sought treatment. Information about socio-demographic and consumption characteristics, IPV, psychopathological symptoms, personality characteristics and maladjustment variables was obtained. Four groups were created according to gender and the presence or absence of the perpetration of IPV: (a) men with IPV (n=41), (b) women with IPV (n=29), (c) men without IPV (n=43), and (d) women without IPV (n=14). The four groups were compared in terms of all of studied variables. There were significant differences between the groups in the severity of the addiction and personality characteristics. In general, the drug-addicted patients with associated IPV perpetration exhibited greater scores for nearly all of the studied variables, independent of gender. Moreover, the differences among groups were more strongly related to perpetration of IPV than to the gender of the patients. According

to the results obtained, treatment programs for drug addiction are a suitable context for identifying the presence of IPV, but IPV is typically unnoticed in addiction treatment programs. The implications of these results for future research and clinical practice are discussed. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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

14. Which Images and Features in Graphic Cigarette Warnings Predict Their Perceived Effectiveness? Findings from an Online Survey of Residents in the UK.

Citation: Annals of behavioral medicine : a publication of the Society of Behavioral Medicine, Oct 2015, vol. 49, no. 5, p. 639-649 (October 2015)
Author(s): Cameron, Linda D; Williams, Brian
Abstract: Many countries are implementing graphic warnings for cigarettes. Which graphic features influence their effectiveness remains unclear. To identify features of graphic warnings predicting their perceived effectiveness in discouraging smoking. Guided by the Common-Sense Model of responses to health threats, we content-analyzed 42 graphic warnings for attributes of illness risk representations and media features (e.g., photographs, metaphors). Using data from 15,536 survey participants, we conducted stratified logistic regressions testing which attributes predict participant selections of warnings as effective. Images of diseased body parts predicted greater perceived effectiveness; OR = 6.53-12.45 across smoking status (smoker, ex-smoker, young non-smoker) groups. Features increasing perceived effectiveness included images of dead or sick persons, children, and medical technology; focus on cancer; and photographs. Attributes decreasing perceived effectiveness included infertility/impotence, addictiveness, cigarette chemicals, cosmetic appearance, quitting self-efficacy, and metaphors. These findings on representational and media attributes predicting perceived effectiveness can inform strategies for generating graphic warnings.

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

15. Effects of acute ethanol exposure on class I HDACs family enzymes in wild-type and BDNF(+/-) mice.

Citation: Drug and alcohol dependence, Oct 2015, vol. 155, p. 68-75 (October 1, 2015)
Author(s): Caputi, F F; Palmisano, M; D'Addario, C; Candeletti, S; Romualdi, P
Abstract: Alterations of brain-derived neurotrophic factor (BDNF) have been associated with the development of addiction to different drugs of abuse, including ethanol (EtOH). EtOH exposure activates the BDNF-signaling cascade in dorsal striatum, which in turn affects further EtOH intake. Different alcohol exposures have been widely demonstrated to modulate chromatin remodeling, affecting histone acetylation/deacetylation balance. Recently, class I histone deacetylases (HDACs) inhibition has been reported to modulate BDNF mRNA expression and to attenuate morphological and behavioral phenomena related to EtOH exposure. However, the role played by different HDAC isoforms in EtOH-induced plasticity is still unclear. We investigated the effects induced by acute EtOH exposure on the protein levels of class I HDAC 1-3 isoforms of wild-type (WT) and BDNF heterozygous mice (BDNF(+/-)), in nuclear and cytoplasmic extracts of specific brain regions associated with EtOH addiction. Nuclear HDAC 1-3 levels were markedly reduced after acute EtOH treatment in the caudate putamen (CPu) of WT mice only. Furthermore, CPu basal levels of nuclear HDAC isoforms were significantly lower in BDNF(+/-) mice compared to WT. With the exception of nuclear HDAC 3, no significant changes were observed after acute EtOH treatment in the prefrontal cortex (PFCx) of BDNF(+/-) and WT mice. In this area, the nuclear HDAC basal levels were significantly different between the two experimental groups. These results provide details about EtOH effects on class I HDAC isoforms and strongly support a correlation between BDNF and class I HDACs, suggesting a possible influence of BDNF on these enzymes. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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