Search Results

Addiction Research
23 February 2015b

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Search History

1. EMBASE; exp ADDICTION/; 169546 results.
2. EMBASE; addict*.ti,ab; 38956 results.
3. EMBASE; 1 OR 2; 180141 results.
4. EMBASE; UNITED KINGDOM/; 253960 results.
5. EMBASE; "great britain".ti,ab; 8397 results.
6. EMBASE; "united kingdom".ti,ab; 22049 results.
7. EMBASE; "england".ti,ab; 28422 results.
8. EMBASE; "wales".ti,ab; 14505 results.
9. EMBASE; "scotland".ti,ab; 10561 results.
10. EMBASE; "UK".ti,ab; 83362 results.
11. EMBASE; "GB".ti,ab; 5370 results.
12. EMBASE; "ireland".ti,ab; 99981 results.
13. EMBASE; "british isles".ti,ab; 717 results.
14. EMBASE; "channel islands".ti,ab; 86 results.
15. EMBASE; IRELAND/ OR IRELAND,NORTHERN/; 262954 results.
16. EMBASE; 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15; 434140 results.
17. EMBASE; 3 AND 16; 6853 results.

1. Decision to recommend drug to cut drink dependence proves controversial

Citation: BMJ (Clinical research ed.), 2014, vol./is. 349/(g6054), 1756-1833 (2014)

Author(s): Wise J.

Institution: (Wise) London

Language: English

Country of Publication: United Kingdom

CAS Registry Number: 55096-26-9 (nalmefene); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone)

Publication Type: Journal: Note

Subject Headings:
adult
"alcoholism/dt [Drug Therapy]"
"alcoholism/pc [Prevention]"
*decision making
dose response
drug administration
female
human
male
national health service
oral drug administration
patient selection
practice guideline
risk assessment
Standards
treatment outcome
United Kingdom
nalmefene
"naltrexone/ae [Adverse Drug Reaction]"
"naltrexone/dt [Drug Therapy]"
"narcotic antagonist/ae [Adverse Drug Reaction]"
"narcotic antagonist/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Highwire Press* in *The BMJ*
Available from *BMJ* in *Newcomb Library & Information Service*

2. Virtually addicted

Citation: British Journal of General Practice, February 2015, vol./is. 65/631(63-64), 0960-1643 (01 Feb 2015)

Author(s): Manning C.

Institution: (Manning) NHW Wellbeing Action Network, UPstream Healthcare Ltd., United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Royal College of General Practitioners

Publication Type: Journal: Note

Subject Headings:
consultation
empathy
human
*medical technology
mirror neuron
note
United Kingdom
*visual information

Source: EMBASE

3. Mental health care in hospitals and primary care: An unsustainable balance

Citation: British Journal of General Practice, February 2015, vol./is. 65/631(56-57), 0960-1643 (01 Feb 2015)

Author(s): Green B.; Gowans B.W.J.

Institution: (Green) Institute of Medicine, University of Chester, Parkgate Road, Chester CH1 4BJ, United Kingdom; (Gowans) Shropshire CCG, Shrewsbury, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Royal College of General Practitioners

CAS Registry Number: 64-17-5 (alcohol)

Publication Type: Journal: Editorial

Subject Headings:
anxiety disorder
bipolar disorder
cognitive therapy
community care
crisis intervention
dementia
depression
drug misuse
editorial
health care policy
health program
*hospital
hospital admission
hospital bed
human
liver cirrhosis
liver fibrosis
*mental health care
*primary medical care
psychiatric bed
questionnaire
schizophrenia
secondary health care
United Kingdom
alcohol

Source: EMBASE

4. Pharmacological treatments for drug misuse and dependence

Citation: Expert Opinion on Pharmacotherapy, February 2015, vol./is. 16/3(325-333), 1465-6566;1744-7666 (01 Feb 2015)

Author(s): Reed K.; Day E.; Keen J.; Strang J.

Institution: (Reed, Day) National Addiction Centre, Institute of Psychiatry, King's College London, Addiction Sciences Building, 4 Windsor Walk, Denmark Hill, London SE5 8AF, United Kingdom; (Reed) Department of Addiction Psychiatry, South London and Maudsley NHS Foundation Trust, London, United Kingdom; (Day) Department of Psychiatry, Birmingham and Solihull Mental Health NHS Foundation Trust, The Barberry, 25 Vincent Drive, Edgbaston, Birmingham B15 2FG, United Kingdom; (Keen, Strang) National Addiction Centre, Institute of Psychiatry, King's College London, Addiction Sciences Building, 4 Windsor Walk, Denmark Hill, London SE5 8BB, United Kingdom; (Keen) South London and Maudsley NHS Foundation Trust, Community Drug and

Alcohol Team, Lorraine Hewitt House, 12-14 Brighton Terrace, Brixton London SW9 8DG, United Kingdom

Language: English

Abstract: Introduction: Substance misuse disorder (DSM-5) remains a major health challenge. Harm reduction is the initial treatment goal, by reducing or eliminating non-prescribed drug use. Eventual abstinence is the ultimate harm reduction goal. However the scope for evidence-based pharmacological interventions remains limited. Areas covered: The paper takes a pragmatic clinical approach to existing and developing pharmacotherapies for substance misuse. Dependence may be characterised as a cycle with three stages: binge/intoxication, withdrawal/negative affect and preoccupation/anticipation (craving). Each of these stages may be the focus of pharmacotherapeutic intervention, and current literature is discussed which is of relevance to the practising clinician. Dependence on opiates, stimulants, cannabis and prescribed medications including benzodiazepines and the current treatments are addressed. Expert opinion: Possible pharmacotherapies of the future include anti-craving medications, which are still incompletely understood. Other developments include ultra-long-acting formulations, some of which have already been produced and are being studied or are in early clinical practice. A completely new line of investigation has been drug 'vaccines', whereby the body is stimulated to produce antibodies to, for example, cocaine and nicotine. Despite a number of evidence-based strategies for the treatment of substance misuse disorder, the range of licensed pharmacological treatment choices nevertheless remains narrow.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 616-91-1 (acetylcysteine); 1134-47-0 (baclofen); 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 13956-29-1 (cannabidiol); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1462-73-3 (dexamphetamine); 51-63-8 (dexamphetamine); 51-64-9 (dexamphetamine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 125-28-0 (dihydrocodeine); 24204-13-5 (dihydrocodeine); 5965-13-9 (dihydrocodeine); 97-77-8 (disulfiram); 34433-66-4 (levacetylmethadol); 31036-80-3 (lofexidine); 34552-83-5 (loperamide); 53179-11-6 (loperamide); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 68693-11-8 (modafinil); 52-26-6 (morphine); 57-27-2 (morphine); 23095-84-3 (morphine sulfate); 35764-55-7 (morphine sulfate); 64-31-3 (morphine sulfate); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone); 124-90-3 (oxycodone); 76-42-6 (oxycodone); 149-64-4 (scopolamine butyl bromide); 7182-53-8 (scopolamine butyl bromide); 73156-19-1 (scopolamine butyl bromide); 97240-79-4 (topiramate); 27203-92-5 (tramadol); 36282-47-0 (tramadol); 82626-48-0 (zolpidem); 43200-80-2 (zopiclone)

Publication Type: Journal: Review

Subject Headings:
binge drinking
cannabis addiction
cocaine dependence
cognitive therapy
detoxification
"*drug dependence/dt [Drug Therapy]"
drug efficacy
drug formulation
drug intoxication
*drug misuse
drug safety
heroin dependence
human
maintenance therapy
medical decision making
nonhuman
"opiate addiction/dt [Drug Therapy]"
opiate substitution treatment

practice guideline
prescription
psychopharmacotherapy
receptor blocking
relapse
review
treatment indication
treatment response
United Kingdom
vaccination
withdrawal syndrome
acetylcysteine
amphetamine derivative
baclofen
"benzodiazepine derivative/dt [Drug Therapy]"
"buprenorphine/dt [Drug Therapy]"
"buprenorphine/pd [Pharmacology]"
cannabidiol
cannabis
central stimulant agent
cocaine
dexamphetamine
diamorphine
dihydrocodeine
disulfiram
hypnotic agent
levacetylmethadol
lofexidine
loperamide
"methadone/dt [Drug Therapy]"
modafinil
morphine
morphine sulfate
"naltrexone/dt [Drug Therapy]"
opiate derivative
oxycodone
scopolamine butyl bromide
topiramate
tramadol
unindexed drug
zolpidem
zopiclone

Source: EMBASE

Full Text: Available from *Informa Healthcare* in *Expert Opinion on Pharmacotherapy*

5. Severity of liver disease among chronic hepatitis C patients: An observational study of 4594 patients in five European countries

Citation: Journal of Gastroenterology and Hepatology (Australia), February 2015, vol./is. 30/2(364-371), 0815-9319;1440-1746 (01 Feb 2015)

Author(s): Marcellin P.; Grotzinger K.; Theodore D.; Demuth D.; Manns M.; Banares Canizares R.; Pike J.; Forssen U.M.

Institution: (Marcellin) Service d'Hepatologie, Hopital Beaujon, University Paris-Diderot and INSERM CRB3, Clichy, France; (Grotzinger) Global Health Outcomes, GlaxoSmithKline, Collegeville, PA, United States; (Forssen) Worldwide Epidemiology, GlaxoSmithKline, Collegeville, PA, United States; (Forssen) CSL Behring, King of Prussia, PA, United States; (Theodore) Clinical Development, GlaxoSmithKline, Research Triangle Park, NC, United States; (Demuth, Pike) Adelphi Real World, Manchester, United Kingdom; (Manns) Division of Gastroenterology and Hepatology,

Medical School of Hannover, Hannover, Germany; (Banares Canizares) Liver Unit, Instituto de Investigacion Sanitaria Gregorio Maranon, CIBEREHD, Facultad de Medicina, Universidad Complutense Madrid, Madrid, Spain

Language: English

Abstract: Background and Aim: Assessment of the severity of liver disease following infection with hepatitis C virus (HCV) is important in treatment selection and prognosis. As invasive liver biopsy procedures are regarded as the reference method to assess the stage of fibrosis, it is important to identify patient characteristics that are predictive of liver fibrosis severity. The aim of the study was to describe the distribution of liver severity scores, clinical characteristics, and physicians' assessment of fibrosis among HCV patients in five European countries. Methods: This cross-sectional study retrospectively reviewed the medical records of patients who were chronically infected with HCV in 2006. Patients managed for HCV at any of 60 sites in France, Germany, Italy, Spain, and the UK were included. Data collected included patient demographics and clinical characteristics. A combination of univariate and multivariate regression analyses were used to identify predictors of fibrosis severity and factors associated with undergoing biopsy. Results: Four thousand five hundred and ninety-four chronically infected HCV patients were included in this analysis. Management approaches differed between countries, with variations in biopsy use (59.3-18.4%) and preferred fibrosis scoring systems. Where histology results were available, 43.4%, 23.8%, and 32.9% had mild, moderate, and severe fibrosis, respectively. Factors associated with undergoing a biopsy included male gender and co-infection with hepatitis B virus. Chronic alcoholism, a lower first platelet count, and older age were predictors of increased liver fibrosis severity. Conclusions: These data suggest that there are major differences in how specialists manage their HCV patients across five major European countries.

Country of Publication: Australia

Publisher: Blackwell Publishing

Publication Type: Journal: Article

Subject Headings:
adult
alcoholism
article
clinical assessment
clinical feature
controlled study
cross-sectional study
demography
diagnostic test accuracy study
disease severity
elastography
Europe
female
France
Germany
hepatitis B
Hepatitis B virus
*hepatitis C
Hepatitis C virus
histopathology
human
Italy
liver biopsy
*liver disease
"*liver fibrosis/di [Diagnosis]"
liver histology
major clinical study
male
medical record review
middle aged

multicenter study
multivariate analysis
observational study
physician
predictor variable
priority journal
risk factor
scoring system
Spain
thrombocyte count
United Kingdom
univariate analysis

Source: EMBASE

Full Text: Available from *Wiley* in *Journal of Gastroenterology and Hepatology*

6. A study on correlation of addiction severity with cognitive functions in alcoholism

Citation: Indian Journal of Psychiatry, January 2015, vol./is. 57/5 SUPPL. 1(S47), 0019-5545 (January 2015)

Author(s): Daund M.K.; Chetia D.; Deuri S.

Institution: (Daund, Chetia, Deuri) LGB Regional Institute Of Mental Health, Tezpur, Assam, India

Language: English

Abstract: Background: Alcohol dependence is a major problem in India. The available evidence suggests that alcohol abuse produces a decrease in specific cognitive abilities particularly those associated with executive functions, which leads to frequent relapse. Objectives: The aim of the study is to assess and correlate the addiction severity with decision making and planning functioning in persons with alcohol related disorders. Methods: Cross sectional study, done in LGBRIMH. Sample size 60 (Case 30, Control 30). After purposive sampling, the tools applied were sociodemographic proforma, MINI plus, addiction severity index, IOWA gambling task and Tower of London. The findings were analysed with t-test, chi-square and Pearson's correlation test. Results: Findings from the composite score of addiction severity index shows the mean value to be 0.6557+/-0.7181. Decision making analysed using the IOWA gambling task shows impaired decision making in 93.4 % amongst the cases while 40 % amongst the control. $X2 = 19.2$, $p < 0.01$ Planning was analysed using the Tower of London. Findings shows the mean value of a total number of moves as 78.1+/-17.353 in a case group, and in control as 57.4+/-3.125, $t = 6.43$, $p < 0.01$. The assessment of correlation between the case and control group in decision making shows the $r = -0.170$, $p = 0.369$. The planning correlation value was found to be $r = 0.03$, $p = 0.871$. Findings suggest, there was no significant correlation between addiction severity and decision making and planning abilities in a case group. Conclusion: We can say that alcohol consumption has an impact upon the decision making and planning abilities of the individuals. But however, the study failed to show a significant correlation between addiction severity and decision making and planning abilities in the case group. But impaired decision making & planning abilities are inherent traits in alcoholics, in other words impaired planning & decision making are vulnerability factors for alcoholics.

Conference Information: 67th Annual National Conference of the Indian Psychiatric Society, ANCIPS 2015 Hyderabad India. Conference Start: 20150108 Conference End: 20150111

Publisher: Medknow Publications

Publication Type: Journal: Conference Abstract

Subject Headings:
*planning
*decision making
*United Kingdom
*addiction
*cognition
*alcoholism

*Indian
*medical society
*gambling
Addiction Severity Index
alcohol abuse
Student t test
executive function
sample size
India
cross-sectional study
human
sampling
relapse
alcohol consumption
control group
*alcohol

Source: EMBASE

Full Text: Available from *National Library of Medicine* in *Indian Journal of Psychiatry*
Available from *ProQuest* in *Indian Journal of Psychiatry*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

7. Best practice for the safe initiation of alcohol detox regimes, re-audit against NICE clinical guidelines (CG100 and CG115), UK, January 2014

Citation: Indian Journal of Psychiatry, January 2015, vol./is. 57/5 SUPPL. 1(S20-S21), 0019-5545 (January 2015)

Author(s): Ravindranath B.V.; Malone J.

Institution: (Ravindranath, Malone) Mersey Care NHS Trust, United Kingdom

Language: English

Abstract: Background: This re-audit has streamlined factors being appraised against NICE guidelines. We used NICE guidelines CG 100 and CG 115(guidance.nice.org.uk) and created an easier to repeat shorter assessment tool incorporating Severity of Alcohol Dependence Questionnaire (SADQ), Clinical Institute Withdrawal Assessment of Alcohol Scale - Revised (CIWA-Ar), physical and mental health parameters including features of complex withdrawal such as seizures, delirium tremens and co-morbidity. Furthermore, patient safety is a priority. We liaised with other leading alcohol detox centres in London and Manchester regarding Breath Alcohol Concentration (BrAC) scoring, to evaluate its use on admission, highlighting any need for change in practice. Methods: Windsor Clinic is a 16-bed inpatient alcohol detox unit tertiary centre, serving the Merseyside population of 1,356,000. Typical stay is 7-10 days. Most patients referred have failed assisted alcohol withdrawal and often have co-morbidities. A sample of 50 consecutive admitted patients had their electronic notes reviewed. The sample period was August 2014. BrAC of patients on admission was assessed for Alcohol level before commencing detox regimes. Results: All NICE guidelines were met in 43(86%) of patients assessed. 46(92%) BrAC scores were done on admission. 3(6%) of the 4(8%) missed had a reason: Intoxication, emphysema, inter-hospital transfer. One was missed with no reason. The BrAC scores ranged from 0-2. 9(18%) of the BrAC scores were recorded as over 1.5 mg/l. However only 5(10%) of these were repeated to ensure levels were dropping. Conclusions: The Windsor Clinic is maintaining good practice and following NICE guidance. There was improvement or the maintenance of good practice across all areas assessed. We have now begun two BrAC score values before commencing detox unless showing signs of severe withdrawal, or known risk of seizures, meriting immediate commencement of detox. The authors will further discuss the assessment process and significance of BrAC scores.

Conference Information: 67th Annual National Conference of the Indian Psychiatric Society, ANCIPS 2015 Hyderabad India. Conference Start: 20150108 Conference End: 20150111

Publisher: Medknow Publications

Publication Type: Journal: Conference Abstract

Subject Headings:
*human
*medical audit
*medical society
*United Kingdom
*Indian
*breathing
patient
hospital
morbidity
Tertiary (period)
seizure
population
hospital patient
patient safety
delirium tremens
parameters
mental health
intoxication
alcohol withdrawal
questionnaire
emphysema
risk
alcoholism
*alcohol
*phosphoryl lipid A

Source: EMBASE

Full Text: Available from *National Library of Medicine* in *Indian Journal of Psychiatry*
Available from *ProQuest* in *Indian Journal of Psychiatry*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

8. Working towards a harm index in problem gambling: Study 2. are treatment outcomes determined by type of gambling?

Citation: Alcohol and Alcoholism, September 2014, vol./is. 49/(i23-i24), 0735-0414 (01 Sep 2014)

Author(s): Bowden-Jones H.; Ronzitti S.

Institution: (Bowden-Jones) Division of Brain Science, Imperial College, United Kingdom; (Bowden-Jones, Ronzitti) National Problem Gambling Clinic, United States; (Ronzitti) Department of Surgery and Tranlational Medicine, University of Milano-Bicocca, Italy

Language: English

Abstract: In this study we were interested in finding out whether there was an association between successful treatment completion and type of gambling amongst our patients at the National Problem Gambling Clinic in the UK. We analyzed data from 1063 patients who sought treatment at our clinic during a period of two years (2011-2012). The National Problem Gambling Clinic is the first and only National Health Service clinic in the UK providing treatment for Pathological gamblers. We offer mainly Cognitive Behavioural group therapy but one to one treatment is available to patients with significant co-morbid disorders or a psychological profile more indicated to psychodynamic psychotherapy. We looked at rates of attendance at the first assessment at the clinic and whther type of gambling influenced the likelyhood of the person attending the following eight sessions of CBT treatment. We also looked at rates of treatment completion in relation to type of gambling in an attempt to identify gambling activities that may be associated with poor treatment outcomes.

Conference Information: 16th International Society of Addiction Medicine Annual Meeting Yokohama Japan. Conference Start: 20141002 Conference End: 20141006

Publisher:	Oxford University Press
Publication Type:	Journal: Conference Abstract
Subject Headings:	*gambling *treatment outcome *society *addiction hospital human patient United Kingdom psychodynamic psychotherapy diseases group therapy national health service
Source:	EMBASE
Full Text:	Available from *Oxford University Press* in *Alcohol and Alcoholism*

9. Working towards a harm index in problem gambling: Does type of play and level of involvement determine severity of presentation? a UK study (harm index study 1)

Citation:	Alcohol and Alcoholism, September 2014, vol./is. 49/(i17), 0735-0414 (01 Sep 2014)
Author(s):	Bowden-Jones H.M.; Ronzitti S.
Institution:	(Bowden-Jones, Ronzitti) National Problem Gambling Clinic, United Kingdom
Language:	English
Abstract:	Introduction. Data from the 2010 British Gambling Prevalence Survey (BGPS) estimated that in the United Kingdom, the prevalence of problem gambling was about 0.9%. Amongst the general population, the most popular types of gambling are poker, dog races, slot machines and casino games. Previous international research emphasized that some forms of gambling are more "addictive" than others, with online gambling and gaming machines presenting with a higher association to gambling disorder. More recently, in the last year, research has shown that we should shift our attention from type of gambling to level of involvement in a number of different types of gambling activities. Method. We analyzed data from 736 patients assessed at the National Problem Gambling Clinic during a period of two years (2011-2012) and report the characteristics of the treatment seeking population. Result. We compare gamblers' activities and the level of involvement in relation to the severity of presentation of gambling symptoms.
Conference Information:	16th International Society of Addiction Medicine Annual Meeting Yokohama Japan. Conference Start: 20141002 Conference End: 20141006
Publisher:	Oxford University Press
Publication Type:	Journal: Conference Abstract
Subject Headings:	*United Kingdom *society *addiction *gambling population prevalence machine patient diseases human hospital dog
Source:	EMBASE
Full Text:	Available from *Oxford University Press* in *Alcohol and Alcoholism*

10. Constraints and responses in treatment services for alcohol use disorders in the U.K

Citation: Alcohol and Alcoholism, September 2014, vol./is. 49/(i15-i16), 0735-0414 (01 Sep 2014)

Author(s): Chick J.

Institution: (Chick) Castle Craig Hospital, United Kingdom

Language: English

Abstract: The UK has one of the most serious alcohol and addictions problems in Western Europe, but austerity has relatively curbed resources given to treatment. Media and political criticism, that substitute prescribing is costly, demeaning and asocial has been fuelled by headlines on diverted or leaked opiates and opiate-related deaths. Each region has developed a 'Recovery' agenda that emphasises (not always exclusively) abstinence. Recovery is found to be associated with social connectedness (particularly with 'recovery communities') and new meaning and purpose in life, where 'giving' rather than 'taking' is the new way of life. These claims are convincing, though are based on observation rather than experimental studies. Nevertheless, when therapists are trained in facilitating the linking of patients with the 12 step groups (AA and NA), randomised controlled trials have shown its effectiveness. But in the UK, addiction professionals are been found to be ignorant, even prejudiced, about the role of such (cost-free) mutual help groups. Medications (and medical staff) to aid recovery are widely regarded as expensive and, by some, as incompatible with 'recovery'. The recovery movement implies that nudging patients into greater social activity provides a more lasting solution to the social anxiety and hopelessness so often accompanies addictions.

Conference Information: 16th International Society of Addiction Medicine Annual Meeting Yokohama Japan. Conference Start: 20141002 Conference End: 20141006

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings:
*society
*addiction
*alcohol use disorder
human
United Kingdom
patient
medical staff
death
abstinence
drug therapy
randomized controlled trial
Western Europe
experimental study
community
social behavior
anxiety
hopelessness
opiate
alcohol

Source: EMBASE

Full Text: Available from *Oxford University Press* in *Alcohol and Alcoholism*

11. Setting up atraining institute

Citation: Alcohol and Alcoholism, September 2014, vol./is. 49/(i11-i12), 0735-0414 (01 Sep 2014)

Author(s): Wanigaratne S.

Institution: (Wanigaratne) Training and Education, NRC, United Arab Emirates

Language: English

Abstract: The need for skilled workforce in tacking drug misuse both treatment and prevention globally and mental health in general has been highlighted by the (UNODC 2014, WHO 2013). This is particularly needed in theMiddle East region. The NRC Education and Training Strategy was developed to address this issue. During the past 5 years the NRC has been involved in a wide range of education and training activities including, conducting courses, conferences, workshops, talks and lectures. Many of these have been done in collaboration with a number of partners including the United Arab Emirates University, King's College London, Matrix Institute, Aberdeen university as well as international organisations such as the WHO, UNODC and the Colombo Plan. Our experience has led us to work towards developing a Training Institute to become a fully recognized and independent education institution both in the UAE and internationally, specializing in training in addiction and related fields. The aims of the institute includes developing specialisation within professions, developing skills across professions as well as developing professionalised workforce outside the traditional professions. Presentation will cover the issues in workforce capacity building in substance misuse as well as share our experience and plans.

Conference Information: 16th International Society of Addiction Medicine Annual Meeting Yokohama Japan. Conference Start: 20141002 Conference End: 20141006

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings:
*addiction
*society
education
occupation
university
mental health
drug misuse
college
United Kingdom
organization
United Arab Emirates
skill
workshop
prevention
capacity building
world health organization

Source: EMBASE

Full Text: Available from *Oxford University Press* in *Alcohol and Alcoholism*

12. The cyber addiction spectrum: A research agenda for across-cultural Europe-Japan research

Citation: Alcohol and Alcoholism, September 2014, vol./is. 49/(i6), 0735-0414 (01 Sep 2014)

Author(s): Lopez-Fernandez O.; Higuchi S.; Billieux J.

Institution: (Lopez-Fernandez) Universitat de Barcelona, Spain; (Higuchi) National Hospital Organization Kurihama Medical and Addiction Center, United States; (Billieux) Universite Catholique de Louvain, Belgium

Language: English

Abstract: Introduction. A research agenda has been prepared to study potential technological use disorders cross-culturally among Eastern and Western countries. Recent advances suggest that technological addictions present commonalities with substance use disorders. However, the cyberaddiction spectrum is heterogeneous, with various types of psychological factors involved and addictive symptomatology. Very few cross-cultural studies have been conducted, and less implying countries from different continents with similar methodology. Method. This large scale cross-cultural study will start in October 2014. The study consists of an online survey conducted in various European countries (including Belgium, France, Switzerland, England, and Spain) and in Japan. The survey

includes screening and diagnostic questionnaires, as well as scale targeting established risk factors for cyberaddiction (e.g., personality traits, comorbid psychopathology). The survey combines qualitative and quantitative approaches. Results & Conclusions. This poster will present a description of our two-year research agenda. A detailed description of the objectives and related methodology (along with the instruments used) will be presented. Our main objective is to determine, through a large cross-cultural study, the prevalence and characteristics of various types of cyberaddiction (e.g., online video games addiction, mobile phone addiction).

Conference Information: 16th International Society of Addiction Medicine Annual Meeting Yokohama Japan. Conference Start: 20141002 Conference End: 20141006

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings:
*addiction
*Japan
*society
*Europe
methodology
European
psychological aspect
substance abuse
diagnosis
symptomatology
risk factor
mental disease
Belgium
France
Switzerland
screening
Spain
questionnaire
United Kingdom
personality
prevalence
recreation
mobile phone
diseases

Source: EMBASE

Full Text: Available from *Oxford University Press* in *Alcohol and Alcoholism*

13. Evaluating the efficacy of an integrated smoking cessation intervention for mental health patients: Study protocol for a randomized controlled trial

Citation: Asia-Pacific Journal of Clinical Oncology, December 2014, vol./is. 10/(144), 1743-7555 (December 2014)

Author(s): Metse A.; Bowman J.; Wye P.; Stockings E.; Adams M.; Clancy R.; Terry M.; Wolfenden L.; Freund M.; Allan J.; Prochaska J.J.; Wiggers J.

Institution: (Metse, Bowman, Wye, Stockings, Adams, Clancy, Wolfenden, Freund, Wiggers) University of Newcastle, Waratah, NSW, Australia; (Wye, Wolfenden, Freund, Wiggers) Hunter New England Population Health, Wallsend, NSW, Australia; (Terry) Mental Health and Substance Use Service, Waratah, NSW, Australia; (Allan) Mental Health and Drug and Alcohol Office, NSW Department of Health, North Sydney, NSW, Australia; (Prochaska) Stanford Prevention Research Centre, Stanford, CA, United States

Language: English

Abstract: Background: As compared to the general population, smoking rates among people with mental illness are disproportionately high. As a result, people with mental illness experience higher rates of tobacco related disease, such as cancer. Smoke free policies

within mental health hospitals can positively impact on patients' motivation and self-efficacy to address their smoking. However without post discharge support, preadmission smoking behaviours typically resume. Aim: This presentation describes a randomized controlled trial aimed at assessing the effectiveness of a multi-modal smoking cessation intervention, initiated within mental health inpatient facilities for all smokers and continued post discharge, on 12 month post-discharge smoking cessation rates. Methods: Seven hundred and fifty participants will be recruited from four psychiatric inpatient facilities in the state of New South Wales, Australia. After completing a baseline interview, participants will be randomly allocated to receive 'Supported Care', a multimodal smoking cessation intervention; or 'Normal Care', existing hospital care only. The 'Supported Care' intervention will consist of: a brief motivational interview and a package of self-help material for abstaining from smoking whilst in hospital; and following discharge, 16 weeks of motivational telephone-based counselling, 12 weeks of NRT, and a Quitline referral. Data will be collected by computer assisted telephone interview at one, six and twelve months post discharge. The primary outcomes are abstinence from smoking, and secondary outcomes comprise daily cigarette consumption, nicotine dependence, quit attempts, and readiness to change smoking behaviour. Conclusions: If shown to be effective, the study will provide evidence for systemic changes in the provision of smoking cessation care to patients following discharge from psychiatric inpatient facilities.

Conference Information: 2014 World Cancer Congress Melbourne, VIC Australia. Conference Start: 20141203 Conference End: 20141206

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*human
*smoking cessation
*mental health
*patient
*randomized controlled trial
*neoplasm
smoking
hospital patient
Australia
interview
mental disease
hospital
hospital care
implanted spinal cord stimulator
population
self concept
motivation
tobacco dependence
telephone interview
computer
counseling
telephone
self help
smoking ban
tobacco

Source: EMBASE

Full Text: Available from *Wiley* in *Asia-Pacific Journal of Clinical Oncology*

14. Cardiovascular risk, lifestyle choices and substance use in the first year of psychosis

Citation: Early Intervention in Psychiatry, November 2014, vol./is. 8/(27), 1751-7885 (November 2014)

Author(s): Gaughran F.; Gardner-Sood P.; Lally J.; Smith S.; Ismail K.; Atakan Z.; Greenwood K.; Hopkins D.; Bonaccorso S.; Kollakiou A.; Stahl D.; Murray R.

Institution: (Gaughran, Gardner-Sood, Lally, Smith, Ismail, Atakan, Hopkins, Bonaccorso, Kollakiou, Stahl, Murray) Institute of Psychiatry, King's College London, United Kingdom; (Gaughran) South London and Maudsley NHS Foundation Trust, London, United Kingdom; (Gaughran) Maudsley Hospital, South London and Maudsley NHS, United Kingdom; (Greenwood) University of Sussex, United Kingdom

Language: English

Abstract: We present the preliminary results from a large UK cohort study of 293 patients (65% male) recruited at their first episode of psychosis and followed up 3 (N = 213) and 12 months (N = 127) later. Mean age was 29.8 years (SD10.1). 46% were white, 37% Black African or Caribbean, 5% South Asian and 12% 'other' or mixed. 60% were inpatients upon recruitment. 67% gained weight over the year with 51% gaining over 7% of their baseline body weight. 17% were obese (BMI > 30 kg/m²) at baseline, and 35% at 1 year. Rates of central obesity were high, rising over the year from 45% to 56% exceeding the International Diabetes Federation threshold for metabolic syndrome. HbA1c levels rose over the first year (p = 0.001) with black patients having higher HbA1c levels at 12 months than white patients (p = 0.013). 17% had metabolic syndrome at baseline, rising to 25% at 12 months. 76% were tobacco smokers, smoking 10.7 cigarettes a day, with little change over the year. 53% were current cannabis users on presentation, with 42% using at 1 year. 22% had alcohol dependence at baseline, dropping to 10% at 12 months. 32% had low and 68% had moderate-high levels of physical activity at baseline with little change over the year. This large UK first episode study of cardiovascular risk in early psychosis shows significant rises in obesity, central obesity and HbA1c in the first year in this ethnically diverse patient group.

Conference Information: 9th International Conference on Early Psychosis - To the New Horizon Tokyo Japan. Conference Start: 20141117 Conference End: 20141117

Publisher: Blackwell Publishing

Publication Type: Journal: Conference Abstract

Subject Headings:
*psychosis
*cardiovascular risk
*lifestyle
*substance use
human
patient
obesity
smoking
metabolic syndrome X
United Kingdom
diabetes mellitus
body weight
male
cohort analysis
weight
hospital patient
tobacco
South Asian
Caribbean
African
alcoholism
physical activity
hemoglobin A1c
cannabis

Source: EMBASE

Full Text: Available from *Wiley* in *Early Intervention in Psychiatry*

15. The clinical challenges of comorbidity with addiction and somatic disease

Citation: Schizophrenia Research, April 2014, vol./is. 153/(S77), 0920-9964 (April 2014)

Author(s): Stefanis N.; Cannon M.; Murray R.; McGrath J.

Language: English

Abstract: In this Plenary Session, four international experts on the field will present evidence from neuroimaging, neuropharmacology and population epidemiology perspectives highlighting how substance abuse/dependence may moderate the expression of psychosis. While neuroimaging studies have indicated that the major locus of dopaminergic dysfunction in schizophrenia is presynaptic, characterized by elevated dopamine synthesis and release capacity, Prof. Abi-Dargham (Columbia University, USA) and Prof. R. Murray (Institute of Psychiatry, UK) will tackle the apparent inconsistency that arises from recent studies showing that dopamine release in patients with schizophrenia and comorbid substance use is considerably blunted, comparable in magnitude to substance users, suggesting that oversensitivity of the D2 receptor or abnormality of the post-D2 signaling pathway may also be involved in substance use psychosis. Prof. Callaghan (University of Northern British Columbia, Canada) will present evidence from a large population-based cohort study in California that patients with methamphetamine-related conditions and cannabis use have a significantly higher risk of schizophrenia than matched control population or indeed than other substance use disorders. Finally Prof. van Os (Maastricht University, The Netherlands) will present evidence from a large family based cohort including patients, their siblings and parents, that familiar correlation of psychosis varies considerably as a function of selective environmental exposures such as cannabis (but interestingly not childhood trauma) indicating the importance of selective gene-environment interactions in psychosis susceptibility.

Conference Information: 4th Biennial Schizophrenia International Research Conference Florence Italy. Conference Start: 20140405 Conference End: 20140409

Publisher: Elsevier

Publication Type: Journal: Conference Abstract

Subject Headings:
*comorbidity
*addiction
*schizophrenia
human
psychosis
population
patient
university
Canada
neuroimaging
substance use
United States
cohort analysis
injury
epidemiology
dopamine release
genotype environment interaction
environmental exposure
sibling
United Kingdom
psychiatry
substance abuse
cannabis use
Colombia
neuropharmacology
risk
Netherlands

dopamine metabolism
parent
childhood
receptor
cannabis
methamphetamine

Source: EMBASE

Full Text: Available from *Elsevier* in *Schizophrenia Research*
Available from *Elsevier* in *Biological Psychiatry*

16. Cannabis abuse and psychotic symptoms in patients with their first episode of psychosis

Citation: Schizophrenia Research, April 2012, vol./is. 136/(S180), 0920-9964 (April 2012)

Author(s): Sirianni M.; Di Forti M.; De Fazio P.; Stilo S.A.; Pintore S.M.; Morgan C.; Murray R.M.

Institution: (Sirianni, Di Forti, Stilo, Pintore, Morgan, Murray) Institute of Psychiatry, King's College, London, United Kingdom; (Sirianni, De Fazio) University of Catanzaro Magna Graecia Catanzaro, Calabria, Italy

Language: English

Abstract: Background: Cannabis is the most commonly used illicit drug in the world especially among psychiatric patients. Evidence from recent studies suggests that cannabinoids can produce schizophrenia-like positive, negative, and cognitive symptoms in healthy individuals. In individuals with an established psychotic disorder, cannabinoids can exacerbate symptoms, trigger relapse, and have negative consequences on the course of the illness The main ingredient in cannabis, DELTA9 tetrahydrocannabinol (THC) can elicit acute psychotic reactions in healthy individuals and precipitate relapse in schizophrenic patients. Our aim is to examine the relationship between cannabis use and type, positive family history for psychiatric disorders and psychotic positive, negative and cognitive symptoms in a sample of patients with their first episode of psychosis and healthy volunteers. Methods: The research is part of the Genetic And Psychosis (GAP) study, a large study of individuals with their first episode of psychosis and epidemiologically matched healthy controls aiming to identify new genes of susceptibility for psychosis, their eventual relationship with environmental factors and their role with regard to the transition of high risk and prodromal patients. We used the Social Data Schedule and the Cannabis Experience Questionnaire (modified version) in order to collect detailed socio-demographic and cannabis data from 623 first episode psychosis patients and 346 healthy controls. We also used Positive and Negative Symptoms Scale (PANSS) to assess psychotic symptoms and Wechsler Adult Intelligence Scale (WAIS) for cognitive symptoms and IQ. All our cases were recruited from the South London & Maudsley National Health Service (NHS) Foundation Trust, and the control group from the local population. Results: Cannabis use in our sample is common both in patients and in controls, but patients tend to prefer high-potency types (skunk) (69% vs 40%, p=,000) and are more likely to be current cannabis users (69% vs 30%, p=,040) than controls. Cannabis use was more common in subjects with a positive family history for psychiatric disorders (73% vs 58%, p=,017) than in those without, both in patients and in controls. When we compared age of onset in patients with and without previous cannabis use, we found that patients with a premorbid cannabis use had a lower age of onset (27.0 vs 29.8 years, p=,001), especially if they smoked skunk (26.2 vs 29.9 years, p=,004). Regarding psychotic symptoms, we found more severe positive symptoms, as assessed with PANSS, in patients who are cannabis users compared with those who never tried cannabis (p=,010), especially excitement (p=,010), grandiosity (p=,010), suspiciousness (p=,050) and hostility (p=,010). Positive symptoms are even more severe if patients were current cannabis users (p=,010) or if they preferred to use skunk (p=,050). Also, patients using skunk have higher scores in items assessing paranoid symptoms (delusions, p=,050, suspiciousness p=,010) than patients using hash. When we examined actual and premorbid IQ in our sample, we found significant differences in the group of patients. Patients who are cannabis abusers show a higher level of premorbid IQ than the ones who never used cannabis (91,7 vs 87,7; p=,02). Discussion: In our sample, family history for psychiatric disorders facilitates cannabis use. Cannabis abuse is related to a lower age of

onset and more severe psychotic symptoms, especially positive ones. The use of high-potency cannabis types seems to worsen positive symptoms, in particular paranoid ones.

Conference Information: 3rd Biennial Schizophrenia International Research Conference Florence Italy. Conference Start: 20120414 Conference End: 20120418

Publisher: Elsevier

Publication Type: Journal: Conference Abstract

Subject Headings:
*psychosis
*human
*patient
*cannabis addiction
*schizophrenia
cannabis use
skunk
intelligence quotient
positive syndrome
cognition
mental disease
onset age
family history
relapse
suspiciousness
paranoia
Positive and Negative Syndrome Scale
delusion
questionnaire
risk
environmental factor
hostility
gene
excitement
normal human
population
control group
non profit organization
national health service
United Kingdom
Wechsler Intelligence Scale
diseases
mental patient
cannabis
cannabinoid
tetrahydrocannabinol
illicit drug

Source: EMBASE

Full Text: Available from *Elsevier* in *Schizophrenia Research*
Available from *Elsevier* in *Biological Psychiatry*
Available from *ProQuest* in *Neuropsychopharmacology*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

17. Subclinical psychotic experiences-time to move beyond counting. Advancing clinical research into risk factors, associated psychopathology and outcomes

Citation: Schizophrenia Research, April 2012, vol./is. 136/(S62-S63), 0920-9964 (April 2012)

Author(s): Cannon M.; Scott J.; Jones P.

Language: English

Abstract: During the past decade there has been a growing interest in psychotic symptoms among children and adolescents. For years such symptoms were not asked about by child and adolescent mental health professionals as it was considered that such experiences were meaningless in the absence of a psychotic diagnosis. However there is now compelling evidence from population-based cohorts that self-reported psychotic symptoms in early adolescence are associated with a higher risk of psychotic illness in adulthood. It is now time to move beyond counting the prevalence of such symptoms among young people and begin to move towards elucidation of rates of persistence and the etiological and pathophysiological mechanisms underlying the development of childhood psychotic symptoms. After much initial scepticism and debate, childhood trauma is now recognised as a risk factor for psychotic illnesses in adulthood. In this symposium we will examine various types and severities of childhood trauma in relation to risk for psychotic symptoms and we will finish by examining the association between psychotic symptoms and suicidal behaviours among young people. Richard Linscott will begin the symposium by providing results from a meta-analysis of rates of persistence and risk of psychotic outcomes among individuals who experience psychotic experiences. These compelling results show that 20% have persistent symptoms and 7.4% will later develop a psychotic disorder. James Scott will present detailed information on childhood maltreatment in relation to psychotic symptoms in a large Australian birth cohort. This rich data set has allowed Dr Scott to examine whether the association between trauma and psychotic symptoms is mediated by type of maltreatment (physical abuse, sexual abuse or neglect). Cherrie Galletly reports on a range of childhood risk factors for psychotic experiences in two cohort studies from South Australia. Childhood trauma, poor motor and social development and dysfunctional parenting are associated with psychotic experiences in young adulthood. Psychotic experiences were also associated with alcohol and cannabis abuse. Mary Cannon will present work carried out with her colleague, Ian Kelleher, on the striking association between psychotic symptoms and suicidal behaviours in two community -based adolescent samples from Ireland. Psychotic symptoms were associated with a 10-fold increased risk of suicidal behaviours indicating the potential importance of these symptoms as a marker of severe childhood psychopathology Mark Weiser will present data from a large Israeli cohort (n=5000) of 24-34 year-olds, with cross-sectional data indicating a dose-response relationship between psychotic symptoms and suicidal thoughts, and a significant association between strong psychotic symptoms and suicide attempts, but not completed suicide. Our discussant, Professor Peter Jones will lead the discussion by integrating the presentations drawing on his knowledge and experience of early risk factors for psychosis and other mental disorders and will discuss the implications for possible intervention. Another focus for discussion will be the role of trauma in the etiology of psychosis and the possible biological mechanisms for this association. We will end with some consideration of future directions for research into subclinical psychotic experiences.

Conference Information: 3rd Biennial Schizophrenia International Research Conference Florence Italy. Conference Start: 20120414 Conference End: 20120418

Publisher: Elsevier

Publication Type: Journal: Conference Abstract

Subject Headings:
*clinical research
*risk factor
*mental disease
*schizophrenia
*psychosis
human
childhood
injury
risk
adulthood
suicidal behavior
adolescent
diseases
child

population
community
prevalence
diagnosis
health practitioner
social evolution
cannabis addiction
Ireland
meta analysis
cohort analysis
sexual abuse
mental health
physical abuse
Australia
Australian
child parent relation
suicide
Israeli
dose response
suicide attempt
adolescence
etiology
alcohol
marker

Source: EMBASE

Full Text: Available from *Elsevier* in *Schizophrenia Research*
Available from *Elsevier* in *Biological Psychiatry*
Available from *ProQuest* in *Neuropsychopharmacology*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

18. Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population

Citation: Journal of public health (Oxford, England), March 2014, vol./is. 36/1(81-91), 1741-3850 (01 Mar 2014)

Author(s): Bellis M.A.; Lowey H.; Leckenby N.; Hughes K.; Harrison D.

Institution: (Bellis, Lowey, Leckenby, Hughes, Harrison) Centre for Public Health, Liverpool John Moores University, 15-21 Webster Street, Liverpool L3 2ET, UK

Language: English

Abstract: BACKGROUND: Studies suggest strong links between adverse childhood experiences (ACEs) and poor adult health and social outcomes. However, the use of such studies in non-US populations is relatively scarce.METHODS: Retrospective cross-sectional survey of 1500 residents and 67 substance users aged 18-70 years in a relatively deprived and ethnically diverse UK population.RESULTS: Increasing ACEs were strongly related to adverse behavioural, health and social outcomes. Compared with those with 0 ACEs, individuals with 4+ ACEs had adjusted odds ratios of the following: 3.96 [95% confidence interval (CI): 2.74-5.73] for smoking; 3.72 (95% CI: 2.37-5.85) for heavy drinking; 8.83 (95% CI: 4.42-17.62) for incarceration and 3.02 (95% CI: 1.38-6.62) for morbid obesity. They also had greater risk of poor educational and employment outcomes; low mental wellbeing and life satisfaction; recent violence involvement; recent inpatient hospital care and chronic health conditions. Higher ACEs were also associated with having caused/been unintentionally pregnant aged <18 years and having been born to a mother aged <20 years.CONCLUSIONS: ACEs contribute to poor life-course health and social outcomes in a UK population. That ACEs are linked to involvement in violence, early unplanned pregnancy, incarceration, and unemployment suggests a cyclic effect where those with higher ACE counts have higher risks of exposing their own children to ACEs.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
aged
"alcoholism/ep [Epidemiology]"
"alcoholism/et [Etiology]"
child
*child psychology
crime
cross-sectional study
educational status
employment
epidemiology
female
*health behavior
*health status
human
male
middle aged
questionnaire
retrospective study
smoking
United Kingdom
young adult

Source: EMBASE

Full Text: Available from *Oxford University Press* in *Journal of Public Health*

19. A 5-year follow-up of depressed and bipolar patients with alcohol use disorder in an Irish population

Citation: Alcoholism, clinical and experimental research, April 2014, vol./is. 38/4(1049-1058), 1530-0277 (01 Apr 2014)

Author(s): Farren C.K.; Murphy P.; McElroy S.

Institution: (Farren, Murphy, McElroy) Trinity College Dublin, St Patrick's University Hospital, Dublin, Ireland

Language: English

Abstract: BACKGROUND: Alcohol use disorders (AUDs) and affective disorders commonly co-occur, and this co-occurrence is mutually detrimental. To date, few long-term outcome studies exist involving patients with these comorbid disorders. We wished to determine treatment outcomes 5 years after inpatient integrated treatment in patients with these co-occurring disorders, and identify prognostic factors associated with long-term outcome.METHODS: Two hundred and five depressed and bipolar patients with AUD who completed an inpatient integrated treatment program for dual diagnosis were assessed at baseline, posttreatment discharge, and at 3 months, 6 months, 2 years, and 5 years after treatment.RESULTS: The retention rate at 3 months postdischarge was 95.6%, 75.6% at 6 months, 70.2% at 2 years, and 55.6% at 5 years. Depression, elation, anxiety, and craving scores all fell over the 5-year period, as did the drinking outcome measures in both the depressed and bipolar alcoholics. Each of the primary drinking outcome measures had independent prognostic factors: abstinence at 2 years predicted abstinence at 5 years; number of drinking days at 6 months and 2 years predicted number of drinking days at 5 years; number of drinks per drinking day at 6 months and 2 years predicted number of drinks per drinking day at 5 years. Moreover, the majority of nonabstinent light drinkers at 3 months, who had significantly reduced their mean weekly alcohol consumption since baseline, remained light drinkers at 5 years and very few went on to be heavy drinkers. Indeed, if they did alter category by 5 years, they tended to become abstinent.CONCLUSIONS: Dual diagnosis of AUD and depression or bipolar disorder may be treated successfully together with intensive intervention and follow-up, and

various prognostic factors emerge. Early abstinence predicts later abstinence, and the vast majority of those who achieve light drinking early in recovery remain light drinkers or become abstinent at 5 years.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
aged
"alcoholism/di [Diagnosis]"
"alcoholism/ep [Epidemiology]"
"bipolar disorder/di [Diagnosis]"
"bipolar disorder/ep [Epidemiology]"
cohort analysis
epidemiology
female
follow up
health survey
human
Ireland
male
middle aged
procedures
psychiatric diagnosis
psychology
treatment outcome
young adult

Source: EMBASE

Full Text: Available from *Wiley* in *Alcoholism: Clinical and Experimental Research*

20. Scotland's evidence based outcomes framework for problem drug use

Citation: BMJ (Online), January 2015, vol./is. 350/, 0959-8146;1756-1833 (14 Jan 2015)

Author(s): Dickie E.

Institution: (Dickie) NHS Health Scotland, Edinburgh, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

Publication Type: Journal: Letter

Subject Headings:
conceptual framework
decision making
"*drug dependence/th [Therapy]"
drug dependence treatment
evidence based medicine
health care planning
human
knowledge
letter
policy
public health
United Kingdom

Source: EMBASE

Full Text: Available from *Highwire Press* in *The BMJ*
Available from *BMJ* in *Newcomb Library & Information Service*

21. Mortality and cause of death in a cohort of people who had ever injected drugs in Glasgow: 1982-2012

Citation: Drug and Alcohol Dependence, February 2015, vol./is. 147/(215-221), 0376-8716;1879-0046 (01 Feb 2015)

Author(s): Nambiar D.; Weir A.; Aspinall E.J.; Stoove M.; Hutchinson S.; Dietze P.; Waugh L.; Goldberg D.J.

Institution: (Nambiar, Stoove, Dietze) Centre for Population Health, Burnet Institute, Melbourne, Australia; (Nambiar, Stoove, Dietze) Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Australia; (Weir, Aspinall, Hutchinson, Goldberg) School of Health and Life Sciences, Glasgow Caledonian University, Scotland, United Kingdom; (Weir, Aspinall, Hutchinson, Goldberg) Health Protection Scotland, Glasgow, United Kingdom; (Waugh) Information Services Division, Glasgow, United Kingdom

Language: English

Abstract: Background: To describe all-cause and cause-specific mortality in a cohort of people who had ever injected drugs (PWID) with a low prevalence of HIV over 20-30 years. Methods: Using a retrospective study design, identifying data from a cohort of PWID recruited between 1982 and 1993 through in-patient drug treatment services were linked to National Records for Scotland deaths data using probabilistic record linkage. We report all-cause and cause-specific mortality rates; standardized mortality ratios (SMR) across time, gender and age were estimated. Results: Among 456 PWID, 139 (30.5%) died over 9024 person-years (PY) of follow-up. Mortality within the cohort was almost nine times higher than the general population, and remained elevated across all age groups. The greatest excess mortality rate was in the youngest age group, who were 15-24 years of age (SMR 31.6, 95% CI 21.2-47.1). Drug-related deaths declined over time and mortality was significantly higher among HIV positive participants. Although SMRs declined with follow-up, the SMR of the oldest age group (45-60) was 4.5 (95% CI 3.0-6.9). There were no significant differences in all-cause mortality rates between participants who were 25 years and older at cohort entry compared to younger participants. Conclusion: Mortality rates remained higher than the general population across all age groups. Screening services that identify a history of injecting drug use may be an opportunity to address risk factors faced by an ageing population of PWID and potentially have implications for future health care planning.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
acquired immune deficiency syndrome
adolescent
adult
aging
alcohol liver disease
article
*cause of death
cohort analysis
controlled study
drug dependence
drug overdose
female
health care planning
health service
hepatitis C
human
Human immunodeficiency virus infection
Human immunodeficiency virus prevalence
International Classification of Diseases
*intravenous drug administration

liver cancer
liver disease
major clinical study
male
*mortality
screening test
social isolation
traffic accident
United Kingdom

Source: EMBASE

Full Text: Available from *Elsevier* in *Drug and Alcohol Dependence*

22. Rationale and study protocol for 'Switch-off 4 Healthy Minds' (S4HM): A cluster randomized controlled trial to reduce recreational screen time in adolescents

Citation: Contemporary Clinical Trials, January 2015, vol./is. 40/(150-158), 1551-7144;1559-2030 (January 01, 2015)

Author(s): Babic M.J.; Morgan P.J.; Plotnikoff R.C.; Lonsdale C.; Eather N.; Skinner G.; Baker A.L.; Pollock E.; Lubans D.R.

Institution: (Babic, Morgan, Plotnikoff, Eather, Pollock, Lubans) Priority Research Centre in Physical Activity and Nutrition, University of Newcastle, Newcastle, NSW, Australia; (Lonsdale) Institute for Positive Psychology and Education, Australian Catholic University, Strathfield, NSW, Australia; (Skinner) Faculty of Science and IT, University of Newcastle, Newcastle, NSW, Australia; (Baker) School of Medicine and Public Health, University of Newcastle, Newcastle, NSW, Australia

Language: English

Abstract: Introduction: Excessive recreational screen time (i.e., screen use for entertainment) is a global public health issue associated with adverse mental and physical health outcomes. Considering the growing popularity of screen-based recreation in adolescents, there is a need to identify effective strategies for reducing screen time among adolescents. The aim of this paper is to report the rationale and study protocol for the 'Switch-off 4 Healthy Minds' (S4HM) study, an intervention designed to reduce recreational screen time among adolescents. Methods: The S4HM intervention will be evaluated using a cluster randomized controlled trial in eight secondary schools (N= 322 students) in New South Wales, Australia. The 6-month multi-component intervention will encourage adolescents to manage their recreational screen time using a range of evidence-based strategies. The intervention is grounded in Self-Determination Theory (SDT) and includes the following components: an interactive seminar for students, eHealth messaging, behavioral contract and parental newsletters. All outcomes will be assessed at baseline and at 6-months (i.e., immediate post-test). The primary outcome is recreational screen time measured by the Adolescent Sedentary Activity Questionnaire (ASAQ). Secondary outcomes include: self-reported psychological well-being, psychological distress, global physical self-concept, resilience, pathological video gaming and aggression, and objectively measured physical activity (accelerometry) and body mass index (BMI). Hypothesized mediators of behavior change will also be explored. Discussion: The S4HM study will involve the evaluation of an innovative, theory-driven, multi-component intervention that targets students and their parents and is designed to reduce recreational screen time in adolescents. The intervention has been designed for scalability and dissemination across Australian secondary schools.

Country of Publication: United States

Publisher: Elsevier Inc.

Publication Type: Journal: Article

Subject Headings: accelerometry
adolescent
adolescent sedentary activity questionnaire
aggression

article
Australia
behavior change
behavior theory
body mass
clinical protocol
cluster analysis
controlled study
"*distress syndrome/th [Therapy]"
evidence based medicine
female
high school
high school student
human
intervention study
major clinical study
male
pathological gambling
physical activity
psychological well being
randomized controlled trial
*recreation
*recreational therapy
self concept
self determination theory
single blind procedure
sitting
videorecording

Source: EMBASE

Full Text: Available from *Elsevier* in *Contemporary Clinical Trials*

23. Failure to identify or effectively manage prescription opioid dependence acted as a gateway to heroin use - Buprenorphine/naloxone treatment and recovery in a surgical patient

Citation: BMJ Case Reports, December 2014, vol./is. 2014/, 1757-790X (17 Dec 2014)

Author(s): Conroy S.; Hill D.

Institution: (Conroy) Lanarkshire Alcohol and Drug Service, Coatbridge, United Kingdom; (Hill) NHS Lanarkshire, Motherwell, United Kingdom

Language: English

Abstract: The prescribing of opioid pain medication has increased markedly in recent years, with strong opioid dispensing increasing 18-fold in Tayside, Scotland since 1995. Despite this, little data is available to quantify the problem of opioid pain medication dependence (OPD) and until recently there was little guidance on bestpractice treatment. We report the case of a young mother prescribed dihydrocodeine for postoperative pain relief who became opioid dependent. When her prescription was stopped without support, she briefly used heroin to overcome her withdrawal. After reexposure to dihydrocodeine following surgery 9 years later and treatment with methadone for dependency, she was transferred to buprenorphine/naloxone. In our clinical experience and in agreement with Department of Health and Royal College of General Practitioner guidance, buprenorphine/naloxone is the preferred opioid substitution treatment for OPD. Our patient remains within her treatment programme and has returned to work on buprenorphine 16 mg/naloxone 4 mg in conjunction with social and psychological support.

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

CAS Registry Number: 125-28-0 (dihydrocodeine); 24204-13-5 (dihydrocodeine); 5965-13-9 (dihydrocodeine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)

Publication Type: Journal: Article

Subject Headings:
adult
article
case report
collapse
coping behavior
drug megadose
drug substitution
drug withdrawal
female
general practitioner
human
laparoscopy
"*opiate addiction/dt [Drug Therapy]"
opiate substitution treatment
*prescription
psychological well being
social support
*surgical patient
treatment outcome
withdrawal syndrome
working mother
young adult
"*buprenorphine plus naloxone/dt [Drug Therapy]"
*dihydrocodeine
"methadone/do [Drug Dose]"
"methadone/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Highwire Press* in *BMJ Case Reports*

24. A systematic review of contextual factors relating to smokeless tobacco use among South Asian users in England

Citation: Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco, May 2013, vol./is. 15/5(875-882), 1469-994X (01 May 2013)

Author(s): Messina J.; Freeman C.; Rees A.; Goyder E.; Hoy A.; Ellis S.; Ainsworth N.

Institution: (Messina, Freeman, Rees, Goyder, Hoy, Ellis, Ainsworth) University of Sheffield, Section of Public Health, School of Health and Related Research (ScHARR), Sheffield, UK. j.messina@shef.ac.uk

Language: English

Abstract: INTRODUCTION: Certain types of smokeless tobacco (ST) are popular among some people of South Asian origin in England; however, little is known about the contextual factors surrounding use in this population. This systematic review explores the factors associated with ST use among people of South Asian origin in England.METHODS: An iterative search strategy in targeted databases and grey literature sources was conducted in the summer of 2011. Data extractions and quality assessments were completed and verified by two reviewers, and results were presented as a narrative.RESULTS: A total of 2,968 references were screened by two reviewers who agreed on the inclusion of 14 studies. ST use is more prevalent among older participants who may have started chewing in India; however, the evidence suggests that some younger English-born South Asians are using ST as well. Reasons for chewing included the use of these products in times of stress, boredom or simply to relax. Traditional health messages and prior held beliefs may lead them to chew these products because of misconceptions about their health benefits, since very few people were aware of the health risks. Many expressed a desire to quit, however found it difficult to go without ST.CONCLUSION: This review examines the complex factors that underpin and influence ST use among South Asians in England with the potential of informing targeted interventions and health policy.

Country of Publication: United Kingdom

Publication Type: Journal: Review

Subject Headings: Asia
attitude to health
epidemiology
ethnology
human
risk factor
smokeless tobacco
smoking cessation
tobacco dependence
United Kingdom

Source: EMBASE

Full Text: Available from *Oxford University Press* in *Nicotine and Tobacco Research*

25. Patients with mental illness as victims of homicide: A national consecutive case series

Citation: The Lancet Psychiatry, July 2014, vol./is. 1/2(129-134), 2215-0366 (01 Jul 2014)

Author(s): Rodway C.; Flynn S.; While D.; Rahman M.S.; Kapur N.; Appleby L.; Shaw J.

Institution: (Rodway, Flynn, While, Rahman, Kapur, Appleby, Shaw) Centre for Mental Health and Risk, University of Manchester, Manchester, United Kingdom

Language: English

Abstract: Background: The media attention received by homicides committed by patients with mental illness is thought to increase stigma. However, people with mental illness can also be victims of violence. We aimed to assess how often victims of homicide are current mental health patients and their relationship to the perpetrators. Methods: In a national consecutive case-series study, we obtained data for victims and perpetrators of all confirmed homicides between Jan 1, 2003, and Dec 31, 2005, in England and Wales. We requested information about contact with mental health services in the 12 months before the homicide for all victims and perpetrators. For victims and perpetrators who had contact with mental health services in the 12 months before homicide, we sent questionnaires to the clinician responsible for the patient's care. Findings: 1496 victims of confirmed homicide died between Jan 1, 2003, and Dec 31, 2005, in England and Wales. Patients with mental illness were more likely to die by homicide than were people in the general population (incidence rate ratio 26, 95% CI 19-34). 90 homicide victims (6%) had contact with mental health services in the 12 months before their death. 213 patients with mental illness were convicted of homicide in the same 3 year period. 29 of 90 patient victims were killed by another patient with mental illness. In 23 of these 29 cases, the victim and perpetrator were known to each other, and in 21 of these cases, the victims and perpetrators were undergoing treatment at the same National Health Service Trust. In these 29 cases in which patient victims were killed by another patient with mental illness, alcohol and drug misuse (19 victims [66%], 27 perpetrators [93%]) and previous violence (7 victims [24%], 7 perpetrators [24%]) were common in both victims and, particularly, perpetrators. In seven of the 29 cases in which the victim was killed by another patient with mental illness, both victim and perpetrator were diagnosed with schizophrenia. Interpretation: The high risk of patients with mental illness being victims of homicide is an important antistigma message, although this risk partly comes from other patients with mental illness; overall, the risk of patients committing homicide is greater than the risk of being a victim of homicide. Identification and safeguarding of patients at risk of violence should be prominent in clinical risk assessment. Funding: Healthcare Quality Improvement Partnership.

Country of Publication: United Kingdom

Publisher: Elsevier Ltd

Publication Type: Journal: Article

Subject Headings: adolescent
adult

aged
alcoholism
article
drug misuse
female
high risk population
*homicide
human
major clinical study
male
*mental disease
mental health service
national health service
offender
United Kingdom
victim
violence

Source: EMBASE

26. Making a medicine out of MDMA

Citation: British Journal of Psychiatry, January 2015, vol./is. 206/1(4-6), 0007-1250;1472-1465 (01 Jan 2015)

Author(s): Sessa B.; Nutt D.

Institution: (Sessa) AddAction, Cardiff University, 35 The Boulevard, Weston-Super-Mare, Somerset BS23 1PE, United Kingdom; (Nutt) Division of Brain Sciences, Neuropsychopharmacology Unit, Imperial College London, United Kingdom

Language: English

Abstract: From its first use 3,4,-methylenedioxymethamphetamine (MDMA) has been recognised as a drug with therapeutic potential. Research on its clinical utility stopped when it entered the recreational drug scene but has slowly resurrected in the past decade. Currently there is enough evidence for MDMA to be removed from its Schedule 1 status of 'no medical use' and moved into Schedule 2 (alongside other misused but useful medicines such as heroin and amphetamine). Such a regulatory move would liberate its use as a medicine for patients experiencing severe mental illnesses such as treatment-resistant post-traumatic stress disorder.

Country of Publication: United Kingdom

Publisher: Royal College of Psychiatrists (17 Belgrave Square, London SW1X 8PG, United Kingdom. E-mail: dtomkins@rcpsych.ac.uk)

CAS Registry Number: 42542-10-9 (3,4 methylenedioxymethamphetamine); 50-56-6 (oxytocin); 54577-94-5 (oxytocin)

Publication Type: Journal: Review

Subject Headings:
addiction
amygdaloid nucleus
brain function
controlled clinical trial (topic)
drug dependence
drug effect
drug efficacy
drug legislation
drug mechanism
drug misuse
drug safety
facial expression
friendship
hippocampus

history of medicine
human
intimacy
licence
marital therapy
memory
neuroimaging
oxytocin release
phase 3 clinical trial (topic)
posttraumatic stress disorder
*psychopharmacotherapy
review
risk benefit analysis
social interaction
suicide
treatment outcome
United Kingdom
"*3 4 methylenedioxymethamphetamine/ct [Clinical Trial]"
"*3 4 methylenedioxymethamphetamine/pe [Pharmacoeconomics]"
"*3 4 methylenedioxymethamphetamine/pd [Pharmacology]"
"dopamine receptor/ec [Endogenous Compound]"
"oxytocin/ec [Endogenous Compound]"
recreational drug
"serotonin 1A receptor/ec [Endogenous Compound]"
"serotonin 1B receptor/ec [Endogenous Compound]"
"serotonin 2A receptor/ec [Endogenous Compound]"

Source: EMBASE

27. How credible are international databases for understanding substance use and related problems?

Citation: International Journal of Drug Policy, February 2015, vol./is. 26/2(119-121), 0955-3959;1873-4758 (01 Feb 2015)

Author(s): Uhl A.; Hunt G.; van den Brink W.; Stimson G.V.

Institution: (Uhl) Addiction Research and Documentation of the Anton-Proksch-Institute, Graefin Zichy-Strase 6, Vienna 1230, Austria; (Uhl) Sigmund Freud Private University, Schnirchgasse 9A, Vienna 1030, Austria; (Hunt) Centre for Alcohol and Drug Research, University of Aarhus, Denmark; (van den Brink) Psychiatry and Addiction, Academic Medical Centre University of Amsterdam, Amsterdam, Netherlands; (Stimson) Emeritus Professor Imperial College London, United Kingdom; (Stimson) Visiting Professor London School of Hygiene and Tropical Medicine, United Kingdom

Language: English

Country of Publication: Netherlands

Publisher: Elsevier

CAS Registry Number: 64-17-5 (alcohol); 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 86290-81-5 (gasoline)

Publication Type: Journal: Editorial

Subject Headings:
alcohol consumption
*alcohol liver cirrhosis
alcoholic beverage
alcoholism
Austria
cause of death
cost
*data base
death certificate
Denmark

*drinking behavior
editorial
energy drink
Finland
France
Greece
health care policy
human
Hungary
*information system
International Classification of Diseases
Italy
Lithuania
Malta
mortality
Netherlands
Norway
prevalence
Romania
*social marketing
*substance use
United Kingdom
world health organization
alcohol
amphetamine
central stimulant agent
gasoline
glue
paint

Source: EMBASE

Full Text: Available from *Elsevier* in *International Journal of Drug Policy*

28. Counseling patients on the use of electronic cigarettes

Citation: Mayo Clinic Proceedings, January 2015, vol./is. 90/1(128-134), 0025-6196;1942-5546 (01 Jan 2015)

Author(s): Ebbert J.O.; Agunwamba A.A.; Rutten L.J.

Institution: (Ebbert, Agunwamba, Rutten) Robert D. and Patricia E. Kern Center for the Science of Healthcare Delivery, Mayo Clinic, Rochester, MN, United States; (Rutten) Department of Health Sciences Research, Mayo Clinic, Rochester, MN, United States

Language: English

Abstract: Electronic cigarettes (e-cigarettes) have substantially increased in popularity. Clear evidence about the safety of e-cigarettes is lacking, and laboratory experiments and case reports suggest these products may be associated with potential adverse health consequences. The effectiveness of e-cigarettes for smoking cessation is modest and appears to be comparable to the nicotine patch combined with minimal behavioral support. Although a role for e-cigarettes in the treatment of tobacco dependence may emerge in the future, the potential risk of e-cigarettes outweighs their known benefit as a recommended tobacco treatment strategy by clinicians. Patients should be counseled on the known efficacy and potential risks of e-cigarettes.

Country of Publication: United Kingdom

Publisher: Elsevier Ltd

CAS Registry Number: 54-11-5 (nicotine)

Publication Type: Journal: Review

Subject Headings: Australia
bronchus reactivity

burn
Canada
congestive heart failure
coughing
equipment design
food and drug administration
headache
health care policy
health hazard
heart rate
human
marketing
medical device
nausea
nicotine replacement therapy
*patient counseling
pneumonia
psychopharmacology
reinforcement
review
seizure
*smoking cessation
social behavior
thorax pain
tobacco consumption
*tobacco dependence
United Kingdom
United States
*electronic cigarette
nicotine

Source: EMBASE

Full Text: Available from *Elsevier* in *Mayo Clinic Proceedings*
Available from *ProQuest* in *Mayo Clinic Proceedings*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

29. Normative misperceptions about alcohol use in the general population of drinkers: A cross-sectional survey

Citation: Addictive Behaviors, March 2015, vol./is. 42/(203-206), 0306-4603;1873-6327 (March 01, 2015)

Author(s): Garnett C.; Crane D.; West R.; Michie S.; Brown J.; Winstock A.

Institution: (Garnett, Crane, Michie, Brown) Research Department of Clinical, Educational and Health Psychology, University College London, London, United Kingdom; (West, Brown) Cancer Research UK Health Behaviour Research Centre, University College London, London, United Kingdom; (Winstock) Institute of Psychiatry, National Addiction Centre, King's College London, London, United Kingdom; (Winstock) South London and Maudsley NHS Foundation Trust, King's College London, London, United Kingdom

Language: English

Abstract: Underestimating one's own alcohol consumption relative to others ('normative misperception') has been documented in some college student and heavy-alcohol using samples, and may contribute to excessive drinking. This study aimed to assess how far this phenomenon extends to alcohol users more generally in four English-speaking countries and if associations with socio-demographic and drinking variables exist. Methods: A cross-sectional online global survey (Global Drugs Survey-2012) was completed by 9820 people aged 18. + from Australia, Canada, the UK and US who had consumed alcohol in the last year. The survey included the AUDIT questionnaire (which assessed alcohol consumption, harmful drinking and alcohol dependence),

socio-demographic assessment and a question assessing beliefs about how one's drinking compares with others. Associations were analysed by linear regression models. Results: Underestimation of own alcohol use relative to others occurred in 46.9% (95% CI: 45.9%, 47.9%) of respondents. 25.4% of participants at risk of alcohol dependence and 36.6% of harmful alcohol users believed their drinking to be average or less. Underestimation was more likely among those who were: younger (16-24; p<. 0.003), male (p<. 0.001), from the UK (versus US; p<. 0.001), less well educated (p = 0.003), white (p = 0.035), and unemployed (versus employed; p<. 0.001). Conclusions: Underestimating one's own alcohol consumption relative to other drinkers is common in Australia, Canada, the UK and US, with a substantial minority of harmful drinkers believing their consumption to be at or below average. This normative misperception is greater in those who are younger, male, less well educated, unemployed, white, from the UK and high-risk drinkers.

Country of Publication: United Kingdom

Publisher: Elsevier Ltd

Publication Type: Journal: Article

Subject Headings:
adult
age distribution
*alcohol consumption
alcoholism
article
Australia
Canada
Caucasian
cross-sectional study
*demography
educational status
employment status
ethnic difference
female
human
major clinical study
male
population
*self concept
sex difference
*social status
unemployment
United Kingdom
United States

Source: EMBASE

Full Text: Available from *Elsevier* in *Addictive Behaviors*

30. Prospective multicentre randomised, double-blind, equivalence study comparing clonidine and midazolam as intravenous sedative agents in critically ill children: the SLEEPS (Safety profile, Efficacy and Equivalence in Paediatric intensive care Sedation) study

Citation: Health Technology Assessment, 2014, vol./is. 18/71(1-242), 1366-5278;2046-4924 (2014)

Author(s): Wolf A.; McKay A.; Spowart C.; Granville H.; Boland A.; Petrou S.; Sutherland A.; Gamble C.

Institution: (Wolf) Bristol Royal Children's Hospital, Bristol, United Kingdom; (McKay, Spowart, Granville, Gamble) Clinical Trials Research Centre, University of Liverpool, Liverpool, United Kingdom; (Boland) Liverpool Reviews and Implementation Group, University of Liverpool, Liverpool, United Kingdom; (Petrou) Warwick Medical School, Warwick, United Kingdom; (Sutherland) Central Manchester University Hospitals NHS Trust, Manchester, United Kingdom

Language: English

Abstract: Background Children in paediatric intensive care units (PICUs) require analgesia and sedation but both undersedation and oversedation can be harmful.Objective Evaluation of intravenous (i.v.) clonidine as an alternative to i.v. midazolam.Design Multicentre, double-blind, randomised equivalence trial.Setting Ten UK PICUs.Participants Children (30 days to 15 years inclusive) weighing <50kg, expected to require ventilation on PICU for >12 hours.Interventions Clonidine (3micro g/kg loading then 0-3micro g/kg/hour) versus midazolam (200micro g/kg loading then 0-200micro g/kg/hour). Maintenance infusion rates adjusted according to behavioural assessment (COMFORT score). Both groups also received morphine.Main outcome measures Primary end point Adequate sedation defined by COMFORT score of 17-26 for >80% of the time with a +/-0.15 margin of equivalence. Secondary end points Percentage of time spent adequately sedated, increase in sedation/analgesia, recovery after sedation, side effects and safety data.Results The study planned to recruit 1000 children. In total, 129 children were randomised, of whom 120 (93%) contributed data for the primary outcome. The proportion of children who were adequately sedated for >80% of the time was 21 of 61 (34.4%) - clonidine, and 18 of 59 (30.5%) - midazolam. The difference in proportions for clonidine-midazolam was 0.04 [95% confidence interval (CI) -0.13 to 0.21], and, with the 95% CI including values outside the range of equivalence (-0.15 to 0.15), equivalence was not demonstrated; however, the study was underpowered. Non-inferiority of clonidine to midazolam was established, with the only values outside the equivalence range favouring clonidine. Times to reach maximum sedation and analgesia were comparable hazard ratios: 0.99 (95% CI 0.53 to 1.82) and 1.18 (95% CI 0.49 to 2.86), respectively. Percentage time spent adequately sedated was similar [medians clonidine 73.8% vs. midazolam 72.8%: difference in medians 0.66 (95% CI -5.25 to 7.24)]. Treatment failure was 12 of 64 (18.8%) on clonidine and 7 of 61 (11.5%) on midazolam [risk ratio (RR) 1.63, 95% CI 0.69 to 3.88]. Proportions with withdrawal symptoms [28/60 (46.7%) vs. 30/58 (52.6%)] were similar (RR 0.89, 95% CI 0.62 to 1.28), but a greater proportion required clinical intervention in those receiving midazolam [11/60 (18.3%) vs. 16/58 (27.6%) (RR 0.66, 95% CI 0.34 to 1.31)]. Post treatment, one child on clonidine experienced mild rebound hypertension, not requiring intervention. A higher incidence of inotropic support during the first 12 hours was required for those on clonidine [clonidine 5/45 (11.1%) vs. midazolam 3/52 (5.8%)] (RR 1.93 95% CI 0.49 to 7.61).Conclusions Clonidine is an alternative to midazolam. Our trial-based economic evaluation suggests that clonidine is likely to be a cost-effective sedative agent in the PICU in comparison with midazolam (probability of cost-effectiveness exceeds 50%). Rebound hypertension did not appear to be a significant problem with clonidine but, owing to its effects on heart rate, specific cardiovascular attention needs to be taken during the loading and early infusion phase. Neither drug in combination with morphine provided ideal sedation, suggesting that in unparalysed patients a third background agent is necessary. The disappointing recruitment rates reflect a reluctance of parents to provide consent when established on a sedation regimen, and reluctance of clinicians to allow sedation to be studied in unstable critically ill children. Future studies will require less exacting protocols allowing enhanced recruitment.

Country of Publication: United Kingdom

Publisher: NIHR Journals Library

CAS Registry Number: 4205-90-7 (clonidine); 4205-91-8 (clonidine); 57066-25-8 (clonidine); 59467-70-8 (midazolam); 52-26-6 (morphine); 57-27-2 (morphine)

Publication Type: Journal: Article

Subject Headings:
adolescent
analgesia
anesthetic recovery
article
"bradycardia/si [Side Effect]"
child
"constipation/si [Side Effect]"
controlled study
cost effectiveness analysis
*critically ill patient

double blind procedure
drug cost
drug efficacy
drug safety
drug treatment failure
drug withdrawal
female
human
"hypertension/si [Side Effect]"
"hypotension/si [Side Effect]"
infant
"infection/si [Side Effect]"
intensive care unit
loading drug dose
major clinical study
male
multicenter study
*pediatric anesthesia
"petechia/si [Side Effect]"
randomized controlled trial
*sedation
"stridor/si [Side Effect]"
"surgical infection/si [Side Effect]"
therapeutic equivalence
treatment outcome
United Kingdom
"withdrawal syndrome/si [Side Effect]"
"*clonidine/ct [Clinical Trial]"
"*clonidine/pe [Pharmacoeconomics]"
"*clonidine/ae [Adverse Drug Reaction]"
"*clonidine/cb [Drug Combination]"
"*clonidine/cm [Drug Comparison]"
"*clonidine/iv [Intravenous Drug Administration]"
inotropic agent
"midazolam/iv [Intravenous Drug Administration]"
"midazolam/ct [Clinical Trial]"
"midazolam/pe [Pharmacoeconomics]"
"midazolam/ae [Adverse Drug Reaction]"
"midazolam/cb [Drug Combination]"
"midazolam/cm [Drug Comparison]"
"morphine/cb [Drug Combination]"

Source: EMBASE

31. Spanish version of the Substance Use Risk Profile Scale: Factor structure, reliability, and validity in Mexican adolescents

Citation: Psychiatry Research, December 2014, vol./is. 220/3(1113-1117), 0165-1781;1872-7123 (30 Dec 2014)

Author(s): Robles-Garcia R.; Fresan A.; Castellanos-Ryan N.; Conrod P.; Gomez D.; de Quevedo y Dominguez M.E.G.; Rafful C.; Real T.; Vasquez L.; Medina-Mora M.E.

Institution: (Robles-Garcia, Fresan, Real, Vasquez, Medina-Mora) Instituto Nacional de Psiquiatria Ramon de la Fuente Muniz, Calz. Mexico-Xochimilco 101, Mexico City 14370, Mexico; (Castellanos-Ryan, Conrod) Universite de Montreal, CHU-HOpital, Canada; (Conrod) King's College London, United Kingdom; (Gomez) Instituto Mexicano de Psicoterapia Cognitivo Conductual, Mexico; (de Quevedo y Dominguez) Instituto Tecnologico y de Estudios Superiores de Monterrey, Campus Leon, Mexico; (Rafful) University of California, San Diego, United States

Language: English

Abstract: To validate the Substance Use Risk Profile Scale (SURPS) in a sample of Mexican adolescents, this brief 23-item self-report questionnaire has been developed to screen four high-risk personality traits for substance misuse, to guide targeted approaches to prevention of addictions in adolescents. The scale has been previously validated in United Kingdom, Canada, Sri Lanka and China. A sample of 671 adolescents aged 11-17 completed a Spanish translation of the SURPS as well as other measures of personality and substance use. The Spanish translation of the SURPS has moderate internal consistency, and demonstrated a four-factor structure very similar to the original scale. The four subscales show good concurrent validity and three of the subscales were found to correlate with measures of substance use. The Spanish translation of the SURPS seems to be a valid and sensitive scale that can be used in a Mexican adolescent population.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings:
adolescent
alcohol consumption
article
Canada
child
China
concurrent validity
female
human
inhalant abuse
internal consistency
male
Mexican
personality
*rating scale
reliability
self report
Sri Lanka
substance abuse
*substance use
*Substance Use Risk Profile Scale
tobacco
United Kingdom
validation study
amphetamine derivative
cannabis
cocaine
opiate
psychedelic agent
tranquilizer

Source: EMBASE

Full Text: Available from *Elsevier* in *Psychiatry Research*

32. "We are people too": Consumer participation and the potential transformation of therapeutic relations within drug treatment

Citation: International Journal of Drug Policy, January 2015, vol./is. 26/1(30-36), 0955-3959;1873-4758 (01 Jan 2015)

Author(s): Rance J.; Treloar C.

Institution: (Rance, Treloar) Centre for Social Research in Health, UNSW Australia, UNSW, Sydney 2052, Australia

Language: English

Abstract: Background: While there is growing recognition of the benefits of user involvement within drug treatment there is scant literature documenting the actual implementation of such initiatives. Nonetheless, the extant research is remarkably consistent in identifying poor relationships between service users and staff as a principal barrier to the successful implementation of consumer participation. Focussing on participants' accounts of change within the 'therapeutic alliance', this paper investigates a consumer participation initiative introduced within three Australian drug treatment services. Methods: In 2012, the New South Wales Users and AIDS Association (NUAA), a state-based drug user organisation, introduced a consumer participation initiative within three treatment facilities across the state. This paper draws on 57 semi-structured interviews with staff and service-user project participants. Approximately ten participants from each site were recruited and interviewed at baseline and six months later at evaluation. Results: The enhanced opportunities for interaction enabled by the consumer participation initiative fostered a sense of service users and staff coming to know one another beyond the usual constraints and limitations of their relationship. Both sets of participants described a diminution of adversarial relations: an unsettling of the 'them and us' treatment divide. The routine separation of users and staff was challenged by the emergence of a more collaborative ethos of 'working together'. Participants noted 'seeing' one another - the other - differently; as people rather than simply an identity category. Conclusion: For service users, the opportunity to have 'a voice' began to disrupt the routine objectification or dehumanisation that consistently, if unintentionally, characterise the treatment experience. Having a voice, it seemed, was synonymous with being human, with having ones' 'humanness' recognised. We contend that not only did the introduction of consumer participation appear to empower service users and enhance the therapeutic alliance, it may have also improved service quality and health outcomes.

Country of Publication: Netherlands

Publisher: Elsevier

Publication Type: Journal: Article

Subject Headings:
article
Australia
*consumer
*drug dependence
drug therapy
health care facility
health care organization
*health service
human
*human relation
semi structured interview
staff
stigma

Source: EMBASE

Full Text: Available from *Elsevier* in *International Journal of Drug Policy*

33. Self-reported prevalence of dependence of MDMA compared to cocaine, mephedrone and ketamine among a sample of recreational poly-drug users

Citation: International Journal of Drug Policy, January 2015, vol./is. 26/1(78-83), 0955-3959;1873-4758 (01 Jan 2015)

Author(s): Uosukainen H.; Tacke U.; Winstock A.R.

Institution: (Uosukainen) School of Pharmacy, Faculty of Health Sciences, University of Eastern Finland, Kuopio, Finland; (Tacke) School of Medicine, Psychiatry, Faculty of Health Sciences, University of Eastern Finland, Kuopio, Finland; (Tacke) Addiction Psychiatry

Unit, Kuopio University Hospital, Kuopio, Finland; (Winstock) South London and Maudsley NHS Trust/King's College London, London, United Kingdom; (Winstock) Global Drug Survey, London, United Kingdom

Language: English

Abstract: Background: Evidence regarding MDMA (ecstasy) dependence and the most suitable criteria for its assessment are controversial. This study aimed to assess the prevalence of last year symptoms of dependence upon MDMA compared to cocaine, mephedrone and ketamine among a large global non-treatment seeking sample. Methods: A cross-sectional anonymous online survey was promoted by a UK-based dance music website between 15 November 2010 and 1 January 2011. Endorsement of DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) dependence criteria was sought from all last year users of MDMA, cocaine, mephedrone and ketamine. Reporting >3 dependence symptoms was indicative of dependence. Logistic regression models with Generalized Estimating Equations were used to compare dependence symptoms between groups. Results: MDMA users were more likely to report >3 DSM-IV dependence symptoms compared to users of cocaine (odds ratio OR 0.81, 95% confidence interval CI 0.71-0.93), mephedrone (OR 0.91, 95%CI 0.78-1.06) and ketamine (OR 0.52, 95%CI 0.44-0.62) (. p<. 0.001). MDMA users were less likely to report desire to use less or get help compared to users of other substances (. p<. 0.001). MDMA got the highest rating of pleasurable high (mean 8.2. +/-. 1.7) and lowest rating for risk of harm (mean 2.7. +/-. 2.4). Conclusions: Our results highlight the self-reported dependence potential of MDMA but low desire to use less or get help. MDMA's pleasurable effects may compensate for drug-related problems and, therefore, DSM-IV criteria may not be suitable for assessing MDMA dependence. Further research is needed on the ability of DSM-V to assess MDMA dependence.

Country of Publication: Netherlands

Publisher: Elsevier

CAS Registry Number: 42542-10-9 (3,4 methylenedioxymethamphetamine); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1867-66-9 (ketamine); 6740-88-1 (ketamine); 81771-21-3 (ketamine)

Publication Type: Journal: Article

Subject Headings:
adult
article
controlled study
cross-sectional study
*drug dependence
drug use
DSM-IV
female
human
Internet
male
prevalence
self report
symptom
United Kingdom
*3 4 methylenedioxymethamphetamine
*4' methylmethcathinone
*cocaine
*ketamine

Source: EMBASE

Full Text: Available from *Elsevier* in *International Journal of Drug Policy*

34. "It's Russian roulette": Adulteration, adverse effects and drug use transitions during the 2010/2011 United Kingdom heroin shortage

Citation: International Journal of Drug Policy, January 2015, vol./is. 26/1(51-58), 0955-3959;1873-4758 (01 Jan 2015)

Author(s): Harris M.; Forseth K.; Rhodes T.

Institution: (Harris, Forseth, Rhodes) Centre for Research on Drugs and Health Behaviour, London School of Hygiene and Tropical Medicine, 15-17 Tavistock Place, London WC1H 9SH, United Kingdom

Language: English

Abstract: Background: Between late 2010 and mid 2011 there was a significant heroin shortage in the United Kingdom (UK), resulting in a rapid drop in street heroin purity and increase in price. The most well documented event of this kind is the 2000-2001 Australian heroin shortage, with little published research addressing the UK context. In this paper we draw on qualitative data to explore the impact of, and responses to, the 2010/2011 shortage among London-based heroin users. Methods: Data collection comprised longitudinal life history and narrative interviews with 37 PWID in 2010-2011. The average age of participants was 40, with a 20-year average duration of injecting. Heroin was the drug of choice for the majority of participants (25), with 12 preferring to inject a crack-cocaine and heroin mix. Recruitment took place through London drug and alcohol services and peer networks. Results: The majority of participants continued to source and inject heroin despite reported decline in purity and increased adulteration. Transitions to poly-drug use during the heroin shortage were also common, increasing vulnerability to overdose and other drug related harms. Participants enacted indigenous harm reduction strategies in attempting to manage changes in drug purity and availability, with variable success. Conclusion: Epidemiological data gathered during periods of heroin shortage is often drawn on to emphasise the health benefits of reductions in supply. Our findings highlight the importance of understanding the ways in which heroin shortages may increase, as well as reduce, harm. There is a need for enhanced service provision during periods of drug shortage as well as caution in regard to the posited benefits of supply-side drug law enforcement.

Country of Publication: Netherlands

Publisher: Elsevier

CAS Registry Number: 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine)

Publication Type: Journal: Article

Subject Headings:
adult
article
clinical article
drug overdose
*drug purity
epidemiological data
female
harm reduction
*health hazard
health service
*heroin dependence
human
interview
intravenous drug abuse
longitudinal study
male
multiple drug abuse
United Kingdom
cocaine
*diamorphine

Source: EMBASE

Full Text: Available from *Elsevier* in *International Journal of Drug Policy*

35. Specialist clinicians' practice and views regarding methadone/buprenorphine supervision and contingency management: A national survey

Citation: Journal of Substance Use, February 2014, vol./is. 20/1(6-10), 1465-9891;1475-9942 (01 Feb 2015)

Author(s): Fingleton N.A.; Matheson C.I.; Holland R.C.

Institution: (Fingleton, Matheson) Research Assistant, Academic Primary Care, University of Aberdeen, Polwarth Building, Foresterhill, Aberdeen AB25 2ZD, United Kingdom; (Holland) Norwich Medical School, University of East Anglia, Norwich Research Park, Norwich, Norfolk, United Kingdom

Language: English

Abstract: Aims and methods: The aim of the study was to determine the current models of supervised consumption of methadone/buprenorphine practised, and to establish the extent to which contingency management is used, and in what forms. A postal questionnaire was sent to all lead specialist clinicians in the field of substance misuse in England in 2010 (n=194). Results: The response rate was 66% (n=129). Clinicians generally supervised patients for a period of 3 months, although considerable flexibility was used depending on individual circumstances. The majority of patients consumed their methadone/buprenorphine on pharmacy premises 6d per week. Supervised consumption arrangements were believed by respondents to cause a minority of patients to drop out of treatment and prevent a minority from starting treatment. Contingency management is widely used throughout England, with the most common forms relating to changes in supervision or dispensing arrangements. Conclusion: There is marked heterogeneity in clinicians' practice of supervised consumption, suggesting uncertainty regarding the optimal approach. Further research, such as an RCT, is required.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings:
article
*clinical supervision
*contingency management
cross-sectional study
drug misuse
drug overdose
"*heroin dependence/dt [Drug Therapy]"
human
*maintenance therapy
major clinical study
mental health
*methadone treatment
"opiate addiction/dt [Drug Therapy]"
patient care
patient compliance
patient education
pharmacy
questionnaire
training
United Kingdom
urinalysis
"*buprenorphine/dt [Drug Therapy]"
*diamorphine
hepatitis B vaccine

illicit drug
"*methadone/dt [Drug Therapy]"
opiate

Source: EMBASE

Full Text: Available from *Informa Healthcare* in *Journal of Substance Use*

36. An exploratory qualitative study seeking participant views evaluating group Cognitive Behavioral Therapy preparation for alcohol detoxification

Citation: Journal of Substance Use, February 2014, vol./is. 20/1(61-68), 1465-9891;1475-9942 (01 Feb 2015)

Author(s): Croxford A.; Notley C.J.; Maskrey V.; Holland R.; Kouimtsidis C.

Institution: (Croxford) Camden and Islington Mental Health Trust, London, United Kingdom; (Notley, Maskrey, Holland) School of Medicine, Health Policy and Practice, University of East Anglia, Norwich, United Kingdom; (Kouimtsidis) Surrey and Borders Partnership NHS Foundation Trust, IHEAR Pharmacia House, 1 Prince Regent Road, London, TW3 1NE, United Kingdom

Language: English

Abstract: Aims: There is a strong consensus that detoxification from alcohol should be planned. Six sessions of Group Cognitive Behavioral Therapy as structured preparation for detoxification for alcohol dependence have been developed and evaluated. To our knowledge this is the only structured preparation intervention reported in the literature. The aim of this study was to provide a client centered evaluation of this intervention to build upon initial quantitative evidence. Methods: Eleven telephone and two face to face qualitative interviews were conducted in four community alcohol teams in South England. Detailed inductive coding, and coding around CBT concepts, of all transcripts was undertaken. Participants were purposively sampled after completion of the six week group intervention. Results: Key benefits of group attendance from the participant perspective included not feeling "alone", being supported by, and supporting peers. Participants demonstrated self-efficacy and coping strategies for reducing drinking and managing high-risk situations. Some reported pre-group anxiety, or difficult group experiences due to disruptive clients. Conclusions: Although the study has limitations, the intervention appears to be well accepted, and appears to prepare participants for detoxification. These exploratory findings suggest that both generic groups as well as theory specific factors are important. Effectiveness and cost-effectiveness of the intervention need to be further assessed.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 64-17-5 (alcohol)

Publication Type: Journal: Article

Subject Headings:
adult
aged
alcohol abstinence
*alcohol detoxification
"*alcoholism/th [Therapy]"
article
behavior change
*behavior therapy
change theory
clinical article
*cognitive therapy
*detoxification
drinking behavior
exploratory research
female
human

interview
male
middle aged
qualitative research
young adult
"*alcohol/to [Drug Toxicity]"

Source: EMBASE

Full Text: Available from *Informa Healthcare* in *Journal of Substance Use*

37. Human MDMA (ecstasy; molly) users have increased cortical excitability

Citation: Neuropsychopharmacology, December 2014, vol./is. 39/(S539-S540), 0893-133X (December 2014)

Author(s): Cowan R.; Kim J.; Dietrich M.; Zald D.

Institution: (Cowan, Kim, Dietrich, Zald) Vanderbilt University, School of Medicine, Nashville, TN, United States

Language: English

Abstract: Background: MDMA, a drug that has well-demonstrated serotonin (5HT) neurotoxic effects in rodents and nonhuman primates, is widely used by young adults. Recreational MDMA polydrug use is associated with increased risk for depression, anxiety, and suicide attempts. Results from our ongoing MDMA research program have previously demonstrated that MDMA use is associated with chronic and specific shifts in brain neurophysiology and 5HT function. Our prior fMRI studies found that MDMA use is associated with increased activation during motor and visual tasks, results consistent with increased cortical excitability. Nuclear imaging studies of the 5HT reuptake transporter and the 5HT2A receptor suggest that reduced 5HT signaling may underlie the observed shifts in brain activation and neurophysiology. The basic neuroscience of 5HT physiology suggests that reduced 5HT would lead to an increase in cortical excitability and chronic MDMA increases cortical excitability in mice. Multiple reports from our lab group found that MDMA use is associated with increased stimulus-evoked activation-a result strongly suggestive of increased cortical excitability. We used transcranial magnetic stimulation (TMS) of visual and motor cortex to directly assess the cortical excitability threshold in abstinent MDMA users and controls. Methods: We enrolled male and female MDMA (N=12) users and controls (n=8) whose mean age was 22 (+/-3.02) years. MDMA users self-reported abstinence from all drugs for at least 2 weeks. TMS was administered with a Magstim 2T Rapid stimulator (Magstim Company, UK; peak discharge=1.8 kV; 70-mm figure-eight). The TMS coil was stereotactically positioned using each participant's T1-weighted structural MRI acquired prior to the stimulation procedure. We positioned the coil independently for each subject, to allow evocation of the phosphene within 2degree of the fovea; coil location was about 2 cm above the inion. A binary search paradigm established the TMS intensity threshold at which each observer reported a motor twitch or phosphene on 75% of stimulations. Coil position yielding a phosphene was localized with eyes closed, and the coil was set at 90% intensity. TMS intensity is then set to 54% intensity and adjusted until the individual is able to detect the threshold on 75% of trials of the given intensity. Results: The MDMA user group (N=12) reported median MDMA use of 12.00 (min=5 max=40) episodes, with median consumption of 1000.00 (min=250 max=6000) mg. The average duration of abstinence since last MDMA use was 203.50 (min=31 max=996) days. TMS threshold for both visual and motor regions was significantly lower in the MDMA user group. For visual phosphene generation, the mean threshold was 65.45% (+/-6.50%) for MDMA users and 80.71%+/-(6.73%) in the control group (Independent samples T test; $p<0.001$). For motor twitch, the mean threshold was 65.83% (+/-7.64%) for the MDMA users and 76.88 (+/-5.30%) for the controls ($p=0.002$). In addition to the between groups differences in TMS threshold, within the MDMA group lifetime MDMA exposure and abstinence duration were inversely associated with visual TMS threshold (episodes: $rs=-.86$, $p<0.001$; consumption: $rs=-.77$, $p=0.006$; abstinence duration: $rs=-.77$, $p=0.006$). No statistically significant associations of MDMA exposure or abstinence duration were observed for motor stimulation (largest duration: $rs=-.50$, $p=0.102$). Conclusions: Based on our earlier BOLD fMRI findings of increased activation

in visual and motor cortices in MDMA users and upon the primarily inhibitory role for serotonin in cortex, we predicted that MDMA users would have increased cortical excitability (lower TMS threshold) in visual and motor regions as measured with TMS and that lifetime MDMA consumption would be inversely associated with TMS threshold. Our preliminary findings largely support these predictions. In addition, we found no evidence that these differences were reduced with sustained abstinence. These findings are consistent with the predicted consequences of chronic reductions in serotonin signaling and align with a broad range of findings from other modalities in human recreational MDMA users that suggest that MDMA produces long-lasting serotonergic axon toxicity in the cortex.

Conference Information: 53rd Annual Meeting of the American College of Neuropsychopharmacology, ACNP 2014 Phoenix, AZ United States. Conference Start: 20141207 Conference End: 20141211

Publisher: Nature Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings:
*human
*excitability
*psychopharmacology
*transcranial magnetic stimulation
*college
abstinence
vision
stimulation
functional magnetic resonance imaging
neurophysiology
exposure
lifespan
motor cortex
brain
primate
female
rodent
nonhuman
toxicity
nerve fiber
prediction
suicide attempt
Student t test
anxiety
control group
eye
risk
procedures
multiple drug abuse
United Kingdom
stimulus
mouse
physiology
young adult
male
imaging
nuclear magnetic resonance imaging
*serotonin
*3 4 methylenedioxymethamphetamine
serotonin 2A receptor

Source: EMBASE

Full Text: Available from *Nature Publishing Group NHS Pilot 2014 (NESLi2)* in *Neuropsychopharmacology*; Note: ; Collection notes: Academic-License

38. Smoking cessation through reduction: Does it enhance or diminish successful quitting?

Citation: Neuropsychopharmacology, December 2014, vol./is. 39/(S343-S344), 0893-133X (December 2014)

Author(s): Wilcox C.; Grosz D.; Tong M.-L.; Morrissey J.; De Francisco D.; Guevarra K.; Oskooilar N.

Institution: (Wilcox, Grosz, Tong, Morrissey, De Francisco, Guevarra, Oskooilar) Pharmacology Research Institute, Newport Beach, CA, United States

Language: English

Abstract: Background: A 2007 U.S.-based population survey reported that more than half of those motivated to quit smoking wished to use a Reduce-to-Quit approach. Similarly, U.K. statistics (2009) indicated that only 12% of smokers desiring to stop smoking were willing to do so abruptly. The effectiveness of a Reduce-to-Quit strategy using varenicline had not been previously evaluated in the context of a multicentered placebo-controlled clinical trial. Methods: Our research center, along with more than 70 other study sites, was involved in the enrollment of more than 1,400 subjects into this double-blind study. We are reporting (only) on data generated by, and analyzed at, Pharmacology Research Institute. There was a (3-10 day) screening phase into which 49 adult smokers were entered and five (5) were excluded. Subjects meeting all of the entry criteria were randomly assigned, on a one-to-one ratio (i.e., n=22 per group) to varenicline or placebo for a 24-week, two-stage treatment phase. During the first 12-weeks ("reduction phase"), the smokers made incremental efforts to reduce their smoking. During the subsequent 12-week treatment period ("abstinence phase"), participants were encouraged and counseled to be abstinent from smoking. Active treatment was concluded at Week-24; subjects then entered the 28-week post-treatment "follow-up" phase, eventually completing the study at Week-52. Brief, ten-minute, smoking cessation counseling sessions were integrated into each visit, beginning at baseline (Week-0). Successful cessation was pre-defined as end-exhaled carbon monoxide (CO) measurement<10 ppm, plus subject reports via the Nicotine Use Inventory (NUI). Results: Notwithstanding the very small sample size, clinically and statistically significant results were demonstrated beginning at Week-12 (p<.01) and at numerous time points throughout the 24-week active treatment phase. The Week-28 analysis of time to "first quit" incidence demonstrated a 71% success rate for the varenicline group, compared to 32% for the placebo group (p<.01). The sustained "permanent quit" analysis also demonstrated superior efficacy for varenicline (57%) versus placebo (26%), as defined and demonstrated by a non-relapsing, successfully sustained quit outcome (p<.05). We also statistically analyzed nine baseline variables to investigate their potential impact on subjects' cessation efforts. Three of them were strongly and positively associated with successful and sustained cessation: female gender (p<.05), fewer years of smoking (p<.01) and a higher age when first began smoking (p<.01). Additionally, the older the age of the study participant also demonstrated a statistical trend toward higher success of quitting (p=.08). Conclusions: At our research center we saw strong clinical and robust statistical evidence that a strategy of Smoking Cessation Through Reduction can be very effective. Additionally, the aforementioned results provide compelling evidence that when varenicline is used with brief counseling sessions and a reduce-to-quit approach, it is not only effective, its efficacy may be enhanced.

Conference Information: 53rd Annual Meeting of the American College of Neuropsychopharmacology, ACNP 2014 Phoenix, AZ United States. Conference Start: 20141207 Conference End: 20141211

Publisher: Nature Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings:
*smoking cessation
*college
*addiction
*psychopharmacology
human
smoking

counseling
statistics
abstinence
population
screening
pharmacology
United States
adult
double blind procedure
female
follow up
gender
sample size
controlled clinical trial
*nicotine
*varenicline
placebo
carbon monoxide

Source: EMBASE

Full Text: Available from *Nature Publishing Group NHS Pilot 2014 (NESLi2)* in *Neuropsychopharmacology*; Note: ; Collection notes: Academic-License

39. Reduced cortical thickness in gambling disorder: A morphometric MRI study

Citation: Neuropsychopharmacology, December 2014, vol./is. 39/(S179-S180), 0893-133X (December 2014)

Author(s): Grant J.; Chamberlain S.

Institution: (Grant, Chamberlain) University of Chicago, Chicago, IL, United States

Language: English

Abstract: Background: In many countries, including the United States and United Kingdom, gambling is now undertaken by the majority of the adult population. In a minority of gamblers, symptoms become repetitive and functionally impairing, leading to a diagnosis of gambling disorder. Gambling disorder can be conceptualized from a neurobiological perspective in terms of diminished top-down control from prefrontal cortical regions, coupled with excessive drive from subcortical regions involved in reward processing, especially the ventral striatum. Whether or not gambling disorder is associated with structural as opposed to functional brain abnormalities has received little research attention to date. Given the relative paucity of structural imaging studies conducted in gambling disorder, the current study compared cortical thickness between individuals with gambling disorder and healthy volunteers; volumes of selected sub-cortical regions were also examined. Our hypothesis was that gambling disorder would be associated with reduced cortical thickness in neural regions germane to top-down executive control especially the right frontal cortex. Methods: Subjects meeting DSM-5 criteria for gambling disorder, free from axis-I comorbidities, were recruited via media advertisements and a psychiatric clinic. Healthy controls were recruited via media advertisements on the basis of no lifetime or current psychiatric disorders. Participants undertook high resolution structural imaging using a 3 Tesla Philips Achieva Quasar Dual 16 Ch system. Three-dimensional MPRAGE scan was obtained with imaging parameters: slab orientation=sagittal, FOV 256x224x176, voxel size 1x1x1 mm3, inversion delay time TI=900 ms, TR/TE=8.9/3.7 ms, flip angle=8 degree. MRI scans for each subject were converted to FreeSurfer format and non-brain tissue was extracted using automated algorithms; these images were then transformed to standard space, segmented, and normalized. After reconstruction, cortical thickness was compared between the two study groups using permutation cluster analysis with stringent correction for multiple comparisons (cluster-forming threshold of $p<0.001$, and cluster-wise p value $p<0.05$, two-tailed). Results: Individuals with gambling disorder had symptoms consistent with moderate disease severity. The groups did not differ significantly in terms of age, gender, or education. Permutation analysis identified eight clusters in which cortical thickness

differed significantly between the two study groups; in all cases, this was due to patients showing significant reductions in cortical thickness compared to controls. Gambling disorder was associated with reduced cortical thickness in predominantly right frontal regions, but also - to a lesser degree - in the right supra-marginal gyrus, right post-central gyrus, and left inferior-parietal cortex. The mean cortical thickness reduction in gambling disorder compared to controls was of the order 15.8-19.9%. Cortical thickness in these identified clusters did not correlate significantly with symptom severity in gambling disorder, nor did it differ as a function of gender. Individuals with gambling disorder and controls did not differ significantly in terms of subcortical volumes of left caudate, left putamen, left accumbens, right caudate, right putamen, or right accumbens. Conclusions: This study investigated cortical thickness in individuals with gambling disorder and healthy control subjects. Consistent with our a priori hypotheses, gambling disorder subjects showed relatively reduced cortical thickness in neural regions implicated in top-down executive control, particularly the right frontal cortex. In addition, the mean cortical thickness reduction in gambling disorder compared to controls was of the order 15.8-19.9%, which is significantly larger than the findings for many other mental health problems. Individuals with gambling disorder report being unable to control their behavior despite the financial, health, and personal ruin that often ensues. In addition, they exhibit deficits in aspects of inhibition, working memory, planning, and cognitive flexibility, and these clinical and cognitive characteristics are consistent with abnormalities of the frontal cortex. These data support neurobiological models of the disorder emphasizing deficiency of cortical regions governing top-down control and executive function.

Conference Information: 53rd Annual Meeting of the American College of Neuropsychopharmacology, ACNP 2014 Phoenix, AZ United States. Conference Start: 20141207 Conference End: 20141211

Publisher: Nature Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings:

*diseases
*addiction
*morphology
*imaging
*college
*psychopharmacology
*gambling
*nuclear magnetic resonance imaging
cortical thickness (brain)
cortical thickness (bone)
human
frontal cortex
executive function
implantable cardioverter defibrillator
gender
hypothesis
advertizing
putamen
reward
normal human
diagnosis
parietal cortex
education
mental health
health
working memory
model
disease severity
population
cluster analysis
adult
algorithm

brain tissue
United Kingdom
parameters
mental disease
statistical significance
lifespan
brain
United States
patient
mental hospital
corpus striatum
DSM-5
planning
processing

Source: EMBASE

Full Text: Available from *Nature Publishing Group NHS Pilot 2014 (NESLi2)* in *Neuropsychopharmacology*; Note: ; Collection notes: Academic-License

40. Proponents and opponents of legalization of marijuana: Evidence of benefits and costs in three areas (psychosis, cognition, and motivation)

Citation: Neuropsychopharmacology, December 2014, vol./is. 39/(S24-S25), 0893-133X (December 2014)

Author(s): Weiss S.; Swanson J.; Evins A.; DeLisi L.; Meier M.; Gonzalez R.; Bloomfield M.; Curran H.V.

Institution: (Weiss, Swanson, Evins, DeLisi, Meier, Gonzalez, Bloomfield, Curran) National Institute on Drug Abuse, Bethesda, MD, United States

Language: English

Abstract: A political debate about benefits and costs of exposure to marijuana has accompanied initiatives by many states to legalize its use. In 2012, two states (Colorado and Washington) passed laws to legalize marijuana for recreational use, and 20 others currently have medical marijuana laws - making a scientific debate on its risks vs. benefits both relevant and timely. We propose a Study Group to engage in a scientific debate on the effects of marijuana on the human brain, including the impact of varying cannabis constituents. To narrow the scope, we define three critical areas where differences of opinion exist in the scientific community (and in the ACNP membership): Psychosis, Cognition, and Motivation. We identified scientists who have contributed to the scientific literature and who will serve as proponents or opponents to these propositions:. 1. Exposure to marijuana increases risk for psychosis (schizophrenia). 2. Exposure to marijuana decreases cognitive capacity (lower IQ). 3. Exposure to marijuana decreases motivation (apathy). Psychosis: Proponent will be Anne Eden Evins from Harvard Medical School, who is a lead author on this subject (Evins et al, 2012). She concluded that marijuana is one of the many causes of schizophrenia (even though psychosis does not occur in most marijuana users). Opponent will be Lynn DeLisi from the Brockton VA (VA Boston Healthcare System)(Proal et al, 2014) who proposes that increased familial risk underlies the increased risk for schizophrenia in cannabis users and not cannabis use by itself. Cognition: Proponent will be Madeline Meier from Arizona State University, who reported that chronic marijuana use initiated in adolescence reduces IQ significantly in adulthood (Meier et al, 2012). Opponent will be Raul Gonzalez from Florida International University, who has shown that deficits associated with marijuana use are not general, but specific to some areas of cognition, and that at least a subset of persistent neurocognitive impairments likely stem from a pre-existing vulnerability to cannabis addiction rather than a consequence of use (Gonzales et al, 2012). Motivation: Proponent will be Michael Bloomfield from Imperial College London, who conducted a PET study (Bloomfield et al, 2014) and found that the reduction in striatal dopamine synthesis capacity associated with chronic cannabis use may underlie reduced reward sensitivity and amotivation. Opponent will be Valerie Curran (University College, London), who has suggested marijuana increases divergent thinking (Shafer et al, 2012)

and hyper-priming (Morgan et al, 2010). We anticipate a lively debate on these issues that are highly relevant to psychiatry and to society more broadly as policy changes are occurring rapidly and often without sufficient attention to the potential public health impacts.

Conference Information: 53rd Annual Meeting of the American College of Neuropsychopharmacology, ACNP 2014 Phoenix, AZ United States. Conference Start: 20141207 Conference End: 20141211

Publisher: Nature Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings:
*psychosis
*cognition
*motivation
*college
*psychopharmacology
United States
cannabis use
risk
exposure
university
human
schizophrenia
intelligence quotient
United Kingdom
scientist
adolescence
community
health care system
brain
scientific literature
adulthood
medical school
public health
policy
society
psychiatry
reward
dopamine metabolism
cannabis addiction
apathy
*cannabis
medical cannabis

Source: EMBASE

Full Text: Available from *Nature Publishing Group NHS Pilot 2014 (NESLi2)* in *Neuropsychopharmacology*; Note: ; Collection notes: Academic-License