

# Search Results

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## Search History

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

**1. Community pharmacies have a 'vital role' in public health.**

---

**Citation:** Community Practitioner, October 2014, vol./is. 87/10(6), 1462-2815;1462-2815 (2014 Oct)

**Author(s):** anonymous

**Language:** English

**Country of Publication:** England

**Publication Type:** News

**Subject Headings:** ["\\*Alcoholism/pc \[Prevention and Control\]"](#)  
[England](#)  
[Health Services Accessibility](#)  
[Humans](#)  
["\\*Obesity/pc \[Prevention and Control\]"](#)  
["\\*Pharmacies/og \[Organization and Administration\]"](#)  
[\\*Professional Role](#)  
[\\*Public Health](#)

**Source:** MEDLINE

**Full Text:** Available from *ProQuest* in [Community Practitioner](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

**2. Substance misuse support for families in Scotland.**

---

**Citation:** Community Practitioner, November 2014, vol./is. 87/11(8), 1462-2815;1462-2815 (2014 Nov)

**Author(s):** anonymous

**Language:** English

**Country of Publication:** England

**Publication Type:** News

**Subject Headings:** [\\*Family Health](#)  
[Financing Government](#)  
[Humans](#)  
[Scotland](#)  
[State Medicine](#)  
["Substance Abuse Treatment Centers/ec \[Economics\]"](#)  
["\\*Substance Abuse Treatment Centers/og \[Organization and Administration\]"](#)  
["\\*Substance-Related Disorders/pc \[Prevention and Control\]"](#)

**Source:** MEDLINE

**Full Text:** Available from *ProQuest* in [Community Practitioner](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

**3. The outcome of patients sustaining a proximal femur fracture who suffer from alcohol dependency.**

---

**Citation:** Injury, July 2014, vol./is. 45/7(1076-9), 0020-1383;1879-0267 (2014 Jul)

**Author(s):** Faroug R; Amanat S; Ockendon M; Shah SV; Gregory JJ

**Institution:** Faroug,R. Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL, United Kingdom. Electronic address: faroug@doctors.org.uk.; Amanat,S. Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL, United Kingdom.; Ockendon,M. Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, United Kingdom.; Shah,S V. Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL, United Kingdom.; Gregory,J J. Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL, United

Kingdom; Christie Hospital, United Kingdom; University of Manchester, United Kingdom.

**Language:**

English

**Abstract:**

There are many negative health consequences associated with alcohol dependency. Fractures of the proximal femur carry significant morbidity and mortality. This study examines the outcomes in patients with alcohol dependency, who sustain a fracture of the proximal femur. Twenty-eight consecutive alcohol dependent patients who suffered a fracture of the proximal femur were identified over a three year period. Data were collected on demographics, co-morbidity, surgical factors, mobility and mortality. The median age of patients was 61 years. The median weekly alcohol intake was 158 units. Thirteen patients sustained an extra-capsular fracture and 15 an intra-capsular proximal femoral fracture. Twenty-two fractures were treated with internal fixation and six with arthroplasty. The overall mortality rate was 29% at a median of 15 months post fracture. The failure rate of intra-capsular fractures fixed with cannulated screws was 56% at a median time of 43 days. All patients had a reduction in mobility compared to their pre-operative function. The reduction in mobility was greatest in patients with intra-capsular fractures treated with cannulated screw fixation. Alcohol dependent patients sustaining a fracture of the proximal femur are significantly younger than non-alcohol dependent patients sustaining the same injury. Despite the younger age at presentation the one year mortality rate of this group was high (29%). The high rate of complications with fracture fixation and high one year mortality suggest that hemiarthroplasty may be the best treatment option for intra-capsular fractures in this patient group. Copyright © 2014 Elsevier Ltd. All rights reserved.

**Country of Publication:**

Netherlands

**Publication Type:**

Journal Article

**Subject Headings:**

Adult  
Aged  
"Alcoholism/co [Complications]"  
\*Bone Screws  
Comorbidity  
Female  
"Femoral Fractures/mo [Mortality]"  
"Femoral Fractures/su [Surgery]"  
Follow-Up Studies  
"Great Britain/ep [Epidemiology]"  
"Hemiarthroplasty/mt [Methods]"  
"Hemiarthroplasty/mo [Mortality]"  
\*Hemiarthroplasty  
Humans  
Male  
Middle Aged  
Patient Compliance  
Survival Analysis

**Source:**

MEDLINE

**Full Text:**

Available from *Elsevier* in *Injury*

**4. Benzodiazepine use among young attendees of an Irish substance treatment center.****Citation:**

Journal of Addiction Medicine, May 2014, vol./is. 8/3(199-204), 1932-0620;1935-3227 (2014 May-Jun)

**Author(s):**

Murphy KD; Byrne S; McCarthy S; Lambert S; Sahn LJ

**Institution:**

Murphy, Kevin Daniel. From the Pharmaceutical Care Research Group, School of Pharmacy, University College Cork, College Road, Ireland (KDM, SB, SM, LJS); Department of Pharmacy, Mercy University Hospital, Cork (LJS); Pharmacy Department, Cork University Hospital (SM); and Matt Talbot Services, Rockview Trabeg Lawn, South Douglas Road, Douglas, Cork Ireland (SL).

**Language:** English

**Abstract:** OBJECTIVE: To describe the demographic characteristics of those service users attending Matt Talbot Services, and their current and past substance use, and to explore the use of benzodiazepines among this group.METHOD: There were 198 service users who attended a substance misuse treatment center in Cork, Ireland, between January 2005 and August 2011.RESULTS: Benzodiazepines had ever been used by 51.0%, and of these, 55.8% were regular benzodiazepine users. The mean age of first use was 14.9 +/- 1.4 years. Regular users of benzodiazepines were regular users of significantly more substances (3, interquartile range [IQR] = 2-3) when compared with nonregular benzodiazepine users (1, IQR = 1-2). Regular benzodiazepine users showed more behavioral signs (12, IQR = 10-14) than nonregular users (9, IQR = 7-12). Physical signs were significantly different between regular (8, IQR = 6-11) and nonregular (5, IQR = 3-10) users.CONCLUSIONS: The effects of benzodiazepine misuse affect the individual, their family, and society as a whole through hospitalization, substance treatment, and crime. Identifying regular benzodiazepine users can help reduce the burden of benzodiazepines.

**Country of Publication:** United States

**CAS Registry Number:** 0 (Hypnotics and Sedatives); 12794-10-4 (Benzodiazepines)

**Publication Type:** Journal Article

**Subject Headings:** [Adolescent](#)  
[Age Factors](#)  
[\\*Benzodiazepines](#)  
[Female](#)  
[Humans](#)  
[\\*Hypnotics and Sedatives](#)  
["Ireland/ep \[Epidemiology\]"](#)  
[Male](#)  
["\\*Substance Abuse Treatment Centers/sn \[Statistics and Numerical Data\]"](#)  
["\\*Substance-Related Disorders/ep \[Epidemiology\]"](#)  
["Substance-Related Disorders/th \[Therapy\]"](#)  
[Young Adult](#)

**Source:** MEDLINE

##### 5. Screening for hepatitis C in injecting and ex-injecting drug users in North East Essex.

**Citation:** Public Health, November 2014, vol./is. 128/11(1036-8), 0033-3506;1476-5616 (2014 Nov)

**Author(s):** Bishton E; Oluboyede F; Grylls E; Woods L; Thomas S

**Institution:** Bishton,E. North East Essex Primary Care Trust, Colchester Primary Care Centre, Turner Road, Colchester CO4 5JR, UK. Electronic address: emma@emmabishton.co.uk.; Oluboyede,F. North East Essex Primary Care Trust, Colchester Primary Care Centre, Turner Road, Colchester CO4 5JR, UK.; Grylls,E. Colchester Hospital University Foundation Trust, Turner Road, Colchester CO4 5JL, UK.; Woods,L. North East Essex Drug & Alcohol Service, North Essex Partnership Foundation Trust, Herrick House, 35 East Stockwell Street, Colchester CO1 1ST, UK.; Thomas,S. North East Essex Primary Care Trust, Colchester Primary Care Centre, Turner Road, Colchester CO4 5JR, UK.

**Language:** English

**Country of Publication:** Netherlands

**Publication Type:** Journal Article

**Subject Headings:** [Adult](#)  
[Aged](#)  
["\\*Drug Users/sn \[Statistics and Numerical Data\]"](#)  
[Female](#)  
["Great Britain/ep \[Epidemiology\]"](#)  
["\\*Hepatitis C/di \[Diagnosis\]"](#)

"Hepatitis C/ep [Epidemiology]"  
 Humans  
 Male  
 "\*Mass Screening/ut [Utilization]"  
 Middle Aged  
 "\*Substance Abuse Intravenous/ep [Epidemiology]"  
 Young Adult

**Source:** MEDLINE

**Full Text:** Available from *Elsevier* in *Public Health*

#### 6. Healthcare seeking and hospital admissions by people who inject drugs in response to symptoms of injection site infections or injuries in three urban areas of England.

**Citation:** *Epidemiology & Infection*, January 2015, vol./is. 143/1(120-31), 0950-2688;1469-4409 (2015 Jan)

**Author(s):** Hope VD; Ncube F; Parry JV; Hickman M

**Institution:** Hope, V D. Centre for Infectious Disease Surveillance and Control, Public Health England, London, UK.; Ncube, F. Centre for Infectious Disease Surveillance and Control, Public Health England, London, UK.; Parry, J V. Centre for Research on Drugs & Health Behaviour, London School of Hygiene & Tropical Medicine, London, UK.; Hickman, M. School of Social and Community Medicine, University of Bristol, Bristol, UK.

**Language:** English

**Abstract:** People who inject drugs (PWID) are vulnerable to infections and injuries at injection sites. The factors associated with reporting symptoms of these, seeking related advice, and hospital admission are examined. PWID were recruited in Birmingham, Bristol and Leeds using respondent-driven sampling (N = 855). During the preceding year, 48% reported having redness, swelling and tenderness (RST), 19% an abscess, and 10% an open wound at an injection site. Overall, 54% reported 1 symptoms, with 45% of these seeking medical advice (main sources emergency departments and General Practitioners). Advice was often sought 5 days after the symptom first appeared (44% of those seeking advice about an abscess, 45% about an open wound, and 35% for RST); the majority received antibiotics. Overall, 95% reported hospital admission during the preceding year. Ever being diagnosed with septicaemia and endocarditis were reported by 88% and 29%, respectively. Interventions are needed to reduce morbidity, healthcare burden and delays in accessing treatment.

**Country of Publication:** England

**Publication Type:** Journal Article

**Subject Headings:** Adolescent  
 Adult  
 "England/ep [Epidemiology]"  
 Female  
 "\*Hospitalization/sn [Statistics and Numerical Data]"  
 Humans  
 Male  
 Middle Aged  
 "\*Patient Acceptance of Health Care/sn [Statistics and Numerical Data]"  
 "\*Substance Abuse Intravenous/co [Complications]"  
 Urban Population  
 "\*Wound Infection/ep [Epidemiology]"  
 Young Adult

**Source:** MEDLINE

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

## 7. Public opinion of drug treatment policy: exploring the public's attitudes, knowledge, experience and willingness to pay for drug treatment strategies.

- Citation:** International Journal of Drug Policy, May 2014, vol./is. 25/3(407-15), 0955-3959;1873-4758 (2014 May)
- Author(s):** Matheson C; Jaffray M; Ryan M; Bond CM; Fraser K; Kirk M; Liddell D
- Institution:** Matheson,C. Centre of Academic Primary Care, University of Aberdeen, United Kingdom. Electronic address: c.i.math@abdn.ac.uk.; Jaffray,M. Division of Applied Medicine (Psychiatry), University of Aberdeen, United Kingdom.; Ryan,M. Health Economic Research Unit, University of Aberdeen, United Kingdom.; Bond,C M. Primary Care Section Lead, University of Aberdeen, United Kingdom.; Fraser,K. Applied Health Sciences, University of Aberdeen, United Kingdom.; Kirk,M. Applied Health Sciences, University of Aberdeen, United Kingdom.; Liddell,D. Scottish Drugs Forum, United Kingdom.
- Language:** English
- Abstract:** BACKGROUND: Research evidence is strong for opiate replacement treatment (ORT). However, public opinion (attitudes) can be at odds with evidence. This study explored the relationships between, attitudes, knowledge of drugs and a range of socio-demographic variables that potentially influence attitude. This is relevant in the current policy arena in which a major shift from harm reduction to, rehabilitation is underway.METHODS: A cross sectional postal questionnaire survey in Scotland was conducted where the drug, treatment strategy has changed from harm-reduction to recovery-based. A random sample (N=3000), of the general public, >18 years, and on the electoral register was used. The questionnaire was largely structured with tick box format but included two open questions for qualitative responses. Valuation was measured using the economic willingness-to-pay (WTP) method.RESULTS: The response rate was 38.1% (1067/2803). Less than 10% had personal experience of drug, misuse but 16.7% had experience of drug misuse via a friend/acquaintance. Regression modelling revealed more positive attitudes towards drug users in those with personal experience of drug misuse, (p<0.001), better knowledge of drugs (p=0.001) and higher income (those earning >50,000 per, annum compared to <15K; p=0.01). Over half of respondents were not willing to pay anything for drug treatment indicating they did not value these treatments at all. Respondents were willing-to-pay most for community rehabilitation and least for methadone maintenance treatment. Qualitative analysis of open responses indicated many strong negative attitudes, doubts over the efficacy of methadone and consideration of addiction as self-inflicted. There was ambivalence with respondents weighing up negative feelings towards treatment against societal benefit.CONCLUSIONS: There is a gap between public attitudes and evidence regarding drug treatment. Findings suggest a way forward might be to develop and evaluate treatment that integrates ORT with a community rehabilitative approach. Evaluation of public engagement/education to improve knowledge of drug treatment effectiveness is recommended.Copyright ©; 2013 Elsevier B.V. All rights reserved.
- Country of Publication:** Netherlands
- CAS Registry Number:** UC6VBE7V1Z (Methadone)
- Publication Type:** Journal Article; Research Support, Non-U.S. Gov't; Validation Studies
- Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Aged](#)  
[Cross-Sectional Studies](#)  
[Female](#)  
["\\*Financing Personal/sn \[Statistics and Numerical Data\]"](#)  
[Harm Reduction](#)  
[\\*Health Knowledge Attitudes Practice](#)  
[Health Policy](#)  
[Humans](#)  
[Male](#)

"Methadone/ad [Administration and Dosage]"  
 "Methadone/ec [Economics]"  
 Middle Aged  
 "Opiate Substitution Treatment/ec [Economics]"  
 "\*Opiate Substitution Treatment/mt [Methods]"  
 "Opioid-Related Disorders/ec [Economics]"  
 "\*Opioid-Related Disorders/rh [Rehabilitation]"  
 Pilot Projects  
 Public Opinion  
 Questionnaires  
 Regression Analysis  
 Scotland  
 Young Adult

**Source:** MEDLINE

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

### 8. Adult adjustment of survivors of institutional child abuse in Ireland.

**Citation:** Child Abuse & Neglect, July 2010, vol./is. 34/7(477-89), 0145-2134;1873-7757 (2010 Jul)

**Author(s):** Carr A; Dooley B; Fitzpatrick M; Flanagan E; Flanagan-Howard R; Tierney K; White M; Daly M; Egan J

**Institution:** Carr,Alan. School of Psychology, University College Dublin, Belfield, Dublin 4, Ireland.; Dooley,Barbara. School of Psychology, University College Dublin, Belfield, Dublin 4, Ireland.; Fitzpatrick,Mark. School of Psychology, University College Dublin, Belfield, Dublin 4, Ireland.; Flanagan,Edel. School of Psychology, University College Dublin, Belfield, Dublin 4, Ireland.; Flanagan-Howard,Roisin. School of Psychology, University College Dublin, Belfield, Dublin 4, Ireland.; Tierney,Kevin. School of Psychology, University College Dublin, Belfield, Dublin 4, Ireland.; White,Megan. School of Psychology, University College Dublin, Belfield, Dublin 4, Ireland.; Daly,Margaret. School of Psychology, University College Dublin, Belfield, Dublin 4, Ireland.; Egan,Jonathan. The Arches National Counselling Centre, HSE, Tullamore, Co. Offaly, Ireland.

**Language:** English

**Abstract:** **OBJECTIVE:** To document the adult adjustment of survivors of childhood institutional abuse.**METHOD:** Two hundred and forty-seven adult survivors of institutional abuse with a mean age of 60 were interviewed with a protocol that included the Childhood Trauma Questionnaire, modules from the Structured Clinical Interview for Axis I Disorders of DSM IV and the Structured Clinical Interview for DSM IV Personality Disorders, the Trauma Symptom Inventory, and the Experiences in Close Relationships Inventory.**RESULTS:** The prevalence of psychological disorders among adult survivors of institutional abuse was over 80% and far higher than in the normal population, with anxiety, mood and substance use disorders being the most prevalent diagnoses. Survivors also had high rates of trauma symptoms and insecure adult attachment styles, and these were higher for those who had experienced both institutional and intrafamilial abuse.**CONCLUSIONS:** There was an association between the experience of institutional abuse in childhood and the prevalence of adult mental health problems, particularly anxiety, mood and substance use disorders.**PRACTICE IMPLICATIONS:** Policies, practices and procedures should be regularly reviewed and revised to maximize protection of young people in institutional care. Evidence-based psychological treatment should be made available to adult survivors of institutional abuse. Copyright © 2010 Elsevier Ltd. All rights reserved.

**Country of Publication:** England

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

**Subject Headings:** \*Adaptation Psychological  
 Adult  
 "\*Adult Survivors of Child Abuse/px [Psychology]"



[Aged](#)  
[Aged 80 and over](#)  
["Anxiety Disorders/ep \[Epidemiology\]"](#)  
[Child](#)  
["\\*Child Abuse/px \[Psychology\]"](#)  
[Female](#)  
[Humans](#)  
["Ireland/ep \[Epidemiology\]"](#)  
[Male](#)  
[Middle Aged](#)  
["Mood Disorders/ep \[Epidemiology\]"](#)  
[Questionnaires](#)  
[Retrospective Studies](#)  
[Sex Factors](#)  
["Substance-Related Disorders/ep \[Epidemiology\]"](#)

**Source:** MEDLINE

**Full Text:** Available from *Elsevier* in *Child Abuse and Neglect*

### 9. Moving from a universal to targeted child health programme: which children receive enhanced care? A population-based study using routinely available data.

**Citation:** Child: Care, Health & Development, November 2013, vol./is. 39/6(772-81), 0305-1862;1365-2214 (2013 Nov)

**Author(s):** Wood R; Stockton D; Brown H

**Institution:** Wood,R. Information Services Division, NHS National Services Scotland, Edinburgh, UK.

**Language:** English

**Abstract:** BACKGROUND: There is a current emphasis on 'progressive universal' delivery of the UK child health programme, with a core universal service complemented by enhanced support provided according to need. In Scotland, a three-category indicator of need, the 'Health Plan Indicator' (HPI) is used to identify children requiring enhanced support from the child health programme to facilitate this. METHODS: Routine child health programme and hospital delivery records for a cohort of 36871 Scottish children were used to explore the factors associated with being identified as requiring enhanced child health programme support using multilevel logistic regression modelling. RESULTS: The following factors were all independently associated with an increased likelihood of being assessed as requiring enhanced support: (i) deprivation; (ii) young maternal age, maternal smoking and drug misuse; (iii) a previous stillbirth; (iv) prematurity; (v) being small for gestational age; (vi) no breastfeeding, admission to a special care baby unit; and (vii) medical, social or developmental concerns about the baby. There was a tendency for children living in areas with higher Health Visitor staffing levels to be more likely to be assessed as requiring enhanced support but this effect was not statistically significant. There was significant residual variation between areas in the likelihood of children being assessed as requiring enhanced support. DISCUSSION: This study suggests Health Visitors take a complex range of factors into account when assessing which children require enhanced support from the child health programme. Health Visitors' workload may influence the likelihood of them identifying children as requiring enhanced support but this requires further clarification. There are clear differences between areas in allocation of the different HPI categories. Further work is required to explore the relationship between being identified as in need of enhanced support, the care actually provided to children, and their outcomes. Copyright © 2012 John Wiley & Sons Ltd.

**Country of Publication:** England

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

**Subject Headings:**
["\\*Child Health Services/og \[Organization and Administration\]"](#)  
[\\*Child Welfare](#)  
[Child Preschool](#)  
[Female](#)

Health Promotion  
 \*Health Services Needs and Demand  
 Health Status  
 Humans  
 Logistic Models  
 Male  
 \*Nurses Community Health  
 Paternal Deprivation  
 "\*Public Health Surveillance/mt [Methods]"  
 Risk Factors  
 "Scotland/ep [Epidemiology]"  
 Substance-Related Disorders

**Source:** MEDLINE

**Full Text:** Available from *EBSCOhost* in *Child: Care, Health & Development*  
 Available from *Wiley* in *Child: Care, Health and Development*

#### 10. Development of the Addiction Dimensions for Assessment and Personalised Treatment (ADAPT).

**Citation:** Drug & Alcohol Dependence, June 2014, vol./is. 139/(121-31), 0376-8716;1879-0046 (2014 Jun 1)

**Author(s):** Marsden J; Eastwood B; Ali R; Burkinshaw P; Chohan G; Copello A; Burn D; Kelleher M; Mitcheson L; Taylor S; Wilson N; Whiteley C; Day E

**Institution:** Marsden,John. Addictions Department, Institute of Psychiatry, King's College London, United Kingdom; South London and Maudsley NHS Mental Health Foundation Trust, United Kingdom; Alcohol, Drug and Tobacco Division, Health and Wellbeing Directorate, Public Health England, United Kingdom. Electronic address: john.marsden@kcl.ac.uk.; Eastwood,Brian. Addictions Department, Institute of Psychiatry, King's College London, United Kingdom; Alcohol, Drug and Tobacco Division, Health and Wellbeing Directorate, Public Health England, United Kingdom.; Ali,Robert. Drug and Alcohol Services South Australia and Discipline of Pharmacology, School of Medical Sciences, University of Adelaide, Australia.; Burkinshaw,Pete. Alcohol, Drug and Tobacco Division, Health and Wellbeing Directorate, Public Health England, United Kingdom.; Chohan,Gagandeep. Birmingham and Solihull NHS Mental Health Foundation Trust, United Kingdom.; Copello,Alex. Birmingham and Solihull NHS Mental Health Foundation Trust, United Kingdom.; Burn,Daniel. Alcohol, Drug and Tobacco Division, Health and Wellbeing Directorate, Public Health England, United Kingdom.; Kelleher,Michael. Addictions Department, Institute of Psychiatry, King's College London, United Kingdom; South London and Maudsley NHS Mental Health Foundation Trust, United Kingdom; Alcohol, Drug and Tobacco Division, Health and Wellbeing Directorate, Public Health England, United Kingdom.; Mitcheson,Luke. Addictions Department, Institute of Psychiatry, King's College London, United Kingdom; South London and Maudsley NHS Mental Health Foundation Trust, United Kingdom; Alcohol, Drug and Tobacco Division, Health and Wellbeing Directorate, Public Health England, United Kingdom.; Taylor,Steve. Alcohol, Drug and Tobacco Division, Health and Wellbeing Directorate, Public Health England, United Kingdom.; Wilson,Nick. Blenheim CDP, United Kingdom.; Whiteley,Chris. East London NHS Foundation Trust, United Kingdom.; Day,Edward. Addictions Department, Institute of Psychiatry, King's College London, United Kingdom; Birmingham and Solihull NHS Mental Health Foundation Trust, United Kingdom; School of Clinical & Experimental Medicine, University of Birmingham, United Kingdom.

**Language:** English

**Abstract:** BACKGROUND: Convergent research reveals heterogeneity in substance use disorders (SUD). The Addiction Dimensions for Assessment and Personalised Treatment (ADAPT) is designed to help clinicians tailor therapies.METHODS: Multicentre study in 21 SUD clinics in London, Birmingham (England) and Adelaide (Australia). 132 clinicians rated their caseload on a beta version with 16 ordinal indicators of addiction severity, health and social problem complexity, and recovery strengths constructs. In Birmingham, two in-treatment outcomes were recorded after 15-months: 28-day drug use (Treatment

Outcome Profile; n=703) and Global Assessment of Functioning (GAF; DSM-IV Axis V; n=695). Following item-level screening (inter-rater reliability [IRR]; n=388), exploratory structural equation models (ESEM), latent profile analysis (LPA), and mixed-effects regression evaluated construct, concurrent and predictive validity characteristics, respectively. RESULTS: 2467 patients rated (majority opioid or stimulant dependent, enrolled in opioid medication assisted or psychological treatment). IRR-screening removed two items and ESEM models identified and recalibrated remaining indicators (root mean square error of approximation 0.066 [90% confidence interval 0.055-0.064]). Following minor re-specification and satisfactory measurement invariance evaluation, ADAPT factor scores discriminated patients by sample, addiction therapy and drug use. LPA identified three patient sub-types: Class 1 (moderate severity, moderate complexity, high strengths profile; 46.9%); Class 2 (low severity, low complexity, high strengths; 25.4%) and Class 3 (high severity, high complexity, low strengths; 27.7%). Class 2 had higher GAF ( $z=4.30$ ). Class 3 predicted follow-up drug use ( $z=2.02$ ) and lower GAF ( $z=3.51$ ). CONCLUSION: The ADAPT is a valid instrument for SUD treatment planning, clinical review and outcome evaluation. Scoring and application are discussed. Copyright © 2014 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

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

**Subject Headings:** Adult  
 "Amphetamine-Related Disorders/di [Diagnosis]"  
 "Amphetamine-Related Disorders/px [Psychology]"  
 "Amphetamine-Related Disorders/th [Therapy]"  
 Cross-Sectional Studies  
 Female  
 Humans  
 Male  
 "Opioid-Related Disorders/di [Diagnosis]"  
 "Opioid-Related Disorders/px [Psychology]"  
 "Opioid-Related Disorders/th [Therapy]"  
 "Psychiatric Status Rating Scales/st [Standards]"  
 \*Psychiatric Status Rating Scales  
 Reproducibility of Results  
 Sensitivity and Specificity  
 Severity of Illness Index  
 "\*Substance-Related Disorders/di [Diagnosis]"  
 "Substance-Related Disorders/px [Psychology]"  
 "Substance-Related Disorders/th [Therapy]"

**Source:** MEDLINE

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

#### 11. Intervention to reduce excessive alcohol consumption and improve comorbidity outcomes in hypertensive or depressed primary care patients: two parallel cluster randomized feasibility trials.

**Citation:** Trials [Electronic Resource], 2014, vol./is. 15/(235), 1745-6215;1745-6215 (2014)

**Author(s):** Wilson GB; Wray C; McGovern R; Newbury-Birch D; McColl E; Crosland A; Speed C; Cassidy P; Tomson D; Haining S; Howel D; Kaner EF

**Institution:** Wilson, Graeme B. Institute of Health and Society, Newcastle University, Baddiley Clark Building, Richardson Road, Newcastle upon Tyne NE2 4AX, UK.  
 graeme.wilson@ncl.ac.uk.

**Language:** English

**Abstract:** BACKGROUND: Many primary care patients with raised blood pressure or depression drink potentially hazardous levels of alcohol. Brief interventions (BI) to reduce alcohol consumption may improve comorbid conditions and reduce the risk of future alcohol problems. However, research has not established their effectiveness in this patient population. This study aimed to establish the feasibility of definitive trials of BI to reduce excessive drinking in primary care patients with hypertension or mild to moderate

depression. **METHODS:** Thirteen general practices in North East England were randomized to the intervention or control arm of one of two parallel pilot trials. Adult patients drinking excessively and diagnosed with hypertension or mild-to-moderate depression received the Alcohol Use Disorders Identification Test (AUDIT) by postal survey. Consenting respondents scoring more than 7 on AUDIT (score range 0 to 40) received brief alcohol consumption advice plus an information leaflet (intervention) or an information leaflet alone (control) with follow-up at six months. Measurements included the numbers of patients eligible, recruited, and retained, and the AUDIT score and systolic/diastolic blood pressure of each patient or the nine-item Patient Health Questionnaire (PHQ-9) score. Acceptability was assessed via practitioner feedback and patient willingness to be screened, recruited, and retained at follow-up. **RESULTS:** In the hypertension trial, 1709 of 33,813 adult patients (5.1%) were eligible and were surveyed. Among the eligible patients, 468 (27.4%) returned questionnaires; 166 (9.6% of those surveyed) screened positively on AUDIT and 83 (4.8% of those surveyed) were recruited (50.0% of positive screens). Sixty-seven cases (80.7% of recruited patients) completed follow-up at six months. In the depression trial, 1,044 of 73,146 adult patients (1.4%) were eligible and surveyed. Among these eligible patients, 215 (20.6%) responded; 104 (10.0% of those surveyed) screened positively on AUDIT and 29 (2.8% of those surveyed) were recruited (27.9% of positive screens). Nineteen cases (65.5% of recruited patients) completed follow-up at six months. **CONCLUSIONS:** Recruitment and retention rates were higher in the hypertension trial than in the depression trial. A full brief intervention trial appears feasible for primary care patients with hypertension who drink excessively. High AUDIT scores in the depression trial suggest the importance of alcohol intervention in this group. However, future work may require alternative screening and measurement procedures. **TRIAL REGISTRATION:** Current Controlled Trials ISRCTN89156543; registered 21 October 2013.

<b>Country of Publication:</b>	England
<b>Publication Type:</b>	Journal Article; Multicenter Study; Randomized Controlled Trial; Research Support, Non-U.S. Gov't
<b>Subject Headings:</b>	<p>Adult</p> <p>Aged</p> <p>"*Alcohol Drinking/ep [Epidemiology]"</p> <p>"*Alcoholism/ep [Epidemiology]"</p> <p>"*Alcoholism/th [Therapy]"</p> <p>Comorbidity</p> <p>"*Depression/ep [Epidemiology]"</p> <p>Feasibility Studies</p> <p>Female</p> <p>Follow-Up Studies</p> <p>Humans</p> <p>"*Hypertension/ep [Epidemiology]"</p> <p>Male</p> <p>Middle Aged</p> <p>Outcome Assessment (Health Care)</p> <p>Pilot Projects</p> <p>Prevalence</p> <p>"*Primary Health Care/mt [Methods]"</p> <p>Research Design</p> <p>Risk Reduction Behavior</p>
<b>Source:</b>	MEDLINE
<b>Full Text:</b>	<p>Available from <i>Springer NHS Pilot 2014 (NESLi2)</i> in <a href="#">Trials</a>; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.</p> <p>Available from <i>BioMedCentral</i> in <a href="#">Trials</a></p> <p>Available from <i>National Library of Medicine</i> in <a href="#">Trials</a></p>

## 12. Factors associated with recent symptoms of an injection site infection or injury among people who inject drugs in three English cities.

- Citation:** International Journal of Drug Policy, March 2014, vol./is. 25/2(303-7), 0955-3959;1873-4758 (2014 Mar)
- Author(s):** Hope VD; Hickman M; Parry JV; Ncube F
- Institution:** Hope, V D. Centre for Infectious Disease Surveillance and Control, Public Health England, London, UK; Centre for Research on Drugs & Health Behaviour, London School of Hygiene & Tropical Medicine, London, UK. Electronic address: vivian.hope@phe.gov.uk.; Hickman, M. School of Social and Community Medicine, University of Bristol, Bristol, UK.; Parry, J V. Microbiology Services, Public Health England, London, UK; Centre for Research on Drugs & Health Behaviour, London School of Hygiene & Tropical Medicine, London, UK.; Ncube, F. Centre for Infectious Disease Surveillance and Control, Public Health England, London, UK.
- Language:** English
- Abstract:** BACKGROUND: People who inject drugs (PWID) are at risk of injection site infections and injuries. The factors associated with recent symptoms of these problems are examined. METHOD: PWID recruited using respondent driven sampling, underwent a computer-assisted interview and provided a dried-blood spot sample. Weight data were examined using logistic regression. RESULTS: The mean age of the 855 participants was 32 years, and 25% were women. During the preceding 28 days, 94% had injected heroin and 50% crack-cocaine; with 41% injecting into their arms and 47% their groin. The passing on of used needles/syringes was reported by 9.7% and receiving by 8.0%. During the preceding 28 days, 21% reported having redness, swelling and tenderness, 6.1% an abscess, and 5.2% a sore/open wound at an injection site; with a quarter (24%) reporting one or more of these. A range of factors were associated with these symptoms; all three symptoms were associated with more frequent injection and the use of multiple injection sites; two of the symptoms were also associated with having recently overdosed and the use of particular injection sites. CONCLUSIONS: Injection site infections and injuries are common among PWID and targeted interventions are needed to reduce risk. Copyright © 2013. Published by Elsevier B.V. All rights reserved.
- Country of Publication:** Netherlands
- Publication Type:** Journal Article; Research Support, Non-U.S. Gov't
- Subject Headings:** [Adult](#)  
["England/ep \[Epidemiology\]"](#)  
[Female](#)  
[Humans](#)  
["Infection/co \[Complications\]"](#)  
["\\*Infection/ep \[Epidemiology\]"](#)  
[Male](#)  
["Needle Sharing/ae \[Adverse Effects\]"](#)  
["Needlestick Injuries/co \[Complications\]"](#)  
["\\*Needlestick Injuries/ep \[Epidemiology\]"](#)  
[Risk Factors](#)  
["Substance Abuse Intravenous/bl \[Blood\]"](#)  
["Substance Abuse Intravenous/co \[Complications\]"](#)  
["\\*Substance Abuse Intravenous/di \[Diagnosis\]"](#)  
[Young Adult](#)
- Source:** MEDLINE
- Full Text:** Available from *Elsevier* in *International Journal of Drug Policy*

### 13. Does infant feeding method impact on maternal mental health?.

- Citation:** Breastfeeding Medicine: The Official Journal of the Academy of Breastfeeding Medicine, May 2014, vol./is. 9/4(215-21), 1556-8253;1556-8342 (2014 May)
- Author(s):** Xu F; Li Z; Binns C; Bonello M; Austin MP; Sullivan E
- Institution:** Xu, Fenglian. 1 National Drug and Alcohol Research Centre, University of New South Wales, Sydney, New South Wales, Australia .

**Language:** English

**Abstract:** BACKGROUND: Breastfeeding has been reported to reduce the risk of postpartum anxiety and depression. However, little is known of the effects of breastfeeding on hospital admissions for postpartum mental disorders. MATERIALS AND METHODS: This is a population-based longitudinal cohort study using linked data. All mothers who gave birth to a live infant between 2007 and 2008 in New South Wales, Australia were followed up for 1 year for hospital admissions with diagnoses of psychiatric and/or substance use disorders. RESULTS: There were 186,452 women who were reported as giving birth in New South Wales between 2007 and 2008. The "any breastfeeding" rate at the time of discharge was 87.1%. In total, 2,940 mothers were admitted to the hospital with psychiatric diagnoses within 12 months of birth. The first hospital admission for the diagnoses of overall mental illness was 32 days earlier for non-breastfeeding mothers compared with those with full breastfeeding. Mothers who did not breastfeed were more likely to be admitted to the hospital in the first year postpartum for schizophrenia (adjusted relative risk [ARR]=2.0; 95% confidence interval [CI] 1.3, 3.1), bipolar affective disorders (ARR=1.9; 95% CI 1.1, 3.5), and mental illness due to substance use (ARR=1.8; 95% CI 1.3, 2.5) compared with full breastfeeding mothers. CONCLUSIONS: Breastfeeding is associated with a decrease in the risk of subsequent maternal hospital admissions for schizophrenia, bipolar affective disorders, and mental illness due to substance use, in the first postpartum year.

**Country of Publication:** United States

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

**Subject Headings:** Adult  
 "Australia/ep [Epidemiology]"  
 "Bipolar Disorder/ep [Epidemiology]"  
 "\*Bipolar Disorder/px [Psychology]"  
 "\*Breast Feeding/px [Psychology]"  
 "Depression Postpartum/ep [Epidemiology]"  
 "\*Depression Postpartum/px [Psychology]"  
 Female  
 Follow-Up Studies  
 Health Promotion  
 "\*Hospitalization/sn [Statistics and Numerical Data]"  
 Hospitals Psychiatric  
 Humans  
 Infant Newborn  
 Longitudinal Studies  
 "\*Mothers/px [Psychology]"  
 "\*Postpartum Period/px [Psychology]"  
 Pregnancy  
 Prevalence  
 Risk Assessment  
 "Schizophrenia/ep [Epidemiology]"  
 "Substance-Related Disorders/ep [Epidemiology]"  
 "\*Substance-Related Disorders/px [Psychology]"

**Source:** MEDLINE

#### 14. Lessons learned from Asian Urology.

**Citation:** BJU International, November 2014, vol./is. 114/5(633), 1464-4096;1464-410X (2014 Nov)

**Author(s):** Chu PS; Dasgupta P

**Institution:** Chu, Peggy Sau-Kwan. Division of Urology, Department of Surgery, Tuen Mun Hospital, Hong Kong.

**Language:** English

**Country of Publication:** England

**CAS Registry Number:** 690G0D6V8H (Ketamine)  
**Publication Type:** Editorial  
**Subject Headings:** [China](#)  
[Great Britain](#)  
[Hong Kong](#)  
[Humans](#)  
["\\*Ketamine/po \[Poisoning\]"](#)  
["Substance-Related Disorders/pc \[Prevention and Control\]"](#)  
["Substance-Related Disorders/px \[Psychology\]"](#)  
["Urologic Diseases/ci \[Chemically Induced\]"](#)  
["\\*Urologic Diseases/th \[Therapy\]"](#)  
[\\*Urology](#)

**Source:** MEDLINE

**Full Text:** Available from *Wiley* in [BJU International](#)  
Available from *BJU International* in [Newcomb Library & Information Service](#)

### 15. Drug misuse among university students in the UK: implications for prevention.

**Citation:** Substance Use & Misuse, March 2014, vol./is. 49/4(448-55), 1082-6084;1532-2491 (2014 Mar)

**Author(s):** Bennett TH; Holloway KR

**Institution:** Bennett,Trevor Hugh. 1University of South Wales, FBS, Pontypridd, United Kingdom.

**Language:** English

**Abstract:** AIMS: The aim of the research was to identify the types of drugs currently being used by university students, their involvement in multiple drug misuse and drug combinations, and the consequences of drug misuse in terms of associated harms.METHODS: The research was based on an email survey of all first- and second-year students registered as undergraduates at a university in south Wales during October 2012.RESULTS: The results of the research showed that drug misuse on the university campus studied was widespread in terms of the types and patterns of drug misuse. The most troublesome findings concern the high levels of multiple drug use, the use of some of the most dangerous drugs (including crack and powder cocaine and heroin, as well as ketamine), and the list of recorded harms experienced as a result of drug misuse.CONCLUSIONS: The article concludes that little attention has been paid outside of the United States to drug use among university students or to interventions designed to prevent it. However, there are signs that government policy in the United Kingdom is beginning to pay attention to the specific problems of drug misuse among university students.

**Country of Publication:** England

**Publication Type:** Journal Article

**Subject Headings:** [Adolescent](#)  
[Female](#)  
[Health Surveys](#)  
[Humans](#)  
[Male](#)  
[Questionnaires](#)  
[\\*Students](#)  
["Substance-Related Disorders/ep \[Epidemiology\]"](#)  
["\\*Substance-Related Disorders/pc \[Prevention and Control\]"](#)  
[\\*Universities](#)  
["Wales/ep \[Epidemiology\]"](#)  
[Young Adult](#)

**Source:** MEDLINE

**Full Text:** Available from *Informa Healthcare* in [Substance Use and Misuse](#)

## 16. The aetiology and trajectory of anabolic-androgenic steroid use initiation: a systematic review and synthesis of qualitative research.

<b>Citation:</b>	Substance Abuse Treatment, Prevention, & Policy, 2014, vol./is. 9/(27), 1747-597X;1747-597X (2014)
<b>Author(s):</b>	Sagoe D; Andreassen CS; Pallesen S
<b>Institution:</b>	Sagoe, Dominic. Department of Psychosocial Science, University of Bergen, Christiesgate 12, 5015 Bergen, Norway. dominic.sagoe@psysp.uib.no.
<b>Language:</b>	English
<b>Abstract:</b>	<p><b>BACKGROUND:</b> To our knowledge, there has never been a systematic review and synthesis of the qualitative literature on the trajectory and aetiology of nonmedical anabolic-androgenic steroid (AAS) use. <b>METHODS:</b> We systematically reviewed and synthesized qualitative literature gathered from searches in PsycINFO, PubMed, ISI Web of Science, Google Scholar, and reference lists of relevant literature to investigate AAS users' ages of first use and source(s), history prior to use, and motives/drives for initiating use. We adhered to the recommendations of the UK Economic and Social Research Council's qualitative research synthesis manual and the PRISMA guidelines. <b>RESULTS:</b> A total of 44 studies published between 1980 and 2014 were included in the synthesis. Studies originated from 11 countries: the United States (n = 18), England (n = 8), Australia (n = 4), Sweden (n = 4), both England and Wales (n = 2), and Scotland (n = 2). One study each originated from Brazil, Bulgaria, Canada, France, Great Britain, and Norway. The majority of AAS users initiated use before age 30. Sports participation (particularly power sports), negative body image, and psychological disorders such as depression preceded initiation of AAS use for most users. Sources of first AAS were mainly users' immediate social networks and the illicit market. Enhanced sports performance, appearance, and muscle/strength were the paramount motives for AAS use initiation. <b>CONCLUSIONS:</b> Our findings elucidate the significance of psychosocial factors in AAS use initiation. The proliferation of AAS on the illicit market and social networks demands better ways of dealing with the global public health problem of AAS use.</p>
<b>Country of Publication:</b>	England
<b>CAS Registry Number:</b>	0 (Anabolic Agents); 0 (Androgens)
<b>Publication Type:</b>	Journal Article; Review
<b>Subject Headings:</b>	<a href="#">Adolescent</a> <a href="#">Adult</a> <a href="#">"*Anabolic Agents/ad [Administration and Dosage]"</a> <a href="#">"*Androgens/ad [Administration and Dosage]"</a> <a href="#">Female</a> <a href="#">Humans</a> <a href="#">Male</a> <a href="#">Middle Aged</a> <a href="#">Motivation</a> <a href="#">Qualitative Research</a> <a href="#">"*Substance-Related Disorders/et [Etiology]"</a>
<b>Source:</b>	MEDLINE
<b>Full Text:</b>	<p>Available from <i>Springer NHS Pilot 2014 (NESLi2)</i> in <a href="#">Substance Abuse Treatment, Prevention, and Policy</a>; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.</p> <p>Available from <i>ProQuest</i> in <a href="#">Substance Abuse Treatment, Prevention and Policy</a>; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.</p> <p>Available from <i>National Library of Medicine</i> in <a href="#">Substance Abuse Treatment, Prevention, and Policy</a></p> <p>Available from <i>BioMedCentral</i> in <a href="#">Substance Abuse Treatment, Prevention, and Policy</a></p>



**17. Drugs foresight 2020: a Delphi expert panel study.**

- Citation:** Substance Abuse Treatment, Prevention, & Policy, 2014, vol./is. 9/(18), 1747-597X;1747-597X (2014)
- Author(s):** Lintonen T; Konu A; Ronka S; Kotovirta E
- Institution:** Lintonen,Tomi. Finnish Foundation for Alcohol Studies, PO Box 30, FI-00271 Helsinki, Finland. tomi.lintonen@alkoholitutkimussaatio.fi.
- Language:** English
- Abstract:** BACKGROUND: Historically substance misuse has been relatively common in western countries, but comparatively few Finns report drug use. The Drugs 2020 study aimed at foreseeing changes in the drug situation in Finland by the year 2020.METHODS: The Delphi method was used, utilizing drug experts of the EU national network in Finland.RESULTS: Marked growth was foreseen in drug use, especially in synthetic designer drugs and misuse of medicinal drugs. Significant increase was also expected in growing cannabis at home. However, the control of drug market was expected to shift more into the hands of organized crime. No consensus was reached on how drug prices will develop in the time period. Drug use is likely to remain punishable although the use and possession of cannabis may be treated less severely. It seems likely that health and social services resources will be directed towards medicinal treatment.CONCLUSIONS: Foresight can be utilized in preparing for the future; desirable developments can be fostered, and measures can be taken to curb probable but undesirable lines of development. Based on the results of this study, the experts' view is that it is highly likely that the Finnish society will have to prepare for an increase in the demand for drug-related care, both in terms of content of the care and financing the services. Also, the forecasted increase in the role of legal prescription medicine used as intoxicants will call for efforts not only in changing prescription practices but in border and police control measures, as well. Parallel developments have been foreseen in the UK and Sweden, and it is likely that similar trends will actualize also in other western countries.
- Country of Publication:** England
- CAS Registry Number:** 0 (Street Drugs)
- Publication Type:** Journal Article
- Subject Headings:** [Advisory Committees](#)  
[Consensus](#)  
[Delivery of Health Care](#)  
[Delphi Technique](#)  
["Drug Utilization/lj \[Legislation and Jurisprudence\]"](#)  
["\\*Drug Utilization/td \[Trends\]"](#)  
["\\*Drug and Narcotic Control/td \[Trends\]"](#)  
[Finland](#)  
[Humans](#)  
[Longitudinal Studies](#)  
[Policy Making](#)  
[Street Drugs](#)  
["Substance-Related Disorders/ep \[Epidemiology\]"](#)  
[\\*Substance-Related Disorders](#)
- Source:** MEDLINE
- Full Text:** Available from *Springer NHS Pilot 2014 (NESLi2)* in [Substance Abuse Treatment, Prevention, and Policy](#); Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only. Available from *ProQuest* in [Substance Abuse Treatment, Prevention and Policy](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions. Available from *National Library of Medicine* in [Substance Abuse Treatment, Prevention, and Policy](#) Available from *BioMedCentral* in [Substance Abuse Treatment, Prevention, and Policy](#)

**18. Comparison of chronic wound culture techniques: swab versus curetted tissue for microbial recovery.**

<b>Citation:</b>	British Journal of Community Nursing, September 2014, vol./is. Suppl/(S22-6), 1462-4753;1462-4753 (2014 Sep)
<b>Author(s):</b>	Smith ME; Robinowitz N; Chaulk P; Johnson K
<b>Institution:</b>	Smith, Maria Elisa. Research Assistant, Department of Medicine, Division of Infectious Diseases, Johns Hopkins Medical Institutions, Baltimore, Maryland.
<b>Language:</b>	English
<b>Abstract:</b>	Health-care professionals are increasingly relying on wound cultures as part of their clinical assessment. Tissue viability nurses in the UK use wound swabbing as the standard specimen-taking technique, but others are used globally and there is no worldwide standard. This study compares two wound culture techniques in uninfected chronic wounds of active and former injection drug users seeking care through a civic needle exchange mobile wound clinic. For each wound, two sampling approaches were applied during the same visit: swab culture and curetted tissue culture. A total of 12 chronic wounds were assessed among 9 patients, including 19 swab cultures and 19 tissue cultures. These 38 cultures grew a total of 157 individually identified bacterial organisms, including 27 anaerobic organisms (17.2%), 63 Gram-positive species (40.1%), and 67 Gram-negative species (42.7%). The swab technique yielded a greater percentage recovery rate of anaerobic (55.6%), Gram-positive (52.4%), and all species (51.6%) compared to tissue culture ( $P > 0.05$ ). Recovery of common wound species, such as methicillin-sensitive <i>Staphylococcus aureus</i> , methicillin-resistant <i>Staphylococcus aureus</i> , and <i>Pseudomonas aeruginosa</i> was the same using either method (50.0%). Swab and curetted tissue cultures yielded similar recovery rates for common wound bacteria. Therefore, swabs (including a vacuum transport container) may offer an advantage in the recovery of anaerobes. Based upon this analysis, the swab-based culture method for chronic wounds currently used in the UK is reasonable.
<b>Country of Publication:</b>	England
<b>Publication Type:</b>	Comparative Study; Journal Article; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't
<b>Subject Headings:</b>	<a href="#">Baltimore</a> <a href="#">Chronic Disease</a> <a href="#">*Culture Techniques</a> <a href="#">Humans</a> <a href="#">Needle-Exchange Programs</a> <a href="#">"Substance Abuse Intravenous/co [Complications]"</a> <a href="#">Wound Healing</a> <a href="#">"*Wound Infection/mi [Microbiology]"</a> <a href="#">"*Wound Infection/nu [Nursing]"</a>
<b>Source:</b>	MEDLINE
<b>Full Text:</b>	Available from <i>EBSCOhost</i> in <a href="#">British Journal of Community Nursing</a>