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Search History

1. MEDLINE; exp SUBSTANCE-RELATED DISORDERS/; 190082 results.
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5. MEDLINE; "United Kingdom".ti,ab; 19970 results.
6. MEDLINE; "Great Britain".ti,ab; 5453 results.
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8. MEDLINE; "Scotland".ti,ab; 9718 results.
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1. Averting comfortable lifestyle crises.

Citation: Science Progress, 2013, vol./is. 96/Pt 4(319-68), 0036-8504;0036-8504 (2013)

Author(s): Bilton R

Institution: School of Pharmacy and Biomolecular Sciences, Liverpool John Moores University. rod785@btinternet.com

Language: English

Abstract: How have climate change and diet shaped the evolution of human energy metabolism, and responses to vitamin C, fructose and uric acid? Through the last three millennia observant physicians have noted the association of inappropriate diets with increased incidence of obesity, heart disease, diabetes and cancer, and over the past 300 years doctors in the UK observed that overeating increased the incidence of these diseases. Anthropological studies of the Inuit culture in the mid-nineteenth century revealed that humans can survive and thrive in the virtual absence of dietary carbohydrate. In the 1960s, Cahill revealed the flexibility of human metabolism in response to partial and total starvation and demonstrated that type 2 diabetics were better adapted than healthy subjects to conserving protein during fasting. The potential role for brown adipose tissue thermogenesis in temperature maintenance and dietary calorie control was suggested by Rothwell and Stock from their experiments with 'cafeteria fed rats' in the 1980s. Recent advances in gene array studies and PET scanning support a role for this process in humans. The industrialisation of food processing in the twentieth century has led to increases in palatability and digestibility with a parallel loss of quality leading to overconsumption and the current obesity epidemic. The switch from animal to vegetable fats at the beginning of the twentieth century, followed by the rapid increase in sugar and fructose consumption from 1979 is mirrored by a steep increase in obesity in the 1980s, in the UK and USA. Containment of the obesity epidemic is compounded by the addictive properties of sugar which involve the same dopamine receptors in the pleasure centres of the brain as for cocaine, nicotine and alcohol. Of the many other toxic effects of excessive sugar consumption, immunocompromisation, kidney damage, atherosclerosis, oxidative stress and cancer are highlighted. The WHO and guidelines on sugar consumption include: alternative non-sugar sweeteners; toxic side-effects of aspartame. Stevia and xylitol as healthy sugar replacements; the role of food processing in dietary health; and beneficial effects of resistant starch in natural and processed foods. The rise of maize and soya-based vegetable oils have led to omega-6 fat overload and imbalance in the dietary ratio of omega-3 to omega-6 fats. This has led to toxicity studies with industrial trans fats; investigations on health risks associated with stress and comfort eating; and abdominal obesity. Other factors to consider are: diet, cholesterol and oxidative stress, as well as the new approaches to the chronology of eating and the health benefits of intermittent fasting.

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings:
*Biological Evolution
*Diet
*Epigenesis Genetic
Humans
*Life Style
*Obesity

Source: MEDLINE

2. Hepatitis C virus treatment for prevention among people who inject drugs: Modeling treatment scale-up in the age of direct-acting antivirals.

Citation: Hepatology, November 2013, vol./is. 58/5(1598-609), 0270-9139;1527-3350 (2013 Nov)

Author(s): Martin NK; Vickerman P; Grebely J; Hellard M; Hutchinson SJ; Lima VD; Foster GR; Dillon JF; Goldberg DJ; Dore GJ; Hickman M

Institution: School of Social and Community Medicine, University of Bristol, Bristol, UK; Social and Mathematical Epidemiology Group, Department of Global Health and Development, London School of Hygiene and Tropical Medicine, London, UK.

Language: English

Abstract: Substantial reductions in hepatitis C virus (HCV) prevalence among people who inject drugs (PWID) cannot be achieved by harm reduction interventions such as needle exchange and opiate substitution therapy (OST) alone. Current HCV treatment is arduous and uptake is low, but new highly effective and tolerable interferon-free direct-acting antiviral (DAA) treatments could facilitate increased uptake. We projected the potential impact of DAA treatments on PWID HCV prevalence in three settings. A dynamic HCV transmission model was parameterized to three chronic HCV prevalence settings: Edinburgh, UK (25%); Melbourne, Australia (50%); and Vancouver, Canada (65%). Using realistic scenarios of future DAAs (90% sustained viral response, 12 weeks duration, available 2015), we projected the treatment rates required to reduce chronic HCV prevalence by half or three-quarters within 15 years. Current HCV treatment rates may have a minimal impact on prevalence in Melbourne and Vancouver (<2% relative reductions) but could reduce prevalence by 26% in 15 years in Edinburgh. Prevalence could halve within 15 years with treatment scale-up to 15, 40, or 76 per 1,000 PWID annually in Edinburgh, Melbourne, or Vancouver, respectively (2-, 13-, and 15-fold increases, respectively). Scale-up to 22, 54, or 98 per 1,000 PWID annually could reduce prevalence by three-quarters within 15 years. Less impact occurs with delayed scale-up, higher baseline prevalence, or shorter average injecting duration. Results are insensitive to risk heterogeneity or restricting treatment to PWID on OST. At existing HCV drug costs, halving chronic prevalence would require annual treatment budgets of US $3.2 million in Edinburgh and approximately $50 million in Melbourne and Vancouver. Conclusion: Interferon-free DAAs could enable increased HCV treatment uptake among PWID, which could have a major preventative impact. However, treatment costs may limit scale-up, and should be addressed. 2013 The Authors. Hepatology published by Wiley on behalf of the American Association for the Study of Liver Diseases.

Country of Publication: United States

CAS Registry Number: 0 (Antiviral Agents)

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

Subject Headings:
"*Antiviral Agents/tu [Therapeutic Use]"
"Hepatitis C/ep [Epidemiology]"
"*Hepatitis C/pc [Prevention and Control]"
Humans
Models Theoretical
Prevalence
"*Substance Abuse Intravenous/co [Complications]"

Source: MEDLINE

Full Text: Available from *Wiley* in *Hepatology*

3. The large spectrum of pulmonary complications following illicit drug use: features and mechanisms.

Citation: Chemico-Biological Interactions, December 2013, vol./is. 206/3(444-51), 0009-2797;1872-7786 (2013 Dec 5)

Author(s): Megarbane B; Chevillard L

Institution: Department of Medical and Toxicological Critical Care, Lariboisiere Hospital, Paris-Diderot University, Paris, France; INSERM U1144, Paris-Descartes University, Variability of the response to psychotropic drugs, Paris, France. Electronic address: bruno-megarbane@wanadoo.fr.

Language: English

Abstract: Damage to lungs may occur from systemic as well as inhalational exposure to various illegal drugs of abuse. Aspiration pneumonia probably represents the most common pulmonary complication in relation to consciousness impairment. Some pulmonary

consequences may be specifically related to one given drug. Prolonged smoking of marijuana may result in respiratory symptoms suggestive of obstructive lung disease. Non-cardiogenic pulmonary edema has been attributed to heroin, despite debated mechanisms including attempted inspiration against a closed glottis, hypoxic damage to alveolar integrity, neurogenic vasoactive response to stress, and opiate-induced anaphylactoid reaction. Naloxone-related precipitated withdrawal resulting in massive sympathetic response with heart stunning has been mistakenly implicated. In crack users, acute respiratory syndromes called "crack-lung" with fever, hemoptysis, dyspnea, and pulmonary infiltration on chest X-rays have been reported up-to 48h after free-base cocaine inhalation, with features of pulmonary edema, interstitial pneumonia, diffuse alveolar hemorrhage, and eosinophil infiltration. The high-temperature of volatilized cocaine and the presence of impurities, as well as cocaine-induced local vasoconstriction have been suggested to explain alveolar damage. Some other drug-related pulmonary insults result from the route of drug self-administration. In intravenous drug users, granulomatous pneumonia with multinodular patterns on thoracic imaging is due to drug contaminants like talcum. Septic embolism from right-sided endocarditis represents an alternative diagnosis in case of sepsis from pulmonary origin. Following inhalation, pneumothorax, and pneumomediastinum have been attributed to increased intrathoracic pressure in relation to vigorous coughing or repeated Valsalva maneuvers, in an attempt to absorb the maximal possible drug amount. In conclusion, pulmonary consequences of illicit drugs are various, resulting in both acute life-threatening conditions and long-term functional respiratory sequelae. A better understanding of their spectrum and the implicated mechanisms of injury should help to improve patient management.

Country of Publication: Ireland

CAS Registry Number: 0 (Crack Cocaine); 0 (Street Drugs)

Publication Type: Journal Article; Review

Subject Headings:
Administration Inhalation
Administration Intravenous
"Community-Acquired Infections/et [Etiology]"
"Crack Cocaine/to [Toxicity]"
"Heroin Dependence/co [Complications]"
Humans
"*Lung Diseases/et [Etiology]"
"Lung Diseases/pp [Physiopathology]"
"Lung Injury/et [Etiology]"
"Marijuana Smoking/ae [Adverse Effects]"
"Marijuana Smoking/pp [Physiopathology]"
"Pneumonia/et [Etiology]"
"Pneumonia Aspiration/et [Etiology]"
"Pulmonary Edema/et [Etiology]"
"Respiratory Distress Syndrome Adult/et [Etiology]"
"*Street Drugs/to [Toxicity]"
"Substance-Related Disorders/co [Complications]"

Source: MEDLINE

4. Mephedrone (4-methylmethcathinone) supports intravenous self-administration in Sprague-Dawley and Wistar rats.

Citation: Addiction Biology, September 2013, vol./is. 18/5(786-99), 1355-6215;1369-1600 (2013 Sep)

Author(s): Aarde SM; Angrish D; Barlow DJ; Wright MJ Jr; Vandewater SA; Creehan KM; Houseknecht KL; Dickerson TJ; Taffe MA

Institution: Committee on the Neurobiology of Addictive Disorders, The Scripps Research Institute, La Jolla, CA, USA.

Language: English

Abstract: Recreational use of the drug 4-methylmethcathinone (mephedrone; 4-MMC) became increasingly popular in the United Kingdom in recent years, spurred in part by the fact that it was not criminalized until April 2010. Although several fatalities have been associated with consumption of 4-MMC and cautions for recreational users about its addictive potential have appeared on Internet forums, very little information about abuse liability for this drug is available. This study was conducted to determine if 4-MMC serves as a reinforcer in a traditional intravenous self-administration model. Groups of male Wistar and Sprague-Dawley rats were prepared with intravenous catheters and trained to self-administer 4-MMC in 1-hour sessions. Per-infusion doses of 0.5 and 1.0 mg/kg were consistently self-administered, resulting in greater than 80% discrimination for the drug-paired lever and mean intakes of about 2-3 mg/kg/hour. Dose-substitution studies after acquisition demonstrated that the number of responses and/or the total amount of drug self-administered varied as a function of dose. In addition, radiotelemetry devices were used to show that self-administered 4-MMC was capable of increasing locomotor activity (Wistar) and decreasing body temperature (Sprague-Dawley). Pharmacokinetic studies found that the T1/2 of 4-MMC was about 1 hour in vivo in rat plasma and 90 minutes using in vitro liver microsomal assays. This study provides evidence of stimulant-typical abuse liability for 4-MMC in the traditional pre-clinical self-administration model. 2013 The Authors, Addiction Biology 2013 Society for the Study of Addiction.

Country of Publication: United States

CAS Registry Number: 0 (Central Nervous System Stimulants); 44RAL3456C (Methamphetamine); 8BA8T27317 (mephedrone); E78ZFF4KQ0 (Reward)

Publication Type: Journal Article; Research Support, U.S. Gov't, P.H.S.

Subject Headings:
Analysis of Variance
Animals
"Body Temperature Regulation/de [Drug Effects]"
"Central Nervous System Stimulants/ad [Administration and Dosage]"
"Central Nervous System Stimulants/pk [Pharmacokinetics]"
"*Central Nervous System Stimulants/pd [Pharmacology]"
Dose-Response Relationship Drug
Drug Substitution
Humans
Infusions Intravenous
Male
"Methamphetamine/ad [Administration and Dosage]"
"*Methamphetamine/aa [Analogs and Derivatives]"
"Methamphetamine/pk [Pharmacokinetics]"
"Methamphetamine/pd [Pharmacology]"
"Motor Activity/de [Drug Effects]"
Rats
Rats Sprague-Dawley
Rats Wistar
*Reinforcement Schedule
Reward
*Self Administration
Species Specificity
*Substance-Related Disorders

Source: MEDLINE

Full Text: Available from *Wiley* in *Addiction Biology*

5. The genetic aetiology of cannabis use initiation: a meta-analysis of genome-wide association studies and a SNP-based heritability estimation.

Citation: Addiction Biology, September 2013, vol./is. 18/5(846-50), 1355-6215;1369-1600 (2013 Sep)

Author(s): Verweij KJ; Vinkhuyzen AA; Benyamin B; Lynskey MT; Quaye L; Agrawal A; Gordon SD; Montgomery GW; Madden PA; Heath AC; Spector TD; Martin NG; Medland SE

Institution: Queensland Institute of Medical Research, Australia. karin.verweij@qimr.edu.au

Language: English

Abstract: While initiation of cannabis use is around 40% heritable, not much is known about the underlying genetic aetiology. Here, we meta-analysed two genome-wide association studies of initiation of cannabis use with > 10 000 individuals. None of the genetic variants reached genome-wide significance. We also performed a gene-based association test, which also revealed no significant effects of individual genes. Finally, we estimated that only approximately 6% of the variation in cannabis initiation is due to common genetic variants. Future genetic studies using larger sample sizes and different methodologies (including sequencing) might provide more insight in the complex genetic aetiology of cannabis use. 2012 The Authors, Addiction Biology 2012 Society for the Study of Addiction.

Country of Publication: United States

Publication Type: Journal Article; Meta-Analysis; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't

Subject Headings:
Adult
"Australia/ep [Epidemiology]"
Female
"*Genetic Predisposition to Disease/ge [Genetics]"
*Genome-Wide Association Study
Genotype
"Great Britain/ep [Epidemiology]"
Humans
Male
"Marijuana Abuse/ep [Epidemiology]"
"*Marijuana Abuse/ge [Genetics]"
Middle Aged
"*Polymorphism Single Nucleotide/ge [Genetics]"
Twin Studies as Topic

Source: MEDLINE

Full Text: Available from *Wiley* in *Addiction Biology*

6. Education and training in psychiatry in the U.K.

Citation: Academic Psychiatry, July 2013, vol./is. 37/4(243-7), 1042-9670;1545-7230 (2013 Jul 1)

Author(s): Carney S; Bhugra DK

Institution: Institute of Psychiatry, HSRD, London, U.K.

Language: English

Abstract: BACKGROUND/OBJECTIVE: Recent training and education changes have raised important issues in delivery of psychiatric education at all levels. In this article, the authors describe the current status of mental health education in the training of all doctors and postgraduate training and education in psychiatry in the U.K.METHOD: The authors explore and describe some of the initiatives that are being used in order to increase exposure to mental health placements in the Foundation Program, and they then describe the existing specific mental health opportunities within general practice and other specialist training programs.DESCRIPTION: After graduation from medical school, a two-year Foundation training program is a must, and, at the end of the first year, trainees become eligible for full registration with the "regulator," the General Medical Council; after finishing the second year, they become eligible to undertake specialist training. Psychiatry training takes up to 6 years, and six specialties are recognized as leading to certificates for completion of training before independent practice. These six specialties are 1) general and community; 2) child and adolescent; 3) medical psychotherapy; 4) forensic psychiatry; 5) psychiatry of old age; and 6) psychiatry of learning disability.

Also, three subspecialties-liaison psychiatry, addictions, and rehabilitation-form a part of the training in general and community psychiatry.CONCLUSIONS: The authors discuss advantages and disadvantages of such an approach and raise key issues related to ongoing work to improve recruitment, progression, and retention of trainee psychiatrists.

Country of Publication: United States

Publication Type: Journal Article

Subject Headings:
*Curriculum
"*Education Medical Graduate/mt [Methods]"
"Education Medical Undergraduate/mt [Methods]"
"General Practice/ed [Education]"
Great Britain
Humans
"*Psychiatry/ed [Education]"

Source: MEDLINE

7. Ten-year mortality trends among persons diagnosed with HIV infection in England and Wales in the era of antiretroviral therapy: AIDS remains a silent killer.

Citation: HIV Medicine, November 2013, vol./is. 14/10(596-604), 1464-2662;1468-1293 (2013 Nov)

Author(s): Simmons RD; Ciancio BC; Kall MM; Rice BD; Delpech VC

Institution: HIV and STI Department, Public Health England Centre for Infections, London, UK.

Language: English

Abstract: OBJECTIVES: We present national trends in death rates and the proportion of deaths attributable to AIDS in the era of effective antiretroviral therapy (ART), and examine risk factors associated with an AIDS-related death.METHODS: Analyses of the national HIV-infected cohort for England and Wales linked to death records from the Office of National Statistics were performed. Annual all-cause mortality rates were calculated by age group and sex for the years 1999-2008 and rates for 2008 were compared with death rates in the general population. Risk factors associated with an AIDS-related death were investigated using a case-control study design.RESULTS: The all-cause mortality rate among persons diagnosed with HIV infection aged 15-59 years fell over the decade: from 217 per 10000 in 1999 to 82 per 10000 in 2008, with declines in all age groups and exposure categories except women aged 50-59 years and persons who inject drugs (rate fluctuations in both of these groups were probably a result of small numbers). Compared with the general population (15 per 10000 in 2008), death rates among persons diagnosed with HIV infection remained high, especially in younger persons (aged 15-29 years) and persons who inject drugs (13 and 20 times higher, respectively). AIDS-related deaths accounted for 43% of all deaths over the decade (24% in 2008). Late diagnosis (CD4 count <350cells/muL) was the most important predictor of dying of AIDS [odds ratio (OR) 10.55; 95% confidence interval (CI) 8.22-13.54]. Sixty per cent of all-cause mortality and 81% of all AIDS-related deaths were attributable to late diagnosis.CONCLUSIONS: Despite substantial declines, death rates among persons diagnosed with HIV infection continue to exceed those of the general population in the ART era. Earlier diagnosis could have prevented 1600 AIDS-related deaths over the decade. These findings highlight the need to intensify efforts to offer and recommend an HIV test in a wider range of clinical and community settings. 2013 British HIV Association.

Country of Publication: England

Publication Type: Journal Article

Subject Headings:
"Acquired Immunodeficiency Syndrome/co [Complications]"
"Acquired Immunodeficiency Syndrome/dt [Drug Therapy]"
"*Acquired Immunodeficiency Syndrome/mo [Mortality]"
Adolescent
Adult
Age Factors

CD4 Lymphocyte Count
Case-Control Studies
"Cause of Death/td [Trends]"
Cohort Studies
Delayed Diagnosis
England
Female
"HIV Infections/co [Complications]"
"HIV Infections/dt [Drug Therapy]"
"*HIV Infections/mo [Mortality]"
Humans
Male
Middle Aged
"*Mortality/td [Trends]"
Risk Factors
"Substance Abuse Intravenous/co [Complications]"
Young Adult

Source: MEDLINE

Full Text: Available from *Wiley* in *HIV Medicine*

8. Prenatal buprenorphine exposure decreases neurogenesis in rats.

Citation: Toxicology Letters, February 2014, vol./is. 225/1(92-101), 0378-4274;1879-3169 (2014 Feb 10)

Author(s): Wu CC; Hung CJ; Shen CH; Chen WY; Chang CY; Pan HC; Liao SL; Chen CJ

Institution: Department of Anesthesiology, Taichung Veterans General Hospital, Taichung 407, Taiwan; Department of Financial and Computational Mathematics, Providence University, Taichung 433, Taiwan.; Department of Anesthesiology, Taichung Veterans General Hospital, Taichung 407, Taiwan; Graduate School of Nursing, HungKuang University, Taichung 433, Taiwan.; Department of Anesthesiology, Taichung Veterans General Hospital, Taichung 407, Taiwan.; Department of Veterinary Medicine, National Chung Hsing University, Taichung 402, Taiwan.; Department of Surgery, Feng Yuan Hospital, Taichung 420, Taiwan.; Department of Neurosurgery, Taichung Veterans General Hospital, Taichung 407, Taiwan; Faculty of Medicine, School of Medicine, National Yang-Ming University, Taipei 112, Taiwan.; Department of Education and Research, Taichung Veterans General Hospital, Taichung 407, Taiwan.; Graduate School of Nursing, HungKuang University, Taichung 433, Taiwan; Department of Education and Research, Taichung Veterans General Hospital, Taichung 407, Taiwan; Institute of Biomedical Sciences, National Chung Hsing University, Taichung 402, Taiwan; Center for General Education, Tunghai University, Taichung 407, Taiwan. Electronic address: cjchen@vghtc.gov.tw.

Language: English

Abstract: Perinatal opioid exposure has a negative effect on neurogenesis and produces neurological consequences. However, its mechanisms of action are incompletely understood. Buprenorphine, a mixed opioid agonist/antagonist, is an alternative medication for managing pregnant opioid addicts. This study provides evidence of decreased neurogenesis and depression-like consequences following prenatal exposure to buprenorphine and sheds light on mechanisms of action in a rat model involving administration of intraperitoneal injection to pregnant rats starting from gestation day 7 and lasting for 14 days and a cultured neurosphere model. Results of forced swimming test and tail suspension test showed that pups at postnatal day 21 had worse parameters of depression-like neurobehaviors, independent of gender. Neurobehavioral changes were accompanied by reduction of neuronal composition, biochemical parameters of neural stem/progenitor cells, brain-derived neurotrophic factor (BDNF) expression, tropomyosin-related kinase receptor type B phosphorylation, protein kinase A (PKA) activity, and cAMP response element-binding protein phosphorylation. Results of parallel cell studies further demonstrated a negative impact of buprenorphine on cultured neurospheres, including proliferation, differentiation, BDNF expression and signaling,

and PKA activity. Taken together, our results suggest that prenatal exposure to buprenorphine might result in depression-like phenotypes associated with impaired BDNF action and decreased neurogenesis in the developing brain of weanlings.

Country of Publication: Netherlands

CAS Registry Number: 0 (Analgesics, Opioid); 0 (Brain-Derived Neurotrophic Factor); 0 (Crebbp protein, rat); 40D3SCR4GZ (Buprenorphine); EC 2-3-1-48 (CREB-Binding Protein); EC 2-7-10-1 (Receptor, trkB); EC 2-7-11-11 (Cyclic AMP-Dependent Protein Kinases)

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

Subject Headings:
"Analgesics Opioid/ad [Administration and Dosage]"
"*Analgesics Opioid/to [Toxicity]"
Animals
"Behavior Animal/de [Drug Effects]"
"Brain-Derived Neurotrophic Factor/me [Metabolism]"
"Buprenorphine/ad [Administration and Dosage]"
"*Buprenorphine/to [Toxicity]"
"CREB-Binding Protein/me [Metabolism]"
"Cell Proliferation/de [Drug Effects]"
Cells Cultured
"Cyclic AMP-Dependent Protein Kinases/me [Metabolism]"
"Depression/ci [Chemically Induced]"
"Depression/pp [Physiopathology]"
"Depression/px [Psychology]"
Dose-Response Relationship Drug
Female
Gestational Age
Injections Intraperitoneal
Male
Maternal Exposure
"Motor Activity/de [Drug Effects]"
"*Nervous System/de [Drug Effects]"
"Nervous System/gd [Growth and Development]"
"Nervous System/me [Metabolism]"
"Nervous System/pa [Pathology]"
"Nervous System/pp [Physiopathology]"
"*Neurogenesis/de [Drug Effects]"
"*Neurons/de [Drug Effects]"
"Neurons/me [Metabolism]"
"Neurons/pa [Pathology]"
Phosphorylation
Pregnancy
*Prenatal Exposure Delayed Effects
Rats
Rats Sprague-Dawley
"Receptor trkB/de [Drug Effects]"
"Receptor trkB/me [Metabolism]"
"Signal Transduction/de [Drug Effects]"
Spheroids Cellular
Swimming
Time Factors

Source: MEDLINE

9. A re-assessment of the epidemiology and patient characteristics of hepatitis D virus infection in inner city London.

Citation: Journal of Infection, June 2013, vol./is. 66/6(521-7), 0163-4453;1532-2742 (2013 Jun)

Author(s): William Tong CY; Asher R; Toby M; Ngui SL; Tettmar K; Ijaz S; Tedder R; Kulasegaram R; Wilkinson M; Wong T

Institution: Department of Infectious Diseases, Guy's and St. Thomas' NHS Foundation Trust, London SE1 7EH, UK. william.tong@kcl.ac.uk

Language: English

Abstract: OBJECTIVES: To re-assess the prevalence and patient characteristics of hepatitis D virus (HDV) infection among hepatitis B patients in inner city London.METHODS: All hepatitis B patients attending clinics over a 52 months period were tested for HDV antibody. All reactive samples were also tested for anti-HDV IgM and RNA. The characteristics of HDV seronegative patients first seen in the calendar year 2008 were compared with all HDV seropositive patients in the cohort.RESULTS: Of 1048 hepatitis B patients, 11 had equivocal anti-HDV serology (1%) and 22 were HDV seropositive (2.1%, 95%CI 1.39-3.16%); 12 were anti-HDV IgM positive and 15 HDV RNA positive. No patient with equivocal anti-HDV serology had detectable HDV RNA. Five HDV seropositive patients were intravenous drug users (22.7%); 17/22 were from abroad with 11/22 (50%) from sub-Saharan Africa. HDV seropositive patients had poorer laboratory parameters and were more likely to have evidence of cirrhosis. Triple infected (HIV/HBV/HDV) patients were also more likely to have cirrhosis than HIV/HBV dually infected patients.CONCLUSIONS: The prevalence of HDV in hepatitis B patients in inner city London was about 2%. The role of migration from endemic countries should be recognised.

Country of Publication: England

Publication Type: Journal Article

Subject Headings:
Adult
Cohort Studies
Coinfection
Female
"HIV Infections/ep [Epidemiology]"
"HIV Infections/vi [Virology]"
"*Hepatitis D/ep [Epidemiology]"
"Hepatitis D/im [Immunology]"
"Hepatitis D/vi [Virology]"
Humans
"London/ep [Epidemiology]"
Male
Prevalence
Statistics Nonparametric
Substance Abuse Intravenous

Source: MEDLINE

Full Text: Available from *Elsevier* in *Journal of Infection*

10. Missed paracetamol (acetaminophen) overdose due to confusion regarding drug names.

Citation: Current Drug Safety, July 2013, vol./is. 8/3(203-6), 1574-8863;2212-3911 (2013 Jul)

Author(s): Hewett DG; Shields J; Waring WS

Institution: Acute Medical Unit, York Hospital, Wigginton Road, York, YO31 8HE, UK.

Language: English

Abstract: Immediate management of drug overdose relies upon the patient account of what was ingested and how much. Paracetamol (acetaminophen) is involved in around 40% of intentional overdose episodes, and remains the leading cause of acute liver failure in many countries including the United Kingdom. In recent years, consumers have had increasing access to medications supplied by international retailers via the internet, which may have different proprietary or generic names than in the country of purchase. We describe a patient that presented to hospital after intentional overdose involving 'acetaminophen' purchased via the internet. The patient had difficulty recalling the drug name, which was inadvertently attributed to 'Advil', a proprietary non-steroidal

anti-inflammatory drug. The error was later recognised when the drug packaging became available, but the diagnosis of paracetamol overdose and initiation of acetylcysteine antidote were delayed. This case illustrates the benefit of routinely measuring paracetamol concentrations in all patients with suspected poisoning, although this is not universally accepted in practice. Moreover, it highlights the importance of the internet as a source of medications for intentional overdose, and emphasises the need for harmonisation of international drug names to improve patient safety.

Country of Publication: United Arab Emirates

CAS Registry Number: 0 (Analgesics, Non-Narcotic); 0 (Antidotes); 362O9ITL9D (Acetaminophen); WYQ7N0BPYC (Acetylcysteine)

Publication Type: Case Reports; Journal Article

Subject Headings:
"*Acetaminophen/po [Poisoning]"
"Acetylcysteine/tu [Therapeutic Use]"
"*Analgesics Non-Narcotic/po [Poisoning]"
"Antidotes/tu [Therapeutic Use]"
Delayed Diagnosis
"*Drug Overdose/di [Diagnosis]"
Drug Packaging
Humans
Internet
Male
Terminology as Topic
Time Factors
Young Adult

Source: MEDLINE

11. The role of abstinence and activity in the quality of life of drug users engaged in treatment.

Citation: Journal of Substance Abuse Treatment, September 2013, vol./is. 45/3(273-9), 0740-5472;1873-6483 (2013 Sep)

Author(s): Best D; Savic M; Beckwith M; Honor S; Karpusheff J; Lubman DI

Institution: Turning Point Alcohol and Drug Centre, Eastern Health, Fitzroy, Victoria 3065, Australia.

Language: English

Abstract: There is increasing interest in understanding factors that enhance the quality of life of substance users in treatment, however limited research has been conducted to date. Measures of physical and psychological health, overall quality of life, drug use, and meaningful activity (education, training or employment) were collected at treatment entry and review in two areas of England as part of routine monitoring. Analysis was performed on an initial sample of 10,470 cases in one site and a more targeted assessment of 783 cases (with repeated measures for 528 of these) in the second site. Women reported lower satisfaction with their physical and psychological health at treatment entry compared with men, but these differences were not present at treatment review. Individuals who reported engagement in meaningful activities had significantly higher quality of life than those that did not. Clients in treatment who reported abstinence and engagement in meaningful activity demonstrated the highest quality of life. A holistic approach to supporting problematic substance users that acknowledges the importance of participation in meaningful activity is likely to be beneficial.

Country of Publication: United States

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

Subject Headings:
"Employment/sn [Statistics and Numerical Data]"
England
Female
*Health Status
Humans

Male
Patient Satisfaction
*Quality of Life
Sex Factors
"*Substance Abuse Treatment Centers/mt [Methods]"
"*Substance-Related Disorders/rh [Rehabilitation]"

Source: MEDLINE

Full Text: Available from *Elsevier* in *Journal of Substance Abuse Treatment*

12. Pattern and cause of fractures in patients who abuse alcohol: what should we do about it?.

Citation: Postgraduate Medical Journal, October 2013, vol./is. 89/1056(578-83), 0032-5473;1469-0756 (2013 Oct)

Author(s): Kelly KN; Kelly C

Institution: Liverpool Medical School, , Liverpool, UK.

Language: English

Abstract: Alcohol abuse is increasing in the UK and contributes significantly to the rising number of acute hospital admissions. The effects are increasingly seen among younger people who binge drink. The effects of excess alcohol on the skeleton have attracted far less attention than those on other organs, but the risk of fractures at important sites, such as the hips and vertebrae, is greatly increased in alcoholics. This is partly owing to reductions in bone mineral density, but other factors such as an increased rate of falls play an important part. The contribution of excess alcohol consumption to the risk of fractures is recognised in the widely available fracture assessment tool (FRAX). The mechanisms of fracture in alcohol abusers are complex and involve direct effects on bone cells, and indirect effects, mediated by alcohol, on the endocrine system, pancreas and cytokine system. Poor nutrition, with a reduction in body mass index and vitamin D levels, often contributes significantly. Prevention and treatment of fractures in alcohol abusers has received limited attention, and there are surprisingly few therapeutic trials to guide clinical intervention. Abstinence has been shown to improve markers of bone turnover within 2 months. However, compliance with oral therapeutic agents is often poor, and bisphosphonates may be contraindicated in patients with alcoholic liver disease and varices. The emergence of newer therapeutic options may facilitate controlled prospective studies of the role of parenteral agents in providing protection against both primary and secondary osteoporotic fractures among patients with alcohol abuse.

Country of Publication: England

CAS Registry Number: 1406-16-2 (Vitamin D)

Publication Type: Journal Article; Review

Subject Headings: Age Factors
"*Alcoholism/co [Complications]"
Body Mass Index
"Bone Density/ph [Physiology]"
"*Bone Diseases/dt [Drug Therapy]"
"Bone Diseases/th [Therapy]"
"*Fractures Bone/et [Etiology]"
Humans
Nutritional Status
"Vitamin D/an [Analysis]"

Source: MEDLINE

Full Text: Available from *Highwire Press* in *Postgraduate medical journal*

13. AESOPS: a randomised controlled trial of the clinical effectiveness and cost-effectiveness of opportunistic screening and stepped care interventions for older hazardous alcohol users in primary care.

Citation: Health Technology Assessment (Winchester, England), June 2013, vol./is. 17/25(1-158), 1366-5278;2046-4924 (2013 Jun)

Author(s): Watson JM; Crosby H; Dale VM; Tober G; Wu Q; Lang J; McGovern R; Newbury-Birch D; Parrott S; Bland JM; Drummond C; Godfrey C; Kaner E; Coulton S; AESOPS Trial Team

Institution: Department of Health Sciences, University of York, York, UK.

Language: English

Abstract: BACKGROUND: There is clear evidence of the detrimental impact of hazardous alcohol consumption on the physical and mental health of the population. Estimates suggest that hazardous alcohol consumption annually accounts for 150,000 hospital admissions and between 15,000 and 22,000 deaths in the UK. In the older population, hazardous alcohol consumption is associated with a wide range of physical, psychological and social problems. There is evidence of an association between increased alcohol consumption and increased risk of coronary heart disease, hypertension and haemorrhagic and ischaemic stroke, increased rates of alcohol-related liver disease and increased risk of a range of cancers. Alcohol is identified as one of the three main risk factors for falls. Excessive alcohol consumption in older age can also contribute to the onset of dementia and other age-related cognitive deficits and is implicated in one-third of all suicides in the older population.OBJECTIVE: To compare the clinical effectiveness and cost-effectiveness of a stepped care intervention against a minimal intervention in the treatment of older hazardous alcohol users in primary care.DESIGN: A multicentre, pragmatic, two-armed randomised controlled trial with an economic evaluation.SETTING: General practices in primary care in England and Scotland between April 2008 and October 2010.PARTICIPANTS: Adults aged > 55 years scoring > 8 on the Alcohol Use Disorders Identification Test (10-item) (AUDIT) were eligible. In total, 529 patients were randomised in the study.INTERVENTIONS: The minimal intervention group received a 5-minute brief advice intervention with the practice or research nurse involving feedback of the screening results and discussion regarding the health consequences of continued hazardous alcohol consumption. Those in the stepped care arm initially received a 20-minute session of behavioural change counselling, with referral to step 2 (motivational enhancement therapy) and step 3 (local specialist alcohol services) if indicated. Sessions were recorded and rated to ensure treatment fidelity.MAIN OUTCOME MEASURES: The primary outcome was average drinks per day (ADD) derived from extended AUDIT--Consumption (3-item) (AUDIT-C) at 12 months. Secondary outcomes were AUDIT-C score at 6 and 12 months; alcohol-related problems assessed using the Drinking Problems Index (DPI) at 6 and 12 months; health-related quality of life assessed using the Short Form Questionnaire-12 items (SF-12) at 6 and 12 months; ADD at 6 months; quality-adjusted life-years (QALYs) (for cost-utility analysis derived from European Quality of Life-5 Dimensions); and health and social care resource use associated with the two groups.RESULTS: Both groups reduced alcohol consumption between baseline and 12 months. The difference between groups in log-transformed ADD at 12 months was very small, at 0.025 [95% confidence interval (CI)--0.060 to 0.119], and not statistically significant. At month 6 the stepped care group had a lower ADD, but again the difference was not statistically significant. At months 6 and 12, the stepped care group had a lower DPI score, but this difference was not statistically significant at the 5% level. The stepped care group had a lower SF-12 mental component score and lower physical component score at month 6 and month 12, but these differences were not statistically significant at the 5% level. The overall average cost per patient, taking into account health and social care resource use, was 488 [standard deviation (SD) 826] in the stepped care group and 482 (SD 826) in the minimal intervention group at month 6. The mean QALY gains were slightly greater in the stepped care group than in the minimal intervention group, with a mean difference of 0.0058 (95% CI -0.0018 to 0.0133), generating an incremental cost-effectiveness ratio (ICER) of 1100 per QALY gained. At month 12, participants in the stepped care group incurred fewer costs, with a mean difference of -194 (95% CI -585 to 198), and had gained 0.0117 more QALYs (95% CI -0.0084 to 0.0318) than the control group. Therefore, from an economic perspective the minimal intervention was dominated by stepped care but, as would be expected given the effectiveness results, the difference was small and not statistically

significant.CONCLUSIONS: Stepped care does not confer an advantage over minimal intervention in terms of reduction in alcohol consumption at 12 months post intervention when compared with a 5-minute brief (minimal) intervention.TRIAL REGISTRATION: This trial is registered as ISRCTN52557360.FUNDING: This project was funded by the NIHR Health Technology Assessment programme and will be published in full in Health Technology Assessment; Vol. 17, No. 25. See the HTA programme website for further project information.

Country of Publication: England

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

Subject Headings:
Aged
Aged 80 and over
"*Alcoholism/di [Diagnosis]"
"Alcoholism/ec [Economics]"
"Alcoholism/th [Therapy]"
Cost-Benefit Analysis
Female
Great Britain
"Health Care Costs/sn [Statistics and Numerical Data]"
Humans
Male
"Mass Screening/mt [Methods]"
Middle Aged
"Primary Health Care/ec [Economics]"
"Primary Health Care/mt [Methods]"
Risk Factors
Treatment Outcome

Source: MEDLINE

14. Five-year trends in self-reported recreational drugs associated with presentation to a UK emergency department with suspected drug-related toxicity.

Citation: European Journal of Emergency Medicine, August 2013, vol./is. 20/4(263-7), 0969-9546;1473-5695 (2013 Aug)

Author(s): Wood DM; Greene SL; Dargan PI

Institution: Department of Clinical Toxicology, Guy's and St Thomas' NHS Foundation Trust and King's Health Partners, London, UK. David.Wood@gstt.nhs.uk

Language: English

Abstract: OBJECTIVE: User surveys show that there have been significant changes over the last decade in the recreational drugs that are available and being used. This study aims to determine whether there have been similar trends in the drug(s) used by individuals presenting to the emergency department (ED) with acute recreational drug toxicity.METHODS: Data on all poisoned patients presenting to our large inner-city ED are recorded prospectively on a dedicated clinical toxicology database. Presentations relating to the use of classical recreational drugs and/or novel psychoactive substances were identified retrospectively between 1 January 2006 and 31 December 2010.RESULTS: There was a significant increase between 2006 and 2010 in the number of individuals reporting the use of cocaine (119-222), -hydroxybutyrate/-butyrolactone (158-270), ketamine (58-81) and cannabis (18-68) and novel psychoactive substances (seven to 98). In particular, there was an increase in cathinones reported from none in 2006 to 82 in 2010. Only 3,4-methylenedioxymethamphetamine (MDMA) was associated with a downward trend in reported use from 140 in 2006 to 103 in 2010.CONCLUSION: Data collection on the drug(s) used in individuals presenting to specialist clinical toxicology centres and/or sentinel EDs across Europe with acute recreational drug toxicity would help to determine the true pattern(s) of drug use and the acute harm associated with this use across Europe and trends over time.

Country of Publication: England

CAS Registry Number: 0 (Street Drugs); 690G0D6V8H (Ketamine); KE1SEN21RM (N-Methyl-3,4-methylenedioxyamphetamine)

Publication Type: Journal Article

Subject Headings:
"Amphetamine-Related Disorders/ep [Epidemiology]"
"Cocaine-Related Disorders/ep [Epidemiology]"
"*Drug-Related Side Effects and Adverse Reactions/ep [Epidemiology]"
"*Emergency Service Hospital/td [Trends]"
Humans
"Ketamine/to [Toxicity]"
"London/ep [Epidemiology]"
"Marijuana Abuse/ep [Epidemiology]"
"N-Methyl-3 4-methylenedioxyamphetamine/to [Toxicity]"
Retrospective Studies
"*Street Drugs/to [Toxicity]"

Source: MEDLINE

15. Correlates of drug use and driving among undergraduate college students.

Citation: Traffic Injury Prevention, 2014, vol./is. 15/2(119-24), 1538-9588;1538-957X (2014)

Author(s): Kohn C; Saleheen H; Borrup K; Rogers S; Lapidus G

Institution: a Injury Prevention Center , Connecticut Children's Medical Center/Hartford Hospital , Hartford , Connecticut.

Language: English

Abstract: OBJECTIVE: Drug use by drivers is a significant and growing highway safety problem. College students are an important population to understand drugged driving. The objective of this study was to examine correlates of drugged driving among undergraduate college students.METHODS: We conducted an anonymous, confidential, 24-question survey at a large New England public university during the 2010-2011 academic year among undergraduates in courses that met a graduation requirement. Data include demographics; academics; housing status; lifestyle; personal values; high school/college drug use; and driving following alcohol use, drug use, or both; and as a passenger with a driver who used alcohol, drugs, or both. Descriptive statistics were calculated. Chi-square tests compared driver alcohol use, drug use, or both with demographic, academic, and lifestyle variables. Logistic regression analyses were performed with drugged driving as the dependent variable. Odds ratios and corresponding 95 percent confidence intervals were calculated for each of the potential explanatory variables in relation to the outcome.RESULTS: Four hundred forty-four of 675 students completed surveys (66% participation rate). Participants were representative of the student body with a mean age of 19.4 (+1.3 years), 51 percent male, 75 percent white, and 10 percent Hispanic. Seventy-eight percent lived on campus, 93 percent had a driver's license, and 37 percent had access to a car. Students disagreed that cannabinoids impair driving (18%) compared to other drugs (17%), stimulants (13%), depressants (11%), hallucinogens (8%), and alcohol (7%). Twenty-three percent drove after alcohol use and 22 percent drove after drug use. Forty-one percent reported having been a passenger with a driver who had been drinking and 37 percent with a driver using drugs. Drugged driving was more likely among males vs. females (30% vs. 14%, P < .01), those living off campus (34% vs. 19%, P < .01), those reporting that parties are important (33% vs. 14%, P < .01), those reporting that community service is not important (28% vs. 18%, P < .05), those reporting that religion is not important (28% vs. 14%, P < .01), and those reporting personal drug use in high school (75% vs. 14%, P < .01) and well as that their best friends used drugs in high school (42% vs. 12%, P < .01) and college (50% vs. 8%, P < .01). Those factors most associated with drugged driving included using drugs in high school (odds ratio [OR] = 9.5, 95% confidence interval [CI]: 4.6-19.6) and best friends in college used drugs regularly (OR = 6.2, 95% CI: 3.4-11.6).CONCLUSION: Self-reported drugged driving and riding as a passenger with a drugged driver is common among subgroups of college students. The identification of undergraduate subgroups at risk for drugged driving will guide the design and implementation of traffic safety activities.

Country of Publication: England

Publication Type: Journal Article

Subject Headings:
Accidents Traffic
Adolescent
"*Alcohol Drinking/px [Psychology]"
*Attitude
"*Automobile Driving/px [Psychology]"
"Automobile Driving/sn [Statistics and Numerical Data]"
Female
Humans
Male
New England
Risk Factors
*Risk-Taking
Self Report
"*Students/px [Psychology]"
"Students/sn [Statistics and Numerical Data]"
"*Substance-Related Disorders/px [Psychology]"
Universities
Young Adult

Source: MEDLINE

16. Readiness to change and brain damage in patients with chronic alcoholism.

Citation: Psychiatry Research, September 2013, vol./is. 213/3(202-9), 0165-1781;1872-7123 (2013 Sep 30)

Author(s): Le Berre AP; Rauchs G; La Joie R; Segobin S; Mezenge F; Boudehent C; Vabret F; Viader F; Eustache F; Pitel AL; Beaunieux H

Institution: INSERM, U1077, Caen, France; Universite de Caen Basse-Normandie, UMR-S1077, Caen, France.

Language: English

Abstract: High motivation to change is a crucial triggering factor to patients' engagement in clinical treatment. This study investigates whether the low readiness to change observed in some alcoholic inpatients at treatment entry could, at least partially, be linked with macrostructural gray matter abnormalities in critical brain regions. Participants comprised 31 alcoholic patients and 27 controls, who underwent 1.5-T magnetic resonance imaging. The Readiness to Change Questionnaire, designed to assess three stages of motivation to change (precontemplation, contemplation and action stages), was completed by all patients, who were then divided into "Action" (i.e., patients in action stage) and "PreAction" (i.e., patients in precontemplation or in contemplation stage) subgroups. The PreAction subgroup, but not the Action subgroup, had gray matter volume deficits compared with controls. Unlike the patients in the Action subgroup, the PreAction patients had gray matter abnormalities in the cerebellum (Crus I), fusiform gyri and frontal cortex. The low level of motivation to modify drinking behavior observed in some alcoholic patients at treatment entry may be related to macrostructural brain abnormalities in regions subtending cognitive, emotional and social abilities. These brain volume deficits may result in impairment of critical abilities such as decision making, executive functions and social cognition skills. Those abilities may be needed to resolve ambivalence toward alcohol addiction and to apply "processes of change", which are essential for activating the desire to change problematic behavior.

Country of Publication: Ireland

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

Subject Headings:
Adult
"*Alcoholism/co [Complications]"
"*Alcoholism/pa [Pathology]"

"*Brain/pa [Pathology]"
Chronic Disease
"*Dyslexia/et [Etiology]"
Female
Humans
Image Processing Computer-Assisted
Magnetic Resonance Imaging
Male
Middle Aged
Questionnaires

Source: MEDLINE

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

17. A behavioral-genetic investigation of bulimia nervosa and its relationship with alcohol use disorder.

Citation: Psychiatry Research, August 2013, vol./is. 208/3(232-7), 0165-1781;1872-7123 (2013 Aug 15)

Author(s): Trace SE; Thornton LM; Baker JH; Root TL; Janson LE; Lichtenstein P; Pedersen NL; Bulik CM

Institution: Department of Psychiatry, University of North Carolina, Chapel Hill, NC, USA.

Language: English

Abstract: Bulimia nervosa (BN) and alcohol use disorder (AUD) frequently co-occur and may share genetic factors; however, the nature of their association is not fully understood. We assessed the extent to which the same genetic and environmental factors contribute to liability to BN and AUD. A bivariate structural equation model using a Cholesky decomposition was fit to data from 7241 women who participated in the Swedish Twin study of Adults: Genes and Environment. The proportion of variance accounted for by genetic and environmental factors for BN and AUD and the genetic and environmental correlations between these disorders were estimated. In the best-fitting model, the heritability estimates were 0.55 (95% CI: 0.37; 0.70) for BN and 0.62 (95% CI: 0.54; 0.70) for AUD. Unique environmental factors accounted for the remainder of variance for BN. The genetic correlation between BN and AUD was 0.23 (95% CI: 0.01; 0.44), and the correlation between the unique environmental factors for the two disorders was 0.35 (95% CI: 0.08; 0.61), suggesting moderate overlap in these factors. The findings from this investigation provide additional support that some of the same genetic factors may influence liability to both BN and AUD.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't; Twin Study

Subject Headings:
Adult
"*Alcohol-Related Disorders/ge [Genetics]"
"*Bulimia Nervosa/ge [Genetics]"
"Bulimia Nervosa/px [Psychology]"
Chi-Square Distribution
"*Diseases in Twins/ge [Genetics]"
*Environment
Female
Humans
Middle Aged
Models Statistical
Risk Factors
Sweden
Twins Dizygotic
Twins Monozygotic
Young Adult

Source: MEDLINE

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

18. Individual predictors of the subjective effects of intravenous cocaine.

Citation: Psychiatry Research, August 2013, vol./is. 208/3(245-51), 0165-1781;1872-7123 (2013 Aug 15)

Author(s): Grasing K; Mathur D; Newton TF; Desouza C

Institution: Substance Abuse Research Laboratory, Kansas City Veterans Affairs Medical Center, 4801 Linwood Boulevard, Kansas City, MO 64128, USA. kgrasing@kumc.edu

Language: English

Abstract: The subjective and reinforcing effects of addictive substances can vary greatly between individuals. This study compared the relative contributions of baseline drug use, craving, stressful life events, and social factors in determining the subjective effects of cocaine in individual participants. Twelve veterans meeting criteria for cocaine dependence were evaluated in a laboratory setting. Self-report of the subjective effects of intravenous cocaine was recorded following single- and double-blind, placebo-controlled injections. Increased positive subjective effects of cocaine, including drug-induced 'good' effects and the value of intravenous injections, were most strongly correlated with greater family and social dysfunction measured through the Addiction Severity Index (ASI). Social dysfunction was the strongest predictor of cocaine-induced euphoria, accounting for approximately one-half of its variability. Participants who were dissatisfied with their current marital status reported almost no 'bad' effects of cocaine but instead reported increased drug-induced 'high', euphoria, and injection value. Although further research is required to determine the generalizability of this association, our findings are parallel to recent preclinical results showing that social interaction can attenuate psychostimulant reward. Effects of substance abuse treatment that rely on improved social function may be mediated through changes in the brain's reinforcement system that modify the rewarding effects of cocaine. Published by Elsevier Ireland Ltd.

Country of Publication: Ireland

CAS Registry Number: 0 (Dopamine Uptake Inhibitors); I5Y540LHVR (Cocaine)

Publication Type: Journal Article; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't; Research Support, U.S. Gov't, Non-P.H.S.

Subject Headings:
"Alcohol Drinking/px [Psychology]"
"*Cocaine/ad [Administration and Dosage]"
"*Cocaine-Related Disorders/px [Psychology]"
"*Dopamine Uptake Inhibitors/ad [Administration and Dosage]"
Dose-Response Relationship Drug
Humans
Injections Intravenous
Male
Marital Status
Pain Measurement
Predictive Value of Tests
Psychometrics
Questionnaires
*Reinforcement (Psychology)
Severity of Illness Index
"Smoking/px [Psychology]"

Source: MEDLINE

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

19. Suicidal overdose with relapsing clomipramine concentrations due to a large gastric pharmacobezoar.

Citation: Forensic Science International, June 2013, vol./is. 229/1-3(e19-22), 0379-0738;1872-6283 (2013 Jun 10)

Author(s): Magdalan J; Zawadzki M; Sloka T; Sozanski T

Institution: Toxicological Unit, T Marciniak Hospital, Wroclaw, Poland.

Language: English

Abstract: The paper presents a case of fatal intoxication after massive sustained-release clomipramine overdosage with prolonged toxicity related to a large gastric pharmacobezoar. 42-year-old female was admitted to the toxicology unit 14 h after drugs ingestion. At admission patient was deeply unconscious, required controlled mechanical ventilation. Serum total level of TCAs was 1955 ng/mL. Gastric lavage revealed no pills. Within the next 12h the patient's clinical condition improved. TCAs level decreased to 999 ng/mL. However, after another 10h the clinical condition started deteriorating again and the patient went into a deep coma requiring controlled mechanical ventilation. TCAs level increased to 2011 ng/mL. X-ray and computed tomography revealed large pharmacobezoar consisted from radio-opaque pills. In the 28th h of hospitalization gastrotomy was performed, confirming presence of pharmacobezoar formed from Anafranil SR tablets. After surgery TCAs level was gradually decreasing. However, the patient's condition did not improve, she died 32 h after gastrotomy. Post-mortem analyses revealed drug and its metabolite toxic levels in blood (clomipramine - 1729 ng/mL, norclomipramine - 431 ng/mL) and toxic levels in internal organs: myocardium (clomipramine - 14,420 ng/g, norclomipramine - 35,930 ng/g), vitreous humor (clomipramine - 1000 ng/mL, norclomipramine - 3110 ng/mL). Described case report indicates that sustained release clomipramine tablets may form pharmacobezoar. X-ray and computed tomography examinations should be considered in cases of massive abuse of sustained release clomipramine, particularly if symptoms of intoxication are recurrent or persistent.

Country of Publication: Ireland

CAS Registry Number: 0 (Antidepressive Agents, Tricyclic); 0 (Delayed-Action Preparations); 1668-19-5 (Doxepin); NUV44L116D (Clomipramine)

Publication Type: Case Reports; Journal Article

Subject Headings:
Adult
"Antidepressive Agents Tricyclic/an [Analysis]"
"*Antidepressive Agents Tricyclic/po [Poisoning]"
"*Bezoars/ci [Chemically Induced]"
"Bezoars/pa [Pathology]"
"Clomipramine/an [Analysis]"
"*Clomipramine/po [Poisoning]"
Delayed-Action Preparations
"Doxepin/an [Analysis]"
"Doxepin/po [Poisoning]"
*Drug Overdose
Female
Forensic Pathology
Forensic Toxicology
Humans
"Multiple Organ Failure/ci [Chemically Induced]"
"Myocardium/ch [Chemistry]"
"*Stomach/pa [Pathology]"
*Suicide
Tomography X-Ray Computed
"Vitreous Body/ch [Chemistry]"

Source: MEDLINE

Full Text: Available from *Elsevier* in *Forensic Science International*

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

20. The dangerous professor.

Citation: Science, January 2014, vol./is. 343/6170(478-81), 0036-8075;1095-9203 (2014 Jan 31)

Author(s): Kupferschmidt K

Language: English

Country of Publication: United States

CAS Registry Number: 0 (GABA Agonists); 0 (Street Drugs); 3K9958V90M (Ethanol)

Publication Type: News

Subject Headings:
"Alcoholism/pc [Prevention and Control]"
Drug Design
*Drug Substitution
"*Drug and Narcotic Control/lj [Legislation and Jurisprudence]"
England
"Ethanol/ae [Adverse Effects]"
"*GABA Agonists/pd [Pharmacology]"
Humans
"*Neuropharmacology/lj [Legislation and Jurisprudence]"
"*Street Drugs/lj [Legislation and Jurisprudence]"

Source: MEDLINE

21. Pathways to violent behavior during first-episode psychosis: a report from the UK National EDEN Study.

Citation: JAMA Psychiatry, December 2013, vol./is. 70/12(1287-93), 2168-622X;2168-6238 (2013 Dec)

Author(s): Winsper C; Singh SP; Marwaha S; Amos T; Lester H; Everard L; Jones P; Fowler D; Marshall M; Lewis S; Sharma V; Freemantle N; Birchwood M

Institution: Warwick Medical School, University of Warwick, Coventry, England.

Language: English

Abstract: IMPORTANCE: Although many studies have explored the correlates of violence during first-episode psychosis (FEP), most have simply compared violent psychotic individuals with nonviolent psychotic individuals. Accumulating evidence suggests there may be subgroups within psychosis, differing in terms of developmental processes and proximal factors associated with violent behavior.OBJECTIVE: To determine whether there are subgroups of psychotic individuals characterized by different developmental trajectories to violent behavior.DESIGN, SETTING, AND PARTICIPANTS: The National EDEN (Evaluating the Development and Impact of Early Intervention Services in the West Midlands) Study longitudinal cohort assessed premorbid delinquency (premorbid adjustment adaptation subscale across childhood and adolescence), age at illness onset, duration of untreated psychosis, past drug use, positive symptoms, and violent behavior. Group trajectories of premorbid delinquency were estimated using latent class growth analysis, and associations with violent behavior were quantified. This study included 6 early intervention services in 5 geographical locations across England, with violent behavior information available for 670 first-episode psychosis cases.MAIN OUTCOMES AND MEASURES: Violent behavior at 6 or 12 months following early intervention services entry.RESULTS: Four groups of premorbid delinquency were identified: stable low, adolescent-onset high to moderate, stable moderate, and stable high. Logistic regression analysis, with stable low delinquency as the reference group, demonstrated that moderate (odds ratio, 1.97; 95% CI, 1.12-3.46) and high (odds ratio, 3.53; 95% CI, 1.85-6.73) premorbid delinquency trajectories increased the risk for violent behavior during FEP. After controlling for confounders, path analysis demonstrated that the increased risk for violence in the moderate delinquency group was indirect (ie, partially mediated by positive symptoms) (probit coefficient [beta] = 0.12; P = .002); while stable

high delinquency directly increased the risk for violence (beta = 0.38; P = .05).CONCLUSIONS AND RELEVANCE: There appear to be diverse pathways to violent behavior during FEP. Stable high premorbid delinquency from childhood onwards appears to directly increase the risk for violent behavior, independent of psychosis-related risk factors. In addition to tackling illness-related risks, treatments should directly address antisocial traits as a potent risk for violence during FEP.

Country of Publication: United States

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

Subject Headings:
Adult
Age of Onset
Female
"Great Britain/ep [Epidemiology]"
Health Surveys
Humans
"Juvenile Delinquency/px [Psychology]"
"*Juvenile Delinquency/sn [Statistics and Numerical Data]"
Longitudinal Studies
Male
Odds Ratio
Prevalence
Prodromal Symptoms
"*Psychotic Disorders/cl [Classification]"
"Psychotic Disorders/ep [Epidemiology]"
"Psychotic Disorders/px [Psychology]"
Regression Analysis
Risk
Sex Factors
Social Adjustment
"Substance-Related Disorders/ep [Epidemiology]"
"Substance-Related Disorders/px [Psychology]"
Time Factors
"Violence/px [Psychology]"
"*Violence/sn [Statistics and Numerical Data]"

Source: MEDLINE

Full Text: Available from *Silverchair Information Systems* in *JAMA Psychiatry*