

Search Results

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Search History

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

1. The prevalence and management of poor sleep quality in a secondary care mental health population

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|--------------------------------|---|
| Citation: | Journal of Clinical Sleep Medicine, 2015, vol./is. 11/2(111-116), 1550-9389;1550-9397 (2015) |
| Author(s): | O'Sullivan M.; Rahim M.; Hall C. |
| Institution: | (O'Sullivan, Rahim) School of Psychology, University of Surrey, Guildford, Surrey GU2 7XH, United Kingdom; (O'Sullivan, Rahim) Surrey and Borders Partnership, Mental Health NHS Foundation Trust, Surrey, United Kingdom; (Hall) South-West London and St George's Mental Health NHS Trust, London, United Kingdom |
| Language: | English |
| Abstract: | <p>Study Objectives: Poor sleep quality, particularly insomnia, has been identified as a frequent problem among individuals with mental health difficulties. Comorbid sleep difficulties adversely affect quality of life and functioning, and have been associated with the causation and maintenance of a number of psychiatric disorders, as well as increasing the risk of relapse. The study objectives were to ascertain clinician knowledge related to insomnia, investigate sleep quality among service users in a community mental health setting in the UK, and evaluate service provision of evidence-based interventions for sleep difficulties. Methods: A cross-sectional design was used. Nineteen clinicians completed a questionnaire on their clinical practice. Seventy-three service users completed the Pittsburgh Sleep Quality Index and provided self-report data on interventions received and associated satisfaction. Results: Clinical staff demonstrated deficits in knowledge of insomnia symptomatology. Sixty-four percent (95% CI 54% to 74%) of service users were identified as poor sleepers on the PSQI. Sixty-one percent of poor sleepers had not been offered support for sleep difficulties. The most common support received was prescribed psychotropic medication (32%). Cognitive behavioral therapy was the intervention rated as most helpful but was only received by 6%. Conclusions: This study highlights inadequacies in providing evidence-based interventions for sleep difficulties. Key recommendations include training clinicians in the identification of sleep difficulties and provision of evidencebased interventions, provision of cost-effective transdiagnostic group interventions, and formalizing assessment and treatment pathways for service users with sleep difficulties.</p> |
| Country of Publication: | United States |
| Publisher: | American Academy of Sleep Medicine (2510 N. Frontage Road, Darien IL 60561, United States. E-mail: HKman@aasmnet.org) |
| Publication Type: | Journal: Article |
| Subject Headings: | adult African Caribbean alcoholism article bipolar disorder British Asian Caribbean Chinese clinical article clinical practice cognitive therapy *community mental health controlled study cross-sectional study depression East African ethnicity European female human Indian |

"*insomnia/th [Therapy]"
 "*insomnia/dt [Drug Therapy]"
 knowledge
 male
 mixed anxiety and depression
 obsessive compulsive disorder
 Pakistani
 patient satisfaction
 personality disorder
 Pittsburgh Sleep Quality Index
 *poor sleep quality
 *prevalence
 psychosis
 questionnaire
 *secondary health care
 self report
 sex difference
 *sleep quality
 sleep time
 symptomatology
 United Kingdom
 "psychotropic agent/dt [Drug Therapy]"

Source: EMBASE

2. Effect of varenicline on smoking cessation through smoking reduction: A randomized clinical trial

Citation: JAMA - Journal of the American Medical Association, February 2015, vol./is. 313/7(687-694), 0098-7484;1538-3598 (17 Feb 2015)

Author(s): Ebbert J.O.; Hughes J.R.; West R.J.; Rennard S.I.; Russ C.; McRae T.D.; Treadow J.; Yu C.-R.; Dutro M.P.; Park P.W.

Institution: (Ebbert) Mayo Clinic, 200 First St SW, Rochester, MN 55905, United States; (Hughes) Department of Psychiatry, University of Vermont, Burlington, VT, United States; (West) Health Behaviour Research Centre, Department of Epidemiology and Public Health, University College London, United Kingdom; (Rennard) Division of Pulmonary, Critical Care, Sleep, and Allergy, University of Nebraska, Medical Center, Omaha, United States; (Russ, McRae, Treadow, Yu, Dutro, Park) Pfizer Inc, New York, NY, United States

Language: English

Abstract: Importance: Some cigarette smokers may not be ready to quit immediately but may be willing to reduce cigarette consumption with the goal of quitting. Objective: To determine the efficacy and safety of varenicline for increasing smoking abstinence rates through smoking reduction. Design, Setting, and Participants: Randomized, double-blind, placebo-controlled, multinational clinical trial with a 24-week treatment period and 28-week follow-up conducted between July 2011 and July 2013 at 61 centers in 10 countries. The 1510 participants were cigarette smokers who were not willing or able to quit smoking within the next month but willing to reduce smoking and make a quit attempt within the next 3 months. Participants were recruited through advertising. Interventions: Twenty-four weeks of varenicline titrated to 1mg twice daily or placebo with a reduction target of 50% or more in number of cigarettes smoked by 4 weeks, 75% or more by 8 weeks, and a quit attempt by 12 weeks. Main Outcomes and Measures: Primary efficacy end point was carbon monoxide-confirmed self-reported abstinence during weeks 15 through 24. Secondary outcomes were carbon monoxide-confirmed self-reported abstinence for weeks 21 through 24 and weeks 21 through 52. Results: The varenicline group (n = 760) had significantly higher continuous abstinence rates during weeks 15 through 24 vs the placebo group (n = 750) (32.1% for the varenicline group vs 6.9% for the placebo group; risk difference (RD), 25.2%[95% CI, 21.4%-29.0%]; relative risk (RR), 4.6 [95% CI, 3.5-6.1]). The varenicline group had significantly higher continuous abstinence rates vs the placebo group during weeks 21 through 24 (37.8% for the varenicline group vs 12.5% for the placebo group; RD, 25.2%[95% CI,

21.1%-29.4%]; RR, 3.0 [95% CI, 2.4-3.7]) and weeks 21 through 52 (27.0% for the varenicline group vs 9.9% for the placebo group; RD, 17.1% [95% CI, 13.3%-20.9%]; RR, 2.7 [95% CI, 2.1-3.5]). Serious adverse events occurred in 3.7% of the varenicline group and 2.2% of the placebo group (P = .07). Conclusions and Relevance: Among cigarette smokers not willing or able to quit within the next month but willing to reduce cigarette consumption and make a quit attempt at 3 months, use of varenicline for 24 weeks compared with placebo significantly increased smoking cessation rates at the end of treatment, and also at 1 year. Varenicline offers a treatment option for smokers whose needs are not addressed by clinical guidelines recommending abrupt smoking cessation. Trial Registration: clinicaltrials.gov Identifier: NCT01370356.

Country of Publication: United States

Publisher: American Medical Association

CAS Registry Number: 249296-44-4 (varenicline); 375815-87-5 (varenicline)

Publication Type: Journal: Article

Subject Headings: "abnormal dreaming/si [Side Effect]"
 adult
 aged
 "anxiety disorder/si [Side Effect]"
 article
 "attention disturbance/si [Side Effect]"
 Australia
 "backache/si [Side Effect]"
 "body weight disorder/si [Side Effect]"
 "bronchitis/si [Side Effect]"
 Canada
 "constipation/si [Side Effect]"
 controlled study
 "coughing/si [Side Effect]"
 Czech Republic
 "decreased appetite/si [Side Effect]"
 "depression/si [Side Effect]"
 "diarrhea/si [Side Effect]"
 "dizziness/si [Side Effect]"
 double blind procedure
 drug dose titration
 drug efficacy
 drug safety
 drug withdrawal
 "dyspepsia/si [Side Effect]"
 Egypt
 "fatigue/si [Side Effect]"
 female
 "flatulence/si [Side Effect]"
 follow up
 Germany
 "headache/si [Side Effect]"
 human
 "increased appetite/si [Side Effect]"
 "influenza/si [Side Effect]"
 "insomnia/si [Side Effect]"
 Japan
 major clinical study
 male
 Mexico
 multicenter study
 "nausea/si [Side Effect]"
 patient counseling
 priority journal

randomized controlled trial
 "restlessness/si [Side Effect]"
 "rhinopharyngitis/si [Side Effect]"
 "sinusitis/si [Side Effect]"
 *smoking cessation
 "somnolence/si [Side Effect]"
 "stomach distension/si [Side Effect]"
 "suicidal behavior/si [Side Effect]"
 "suicidal ideation/si [Side Effect]"
 Taiwan
 "tobacco dependence/dt [Drug Therapy]"
 treatment duration
 United Kingdom
 United States
 "upper abdominal pain/si [Side Effect]"
 "upper respiratory tract infection/si [Side Effect]"
 "vomiting/si [Side Effect]"
 "xerostomia/si [Side Effect]"
 placebo
 "*varenicline/ct [Clinical Trial]"
 "*varenicline/ae [Adverse Drug Reaction]"
 "*varenicline/cm [Drug Comparison]"
 "*varenicline/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *JAMA* in *Newcomb Library & Information Service*

3. Electronic cigarette use and risk perception in a Stop Smoking Service in England

Citation: Lung Cancer, January 2015, vol./is. 87/(S45), 7669-9699 (January 2015)

Author(s): Sherratt F.; Marcus M.; Robinson J.; Newson L.; Field J.

Institution: (Sherratt, Marcus, Field) Molecular and Clinical Cancer Medicine, University of Liverpool, Liverpool, United Kingdom; (Robinson) Sociology, Social Policy and Criminology, University of Liverpool, Liverpool, United Kingdom; (Newson) Natural Sciences and Psychology, Liverpool John Moores University, Liverpool, United Kingdom

Language: English

Abstract: Introduction: Electronic cigarettes (e-cigarettes) have become increasingly popular within recent years but presently, Stop Smoking Services in England do not prescribe e-cigarettes due a lack of regulation. There is ongoing debate among academics and clinicians regarding the efficacy and safety of e-cigarettes as a tool for smoking cessation. The present study not only ascertains e-cigarette usage in Stop Smoking Services but it also examines perceptions of risk surrounding e-cigarettes and explores potential associations with other participant characteristics. Methods: Participants (N = 319) aged 18-60 years old were recruited from a Stop Smoking Service in Liverpool, UK (Roy Castle FagEnds). A cross-sectional survey was completed, which examined demographic characteristics, e-cigarette use alongside risk perception, and also, smoking behaviour, i.e. smoking duration, cigarettes per day, and nicotine dependence. Results: Most participants were female (57.1%), current smokers (53.0%), and current or former e-cigarette users (51.7%). E-cigarette risk perception (how safe participants viewed e-cigarettes compared to regular cigarettes) was associated with cigarettes per day ($p = 0.008$) and e-cigarette status ($p < 0.001$). Those who viewed e-cigarettes as less harmful than regular cigarettes were more likely to smoke fewer cigarettes per day and be a current or former e-cigarette users. The poster will also describe other identified significant associations with e-cigarette status and e-cigarette risk perception. Conclusion: Although e-cigarettes are not currently prescribed within English Stop Smoking Services, the findings suggests that e-cigarette use is widespread in this context and that e-cigarette risk perception is associated with e-cigarette status. The results demonstrate the importance of providing smokers intending to quit with up-to-date, accurate and unbiased e-cigarette information; doing so will enable smokers to make educated decisions regarding their smoking

cessation treatment choices. Furthermore, the results may inform Stop Smoking Services provision in future.

Conference Information: 13th Annual British Thoracic Oncology Group Conference, BTOG 2015 Dublin Ireland. Conference Start: 20150128 Conference End: 20150130

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *risk
*smoking cessation
*United Kingdom
*oncology
smoking
human
demography
smoke
tobacco dependence
female
safety
*electronic cigarette

Source: EMBASE

4. Oligo-recurrence on tyrosine kinase inhibitors: Is radiotherapy an option?

Citation: Lung Cancer, January 2015, vol./is. 87/(S28-S29), 7669-9699 (January 2015)

Author(s): Davies R.S.; Bowden C.; Nelmes D.; Butler R.; Lester J.F.

Institution: (Davies) Clinical Oncology, South West Wales Cancer Centre, Swansea, United Kingdom; (Bowden, Lester) Clinical Oncology, Velindre Cancer Centre, Cardiff, United Kingdom; (Nelmes, Butler) Medical Genetics, Cardiff and Vale UHB, Cardiff, United Kingdom

Language: English

Abstract: Introduction: In NSCLC, mutations in the epidermal growth factor receptor (EGFR) result in dependence on downstream pro-survival signalling pathways and a state of oncogene addiction. Inhibition of EGFR-mediated cell signalling by oral tyrosine kinase inhibitors (TKIs) results in durable responses in the majority of patients. Oligometastatic disease is defined as 1-5 lesions, which can be treated with definitive local therapy. Oligo-recurrence is a more recent concept, which defines a better prognostic subgroup: 1-5 metachronous metastases occurring in the context of a controlled primary lesion. In patients with oligo-recurrence, localised therapy to sites of relapse and continuation of the TKI may allow for prolongation of disease control and avoid change in systemic therapy. Methods: From 2010 to present, all patients in SE Wales with EGFR mutation-positive stage IIIB-IV NSCLC treated with an oral TKI were included. Cross-sectional imaging was reviewed in all patients by three Clinical Oncologists to identify those with oligo-recurrent disease potentially suitable for stereotactic body radiotherapy (SBRT) or high dose palliative conformal radiotherapy (CRT). Results: 41 patients were identified: 25 females and 16 males. Median age was 71 (range 47-83). At the time of analysis, 26 patients had progressed on treatment. 5/26 (19.2%) patients fulfilled the definition of oligo-recurrent disease and were suitable for CRT/SBRT: * 1 patient had a solitary new liver metastasis * 1 had a solitary bone metastasis * 2 had a single site of progression in the lung * 1 developed an adrenal metastasis * 21/26 patients progressed at multiple sites and were not suitable for radiotherapy. Conclusion: Our clinical experience would suggest that the majority of EGFR mutation-positive NSCLC patients on an oral TKI relapse at multiple sites. Radiotherapy as a potentially disease modifying treatment would therefore only be suitable for a minority of patients.

Conference Information: 13th Annual British Thoracic Oncology Group Conference, BTOG 2015 Dublin Ireland. Conference Start: 20150128 Conference End: 20150130

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *radiotherapy
*oncology
human
patient
mutation
relapse
recurrent disease
imaging
survival
oncologist
male
disease control
female
liver metastasis
addiction
systemic therapy
United Kingdom
adrenal metastasis
computer assisted radiotherapy
therapy
metastasis
drug megadose
local therapy
oncogene
stereotactic body radiation therapy
soft contact lens
bone metastasis
lung
*protein tyrosine kinase inhibitor
epidermal growth factor receptor

Source: EMBASE

5. Associations between cigarette smoking and cannabis dependence: A longitudinal study of young cannabis users in the United Kingdom

Citation: Drug and Alcohol Dependence, March 2015, vol./is. 148/(165-171), 0376-8716;1879-0046 (01 Mar 2015)

Author(s): Hindocha C.; Shaban N.D.C.; Freeman T.P.; Das R.K.; Gale G.; Schafer G.; Falconer C.J.; Morgan C.J.A.; Curran H.V.

Institution: (Hindocha, Shaban, Freeman, Das, Gale, Schafer, Morgan, Curran) Clinical Psychopharmacology Unit, University College London, Gower Street, London WC1E 6BT, United Kingdom; (Morgan) Department of Psychology, University of Exeter, Washington Singer Building, Perry Road, Exeter EX4 4QG, United Kingdom; (Falconer) Department of Clinical, Educational and Health Psychology, University College London, Gower Street, London WC1E 6BT, United Kingdom

Language: English

Abstract: Aims: To determine the degree to which cigarette smoking predicts levels of cannabis dependence above and beyond cannabis use itself, concurrently and in an exploratory four-year follow-up, and to investigate whether cigarette smoking mediates the relationship between cannabis use and cannabis dependence. Methods: The study was cross sectional with an exploratory follow-up in the participants' own homes or via telephone interviews in the United Kingdom. Participants were 298 cannabis and tobacco users aged between 16 and 23; follow-up consisted of 65 cannabis and tobacco users. The primary outcome variable was cannabis dependence as measured by the Severity of Dependence Scale (SDS). Cannabis and tobacco smoking were assessed through a self-reported drug history. Results: Regression analyses at baseline showed cigarette

smoking (frequency of cigarette smoking: $B = 0.029$, 95% CI = 0.01, 0.05; years of cigarette smoking: $B = 0.159$, 95% CI = 0.05, 0.27) accounted for 29% of the variance in cannabis dependence when controlling for frequency of cannabis use. At follow-up, only baseline cannabis dependence predicted follow-up cannabis dependence ($B = 0.274$, 95% CI = 0.05, 0.53). At baseline, cigarette smoking mediated the relationship between frequency of cannabis use and dependence ($B = 0.0168$, 95% CI = 0.008, 0.288) even when controlling for possible confounding variables ($B = 0.0153$, 95% CI = 0.007, 0.027). Conclusions: Cigarette smoking is related to concurrent cannabis dependence independently of cannabis use frequency. Cigarette smoking also mediates the relationship between cannabis use and cannabis dependence suggesting tobacco is a partial driver of cannabis dependence in young people who use cannabis and tobacco.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd
Publication Type: Journal: Article
Subject Headings: [adolescent](#)
[adult](#)
[article](#)
[*cannabis addiction](#)
[cannabis use](#)
[comorbidity](#)
[cross sectional study](#)
[disease association](#)
[educational status](#)
[female](#)
[follow up](#)
[human](#)
[longitudinal study](#)
[major clinical study](#)
[male](#)
[outcome assessment](#)
[population exposure](#)
[prediction](#)
[self report](#)
[*smoking](#)
[United Kingdom](#)

Source: EMBASE

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

6. Liver disease in the UK

Citation: The Lancet, February 2015, vol./is. 385/9967(503), 0140-6736;1474-547X (07 Feb 2015)
Author(s): Hirschfield G.M.; Thain C.; Walmsley M.; Brownlee A.; Jones D.E.
Institution: (Hirschfield) Centre for Liver Research, National Institute for Health Research Biomedical Research Unit, University of Birmingham, Birmingham, United Kingdom; (Thain) PBC Foundation, Edinburgh, United Kingdom; (Walmsley) PSC Support, Didcot, Oxfordshire, United Kingdom; (Brownlee) AIH Support, Bath, United Kingdom; (Jones) Medical School, Newcastle University, Newcastle-upon Tyne NE2 4HH, United Kingdom
Language: English
Country of Publication: United Kingdom
Publisher: Lancet Publishing Group
Publication Type: Journal: Letter
Subject Headings: [alcoholism](#)
[autoimmune hepatitis](#)
[autoimmune liver disease](#)
[chronic liver disease](#)

cystic fibrosis
 death
 deterioration
 early diagnosis
 end stage liver disease
 evidence based practice
 health care
 human
 letter
 lifestyle
 *liver disease
 liver failure
 medical specialist
 obesity
 palliative therapy
 practice guideline
 primary biliary cirrhosis
 primary medical care
 primary sclerosing cholangitis
 priority journal
 terminal care
 United Kingdom
 virus hepatitis

Source: EMBASE

Full Text: Available from *Lancet* in *Newcomb Library & Information Service*
 Available from *Elsevier ScienceDirect Journals* in *Lancet, The*
 Available from *Elsevier* in *Lancet, The*
 Available from *The Lancet* in *Lancet, The*

7. Fifteen years' experience of intestinal and multivisceral transplantation in the Nordic countries

Citation: Scandinavian Journal of Gastroenterology, March 2014, vol./is. 50/3(278-290), 0036-5521;1502-7708 (01 Mar 2014)

Author(s): Varkey J.; Simren M.; Jalanko H.; Oltean M.; Saalman R.; Gudjonsdottir A.; Gabel M.; Borg H.; Edenholm M.; Bentsdal O.; Husby S.; Staun M.; Makisalo H.; Bosaeus I.; Olausson M.; Pakarinen M.; Herlenius G.

Institution: (Varkey, Simren, Bosaeus) Department of Internal Medicine and Clinical Nutrition, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden; (Jalanko, Pakarinen) Children's Hospital, University of Helsinki, Helsinki University Central Hospital, Helsinki, Finland; (Oltean, Gabel, Olausson, Herlenius) Transplant Institute, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden; (Saalman, Gudjonsdottir) Department of Paediatrics, Queen Silvia Children's Hospital, Gothenburg, Sweden; (Borg, Edenholm) Department of Pediatric Surgery, Queen Silvia Children's Hospital, Gothenburg, Sweden; (Bentsdal) Department of Surgery, Rikshospitalet University Hospital, Oslo, Norway; (Husby) Hans Christian Andersen Children's Hospital, Odense University Hospital Odense, Odense, Denmark; (Staun) Department of Medical Gastroenterology, Aalborg Hospital, Aarhus University Hospital, Aalborg, Denmark; (Makisalo) Liver and Transplantation Surgery, Helsinki University Central Hospital, Helsinki, Finland; (Varkey) Department of Internal Medicine and Clinical Nutrition, Sahlgrenska University Hospital, Gothenburg, Sweden

Language: English

Abstract: Objective. Intestinal and multivisceral transplantation have gained acceptance as treatment modalities for patients with: intestinal failure and life-threatening complications of parenteral nutrition (PN), rare cases of vascular abdominal catastrophes and selected cases of low-grade neoplastic tumors such as neuroendocrine pancreatic tumors and desmoids involving the mesenteric root. The aim was to describe the survival and nutritional outcome in the transplanted Nordic patients and the complications attributed to this procedure. Method. The authors included all Nordic patients transplanted between

January 1998 and December 2013. Information on patients transplanted outside the Nordic region was collected through questionnaires. Results. A total of 34 patients received different types of intestinal allografts. Currently, there are two Nordic transplant centers (n = 29) performing these procedures (Gothenburg, Sweden n = 24, Helsinki, Finland n = 5). The remaining five patients were transplanted in the USA (n = 3) and the UK (n = 2). Most patients were transplanted for life-threatening failure of PN (70%) caused primarily by intestinal motility diseases (59%). Allograft rejection was the most common complication and occurred in 79% of the patients followed by post-transplantation lymphoproliferative disorders (21%) and graft-versus-host disease (18%). The 1- and 5-year survival was 79% and 65% respectively for the whole cohort and nutritional autonomy was achieved in 73% of the adults and 57% of the children at 1 year after transplantation. Conclusion. This collective Nordic experience confirms that intestinal transplantation is a complex procedure with many complications, yet with the possibility to provide long-term survival in selected conditions previously considered untreatable.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 116680-01-4 (mycophenolic acid 2 morpholinoethyl ester); 128794-94-5 (mycophenolic acid 2 morpholinoethyl ester); 140608-64-6 (OKT 3)

Publication Type: Journal: Article

Subject Headings: "acute graft rejection/co [Complication]"
 "acute graft rejection/dt [Drug Therapy]"
 adolescent
 adult
 aged
 allograft
 antiviral therapy
 "aplastic anemia/co [Complication]"
 article
 "blood stream derived sepsis/co [Complication]"
 candidiasis
 cause of death
 child
 "chronic graft rejection/co [Complication]"
 clinical article
 controlled study
 "cytomegalovirus infection/co [Complication]"
 "cytomegalovirus infection/dt [Drug Therapy]"
 cytopenia
 Danish citizen
 dehydration
 "diarrhea/co [Complication]"
 drug dose reduction
 electrolyte disturbance
 "enteropathy/co [Complication]"
 female
 fever
 Finland
 Finn (citizen)
 fungemia
 "gastric dysmotility/co [Complication]"
 graft recipient
 "graft rejection/co [Complication]"
 graft survival
 "graft versus host reaction/co [Complication]"
 "Hirschsprung disease/co [Complication]"
 human
 immunosuppressive treatment

"intestinal failure/co [Complication]"
 intestine graft
 intestine motility
 intestine obstruction
 "intestine pseudoobstruction/co [Complication]"
 *intestine transplantation
 intractable pain
 kidney failure
 "liver disease/co [Complication]"
 "lymphoproliferative disease/co [Complication]"
 male
 multiple organ failure
 *multivisceral transplantation
 mycosis
 Norwegian (citizen)
 opiate addiction
 organ donor
 *organ transplantation
 outcome assessment
 parenteral nutrition
 personal experience
 priority journal
 quality of life
 questionnaire
 rash
 retransplantation
 Scandinavia
 "sepsis/co [Complication]"
 septicemia
 "short bowel syndrome/co [Complication]"
 Sweden
 Swedish citizen
 tumor recurrence
 United Kingdom
 United States
 vein thrombosis
 "antivirus agent/dt [Drug Therapy]"
 corticosteroid
 "immunosuppressive agent/dt [Drug Therapy]"
 mycophenolic acid 2 morpholinoethyl ester
 "OKT 3/dt [Drug Therapy]"
 "thymocyte antibody/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Informa Healthcare* in *Scandinavian Journal of Gastroenterology*

8. Use of contingency management incentives to improve completion of hepatitis B vaccination in people undergoing treatment for heroin dependence: A cluster randomised trial

Citation: The Lancet, 2014, vol./is. 384/9938(153-163), 0140-6736;1474-547X (2014)

Author(s): Weaver T.; Metrebian N.; Hellier J.; Pilling S.; Charles V.; Little N.; Poovendran D.; Mitcheson L.; Ryan F.; Bowden-Jones O.; Dunn J.; Glasper A.; Finch E.; Strang J.

Institution: (Weaver, Poovendran) Centre for Mental Health, Imperial College London, London, United Kingdom; (Metrebian, Charles, Strang) National Addiction Centre, King's College London, Addiction Sciences Building 4 Windsor Walk, Denmark Hill, London SE58BB, United Kingdom; (Hellier) Department of Biostatistics, King's Clinical Trials Unit, United Kingdom; (Pilling, Little) Research Department of Clinical Educational and Health Psychology, University College London, London, United Kingdom; (Mitcheson, Finch, Strang) South London and Maudsley NHS Foundation Trust, London, United Kingdom; (Ryan, Dunn) Camden and Islington NHS Foundation Trust, London, United Kingdom

Kingdom; (Bowden-Jones) Central and North West London NHS Foundation Trust, London, United Kingdom; (Glasper) Sussex NHS Foundation Trust, Worthing, United Kingdom

Language:

English

Abstract:

Background Poor adherence to treatment diminishes its individual and public health benefit. Financial incentives, provided on the condition of treatment attendance, could address this problem. Injecting drug users are a high-risk group for hepatitis B virus (HBV) infection and transmission, but adherence to vaccination programmes is poor. We aimed to assess whether contingency management delivered in routine clinical practice increased the completion of HBV vaccination in individuals receiving opioid substitution therapy. Methods In our cluster randomised controlled trial, we enrolled participants at 12 National Health Service drug treatment services in the UK that provided opioid substitution therapy and nurse-led HBV vaccination with a superaccelerated schedule (vaccination days 0, 7, and 21). Clusters were randomly allocated 1:1:1 to provide vaccination without incentive (treatment as usual), with fixed value contingency management (three 10 vouchers), or escalating value contingency management (5, 10, and 15 vouchers). Both contingency management schedules rewarded on-time attendance at appointments. The primary outcome was completion of clinically appropriate HBV vaccination within 28 days. We also did sensitivity analyses that examined vaccination completion with full adherence to appointment times and within a 3 month window. The trial is registered with Current Controlled Trials, number ISRCTN72794493. Findings Between March 16, 2011, and April 26, 2012, we enrolled 210 eligible participants. Compared with six (9%) of 67 participants treated as usual, 35 (45%) of 78 participants in the fixed value contingency management group met the primary outcome measure (odds ratio 12.1, 95% CI 3.7-39.9; $p < 0.0001$), as did 32 (49%) of 65 participants in the escalating value contingency management group (14.0, 4.2-46.2; $p < 0.0001$). These differences remained significant with sensitivity analyses. Interpretation Modest financial incentives delivered in routine clinical practice significantly improve adherence to, and completion of, HBV vaccination programmes in patients receiving opioid substitution therapy. Achievement of this improvement in routine clinical practice should now prompt actual implementation. Drug treatment providers should employ contingency management to promote adherence to vaccination programmes. The effectiveness of routine use of contingency management to achieve long-term behaviour change remains unknown. Funding National Institute for Health Research (RP-PG-0707-10149).

Country of Publication:

United Kingdom

Publisher:

Lancet Publishing Group

Publication Type:

Journal: Article

Subject Headings:

adult
 article
 behavior change
 controlled study
 female
 follow up
 "*hepatitis B/pc [Prevention]"
 "*hepatitis B/dt [Drug Therapy]"
 "*heroin dependence/th [Therapy]"
 human
 major clinical study
 male
 *medication compliance
 opiate substitution treatment
 patient compliance
 praise
 priority journal
 randomized controlled trial
 reinforcement
 *reward
 treatment outcome

United Kingdom
 *vaccination
 "*hepatitis B vaccine/dt [Drug Therapy]"
 "*hepatitis B vaccine/ct [Clinical Trial]"

Source: EMBASE

Full Text: Available from *Lancet* in *Newcomb Library & Information Service*
 Available from *Elsevier ScienceDirect Journals* in *Lancet, The*
 Available from *ProQuest* in *Lancet, The*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.
 Available from *Elsevier* in *Lancet, The*
 Available from *The Lancet* in *Lancet, The*

9. Polygenic risk scores predicting alcohol dependence symptoms across population-based and clinically ascertained samples

Citation: Behavior Genetics, November 2014, vol./is. 44/6(682), 0001-8244 (November 2014)

Author(s): Savage J.; Salvatore J.; Aliev F.; Lewis G.; Hickman M.; Macleod J.; Rose R.; Kaprio J.; Latvala A.; Loukola A.; Dick D.

Institution: (Savage, Salvatore, Aliev, Macleod, Dick) Virginia Commonwealth University, United States; (Lewis) University College London, United Kingdom; (Hickman) University of Bristol, United Kingdom; (Rose) Indiana University, United States; (Kaprio, Latvala, Loukola) University of Helsinki, Finland

Language: English

Abstract: Twin and adoption studies have indicated a high heritability for alcohol dependence (AD), but there has been relatively little progress in identifying genetic variants associated with AD at a stringent genome-wide significance threshold. Polygenic risk scores aggregate genetic associations from variants of smaller effect (The International Schizophrenia Consortium, 2009, *Nature*, 460, 748-752) and may provide insight into the molecular mechanisms underlying the reported heritability estimates. However, differences in the underlying genetic architecture of AD may exist between population-based and clinically ascertained samples (C.A. Prescott et al. 2005, *Am. J. Med. Genet. B*, 134B, 48-55; C.A. Prescott, S.H. Aggen, and K.S. Kendler, 2000, *Arch Gen Psychiatry*, 57, 803-811; J.D. Grant et al. 2009, *Biol Psychiatry*, 66, 795-800). We conducted genome-wide association analyses for AD symptom counts in three Caucasian samples measured approximately in late adolescence/young adulthood: the Avon Longitudinal Study of Parents and Children (ALSPAC), an epidemiological study of children in Bristol, UK born in 1991-1992; the Collaborative Study on the Genetics of Alcoholism (COGA), a clinically ascertained study of families densely affected with alcoholism; and FinnTwin12, an epidemiological study of five birth cohorts of twins in Finland. The results of these analyses were used to create polygenic risk scores based on markers below specified p-value thresholds in the discovery sample, which were then used to predict AD symptom counts across the three samples. Scores based on ALSPAC association weights significantly predicted AD symptoms in FinnTwin12 at p-value thresholds from $p < .005$ to $p < .50$, but did not predict AD symptoms in COGA. Likewise, scores based on COGA association weights did not predict AD symptoms in Finn- Twin, or vice versa. These findings provide suggestive evidence for different genetic variants associated with AD in clinically ascertained versus population-based samples, although other differences in samples may account for the results.

Conference Information: 44th Annual Meeting of the Behavior Genetics Association Charlottesville, VA United States. Conference Start: 20140618 Conference End: 20140621

Publisher: Springer New York LLC

Publication Type: Journal: Conference Abstract

Subject Headings: *alcoholism
 *population
 *behavior genetics
 *risk

twins
 genome
 child
 human
 genetic variability
 statistical significance
 heritability
 psychiatry
 weight
 architecture
 genetics
 schizophrenia
 United Kingdom
 genetic association
 parent
 longitudinal study
 adulthood
 Finland
 Caucasian
 X ray bone densitometer
 marker

Source: EMBASE

10. Growing medicine: Small-scale cannabis cultivation for medical purposes in six different countries

- Citation:** International Journal of Drug Policy, March 2015, vol./is. 26/3(250-256), 0955-3959;1873-4758 (01 Mar 2015)
- Author(s):** Hakkarainen P.; Frank V.A.; Barratt M.J.; Dahl H.V.; Decorte T.; Karjalainen K.; Lenton S.; Potter G.; Wersé B.
- Institution:** (Hakkarainen, Karjalainen) Department of Alcohol, Drugs and Addiction, National Institute for Health and Welfare (THL), P.O. Box 30, Helsinki FI-00271, Finland; (Frank, Dahl) Centre for Alcohol and Drug Research, Aarhus University, Bartholins Alle 10, Aarhus C 8000, Denmark; (Barratt) Drug Policy Modelling Program, National Drug and Alcohol Research Centre, University of New South Wales, Australia; (Decorte) Institute for Social Drug Research, Department of Penal Law and Criminology, Ghent University, Universiteitstraat 4, Ghent 9000, Belgium; (Lenton) National Drug Research Institute, Faculty of Health Sciences, Curtin University, GPO Box U1987, Perth, WA, Australia; (Potter) Department of Social Sciences, London South Bank University, 103 Borough Road, London SE1 0AA, United Kingdom; (Wersé) Centre for Drug Research, Goethe University Frankfurt, Grueneburgplatz 1, Frankfurt D-60323, Germany; (Barratt) National Drug Research Institute, Curtin University, Australia
- Language:** English
- Abstract:** Background: The production and consumption of cannabis for the treatment of medical conditions is of increasing importance internationally; however, research on different aspects of the phenomenon is still scarce. In this article, we report findings from a cross-cultural study of small-scale cannabis cultivation for medical purposes. This kind of comparative study has not been done previously. Methods: The data were gathered with a help of web surveys conducted by the Global Cannabis Cultivation Research Consortium (GCCRC) in Australia, Belgium, Denmark, Finland, Germany and the UK (. N= 5313). In the analysis we compare reports of medical motives, for what conditions cannabis is used, whether users have diagnoses for these conditions and whether the use of cannabis been recommended as a treatment of those conditions by a medical doctor. Descriptive statistics are used to show the main commonalities and noteworthy disparities across different countries. Results: Findings from countries were quite similar, even though several national differences in details were found. Growing cannabis for medical purposes was widespread. The majority of medical growers reported cultivating cannabis for serious conditions. Most of them did have a formal diagnosis. One fifth had got a recommendation from their doctor, but in most cases cannabis use was self-medication

which was not discussed with their doctors. Conclusion: There is a wider demand for licit access for medical cannabis than currently available in these countries. Ideologically, medical growers can be seen distancing themselves from both the legal and illicit drug markets. From a harm reduction perspective, it is worrying that, in the context of present health and control policies in these countries, many medical growers are using cannabis to treat serious medical conditions without proper medical advice and doctor's guidance.

Country of Publication: Netherlands
Publisher: Elsevier
CAS Registry Number: 7663-50-5 (dronabinol); 56575-23-6 (nabiximols)
Publication Type: Journal: Article
Subject Headings: [age distribution](#)
["alcoholism/dt \[Drug Therapy\]"](#)
["anxiety disorder/dt \[Drug Therapy\]"](#)
[article](#)
["attention deficit disorder/dt \[Drug Therapy\]"](#)
[Australia](#)
[Belgium](#)
[*cannabis use](#)
[comparative study](#)
[Denmark](#)
["depression/dt \[Drug Therapy\]"](#)
[drug efficacy](#)
[drug response](#)
[Finland](#)
[human](#)
["multiple sclerosis/dt \[Drug Therapy\]"](#)
["panic/dt \[Drug Therapy\]"](#)
[population research](#)
[prevalence](#)
[questionnaire](#)
[recreation](#)
[sex ratio](#)
[United Kingdom](#)
["dronabinol/dt \[Drug Therapy\]"](#)
["*medical cannabis/dt \[Drug Therapy\]"](#)
["nabiximols/dt \[Drug Therapy\]"](#)

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

11. Understanding and preventing drug-drug and drug-gene interactions

Citation: Expert Review of Clinical Pharmacology, July 2014, vol./is. 7/4(533-544), 1751-2433;1751-2441 (July 2014)
Author(s): Tannenbaum C.; Sheehan N.L.
Institution: (Tannenbaum) Universite de Montreal, Centre de Recherche de l'Institut universitaire de geriatrie de Montreal, 4565 Queen Mary Road 4824, Montreal, QC H3W 1W5, Canada; (Sheehan) Universite de Montreal, Chronic Viral Illness Service, McGill University Health Centre, 3650 St. Urbain, D2.01, Montreal, QC H2X 2P4, Canada
Language: English
Abstract: Concomitant administration of multiple drugs can lead to unanticipated drug interactions and resultant adverse drug events with their associated costs. A more thorough understanding of the different cytochrome P450 isoenzymes and drug transporters has led to new methods to try to predict and prevent clinically relevant drug interactions. There is also an increased recognition of the need to identify the impact of pharmacogenetic polymorphisms on drug interactions. More stringent regulatory requirements have evolved for industry to classify cytochrome inhibitors and inducers, test the effect of drug

interactions in the presence of polymorphic enzymes, and evaluate multiple potentially interacting drugs simultaneously. In clinical practice, drug alert software programs have been developed. This review discusses drug interaction mechanisms and strategies for screening and minimizing exposure to drug interactions. We also provide future perspectives for reducing the risk of clinically significant drug interactions. © Informa UK, Ltd.

Country of Publication: United Kingdom

Publisher: Expert Reviews Ltd.

CAS Registry Number: 1951-25-3 (amiodarone); 19774-82-4 (amiodarone); 62067-87-2 (amiodarone); 198904-31-3 (atazanavir); 57-88-5 (cholesterol); 85721-33-1 (ciprofloxacin); 81103-11-9 (clarithromycin); 79217-60-0 (cyclosporin); 330207-11-9 (cytochrome P450 2B6); 329736-03-0 (cytochrome P450 3A4); 336874-97-6 (cytochrome P450 3A5); 20830-75-5 (digoxin); 57285-89-9 (digoxin); 114-07-8 (erythromycin); 70536-18-4 (erythromycin); 25812-30-0 (gemfibrozil); 149200-37-3 (multidrug resistance protein); 208997-77-7 (multidrug resistance protein); 73590-58-6 (omeprazole); 95510-70-6 (omeprazole); 61869-08-7 (paroxetine); 81093-37-0 (pravastatin); 81131-70-6 (pravastatin); 13292-46-1 (rifampicin); 155213-67-5 (ritonavir); 147098-18-8 (rosuvastatin); 147098-20-2 (rosuvastatin); 137234-62-9 (voriconazole)

Publication Type: Journal: Review

Subject Headings: [adverse drug reaction](#)
[area under the curve](#)
[decision support system](#)
[drug absorption](#)
[drug clearance](#)
[drug distribution](#)
[*drug drug interaction](#)
[*drug gene interaction](#)
[*drug interaction](#)
[drug labeling](#)
[drug mechanism](#)
[drug metabolism](#)
[genetic polymorphism](#)
[genotype](#)
[glucuronidation](#)
[human](#)
[hyperbilirubinemia](#)
[kidney clearance](#)
[nonhuman](#)
[prevalence](#)
[respiration depression](#)
[review](#)
[rhabdomyolysis](#)
[stomach pH](#)
[tissue distribution](#)
[treatment response](#)
[withdrawal syndrome](#)
[amiodarone](#)
[atazanavir](#)
["bile acid/ec \[Endogenous Compound\]"](#)
["breast cancer resistance protein/ec \[Endogenous Compound\]"](#)
["cholesterol/ec \[Endogenous Compound\]"](#)
[ciprofloxacin](#)
[clarithromycin](#)
[cyclosporin](#)
["cytochrome P450 1A2/ec \[Endogenous Compound\]"](#)
["cytochrome P450 2B6/ec \[Endogenous Compound\]"](#)
["cytochrome P450 2C19/ec \[Endogenous Compound\]"](#)
["cytochrome P450 2C8/ec \[Endogenous Compound\]"](#)

"cytochrome P450 2C9/ec [Endogenous Compound]"
 "cytochrome P450 2D6/ec [Endogenous Compound]"
 "cytochrome P450 3A4/ec [Endogenous Compound]"
 "cytochrome P450 3A5/ec [Endogenous Compound]"
 digoxin
 erythromycin
 gemfibrozil
 "multidrug resistance protein/ec [Endogenous Compound]"
 "nucleoside transporter/ec [Endogenous Compound]"
 omeprazole
 "organic anion transporter/ec [Endogenous Compound]"
 "organic cation transporter/ec [Endogenous Compound]"
 paroxetine
 pravastatin
 rifampicin
 ritonavir
 rosuvastatin
 voriconazole

Source: EMBASE

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

12. Functional MRI of pain application in youth who engaged in repetitive non-suicidal self-injury vs. psychiatric controls

Citation: Psychiatry Research - Neuroimaging, August 2014, vol./is. 223/2(104-112), 0925-4927;1872-7506 (30 Aug 2014)

Author(s): Osuch E.; Ford K.; Wrath A.; Bartha R.; Neufeld R.

Institution: (Osuch, Ford, Wrath, Neufeld) Department of Psychiatry, Schulich School of Medicine and Dentistry, University of Western Ontario, London, ON N6A 4G5, Canada; (Osuch, Bartha) Department of Medical Biophysics, University of Western Ontario, London, ON, Canada; (Neufeld) Department of Psychology, University of Western Ontario, London, ON, Canada; (Neufeld) University of Western Ontario, London, ON, Canada

Language: English

Abstract: Non-suicidal self-injury (NSSI) is increasingly common in young psychiatric patients. It is unclear why pain, which should be aversive, becomes reinforcing in this context. We hypothesized that pain- and/or reward-processing neurocircuitry would be abnormal in NSSI patients compared with non-NSSI patients. Using functional magnetic resonance imaging, we administered a painfully cold and comparison cool stimulus under two conditions: self-administered and experimenter-administered (as a control). Participants comprised 13 NSSI patients and 15 non-NSSI control patients, who were matched for sex, age, medications, symptoms, and diagnoses. Whole-brain analyses of main effects, as well as correlational analyses with subjective pain and "relief" (suggesting reward), were performed. Significant main effects of group showed greater blood oxygenation level-dependent (BOLD) response for NSSI than controls in right midbrain/pons; culmen; amygdala; and parahippocampal, inferior frontal and superior temporal gyri; as well as orbital frontal cortex (OFC). The correlation between BOLD signal and "relief" was greater in NSSI patients in areas associated with reward/pain and addiction including thalamus, dorsal striatum and anterior precuneus. Post hoc analysis showed reduced functional connectivity between right OFC and anterior cingulate cortex in NSSI youth, implying possible deficits in the neuroregulation of emotional behavior. These findings help inform how pain is associated with reward for NSSI patients but not for non-NSSI patients. © 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 68693-11-8 (modafinil)

Publication Type: Journal: Article

Subject Headings: acute stress disorder
adjustment
adjustment disorder
adolescent
adult
agoraphobia
alcohol abuse
alcoholism
amygdaloid nucleus
angular gyrus
anterior cingulate
anterior precuneus
article
attention deficit disorder
*automutilation
BOLD signal
borderline state
brain function
brain region
clinical article
cold
controlled study
coping behavior
cuneus
dorsal striatum
drug abuse
drug dependence
eating disorder
emotion
female
frontal cortex
*functional magnetic resonance imaging
generalized anxiety disorder
human
hypochondriasis
inferior frontal gyrus
insula
juvenile
major depression
male
mesencephalon
middle frontal gyrus
*nonsuicidal self injury
nucleus accumbens
obsessive compulsive disorder
occipital gyrus
orbital frontal cortex
*pain
panic
parahippocampal gyrus
parietal lobe
pons
posterior cingulate
posttraumatic stress disorder
prefrontal cortex
priority journal
psychometry
reward

social phobia
 superior temporal gyrus
 supramarginal gyrus
 thalamus
 antidepressant agent
 modafinil
 monoamine oxidase inhibitor
 mood stabilizer

Source: EMBASE

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

13. Morphometric hemispheric asymmetry of orbitofrontal cortex in women with borderline personality disorder: A multi-parameter approach

Citation: Psychiatry Research - Neuroimaging, August 2014, vol./is. 223/2(61-66), 0925-4927;1872-7506 (30 Aug 2014)

Author(s): de Araujo Filho G.M.; Abdallah C.; Sato J.R.; de Araujo T.B.; Lisondo C.M.; de Faria T.A.; Lin K.; Silva I.; Bressan R.A.; da Silva J.F.R.; Coplan J.; Jackowski A.P.

Institution: (de Araujo Filho, Sato, de Araujo, Lisondo, de Faria, Lin, Silva, Bressan, Jackowski) Laboratorio Interdisciplinar de Neurociencias Clinicas (LiNC), Department of Psychiatry, Universidade Federal de Sao Paulo/UNIFESP, Rua Borges Lagoa. 570 - Vila Clementino, CEP: 04038-032, Sao Paulo - SP, Brazil; (Abdallah) Department of Psychiatry, Yale University School of Medicine, New Haven, CT, United States; (Sato) Center of Mathematics, Computation and Cognition, Universidade Federal do ABC, Rua Santa Adelia, 166 - Bairro Bangu, CEP: 09.210-170, Santo Andre - SP, Brazil; (Lisondo, da Silva) Ambulatorio de Transtornos de Personalidade (AMBORDER), Department of Psychiatry, Universidade Federal de Sao Paulo/UNIFESP, Rua Borges Lagoa, 570 - Vila Clementino, CEP: 04038-032, Sao Paulo - SP, Brazil; (Coplan) Department of Psychiatry, SUNY Downstate Medical Center, Brooklyn, NY, United States

Language: English

Abstract: Functional imaging studies have implicated the orbitofrontal cortex (OFC) in the pathophysiology of borderline personality disorder (BPD). To date, however, volume-based magnetic resonance imaging (MRI) studies have yielded mixed results. We used a surface-based processing approach that allowed us to measure five morphometric cortical features of the OFC, including volumetric (cortical thickness and surface area) and geometric (mean curvature, depth of sulcus, and metric distortion - three indicators of cortical folding) parameters. Participants comprised 25 female BPD patients with no other current psychiatric comorbidity and 25 age- and gender-matched healthy controls who received structural MRI scans. Images were processed using the Freesurfer package. All BPD patients had a history of comorbid psychiatric disorder(s) and were currently on medications. Compared with controls, the BPD group showed reduced cortical thickness, surface area, mean curvature, depth of sulcus, and metric distortion in the right medial OFC. In the left medial OFC, the BPD group had reduced cortical thickness and mean curvature, but increased metric distortion. This study confirmed the utility of surface-based analysis in the study of BPD cortical structures. In addition, we observed extensive structural abnormalities in the medial OFC of female subjects with BPD, findings that were most pronounced in the right OFC, with preliminary data suggesting hemispheric asymmetry. © 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: adult
 "alcoholism/di [Diagnosis]"
 "alcoholism/dt [Drug Therapy]"
 article
 "bipolar disorder/di [Diagnosis]"

"bipolar disorder/dt [Drug Therapy]"
 "*borderline state/di [Diagnosis]"
 "*borderline state/dt [Drug Therapy]"
 "*borderline state/et [Etiology]"
 *brain asymmetry
 clinical article
 Clinical Global Impression scale
 comorbidity
 control
 controlled study
 cross sectional study
 "drug dependence/di [Diagnosis]"
 "drug dependence/dt [Drug Therapy]"
 female
 human
 "major depression/di [Diagnosis]"
 "major depression/dt [Drug Therapy]"
 monotherapy
 "mood disorder/dt [Drug Therapy]"
 *morphometrics
 nuclear magnetic resonance imaging
 nuclear magnetic resonance scanner
 *orbital cortex
 pathophysiology
 priority journal
 psychosis
 Structured Clinical Interview for DSM Disorders
 "antidepressant agent/dt [Drug Therapy]"
 "mood stabilizer/dt [Drug Therapy]"
 "neuroleptic agent/dt [Drug Therapy]"

Source: EMBASE

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

14. Cocaine dependent individuals with attenuated striatal activation during reinforcement learning are more susceptible to relapse

Citation: Psychiatry Research - Neuroimaging, August 2014, vol./is. 223/2(129-139), 0925-4927;1872-7506 (30 Aug 2014)

Author(s): Stewart J.L.; Connolly C.G.; May A.C.; Tapert S.F.; Wittmann M.; Paulus M.P.

Institution: (Stewart, Connolly, May, Tapert, Wittmann, Paulus) Laboratory of Biological Dynamics and Theoretical Medicine, Department of Psychiatry, University of California San Diego, 8939 Villa La Jolla Drive, Suite 200, La Jolla, CA 92037-0855, United States; (Connolly) Department of Psychiatry, University of California San Francisco, San Francisco, CA 94143, United States; (Tapert, Wittmann, Paulus) Psychiatry Service, VA San Diego Healthcare System, La Jolla, CA 92161, United States; (Wittmann) Department of Empirical and Analytical Psychophysics, Institute for Frontier Areas of Psychology and Mental Health, Freiburg, Germany

Language: English

Abstract: Cocaine-dependent individuals show altered brain activation during decision making. It is unclear, however, whether these activation differences are related to relapse vulnerability. This study tested the hypothesis that brain-activation patterns during reinforcement learning are linked to relapse 1 year later in individuals entering treatment for cocaine dependence. Subjects performed a Paper-Scissors-Rock task during functional magnetic resonance imaging (fMRI). A year later, we examined whether subjects had remained abstinent (n=15) or relapsed (n=15). Although the groups did not differ on demographic characteristics, behavioral performance, or lifetime substance use, abstinent patients reported greater motivation to win than relapsed patients. The fMRI results indicated that compared with abstinent individuals, relapsed users exhibited lower activation in (1)

bilateral inferior frontal gyrus and striatum during decision making more generally; and (2) bilateral middle frontal gyrus and anterior insula during reward contingency learning in particular. Moreover, whereas abstinent patients exhibited greater left middle frontal and striatal activation to wins than losses, relapsed users did not demonstrate modulation in these regions as a function of outcome valence. Thus, individuals at high risk for relapse relative to those who are able to abstain allocate fewer neural resources to action-outcome contingency formation and decision making, as well as having less motivation to win on a laboratory-based task. © 2014 Elsevier Ireland Ltd.

| | |
|--------------------------------|---|
| Country of Publication: | Ireland |
| Publisher: | Elsevier Ireland Ltd |
| CAS Registry Number: | 64-17-5 (alcohol); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine) |
| Publication Type: | Journal: Article |
| Subject Headings: | <ul style="list-style-type: none"> adult alcoholism anterior cingulate anterior insula article attention deficit disorder *brain activation *brain function cannabis addiction clinical article *cocaine dependence comparative study conduct disorder controlled study *corpus striatum decision making drug dependence treatment female functional magnetic resonance imaging human inferior frontal gyrus inferior parietal lobule male middle frontal gyrus middle temporal gyrus modulation motivation nuclear magnetic resonance scanner occipital gyrus perception posterior insula posttraumatic stress disorder precuneus priority journal *reinforcement *relapse reward social phobia substance use superior frontal gyrus task performance temporal cortex alcohol cannabis *cocaine |

Source: EMBASE
Full Text: Available from Elsevier in *Psychiatry Research: Neuroimaging*

15. Chemical composition, antimicrobial activity against Staphylococcus aureus and a pro-apoptotic effect in SGC-7901 of the essential oil from Toona sinensis (A. Juss.) Roem. leaves

Citation: Journal of Ethnopharmacology, May 2014, vol./is. 154/1(198-205), 0378-8741;1872-7573 (28 May 2014)

Author(s): Wu J.-G.; Peng W.; Yi J.; Wu Y.-B.; Chen T.-Q.; Wong K.-H.; Wu J.-Z.

Institution: (Wu, Wu, Wu) Academy of Integrative Medicine, Fujian University of Traditional Chinese Medicine, Fuzhou 350108, China; (Peng) Department of Pharmacology, College of Pharmacy, Third Military Medical University, Chongqing 400038, China; (Yi) Department of Chemistry and Life Science, Fujian Institute of Education, Fuzhou 350001, China; (Chen) Institute of Edible and Medicinal Fungi, Fujian Academy of Agricultural Sciences, Fuzhou 350013, China; (Wong) Department of Applied Biology and Chemical Technology, Hong Kong Polytechnic University, Hong Kong, Hong Kong

Language: English

Abstract: Ethnopharmacological relevance Leaves of *Toona sinensis* (A. Juss.) Roem. (TSL), a popular vegetable in China, have anti-inflammatory, antidoting, and worm-killing effects and are used in folk medicine for the treatment of enteritis, dysentery, carbuncles, boils, and especially abdominal tumors. Our aim was to investigate the in vitro antimicrobial activity against *Staphylococcus aureus* and anticancer property of the essential oil from TSL (TSL-EO), especially the pro-apoptotic effect in SGC-7901. Materials and methods TSL-EO obtained by hydrodistillation was analyzed by GC/MS and was tested in vitro against twenty clinically isolated strains of *Staphylococcus aureus* (SA 1-20), which were either methicillin-sensitive *Staphylococcus aureus* (MSSA) or methicillin-resistant *Staphylococcus aureus* (MRSA) and two standard strains viz. ATCC 25923 and ATCC 43300. The anticancer activity of TSL-EO was evaluated in vitro against HepG2, SGC7901, and HT29 through MTT assay. Moreover, the apoptosis-inducing activity of TSL-EO in SGC7901 cells was determined by Hoechst 33324 staining and flow cytometry methods. Also, the apoptosis-related proteins viz. Bax, Bcl-2 and caspase-3 were detected by western-blotting. Results GC-MS analysis showed that TSL-EO contained a high amount of sesquiterpenes (84.64%), including copaene (8.27%), beta-caryophyllene (10.16%), caryophyllene (13.18%) and beta-eudesmene (5.06%). TSL-EO inhibited the growth of both MSSA and MRSA, with the lowest MIC values of 0.125 and 1 mg/ml, respectively. Treatment with TSL-EO for 24 h could significantly suppress the viability of three different cancer cell lines ($P < 0.05$). Furthermore, the apoptosis-inducing activity of TSL-EO in SGC7901 cells increased in a dose-dependent manner, potentially resulting from the up-regulated expression of Bax, caspase-3 and down-regulated expression of Bcl-2. Conclusions TSL-EO possessed antibacterial activity against *Staphylococcus aureus* and significant cytotoxicity against cancer cells and particularly prominent pro-apoptotic activity in SGC7901 cells. These bioactivities were probably due to the high content of sesquiterpenes. Our results suggested that TSL-EO possessed potential health benefits and could serve as a promising natural food additive. © 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 14682-34-9 (aromadendrene); 489-39-4 (aromadendrene); 13833-25-5 (beta elemene); 33880-83-0 (beta elemene); 515-13-9 (beta elemene); 99751-49-2 (bourbonene); 1139-30-6 (caryophyllene oxide); 169592-56-7 (caspase 3); 3856-25-5 (copaene); 13061-82-0 (delta cadinene); 483-76-1 (delta cadinene); 60305-17-1 (delta cadinene); 142-50-7 (nerolidol); 7212-44-4 (nerolidol); 117-84-0 (phthalic acid dioctyl ester); 150-86-7 (phytol); 219306-68-0 (protein bcl 2)

Publication Type: Journal: Article

Subject Headings: *antibacterial activity
*antineoplastic activity

*apoptosis
 article
 bacterial growth
 bacterial strain
 bacterium isolate
 biological activity
 cancer cell line
 cell viability
 chemical composition
 cytotoxicity
 dose response
 down regulation
 flow cytometry
 HepG2 cell line
 HT 29 cell line
 human
 human cell
 hydrodistillation
 in vitro study
 mass fragmentography
 *methicillin resistant Staphylococcus aureus
 *methicillin susceptible Staphylococcus aureus
 minimum inhibitory concentration
 MTT assay
 plant leaf
 protein expression
 *Toona sinensis
 upregulation
 Western blotting
 alkadiene
 alpha cubebene
 alpha muurolene
 aromadendrene
 beta bisabolene
 beta elemene
 beta eudesmene
 beta vatirenene
 bourbonene
 caryophyllene derivative
 caryophyllene oxide
 "caspase 3/ec [Endogenous Compound]"
 cis alpha bisabolene
 copaene
 delta cadinene
 delta elemene
 "*essential oil/pd [Pharmacology]"
 gamma cadinene
 gamma selinene
 germacrene B
 nerolidol
 phthalic acid dioctyl ester
 phytol
 "protein Bax/ec [Endogenous Compound]"
 "protein bcl 2/ec [Endogenous Compound]"
 sesquiterpene derivative
 unclassified drug

Source:

EMBASE

Full Text:

Available from Elsevier in *Journal of Ethnopharmacology*; Note: ; Collection notes: Academic-License. Please note search only titles within the trial dates: 2010 - to-date

16. The aetiology and antibiotic management of community-acquired pneumonia in adults in Europe: A literature review

- Citation:** European Journal of Clinical Microbiology and Infectious Diseases, July 2014, vol./is. 33/7(1065-1079), 0934-9723;1435-4373 (July 2014)
- Author(s):** Torres A.; Blasi F.; Peetermans W.E.; Viegi G.; Welte T.
- Institution:** (Torres) Servei de Pneumologia, Hospital Clinic de Barcelona, University of Barcelona, Barcelona, Spain; (Blasi) Department of Pathophysiology and Transplantation, University of Milan, IRCCS Fondazione Ca' Granda Ospedale Maggiore, Milan, Italy; (Peetermans) Department of Internal Medicine, University Hospital, KU Leuven, Leuven, Belgium; (Viegi) CNR Institute of Clinical Physiology, Pisa, Italy; (Viegi) CNR Institute of Biomedicine and Molecular Immunology, Palermo, Italy; (Welte) Department of Respiratory Medicine, Medizinische Hochschule, Hannover, Germany
- Language:** English
- Abstract:** The purpose of this paper was to generate up-to-date information on the aetiology of community-acquired pneumonia (CAP) and its antibiotic management in adults across Europe. Structured searches of PubMed identified information on the aetiology of CAP and its antibiotic management in individuals aged >15 years across Europe. We summarise the data from 33 studies published between January 2005 and July 2012 that reported on the pathogens identified in patients with CAP and antibiotic treatment in patients with CAP. *Streptococcus pneumoniae* was the most commonly isolated pathogen in patients with CAP and was identified in 12.0-85.0 % of patients. Other frequently identified pathogens found to cause CAP were *Haemophilus influenzae*, Gram-negative enteric bacilli, respiratory viruses and *Mycoplasma pneumoniae*. We found several age-related trends: *S. pneumoniae*, *H. influenzae* and respiratory viruses were more frequent in elderly patients aged >65 years, whereas *M. pneumoniae* was more frequent in those aged <65 years. Antibiotic monotherapy was more frequent than combination therapy, and beta-lactams were the most commonly prescribed antibiotics. Hospitalised patients were more likely than outpatients to receive combination antibiotic therapy. Limited data on antibiotic resistance were available in the studies. Penicillin resistance of *S. pneumoniae* was reported in 8.4-20.7 % of isolates and erythromycin resistance was reported in 14.7-17.1 % of isolates. Understanding the aetiology of CAP and the changing pattern of antibiotic resistance in Europe, together with an increased awareness of the risk factors for CAP, will help clinicians to identify those patients most at risk of developing CAP and provide guidance on the most appropriate treatment. © 2014 The Author(s).
- Country of Publication:** Germany
- Publisher:** Springer Verlag
- CAS Registry Number:** 114-07-8 (erythromycin); 70536-18-4 (erythromycin)
- Publication Type:** Journal: Review
- Subject Headings:** [Acinetobacter baumannii](#)
["*adult disease/dt \[Drug Therapy\]"](#)
["*adult disease/et \[Etiology\]"](#)
[alcoholism](#)
[alpha hemolytic Streptococcus](#)
[antibiotic resistance](#)
[*antibiotic therapy](#)
[bacterium isolate](#)
[blood culture](#)
[Chlamydia trachomatis](#)
[Chlamydophila pneumoniae](#)
[Chlamydophila psittaci](#)
[chronic obstructive lung disease](#)
["*community acquired pneumonia/dt \[Drug Therapy\]"](#)
["*community acquired pneumonia/et \[Etiology\]"](#)
[comorbidity](#)

Coxiella burnetii
 Denmark
 Enterobacteriaceae
 Escherichia coli
 Europe
 France
 geriatric patient
 Germany
 Haemophilus influenzae
 human
 Human immunodeficiency virus infection
 Italy
 Klebsiella pneumoniae
 Legionella pneumophila
 lifestyle
 liver disease
 microbiological examination
 monotherapy
 Moraxella catarrhalis
 Mycoplasma pneumoniae
 outpatient care
 pathogenesis
 penicillin resistance
 pleura fluid
 priority journal
 Pseudomonas aeruginosa
 respiratory virus
 review
 serology
 Spain
 sputum culture
 Staphylococcus aureus
 Streptococcus pneumoniae
 United Kingdom
 urine
 "beta lactam antibiotic/dt [Drug Therapy]"
 "erythromycin/dt [Drug Therapy]"
 "macrolide/dt [Drug Therapy]"
 "quinolone derivative/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Springer NHS Pilot 2014 (NESLi2)* in *European Journal of Clinical Microbiology & Infectious Diseases*; 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.

17. Drug safety evaluation of naltrexone/bupropion for the treatment of obesity

Citation: Expert Opinion on Drug Safety, June 2014, vol./is. 13/6(831-841), 1474-0338;1744-764X (June 2014)

Author(s): Verpeut J.L.; Bello N.T.

Institution: (Verpeut, Bello) Rutgers, State University of New Jersey, Department of Animal Sciences, 84 Lipman Drive, New Brunswick, NJ 08901, United States; (Bello) Rutgers, State University of New Jersey, New Jersey Institute for Food, Nutrition, and Health, New Brunswick, NJ 08901, United States

Language: English

Abstract: Introduction: Obesity is a known health risk for the development of several preventable diseases. Obesity-related metabolic alterations negatively impact different physiological mechanisms, which supports the rationale for the use of combined drug therapy.

Naltrexone is an opioid antagonist for the treatment of opioid and alcohol dependency, whereas bupropion is a norepinephrine/dopamine reuptake inhibitor used to treat depression and smoking cessation. Although not effective as individual monotherapies for obesity, naltrexone and bupropion in combination produce weight loss and a metabolic profile beneficial for the potential treatment of obesity. Areas covered: This review examines the safety and antiobesity effects of naltrexone and bupropion alone and in combination. It reviews the results of four Phase III clinical trials of a novel fixed dose of sustained-released naltrexone/bupropion. Expert opinion: Naltrexone/bupropion has a greater weight loss efficacy than two FDA-approved medications, orlistat and lorcaserin. Although the weight loss produced by phentermine/topiramate is superior to naltrexone/bupropion, the safety profile of naltrexone/bupropion has less severe adverse effects. In addition, naltrexone/bupropion is well tolerated, with nausea being the most reported adverse event. Unlike other centrally acting medications, lorcaserin and phentermine/topiramate, naltrexone/bupropion has no abuse potential. © Informa UK, Ltd.

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|--------------------------------|--|
| Country of Publication: | United Kingdom |
| Publisher: | Informa Healthcare |
| CAS Registry Number: | 31677-93-7 (amfebutamone); 34911-55-2 (amfebutamone); 134-80-5 (amfepramone); 90-84-6 (amfepramone); 616202-92-7 (lorcaserin); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone); 96829-58-2 (tetrahydrolipstatin) |
| Publication Type: | Journal: Review |
| Subject Headings: | "alcoholism/dt [Drug Therapy]" "cholecystitis/si [Side Effect]" "constipation/si [Side Effect]" "dementia/dt [Drug Therapy]" "depression/si [Side Effect]" "dizziness/si [Side Effect]" drug dose escalation *drug safety drug withdrawal "dysgeusia/si [Side Effect]" "gastrointestinal disease/si [Side Effect]" "headache/si [Side Effect]" "heart disease/si [Side Effect]" heart rate human "insomnia/si [Side Effect]" low drug dose "major depression/dt [Drug Therapy]" "migraine/si [Side Effect]" monotherapy "nausea/si [Side Effect]" "*obesity/dt [Drug Therapy]" "opiate addiction/dt [Drug Therapy]" outcome assessment "paresthesia/si [Side Effect]" phase 3 clinical trial (topic) review "seasonal affective disorder/dt [Drug Therapy]" "seizure/si [Side Effect]" "upper abdominal pain/si [Side Effect]" "valvular heart disease/si [Side Effect]" "vomiting/si [Side Effect]" weight reduction "xerostomia/si [Side Effect]" "*amfebutamone/ae [Adverse Drug Reaction]" "*amfebutamone/cb [Drug Combination]" "*amfebutamone/dt [Drug Therapy]" |

"*amfebutamone plus naltrexone/ae [Adverse Drug Reaction]"
 "*amfebutamone plus naltrexone/ct [Clinical Trial]"
 "*amfebutamone plus naltrexone/cm [Drug Comparison]"
 "*amfebutamone plus naltrexone/dt [Drug Therapy]"
 "*amfebutamone plus naltrexone/po [Oral Drug Administration]"
 "*amfebutamone plus naltrexone/pd [Pharmacology]"
 "amfepramone/dt [Drug Therapy]"
 "lorcaserin/ae [Adverse Drug Reaction]"
 "lorcaserin/cm [Drug Comparison]"
 "lorcaserin/dt [Drug Therapy]"
 "*naltrexone/cb [Drug Combination]"
 "*naltrexone/dt [Drug Therapy]"
 "*naltrexone/po [Oral Drug Administration]"
 "*naltrexone/pd [Pharmacology]"
 "phentermine plus topiramate/ae [Adverse Drug Reaction]"
 "phentermine plus topiramate/cm [Drug Comparison]"
 "phentermine plus topiramate/dt [Drug Therapy]"
 placebo
 prexaton
 "tetrahydrolipstatin/ae [Adverse Drug Reaction]"
 "tetrahydrolipstatin/cm [Drug Comparison]"
 "tetrahydrolipstatin/dt [Drug Therapy]"
 unclassified drug

Source: EMBASE

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

18. Pharmacokinetic evaluation of agomelatine for the treatment of generalised anxiety disorder

Citation: Expert Opinion on Drug Metabolism and Toxicology, June 2014, vol./is. 10/6(885-892), 1742-5255;1744-7607 (June 2014)

Author(s): Buoli M.; Mauri M.C.; Altamura A.C.

Institution: (Buoli, Mauri, Altamura) University of Milan, Department of Psychiatry, Fondazione IRCCS ca'Granda Ospedale Maggiore Policlinico, Milan, Italy

Language: English

Abstract: Introduction: Preliminary data indicate agomelatine as a promising molecule for both acute and long-term treatment of generalised anxiety disorder (GAD). Areas covered: The present review illustrates the pharmacokinetic properties of agomelatine and their implications for the management of GAD patients. A search of the main database sources (Medline, Isi Web of Knowledge and Medscape) was performed in order to obtain a complete and balanced evaluation of agomelatine pharmacokinetics for the treatment of GAD. The word 'agomelatine' was associated with 'pharmacokinetics', 'GAD', 'anxiety' and 'tolerability'. No restriction criteria were established in relation to methodology or year of publication. Only English-language articles were included. Expert opinion: Short half-life and 1-day administration make agomelatine an interesting molecule for GAD treatment. However, potential interactions with a number of compounds necessitate caution when prescribing and using agomelatine in patients with psychiatric (e.g., alcohol abuse) or medical comorbidities. Further data are necessary to define a precise risk/benefit ratio in special populations such as elderly patients suffering from GAD. © 2014 Informa UK, Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 138112-76-2 (agomelatine); 28981-97-7 (alprazolam); 9031-66-7 (aminotransferase); 1951-25-3 (amiodarone); 19774-82-4 (amiodarone); 62067-87-2 (amiodarone); 12794-10-4 (benzodiazepine); 85721-33-1 (ciprofloxacin); 81103-11-9 (clarithromycin); 439-14-5 (diazepam); 116539-59-4 (duloxetine); 136434-34-9 (duloxetine); 74011-58-8 (enoxacin); 114-07-8 (erythromycin); 70536-18-4 (erythromycin); 128196-01-0 (escitalopram); 219861-08-2 (escitalopram); 50-28-2 (estradiol); 86386-73-4

(fluconazole); 54910-89-3 (fluoxetine); 56296-78-7 (fluoxetine); 59333-67-4 (fluoxetine); 54739-18-3 (fluvoxamine); 119914-60-2 (grepafloxacin); 846-49-1 (lorazepam); 70458-96-7 (norfloxacin); 82419-36-1 (ofloxacin); 73590-58-6 (omeprazole); 95510-70-6 (omeprazole); 61869-08-7 (paroxetine); 148553-50-8 (pregabalin); 13013-17-7 (propranolol); 318-98-9 (propranolol); 3506-09-0 (propranolol); 4199-09-1 (propranolol); 525-66-6 (propranolol); 111974-72-2 (quetiapine); 79617-96-2 (sertraline); 93413-69-5 (venlafaxine)

Publication Type:

Journal: Review

Subject Headings:

age
 "akathisia/si [Side Effect]"
 alcohol abuse
 aminotransferase blood level
 "anticholinergic syndrome/si [Side Effect]"
 area under the curve
 benzodiazepine dependence
 clinical trial (topic)
 "cognitive defect/si [Side Effect]"
 comorbidity
 "delirium/si [Side Effect]"
 drug absorption
 drug antagonism
 drug bioavailability
 "drug dependence/si [Side Effect]"
 drug distribution
 drug effect
 drug efficacy
 drug elimination
 drug half life
 drug metabolism
 drug safety
 drug tolerability
 drug transformation
 gender
 "*generalized anxiety disorder/dt [Drug Therapy]"
 geriatric patient
 "headache/si [Side Effect]"
 human
 "hypotension/si [Side Effect]"
 kidney dysfunction
 liver dysfunction
 "liver failure/si [Side Effect]"
 "liver toxicity/si [Side Effect]"
 "major depression/dt [Drug Therapy]"
 maximum plasma concentration
 medication compliance
 Medline
 "nausea/si [Side Effect]"
 nonhuman
 "QT prolongation/si [Side Effect]"
 recommended drug dose
 review
 risk benefit analysis
 "sexual dysfunction/si [Side Effect]"
 "side effect/si [Side Effect]"
 smoking
 "somnolence/si [Side Effect]"
 treatment outcome
 "*agomelatine/ae [Adverse Drug Reaction]"
 "*agomelatine/ct [Clinical Trial]"

"*agomelatine/cb [Drug Combination]"
 "*agomelatine/cm [Drug Comparison]"
 "*agomelatine/it [Drug Interaction]"
 "*agomelatine/dt [Drug Therapy]"
 "*agomelatine/po [Oral Drug Administration]"
 "*agomelatine/pk [Pharmacokinetics]"
 "alprazolam/ae [Adverse Drug Reaction]"
 "aminotransferase/ec [Endogenous Compound]"
 "amiodarone/it [Drug Interaction]"
 "benzodiazepine/ae [Adverse Drug Reaction]"
 "benzodiazepine/pk [Pharmacokinetics]"
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 "clarithromycin/it [Drug Interaction]"
 "diazepam/it [Drug Interaction]"
 "duloxetine/cb [Drug Combination]"
 "enoxacin/it [Drug Interaction]"
 "erythromycin/it [Drug Interaction]"
 escitalopram
 "estradiol/it [Drug Interaction]"
 "fluconazole/it [Drug Interaction]"
 "fluoxetine/cm [Drug Comparison]"
 "fluoxetine/dt [Drug Therapy]"
 "fluvoxamine/it [Drug Interaction]"
 "grepafloxacin/it [Drug Interaction]"
 lorazepam
 "norfloxacin/it [Drug Interaction]"
 "ofloxacin/it [Drug Interaction]"
 "omeprazole/it [Drug Interaction]"
 "paroxetine/it [Drug Interaction]"
 "pregabalin/ae [Adverse Drug Reaction]"
 "pregabalin/pk [Pharmacokinetics]"
 "propranolol/it [Drug Interaction]"
 "quetiapine/ae [Adverse Drug Reaction]"
 "quetiapine/pk [Pharmacokinetics]"
 "serotonin noradrenalin reuptake inhibitor/ae [Adverse Drug Reaction]"
 "serotonin uptake inhibitor/ae [Adverse Drug Reaction]"
 "sertraline/cm [Drug Comparison]"
 "sertraline/dt [Drug Therapy]"
 unindexed drug
 "venlafaxine/cm [Drug Comparison]"
 "venlafaxine/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Informa Healthcare* in *Expert Opinion on Drug Metabolism and Toxicology*

19. Mental and behavioral disorders due to substance abuse and perinatal outcomes: A study based on linked population data in New South Wales, Australia

Citation: International Journal of Environmental Research and Public Health, May 2014, vol./is. 11/5(4991-5005), 1661-7827;1660-4601 (08 May 2014)

Author(s): Bonello M.R.; Xu F.; Li Z.; Burns L.; Austin M.-P.; Sullivan E.A.

Institution: (Bonello, Li, Sullivan) Unit of National Perinatal Epidemiological and Statistics, School of Women's and Children's Health, University of New South Wales, Sydney 2031, Australia; (Xu, Burns) National Drug and Alcohol Research Centre (NDARC), University of New South Wales, Sydney 2031, Australia; (Austin) Perinatal and Women's Mental Health Research Unit, St. John of God Health Care and School of Psychiatry, University of New South Wales, Sydney 2052, Australia

Language: English

Abstract: Background: The effects of mental and behavioral disorders (MBD) due to substance use during peri-conception and pregnancy on perinatal outcomes are unclear. The adverse perinatal outcomes of primiparous mothers admitted to hospital with MBD due to substance use before and/or during pregnancy were investigated. Method: This study linked birth and hospital records in NSW, Australia. Subjects included primiparous mothers admitted to hospital for MBD due to use of alcohol, opioids or cannabinoids during peri-conception and pregnancy. Results: There were 304 primiparous mothers admitted to hospital for MBD due to alcohol use (MBDA), 306 for MBD due to opioids use (MBDO) and 497 for MBD due to cannabinoids (MBDC) between the 12 months peri-conception and the end of pregnancy. Primiparous mothers admitted to hospital for MBDA during pregnancy or during both peri-conception and pregnancy were significantly more likely to give birth to a baby of low birthweight (AOR = 4.03, 95%CI: 1.97-8.24 for pregnancy; AOR = 9.21, 95%CI: 3.76-22.57 both periods); preterm birth (AOR = 3.26, 95% CI: 1.52-6.97 for pregnancy; AOR = 4.06, 95%CI: 1.50-11.01 both periods) and admission to SCN or NICU (AOR = 2.42, 95%CI: 1.31-4.49 for pregnancy; AOR = 4.03, 95%CI: 1.72-9.44 both periods). Primiparous mothers admitted to hospital for MBDO, MBDC or a combined diagnosis were almost three times as likely to give birth to preterm babies compared to mothers without hospital admissions for psychiatric or substance use disorders. Babies whose mothers were admitted to hospital with MBDO before and/or during pregnancy were six times more likely to be admitted to SCN or NICU (AOR = 6.29, 95%CI: 4.62-8.57). Conclusion: Consumption of alcohol, opioids or cannabinoids during peri-conception or pregnancy significantly increased the risk of adverse perinatal outcomes. © 2014 by the authors; licensee MDPI, Basel, Switzerland.

Country of Publication: Switzerland

Publisher: MDPI AG (Postfach, Basel CH-4005, Switzerland. E-mail: membranes@mdpi.com)

Publication Type: Journal: Article

Subject Headings: [adult](#)
[adverse outcome](#)
[article](#)
[Australia](#)
[*behavior disorder](#)
[controlled study](#)
[female](#)
[hospital admission](#)
[human](#)
[intensive care unit](#)
[low birth weight](#)
[major clinical study](#)
[*mental disease](#)
[middle aged](#)
[opiate addiction](#)
[outcome assessment](#)
[perinatal period](#)
[*pregnancy outcome](#)
[premature labor](#)
[primipara](#)
[risk assessment](#)
[risk factor](#)
[*substance abuse](#)
[young adult](#)
[cannabinoid](#)

Source: EMBASE

Full Text: Available from *National Library of Medicine* in *International Journal of Environmental Research and Public Health*

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

20. Do young people with comorbid mental and alcohol disorders experience worse behavioural problems?

- Citation:** Psychiatry Research, October 2014, vol./is. 219/2(372-379), 0165-1781;1872-7123 (30 Oct 2014)
- Author(s):** Salom C.L.; Betts K.S.; Williams G.M.; Najman J.M.; Scott J.G.; Alati R.
- Institution:** (Salom, Betts, Williams, Najman, Alati) School of Population Health, The University of Queensland, Herston Road, Herston 4006, Australia; (Najman) School of Social Science, University of Queensland, Herston, Australia; (Scott) The University of Queensland, UQCCR, Herston, Australia; (Scott) Metro North Mental Health, Royal Brisbane and Women's Hospital, Herston, Australia; (Alati) Centre for Youth Substance Abuse Research, The University of Queensland, Herston, Australia
- Language:** English
- Abstract:** This article examines whether young individuals in the general population with comorbid alcohol use and mental health disorders experience worse internalizing and externalizing behaviour problems than those with single disorders. A large cohort of women at the Mater Misericordiae Hospital in Brisbane, Australia, was enrolled during pregnancy in a longitudinal study. Mother/offspring dyads were followed over 21 years. At age 21, offspring behaviour problems were examined using the Young Adult Self Report, alcohol and mental health disorders with the Composite International Diagnostic Interview. Associations between comorbidity and behaviour problems were assessed using multinomial logistic regression, accounting for life-course factors. Twelve per cent of young adults had alcohol/mental health DSM-IV disorders with significant temporal overlap. A further 16% had alcohol disorders only and 23% mental health disorders only. The comorbid group scored significantly higher on total and externalizing behaviour problems but not internalizing behaviour problems. Stronger associations of aggression/delinquency with comorbidity were not fully accounted for by factors known to influence separate development of mental health and alcohol disorders. Young adults with comorbid alcohol/mental health disorders experience more, and more severe, behavioural problems than those with single disorder types, indicating an increased burden from comorbidity, with implications for treatment and public order. © 2014 Elsevier Ireland Ltd.
- Country of Publication:** Ireland
- Publisher:** Elsevier Ireland Ltd
- CAS Registry Number:** 64-17-5 (alcohol); 8001-45-4 (cannabis); 8063-14-7 (cannabis)
- Publication Type:** Journal: Article
- Subject Headings:** [adolescent](#)
[adult](#)
[aggression](#)
[*alcoholism](#)
[analysis of variance](#)
[anxiety](#)
[article](#)
[Australia](#)
[*behavior disorder](#)
[child](#)
[cohort analysis](#)
[*comorbidity](#)
[Composite international diagnostic interview](#)
[controlled study](#)
[depression](#)
[disease course](#)
[DSM-IV](#)
[environmental factor](#)

*externalizing behavior problem
 female
 human
 infant
 *internalizing behavior problem
 interview
 longitudinal study
 major clinical study
 male
 *mental disease
 mental health
 multivariate logistic regression analysis
 pregnancy
 preschool child
 priority journal
 progeny
 self report
 smoking
 alcohol
 cannabis

Source: EMBASE

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

21. The relationship between sleep and drug use characteristics in participants with cocaine or methamphetamine use disorders

Citation: Psychiatry Research, October 2014, vol./is. 219/2(367-371), 0165-1781;1872-7123 (30 Oct 2014)

Author(s): Mahoney III J.J.; De La Garza II R.; Jackson B.J.; Verrico C.D.; Ho A.; Iqbal T.; Newton T.F.

Institution: (Mahoney III, De La Garza II, Jackson, Verrico, Ho, Iqbal, Newton) Baylor College of Medicine, Menninger Department of Psychiatry and Behavioral Sciences, Houston, TX, United States

Language: English

Abstract: The goal of this project was to evaluate the relationship between self-reported sleep habits, daytime sleepiness, and drug use variables in individuals with cocaine and methamphetamine (METH) use disorders. Participants with a cocaine or meth use disorder completed questionnaires, including the Pittsburgh Sleep Quality Index (PSQI), Epworth Sleepiness Scale (ESS), and a demographic/drug use form. Participants with a cocaine (N=51) or meth use disorder (N=85) were separated into those with either high or low sleep deficits. In participants with a cocaine use disorder, ANOVA revealed significantly higher ESS scores among those defined as "poor sleepers" (with a PSQI score >5) when compared to those defined as "good sleepers" (with a PSQI score <5). In addition, poor sleepers reported using cocaine for more days out of the past 30 when compared to good sleepers. Interestingly, good sleepers reported using more grams of cocaine/day compared to poor sleepers. In participants with a METH use disorder, ANOVA revealed significantly higher ESS scores among poor sleepers when compared to good sleepers. Finally, individuals with a METH use disorder that endorsed elevated daytime sleepiness also had significantly higher PSQI scores when compared to those with normal daytime sleepiness. The results indicate that drug use variables, such as recent and daily use, may affect sleep quality and daytime sleepiness in individuals with stimulant use disorders; however, further investigations (i.e. in cocaine and METH users that do not meet criteria for a cocaine or METH use disorder) must be conducted in order to provide more conclusive evidence of the impact these usage variables may have on these sleep characteristics. © 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: adult
age
article
*cocaine dependence
controlled study
correlation analysis
*daytime somnolence
*drug use
Epworth sleepiness scale
female
human
male
*methamphetamine dependence
Pittsburgh Sleep Quality Index
priority journal
scoring system
self report
*sleep quality

Source: EMBASE

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

22. Incomplete contingency tables with censored cells with application to estimating the number of people who inject drugs in Scotland

Citation: Statistics in Medicine, April 2014, vol./is. 33/9(1564-1579), 0277-6715;1097-0258 (30 Apr 2014)

Author(s): Overstall A.M.; King R.; Bird S.M.; Hutchinson S.J.; Hay G.

Institution: (Overstall, King) School of Mathematics and Statistics, University of St Andrews, St Andrews, United Kingdom; (Bird) Medical Research Council Biostatistics Unit, Cambridge, United Kingdom; (Bird) Department of Mathematics and Statistics, University of Strathclyde, Glasgow, United Kingdom; (Hutchinson) School of Health and Life Sciences, Glasgow Caledonian University, Glasgow, United Kingdom; (Hutchinson) Health Protection Scotland, Glasgow, United Kingdom; (Hay) Centre for Public Health, Liverpool John Moores University, Liverpool, United Kingdom

Language: English

Abstract: Estimating the size of hidden or difficult to reach populations is often of interest for economic, sociological or public health reasons. In order to estimate such populations, administrative data lists are often collated to form multi-list cross-counts and displayed in the form of an incomplete contingency table. Log-linear models are typically fitted to such data to obtain an estimate of the total population size by estimating the number of individuals not observed by any of the data-sources. This approach has been taken to estimate the current number of people who inject drugs (PWID) in Scotland, with the Hepatitis C virus diagnosis database used as one of the data-sources to identify PWID. However, the Hepatitis C virus diagnosis data-source does not distinguish between current and former PWID, which, if ignored, will lead to overestimation of the total population size of current PWID. We extend the standard model-fitting approach to allow for a data-source, which contains a mixture of target and non-target individuals (i.e. in this case, current and former PWID). We apply the proposed approach to data for PWID in Scotland in 2003, 2006 and 2009 and compare with the results from standard log-linear models. © 2013 The Authors. Statistics in Medicine published by John Wiley & Sons, Ltd.

Country of Publication: United Kingdom

Publisher: John Wiley and Sons Ltd (Southern Gate, Chichester, West Sussex PO19 8SQ, United Kingdom)

Publication Type: Journal: Article

Subject Headings: article
 binomial distribution
 *contingency table
 *drug abuse
 hepatitis C
 loglinear model
 methadone treatment
 mortality
 opiate addiction
 opiate substitution treatment
 population size
 United Kingdom

Source: EMBASE

23. Medication reconciliation by a pharmacy technician in a mental health assessment unit

Citation: International Journal of Clinical Pharmacy, April 2014, vol./is. 36/2(303-309), 2210-7703 (April 2014)

Author(s): Brownlie K.; Schneider C.; Culliford R.; Fox C.; Boukouvalas A.; Willan C.; Maidment I.D.

Institution: (Brownlie, Culliford) Basildon Mental Health Unit, South Essex Partnership University NHS Foundation Trust, Nether Mayne, Basildon, Essex SS16 5NL, United Kingdom; (Schneider) Faculty of Pharmacy, University of Sydney, Sydney, NSW 2006, Australia; (Fox) Department of Psychological Sciences, Norwich Medical School, University of East Anglia, Norwich Research Park, Norwich NR4 7TJ, United Kingdom; (Fox) Julian Hospital, Norfolk and Suffolk NHS Foundation Trust, Norwich NR2 3TD, United Kingdom; (Boukouvalas) Aston University, Aston Triangle B4 7ET, United Kingdom; (Willan) Rochford Hospital, South Essex Partnership University NHS Foundation Trust, Union Lane, Rochford SS4 1RB, United Kingdom; (Maidment) Aston Research Centre for Healthy Ageing (ARCHA), Aston University, Aston Triangle B4 7ET, United Kingdom; (Maidment) Pharmacy Department, Life and Health Sciences School, Aston University, Aston Triangle B4 7ET, United Kingdom

Language: English

Abstract: Background: Medication discrepancies are common when patients cross organisational boundaries. However, little is known about the frequency of discrepancies within mental health and the efficacy of interventions to reduce discrepancies. Objective: To evaluate the impact of a pharmacy-led reconciliation service on medication discrepancies on admissions to a secondary care mental health trust. Setting: In-patient mental health services. Methods: Prospective evaluation of pharmacy technician led medication reconciliation for admissions to a UK Mental Health NHS Trust. From March to June 2012 information on any unintentional discrepancies (dose, frequency and name of medication); patient demographics; and type and cause of the discrepancy was collected. The potential for harm was assessed based on two scenarios; the discrepancy was continued into primary care, and the discrepancy was corrected during admission. Logistic regression identified factors associated with discrepancies. Main outcome measure: Mean number of discrepancies per admission corrected by the pharmacy technician. Results Unintentional medication discrepancies occurred in 212 of 377 admissions (56.2 %). Discrepancies involving 569 medicines (mean 1.5 medicines per admission) were corrected. The most common discrepancy was omission (n = 464). Severity was assessed for 114 discrepancies. If the discrepancy was corrected within 16 days the potential harm was minor in 71 (62.3 %) cases and moderate in 43 (37.7 %) cases whereas if the discrepancy was not corrected the potential harm was minor in 27 (23.7 %) cases and moderate in 87 (76.3 %) cases. Discrepancies were associated with both age and number of medications; the stronger association was age. Conclusions: Medication discrepancies are common within mental health services with potentially significant consequences for patients. Trained pharmacy technicians are able to reduce the frequency of discrepancies, improving safety. © 2013 Koninklijke Nederlandse Maatschappij ter bevordering der Pharmacie.

Country of Publication: Netherlands

Publisher: Kluwer Academic Publishers

Publication Type: Journal: Article

Subject Headings: adult
age
aged
alcoholism
article
controlled study
drug dependence treatment
drug information
female
hospital admission
human
major clinical study
male
*medication discrepancy
*medication error
*medication therapy management
mental health center
mental health service
patient care
*pharmacy technician
prescription
primary medical care
priority journal
prospective study
secondary health care
United Kingdom
analgesic agent
anticonvulsive agent
antidepressant agent
benzodiazepine derivative
cardiovascular agent
gastrointestinal agent
hormone
mood stabilizer
muscarinic receptor blocking agent
neuroleptic agent
respiratory tract agent

Source: EMBASE

Full Text: Available from *Springer NHS Pilot 2014 (NESLi2)* in *International Journal of Clinical Pharmacy*; 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.

24. S-PC: An e-treatment application for management of smoke-quitting patients

Citation: Computer Methods and Programs in Biomedicine, June 2014, vol./is. 115/1(33-45), 0169-2607;1872-7565 (June 2014)

Author(s): Vilaplana J.; Solsona F.; Abella F.; Cuadrado J.; Alves R.; Mateo J.

Institution: (Vilaplana, Solsona, Mateo) Departament d'Informatica i Enginyeria Industrial and INSPIRES, Universitat de Lleida, Av. Jaume II no 69, 25001 LLeida, Spain; (Cuadrado) Hesoft Group, Partida Bova 15, 25196 Lleida, Spain; (Abella) Unitat de Tabaquisme de l'Hospital Santa Maria, Alcalde Rovira Roure 44, 25198 LLeida, Spain; (Alves) Departament de Ciències Mèdiques Bàsiques and IRBLleida, Universitat de Lleida, Montserrat Roig no 2, 25008 LLeida, Spain

Language: English

Abstract: The main objective of this paper is to present a new program that facilitates the management of people who want to quit smoking, implemented through an e-treatment software called S-PC (Smoker Patient Control). S-PC is a web-based application that manages groups of patients, provides a bidirectional communication through mobile text messages and e-mails between patients and clinicians and offers advice and control to keep track of the patients and their status. A total of 229 patients were enrolled in the study, randomly divided into two groups, although some variables were tested to ensure that there were no significant differences between the groups that could have an impact on the outcome of the treatment. There were no significant differences between the two groups regarding the ratio/number of males/females, tobacco dependence, co-oximetry, average cigarette consumption, current age and age when smoking started. The first group was made up of 104 patients (45.4% of the total) and followed a treatment that incorporated the S-PC tool, while the second one had 125 patients without the S-PC tool. S-PC was evaluated for its effectiveness at assisting the patients to give up smoking, and its effect on clinician time management. 74% of the S-PC group completed the treatment without relapses and remained abstinent three months after the completion of the treatment, understanding abstinence as being continuous (with no relapses allowed and co-oximetry below 1. ppm) from the day of stopping. In contrast only 45.6% of the No S-PC group completed the treatment without relapses and remained abstinent three months after completion of the treatment. The rate of admittance to the program has doubled in one year and patients went from having to wait for 3 months to be immediately admitted into the program. This therapeutic e-health program aims at maximizing the number of patients that a professional can effectively help to quit smoking. In addition, the system also detects patients who are not progressing appropriately, allowing the professional to improve their treatment parameters dynamically. © 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: [abstinence](#)
[adult](#)
[article](#)
[computer program](#)
[controlled study](#)
[e-mail](#)
[female](#)
[human](#)
[interpersonal communication](#)
[major clinical study](#)
[male](#)
[oximetry](#)
[patient satisfaction](#)
[public hospital](#)
[quality control](#)
[randomized controlled trial](#)
[relapse](#)
[smoking](#)
[*smoking cessation](#)
[*smoking cessation program](#)
[*telehealth](#)
[time management](#)
["tobacco dependence/th \[Therapy\]"](#)

Source: EMBASE

Full Text: Available from *Elsevier* in *Computer Methods and Programs in Biomedicine*

25. Adverse emotional and interpersonal effects reported by 1829 New Zealanders while taking antidepressants

Citation: Psychiatry Research, April 2014, vol./is. 216/1(67-73), 0165-1781;1872-7123 (30 Apr 2014)

Author(s): Read J.; Cartwright C.; Gibson K.

Institution: (Read) Institute of Psychology, Health and Society, University of Liverpool, Whelan Building, Ground Floor, Brownlow Street, Liverpool L69 3GB, United Kingdom; (Cartwright, Gibson) School of Psychology, University of Auckland, New Zealand

Language: English

Abstract: In the context of rapidly increasing antidepressant use internationally, and recent reviews raising concerns about efficacy and adverse effects, this study aimed to survey the largest sample of AD recipients to date. An online questionnaire about experiences with, and beliefs about, antidepressants was completed by 1829 adults who had been prescribed antidepressants in the last five years (53% were first prescribed them between 2000 and 2009, and 52% reported taking them for more than three years). Eight of the 20 adverse effects studied were reported by over half the participants; most frequently Sexual Difficulties (62%) and Feeling Emotionally Numb (60%). Percentages for other effects included: Feeling Not Like Myself - 52%, Reduction In Positive Feelings - 42%, Caring Less About Others - 39%, Suicidality - 39% and Withdrawal Effects - 55%. Total Adverse Effect scores were related to younger age, lower education and income, and type of antidepressant, but not to level of depression prior to taking antidepressants. The adverse effects of antidepressants may be more frequent than previously reported, and include emotional and interpersonal effects. © 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: "addiction/si [Side Effect]"
adult
age
article
"behavior disorder/si [Side Effect]"
"body weight disorder/si [Side Effect]"
"*depression/dt [Drug Therapy]"
"diarrhea/si [Side Effect]"
disease association
disease severity
"dizziness/si [Side Effect]"
"drowsiness/si [Side Effect]"
educational status
"emotional disorder/si [Side Effect]"
female
"headache/si [Side Effect]"
health belief
human
lowest income group
major clinical study
male
"nausea/si [Side Effect]"
New Zealand
online system
"orgasm disorder/si [Side Effect]"
personal experience
"personality disorder/si [Side Effect]"
prescription
priority journal
questionnaire
"restlessness/si [Side Effect]"
"sexual dysfunction/si [Side Effect]"

"suicidal behavior/si [Side Effect]"
 treatment duration
 "tremor/si [Side Effect]"
 "withdrawal syndrome/si [Side Effect]"
 "xerostomia/si [Side Effect]"
 "*antidepressant agent/ae [Adverse Drug Reaction]"
 "*antidepressant agent/dt [Drug Therapy]"

Source: EMBASE

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

26. Alexithymia in patients with substance use disorders: State or trait?

Citation: Psychiatry Research, April 2014, vol./is. 216/1(137-145), 0165-1781;1872-7123 (30 Apr 2014)

Author(s): de Haan H.A.; van der Palen J.; Wijdeveld T.G.M.; Buitelaar J.K.; De Jong C.A.J.

Institution: (de Haan) Tactus Addiction Treatment, 7400 AD Deventer, Netherlands; (de Haan, Wijdeveld, De Jong) Nijmegen Institute for Scientist-Practitioners in Addiction, 6500 HE Nijmegen, Netherlands; (van der Palen) Department of Research Methodology, Measurement and Data Analysis, University of Twente, 7500 AE Enschede, Netherlands; (van der Palen) Medical School Twente, Medisch Spectrum Twente, 7513 ER Enschede, Netherlands; (Buitelaar) Radboud University Nijmegen Medical Centre, Department of Cognitive Neuroscience, Nijmegen, Netherlands

Language: English

Abstract: Previous research on substance use disorders (SUD) has yielded conflicting results concerning whether alexithymia is a state or trait, raising the question of how alexithymia should be addressed in the treatment of SUD-patients. The absolute and relative stabilities of alexithymia were assessed using the Toronto Alexithymia Scale (TAS-20) and its subscales. In total, 101 patients with SUD were assessed twice during a 3-week inpatient detoxification period while controlling for withdrawal symptoms and personality disorder traits. The relative stability of the total TAS-20 and subscales was moderate to high but showed remarkable differences between baseline low, moderate, and high alexithymic patients. A small reduction in the mean levels of the total TAS-20 scores and those of one subscale revealed the absence of absolute stability. The levels of alexithymia were unrelated to changes in withdrawal symptoms, including anxiety- and depression-like symptoms. The differences between low, moderate, and high alexithymic patients in terms of the change in alexithymia scores between baseline and follow-up indicated a strong regression to the mean. The findings suggest that alexithymia in SUD patients as measured using the TAS-20 is both a state and trait phenomenon and does not appear to be related to changes in anxiety- and depression-like symptoms. © 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: adult
 alcoholism
 "*alexithymia/di [Diagnosis]"
 analysis of variance
 anxiety
 article
 cognition
 cognitive therapy
 controlled study
 depression
 disease association
 disease severity
 DSM-IV

[emotionality](#)
[female](#)
[hospitalization](#)
[human](#)
[major clinical study](#)
[male](#)
[personality](#)
[priority journal](#)
[quantitative trait](#)
[self report](#)
[*substance abuse](#)
[Toronto Alexithymia scale](#)
[withdrawal syndrome](#)

Source: EMBASE

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

27. Does training in motivational interviewing for community pharmacists improve outcomes for methadone patients? A cluster randomised controlled trial

Citation: International Journal of Pharmacy Practice, February 2014, vol./is. 22/1(4-12), 0961-7671;2042-7174 (February 2014)

Author(s): Jaffray M.; Matheson C.; Bond C.M.; Lee A.J.; McLernon D.J.; Johnstone A.; Skea L.; Davidson B.

Institution: (Jaffray) Division of Applied Medicine (Psychiatry), University of Aberdeen, Royal Cornhill Hospital, Aberdeen AB25 2ZH, United Kingdom; (Matheson, Bond) Centre of Academic Primary Care, University of Aberdeen, Aberdeen AB25 2ZD, United Kingdom; (Lee, McLernon) Medical Statistics Team, Division of Applied Health Sciences, University of Aberdeen, Aberdeen, United Kingdom; (Skea, Davidson) Substance Misuse, NHS Grampian, Aberdeen, United Kingdom; (Johnstone) Advantage Training Consultancy, Glasgow, United Kingdom

Language: English

Abstract: Objectives: Feasibility of pharmacist delivered motivational interviewing (MI) to methadone patients has been demonstrated, but its efficacy is untested. This study aimed to determine whether pharmacists trained in MI techniques can improve methadone outcomes. Methods: A cluster randomised controlled trial by pharmacy, with community pharmacies across Scotland providing supervised methadone to >10 daily patients, aged >18 years, started on methadone <24 months. Pharmacies were randomised to intervention or control. Intervention pharmacists received MI training and a resource pack. Control pharmacists continued with normal practice. Primary outcome was illicit heroin use. Secondary outcomes were treatment retention, substance use, injecting behaviour, psychological/physical health, treatment satisfaction and patient feedback. Data were collected via structured interviews at baseline and 6 months. Key findings: Seventy-six pharmacies recruited 542 patients (295 intervention, 247 control), mean age 32 years; 64% male; 91% unemployed; mean treatment length 9 months. No significant difference in outcomes between groups for illicit heroin use (32.4% cf. 31.4%), although within-groups use reduced ($P < 0.001$); treatment retention was higher in the intervention group but not significantly (88% cf. 81%; $P = 0.34$); no significant difference between groups in treatment satisfaction, although this improved significantly in intervention ($P < 0.05$). More intervention than control patients said pharmacists had 'spoken more,' which approached statistical significance ($P = 0.06$), and more intervention patients found this useful ($P < 0.05$). Conclusions: Limited intervention delivery may have reduced study power. The intervention did not significantly reduce heroin use, but there are indications of positive benefits from increased communication and treatment satisfaction. © 2013 Royal Pharmaceutical Society.

Country of Publication: United Kingdom

Publisher: Wiley-Blackwell Publishing Ltd

CAS Registry Number: 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)

Publication Type: Journal: Article

Subject Headings: adult
 article
 communication skill
 controlled study
 drug use
 female
 follow up
 "heroin dependence/dt [Drug Therapy]"
 human
 major clinical study
 male
 mental health
 *methadone treatment
 *motivational interviewing
 outcome assessment
 patient attitude
 patient feedback
 patient satisfaction
 pharmacist
 *pharmacy
 priority journal
 randomized controlled trial
 single blind procedure
 structured interview
 substance use
 treatment duration
 unemployment
 United Kingdom
 diamorphine
 "*methadone/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *EBSCOhost* in *International Journal of Pharmacy Practice*
 Available from *Wiley* in *International Journal of Pharmacy Practice*

28. [Family prevention of drug use in Europe: a critical review of EDDRA programs] [Spanish] Prevencion familiar del consumo de drogas en Europa: una revision critica de los programas contenidos en EDDRA

Original Title: Prevencion familiar del consumo de drogas en Europa: una revision critica de los programas contenidos en EDDRA

Citation: Adicciones, 2013, vol./is. 25/3(226-234), 0214-4840 (2013)

Author(s): Lloret Irlles D.; Espada Sanchez J.P.; Cabrera Perona Gregor V.

Institution: (Lloret Irlles) Universidad Miguel Hernandez, Departamento de Psicologia de la Salud Ctra, Sant Joan, Alicante.

Language: Spanish

Abstract: In early adolescence, family is one of the main risk/protection agent for drug misuse. Its influence on health habits acquisition makes family a key target for prevention programs. The aim is to conduct a comparative analysis of European family prevention programs. For this purpose, 85 programs were reviewed. Programs were retrieved from EMCDDA database EDDRA (Exchange on Drug Demand Reduction Actions). No time period was delimited; hence time span was 1998-2011. 53% of all programs came from 4 countries (Ireland, Germany, Portugal and Spain). 89% were unspecific drug prevention or health promotion programs. Providing information about drugs is the main objective pursued by the majority of the programs. Over half the programs (59.7%) report having undergone an

outcome evaluation process. Regarding the program objectives, 70.59% do not address any of the risk factors proposed by the main theories in international literature. Despite the solid theoretical framework that supports coherent evidence about family risk factors, prevention programs' objectives and components have a low theoretical compliance rate and the level of evaluation continues to be a challenge. Some aspects of the EDDRA functioning are reviewed.

Publication Type: Journal: Review

Subject Headings: ["*addiction/pc \[Prevention\]"](#)
[Europe](#)
[*family health](#)
[human](#)
[program evaluation](#)
[review](#)

Source: EMBASE

29. Tramadol deaths in Northern Ireland: a review of cases from 1996 to 2012

Citation: Journal of forensic and legal medicine, March 2014, vol./is. 23/(32-36), 1878-7487 (01 Mar 2014)

Author(s): Crane J.

Institution: (Randall) State Pathologist's Department, Institute of Forensic Medicine, Grosvenor Road, Belfast BT12 6BS, Northern Ireland, UK. Electronic address;; (Crane) State Pathologist's Department, Institute of Forensic Medicine, Grosvenor Road, Belfast BT12 6BS, Northern Ireland, UK

Language: English

Abstract: In the UK tramadol is a frequently prescribed opioid analgesic which is becoming increasingly popular as a drug of misuse. Its use varies worldwide and in the last decade it has been upgraded to a controlled substance in several countries, due to an increased number of deaths associated with its use. A review of all deaths associated with tramadol in Northern Ireland was performed and this highlighted 127 cases from 1996 to the end of 2012. A 10% increase in deaths due to tramadol was noted. In 2001 tramadol deaths represented 9% of all drug misuse deaths rising to 40% in 2011. The majority of the deaths occurred in males (62%), with a median age of 41 years, living in the Belfast city area (36%). Tramadol fatalities were found in combination with other drugs/medicines (49%), alcohol (36%) or alone (23%). Most of those who died did not reach hospital, with only 2% presenting with multi-organ or acute liver failure. In just over half of the deaths tramadol had not been prescribed by a medical practitioner (53%). Depression, addiction and seizures were recognised risk factors. An increase in awareness of tramadol toxicity is needed amongst the public and doctors.

Country of Publication: United Kingdom

CAS Registry Number: 27203-92-5 (tramadol); 36282-47-0 (tramadol)

Publication Type: Journal: Article

Subject Headings: [adolescent](#)
[adult](#)
[aged](#)
["depression/ep \[Epidemiology\]"](#)
[drug overdose](#)
[epidemiology](#)
[female](#)
[human](#)
[male](#)
[middle aged](#)
[*mortality](#)
["Opioid-Related Disorders/ep \[Epidemiology\]"](#)
[prescription drug diversion](#)
["Substance-Related Disorders/ep \[Epidemiology\]"](#)

*toxicity
 United Kingdom
 very elderly
 young adult
 narcotic analgesic agent
 tramadol

Source: EMBASE

Full Text: Available from *Elsevier* in *Journal of Forensic and Legal Medicine*

30. Contested space in the pharmacy: public attitudes to pharmacy harm reduction services in the West of Scotland

Citation: Research in social & administrative pharmacy : RSAP, May 2014, vol./is. 10/3(576-587), 1934-8150 (2014 May-Jun)

Author(s): Coomber R.

Institution: (Gidman) Strathclyde Institute of Pharmacy and Biomedical Sciences, University of Strathclyde, The John Arbuthnott Building, 27 Taylor Street, Glasgow G4 0NR, UK. Electronic address:: (Coomber) Drug and Alcohol Research Unit, School of Social Science and Social Work, Plymouth University, 9 Portland Villas, Plymouth, Devon PL4 8AA, UK

Language: English

Abstract: BACKGROUND: Internationally, community pharmacies have become increasingly involved in providing harm reduction services and health advice to people who use illicit drugs.OBJECTIVE: This paper considers public opinion of community pharmacy services. It discusses attitudes to harm reduction services in the context of stigmatization of addiction and people who use drugs.METHODS: This exploratory study involved twenty-six purposively sampled members of the public, from the West of Scotland, participating in one of 5 focus groups. The groups were composed to represent known groups of users and non-users of community pharmacy, none of whom were problem drug users.RESULTS: Three thematic categories were identified: methadone service users in community pharmacies; attitudes to harm reduction policies; contested space. Harm reduction service expansion has resulted in a high volume of drug users in and around some Scottish pharmacies. Even if harm reduction services are provided discretely users' behavior can differentiate them from other pharmacy users. Drug users' behavior in this setting is commonly perceived to be unacceptable and can deter other consumers from using pharmacy services. The results of this study infer that negative public opinion is highly suggestive of stereotyping and stigmatization of people who use drugs. Participants considered that (1) community pharmacies were unsuitable environments for harm reduction service provision, as they are used by older people and those with children; (2) current drug policy is perceived as ineffective, as abstinence is seldom achieved and methadone was reported to be re-sold; (3) people who use drugs were avoided where possible in community pharmacies.CONCLUSIONS: Community pharmacy harm reduction services increasingly bring together the public and drug users. Study participants were reluctant to share pharmacy facilities with drug users. This paper concludes by suggesting mechanisms to minimize stigmatization.

Country of Publication: United States

CAS Registry Number: 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)

Publication Type: Journal: Article

Subject Headings: *addiction
 adolescent
 adult
 aged
 *attitude to health
 female
 *harm reduction
 human

male
 middle aged
 *pharmacy
 pharmacy
 public opinion
 *social stigma
 statistics and numerical data
 United Kingdom
 very elderly
 young adult
 "methadone/dt [Drug Therapy]"
 "narcotic analgesic agent/dt [Drug Therapy]"
 street drug

Source: EMBASE

Full Text: Available from *Elsevier* in *Research in Social and Administrative Pharmacy*; Note: ;
 Collection notes: Academic-License. Please note search only titles within the trial dates:
 2010 - to-date

31. Smoking and its treatment in addiction services: clients' and staff behaviour and attitudes

Citation: BMC health services research, 2014, vol./is. 14/(304), 1472-6963 (2014)

Author(s): McNeill A.; Strang J.; Ratschen E.; Sutherland G.; Finch E.

Institution: (McNeill) National Addiction Centre, Institute of Psychiatry, King's College London, Addiction Sciences Building, 4, Windsor Walk, Denmark Hill, London SE5 8AF, UK.

Language: English

Abstract: BACKGROUND: High smoking prevalence has been observed among those misusing other substances. This study aimed to establish smoking behaviours and attitudes towards nicotine dependence treatment among clients and staff in substance abuse treatment settings. METHODS: Cross-sectional questionnaire survey of staff and clients in a convenience sample of seven community and residential addiction services in, or with links to, Europe's largest provider of mental health care, the South London and Maudsley NHS Foundation Trust. Survey items assessed smoking behaviour, motivation to quit, receipt of and attitudes towards nicotine dependence treatment. RESULTS: Eighty five percent (n = 163) and 97% (n = 145) response rates of clients and staff were achieved. A high smoking prevalence was observed in clients (88%) and staff (45%); of current smokers, nearly all clients were daily smokers, while 42% of staff were occasional smokers. Despite 79% of clients who smoked expressing a desire to quit and 46% interested in receiving advice, only 15% had been offered support to stop smoking during their current treatment episode with 56% reported never having been offered support. Staff rated smoking treatment significantly less important than treatment of other substances (p < 0.001), and only 29% of staff thought it should be addressed early in a client's primary addiction treatment, compared with 48% of clients. CONCLUSIONS: A large unmet clinical need is evident with a widespread failure to deliver smoking cessation interventions to an extraordinarily high prevalence population of smokers in addiction services. This is despite the majority of smokers reporting motivation to quit. Staff smoking and attitudes may be a contributory factor in these findings.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: adult
 *attitude to health
 cross sectional study
 *drug dependence treatment
 epidemiology
 female
 *health personnel attitude
 human
 male

middle aged
 motivation
 prevalence
 *psychology
 questionnaire
 smoking
 smoking cessation
 *therapy
 "Tobacco Use Disorder/pc [Prevention]"
 treatment outcome
 United Kingdom

Source: EMBASE

Full Text: Available from *ProQuest* in *BMC Health Services Research*; 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 *BMC Health Services Research*
 Available from *BioMedCentral* in *BMC Health Services Research*
 Available from *Springer NHS Pilot 2014 (NESLi2)* in *BMC Health Services Research*;
 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.

32. Alcohol and its relationship to offence variables in a cohort of offenders with intellectual disability

Citation: Journal of intellectual & developmental disability, December 2013, vol./is. 38/4(325-331), 1469-9532 (Dec 2013)

Author(s): Lindsay W.R.; Carson D.; Holland A.J.; Taylor J.L.; O'Brien G.; Wheeler J.R.; Steptoe L.

Institution: (Lindsay) Danshell Adult Healthcare , London , UK.

Language: English

Abstract: Alcohol use and misuse may be lower in people with intellectual disability (ID) than in the general population but may be related to offending. Alcohol-related crime and history of alcohol use was recorded in 477 participants with ID referred to forensic ID services and related to offending. Level of alcohol-related crime and history of alcohol misuse was lower than in some previous studies at 5.9% and 20.8%, respectively. History of alcohol abuse was associated with alcohol-related offences and theft. Higher rates of alcohol problem history were associated with histories of a number of offences, psychiatric disturbance in adulthood, psychiatric disturbance in childhood, and experiences of childhood adversity. Most effect sizes were weak or moderate. The convergence of childhood adversity, psychiatric problems in childhood and adulthood, and alcohol abuse is consistent with studies that have found these as risk markers for offending.

Publication Type: Journal: Article

Subject Headings: adult
 *alcoholism
 article
 cohort analysis
 *crime
 *drinking behavior
 female
 human
 *intellectual impairment
 male
 psychological aspect
 risk factor
 statistics
 United Kingdom

Source: EMBASE

33. How is alcohol consumption affected if we account for under-reporting? A hypothetical scenario

- Citation:** European journal of public health, December 2013, vol./is. 23/6(1076-1081), 1464-360X (Dec 2013)
- Author(s):** Boniface S.; Shelton N.
- Institution:** (Boniface) UCL Department of Epidemiology & Public Health, London, UK.
- Language:** English
- Abstract:** This study predicts the implications of under-reporting of alcohol consumption in England for alcohol consumption above Government drinking thresholds. Two nationally representative samples of private households in England were used: General LiFestyle survey (GLF) and Health Survey for England (HSE) 2008. Participants were 9608 adults with self-reported alcohol consumption on heaviest drinking day in the last week (HSE) and 12 490 adults with self-reported average weekly alcohol consumption (GLF). Alcohol consumption in both surveys was revised to account for under-reporting in three hypothetical scenarios. The prevalence of drinking more than UK Government guidelines of 21/14 (men/women) alcohol units a week, and 4/3 units per day, and the prevalence of binge drinking (>8/6 units) were investigated using logistic regression. Among drinkers, mean weekly alcohol intake increases to 20.8 units and mean alcohol intake on heaviest drinking day in the last week increases to 10.6 units. Over one-third of adults are drinking above weekly guidelines and over three-quarters drank above daily limits on their heaviest drinking day in the last week. The revision changes some of the significant predictors of drinking above thresholds. In the revised scenario, women have similar odds to men of binge drinking and higher odds of drinking more than daily limits, compared with lower odds in the original survey. Revising alcohol consumption assuming equal under-reporting across the population does not have an equal effect on the proportion of adults drinking above weekly or daily thresholds. It is crucial that further research explores the population distribution of under-reporting.
- Publication Type:** Journal: Article
- Subject Headings:** [adolescent](#)
[adult](#)
["alcoholism/ep \[Epidemiology\]"](#)
[article](#)
["*drinking behavior/ep \[Epidemiology\]"](#)
[female](#)
[health survey](#)
[human](#)
[longitudinal study](#)
[male](#)
[prevalence](#)
[statistical bias](#)
[statistical model](#)
["United Kingdom/ep \[Epidemiology\]"](#)
[young adult](#)
- Source:** EMBASE
- Full Text:** Available from *Highwire Press* in [European Journal of Public Health](#), *The*
Available from *Oxford University Press* in [European Journal of Public Health](#)

34. Suicide in bipolar disorder in a national English sample, 1996-2009: frequency, trends and characteristics

- Citation:** Psychological medicine, December 2013, vol./is. 43/12(2593-2602), 1469-8978 (Dec 2013)
- Author(s):** Clements C.; Morriss R.; Jones S.; Peters S.; Roberts C.; Kapur N.
- Institution:** (Clements) Centre for Mental Health and Risk, Institute of Brain, Behaviour and Mental Health, The University of Manchester, UK.
- Language:** English

Abstract: Bipolar disorder (BD) has been reported to be associated with high risk of suicide. We aimed to investigate the frequency and characteristics of suicide in people with BD in a national sample. Suicide in BD in England from 1996 to 2009 was explored using descriptive statistics on data collected by the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCI). Suicide cases with a primary diagnosis of BD were compared to suicide cases with any other primary diagnosis. During the study period 1489 individuals with BD died by suicide, an average of 116 cases/year. Compared to other primary diagnosis suicides, those with BD were more likely to be female, more than 5 years post-diagnosis, current/recent in-patients, to have more than five in-patient admissions, and to have depressive symptoms. In BD suicides the most common co-morbid diagnoses were personality disorder and alcohol dependence. Approximately 40% were not prescribed mood stabilizers at the time of death. More than 60% of BD suicides were in contact with services the week prior to suicide but were assessed as low risk. Given the high rate of suicide in BD and the low estimates of risk, it is important that health professionals can accurately identify patients most likely to experience poor outcomes. Factors such as alcohol dependence/misuse, personality disorder, depressive illness and current/recent in-patient admission could characterize a high-risk group. Future studies need to operationalize clinically useful indicators of suicide risk in BD.

Publication Type: Journal: Article

Subject Headings: adult
aged
"alcoholism/ep [Epidemiology]"
article
"*bipolar disorder/ep [Epidemiology]"
comorbidity
comparative study
"depression/ep [Epidemiology]"
female
hospital admission
human
male
middle aged
pathophysiology
"personality disorder/ep [Epidemiology]"
risk
sex difference
statistics
*suicide
time
"United Kingdom/ep [Epidemiology]"
young adult

Source: EMBASE

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

35. Mobile phone ownership, usage and readiness to use by patients in drug treatment

Citation: Drug and Alcohol Dependence, 2015, vol./is. 146/1(111-115), 0376-8716;1879-0046 (2015)

Author(s): Milward J.; Day E.; Wadsworth E.; Strang J.; Lynskey M.

Institution: (Milward, Day, Wadsworth, Strang, Lynskey) Institute of Psychiatry, King's College, National Addiction Centre, Addictions Department, Addictions Sciences Building, 4 Windsor Walk, Denmark Hill, London SE5 8BB, United Kingdom

Language: English

Abstract: Background: Mobile phone based interventions using text-messages and smartphone apps demonstrate promise for enhancing the treatment of substance use disorders. However, there is limited evidence on the availability of mobile phones among people in substance use treatment, as well as usage patterns, contact preferences and willingness to use phone functions such as geo-location for treatment purposes. Method: A questionnaire was completed by 398 patients enrolled in four UK community drug treatment services. The majority (74%) reported being in treatment for heroin dependence, 9% for alcohol, 4% prescription drugs, 1% amphetamines, 1% club drugs and 1% cannabis. The remaining reported a combination of different drug categories. Results: Eighty-three percent of patients reported owning a mobile phone; 57% of phones were smartphones and 72% of clients had a pay-as-you-go contract. Forty-six percent of phone owners changed their number in the previous year. Eighty-six percent were willing to be contacted by their treatment provider via mobile phone, although 46% thought the use of geo-location to be unacceptable. Conclusion: Mobile phones are widely available among individuals receiving community drug treatment and should be considered as a viable contact method by service providers, particularly text-messaging. However, patients may not have access to sophisticated features such as smartphone apps, and, up to date records of contact numbers must be frequently maintained. Developers need to be sensitive to issues of privacy and invasiveness around geo-location tracking and frequency of contact.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd
Publication Type: Journal: Article
Subject Headings:

adult
alcoholism
article
cannabis addiction
demography
disease association
drug abuse
*drug dependence treatment
employment status
female
global positioning system
heroin dependence
human
major clinical study
male
*mobile phone
patient preference
prescription
privacy
questionnaire
social status
text messaging
United Kingdom

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

36. National record linkage study of mortality for a large cohort of opioid users ascertained by drug treatment or criminal justice sources in England, 2005-2009

Citation: Drug and Alcohol Dependence, 2015, vol./is. 146/1(17-23), 0376-8716;1879-0046 (2015)
Author(s): Pierce M.; Bird S.M.; Hickman M.; Millar T.
Institution: (Pierce, Millar) Institute of Brain Behaviour and Mental Health, Faculty of Medical and Human Sciences, University of Manchester, United Kingdom; (Bird) Medical Research Council, Cambridge University of Strathclyde, United Kingdom; (Hickman) School of Social and Community Medicine, University of Bristol, United Kingdom; (Pierce, Millar)

NDEC, University of Manchester, 4th Floor, Ellen Wilkinson Building, Oxford Road M13 9PL, United Kingdom; (Bird) MRC Biostatistics Unit, Institute of Public Health, University Forvie Site, Robinson Way, Cambridge CB2 0SR, United Kingdom; (Hickman) School of Social and Community Medicine, University of Bristol, Canynge Hall, 39 Whatley Road, Bristol BS8 2PS, United Kingdom

Language:

English

Abstract:

Background: Globally, opioid drug use is an important cause of premature mortality. In many countries, opioid using populations are ageing. The current study investigates mortality in a large cohort of opioid users; with a focus on testing whether excess mortality changes with age. **Methods:** 198,247 opioid users in England were identified from drug treatment and criminal justice sources (April, 2005 to March, 2009) and linked to mortality records. Mortality rates and standardised mortality ratios (SMRs) were calculated by age-group and gender. **Results:** There were 3974 deaths from all causes (SMR 5.7, 95% Confidence Interval: 5.5 to 5.9). Drug-related poisonings (1715) accounted for 43% of deaths. Relative to gender-and-age-appropriate expectation, mortality was elevated for a range of major causes including: infectious, respiratory, circulatory, liver disease, suicide, and homicide. Drug-related poisoning mortality risk continued to increase beyond 45 years and there were age-related increases in SMRs for specific causes of death (infectious, cancer, liver cirrhosis, and homicide). A gender by age-group interaction revealed that whilst men have a greater drug-related poisoning mortality risk than women at younger ages, the difference narrows with increasing age. **Conclusion:** Opioid users' excess mortality persists into old age and for some causes is exacerbated. This study highlights the importance of managing the complex health needs of older opioid users.

Country of Publication:

Ireland

Publisher:

Elsevier Ireland Ltd

Publication Type:

Journal: Article

Subject Headings:

adult
age
article
cardiovascular disease
cause of death
cohort analysis
drug intoxication
female
homicide
human
infection
liver disease
major clinical study
male
middle aged
*mortality
*opiate addiction
population risk
respiratory tract disease
sex difference
standardized mortality ratio
suicide
United Kingdom
young adult

Source:

EMBASE

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

37. Socioeconomic status and smokers' number of smoking friends: Findings from the International Tobacco Control (ITC) Four Country Survey

Citation: Drug and Alcohol Dependence, 2014, vol./is. 143/1(158-166), 0376-8716;1879-0046 (2014)

Author(s): Hitchman S.C.; Fong G.T.; Zanna M.P.; Thrasher J.F.; Chung-Hall J.; Siahpush M.

Institution: (Hitchman) Department of Addictions, Institute of Psychiatry, King's College London, 4 Windsor Walk, London SE5 8BB, United Kingdom; (Fong, Zanna, Chung-Hall) Department of Psychology, University of Waterloo, 200 University Avenue West, Waterloo, ON N2L 3G1, Canada; (Fong) School of Public Health and Health Systems, University of Waterloo, 200 University Avenue West, Waterloo, ON N2L 3G1, Canada; (Fong) Ontario Institute for Cancer Research, 101 College Street, Toronto, ON M5G 1L7, Canada; (Thrasher) Department of Health Promotion, Education and Behavior, Arnold School of Public Health, University of South Carolina, 800 Sumter Street, Columbia, SC 29208, United States; (Siahpush) College of Public Health, University of Nebraska Medical Center, 984365 Nebraska Medical Center, Omaha, NE 68198-4355, United States

Language: English

Abstract: Background: Smoking rates are higher among low socioeconomic (SES) groups, and there is evidence that inequalities in smoking are widening over time in many countries. Low SES smokers may be more likely to smoke and less likely to quit because smoking is heavily concentrated in their social contexts. This study investigated whether low SES smokers (1) have more smoking friends, and (2) are more likely to gain and less likely to lose smoking friends over time. Correlates of having more smoking friends and gaining or losing smoking friends were also considered. Method: Respondents included 6321 adult current smokers (at recruitment) from Wave 1 (2002) and Wave 2 (2003) of the International Tobacco Control Project (ITC) Four Country Survey, a nationally representative longitudinal cohort survey of smokers in Australia, Canada, UK, and US. Results: Low SES smokers reported more smoking friends than moderate and high SES smokers. Low SES smokers were also more likely to gain smoking friends over time compared with high SES smokers. Smokers who were male, younger, and lived with other smokers reported more smoking friends, and were also more likely to gain and less likely to lose smoking friends. Smoking behaviours, such as higher nicotine dependence were related to reporting more smoking friends, but not to losing or gain smoking friends. Conclusions: Smoking is highly concentrated in the social networks of lower SES smokers and this concentration may be increasing over time. Cessation interventions should consider how the structure of low SES smokers' social networks affects quitting.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: [adult](#)
[age](#)
[article](#)
[Australia](#)
[Canada](#)
[cohort analysis](#)
[employment status](#)
[ethnicity](#)
[female](#)
[*friend](#)
[health survey](#)
[human](#)
[income](#)
[longitudinal study](#)
[major clinical study](#)
[male](#)
[middle aged](#)
[sex ratio](#)
[*smoking](#)

[smoking cessation](#)
[smoking habit](#)
[social behavior](#)
[social network](#)
[*social status](#)
[tobacco dependence](#)
[United Kingdom](#)
[United States](#)
[young adult](#)

Source: EMBASE

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

38. Prescription opioid misuse in the United States and the United Kingdom: Cautionary lessons

Citation: International Journal of Drug Policy, 2014, vol./is. 25/6(1124-1130), 0955-3959;1873-4758 (2014)

Author(s): Weisberg D.F.; Becker W.C.; Fiellin D.A.; Stannard C.

Institution: (Weisberg, Becker, Fiellin) Yale University School of Medicine, Department of Internal Medicine, New Haven, CT, United States; (Becker) VA Connecticut Healthcare System, West Haven, CT, United States; (Stannard) Macmillan Centre Frenchay Hospital, Bristol, United Kingdom; (Weisberg) Brigham and Women's Hospital, Department of Internal Medicine, Boston, MA, United States

Language: English

Abstract: In the United States, opioid analgesics have increasingly been prescribed in the treatment of chronic pain, and this trend has accompanied increasing rates of misuse and overdose. Lawmakers have responded with myriad policies to curb the growing epidemic of opioid misuse, and a global alarm has been sounded among countries wishing to avoid this path. In the United Kingdom, a similar trend of increasing opioid consumption, albeit at lower levels, has been observed without an increase in reported misuse or drug-related deaths. The comparison between these two countries in opioid prescribing and opioid overdose mortality underscores important features of prescribing, culture, and health systems that may be permissive or protective in the development of a public health crisis. As access to opioid medications increases around the world, it becomes vitally important to understand the forces impacting opioid use and misuse. Trends in benzodiazepine and methadone use in the UK as well as structural elements of the National Health Service may serve to buffer opioid-related harms in the face of increasing prescriptions. In addition, the availability and price of heroin, as well as the ease of access to opioid agonist treatment in the UK may limit the growth of the illicit market for prescription opioids. The comparison between the US and the UK in opioid consumption and overdose rates should serve as a call to action for UK physicians and policymakers. Basic, proactive steps in the form of surveillance - of overdoses, marketing practices, prescribers, and patients - and education programs may help avert a public health crisis as opioid prescriptions increase.

Country of Publication: Netherlands

Publisher: Elsevier

CAS Registry Number: 12794-10-4 (benzodiazepine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings:
[article](#)
["chronic pain/dt \[Drug Therapy\]"](#)
[cultural anthropology](#)
[drug control](#)
[drug fatality](#)
[drug industry](#)
[drug intoxication](#)

drug legislation
 drug marketing
 *drug misuse
 drug overdose
 education program
 health care access
 health care system
 health survey
 human
 national health service
 *prescription
 program development
 public health problem
 risk benefit analysis
 trend study
 United Kingdom
 United States
 benzodiazepine
 diamorphine
 illicit drug
 methadone
 "*opiate/to [Drug Toxicity]"
 "*opiate/dt [Drug Therapy]"
 opiate derivative

Source: EMBASE

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

39. Di George syndrome-where do we stand now?

Citation: Journal of Clinical Immunology, August 2014, vol./is. 34/6(718-719), 0271-9142 (August 2014)

Author(s): Pac M.; Skomska M.; Bernatowska E.

Institution: (Pac, Skomska, Bernatowska) Department of Immunology, Children's Memorial Health Institute, Warsaw, Poland

Language: English

Abstract: Di George syndrome (DGS) classically comprises T-cell deficiency (due to thymic hypoplasia), hypoparathyroidism, cardiac malformations, and facial abnormalities. Deletions of the long arm of chromosome 22 at position q.11 are most commonly associated with DGS. Syndrome is also found associated with other genetic abnormalities (10p deletions, CHAR GE), certain teratogenic influences (retinoid acid, foetal alcoholic syndrome, maternal diabetes). The DGS phenotype is very heterogenous with variable expression of the different features including the immunodeficiency. The initial treatment emphasis is to control the hypoparathyroidism. Correction of congenital heart defects (if present) is usually needed. The best treatment of the immune defects of DGS is still controversial. Both HSCT and transplant with fetal thymus are the option for complete DGS (cDGS). Long term survival after HSCT has been reported, though at a lower rate (41-48%) compared to survival after HSCT for SCID. Survival in the subgroup receiving matched sibling donor transplants was better at over 60%. The use of post natal human thymus was pioneered by Markert at Duke University and has become established as the treatment of choice for cDGS, with the result of 43 out of 60 treated patients survived (72%). More recently this approach has also been used in London, at GOSH. . Under care of CMHI there are 119 patients fulfilling ESID criteria, 59 girls (49.6%) and 60 boys (50.4%), age 2/12 - 23 y.o. In 70% of them 22q11 deletion in locus D22S75 was found. The vast majority children were diagnosed as partial DGS. None of them had significant hypogammaglobulinemia and no regular IVIG therapy or antibiotic prophylaxis were required. The mean number and percentage of CD3, CD8 and CD4 lymphocytes as well as lymphoproliferative answer to PHA and CD3 in DGS patients were slightly diminished. In many improvement of cellular immunity was observed with age. About

86% presented with congenital heart disease, requiring surgery, while almost 50% had the symptoms of hypocalcemia and hypoparathyroidism, next 46% - speech and learning difficulties. One child was diagnosed as cDGS. The child underwent cardiac surgery (at age of 6 m.o.), followed by twice thymus transplantation (12 m.o. and 2 y.o. at GOSH, London, by Dr. G. Davies). Clinical course was complicated by B cell lymphoma (19 m.o.), inflammatory bowel disease (6 m.o., resolved spontaneously after TTX), local BCGitis, thyroiditis. Now the child is doing well, still treated due to hypoparathyroidism and thyroiditis. The prognosis of DGS is quite varied. Most patients undergo spontaneous T-cell improvement. No genotype/phenotype correlation was established among pDGS.

Conference Information: 100th J Project Meeting Antalya Turkey. Conference Start: 20140312 Conference End: 20140314

Publisher: Springer New York LLC

Publication Type: Journal: Conference Abstract

Subject Headings: *DiGeorge syndrome
 human
 hypoparathyroidism
 child
 patient
 T lymphocyte
 thymus
 immune deficiency
 United Kingdom
 transplantation
 survival
 thyroiditis
 antibiotic prophylaxis
 therapy
 immunoglobulin deficiency
 phenotype
 maternal diabetes mellitus
 hypoplasia
 boy
 B cell lymphoma
 male
 girl
 female
 donor
 alcoholism
 inflammatory bowel disease
 prognosis
 chromosome deletion 22q11
 thymus transplantation
 heart surgery
 sibling
 speech
 long term survival
 hypocalcemia
 congenital heart disease
 cellular immunity
 chromosome 22
 lymphocyte
 surgery
 congenital heart malformation
 learning disorder
 disease course
 arm
 congenital malformation
 CD3 antigen
 acid

retinoid
 CD4 antigen
 CD8 antigen
 phytohemagglutinin

Source: EMBASE

40. Lactic acidosis and thiamine theatre

Citation: Anaesthesia, January 2015, vol./is. 70/(24), 0003-2409 (January 2015)

Author(s): John D.; Kannan M.; Mayers G.

Institution: (John, Kannan, Mayers) GIG Cymru NHS Wales, United Kingdom

Language: English

Abstract: A case of severe lactic acidosis due to thiamine deficiency mimicking ischaemic colitis. Description A young woman was brought to the emergency department with hypoglycaemia, hypothermia and drowsiness on a background of Crohn's disease with multiple recent surgical interventions, abdominal pain and a fortnight of emesis. Initial venous lactate was 18.6 mM. There was no history of overdose, seizure, infection or alcoholism. After correction of hypoglycaemia and fluid resuscitation the patient had an abdominal CT that was normal. Initial laboratory investigations showed leukocytosis and acute kidney injury. Rapidly worsening lactaemia meant the patient was taken to theatre assuming sepsis due to ischaemic gut but no significant pathology was found. During the resuscitative period other diagnoses were explored. The only other likely diagnosis was thiamine deficiency which was treated empirically prior to theatre. The patient was taken to critical care ventilated where the lactic acidosis improved suddenly and spontaneously. The patient was discharged home within days with no sequelae. Given the exclusion of other causes of lactic acidosis and the unusual presentation consistent with thiamine deficiency, the likely diagnosis was acute pernicious beriberi. Discussion Thiamine is a co-factor of pyruvate dehydrogenase, without which all metabolism becomes anaerobic. Pyruvate dehydrogenase catalyses the conversion of pyruvate to acetyl, so when its function is hampered, pyruvate is shunted to lactate to allow glycolysis to continue [1]. Thiamine is obtained only through diet and has a limited store in the body thus deficiency can occur quickly, especially in critical care patients [2]. Thiamine deficiency as wet and dry beriberi and Wernicke's encephalopathy are well known, however acute pernicious beriberi is not. This presents acutely and rapidly progresses to death unless treated promptly. It can mimic ischaemic bowel (known as gastrointestinal beriberi) [2] but its presentation is variable. Classically, symptoms include dyspnoea, weakness, abdominal pain and nausea. Common signs are tachypnoea, tachycardia, hypotension, confusion, cool peripheries, hypothermia, hypoglycaemia and oligo-anuria [3]. It is thought to be precipitated by a glucose load, as in this case [1]. It has mostly been reported in alcoholics and patients on total parenteral nutrition not receiving thiamine supplementation [4, 5]. The ultimate cause of death is normal cardiac output heart failure [4]. This case highlights thiamine deficiency as a potential cause of severe lactic acidosis in malnourished patients.

Conference Information: Association of Anaesthetists of Great Britain and Ireland, AAGBI WSM 2015 London United Kingdom. Conference Start: 20150114 Conference End: 20150116

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *lactic acidosis
 *anesthetist
 *human
 *United Kingdom
 *Ireland
 patient
 thiamine deficiency
 beriberi
 diagnosis
 hypoglycemia
 intensive care

hypothermia
 alcoholism
 intestine
 abdominal pain
 fluid resuscitation
 dyspnea
 ischemic colitis
 infection
 imaging software
 weakness
 nausea
 seizure
 vomiting
 emergency ward
 heart failure
 metabolism
 surgery
 glycolysis
 catalysis
 diet
 intoxication
 death
 pathology
 supplementation
 drowsiness
 sepsis
 total parenteral nutrition
 tachypnea
 tachycardia
 glucose tolerance test
 acute kidney failure
 anuria
 leukocytosis
 cause of death
 heart output
 hypotension
 laboratory
 female
 Wernicke encephalopathy
 Crohn disease
 *thiamine
 pyruvic acid
 pyruvate dehydrogenase

Source: EMBASE

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

41. Recovery-oriented policy and care systems in the UK and USA

Citation: Drug and alcohol review, January 2014, vol./is. 33/1(13-18), 1465-3362 (01 Jan 2014)

Author(s): Humphreys K.; Lembke A.

Institution: (Humphreys, Lembke) Center for Innovation to Implementation, Veterans Affairs Palo Alto Health Care System, Menlo Park, USA; Department of Psychiatry and Behavioural Sciences, Stanford University, Stanford, USA. knh@stanford.edu

Language: English

Abstract: The concept of recovery has been an influence on addicted individuals for many decades. But only in the past 15 years has the concept had a purchase in the world of public policy. In the USA, federal and state officials have promulgated policies intended to foster 'recovery-oriented systems of care' and have ratified recovery-supportive laws and

regulations. Though of more recent vintage and therefore less developed, recovery policy initiatives are also being implemented in the UK. The present paper describes recovery-oriented policy in both countries and highlights key evaluations of the recovery-oriented interventions.

Country of Publication: Australia

Publication Type: Journal: Article

Subject Headings: [*health care delivery](#)
[*health care policy](#)
[history](#)
[human](#)
[legislation and jurisprudence](#)
["Substance-Related Disorders/rh \[Rehabilitation\]"](#)
[United Kingdom](#)
[United States](#)

Source: EMBASE

Full Text: Available from *Wiley* in *Drug and Alcohol Review*

42. Do importance of religious faith and healthy lifestyle modify the relationships between depressive symptoms and four indicators of alcohol consumption? A survey of students across seven universities in England, Wales, and Northern Ireland

Citation: Substance use & misuse, February 2014, vol./is. 49/3(211-220), 1532-2491 (01 Feb 2014)

Author(s): El Ansari W.; Sebena R.; Stock C.

Institution: (El Ansari, Sebena, Stock) 1Faculty of Applied Sciences, University of Gloucestershire , Gloucester , United Kingdom

Language: English

Abstract: We examined the associations between depressive symptoms and four indicators of alcohol consumption (high frequency of drinking, frequency of heavy episodic drinking, problem drinking, and possible alcohol dependence). We also explored whether personal importance of religious faith as well as healthy lifestyle had any modifying roles in these relationships. During 2007-2008, 3,220 students at seven UK universities completed a questionnaire containing questions on CAGE, frequency alcohol use, heavy episodic drinking, modified Beck-Depression Inventory, physical activity and sleep, and importance of religious faith. Multivariate logistic regressions were performed separately for four alcohol consumption indicators, stratified by gender. Controlling for demographic variables, depressive symptoms were positively associated with problem drinking and possible alcohol dependence for both genders. Religiosity was negatively associated with frequency of drinking and heavy episodic drinking among both genders, while healthy lifestyle was not associated with any of the four measures of alcohol consumption among both genders. No evidence suggested that either religiosity or healthy lifestyle modified the relationships between depressive symptoms and any of the four measures of alcohol consumption. This study shows a link between hazardous drinking and mental ill health and suggests religiosity as a protective factor for high alcohol consumption. Promotion of students' mental and spiritual health could have a preventive role in hazardous drinking at universities.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: [adult](#)
["alcoholism/di \[Diagnosis\]"](#)
[depression](#)
[drinking behavior](#)
[female](#)
[health](#)
[health survey](#)
[human](#)

*lifestyle
male
*psychology
*religion
student
United Kingdom
university
young adult

Source: EMBASE

Full Text: Available from *Informa Healthcare* in *Substance Use and Misuse*

43. Adult antisocial syndrome co-morbid with borderline personality disorder is associated with severe conduct disorder, substance dependence and violent antisociality

Citation: Personality and Mental Health, 2013, vol./is. 7/1(11-21), 1932-8621;1932-863X (2013)

Author(s): Freestone M.; Howard R.; Coid J.W.; Ullrich S.

Institution: (Freestone, Coid, Ullrich) Barts and The London School of Medicine and Dentistry, Queen Mary University of London, United Kingdom; (Freestone) North East London Forensic Personality Disorder Service, United Kingdom; (Howard) Division of Psychiatry, Institute of Mental Health, University of Nottingham, Nottingham, United Kingdom

Language: English

Abstract: This study tested the hypothesis that syndromal adult antisocial behaviour (AABS) co-morbid with borderline personality disorder (BPD) is a syndrome that emerges from severe conduct disorder (CD) in childhood and adolescence and is strongly associated, in adulthood, with both violence and substance dependence. In a sample of 8580 community-resident adults screened for the presence of personality disorders, the following predictions arising from this hypothesis were tested: first, that those with AABS co-morbid with BPD would, in comparison with those showing AABS or BPD only, show a high level of antisocial outcomes, including violence; second, that adjusting for co-morbid alcohol dependence would attenuate group differences in many of the antisocial outcomes, and violence in particular; and third, that the AABS/BPD group would show both a high prevalence and a high severity of CD, and that adjusting for co-morbid CD would attenuate any association found between AABS/BPD co-morbidity and violence. Results confirmed these predictions, suggesting that AABS/BPD co-morbidity mediates the relationship between childhood CD and a predisposition to adult violence. The triad of AABS/BPD co-morbidity, alcohol dependence and severe CD is likely associated with the risk of criminal recidivism in offenders with personality disorder following release into the community. © 2012 John Wiley & Sons, Ltd.

Publication Type: Journal: Article

Subject Headings: "*addiction/ep [Epidemiology]"
adolescent
adult
"*antisocial personality disorder/ep [Epidemiology]"
article
"*borderline state/ep [Epidemiology]"
comorbidity
"*conduct disorder/ep [Epidemiology]"
female
human
male
middle aged
risk factor
statistics
"United Kingdom/ep [Epidemiology]"
*violence
young adult

Source: EMBASE
Full Text: Available from *Wiley* in *Personality and Mental Health*

44. Ketamine should be upgraded from class C to class B drug, committee says

Citation: BMJ (Clinical research ed.), 2013, vol./is. 347/, 1756-1833 (2013)
Author(s): Limb M.
Institution: (Limb) London.
Language: English
CAS Registry Number: 1867-66-9 (ketamine); 6740-88-1 (ketamine); 81771-21-3 (ketamine)
Publication Type: Journal: Note
Subject Headings: ["*addiction/pc \[Prevention\]"](#)
[*drug control](#)
[human](#)
[note](#)
[United Kingdom](#)
["*analgesic agent/ae \[Adverse Drug Reaction\]"](#)
["*ketamine/ae \[Adverse Drug Reaction\]"](#)
["*street drug/ae \[Adverse Drug Reaction\]"](#)

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

45. A quantitative exploration of attitudes out of line with the prevailing norms toward alcohol, tobacco, and cannabis use among European students

Citation: Substance use & misuse, June 2014, vol./is. 49/7(877-890), 1532-2491 (01 Jun 2014)
Author(s): Beck F.; Legleye S.; Chomynova P.; Miller P.
Institution: (Beck, Legleye, Chomynova, Miller) 1National Institute for Prevention and Health Education, INPES, St Denis, France, and CESAMES, Centre de recherche Psychotropes, Sante mentale, Societe (CNRS UMR 8136, INSERM U611, Universite Rene Descartes Paris V)
Language: English
Abstract: The study examines groups of 15-16-year-old students whose attitudes toward drug use are out of line with the prevailing norms. It analyzes data from eight countries from the 2003 European School Survey on Alcohol and Other Drugs (ESPAD): Bulgaria, the Czech Republic, Hungary, France, Malta, Slovenia, Sweden, and the United Kingdom. In those countries, 22,900 15-16-year-old pupils answered the ESPAD questionnaire. Groups of subjects whose responses are far removed from the modal value are sought and studied. The aim is to explore "rare answers" compared to what is perceived by the majority of students. In order to explore what can lead a pupil to an atypical perception of risk, a cluster analysis, based on the risk perceptions of alcohol, tobacco, and cannabis use, was run to isolate the groups in which pupils tend to answer differently. Six clusters were established classifying students into those who failed to respond, deny the risks, do not know about the risks, see any drug use as great risk, see regular use as great risk, and who see a moderate risk for most frequencies of use. The nonresponders, risk deniers, and those ignorant of the risks are infrequent making up, in all, only 16.9% of the total sample. Gender, country, alcohol use, cannabis use, tobacco use, and friends' consumption were used to describe both the individual risk perceptions and the clusters based on them. Both global context (country) and "micro" context (frequencies of drug use, peers lifestyle, and parental permissiveness) appear to play a major role in the risk perception of drug use.
Country of Publication: United Kingdom
Publication Type: Journal: Article

Subject Headings: addiction
adolescent
adolescent behavior
*attitude to health
binge drinking
cannabis smoking
cluster analysis
drinking behavior
Europe
female
human
male
peer group
*psychology
sex difference
smoking
*social norm
student
tobacco use

Source: EMBASE

Full Text: Available from *Informa Healthcare* in *Substance Use and Misuse*

46. Goal setting within family care planning: families with complex needs

Citation: The Medical journal of Australia, August 2013, vol./is. 199/3 Supplement(S37-S39), 1326-5377 (05 Aug 2013)

Author(s): Harkness M.K.

Institution: (Maybery) Department of Rural and Indigenous Health, Monash University, Moe, VIC, Australia. marilyn.harkness@monash.edu; (Goodyear) Department of Rural and Indigenous Health, Monash University, Moe, VIC, Australia; (Reupert) Faculty of Education, Monash University, Melbourne, VIC, Australia; (Harkness) Department of Rural and Indigenous Health, Monash University, Moe, VIC, Australia

Language: English

Abstract: OBJECTIVE: To identify the key goals that are established by children and parents from families in which parents have substance use and/or mental health problems, and the level of progress achieved towards goals over 1 year of case management. DESIGN, SETTING AND PARTICIPANTS: Participants from three rural sites of a New South Wales non-government agency completed family care plans between 2008 and 2010. They included 44 parents and 41 children from 37 families where at least one parent had a dual diagnosis or mental illness. Family care plans were analysed to identify the frequency and progress of child and parent goals across 11 domains. MAIN OUTCOME MEASURES: Goals identified by parents and children, and change scores over a 12-month period. RESULTS: Children most frequently set goals to enhance their knowledge of mental illness, schooling, family connectedness and interpersonal skills. Parents most frequently set goals to improve their knowledge of mental health. Children recorded greatest goal achievement: in enhancing their mental health knowledge, community/social connectedness and accommodation needs. Parents recorded most goal progress in understanding developmental milestones of their children. CONCLUSIONS: Goal setting appears to be an important mechanism for assisting families with complex needs. Clinicians need to address the mental health literacy of families where a parent has a substance use problem and/or mental illness.

Country of Publication: Australia

Publication Type: Journal: Article

Subject Headings: addiction
adolescent
case management

child
 *child
 *family health
 female
 health services research
 human
 male
 mental disease
 mental health
 *motivation
 *parent
 *patient care planning

Source: EMBASE

47. Participatory research with an online drug forum: a survey of user characteristics, information sharing, and harm reduction views

Citation: Substance use & misuse, June 2013, vol./is. 48/8(661-670), 1532-2491 (Jun 2013)

Author(s): Chiauzzi E.; Dasmahapatra P.; Lobo K.; Barratt M.J.

Institution: (Chiauzzi) Inflexxion, Inc. , Newton, MA 02464 USA.

Language: English

Abstract: Visitors to a popular online drug forum completed an online survey between November 2011 and January 2012, which covered (1) demographic characteristics, (2) substance use (including nonmedical prescription opioid use), (3) forum activity, and (4) harm reduction beliefs. The study sample (N = 897) primarily included Caucasian males in their twenties from the United States, the United Kingdom, Australia, and Canada. The practice of harm reduction was overwhelmingly endorsed by participants. Current nonmedical prescription opioid users reported more activity in forums and past substance abuse treatment. The study's implications and limitations are noted and future research is suggested.

Publication Type: Journal: Article

Subject Headings: *addiction
 adult
 article
 *drug use
 female
 *harm reduction
 human
 *information dissemination
 male
 opiate addiction
 *participatory research
 psychological aspect
 *social media
 utilization review

Source: EMBASE

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

48. Factors affecting duration of gastrostomy tube retention in survivors following treatment for head and neck cancer

Citation: The Journal of laryngology and otology, March 2014, vol./is. 128/3(263-267), 1748-5460 (01 Mar 2014)

Author(s): Paleri V.

Institution: (Blanchford) Department of Otolaryngology Head and Neck Surgery, Newcastle upon Tyne Hospitals, Newcastle upon Tyne, UK; (Hamilton) Department of Otolaryngology Head and Neck Surgery, Newcastle upon Tyne Hospitals, Newcastle upon Tyne, UK;

(Bowe) Department of Otolaryngology Head and Neck Surgery, Newcastle upon Tyne Hospitals, Newcastle upon Tyne, UK; (Welch) Department of Anaesthesia, North Tyneside General Hospital, North Shields, UK; (Kumar) Department of Otolaryngology Head and Neck Surgery, Newcastle upon Tyne Hospitals, Newcastle upon Tyne, UK; (Moor) Department of Otolaryngology-Head and Neck Surgery, Sunderland Royal Hospital, Sunderland, UK; (Welch) Department of Otolaryngology Head and Neck Surgery, Newcastle upon Tyne Hospitals, Newcastle upon Tyne, UK; (Paleri) Department of Otolaryngology Head and Neck Surgery, Newcastle upon Tyne Hospitals, Newcastle upon Tyne, UK

Language:

English

Abstract:

BACKGROUND: Many patients treated for head and neck cancer require nutritional support, which is often delivered using a gastrostomy tube. It is difficult to predict which patients will retain their gastrostomy tube in the long term. This study aimed to identify the factors which affect the duration of gastrostomy tube retention.**METHOD:** In this retrospective study, 151 consecutive patients from one centre were audited. All patients had a mucosal tumour of the head and neck, and underwent gastrostomy tube insertion between 2003 and 2007.**RESULTS:** There were near-complete data sets for 132 patients. The gastrostomy tube was retained in survivors (n = 66) for a mean of 21.3 months and in non-survivors (n = 66) for 11.9 months. Univariate analysis showed that co-morbidity was the only factor which significantly increased duration of gastrostomy tube retention in survivors (p = 0.041).**CONCLUSION:** Co-morbidity alone was associated with a significant increase in gastrostomy tube retention. It is suggested that co-morbidity be included as a variable in future relevant research. Co-morbidity should also be considered when counselling patients about their long-term function following cancer treatment. Gastrostomy tube retention is likely to be affected by many factors, with few single variables having importance independently.

Country of Publication:

United Kingdom

Publication Type:

Journal: Article

Subject Headings:

adult
aged
"alcoholism/ep [Epidemiology]"
cancer staging
"Cardiovascular Diseases/ep [Epidemiology]"
digestive tract intubation
*enteric feeding
epidemiology
female
*gastrostomy
"Head and Neck Neoplasms/su [Surgery]"
"Head and Neck Neoplasms/th [Therapy]"
human
male
medical audit
middle aged
mortality
procedures
"Pulmonary Disease Chronic Obstructive/ep [Epidemiology]"
retrospective study
risk factor
*survivor
time
treatment outcome
United Kingdom
very elderly

Source:

EMBASE

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

49. Illegal Drugs Laws: Clearing a 50-Year-Old Obstacle to Research

Citation: PLoS Biology, 2015, vol./is. 13/1, 1544-9173;1545-7885 (2015)

Author(s): Nutt D.

Institution: (Nutt) Division of Brain Sciences, Imperial College London, London, United Kingdom

Language: English

Abstract: The United Nations drug control conventions of 1960 and 1971 and later additions have inadvertently resulted in perhaps the greatest restrictions of medical and life sciences research. These conventions now need to be revised to allow neuroscience to progress unimpeded and to assist in the innovation of treatments for brain disorders. In the meantime, local changes, such as the United Kingdom moving cannabis from Schedule 1 to Schedule 2, should be implemented to allow medical research to develop appropriately.

Country of Publication: United States

Publisher: Public Library of Science

CAS Registry Number: 42542-10-9 (3,4 methylenedioxymethamphetamine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 7663-50-5 (dronabinol); 1867-66-9 (ketamine); 6740-88-1 (ketamine); 81771-21-3 (ketamine); 50-37-3 (lysergide); 28297-73-6 (methamphetamine); 51-57-0 (methamphetamine); 537-46-2 (methamphetamine); 7632-10-2 (methamphetamine); 61-50-7 (n,n dimethyltryptamine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 520-52-5 (psilocybine)

Publication Type: Journal: Article

Subject Headings: "alcoholism/dt [Drug Therapy]"
 "anxiety disorder/dt [Drug Therapy]"
 article
 "attention deficit disorder/dt [Drug Therapy]"
 "brain injury/dt [Drug Therapy]"
 clinical trial (topic)
 "cluster headache/dt [Drug Therapy]"
 "cocaine dependence/dt [Drug Therapy]"
 "depression/dt [Drug Therapy]"
 drug control
 *drug legislation
 drug research
 drug safety
 financial management
 "glioblastoma/dt [Drug Therapy]"
 good manufacturing practice
 government
 human
 "hypertension/dt [Drug Therapy]"
 licence
 medical research
 meta analysis (topic)
 "narcolepsy/dt [Drug Therapy]"
 "obsessive compulsive disorder/dt [Drug Therapy]"
 "pain/dt [Drug Therapy]"
 "Parkinson disease/dt [Drug Therapy]"
 "posttraumatic stress disorder/dt [Drug Therapy]"
 practice guideline
 recreation
 "spasticity/dt [Drug Therapy]"

"tobacco dependence/dt [Drug Therapy]"
 United Kingdom
 United Nations
 "3 4 methylenedioxymethamphetamine/dt [Drug Therapy]"
 "4' methylmethcathinone/dt [Drug Therapy]"
 "amphetamine derivative/dt [Drug Therapy]"
 "cannabis/dt [Drug Therapy]"
 "cocaine/dt [Drug Therapy]"
 diamorphine
 dronabinol
 *illicit drug
 "ketamine/dt [Drug Therapy]"
 "lysergide/ct [Clinical Trial]"
 "lysergide/dt [Drug Therapy]"
 methamphetamine
 n n dimethyltryptamine
 narcotic agent
 "opiate/dt [Drug Therapy]"
 placebo
 "psilocybine/dt [Drug Therapy]"
 psychotropic agent

Source: EMBASE

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

50. Health-related quality-of-life of people with HIV in the era of combination antiretroviral treatment: A cross-sectional comparison with the general population

Citation: The Lancet HIV, 2014, vol./is. 1/1(e32-e40), 2352-3018 (2014)

Author(s): Miners A.; Phillips A.; Kreif N.; Rodger A.; Speakman A.; Fisher M.; Anderson J.; Collins S.; Hart G.; Sherr L.; Lampe F.C.; Johnson M.; McDonnell J.; Aderonke A.; Gilson R.; Edwards S.; Haddow L.; Gilson S.; Broussard C.; Pralat R.; Wayal S.; Perry N.; Pollard A.; Fedele S.; Kerr L.; Heald L.; Hadley W.; Hobbs K.; Williams J.; Youssef E.; Richardson C.; Groth S.; Wilkins E.; Clowes Y.; Cullie J.; Murphy C.; Martin C.; George V.; Thompson A.; so Mguni S.; Awosika D.; Scourse R.; Aderogba K.; Osborne C.; Cross S.; Whinney J.; Jones M.; O'Connell R.; Tawana C.; Lascar M.; Maseko Z.; Townsend G.; Theodore V.; Sagoo J.; Johnson A.; Elford J.; Geretti A.-M.; Burman B.

Institution: (Miners, Kreif) Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London, United Kingdom; (Phillips, Rodger, Speakman, Hart, Sherr, Lampe) Research Department of Infection and Population Health, University College London, London, United Kingdom; (Fisher, Perry, Pollard, Fedele, Kerr, Heald, Hadley, Hobbs, Williams, Youssef, Richardson, Groth) Brighton and Sussex University Hospitals, NHS Trust, Brighton, United Kingdom; (Anderson, so Mguni, Awosika, Scourse) Homerton University Hospital, NHS Trust, London, United Kingdom; (Rodger, Collins) HIV i-Base, London, United Kingdom; (Johnson, McDonnell, Aderonke) Royal Free Hospital, United Kingdom; (Gilson, Edwards, Haddow, Gilson, Broussard, Pralat, Wayal) Mortimer Market Centre, United Kingdom; (Wilkins, Clowes, Cullie, Murphy, Martin, George, Thompson) North Manchester General Hospital, United Kingdom; (Aderogba, Osborne, Cross, Whinney, Jones) East Sussex Sexual Health Clinic, United Kingdom; (O'Connell, Tawana) Newham University Hospital, United Kingdom; (Lascar, Maseko, Townsend, Theodore, Sagoo) Whipps Cross University Hospital, United Kingdom

Language: English

Abstract: Background: Combination antiretroviral therapy has substantially increased life-expectancy in people living with HIV, but the effects of chronic infection on health-related quality of life (HRQoL) are unclear. We aimed to compare HRQoL in people with HIV and the general population. Methods: We merged two UK cross-sectional surveys: the ASTRA study, which recruited participants aged 18 years or

older with HIV from eight outpatient clinics in the UK between Feb 1, 2011, and Dec 31, 2012; and the Health Survey for England (HSE) 2011, which measures health and health-related behaviours in individuals living in a random sample of private households in England. The ASTRA study has data for 3258 people (response rate 64%) and HSE for 8503 people aged 18 years or older (response rate 66%). HRQoL was assessed with the Euroqol 5D questionnaire 3 level (EQ-5D-3L) instrument that measures health on five domains, each with three levels. The responses are scored on a scale where a value of 1 represents perfect health and a value of 0 represents death, known as the utility score. We used multivariable models to compare utility scores between the HIV and general population samples with adjustment for several sociodemographic factors. Findings: 3151 (97%) of 3258 of participants in ASTRA and 7424 (87%) of 8503 participants in HSE had complete EQ-5D-3L data. The EQ-5D-3L utility score was lower for people with HIV compared with that in the general population (marginal effect in utility score adjusted for age, and sex/sexuality -0.11; 95% CI -0.13 to -0.10; $p < 0.0001$). HRQoL was lower for people with HIV for all EQ-5D-3L domains, particularly for anxiety/depression. The difference in utility score was significant after adjustment for several additional sociodemographic variables (ethnic origin, education, having children, and smoking status) and was apparent across all CD4 cell count, antiretroviral therapy, and viral load strata, but was greatest for those people diagnosed with HIV in earlier calendar periods. Reduction in HRQoL with age was not greater in people with HIV than in the general population ($p < \text{interaction} > 0.05$). Interpretation: People living with HIV have significantly lower HRQoL than do the general population, despite most HIV positive individuals in this study being virologically and immunologically stable. Although this difference could in part be due to factors other than HIV, this study provides additional evidence of the loss of health that can be avoided through prevention of further HIV infections.

Country of Publication: United Kingdom

Publisher: Elsevier Ltd

Publication Type: Journal: Article

Subject Headings: [adult](#)
[alcoholism](#)
[anxiety](#)
[article](#)
[cross sectional study](#)
[depression](#)
[educational status](#)
[female](#)
[health behavior](#)
[health survey](#)
[human](#)
["*Human immunodeficiency virus infection/dt \[Drug Therapy\]"](#)
[interview](#)
[major clinical study](#)
[male](#)
[multicenter study](#)
[outcome assessment](#)
[priority journal](#)
[*quality of life](#)
[questionnaire](#)
[sexual behavior](#)
[smoking](#)
[socioeconomics](#)
[statistical analysis](#)
[virus load](#)
["*antiretrovirus agent/dt \[Drug Therapy\]"](#)
["CD4 antigen/ec \[Endogenous Compound\]"](#)

Source: EMBASE

51. Recreational drug use, polydrug use, and sexual behaviour in HIV-diagnosed men who have sex with men in the UK: Results from the cross-sectional ASTRA study

- Citation:** The Lancet HIV, 2014, vol./is. 1/1(e22-e31), 2352-3018 (2014)
- Author(s):** Daskalopoulou M.; Rodger A.; Phillips A.N.; Sherr L.; Speakman A.; Collins S.; Elford J.; Johnson M.A.; Gilson R.; Fisher M.; Wilkins E.; Anderson J.; McDonnell J.; Edwards S.; Perry N.; O'Connell R.; Lascar M.; Jones M.; Johnson A.M.; Hart G.; Miners A.; Geretti A.-M.; Burman W.J.; Lampe F.C.
- Institution:** (Daskalopoulou, Rodger, Phillips, Sherr, Speakman, Gilson, McDonnell, Johnson, Hart, Lampe) Research Department of Infection and Population Health, University College, London, London, United Kingdom; (Collins) HIV i-Base, London, United Kingdom; (Elford) City University London, London, United Kingdom; (Johnson) Royal Free London NHS Foundation Trust, London, United Kingdom; (Fisher, Perry) Brighton and Sussex University Hospitals NHS Trust, Brighton, United Kingdom; (Wilkins) Pennine Acute Hospitals NHS Trust, Manchester, United Kingdom; (Anderson) Homerton University Hospital NHS Trust, London, United Kingdom; (Edwards) Central and North West London Community Foundation Trust, London, United Kingdom; (O'Connell, Lascar) Barts Health NHS Trust, London, United Kingdom; (Jones) East Sussex Healthcare NHS Trust, Eastbourne, United Kingdom; (Miners) London School of Hygiene and Tropical Medicine, London, United Kingdom; (Burman) Denver Public Health, Denver, CO, United States; (Geretti) Institute of Infection and Global Health, University of Liverpool, Liverpool, United Kingdom
- Language:** English
- Abstract:** Background: Recreational drug use in men who have sex with men (MSM) is of concern because it might be linked to the transmission of HIV and other sexually transmitted infections. Evidence about drug use in HIV-diagnosed MSM in the UK is limited by representativeness of the study populations. We describe patterns of drug use and associations with sexual behaviours in HIV-diagnosed MSM in the UK. Methods: We used data from the cross-sectional ASTRA study, which recruited participants aged 18 years or older with HIV from eight HIV outpatient clinics in the UK between Feb 1, 2011, and Dec 31, 2012. We examined data for MSM, assessing the prevalence of recreational drug use and polydrug use in the previous 3 months and associations with sociodemographic and HIV-related factors. We examined the association of polydrug use with measures of condomless sex in the previous 3 months and with other sexual behaviours. Findings: Our analysis included data for 2248 MSM: 2136 (95%) were gay, 1973 (89%) were white, 1904 (85%) were on antiretroviral treatment (ART), and 1682 (76%) had a viral load of 50 copies per mL or lower. 1138 (51%) used recreational drugs in the previous 3 months; 608 (27%) used nitrites, 477 (21%) used cannabis, 460 (21%) used erectile dysfunction drugs, 453 (20%) used cocaine, 280 (13%) used ketamine, 258 (12%) used 3,4-methylenedioxy-Nmethylamphetamine (MDMA), 221 (10%) used gamma-hydroxybutyrate or gamma-butyrolactone, 175 (8%) used methamphetamine, and 162 (7%) used mephedrone. In the 1138 individuals who used drugs, 529 (47%) used three or more drugs and 241 (21%) used five or more. Prevalence of injection drug use was 3% (n=68). Drug use was independently associated with younger age (p<00001), not being religious (p=0001), having an HIV-positive stable partner (p=00008), HIV-serostatus disclosure (p=0009), smoking (p<00001), evidence of harmful alcohol drinking (p=00001), and ART non-adherence (p<00001). Increasing polydrug use was associated with increasing prevalence of condomless sex (prevalence range from no drug use to use of five or more drugs was 24% to 78%), condomless sex with HIV-seroconcordant partners (17% to 69%), condomless sex with HIV-serodiscordant partners (10% to 25%), and higher-HIV-risk condomless sex after taking viral load into account (4% to 16%; p<0005 for all). Associations were similar after adjustment for sociodemographic and HIV-related factors. Methamphetamine was more strongly associated with higher-HIV-risk condomless sex than were other commonly used drugs. Interpretation: Polydrug use is prevalent in HIV-diagnosed MSM and is strongly associated with condomless sex. Specialist support services for MSM with HIV who use recreational drugs might be beneficial in the reduction of harm and prevention of ongoing transmission of HIV and other sexually transmitted infections.

Country of Publication: United Kingdom

Publisher: Elsevier Ltd

CAS Registry Number: 591-81-1 (4 hydroxybutyric acid); 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 463-04-7 (amyl nitrite); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 76-57-3 (codeine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1867-66-9 (ketamine); 6740-88-1 (ketamine); 81771-21-3 (ketamine); 50-37-3 (lysergide); 28297-73-6 (methamphetamine); 51-57-0 (methamphetamine); 537-46-2 (methamphetamine); 7632-10-2 (methamphetamine); 52-26-6 (morphine); 57-27-2 (morphine); 14797-65-0 (nitrite); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 139755-83-2 (sildenafil); 171596-29-5 (tadalafil)

Publication Type: Journal: Article

Subject Headings: adult
aged
article
CD4 lymphocyte count
condom use
cross sectional study
drinking behavior
drug use
erectile dysfunction
ethnicity
homosexual male
human
*Human immunodeficiency virus infection
injection
major clinical study
medication compliance
*men who have sex with men
middle aged
*multiple drug abuse
prevalence
priority journal
questionnaire
sex
*sexual behavior
sexually transmitted disease
virus load
3 4 methylenedioxymethamphetamine
4 hydroxybutyric acid
4' methylmethcathinone
amphetamine
amyl nitrite
anabolic agent
antiretrovirus agent
cannabis
Catha edulis extract
cocaine
codeine
diamorphine
ketamine
lysergide
methamphetamine
morphine
nitrite
opiate
psychedelic agent

*recreational drug
sildenafil
tadalafil
unclassified drug

Source: EMBASE

52. Recent advances in pancreatic disease

Citation: Gastroenterology and Hepatology from Bed to Bench, 2015, vol./is. 8/1(81-83), 2008-2258;2008-4234 (2015)

Author(s): Al Dulaimi D.

Institution: (Al Dulaimi) Department of Gastroenterology, Alexandra Hospital, Redditch, United Kingdom

Language: English

Country of Publication: Iran, Islamic Republic of

Publisher: Research Institute for Gastroenterology and Liver Diseases

CAS Registry Number: 446-86-6 (azathioprine); 97794-27-9 (immunoglobulin G)

Publication Type: Journal: Note

Subject Headings: abdominal pain
acute abdomen
*acute pancreatitis
alcoholism
anorexia
"*autoimmune pancreatitis/dt [Drug Therapy]"
cancer classification
cancer risk
*cancer susceptibility
cholelithiasis
clinical feature
clinical research
contrast enhancement
corticosteroid therapy
*cystic fibrosis
diabetes mellitus
disease classification
end stage liver disease
*endoscopic echography
endoscopic retrograde cholangiopancreatography
*endoscopic ultrasound guided fine needle biopsy
evidence based practice
follow up
Helicobacter infection
histopathology
human
immunoglobulin blood level
intermethod comparison
jaundice
liver function test
mortality
note
*pancreas adenocarcinoma
*pancreas disease
pancreas duct stenosis
pancreas exocrine insufficiency
practice guideline
relapse
retrospective study

smoking
 treatment response
 United Kingdom
 weight reduction
 "azathioprine/dt [Drug Therapy]"
 "cancer antigen 19-9/ec [Endogenous Compound]"
 "corticosteroid/dt [Drug Therapy]"
 "immunoglobulin G/ec [Endogenous Compound]"
 "immunoglobulin G4/ec [Endogenous Compound]"
 "tumor antigen/ec [Endogenous Compound]"
 unclassified drug

Source: EMBASE

53. The effectiveness and cost-effectiveness of diversion and aftercare programmes for offenders using class a drugs: A systematic review and economic evaluation

Citation: Health Technology Assessment, 2015, vol./is. 19/6(1-198), 1366-5278;2046-4924 (2015)

Author(s): Hayhurst K.P.; Leitner M.; Davies L.; Flentje R.; Millar T.; Jones A.; King C.; Donmall M.; Farrell M.; Faze S.; Harris R.; Hickman M.; Lennox C.; Mayet S.; Senior J.; Shaw J.

Institution: (Hayhurst, Millar) Institute of Brain, Behaviour and Mental Health, University of Manchester, Manchester, United Kingdom; (Leitner) School of Health Sciences, University of Liverpool, Liverpool, United Kingdom; (Davies) Manchester Centre for Health Economics, Institute of Population Health, University of Manchester, Manchester, United Kingdom; (Flentje) Health Insights Ltd, Burton Springs Farm, Cheshire, United Kingdom; (Jones, Donmall) National Drug Evidence Centre, Institute of Population Health, University of Manchester, Manchester, United Kingdom; (King, Lennox, Senior, Shaw) Offender Health Research Network, Institute of Brain, Behaviour and Mental Health, University of Manchester, Manchester, United Kingdom; (Farrell) National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW, Australia; (Faze) Department of Psychiatry, University of Oxford, Oxford, United Kingdom; (Harris) West Yorkshire Probation Service, Wakefield, United Kingdom; (Hickman) School of Social and Community Medicine, University of Bristol, Bristol, United Kingdom; (Mayet) Tees, Esk and Wear Valleys NHS Foundation Trust, County Durham, United Kingdom

Language: English

Abstract: Background: The societal costs of problematic class A drug use in England and Wales exceed 15B; drug-related crime accounts for almost 90% of costs. Diversion plus treatment and/or aftercare programmes may reduce drug-related crime and costs. Objectives: To assess the effectiveness and cost-effectiveness of diversion and aftercare for class A drug-using offenders, compared with no diversion. Population: Adult class A drug-using offenders diverted to treatment or an aftercare programme for their drug use. Interventions: Programmes to identify and divert problematic drug users to treatment (voluntary, court mandated or monitored services) at any point within the criminal justice system (CJS). Aftercare follows diversion and treatment, excluding care following prison or non-diversionary drug treatment. Data sources: Thirty-three electronic databases and government online resources were searched for studies published between January 1985 and January 2012, including MEDLINE, PsycINFO and ISI Web of Science. Bibliographies of identified studies were screened. The UK Drug Data Warehouse, the UK Drug Treatment Outcomes Research Study and published statistics and reports provided data for the economic evaluation. Methods: Included studies evaluated diversion in adult class A drug-using offenders, in contact with the CJS. The main outcomes were drug use and offending behaviour, and these were pooled using meta-analysis. The economic review included full economic evaluations for adult opiate and/or crack, or powder, cocaine users. An economic decision analytic model, estimated incremental costs per unit of outcome gained by diversion and aftercare, over a 12-month time horizon. The perspectives included the CJS, NHS, social care providers and offenders. Probabilistic sensitivity analysis and one-way sensitivity analysis explored variance in parameter estimates, longer time horizons and structural uncertainty. Results: Sixteen studies met the

effectiveness review inclusion criteria, characterised by poor methodological quality, with modest sample sizes, high attrition rates, retrospective data collection, limited follow-up, no random allocation and publication bias. Most study samples comprised US methamphetamine users. Limited meta-analysis was possible, indicating a potential small impact of diversion interventions on reducing drug use [odds ratio (OR) 1.68, 95% confidence interval (CI) 1.12 to 2.53 for reduced primary drug use, and OR 2.60, 95% CI 1.70 to 3.98 for reduced use of other drugs]. The cost-effectiveness review did not identify any relevant studies. The economic evaluation indicated high uncertainty because of variance in data estimates and limitations in the model design. The primary analysis was unclear whether or not diversion was cost-effective. The sensitivity analyses indicated some scenarios where diversion may be cost-effective. Limitations: Nearly all participants (99.6%) in the effectiveness review were American (Californian) methamphetamine users, limiting transfer of conclusions to the UK. Data and methodological limitations mean it is unclear whether or not diversion is effective or cost-effective. Conclusions: High-quality evidence for the effectiveness and cost-effectiveness of diversion schemes is sparse and does not relate to the UK. Importantly this research identified a range of methodological limitations in existing evidence. These highlight the need for research to conceptualise, define and develop models of diversion programmes and identify a core outcome set. A programme of feasibility, pilot and definitive trials, combined with process evaluation and qualitative research is recommended to assess the effectiveness and cost-effectiveness of diversionary interventions in class A drug-using offenders.

Country of Publication: United Kingdom

Publisher: NIHR Journals Library

CAS Registry Number: 64-17-5 (alcohol); 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 28297-73-6 (methamphetamine); 51-57-0 (methamphetamine); 537-46-2 (methamphetamine); 7632-10-2 (methamphetamine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 1972-08-3 (tetrahydrocannabinol)

Publication Type: Journal: Article

Subject Headings: [*aftercare](#)
[alcohol consumption](#)
[American](#)
[article](#)
[cannabis use](#)
[cocaine dependence](#)
[*cost effectiveness analysis](#)
[court](#)
[crime](#)
[*criminal justice](#)
[detoxification](#)
[*diversion program](#)
[*drug abuse](#)
[drug misuse](#)
[economic evaluation](#)
[heroin dependence](#)
[human](#)
[methadone treatment](#)
[methamphetamine dependence](#)
[national health service](#)
[*offender](#)
["opiate addiction/th \[Therapy\]"](#)
["opiate addiction/dt \[Drug Therapy\]"](#)
[prison](#)

[quality adjusted life year](#)
[social care](#)
[systematic review](#)
[therapeutic community](#)
[United Kingdom](#)
[voluntary program](#)
[alcohol](#)
[amphetamine](#)
[barbituric acid derivative](#)
[benzodiazepine derivative](#)
[cannabis](#)
[cocaine](#)
[diamorphine](#)
["methadone/dt \[Drug Therapy\]"](#)
[methamphetamine](#)
[opiate](#)
[sedative agent](#)
[tetrahydrocannabinol](#)

Source: EMBASE

54. Art Therapy - Theory, development and clinical application [Bosnian] Art terapija - Teorijske postavke, razvoj i klinicka primjena

Original Title: Art terapija - Teorijske postavke, razvoj i klinicka primjena

Citation: Socijalna Psihijatrija, September 2014, vol./is. 42/3(190-198), 0303-7908 (01 Sep 2014)

Author(s): Ivanovic N.; Barun I.; Jovanovic N.

Institution: (Ivanovic) Outpatient Clinic, Zagreb, Croatia; (Barun) Vrapce University Psychiatric Hospital, Zagreb, Croatia; (Jovanovic) University of Zagreb School of Medicine, Zagreb University Hospital Center, Clinical Department of Psychiatry, Zagreb, Croatia

Language: Bosnian

Abstract: The purpose of this paper is to give an introduction and overview of art therapy, a profession still scarcely present in Croatia, even though it has been systematically developed and applied for over half a century in some countries. Art therapy is a form of psychotherapy that utilizes art processes (drawing, painting and modeling in the broadest sense of the term) as a means of expression and communication. Its theoretical basis is psychoanalytic and draws on the phenomena such as transference, containment, transitional object and play. According to Jung, the goal of therapy is to unleash one's own creative energies that act as catalysts of transformation. This theoretical model is still attractive to many art psychotherapists. One of the pioneers of art therapy, Margaret Naumburg, has recognized that thoughts and emotions that come from the unconscious are more likely to find their expression in images rather than words. Due to its close links with pre-verbal emotions, creative expression can help in solving conflicts more easily than verbal expression. Art therapy can be practiced both individually and in a group, depending on the needs of the patients. Prior experience in art is not necessary and patients who are referred to art therapy may have emotional or behavioral difficulties, learning disabilities or physical impairment, brain damage or other neurologic diseases, or somatic diseases that lower the quality of life. This paper gives a review of the most recent scientific research on the clinical use of art therapy in schizophrenia, addictions, dementia, eating disorders, borderline personality disorder, and states with suicidal and homicidal impulses. Like other psychotherapies, art therapy practice requires standardized training, expertise, maturity and experience of therapists. Currently having three art therapists qualified and registered in Great Britain, Croatia will maybe follow the examples of many other countries who have adopted the British model of art therapy.

Country of Publication: Croatia

Publisher: Croatian Academy for Medical Sciences

Publication Type: Journal: Article

Subject Headings: "addiction/th [Therapy]"
 *art therapy
 article
 "behavior disorder/th [Therapy]"
 "borderline state/th [Therapy]"
 "brain damage/th [Therapy]"
 Croatia
 "dementia/th [Therapy]"
 "eating disorder/th [Therapy]"
 human
 "learning disorder/th [Therapy]"
 "neurologic disease/th [Therapy]"
 "physical disability/th [Therapy]"
 psychotherapist
 psychotherapy
 quality of life
 "schizophrenia/th [Therapy]"
 "suicidal behavior/th [Therapy]"
 *theoretical model
 United Kingdom
 verbal behavior

Source: EMBASE

55. Long-term outcomes of patients with cirrhosis admitted to a general intensive care unit at a tertiary hospital

Citation: Journal of the Intensive Care Society, January 2014, vol./is. 15/1 SUPPL. 1(S31), 1751-1437 (January 2014)

Author(s): Hampshire P.A.; Musumba C.; Shaw R.; Gao W.; Richardson P.

Institution: (Hampshire, Shaw, Gao, Richardson) Royal Liverpool University Hospital, Liverpool, United Kingdom; (Musumba) Westmead Hospital, Sydney, Australia

Language: English

Abstract: Patients with cirrhosis admitted to intensive care units (ICU) have been shown to have a poor prognosis. A study from a non-transplant ICU setting in the UK reported lower ICU (38%) and hospital (47%) mortality compared to transplant ICUs, attributed to less severe disease in their patient cohort.¹ However, whether this is sustained long term is unclear. We performed a retrospective analysis of all patients with cirrhosis admitted to the Royal Liverpool Hospital from July 2003 to September 2011. For readmissions, only the first episode was included. Comparisons between survivors and non-survivors and between patients with alcoholic and non-alcoholic cirrhosis were performed using the Mann-Whitney test, and either the Chi-squared test or Fisher's exact test as appropriate. There were 4178 admissions, 135 (3.2%) with cirrhosis, 117 (87%) from alcohol and 18 (13%) from other causes. Seventy-seven (57%) of the cirrhotic patients were male, with a median (IQR) age of 51 (42-59) years, Model for End Stage Liver Disease (MELD) score of 21.1 (14.9-28.4), Acute Physiology and Chronic Health Evaluation II (APACHE II) score of 18 (14.8-24.0), and ICU length of stay of 3.9 days (1.6-10.4). Unit, hospital, six-month and one-year mortality was 54.8%, 64.4%, 66.7% and 70.4% respectively. Non-survivors had higher admission MELD scores (25.3 [19.3-31.2] vs 15.1 [11.4-21.5]; $p < 0.001$) and APACHE II scores (20 [16-25] vs 15 [11-20]; $p < 0.001$), and more had received renal replacement therapy (31.4% vs 10.4%; $p = 0.013$), see Table 1. More survivors presented with variceal bleeding compared to non-survivors (31.3% vs 20.7%; $p = 0.2$). Although unit mortality was similar between patients with alcoholic cirrhosis and non-alcoholic cirrhosis (54.7% vs 55.6%), at one year, five (12.5%) hospital survivors with alcoholic cirrhosis had died compared to none with non-alcoholic cirrhosis. Outcomes in ICU admissions with cirrhosis in this cohort are comparable to previously published figures.^{2,3} The main determinants of early mortality are disease severity, but not aetiology of cirrhosis. A significant proportion of survivors with alcoholic cirrhosis die after hospital discharge.

Conference Information: State of the Art 2013 Meeting London United Kingdom. Conference Start: 20131216
Conference End: 20131218

Publisher: Stansted News Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *human
*liver cirrhosis
*intensive care unit
*tertiary care center
*patient
survivor
alcohol liver cirrhosis
hospital
mortality
transplantation
Apache (people)
APACHE
rank sum test
United Kingdom
male
prognosis
hospital discharge
alcoholism
etiology
bleeding
hospital readmission
renal replacement therapy
length of stay
disease severity
Fisher exact test
Model For End Stage Liver Disease Score
alcohol

Source: EMBASE

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

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

Author(s): Wise J.

Institution: (Wise) London

Language: English

Country of Publication: United Kingdom

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

Publication Type: Journal: Note

Subject Headings: adult
"alcoholism/dt [Drug Therapy]"
"alcoholism/pc [Prevention]"
*analogs and derivatives
*decision making
dose response
drug administration
female
human
male
national health service
oral drug administration
patient selection

practice guideline
 risk assessment
 standards
 treatment outcome
 United Kingdom
 nalmefene
 "naltrexone/ae [Adverse Drug Reaction]"
 "naltrexone/dt [Drug Therapy]"
 "narcotic antagonist/ae [Adverse Drug Reaction]"
 "narcotic antagonist/dt [Drug Therapy]"

Source: EMBASE

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

57. Virtually addicted

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

Author(s): Manning C.

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

Language: English

Country of Publication: United Kingdom

Publisher: Royal College of General Practitioners

Publication Type: Journal: Note

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

Source: EMBASE

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

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

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

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

Language: English

Country of Publication: United Kingdom

Publisher: Royal College of General Practitioners

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

Publication Type: Journal: Editorial

Subject Headings: anxiety disorder
 bipolar disorder
 cognitive therapy
 community care
 crisis intervention
 dementia
 depression

drug misuse
 editorial
 health care policy
 health program
 *hospital
 hospital admission
 hospital bed
 human
 liver cirrhosis
 liver fibrosis
 *mental health care
 *primary medical care
 psychiatric bed
 questionnaire
 schizophrenia
 secondary health care
 United Kingdom
 alcohol

Source: EMBASE

59. Pharmacological treatments for drug misuse and dependence

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

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

Institution: (Reed, Day) National Addiction Centre, Institute of Psychiatry, King's College London, Addiction Sciences Building, 4 Windsor Walk, Denmark Hill, London SE5 8AF, United Kingdom; (Reed) Department of Addiction Psychiatry, South London and Maudsley NHS Foundation Trust, London, United Kingdom; (Day) Department of Psychiatry, Birmingham and Solihull Mental Health NHS Foundation Trust, The Barberry, 25 Vincent Drive, Edgbaston, Birmingham B15 2FG, United Kingdom; (Keen, Strang) National Addiction Centre, Institute of Psychiatry, King's College London, Addiction Sciences Building, 4 Windsor Walk, Denmark Hill, London SE5 8BB, United Kingdom; (Keen) South London and Maudsley NHS Foundation Trust, Community Drug and Alcohol Team, Lorraine Hewitt House, 12-14 Brighton Terrace, Brixton London SW9 8DG, United Kingdom

Language: English

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

Country of Publication: United Kingdom

Publisher: Informa Healthcare

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

Publication Type: Journal: Review

Subject Headings: binge drinking
cannabis addiction
cocaine dependence
cognitive therapy
detoxification
"*drug dependence/dt [Drug Therapy]"
drug efficacy
drug formulation
drug intoxication
*drug misuse
drug safety
heroin dependence
human
maintenance therapy
medical decision making
nonhuman
"opiate addiction/dt [Drug Therapy]"
opiate substitution treatment
practice guideline
prescription
psychopharmacotherapy
receptor blocking
relapse
review
treatment indication
treatment response
United Kingdom
vaccination
withdrawal syndrome
acetylcysteine
amphetamine derivative
baclofen
"benzodiazepine derivative/dt [Drug Therapy]"
"buprenorphine/dt [Drug Therapy]"
"buprenorphine/pd [Pharmacology]"
cannabidiol
cannabis
central stimulant agent
cocaine
dexamphetamine
diamorphine
dihydrocodeine
disulfiram

hypnotic agent
 levacetylmethadol
 lofexidine
 loperamide
 "methadone/dt [Drug Therapy]"
 modafinil
 morphine
 morphine sulfate
 "naltrexone/dt [Drug Therapy]"
 opiate derivative
 oxycodone
 scopolamine butyl bromide
 topiramate
 tramadol
 unindexed drug
 zolpidem
 zopiclone

Source: EMBASE

Full Text: Available from *Informa Healthcare* in [Expert Opinion on Pharmacotherapy](#)

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

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

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

Institution: (Marcellin) Service d'Hepatologie, Hopital Beaujon, University Paris-Diderot and INSERM CRB3, Clichy, France; (Grotzinger) Global Health Outcomes, GlaxoSmithKline, Collegeville, PA, United States; (Forssen) Worldwide Epidemiology, GlaxoSmithKline, Collegeville, PA, United States; (Forssen) CSL Behring, King of Prussia, PA, United States; (Theodore) Clinical Development, GlaxoSmithKline, Research Triangle Park, NC, United States; (Demuth, Pike) Adelphi Real World, Manchester, United Kingdom; (Manns) Division of Gastroenterology and Hepatology, Medical School of Hannover, Hannover, Germany; (Banares Canizares) Liver Unit, Instituto de Investigacion Sanitaria Gregorio Maranon, CIBEREHD, Facultad de Medicina, Universidad Complutense Madrid, Madrid, Spain

Language: English

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

Conclusions: These data suggest that there are major differences in how specialists manage their HCV patients across five major European countries.

Country of Publication: Australia

Publisher: Blackwell Publishing

Publication Type: Journal: Article

Subject Headings: adult
alcoholism
article
clinical assessment
clinical feature
controlled study
cross sectional study
demography
diagnostic test accuracy study
disease severity
elastography
Europe
female
France
Germany
hepatitis B
Hepatitis B virus
*hepatitis C
Hepatitis C virus
histopathology
human
Italy
liver biopsy
*liver disease
"*liver fibrosis/di [Diagnosis]"
liver histology
major clinical study
male
medical record review
middle aged
multicenter study
multivariate analysis
observational study
physician
predictor variable
priority journal
risk factor
scoring system
Spain
thrombocyte count
United Kingdom
univariate analysis

Source: EMBASE

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

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

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

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

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

Language: English

- Abstract:** Background: Alcohol dependence is a major problem in India. The available evidence suggests that alcohol abuse produces a decrease in specific cognitive abilities particularly those associated with executive functions, which leads to frequent relapse. Objectives: The aim of the study is to assess and correlate the addiction severity with decision making and planning functioning in persons with alcohol related disorders. Methods: Cross sectional study, done in LGBRIMH. Sample size 60 (Case 30, Control 30). After purposive sampling, the tools applied were sociodemographic proforma, MINI plus, addiction severity index, IOWA gambling task and Tower of London. The findings were analysed with t-test, chi-square and Pearson's correlation test. Results: Findings from the composite score of addiction severity index shows the mean value to be 0.6557+/-0.7181. Decision making analysed using the IOWA gambling task shows impaired decision making in 93.4 % amongst the cases while 40 % amongst the control. $X^2 = 19.2$, $p < 0.01$. Planning was analysed using the Tower of London. Findings shows the mean value of a total number of moves as 78.1+/-17.353 in a case group, and in control as 57.4+/-3.125, $t = 6.43$, $p < 0.01$. The assessment of correlation between the case and control group in decision making shows the $r = -0.170$, $p = 0.369$. The planning correlation value was found to be $r = 0.03$, $p = 0.871$. Findings suggest, there was no significant correlation between addiction severity and decision making and planning abilities in a case group. Conclusion: We can say that alcohol consumption has an impact upon the decision making and planning abilities of the individuals. But however, the study failed to show a significant correlation between addiction severity and decision making and planning abilities in the case group. But impaired decision making & planning abilities are inherent traits in alcoholics, in other words impaired planning & decision making are vulnerability factors for alcoholics.
- Conference Information:** 67th Annual National Conference of the Indian Psychiatric Society, ANCIPS 2015 Hyderabad India. Conference Start: 20150108 Conference End: 20150111
- Publisher:** Medknow Publications
- Publication Type:** Journal: Conference Abstract
- Subject Headings:** [*planning](#)
[*decision making](#)
[*United Kingdom](#)
[*addiction](#)
[*cognition](#)
[*alcoholism](#)
[*Indian](#)
[*medical society](#)
[*gambling](#)
[Addiction Severity Index](#)
[alcohol abuse](#)
[Student t test](#)
[executive function](#)
[sample size](#)
[India](#)
[cross sectional study](#)
[human](#)
[sampling](#)
[relapse](#)
[alcohol consumption](#)
[control group](#)
[*alcohol](#)
- Source:** EMBASE
- Full Text:** Available from *National Library of Medicine* in [Indian Journal of Psychiatry](#)
Available from *ProQuest* in [Indian Journal of Psychiatry](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

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

| | |
|--------------------------------|--|
| Citation: | Indian Journal of Psychiatry, January 2015, vol./is. 57/5 SUPPL. 1(S20-S21), 0019-5545 (January 2015) |
| Author(s): | Ravindranath B.V.; Malone J. |
| Institution: | (Ravindranath, Malone) Mersey Care NHS Trust, United Kingdom |
| Language: | English |
| Abstract: | <p>Background: This re-audit has streamlined factors being appraised against NICE guidelines. We used NICE guidelines CG 100 and CG 115(guidance.nice.org.uk) and created an easier to repeat shorter assessment tool incorporating Severity of Alcohol Dependence Questionnaire (SADQ), Clinical Institute Withdrawal Assessment of Alcohol Scale - Revised (CIWA-Ar), physical and mental health parameters including features of complex withdrawal such as seizures, delirium tremens and co-morbidity. Furthermore, patient safety is a priority. We liaised with other leading alcohol detox centres in London and Manchester regarding Breath Alcohol Concentration (BrAC) scoring, to evaluate its use on admission, highlighting any need for change in practice. Methods: Windsor Clinic is a 16-bed inpatient alcohol detox unit tertiary centre, serving the Merseyside population of 1,356,000. Typical stay is 7-10 days. Most patients referred have failed assisted alcohol withdrawal and often have co-morbidities. A sample of 50 consecutive admitted patients had their electronic notes reviewed. The sample period was August 2014. BrAC of patients on admission was assessed for Alcohol level before commencing detox regimes. Results: All NICE guidelines were met in 43(86%) of patients assessed. 46(92%) BrAC scores were done on admission. 3(6%) of the 4(8%) missed had a reason: Intoxication, emphysema, inter-hospital transfer. One was missed with no reason. The BrAC scores ranged from 0-2. 9(18%) of the BrAC scores were recorded as over 1.5 mg/l. However only 5(10%) of these were repeated to ensure levels were dropping. Conclusions: The Windsor Clinic is maintaining good practice and following NICE guidance. There was improvement or the maintenance of good practice across all areas assessed. We have now begun two BrAC score values before commencing detox unless showing signs of severe withdrawal, or known risk of seizures, meriting immediate commencement of detox. The authors will further discuss the assessment process and significance of BrAC scores.</p> |
| Conference Information: | 67th Annual National Conference of the Indian Psychiatric Society, ANCIPS 2015 Hyderabad India. Conference Start: 20150108 Conference End: 20150111 |
| Publisher: | Medknow Publications |
| Publication Type: | Journal: Conference Abstract |
| Subject Headings: | <ul style="list-style-type: none"> *human *medical audit *medical society *United Kingdom *Indian *breathing patient hospital morbidity Tertiary (period) seizure population hospital patient patient safety delirium tremens parameters mental health intoxication alcohol withdrawal questionnaire |

emphysema
 risk
 alcoholism
 *alcohol
 *phosphoryl lipid A

Source: EMBASE

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

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

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

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

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

Language: English

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

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

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings: *gambling
 *treatment outcome
 *society
 *addiction
 hospital
 human
 patient
 United Kingdom
 psychodynamic psychotherapy
 diseases
 group therapy
 national health service

Source: EMBASE

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

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

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

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

- Citation:** Alcohol and Alcoholism, September 2014, vol./is. 49/(i15-i16), 0735-0414 (01 Sep 2014)
- Author(s):** Chick J.
- Institution:** (Chick) Castle Craig Hospital, United Kingdom
- Language:** English
- Abstract:** The UK has one of the most serious alcohol and addictions problems in Western Europe, but austerity has relatively curbed resources given to treatment. Media and political criticism, that substitute prescribing is costly, demeaning and asocial has been fuelled by headlines on diverted or leaked opiates and opiate-related deaths. Each region has developed a 'Recovery' agenda that emphasises (not always exclusively) abstinence. Recovery is found to be associated with social connectedness (particularly with 'recovery communities') and new meaning and purpose in life, where 'giving' rather than 'taking' is the new way of life. These claims are convincing, though are based on observation rather than experimental studies. Nevertheless, when therapists are trained in facilitating the linking of patients with the 12 step groups (AA and NA), randomised controlled trials have shown its effectiveness. But in the UK, addiction professionals are been found to be ignorant, even prejudiced, about the role of such (cost-free) mutual help groups. Medications (and medical staff) to aid recovery are widely regarded as expensive and, by

some, as incompatible with 'recovery'. The recovery movement implies that nudging patients into greater social activity provides a more lasting solution to the social anxiety and hopelessness so often accompanies addictions.

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

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

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

Source: EMBASE

Full Text: Available from *Oxford University Press* in [Alcohol and Alcoholism](#)

66. Setting up a training institute

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

Author(s): Wanigaratne S.

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

Language: English

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

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

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

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

Source: EMBASE

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

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

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

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

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

Language: English

Abstract: Introduction. A research agenda has been prepared to study potential technological use disorders cross-culturally among Eastern and Western countries. Recent advances suggest that technological addictions present commonalities with substance use disorders. However, the cyberaddiction spectrum is heterogeneous, with various types of psychological factors involved and addictive symptomatology. Very few cross-cultural studies have been conducted, and less implying countries from different continents with similar methodology. Method. This large scale cross-cultural study will start in October 2014. The study consists of an online survey conducted in various European countries (including Belgium, France, Switzerland, England, and Spain) and in Japan. The survey includes screening and diagnostic questionnaires, as well as scale targeting established risk factors for cyberaddiction (e.g., personality traits, comorbid psychopathology). The survey combines qualitative and quantitative approaches. Results & Conclusions. This poster will present a description of our two-year research agenda. A detailed description of the objectives and related methodology (along with the instruments used) will be presented. Our main objective is to determine, through a large cross-cultural study, the prevalence and characteristics of various types of cyberaddiction (e.g., online video games addiction, mobile phone addiction).

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

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings: *addiction
 *Japan
 *society
 *Europe
 methodology
 European
 psychological aspect
 substance abuse

diagnosis
 symptomatology
 risk factor
 mental disease
 Belgium
 France
 Switzerland
 screening
 Spain
 questionnaire
 United Kingdom
 personality
 prevalence
 recreation
 mobile phone
 diseases

Source: EMBASE

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

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

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

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

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

Language: English

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

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

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

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

Source: EMBASE

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

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

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

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

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

Language: English

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

presentation, with 42% using at 1 year. 22% had alcohol dependence at baseline, dropping to 10% at 12 months. 32% had low and 68% had moderate-high levels of physical activity at baseline with little change over the year. This large UK first episode study of cardiovascular risk in early psychosis shows significant rises in obesity, central obesity and HbA1c in the first year in this ethnically diverse patient group.

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

Publisher: Blackwell Publishing

Publication Type: Journal: Conference Abstract

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

Source: EMBASE

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

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

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

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

Language: English

Abstract: In this Plenary Session, four international experts on the field will present evidence from neuroimaging, neuropharmacology and population epidemiology perspectives highlighting how substance abuse/dependence may moderate the expression of psychosis. While neuroimaging studies have indicated that the major locus of dopaminergic dysfunction in schizophrenia is presynaptic, characterized by elevated dopamine synthesis and release capacity, Prof. Abi-Dargham (Columbia University, USA) and Prof. R. Murray (Institute of Psychiatry, UK) will tackle the apparent inconsistency that arises from recent studies showing that dopamine release in patients with schizophrenia and comorbid substance use is considerably blunted, comparable in magnitude to substance users, suggesting that oversensitivity of the D2 receptor or abnormality of the post-D2 signaling pathway may also be involved in substance use psychosis. Prof. Callaghan (University of Northern British Columbia, Canada) will present evidence from a large population-based cohort study in California that patients with methamphetamine-related conditions and cannabis use have a significantly higher risk of schizophrenia than matched control population or indeed than other substance use disorders. Finally Prof. van Os (Maastricht University, The Netherlands) will present evidence from a large

family based cohort including patients, their siblings and parents, that familiar correlation of psychosis varies considerably as a function of selective environmental exposures such as cannabis (but interestingly not childhood trauma) indicating the importance of selective gene-environment interactions in psychosis susceptibility.

- Conference Information:** 4th Biennial Schizophrenia International Research Conference Florence Italy. Conference Start: 20140405 Conference End: 20140409
- Publisher:** Elsevier
- Publication Type:** Journal: Conference Abstract
- Subject Headings:** [*comorbidity](#)
[*addiction](#)
[*schizophrenia](#)
[human](#)
[psychosis](#)
[population](#)
[patient](#)
[university](#)
[Canada](#)
[neuroimaging](#)
[substance use](#)
[United States](#)
[cohort analysis](#)
[injury](#)
[epidemiology](#)
[dopamine release](#)
[genotype environment interaction](#)
[environmental exposure](#)
[sibling](#)
[United Kingdom](#)
[psychiatry](#)
[substance abuse](#)
[cannabis use](#)
[Colombia](#)
[neuropharmacology](#)
[risk](#)
[Netherlands](#)
[dopamine metabolism](#)
[parent](#)
[childhood](#)
[receptor](#)
[cannabis](#)
[methamphetamine](#)
- Source:** EMBASE
- Full Text:** Available from *Elsevier* in [Schizophrenia Research](#)

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

- Citation:** Schizophrenia Research, April 2012, vol./is. 136/(S180), 0920-9964 (April 2012)
- Author(s):** Sirianni M.; Di Forti M.; De Fazio P.; Stilo S.A.; Pintore S.M.; Morgan C.; Murray R.M.
- Institution:** (Sirianni, Di Forti, Stilo, Pintore, Morgan, Murray) Institute of Psychiatry, King's College, London, United Kingdom; (Sirianni, De Fazio) University of Catanzaro Magna Graecia Catanzaro, Calabria, Italy
- Language:** English
- Abstract:** Background: Cannabis is the most commonly used illicit drug in the world especially among psychiatric patients. Evidence from recent studies suggests that cannabinoids can produce schizophrenia-like positive, negative, and cognitive symptoms in healthy individuals. In individuals with an established psychotic disorder, cannabinoids can

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

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

Publisher: Elsevier

Publication Type: Journal: Conference Abstract

Subject Headings: [*psychosis](#)
[*human](#)
[*patient](#)
[*cannabis addiction](#)
[*schizophrenia](#)
cannabis use
skunk
intelligence quotient
positive syndrome
cognition
mental disease
onset age
family history
relapse
suspiciousness
paranoia

Positive and Negative Syndrome Scale
 delusion
 questionnaire
 risk
 environmental factor
 hostility
 gene
 excitement
 normal human
 population
 control group
 non profit organization
 national health service
 United Kingdom
 Wechsler Intelligence Scale
 diseases
 mental patient
 cannabis
 cannabinoid
 tetrahydrocannabinol
 illicit drug

Source: EMBASE

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

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

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

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

Language: English

Abstract: During the past decade there has been a growing interest in psychotic symptoms among children and adolescents. For years such symptoms were not asked about by child and adolescent mental health professionals as it was considered that such experiences were meaningless in the absence of a psychotic diagnosis. However there is now compelling evidence from population-based cohorts that self-reported psychotic symptoms in early adolescence are associated with a higher risk of psychotic illness in adulthood. It is now time to move beyond counting the prevalence of such symptoms among young people and begin to move towards elucidation of rates of persistence and the etiological and pathophysiological mechanisms underlying the development of childhood psychotic symptoms. After much initial scepticism and debate, childhood trauma is now recognised as a risk factor for psychotic illnesses in adulthood. In this symposium we will examine various types and severities of childhood trauma in relation to risk for psychotic symptoms and we will finish by examining the association between psychotic symptoms and suicidal behaviours among young people. Richard Linscott will begin the symposium by providing results from a meta-analysis of rates of persistence and risk of psychotic outcomes among individuals who experience psychotic experiences. These compelling results show that 20% have persistent symptoms and 7.4% will later develop a psychotic disorder. James Scott will present detailed information on childhood maltreatment in relation to psychotic symptoms in a large Australian birth cohort. This rich data set has allowed Dr Scott to examine whether the association between trauma and psychotic symptoms is mediated by type of maltreatment (physical abuse, sexual abuse or neglect). Cherrie Galletly reports on a range of childhood risk factors for psychotic experiences in two cohort studies from South Australia. Childhood trauma, poor motor and social development and dysfunctional parenting are associated with psychotic experiences in young adulthood. Psychotic experiences were also associated with alcohol and cannabis

abuse. Mary Cannon will present work carried out with her colleague, Ian Kelleher, on the striking association between psychotic symptoms and suicidal behaviours in two community-based adolescent samples from Ireland. Psychotic symptoms were associated with a 10-fold increased risk of suicidal behaviours indicating the potential importance of these symptoms as a marker of severe childhood psychopathology. Mark Weiser will present data from a large Israeli cohort (n=5000) of 24-34 year-olds, with cross-sectional data indicating a dose-response relationship between psychotic symptoms and suicidal thoughts, and a significant association between strong psychotic symptoms and suicide attempts, but not completed suicide. Our discussant, Professor Peter Jones will lead the discussion by integrating the presentations drawing on his knowledge and experience of early risk factors for psychosis and other mental disorders and will discuss the implications for possible intervention. Another focus for discussion will be the role of trauma in the etiology of psychosis and the possible biological mechanisms for this association. We will end with some consideration of future directions for research into subclinical psychotic experiences.

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

Publisher: Elsevier

Publication Type: Journal: Conference Abstract

Subject Headings: [*clinical research](#)
[*risk factor](#)
[*mental disease](#)
[*schizophrenia](#)
[*psychosis](#)
[human](#)
[childhood](#)
[injury](#)
[risk](#)
[adulthood](#)
[suicidal behavior](#)
[adolescent](#)
[diseases](#)
[child](#)
[population](#)
[community](#)
[prevalence](#)
[diagnosis](#)
[health practitioner](#)
[social evolution](#)
[cannabis addiction](#)
[Ireland](#)
[meta analysis](#)
[cohort analysis](#)
[sexual abuse](#)
[mental health](#)
[physical abuse](#)
[Australia](#)
[Australian](#)
[child parent relation](#)
[suicide](#)
[Israeli](#)
[dose response](#)
[suicide attempt](#)
[adolescence](#)
[etiology](#)
[alcohol](#)
[marker](#)

Source: EMBASE

Full Text:

Available from *Elsevier* in *Schizophrenia Research*

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