

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. Dispelling myths about gender differences in smoking cessation: Population data from the USA, Canada and Britain

Citation:	Tobacco Control, September 2013, vol./is. 22/5(356-360), 0964-4563;1468-3318 (September 2013)
Author(s):	Jarvis M.J.; Cohen J.E.; Delnevo C.D.; Giovino G.A.
Institution:	(Jarvis) Department of Epidemiology and Public Health, University College London, London, United Kingdom; (Cohen) Ontario Tobacco Research Unit, University of Toronto, Toronto, Canada; (Cohen) Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, United States; (Delnevo) Department of Health Education and Behavioral Science, University of Medicine and Dentistry of New Jersey, New Brunswick, NJ, United States; (Delnevo) Center for Tobacco Surveillance and Evaluation Research, University of Medicine and Dentistry of New Jersey, New Brunswick, NJ, United States; (Giovino) Department of Community Health and Health Behavior, School of Public Health and Health Professions, The State University of New York, Buffalo, NY, United States
Language:	English
Abstract:	<p>Objectives Based mainly on findings from clinical settings, it has been claimed that women are less likely than men to quit smoking successfully. If true, this would have important implications for tobacco control interventions. The authors aimed to test this possibility using data from general population surveys. Methods The authors used data from major national surveys conducted in 2006e2007 in the USA (Tobacco Use Supplement to the Current Population Survey), Canada (Canadian Tobacco Use Monitoring Survey) and the UK (General Household Survey) to estimate rates of smoking cessation by age in men and women. Results The authors found a pattern of gender differences in smoking cessation which was consistent across countries. Below age 50, women were more likely to have given up smoking completely than men, while among older age groups, men were more likely to have quit than women. Across all age groups, there was relatively little difference in cessation between the sexes. Conclusions Conclusions about gender differences in smoking cessation should be based on evidence from the general population rather than from atypical clinical samples. This study has found convincing evidence that men in general are not more likely to quit smoking successfully than women.</p>
Publication Type:	: Article
Subject Headings:	<ul style="list-style-type: none"> adolescent adult advertising and promotion aged article "Canada/ep [Epidemiology]" Cessation environment *epidemiology ethics evaluation study female gender harm reduction health survey human ideology male middle aged non-cigarette tobacco products Policymakers prevalence quit ratios

sex difference
 "*smoking/ep [Epidemiology]"
 *smoking cessation
 smoking caused disease
 statistics
 surveillance
 surveillance and monitoring
 tobacco dependence
 "United Kingdom/ep [Epidemiology]"
 "United States/ep [Epidemiology]"
 young adult
 environmental tobacco smoke

Source: EMBASE

Full Text: Available from *Highwire Press* in *Tobacco control*

2. Regulating impaired doctors: a snapshot from New South Wales

Citation: Journal of law and medicine, December 2013, vol./is. 21/2(429-440), 1320-159X (Dec 2013)

Author(s): Kiel H.

Institution: (Kiel) Medical Council of New South Wales, Australia.

Language: English

Abstract: This article examines the regulation of impaired doctors in Australia and explores the inherent tensions in the new Health Practitioner Regulation National Law in attempting to both treat the doctor and protect the public. It discusses both informal and formal mechanisms of regulation with particular reference to therapeutic jurisprudence and mandatory notification. It focuses particularly on New South Wales and examines all the impairment cases which resulted in disciplinary proceedings in the Medical Tribunal of New South Wales in 2010. It identifies the most common forms of impairment and discusses the particular challenges that impaired doctors pose for regulators.

Publication Type: : Article

Subject Headings: "addiction/th [Therapy]"
 article
 Australia
 "cognitive defect/di [Diagnosis]"
 human
 legal aspect
 licensing
 *malpractice
 "paranoid psychosis/th [Therapy]"
 patient advocacy

Source: EMBASE

3. Ethnopharmacological studies of indigenous medicinal plants of Saravan region, Baluchistan, Iran

Citation: Journal of Ethnopharmacology, April 2014, vol./is. 153/1(111-118), 0378-8741;1872-7573 (11 Apr 2014)

Author(s): Sadeghi Z.; Kuhestani K.; Abdollahi V.; Mahmood A.

Institution: (Sadeghi, Kuhestani, Abdollahi) Department of Production and Utilization of Medicinal Plants, Faculty of Agricultural and Natural Resources, High Educational Complex of Saravan, Saravan, PO Box 9951634145, Sistan and Baluchistan, Iran, Islamic Republic of; (Mahmood) Environmental Biology and Ecotoxicology Laboratory, Department of Plant Sciences, Quaid-I-Azam University, Islamabad, PO 45320, Pakistan

Language: English

Abstract: Ethnopharmacological relevance This study was aimed to explore the indigenous knowledge of medicinal plant species of Baluch tribes in Saravan region, Baluchistan province, Iran. Material and methods Rapid appraisal approach along with the semi-structured open ended questionnaire, interviews and personal observations were used to collect the indigenous medicinal information. Quantitative analysis including the informant consensus factor (ICF) and use value (UV) was performed to evaluate the valued medicinal plants. Results and discussion A total 64 medicinal plants belonging to 30 families were reported from the study area. Among families, Lamiaceae dominated over other families and leaves dominated with 31% over other plant parts used as herbal remedies. *Rhazya stricta* and *Datura stamonium* (0.35) attributed the higher UV, followed by *Otostegia persica* (0.33) and *Teucrium polium* (0.32). Results of the ICF showed that cold/flu/fever (0.71) and blood disorders (0.57) were the most common diseases of the study area. Conclusion The use value and informant consensus factor substantiated that the relative importance of plant species and sharing knowledge of herbal therapies between different tribal communities of this area is still rich. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: [abortion](#)
[Achillea millefolium](#)
[addiction](#)
[adult](#)
[Aloe vera](#)
[althea officinalis](#)
[Alyssum desertorum](#)
[ammoniac plant](#)
[anemia](#)
[anise](#)
[Artemisia sieberi](#)
[Artemisia vulgaris](#)
[arthralgia](#)
[article](#)
[asafoetida](#)
[ascites](#)
[asthma](#)
[Astragalus ammodendron](#)
[Astragalus tribuloides](#)
[black cummin](#)
[Boerhavia elegans](#)
[bone pain](#)
[bronchitis](#)
[burn](#)
[Calotropis procera](#)
[Caralluma edulis](#)
[caraway](#)
[cocculus pendulus](#)
[colocynth](#)
[common cold](#)
[consensus](#)
[constipation](#)
[Cotoneaster numularia](#)
[coughing](#)
[Cousinia stocksii](#)
[Cymbopogon olivieri](#)
[date \(fruit\)](#)
[Datura stamonium](#)
[Datura stramonium](#)
[descurainia sophia](#)

diabetes mellitus
diarrhea
ducrosia anethifolia
ethnopharmacology
Eucalyptus camaldulensis
Euphorbia buhsei
eye disease
female
fennel
fever
foot pain
fracture healing
fruit
Gaillonia aucheri
gastrointestinal disease
germander
Grantia aucheri
gynecologic disease
gynecologic infection
hematologic disease
hemorrhoid
Hibiscus sabdariffa
human
hyperlipidemia
hypertension
influenza
insect bite
interview
Iran
jaundice
kidney disease
knowledge
Lawsonia inermis
liniment
linseed
maize
male
Malva sylvestris
mango
measles
*medicinal plant
Melissa officinalis
Menta pulegium
Mentha sylvestris
migraine
muscle cramp
Nannorrhops ritchieana
native species
nausea
neoplasm
Nerium oleander
normal human
observational method
olea ferruginea
open ended questionnaire
otalgia
Otostegia aucheri
otostegia persica
Papaver samniferum
Papaveraceae

Peganum harmala
 Pictacia atlantica
 pistacia khinjuk
 plant leaf
 plant seed
 Plantago ovate
 Portulaca oleracea
 powder
 Pulicaria andulata
 Pycnocycla aucherana
 quantitative analysis
 rash
 rhazya stricta
 rheumatic disease
 Ruta graveolens
 Salsola tragus
 Salvia macilenta
 Salvia reuterana
 scorpion sting
 sexual dysfunction
 skin disease
 skin infection
 snakebite
 stomach pain
 stomach ulcer
 thyme
 tooth pain
 Tribulus terresteris
 urinary tract infection
 urolithiasis
 vertigo
 Vitex pseudo negundo
 withania coagulans
 wound
 wound healing
 wound infection
 Ziziphus spina-christi
 Zugophyllum eurypterum
 anthelmintic agent
 antidote
 antipyretic agent
 diuretic agent
 emetic agent
 insect repellent
 narcotic agent
 sedative agent
 vegetable oil

Source: EMBASE

**4. The real role of health care professionals in providing smoking cessation counselling among lung cancer patients:
Preliminary data**

Citation: Journal of Thoracic Oncology, November 2013, vol./is. 8/(S702-S703), 1556-0864 (November 2013)
Author(s): Vallone S.; Demichelis S.; Rapetti S.; Crida B.; Gobbini E.; Pacchiana M.V.; Novello S.
Institution: (Vallone) Walce, Italy; (Demichelis, Rapetti, Crida, Gobbini, Pacchiana, Novello) Department of Oncology, University of Turin, Italy
Language: English

Abstract:

Background: According to the World Health Organization, one hundred million deaths were caused by tobacco in the 20th century and the expectation for 2030 is equal to 10 million deaths. Lung cancer is the leading cause of cancer death and in the United States cigarette smoking is responsible for an estimated 90% of all lung cancers. About 50% of lung cancer patients are current smokers at the time of diagnosis and 11 to 48% of all smokers continue to smoke. Parsons et al. in a review of 10 studies suggest that smoking cessation after early stage lung cancer diagnosis improves prognostic outcomes and, despite evidences that smoking cessation is related with more effective treatment, reduced chemotherapy and radiotherapy toxicities and a better prognosis, the belief prevails that treating tobacco dependence is less important than the other therapeutic approaches.

Methods: 122 lung cancer patients referring to the Thoracic Oncology Unit of the S. Luigi Hospital in Orbassano - Italy (31% of the total number of patients referring to this center in this period of time) were prospectively and sequentially evaluated from 02/01/2013 to 30/05/2013. In order to collect data, a dedicated 15 question-anonymous survey was developed with the aim to understand if smoker or former smoker patients had received information by health professionals, about smoking cessation before or after the diagnosis, which reaction they had and which actions were adopted for quitting smoking.

Results: The median age of participants was 65 years or more, 75% were men, 25% women. 27% were smokers, 73% former smokers. Among active smokers, most patients (87.8%) reduced the number of cigarettes after being diagnosed. 45.4% of patients report not to have received information on smoking cessation by the healthcare professionals and among patients who received it, the majority (84.2%) declared a good or very good ability of health workers to understand the difficulty of quitting smoking. About 76% considers positively the action of health care providers and a little percentage reports a warning and paternalistic attitude of them. 67.7% of patients who attempted to quit smoking, state the sudden termination as the most effective measure, more than the gradual reduction of cigarettes. Analyzing anti-smoking techniques or therapies adopted, most patients declare not to resort to such methods: only 25% started using electronic cigarettes, 5.5% has used a nicotine replacement treatment, 4.1% is attending an antismoking clinic.

Conclusion: The analysis of the study results underline that most lung cancer patients are interested in smoking cessation programs and although many of them receive advice and assistance by healthcare workers, the recourse to the use of techniques, drugs or access to specific clinic is very low. In Italy there are few centers offering counseling for smoking cessation, while in UK, Norway and Netherlands innovative interventions are available and oncology nurses are essential in the identification of and intervention with patients who struggle with this dependence. This is a pivotal experience and other Italian and Spanish centers are already been involved in the questionnaire collection to get more complete and heterogeneous results.

Conference Information: 15th World Conference on Lung Cancer Sydney, NSW Australia. Conference Start: 20131027 Conference End: 20131030

Publisher: International Association for the Study of Lung Cancer

Publication Type: Journal: Conference Abstract

Subject Headings: [*lung cancer](#)
[*counseling](#)
[*human](#)
[*smoking cessation](#)
[*health care personnel](#)
[*smoking cessation program](#)
[*cancer patient](#)
[*smoking habit](#)
[smoking](#)
[patient](#)
[hospital](#)
[oncology](#)
[Italy](#)
[death](#)
[diagnosis](#)
[smoke](#)

Norway
 nurse
 health practitioner
 United States
 male
 female
 cancer mortality
 tobacco dependence
 tobacco
 prognosis
 toxicity
 radiotherapy
 chemotherapy
 cancer diagnosis
 therapy
 questionnaire
 United Kingdom
 Netherlands
 world health organization
 nicotine
 electronic cigarette

Source: EMBASE

5. Smoking cessation

Citation: Journal of Thoracic Oncology, November 2013, vol./is. 8/(S95), 1556-0864 (November 2013)

Author(s): Rigotti N.A.

Institution: (Rigotti) Department of Medicine, Massachusetts General Hospital, Harvard Medical School, United States

Language: English

Abstract: Tobacco use is the leading preventable cause of death worldwide, responsible for over 5 million deaths per year. By 2030 there will be more than 8 million tobacco-attributable deaths annually, if present trends continue, and 80% of them will occur in low and middle-income countries. Approximately half of regular smokers will die of a tobacco-related disease, losing an average of ten years of life compared to never smokers. Tobacco use is the major cause of lung cancer, increasing the risk 15-20 fold, and accounts a substantial fraction of the burden of tobacco-attributable mortality. In the U.S., for example, lung cancer is responsible for 29% of tobacco-attributable deaths. Lung cancer risk extends beyond tobacco users to nonsmokers who are exposed to secondhand smoke, who have a 30% higher risk of lung cancer than other nonsmokers. Reducing tobacco smoking is central to the prevention and treatment of lung cancer. The risk of lung cancer declines progressively with time after a smoker quits, reaching an asymptote at 15-20 years after quitting. Most cancer prevention efforts focus on preventing lung cancer by promoting smoking cessation among smokers and preventing smoking initiation by youths. A strong evidence base exists to guide efforts to reduce the harms of tobacco use. Offering tobacco cessation treatment is a core component of the World Health Organization's Framework Convention on Tobacco Control, the world's first global health treaty. It complements policy efforts such as increasing tobacco excise taxes, expanding smoke-free areas, conducting public education campaigns, and restricting tobacco promotion. However, there is an important gap. Reducing tobacco use among smokers with diagnosed lung cancer has received far less attention in cancer care than it deserves, despite a small but growing body of evidence to indicate that continuing to smoke after a lung cancer diagnosis increases all-cause mortality, impairs the response to treatment and worsens the toxicity of treatment, whether surgery, radiation, or chemotherapy. Stopping smoking also improves lung cancer patients' quality of life by reducing symptoms such as dyspnea and fatigue. A majority of patients diagnosed with lung cancer try to quit after the diagnosis, and effective treatments are available.

However, clinicians caring for smokers with lung cancer often neglect to address this issue and to connect smokers to treatment to help them sustain tobacco abstinence. The randomized controlled clinical trial evidence supporting the efficacy of treatments for tobacco use is strong. Systematic reviews agree that effective smoking cessation treatments exist and help many smokers to quit. Proven treatment methods fall into two major categories: psychosocial counseling (also called behavioral support) and pharmacotherapy. Each of these modalities is effective, but combining behavioral support and pharmacotherapy enhances success because the treatments are complementary. Pharmacotherapy primarily relieves nicotine withdrawal symptoms, while counseling aims to improve a smoker's motivation and confidence to quit and teaches practical coping skills for quitting. Counseling can be delivered in person or by telephone (either voice or text messaging). The evidence base for the efficacy of delivery via the web or smart phone applications is being developed. Smoking cessation pharmacotherapy approximately doubles the success rate of a quit attempt. Three categories of first-line treatment are approved in the U.S. and many other countries: nicotine replacement therapy (NRT), bupropion (an atypical antidepressant), and varenicline (a selective nicotine receptor partial agonist). NRT, the most widely used product, is available in multiple forms including skin patch, gum, lozenge or sublingual tablet, oral inhaler, mouth spray and nasal spray. Combining NRT products (patch plus a shorter acting form) is the most effective way to administer NRT and is recommended by U.S. and U.K. clinical guidelines. Varenicline, the newest product to market, is effective but enthusiasm has been tempered by post-marketing concerns about psychiatric side effects and a possible increased risk of cardiovascular events. Current evidence does not suggest a large adverse effect but studies are ongoing. Cytisine, a partial nicotinic receptor agonist that is less selective for the $\alpha 4\beta 2$ nicotinic receptor than varenicline, is inexpensive and sold in some Eastern European countries. It showed efficacy for smoking cessation in a recent double-blind randomized controlled trial although quit rates were low. If replicated, its low cost could make pharmacotherapy affordable in settings where cost limits medication availability. Nortriptyline, a tricyclic antidepressant, has evidence of efficacy in systematic reviews but is supported by a smaller body of evidence. No other antidepressant and no anti-anxiety medication has demonstrated efficacy for smoking cessation. To date there are few trials of smoking cessation interventions specifically targeted to patients with cancer. However, there is substantial evidence about what works in ambulatory and inpatient medical practice, and this is likely to be generalizable to lung cancer patients. Physicians who routinely deliver brief advice to quit to all smokers increase smokers' odds of quitting. Providing a brief counselling intervention during an office visit is more effective than advice alone at promoting smoking cessation. Clinicians in ambulatory practice can promote smoking cessation by encouraging a smoker to make a quit attempt and connecting the smoker to evidence-based medication and behavioural treatments available in the health care system or community. Caring for hospitalized smokers provides another opportunity to encourage smoking cessation. Hospital-initiated smoking cessation counselling interventions increase cessation rates after discharge. A system-wide approach to promoting and supporting smoking cessation should be part of standard care in cancer centers and other sites that deliver health care to cancer patients. This would include the systematic identification and documentation of smoking status throughout cancer treatment, routine and repeated offers of tobacco cessation treatment during cancer treatment, and coordination of care among various types of specialists who deliver the cancer care. In our institution, we conducted a pilot trial in newly diagnosed patients with early stage lung cancer to identify smoking status and routinely offer treatment. We compared 12 weeks of varenicline plus counselling with usual care. At end of treatment, quit rates were higher with treatment (34% vs. 14%), and a full-scale randomized trial is underway.

Conference Information: 15th World Conference on Lung Cancer Sydney, NSW Australia. Conference Start: 20131027 Conference End: 20131030

Publisher: International Association for the Study of Lung Cancer

Publication Type: Journal: Conference Abstract

Subject Headings: [*smoking cessation](#)
[*lung cancer](#)
[smoking](#)

human
tobacco
drug therapy
counseling
tobacco use
risk
neoplasm
patient
cancer patient
United States
death
smoke
mortality
systematic review (topic)
cancer therapy
randomized controlled trial (topic)
withdrawal syndrome
physician
cancer prevention
controlled clinical trial
abstinence
diagnosis
prevention
dyspnea
passive smoking
side effect
fatigue
anxiety
hospital patient
ambulatory care
evidence based practice
community
cancer center
quality of life
market
chemotherapy
radiation
cancer risk
surgery
toxicity
lozenge
transdermal patch
cancer diagnosis
education
income
nicotine replacement therapy
text messaging
tablet
inhaler
oral spray
voice
telephone
marketing
tax
adverse drug reaction
skill
randomized controlled trial
policy
coping behavior
health

[motivation](#)
[medical practice](#)
[medical specialist](#)
[health care system](#)
[documentation](#)
[hospital](#)
[health care](#)
[world health organization](#)
[juvenile](#)
[cause of death](#)
[varenicline](#)
[antidepressant agent](#)
[nicotinic receptor](#)
[cytisine](#)
[nortriptyline](#)
[nose spray](#)
[partial agonist](#)
[amfebutamone](#)
[nicotinic agent](#)
[tricyclic antidepressant agent](#)

Source: EMBASE

6. Non-natural manners of death among users of illicit drugs: Substance findings

Citation: Forensic Science International, May 2014, vol./is. 238/(16-21), 0379-0738;1872-6283 (May 2014)

Author(s): Delaveris G.J.M.; Teige B.; Rogde S.

Institution: (Delaveris, Teige, Rogde) Division of Forensic Medicine and Drug Abuse (DFMDA), Norwegian Institute of Public Health (NIPH), P.O. Box 4404 Nydalen, N-0403 Oslo, Norway; (Rogde) University of Oslo, The Medical Faculty, P.O. Box 1078 Blindern, N-0316 Oslo, Norway

Language: English

Abstract: The aim of the study was to explore differences and similarities between the various non-natural manners of death (accident, suicide, homicide) regarding toxicological findings in illicit drug users. Medicolegal autopsy reports from the Institute of Forensic Medicine University of Oslo concerning deaths from 2000 to 2009 were investigated. Those aged 20-59 whose manner of death was non-natural and who tested positive for any narcotic drug (morphine/heroin, amphetamines, ecstasy, cannabis, LSD, PCP, and high levels of GHB in addition to methadone and buprenorphine) were selected. All substance findings were registered and categorized (narcotics, ethanol, and medicinal products). Of the 1603 autopsies that met the selection criteria, 1204 were accidental intoxications, 122 accidents other than intoxication, 114 suicides by intoxication, 119 non-intoxication suicides, and 44 victims of homicide. Poly drug use was found in all manners of death. The drug profile as well as the mean number of substances (illicit drugs and medicinal products) varied from 2.9 to 4.6 substances per case, depending on the manner of death. Intoxication suicides had the highest number of substances and a total drug profile similar to accidental intoxications. Non-intoxication suicides had a total drug profile similar to homicide and accidents other than intoxication. The number of substances found per case increased during the decade, mainly due to increased findings of methadone, cannabis, amphetamines, and benzodiazepines. Methadone findings increased much more than buprenorphine. Methadone was found 20 times more often than buprenorphine in accidental intoxication cases. In summary, poly drug findings are common in adults who suffer a non-natural death while using illicit drugs. The different manners of death have some specific characteristics and significant differences regarding drug profile. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 42542-10-9 (3,4 methylenedioxyamphetamine); 591-81-1 (4 hydroxybutyric acid); 64-17-5 (alcohol); 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 50-37-3 (lysergide); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 52-26-6 (morphine); 57-27-2 (morphine); 77-10-1 (phencyclidine); 956-90-1 (phencyclidine)

Publication Type: Journal: Article

Subject Headings: *accident
adult
age distribution
article
autopsy
*cause of death
female
forensic identification
forensic toxicology
*homicide
human
intoxication
male
multiple drug abuse
priority journal
sex ratio
*suicide
trend study
3 4 methylenedioxyamphetamine
"4 hydroxybutyric acid/ec [Endogenous Compound]"
alcohol
amphetamine derivative
buprenorphine
cannabis
diamorphine
*illicit drug
lysergide
methadone
morphine
narcotic agent
phencyclidine
plant medicinal product

Source: EMBASE

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

7. Amino-acid mutations to extend the biological half-life of a therapeutically valuable mutant of human butyrylcholinesterase

Citation: Chemico-Biological Interactions, May 2014, vol./is. 214/1(18-25), 0009-2797;1872-7786 (05 May 2014)

Author(s): Fang L.; Hou S.; Xue L.; Zheng F.; Zhan C.-G.

Institution: (Fang, Hou, Xue, Zheng, Zhan) Department of Pharmaceutical Sciences, College of Pharmacy, University of Kentucky, 789 South Limestone Street, Lexington, KY 40536, United States

Language: English

Abstract: Cocaine is a widely abused and addictive drug without an FDA-approved medication. Our recently designed and discovered cocaine hydrolase, particularly E12-7 engineered from human butyrylcholinesterase (BChE), has the promise of becoming a valuable cocaine abuse treatment. An ideal anti-cocaine therapeutic enzyme should have not only a high catalytic efficiency against cocaine, but also a sufficiently long biological half-life.

However, recombinant human BChE and the known BChE mutants have a much shorter biological half-life compared to the native human BChE. The present study aimed to extend the biological half-life of the cocaine hydrolase without changing its high catalytic activity against cocaine. Our strategy was to design possible amino-acid mutations that can introduce cross-subunit disulfide bond(s) and, thus, change the distribution of the oligomeric forms and extend the biological half-life. Three new BChE mutants (E364-532, E377-516, and E535) were predicted to have a more stable dimer structure with the desirable cross-subunit disulfide bond(s) and, therefore, a different distribution of the oligomeric forms and a prolonged biological half-life. The rational design was followed by experimental tests in vitro and in vivo, confirming that the rationally designed new BChE mutants, i.e. E364-532, E377-516, and E535, indeed had a remarkably different distribution of the oligomeric forms and prolonged biological half-life in rats from ~7 to ~13 h without significantly changing the catalytic activity against (-)-cocaine. This is the first demonstration that rationally designed amino-acid mutations can significantly prolong the biological half-life of a high-activity enzyme without significantly changing the catalytic activity. 2014 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 65072-01-7 (amino acid); 59536-71-9 (carboxylesterase); 83380-83-0 (carboxylesterase); 9016-18-6 (carboxylesterase); 9028-01-7 (carboxylesterase); 9001-08-5 (cholinesterase); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine)

Publication Type: Journal: Article

Subject Headings: [animal experiment](#)
[article](#)
[catalysis](#)
[controlled study](#)
[disulfide bond](#)
[enzyme activity](#)
[*enzyme metabolism](#)
[enzyme therapy](#)
[*half life time](#)
[human](#)
[in vitro study](#)
[in vivo study](#)
[male](#)
[molecular model](#)
[mouse](#)
[*mutational analysis](#)
[nonhuman](#)
[rat](#)
[*amino acid](#)
[*carboxylesterase](#)
["*cholinesterase/ec \[Endogenous Compound\]"](#)
[cocaine](#)
[dimer](#)
[oligomer](#)

Source: EMBASE

8. Small area associations between social context and alcohol-attributable mortality in a middle income country

Citation: Drug and Alcohol Dependence, 2014, vol./is. 137/1(129-136), 0376-8716;1879-0046 (2014)

Author(s): Castillo-Carniglia A.; Kaufman J.S.; Pino P.

Institution: (Castillo-Carniglia) Doctoral Program in Public Health, University of Chile, Av. Independencia 939, Santiago, Chile; (Castillo-Carniglia) Research Department, National Service for Prevention and Rehabilitation of Drug and Alcohol Consumption (SENDA),

Agustinas 1235, Santiago, Chile; (Kaufman) Department of Epidemiology, Biostatistics and Occupational Health, McGill University, 1020 Pine Ave West, Montreal, QC, Canada; (Pino) Epidemiology Division, Salvador Allende School of Public Health, University of Chile, Av. Independencia 939, Santiago, Chile

- Language:** English
- Abstract:** Background: Little is known about the association between alcohol-attributable mortality and small area socioeconomic variables when considering causes both wholly and partially attributable to alcohol. Methods: An ecological study was conducted of the entire Chilean population aged 15 and older in 345 municipalities nationwide between 2004 and 2009. Deaths were attributed to alcohol consumption either wholly or partially, along with the estimated attributable fractions for each specified cause. Each municipality was characterized according to its average income and educational attainment. Estimates of the ecological associations were produced using a hierarchical Bayesian model, separating out deaths caused by alcohol and dividing them into seven groups of causes. Results: Alcohol-attributable mortality risk showed an inverse association with income and education at the ecological level. A one-quintile increase in income was associated with an average decrease in risk of 10% (CI 95%: 10-20%) for cardiovascular deaths, 8% (6-10%) for intentional injuries and 7% (3-11%) for unintentional injuries. No associations were found between deaths due to cancers and other causes with income and education. Conclusions: Municipalities with lower income and education have higher risk of alcohol-attributable mortality in Chile. 2014 Elsevier Ireland Ltd.
- Country of Publication:** Ireland
- Publisher:** Elsevier Ireland Ltd
- Publication Type:** Journal: Article
- Subject Headings:** [*alcoholism](#)
[article](#)
[cardiovascular disease](#)
[Chile](#)
[*developing country](#)
[ecological procedures](#)
[education](#)
[geography](#)
[human](#)
[ICD-10-PCS](#)
[income](#)
[injury](#)
[mental disease](#)
[*middle income country](#)
[*mortality](#)
[prevalence](#)
[priority journal](#)
[risk factor](#)
[*social environment](#)
[social status](#)
[socioeconomics](#)
- Source:** EMBASE
- Full Text:** Available from *Elsevier* in [Drug and Alcohol Dependence](#)

9. The misuse of benzodiazepines among adolescents: Psychosocial risk factors in a national sample

- Citation:** Drug and Alcohol Dependence, 2014, vol./is. 137/1(137-142), 0376-8716;1879-0046 (2014)
- Author(s):** Rigg K.K.; Ford J.A.
- Institution:** (Rigg) Department of Mental Health Law and Policy, Louis de la Parte Florida Mental Health Institute, University of South Florida, United States; (Ford) Department of Sociology, University of Central Florida, United States

Language: English

Abstract: Background: The misuse of benzodiazepines (BZs) among adolescents is an important issue within the fields of mental health, medicine, and public health. Though there is an increasing amount of research on prescription medication misuse, a relatively small number of studies focus on adolescent BZ misuse. The goal of this study, therefore, is to identify demographic and psychosocial factors that place adolescents at risk for misusing BZs. Additionally, the authors applied concepts from social bonding theory, social learning theory, and strain theory to determine the extent to which these concepts explain BZ misuse. Methods: Using data from the 2011 National Survey of Drug Use & Health, multivariate logistic regression models were estimated to determine which factors were associated with an increased risk of BZ misuse. Results: These findings help to describe the psychosocial profile of adolescent BZ misusers which should increase the ability of clinicians to identify patients who may be at greater risk for misuse. Conclusion: This study is particularly important within the context of psychiatry, where a clearer understanding of adolescent BZ misuse is critical for informing prevention efforts and developing best practices for prescribing BZs. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: [adolescent](#)
[article](#)
[behavior theory](#)
[binge drinking](#)
[cannabis use](#)
[child](#)
[depression](#)
[*drug misuse](#)
[female](#)
[human](#)
[juvenile delinquency](#)
[male](#)
[parental attitude](#)
[peer group](#)
[prevalence](#)
[priority journal](#)
[religion](#)
[social bonding](#)
[social bonding theory](#)
[Social Learning Theory](#)
[*social psychology](#)
[strain theory](#)
[tobacco use](#)
[United States](#)
[*benzodiazepine derivative](#)
[central stimulant agent](#)
[illicit drug](#)
[sedative agent](#)

Source: EMBASE

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

10. Evaluation of sex differences in cannabinoid dependence

Citation: Drug and Alcohol Dependence, 2014, vol./is. 137/1(20-28), 0376-8716;1879-0046 (2014)

Author(s): Marusich J.A.; Lefever T.W.; Antonazzo K.R.; Craft R.M.; Wiley J.L.

Institution: (Marusich, Lefever, Antonazzo, Wiley) RTI International, Research Triangle Park, NC 27709-2194, United States; (Craft) Department of Psychology, Washington State University, Pullman, WA 99164-4820, United States

Language: English

Abstract: Background: Chronic recreational marijuana users often report withdrawal symptoms when trying to quit, with some reports suggesting withdrawal may be more pronounced in women. In animal models, female rodents show enhanced sensitivity to acute ⁹-tetrahydrocannabinol (THC) administration, but chronic administration has been studied little. Methods: Sex differences in THC dependence in rats were examined. Adult male and female Sprague-Dawley rats were administered 30. mg/kg THC or vehicle twice daily for 6.5 days. On day 7, rats were challenged with vehicle or rimonabant, counterbalanced across dosing groups, and were assessed for withdrawal-related behaviors. Results: During chronic THC dosing, disruption of estrous cycling and weight loss (both sexes) were observed. Whereas overt signs of withdrawal were minimal in THC-treated rats challenged with vehicle, rimonabant precipitated a pronounced withdrawal syndrome in THC-dependent rats that was characterized by changes in a number of domains, including somatic (paw tremors, head twitches, and retropulsion), early-stage cognition (lack of locomotor habituation, disrupted prepulse inhibition), and affective (increased startle reactivity). With the exception of increased retropulsion in female rats, sex differences were not noted. In vehicle-treated rats, rimonabant induced pruritis. Conclusions: This study represents the first examination of THC dependence in adult rats of both sexes, extends previous findings to females, and revealed some sex differences. The results suggest that the changes that occur during precipitated withdrawal from THC extend beyond somatic signs to more nuanced disruptions of cognitive and affective functioning. The breadth of withdrawal signs observed in rodents mirrors those that have been observed in humans. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 26108-40-7 (11 hydroxydronebinol); 158681-13-1 (rimonabant); 168273-06-1 (rimonabant)

Publication Type: Journal: Article

Subject Headings: [adult](#)
[animal behavior](#)
[animal experiment](#)
[animal model](#)
[article](#)
[*cannabinoid dependence](#)
[cognition](#)
[controlled study](#)
[*drug dependence](#)
[estrus cycle](#)
[female](#)
[head twitch](#)
[male](#)
[nonhuman](#)
[prepulse inhibition](#)
[priority journal](#)
[rat](#)
[*sex difference](#)
[Sprague Dawley rat](#)
[startle reflex](#)
[tremor](#)
[weight reduction](#)
[withdrawal syndrome](#)
[*11 hydroxydronebinol](#)
[rimonabant](#)

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

11. The mGlu5 receptor regulates extinction of cocaine-driven behaviours

Citation: Drug and Alcohol Dependence, 2014, vol./is. 137/1(83-89), 0376-8716;1879-0046 (2014)

Author(s): Bird M.K.; Lohmann P.; West B.; Brown R.M.; Kirchhoff J.; Raymond C.R.; Lawrence A.J.

Institution: (Bird, West, Brown, Kirchhoff, Lawrence) Florey Institute of Neuroscience and Mental Health, University of Melbourne, Parkville, Australia; (Lohmann, Raymond) John Curtin School of Medical Research and Eccles Institute of Neuroscience, Australian National University, Canberra, Australia; (Brown) Medical University of South Carolina, Charleston, SC, United States

Language: English

Abstract: Background: There is extensive evidence implicating the metabotropic glutamate 5 (mGlu5) receptor in aspects of addiction-related behaviours. Methods: Here, we used a well-characterized line of mGlu5-deficient mice to further examine the role of this receptor in cocaine-driven behaviours. We confirmed the previously reported deficit in hippocampal long-term potentiation and associated spatial learning impairment. Results: Despite a spatial learning deficit, mGlu5-deficient mice developed and maintained a conditioned place preference to cocaine, suggesting cocaine reward and Pavlovian conditioning are intact in these animals. Notably, however, mGlu5-deficient mice exhibited a marked deficit in the extinction of a cocaine-conditioned place preference compared to wild type littermates. Moreover, in a fixed ratio operant intravenous self-administration paradigm, both genotypes showed similar responding for cocaine over two different doses, while mGlu5-deficient mice displayed enhanced responding on a progressive ratio schedule. In addition, cue-induced drug-seeking after abstinence was exaggerated in mGlu5-deficient mice. Conclusion: Collectively, these findings suggest that while the mGlu5 receptor may be involved in mediating the rewarding effects of cocaine, it appears necessary for the extinction of cocaine-driven behaviours. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine)

Publication Type: Journal: Article

Subject Headings: [animal experiment](#)
[animal model](#)
[animal tissue](#)
[article](#)
[association](#)
[*behavior disorder](#)
[brain disease](#)
[*cocaine dependence](#)
[controlled study](#)
[disease association](#)
[drug seeking behavior](#)
[drug withdrawal](#)
[genotype](#)
[hippocampus](#)
[learning disorder](#)
[long term potentiation](#)
[male](#)
[mouse](#)
[nonhuman](#)
[operant behavioral test](#)
[place preference](#)

priority journal
 protein depletion
 *protein function
 *regulatory mechanism
 reward
 spatial learning
 *cocaine
 "*metabotropic receptor 5/ec [Endogenous Compound]"

Source: EMBASE

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

12. The global epidemiology and burden of psychostimulant dependence: Findings from the Global Burden of Disease Study 2010

Citation: Drug and Alcohol Dependence, 2014, vol./is. 137/1(36-47), 0376-8716;1879-0046 (2014)

Author(s): Degenhardt L.; Baxter A.J.; Lee Y.Y.; Hall W.; Sara G.E.; Johns N.; Flaxman A.; Whiteford H.A.; Vos T.

Institution: (Degenhardt) National Drug and Alcohol Research Centre, University of New South Wales, 2052, Australia; (Degenhardt) Melbourne School of Population and Global Health, University of Melbourne, 3053, Australia; (Baxter, Lee, Whiteford) Policy and Epidemiology Group, Queensland Centre for Mental Health Research, Brisbane 4074, Australia; (Baxter, Lee, Sara, Whiteford) School of Population Health, University of Queensland, Herston 4006, Australia; (Hall) University of Queensland Centre for Clinical Research, University of Queensland, Brisbane 4006, Australia; (Hall) National Addiction Centre, Kings College, London, England, United Kingdom; (Sara) InforMH, Mental Health and Drug and Alcohol Office, NSW Health, Sydney 2113, Australia; (Sara) Discipline of Psychiatry, Sydney Medical School, University of Sydney, Sydney 2065, Australia; (Johns, Flaxman, Vos) Institute for Health Metrics and Evaluation, University of Washington, Seattle, WA, United States

Language: English

Abstract: Aims: To estimate the global prevalence of cocaine and amphetamine dependence and the burden of disease attributable to these disorders. Methods: An epidemiological model was developed using DisMod-MR, a Bayesian meta-regression tool, using epidemiological data (prevalence, incidence, remission and mortality) sourced from a multi-stage systematic review of data. Age, sex and region-specific prevalence was estimated for and multiplied by comorbidity-adjusted disability weightings to estimate years of life lost to disability (YLDs) from these disorders. Years of life lost (YLL) were estimated from cross-national vital registry data. Disability-adjusted life years (DALYs) were estimated by summing YLDs and YLLs in 21 regions, by sex and age, in 1990 and 2010. Results: In 2010, there were an estimated 24.1 million psychostimulant dependent people: 6.9 million cocaine and 17.2 million amphetamines, equating to a point prevalence of 0.10% (0.09-0.11%) for cocaine, and 0.25% (0.22-0.28%) for amphetamines. There were 37.6 amphetamine dependence DALYs (21.3-59.3) per 100,000 population in 2010 and 15.9 per 100,000 (9.3-25.0) cocaine dependence DALYs. There were clear differences between amphetamines and cocaine in the geographic distribution of crude DALYs. Over half of amphetamine dependence DALYs were in Asian regions (52%), whereas almost half of cocaine dependence DALYs were in the Americas (44%, with 23% in North America High Income). Conclusion: Dependence upon psychostimulants is a substantial contributor to global disease burden; the contribution of cocaine and amphetamines to this burden varies dramatically by geographic region. There is a need to scale up evidence-based interventions to reduce this burden. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: "*amphetamine dependence/ep [Epidemiology]"
 article

Asia
 Bayes theorem
 "*cocaine dependence/ep [Epidemiology]"
 comorbidity
 disability
 disability adjusted life year
 "*drug dependence/ep [Epidemiology]"
 geographic distribution
 human
 morbidity
 mortality
 prevalence
 priority journal
 quality of life
 register
 remission
 statistical model
 Western Hemisphere

Source: EMBASE

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

13. Correlates of drug use cessation among participants in the Canadian HIV-HCV Co-infection Cohort

Citation: Drug and Alcohol Dependence, 2014, vol./is. 137/1(121-128), 0376-8716;1879-0046 (2014)

Author(s): Cox J.; Maurais E.; Hu L.; Moodie E.E.M.; Law S.; Bozinoff N.; Potter M.; Rollet K.; Hull M.; Tyndall M.; Cooper C.; Gill J.; Saeed S.; Klein M.B.

Institution: (Cox, Hu, Moodie, Law, Potter) Department of Epidemiology, Biostatistics and Occupational Health, McGill University, Purvis Hall, 1020 Pine Avenue West, Montreal, QC, H3A 1A2, Canada; (Cox, Bozinoff, Potter, Rollet, Saeed, Klein) Chronic Viral Illness Service, McGill University Health Centre, 3650 Saint Urbain, Montreal, QC, H2X 2P4, Canada; (Cox, Maurais) Public Health Department, Montreal Health and Social Services Agency, 1301 Sherbrooke Street East, Montreal, QC, H2L 1M3, Canada; (Cox, Hull, Tyndall, Cooper, Gill, Klein) CIHR Canadian HIV Trials Network, 588-1081 Burrard Street, Vancouver, BC V6B 3E6, Canada; (Hull) BC Centre for Excellence in HIV/AIDS, 608-1081 Burrard Street, Vancouver, BC V6Z 1Y6, Canada; (Tyndall, Cooper) Department of Medicine, Infectious Diseases Division, University of Ottawa, 501 Smyth Road, Ottawa, ON K1H 8L6, Canada; (Gill) Southern Alberta HIV Clinic, 1213 4 Street SW, Calgary, AB T2R 0X7, Canada

Language: English

Abstract: Background: Ongoing drug use remains a barrier to HIV and HCV treatment. We examined the occurrence and correlates of drug use cessation among HIV-HCV co-infected drug users participating in HIV care. Methods: Participants from the Canadian Co-infection Cohort reporting drug use (injecting drugs and/or smoking crack) with at least two follow-up visits were included (n= 521 (43%), 1832 visits). Socio-demographics, behavioural, and health information were collected at each six-month visit. Associations with cessation (no drug use since last visit) were examined using non-linear mixed effects logistic regression models with random intercepts. Results: During follow-up, 361 (69%) participants ceased using drugs. Having a fixed address (aOR [adjusted odds ratio] 1.73, CI [95% confidence interval] 1.02-2.96) and smoking crack without injecting drugs (aOR 3.10, CI 2.05-4.71) were positively associated. Living alone (aOR 0.47, CI 0.35-0.63), current tobacco use (aOR 0.41, CI 0.26-0.64), hazardous alcohol drinking (aOR 0.67, CI 0.49-0.91), snorting drugs (aOR 0.52, CI 0.37-0.74), having a greater exposure to addiction programmes (aOR 0.88, CI 0.81-0.94), having been recruited in Quebec or Nova Scotia (aOR 0.41, CI 0.25-0.66), and British Columbia or Alberta (aOR 0.51, CI 0.32-0.82) were negatively associated. Various socio-demographic (age, education) and health-related (HIV duration, care adherence) factors were not associated. Conclusion: Drug use cessation among HIV-HCV co-infected

persons is relatively common in this cohort. Stable housing and supportive living situations seem to be important facilitators for drug use cessation in this population. Greater efforts should be made to retain patients in addiction treatment programmes. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

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: adult
alcoholism
article
Canada
cohort analysis
demography
disease duration
*drug abuse
"drug dependence/dt [Drug Therapy]"
drug dependence treatment
*drug withdrawal
female
follow up
health program
*hepatitis C
human
human cell
*Human immunodeficiency virus infection
major clinical study
male
medical information
middle aged
*mixed infection
open study
patient compliance
priority journal
prospective study
smoking
social behavior
"methadone/dt [Drug Therapy]"

Source: EMBASE

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

14. Toward empirical identification of a clinically meaningful indicator of treatment outcome: Features of candidate indicators and evaluation of sensitivity to treatment effects and relationship to one year follow up cocaine use outcomes

Citation: Drug and Alcohol Dependence, 2014, vol./is. 137/1(3-9), 0376-8716;1879-0046 (2014)

Author(s): Carroll K.M.; Kiluk B.D.; Nich C.; DeVito E.E.; Decker S.; LaPaglia D.; Duffey D.; Babuscio T.A.; Ball S.A.

Institution: (Carroll, Kiluk, Nich, DeVito, Decker, LaPaglia, Duffey, Babuscio, Ball) Department of Psychiatry, Yale University School of Medicine, 950 Campbell Avenue, 151D, West Haven, CT 06516, United States; (Decker) New England Mental Illness, Research Education and Clinical Center, VA Connecticut Healthcare System, United States; (Ball) APT Foundation, New Haven Connecticut, 1 Long Wharf, New Haven, CT 06511, United States

Language: English

Abstract: Background: Selection of an appropriate indicator of treatment response in clinical trials is complex, particularly for the various illicit drugs of abuse. Most widely used indicators have been selected based on expert group recommendation or convention rather than systematic empirical evaluation. Absence of an evidence-based, clinically meaningful index of treatment outcome hinders cross-study evaluations necessary for progress in addiction treatment science. Method: Fifteen candidate indicators used in multiple clinical trials as well as some proposed recently are identified and discussed in terms of relative strengths and weaknesses (practicality, cost, verifiability, sensitivity to missing data). Using pooled data from five randomized controlled trials of cocaine dependence (N=434), the indicators were compared in terms of sensitivity to the effects of treatment and relationship to cocaine use and general functioning during follow-up. Results: Commonly used outcome measures (percent negative urine screens; percent days of abstinence) performed relatively well in that they were sensitive to the effects of the therapies evaluated. Others, including complete abstinence and reduction in frequency of use, were less sensitive to effects of specific therapies and were very weakly related to cocaine use or functioning during follow-up. Indicators more strongly related to cocaine use during follow-up were those that reflected achievement of sustained periods of abstinence, particularly at the end of treatment. Conclusions: These analyses did not demonstrate overwhelming superiority of any single indicator, but did identify several that performed particularly poorly. Candidates for elimination included retention, complete abstinence, and indicators of reduced frequency of cocaine use. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 97-77-8 (disulfiram); 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: Review

Subject Headings: [abstinence](#)
[Addiction Severity Index](#)
[adult](#)
[anxiety](#)
[behavior therapy](#)
["*cocaine dependence/dt \[Drug Therapy\]"](#)
["*cocaine dependence/th \[Therapy\]"](#)
[cognitive therapy](#)
[controlled study](#)
[depression](#)
[drug use](#)
[effect size](#)
[human](#)
[priority journal](#)
[review](#)
[self report](#)
[sensitivity analysis](#)
[*treatment outcome](#)
[treatment response](#)
[urinalysis](#)
[cocaine](#)
["disulfiram/dt \[Drug Therapy\]"](#)
[methadone](#)
[opiate](#)

Source: EMBASE

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

15. Methadone maintenance for HIV positive and HIV negative patients in Kyiv: Acceptability and treatment response

- Citation:** Drug and Alcohol Dependence, 2014, vol./is. 137/1(62-67), 0376-8716;1879-0046 (2014)
- Author(s):** Dvoriak S.; Karachevsky A.; Chhatre S.; Booth R.; Metzger D.; Schumacher J.; Chychula N.; Pecoraro A.; Woody G.
- Institution:** (Dvoriak) Ukrainian Institute of Public Health Policy, 4 Malopidvalna Str. Of. 6 Kyiv, 01001 Kyiv, Ukraine; (Karachevsky) Department of Psychiatry and Drug Abuse, O.O. Bogomolets National Medical University, 34, Peremogy Avenue, 01601 Kyiv, Ukraine; (Chhatre) Treatment Research Institute, Suite 600, 150 South Independence Mall (W), Philadelphia, PA 19106, United States; (Booth) Department of Psychiatry, University of Colorado, 1741 Vine Street, Denver, CO 80206, United States; (Metzger, Pecoraro, Woody) Perelman School of Medicine at the University of Pennsylvania and Treatment Research Institute, Suite 600, 150 South Independence Mall (W), Philadelphia, PA 19106, United States; (Schumacher) School of Medicine, University of Alabama, 1530 3rd Avenue South, Birmingham, AL, United States; (Chychula) Department of Veterans Affairs Medical Center, 39th and Woodland Avenues, Philadelphia, PA 19104, United States
- Language:** English
- Abstract:** Background: With up to 40% of opioid injectors infected with HIV, Ukraine has one of the most concentrated HIV epidemics in the world, mainly due to unsterile injection practices and a historical absence of effective prevention services. Harm reduction programs, including syringe exchange and a small buprenorphine treatment program, were introduced in 2004 and methadone maintenance was allowed in 2007. Despite an initial expansion, by 2009, only 3221 injectors were receiving methadone treatment. A growing body of research on methadone maintenance has found high retention rates with reduction in opioid use and HIV risk behaviors. We report on the acceptability and initial outcome of methadone treatment as a function of HIV status, an issue that has not yet been reported for injectors in Ukraine. Methods: Longitudinal observational study of a 12-week course of methadone treatment in 25 HIV+ and 25 HIV- opioid addicted individuals recruited from a harm reduction program and the city AIDS Center. Drug use and HIV risk were assessed at baseline and weeks 4, 8, 12 and 20; all patients were offered continued methadone maintenance in the Kyiv city program at the end of 12 weeks. Results: Fifty-four individuals were asked if they were interested in the study and 50, demographically similar to other samples of opioid addicted Ukrainians, agreed to participate. Two died of non-study related causes; the other 48 completed assessments at weeks 4, 8 and 12, and 47 completed followups at week 20. Significant reductions were seen in use of heroin ($p < 0.0001$), other opiates/analgesics ($p < 0.0001$), and HIV risk behaviors (drug, sex, total; all $p < 0.0001$). All 48 patients chose to continue methadone after the 12-weeks of study medication ended. Unlike most opioid treatment studies, sexual risk was somewhat higher than injecting risk at study intake. Conclusions: Methadone maintenance was well accepted by HIV+ and HIV- opioid dependent individuals and has the potential for significant public health impact if made more widely available with sustained access and support. 2014 Elsevier Ireland Ltd.
- Country of Publication:** Ireland
- Publisher:** Elsevier Ireland 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](#)
[cause of death](#)
[clinical article](#)
[controlled study](#)
[ethnic group](#)
[female](#)

follow up
 health behavior
 health program
 human
 Human immunodeficiency virus infected patient
 *Human immunodeficiency virus infection
 longitudinal study
 male
 *methadone treatment
 observational study
 "opiate addiction/dt [Drug Therapy]"
 outcome assessment
 priority journal
 *program acceptability
 risk assessment
 risk reduction
 sexual behavior
 treatment duration
 *treatment response
 Ukraine
 Ukrainian
 urban area
 analgesic agent
 diamorphine
 "*methadone/dt [Drug Therapy]"
 opiate derivative

Source: EMBASE

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

16. A cross-lagged path analysis of five intrapersonal determinants of smoking cessation

Citation: Drug and Alcohol Dependence, 2014, vol./is. 137/1(98-105), 0376-8716;1879-0046 (2014)

Author(s): Castro Y.; Cano M.A.; Businelle M.S.; Correa-Fernandez V.; Heppner W.L.; Mazas C.A.; Wetter D.W.

Institution: (Castro) School of Social Work, University of Texas, 1 University Station, D3500, Austin, TX 78712, United States; (Cano, Correa-Fernandez, Wetter) Department of Health Disparities Research, University of Texas MD Anderson Cancer Center, Unit 1440, PO Box 301402, Houston, TX 77230, United States; (Businelle) Division of Health Promotion and Behavioral Science, University of Texas School of Public Health Dallas Regional Campus, 5323 Harry Hines Building, V8.112, Dallas, TX 75390-9128, United States; (Heppner) Department of Psychological Science, Georgia College and State University, 1-03 Arts and Sciences Building, Milledgeville, GA 31061, United States; (Mazas) Memorial Brain and Behavior Center, 915 Gessner Rd Suite 550. 770242527 Houston, TX, United States

Language: English

Abstract: Background: Prominent theories of drug use underscore the importance of considering the inter-relationships (e.g., reciprocal relations, indirect effects) of determinants of drug use behavior. In the area of smoking, few studies have examined multiple determinants of cessation in this way, and in prospective analyses. The current study is an examination of the prospective cross-lagged relationships among five intrapersonal determinants of cessation. Methods: Data from a longitudinal cohort study on racial differences in the process of smoking cessation were used to examine reciprocal relations among abstinence motivation, abstinence self-efficacy, positive affect, negative affect, and craving. Each of these five measures assessed on the quit day were regressed onto the same measures assessed 1-2 weeks pre-quit. The relationships of these variables at quit day with 1-week post-quit abstinence from smoking were also examined. Results: When the five variables were examined simultaneously in a cross-lagged path analysis, motivation and

self-efficacy, and self-efficacy and positive affect showed cross-lagged relations. Only self-efficacy on the quit day uniquely predicted 1-week post quit abstinence. There were significant indirect effects of motivation and positive affect on cessation via self-efficacy. Conclusions: The current study reaffirms the importance of motivation and self-efficacy in smoking cessation, and suggests that positive affect may play a role in smoking cessation. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: [adult](#)
[affect](#)
[African American](#)
[article](#)
[Caucasian](#)
[cohort analysis](#)
[controlled study](#)
[ethnicity](#)
[female](#)
[Hispanic](#)
[human](#)
[longitudinal study](#)
[major clinical study](#)
[male](#)
[motivation](#)
[negative affect](#)
[Negro](#)
[positive affect](#)
[Positive and Negative Affect Schedule](#)
[priority journal](#)
[race difference](#)
[self concept](#)
[*smoking cessation](#)
[tobacco use](#)
[withdrawal syndrome](#)

Source: EMBASE

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

17. Substance abuse risk in emerging adults associated with smaller frontal gray matter volumes and higher externalizing behaviors

Citation: Drug and Alcohol Dependence, 2014, vol./is. 137/1(68-75), 0376-8716;1879-0046 (2014)

Author(s): Weiland B.J.; Korycinski S.T.; Soules M.; Zubieta J.-K.; Zucker R.A.; Heitzeg M.M.

Institution: (Weiland, Korycinski, Soules, Zubieta, Zucker, Heitzeg) Department of Psychiatry, University of Michigan, Ann Arbor, MI, United States; (Weiland, Korycinski, Soules, Zucker, Heitzeg) Addiction Research Center, University of Michigan, Ann Arbor, MI, United States; (Zubieta) Molecular and Behavioral Neuroscience Institute, University of Michigan, Ann Arbor, MI, United States; (Weiland) Department of Psychology and Neuroscience, University of Colorado Boulder, Boulder, CO, United States

Language: English

Abstract: Background: During emerging adulthood, alcohol and substance use peak. Previous research has suggested that prefrontal and subcortical brain volumes may relate to risk for development of substance abuse. Epidemiological studies indicate that early initiation of alcohol or drug use significantly increases the likelihood of later substance use disorder diagnoses. We hypothesized that frontal regions would be smaller in young adults with early substance use and related problems (early-risk, ER), compared with a control group without early use/problems (C). We further hypothesized that these volumes would be

associated with more externalizing behaviors, an additional robust predictor of substance abuse. Methods: One hundred and six subjects, ages 18-23, underwent high-resolution anatomical magnetic resonance image scanning. Individuals were categorized as C (n= 64) or ER (n= 42) using a composite-score of early alcohol/drug use and problems based on prospectively collected assessments; externalizing behaviors were also previously assessed during adolescence. Neuroanatomical volumes were compared between groups and correlated with behavioral measures. Results: ER subjects exhibited more externalizing behaviors than their control counterparts. Total left frontal cortex and left superior frontal cortex volumes were significantly smaller in the ER group, controlling for family history of alcoholism and current substance use. Total gray matter volumes were negatively associated with substance risk score. Further, externalizing behavior score was negatively correlated with both left superior cortical and left total cortical volumes. Conclusions: These findings suggest that smaller frontal cortical volumes, specifically the left superior frontal cortex, represent an underlying risk factor for substance abuse in emerging adults. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd
Publication Type: Journal: Article
Subject Headings: [adult](#)
[alcoholism](#)
[article](#)
[*behavior](#)
[*brain size](#)
[children of alcoholics](#)
[controlled study](#)
[*externalizing behavior](#)
[family history](#)
[female](#)
[*frontal cortex](#)
[*gray matter](#)
[human](#)
[left hemisphere](#)
[male](#)
[neuroimaging](#)
[nuclear magnetic resonance imaging](#)
[priority journal](#)
[*substance abuse](#)
[superior frontal cortex](#)
[young adult](#)

Source: EMBASE

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

18. Absence of neurocognitive impairment in a large Chinese sample of HCV-infected injection drug users receiving methadone treatment

Citation: Drug and Alcohol Dependence, 2014, vol./is. 137/1(29-35), 0376-8716;1879-0046 (2014)

Author(s): Gupta S.; Iudicello J.E.; Shi C.; Letendre S.; Knight A.; Li J.; Riggs P.K.; Franklin D.R.; Duarte N.; Jin H.; Hampton Atkinson J.; Yu X.; Wu Z.; Grant I.; Heaton R.K.

Institution: (Gupta, Iudicello, Letendre, Knight, Riggs, Franklin, Duarte, Jin, Hampton Atkinson, Grant, Heaton) HIV Neurobehavioral Research Program (HNRP), University of California San Diego, CA, United States; (Jin, Hampton Atkinson) VA San Diego Healthcare System, San Diego, CA, United States; (Shi, Yu) Institute of Mental Health at Peking University, Beijing, China; (Wu) China Centers for Disease Control (China CDC), Beijing, China; (Gupta, Duarte) Gupta Psychology and Assessment Services, United States; (Li) China Yunnan Institute of Drug Abuse, Kunming, China

Language: English

- Abstract:** Background: Prior research has demonstrated neuropsychological (NP) impairment in persons with histories of injection drug use (IDU), hepatitis C virus (HCV) infection, and methadone maintenance treatment (MMT), individually, but little is known about the NP effects of these three risk factors in combination. This issue is particularly important in China, which is addressing its highly HCV-comorbid IDU epidemic with widespread government sponsored MMT, especially in light of recent evidence suggesting that methadone may be neuroprotective in some circumstances. Methods: We administered a comprehensive NP test battery to 195 Chinese heroin IDU individuals taking MMT (IDU+ group), the majority of whom were also HCV+ (87%; n= 169), and compared their NP performance to that of 198 demographically comparable, non-IDU Chinese controls (IDU- group). All participants in both groups tested negative for HIV infection, which is also a common comorbidity in the Chinese IDU population. Results: The IDU+ group did not have an increased rate of global NP impairment, or perform significantly worse on any individual NP test measure. Within the IDU+ group, liver disease characteristics and reported details of heroin use were not significantly associated with NP performance. Conclusion: Failure to detect NP impairment in IDU+ subjects with or without HCV infection was surprising, particularly considering the previously demonstrated sensitivity of our NP battery to neurocognitive disorders associated with HIV infection in China. One possible explanation, which should be explored in future research, is the potential neuroprotective effect of methadone in the context of HCV infection and/or heroin withdrawal. 2014 Elsevier Ireland Ltd.
- Country of Publication:** Ireland
- Publisher:** Elsevier Ireland Ltd
- CAS Registry Number:** 64-17-5 (alcohol); 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](#)
["alcoholism/dt \[Drug Therapy\]"](#)
[article](#)
[China](#)
[Chinese](#)
["*cognitive defect/dt \[Drug Therapy\]"](#)
["*cognitive defect/pc \[Prevention\]"](#)
[comorbidity](#)
[controlled study](#)
[*drug abuse](#)
[female](#)
[*hepatitis C](#)
["heroin dependence/dt \[Drug Therapy\]"](#)
[human](#)
[liver fibrosis](#)
[maintenance therapy](#)
[major clinical study](#)
[male](#)
[neuroprotection](#)
[neuropsychological test](#)
[priority journal](#)
[alcohol](#)
[diamorphine](#)
["*methadone/dt \[Drug Therapy\]"](#)
- Source:** EMBASE
- Full Text:** Available from *Elsevier* in [Drug and Alcohol Dependence](#)
- 19. Metformin: A metabolic disruptor and anti-diabetic drug to target human leukemia**
- Citation:** Cancer Letters, May 2014, vol./is. 346/2(188-196), 0304-3835;1872-7980 (01 May 2014)

Author(s): Rosilio C.; Ben-Sahra I.; Bost F.; Peyron J.-F.

Institution: (Rosilio, Peyron) INSERM, U1065, Centre Mediterranee de Medecine Moleculaire (C3M), Equipe 4: Inflammation, Cancer, Cancer Stem Cells, Nice F-06204, France; (Bost) INSERM, U1065, Centre Mediterranee de Medecine Moleculaire (C3M), Equipe 7: Cellular and Molecular Physiopathology of Obesity and Diabetes, Nice F-06204, France; (Rosilio, Bost, Peyron) Universite de Nice Sophia-Antipolis, Faculte de Medecine, Nice F-06107, France; (Ben-Sahra) Harvard School of Public Health, Department of Genetics and Complex Diseases, Boston, MA 02115, United States; (Peyron) Centre Hospitalier Universitaire de Nice, Service d'Oncologie Pediatrique, HOpital de l'Archet, Nice, France

Language: English

Abstract: There is a global and urgent need for expanding our current therapeutical arsenal against leukemia in order to improve their actual cure rates and fight relapse. Targeting the reprogrammed, altered cancer metabolism is an emerging strategy which should profoundly affect cancer cells in their intimate and irrepressible needs and addictions for nutrients uptake and incorporation into the biomass during malignant proliferation. We present here how metformin, an anti-diabetic drug that has attracted a strong interest for its recently discovered anti-cancer properties, can be envisioned as a new adjuvant approach to treat leukemia. Metformin may have a double-edged sword effect (i) by acting on the organism to decrease hyperglycaemia and hyperinsulinemia in diabetic patients and (ii) at the cellular level, by inhibiting the mTORC1-cancer supporting pathway through AMPK-dependent and independent mechanisms. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 2627-69-2 (5 amino 4 imidazolecarboxamide riboside); 844499-71-4 (6,7 dihydro 4 hydroxy 3 (2' hydroxy 1,1' biphenyl 4 yl) 6 oxothieno[2,3 b]pyridine 5 carbonitrile); 61-19-8 (adenosine phosphate); 8063-98-7 (adenosine phosphate); 15237-44-2 (adenosine triphosphate); 56-65-5 (adenosine triphosphate); 987-65-5 (adenosine triphosphate); 130167-69-0 (asparaginase macrogol); 15663-27-1 (cisplatin); 26035-31-4 (cisplatin); 96081-74-2 (cisplatin); 12707-28-7 (daunorubicin); 20830-81-3 (daunorubicin); 23541-50-6 (daunorubicin); 50-02-2 (dexamethasone); 23214-92-8 (doxorubicin); 25316-40-9 (doxorubicin); 50-99-7 (glucose); 84778-64-3 (glucose); 172522-01-9 (hydroxymethylglutaryl coenzyme A reductase kinase); 72060-32-3 (hydroxymethylglutaryl coenzyme A reductase kinase); 9004-10-8 (insulin); 1115-70-4 (metformin); 657-24-9 (metformin); 33069-62-4 (paclitaxel); 115926-52-8 (phosphatidylinositol 3 kinase); 148640-14-6 (protein kinase B); 53123-88-9 (rapamycin); 302-79-4 (retinoic acid); 10540-29-1 (tamoxifen); 57-22-7 (vincristine)

Publication Type: Journal: Short Survey

Subject Headings: "aberrant crypt focus/dt [Drug Therapy]"
 "acute leukemia/dt [Drug Therapy]"
 "acute lymphoblastic leukemia/dt [Drug Therapy]"
 antiproliferative activity
 apoptosis
 autophagy
 "bloating/si [Side Effect]"
 "breast cancer/dt [Drug Therapy]"
 cancer adjuvant therapy
 cancer combination chemotherapy
 cancer resistance
 cancer stem cell
 "chronic lymphatic leukemia/dt [Drug Therapy]"
 "cyanocobalamin deficiency/si [Side Effect]"
 "diabetes mellitus/dt [Drug Therapy]"
 "diarrhea/si [Side Effect]"
 drug dose increase

drug potentiation
 energy metabolism
 glucose transport
 glycolysis
 human
 "lactic acidosis/si [Side Effect]"
 "*leukemia/dt [Drug Therapy]"
 "lung cancer/dt [Drug Therapy]"
 "lung cancer/pc [Prevention]"
 "nausea/si [Side Effect]"
 "non insulin dependent diabetes mellitus/dt [Drug Therapy]"
 nonhuman
 priority journal
 risk reduction
 short survey
 "solid tumor/dt [Drug Therapy]"
 tumor growth
 tumor regression
 "unspecified side effect/si [Side Effect]"
 weight gain
 "5 amino 4 imidazolecarboxamide riboside/ct [Clinical Trial]"
 "5 amino 4 imidazolecarboxamide riboside/dt [Drug Therapy]"
 "5 amino 4 imidazolecarboxamide riboside/pd [Pharmacology]"
 "6 7 dihydro 4 hydroxy 3 (2' hydroxy 1 1' biphenyl 4 yl) 6 oxothieno[2 3 b]pyridine 5
 carbonitrile/pd [Pharmacology]"
 "adenosine phosphate/ec [Endogenous Compound]"
 "adenosine triphosphate/ec [Endogenous Compound]"
 "asparaginase macrogol/ct [Clinical Trial]"
 "asparaginase macrogol/cb [Drug Combination]"
 "asparaginase macrogol/dt [Drug Therapy]"
 "cisplatin/cb [Drug Combination]"
 daunorubicin
 "dexamethasone/ct [Clinical Trial]"
 "dexamethasone/cb [Drug Combination]"
 "dexamethasone/dt [Drug Therapy]"
 "doxorubicin/ct [Clinical Trial]"
 "doxorubicin/cb [Drug Combination]"
 "doxorubicin/dt [Drug Therapy]"
 "glucose/ec [Endogenous Compound]"
 "hydroxymethylglutaryl coenzyme A reductase kinase/ec [Endogenous Compound]"
 "insulin/ec [Endogenous Compound]"
 "mammalian target of rapamycin complex 1/ec [Endogenous Compound]"
 "*metformin/ae [Adverse Drug Reaction]"
 "*metformin/ct [Clinical Trial]"
 "*metformin/cb [Drug Combination]"
 "*metformin/dt [Drug Therapy]"
 "*metformin/po [Oral Drug Administration]"
 "*metformin/pd [Pharmacology]"
 "paclitaxel/cb [Drug Combination]"
 "phosphatidylinositol 3 kinase/ec [Endogenous Compound]"
 "protein kinase B/ec [Endogenous Compound]"
 "rapamycin/cb [Drug Combination]"
 "retinoic acid/cb [Drug Combination]"
 "tamoxifen/cb [Drug Combination]"
 "vincristine/ct [Clinical Trial]"
 "vincristine/cb [Drug Combination]"
 "vincristine/dt [Drug Therapy]"

Source:

EMBASE

Full Text:

Available from *Elsevier* in *Cancer Letters*

20. Subsynaptic localization of nicotinic acetylcholine receptor subunits: A comparative study in the mouse and rat striatum

Citation:	Neuroscience Letters, April 2014, vol./is. 566/(106-110), 0304-3940;1872-7972 (30 Apr 2014)
Author(s):	Garcao P.; Oliveira C.R.; Cunha R.A.; Agostinho P.
Institution:	(Garcao, Oliveira, Cunha, Agostinho) CNC-Center for Neuroscience and Cell Biology, University of Coimbra, Coimbra, Portugal; (Garcao, Oliveira, Cunha, Agostinho) FMUC-Faculty of Medicine, University of Coimbra, Coimbra, Portugal
Language:	English
Abstract:	The striatum is the primary input station of the basal ganglia network, playing an essential role in sensorimotor, cognitive and motivational functions. Nicotinic acetylcholine receptors (nAChRs) were identified in nerve terminals of the striatum, where they are known to modulate neurotransmitter release, therefore critically regulating striatal functions. However, the subsynaptic (i.e. pre-, post- and extra-synaptic) localization of the different nAChRs subtypes present in the striatal synapses is still unclear, which might be associated with different roles in the control of synaptic transmission. In the present study we analyzed the subsynaptic distribution of particularly relevant nAChRs subunits, namely alpha7, alpha6, alpha4 and beta2, in rat and mice striatal synapses (synaptosomes). In the rodent striatum we found that the alpha7 subunit, which predominantly forms homomeric nAChRs, was mainly present at the presynaptic active zone. The alpha4 and beta2 subunits displayed a similar distribution, being primarily present at the presynaptic and/or extrasynaptic zones (mice and rats, respectively), which was expected since these two subunits together form heteropentameric nAChRs. In contrast, the alpha6 subunit was mainly present in the postsynaptic fraction, albeit being also present in pre- and extra-synaptic fractions. Altogether, this work details the striatal subsynaptic distribution of some of the main nAChRs subunits, underlining the possible relevance of striatal nAChRs in controlling neurotransmission, with potential relevance for Parkinson's disease, nicotine addiction and other dopaminergic disorders. 2014 Elsevier Ireland Ltd.
Country of Publication:	Ireland
Publisher:	Elsevier Ireland Ltd
Publication Type:	Journal: Article
Subject Headings:	animal experiment animal model animal tissue article comparative study controlled study corpus striatum male mouse neurotransmission neurotransmitter release nonhuman priority journal rat synapse synaptic transmission "*nicotinic receptor/ec [Endogenous Compound]"
Source:	EMBASE

21. Heaviness of smoking predicts smoking relapse only in the first weeks of a quit attempt: Findings from the international tobacco control four-country survey

Citation: Nicotine and Tobacco Research, April 2014, vol./is. 16/4(423-429), 1462-2203;1469-994X (April 2014)

Author(s): Yong H.-H.; Borland R.; Balmford J.; Hyland A.; O'Connor R.J.; Thompson M.E.; Spittal M.J.

Institution: (Yong, Borland, Balmford) VicHealth Centre for Tobacco Control, Cancer Council Victoria, Carlton, Australia; (Hyland, O'Connor) Department of Health Behavior, Roswell Park Cancer Institute, Buffalo, NY, United States; (Thompson) Department of Statistics and Actuarial Science, University of Waterloo, Waterloo, Canada; (Spittal) Centre for Health Policy, Programs and Economics, Melbourne School of Population Health, University of Melbourne, Melbourne, Australia

Language: English

Abstract: Introduction: The Heaviness of Smoking Index (HSI) is the measure of dependence most strongly predictive of relapse. However, recent research suggests it may not be predictive of longer-term relapse. Our aim was to examine its predictive power over the first 2 years after quitting and explore whether use of stop-smoking medications is a moderator. Methods: Data (n = 7,093) came from the first 7 waves (2002-2009) of the International Tobacco Control Four-Country Survey, an annual cohort survey of smokers in Canada, the United States, the United Kingdom, and Australia. HSI and its 2 components (cigarettes per day [CPD] and time to first cigarette [TTFC]) were used to predict smoking relapse risk in the 2 years after the start of a quit attempt. Results: Scores on HSI and its components all strongly predicted relapse, but there was an interaction with time ($p < .001$). These measures were strong predictors of relapse within the first week of quitting (hazard ratios [HR] = 1.17, 1.24, and 1.30 for HSI, CPD, and TTFC, respectively; all $p < .001$), less predictive of relapse occurring between 1 week and 1 month, and not clearly predictive beyond 1 month. Among those using medication to quit, hazard ratio for HSI (HR = 1.11, $p < .001$) was significantly lower than for those not using (HR = 1.24, $p < .001$) in the first week but not beyond. Conclusions: HSI and its 2 components are strong predictors of short-term smoking relapse, but they rapidly lose predictive power over the first weeks of an attempt, becoming marginally significant at around 1 month and not clearly predictive beyond then. The Author 2013. Published by Oxford University Press on behalf of the Society for Research on Nicotine and Tobacco. All rights reserved.

Country of Publication: United Kingdom

Publisher: Oxford University Press

Publication Type: Journal: Article

Subject Headings: [adult](#)
[article](#)
[Australia](#)
[Canada](#)
[female](#)
[hazard ratio](#)
[health survey](#)
[*Heaviness of Smoking Index](#)
[human](#)
[major clinical study](#)
[male](#)
[middle aged](#)
[multicenter study](#)
[*named inventories questionnaires and rating scales](#)
[outcome variable](#)
[priority journal](#)
[relapse](#)
[*smoking](#)
[*smoking cessation](#)
[*tobacco](#)
[tobacco dependence](#)

United Kingdom
 United States
 young adult

Source: EMBASE

22. The trace amine associated receptor 1 agonist RO5263397 attenuates the induction of cocaine behavioral sensitization in rats

Citation: Neuroscience Letters, April 2014, vol./is. 566/(67-71), 0304-3940;1872-7972 (30 Apr 2014)

Author(s): Thorn D.A.; Zhang C.; Zhang Y.; Li J.-X.

Institution: (Thorn, Li) Department of Pharmacology and Toxicology, School of Medicine and Biomedical Sciences, University at Buffalo, the State University of New York, Buffalo, NY 14214, United States; (Zhang) Department of Neurology, University Hospital of Hubei University for Nationalities, Enshi, Hubei 445000, China; (Zhang) Research Triangle Institute, Research Triangle Park, NC 27709, United States

Language: English

Abstract: The trace amine associated receptor (TAAR) 1 is a new G protein coupled receptor that critically modulates central dopaminergic system. Recently, several selective TAAR 1 ligands have been described to possess antipsychotic and antidepressant-like activities. However, it is unknown of the role of these ligands in modulating psychostimulant-induced neurobehavioral plasticity. This study examined the effects of a selective TAAR 1 agonist, RO5263397, on cocaine induced behavioral sensitization in rats, a rodent model of drug-induced behavioral plasticity. Daily treatment with 15. mg/kg cocaine (i.p., 7 days) induced robust locomotor sensitization in rats. RO5263397 (1-10. mg/kg, i.p.) alone did not significantly alter the locomotor activity. Acute treatment with RO5263397 (3.2 and 10. mg/kg) did not significantly modify cocaine-induced hyperactivity; however, the induction of locomotor sensitization was significantly blocked after 7 days of daily RO5263397 treatment. More importantly, the expression of locomotor sensitization remained significantly attenuated when rats were re-tested 7 days after the last drug treatment. The marked attenuation of cocaine sensitization was also evidenced by the suppression of the dose-effect function (3.2-32. mg/kg) of cocaine sensitization. Together, these data represent the first to report a critical modulatory role of TAAR 1 agonists in cocaine-induced behavioral plasticity, which may be indicative of its potential role for altering other long-lasting behavioral maladaptations of cocaine including drug addiction. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: [acute drug administration](#)
[animal experiment](#)
[animal model](#)
[article](#)
[chronic drug administration](#)
["*cocaine dependence/dt \[Drug Therapy\]"](#)
[controlled study](#)
[dose response](#)
[hyperactivity](#)
[locomotion](#)
[male](#)
[nerve cell plasticity](#)
[nonhuman](#)
[priority journal](#)
[rat](#)
[research](#)
[rodent model](#)
[*sensitization](#)

amine
 "*drugs used in the treatment of addiction/dv [Drug Development]"
 "*drugs used in the treatment of addiction/do [Drug Dose]"
 "*drugs used in the treatment of addiction/dt [Drug Therapy]"
 "*ro 5263397/dv [Drug Development]"
 "*ro 5263397/do [Drug Dose]"
 "*ro 5263397/dt [Drug Therapy]"
 "*ro 5263397/ip [Intraperitoneal Drug Administration]"
 "*trace amine associated receptor 1 agonist/dv [Drug Development]"
 "*trace amine associated receptor 1 agonist/do [Drug Dose]"
 "*trace amine associated receptor 1 agonist/dt [Drug Therapy]"
 unclassified drug

Source: EMBASE

23. 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*

24. 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*

25. Targeting cancer stem cells by curcumin and clinical applications

Citation: Cancer Letters, May 2014, vol./is. 346/2(197-205), 0304-3835;1872-7980 (01 May 2014)

Author(s): Li Y.; Zhang T.

Institution: (Li) Department of Health and Nutrition Sciences, Montclair State University, University Hall 4190, 1 Normal Ave., Montclair, NJ 07043, United States; (Zhang) Drug Metabolism and Pharmacokinetics, Novartis Institute for Biomedical Research, Novartis Pharmaceutical Corporation, East Hanover, NJ 07936, United States

Language: English

Abstract: Curcumin is a well-known dietary polyphenol derived from the rhizomes of turmeric, an Indian spice. The anticancer effect of curcumin has been demonstrated in many cell and animal studies, and recent research has shown that curcumin can target cancer stem cells (CSCs). CSCs are proposed to be responsible for initiating and maintaining cancer, and contribute to recurrence and drug resistance. A number of studies have suggested that curcumin has the potential to target CSCs through regulation of CSC self-renewal pathways (Wnt/beta-catenin, Notch, sonic hedgehog) and specific microRNAs involved in acquisition of epithelial-mesenchymal transition (EMT). The potential impact of curcumin, alone or in combination with other anticancer agents, on CSCs was evaluated as well. Furthermore, the safety and tolerability of curcumin have been well-established by numerous clinical studies. Importantly, the low bioavailability of curcumin has been dramatically improved through the use of structural analogues or special formulations. More clinical trials are underway to investigate the efficacy of this promising agent in cancer chemoprevention and therapy. In this article, we review the effects of curcumin on CSC self-renewal pathways and specific microRNAs, as well as its safety and efficacy in recent human studies. In conclusion, curcumin could be a very promising adjunct to traditional cancer treatments. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 22150-76-1 (biopterin); 154361-50-9 (capecitabine); 169590-42-5 (celecoxib); 458-37-7 (curcumin); 302962-49-8 (dasatinib); 863127-77-9 (dasatinib); 24939-17-1 (demethoxycurcumin); 24939-16-0 (didemethoxycurcumin); 114977-28-5 (docetaxel); 51-21-8 (fluorouracil); 58-05-9 (folinic acid); 103882-84-4 (gemcitabine); 100286-90-6 (irinotecan); 61825-94-3 (oxaliplatin); 33069-62-4 (paclitaxel)

Publication Type: Journal: Short Survey

Subject Headings: aberrant crypt focus
 "advanced cancer/dt [Drug Therapy]"
 apoptosis
 "biliary tract cancer/dt [Drug Therapy]"
 "bladder cancer/dt [Drug Therapy]"
 "Bowen disease/dt [Drug Therapy]"
 "breast cancer/dt [Drug Therapy]"
 "breast cancer/rt [Radiotherapy]"
 "breast metastasis/dt [Drug Therapy]"
 cancer chemotherapy
 cancer inhibition
 cancer prevention
 cancer recurrence
 cancer resistance
 *cancer stem cell
 cell renewal
 "colon cancer/dt [Drug Therapy]"
 "colon cancer/pc [Prevention]"
 "colorectal cancer/dt [Drug Therapy]"
 "colorectal cancer/pc [Prevention]"
 colorectal surgery
 controlled release formulation
 dose response
 drug absorption
 drug bioavailability
 drug blood level
 drug dose escalation
 drug formulation
 drug safety
 drug structure
 drug tissue level
 drug tolerability
 epithelial mesenchymal transition
 "familial colon polyposis/dt [Drug Therapy]"
 "glioblastoma/dt [Drug Therapy]"
 "head and neck cancer/dt [Drug Therapy]"
 human
 "intestine metaplasia/dt [Drug Therapy]"
 "leukoplakia/dt [Drug Therapy]"
 maximum plasma concentration
 maximum tolerated dose
 "multiple myeloma/dt [Drug Therapy]"
 nanoencapsulation
 nonhuman
 "pancreas cancer/dt [Drug Therapy]"
 priority journal
 "prolactinoma/dt [Drug Therapy]"
 "rectum cancer/dt [Drug Therapy]"
 "rectum cancer/rt [Radiotherapy]"
 short survey
 "tobacco dependence/dt [Drug Therapy]"
 tumor regression

"unspecified side effect/si [Side Effect]"
 "uterine cervix carcinoma in situ/dt [Drug Therapy]"
 "3 4 difluorobenzocurcumin/an [Drug Analysis]"
 "3 4 difluorobenzocurcumin/cb [Drug Combination]"
 "3 4 difluorobenzocurcumin/cm [Drug Comparison]"
 "3 4 difluorobenzocurcumin/dt [Drug Therapy]"
 "antineoplastic agent/ct [Clinical Trial]"
 "antineoplastic agent/cb [Drug Combination]"
 "antineoplastic agent/cm [Drug Comparison]"
 "antineoplastic agent/dt [Drug Therapy]"
 "beta catenin/ec [Endogenous Compound]"
 "biopterin/ct [Clinical Trial]"
 "biopterin/cb [Drug Combination]"
 "biopterin/dt [Drug Therapy]"
 "capecitabine/ct [Clinical Trial]"
 "capecitabine/cb [Drug Combination]"
 "capecitabine/dt [Drug Therapy]"
 "celecoxib/ct [Clinical Trial]"
 "celecoxib/cb [Drug Combination]"
 "celecoxib/dt [Drug Therapy]"
 "Curcuma extract/ct [Clinical Trial]"
 "Curcuma extract/dt [Drug Therapy]"
 "*curcumin/ae [Adverse Drug Reaction]"
 "*curcumin/ct [Clinical Trial]"
 "*curcumin/an [Drug Analysis]"
 "*curcumin/cb [Drug Combination]"
 "*curcumin/cm [Drug Comparison]"
 "*curcumin/cr [Drug Concentration]"
 "*curcumin/do [Drug Dose]"
 "*curcumin/dt [Drug Therapy]"
 "*curcumin/po [Oral Drug Administration]"
 "*curcumin/pr [Pharmaceutics]"
 "*curcumin/pk [Pharmacokinetics]"
 "*curcumin/pd [Pharmacology]"
 "dasatinib/cb [Drug Combination]"
 "demethoxycurcumin/an [Drug Analysis]"
 "didemethoxycurcumin/an [Drug Analysis]"
 "docetaxel/ct [Clinical Trial]"
 "docetaxel/cb [Drug Combination]"
 "docetaxel/dt [Drug Therapy]"
 "fluorouracil/cb [Drug Combination]"
 "fluorouracil/dt [Drug Therapy]"
 "folinic acid/ct [Clinical Trial]"
 "folinic acid/cb [Drug Combination]"
 "folinic acid/dt [Drug Therapy]"
 "gemcitabine/ct [Clinical Trial]"
 "gemcitabine/cb [Drug Combination]"
 "gemcitabine/dt [Drug Therapy]"
 "irinotecan/ct [Clinical Trial]"
 "irinotecan/cb [Drug Combination]"
 "irinotecan/dt [Drug Therapy]"
 "microRNA/ec [Endogenous Compound]"
 nanoparticle
 "Notch receptor/ec [Endogenous Compound]"
 "oxaliplatin/cb [Drug Combination]"
 "oxaliplatin/dt [Drug Therapy]"
 "paclitaxel/cb [Drug Combination]"
 "plant extract/ct [Clinical Trial]"
 "plant extract/dt [Drug Therapy]"
 "sonic hedgehog protein/ec [Endogenous Compound]"

theracurmin
 unclassified drug
 "Wnt protein/ec [Endogenous Compound]"

Source: EMBASE

Full Text: Available from *Elsevier* in *Cancer Letters*

26. Evidence-based guidelines for the pharmacological management of attention deficit hyperactivity disorder: Update on recommendations from the British Association for Psychopharmacology

Citation: Journal of Psychopharmacology, March 2014, vol./is. 28/3(179-203), 0269-8811;1461-7285 (March 2014)

Author(s): Bolea-Alamanac B.; Nutt D.J.; Adamou M.; Asherson P.; Bazire S.; Coghill D.; Heal D.; Muller U.; Nash J.; Santosh P.; Sayal K.; Sonuga-Barke E.; Young S.J.

Institution: (Bolea-Alamanac) University of Bristol, Dorothy Hodgkin Building, Whitson Street, Bristol, BS1 3NY, United Kingdom; (Nutt, Young) Imperial College, London, United Kingdom; (Adamou) South West Yorkshire Trust, Wakefield, United Kingdom; (Asherson) Institute of Psychiatry, London, United Kingdom; (Bazire) Norfolk and Suffolk NHS Foundation Trust, Norwich, United Kingdom; (Coghill) University of Dundee, Dundee, United Kingdom; (Heal) RenaSci Consultancy Ltd., Nottingham, United Kingdom; (Muller) University of Cambridge, Cambridge, United Kingdom; (Nash) Mental Healthcare UK, Denbighshire, United Kingdom; (Santosh) Centre for Interventional Paediatric Psychopharmacology, London, United Kingdom; (Sayal) University of Nottingham, Nottingham, United Kingdom; (Sonuga-Barke) University of Southampton, Southampton, United Kingdom

Language: English

Abstract: Attention deficit hyperactivity disorder (ADHD) is a common condition with a high societal burden. The present guidelines summarise current literature, generating expert consensus recommendations for the treatment of ADHD in children and adults. These guidelines also provide a review of recent research in the fields of neuroimaging, neuropsychology and genetics of ADHD. Novel discoveries in these areas have informed physiological models for the disease. Since the publication of the previous British Association for Psychopharmacology guidelines in 2008, new drugs have been licensed and further compounds are being investigated. The publication of randomised controlled trials of psychological interventions has contributed to the range of treatment options for ADHD. As the disorder has been diagnosed more frequently there has been greater focus on comorbid conditions and how they impact treatment. Services have continued to develop for the treatment of ADHD in adults and care agreements have been introduced to facilitate access to treatment. 2014 The Author(s).

Country of Publication: United Kingdom

Publisher: SAGE Publications Ltd

CAS Registry Number: 31677-93-7 (amfebutamone); 34911-55-2 (amfebutamone); 82248-59-7 (atomoxetine); 82857-39-4 (atomoxetine); 82857-40-7 (atomoxetine); 83015-26-3 (atomoxetine); 4205-90-7 (clonidine); 4205-91-8 (clonidine); 57066-25-8 (clonidine); 1462-73-3 (dexamphetamine); 51-63-8 (dexamphetamine); 51-64-9 (dexamphetamine); 29110-47-2 (guanfacine); 29110-48-3 (guanfacine); 608137-32-2 (lisdexamfetamine); 608137-33-3 (lisdexamfetamine); 819871-04-0 (lisdexamfetamine); 113-45-1 (methylphenidate); 298-59-9 (methylphenidate); 68693-11-8 (modafinil)

Publication Type: Journal: Review

Subject Headings: "abdominal pain/si [Side Effect]"
 "*attention deficit disorder/di [Diagnosis]"
 "*attention deficit disorder/dt [Drug Therapy]"
 "*attention deficit disorder/et [Etiology]"
 "*attention deficit disorder/th [Therapy]"
 "bradycardia/si [Side Effect]"
 brain maturation
 breast feeding

child health care
clinical trial (topic)
comorbidity
consensus development
copy number variation
"decreased appetite/si [Side Effect]"
diagnostic value
"dizziness/si [Side Effect]"
dopaminergic system
drug abuse
drug approval
drug choice
drug classification
drug dependence
drug dose increase
drug efficacy
drug half life
drug mechanism
drug metabolism
drug safety
electroencephalography
*evidence based medicine
"faintness/si [Side Effect]"
"fatigue/si [Side Effect]"
fetal alcohol syndrome
genetic association
genetic variability
genotype environment interaction
health care delivery
human
"hypotension/si [Side Effect]"
lactation
medical society
medical specialist
"nausea/si [Side Effect]"
nerve cell network
neuroimaging
neuropathology
neuropsychological test
neuropsychology
nonhuman
patient care
physical examination
*practice guideline
pregnancy
prescription
prevalence
priority journal
psychopharmacology
psychotherapy
randomized controlled trial (topic)
recommended drug dose
review
risk benefit analysis
"somnolence/si [Side Effect]"
tic
treatment duration
treatment response
United Kingdom
"unspecified side effect/si [Side Effect]"

"upper abdominal pain/si [Side Effect]"
 "vomiting/si [Side Effect]"
 "xerostomia/si [Side Effect]"
 "amfebutamone/dt [Drug Therapy]"
 "amfebutamone/pk [Pharmacokinetics]"
 "atomoxetine/ae [Adverse Drug Reaction]"
 "atomoxetine/cm [Drug Comparison]"
 "atomoxetine/dt [Drug Therapy]"
 "atomoxetine/pk [Pharmacokinetics]"
 catapress
 "clonidine/dt [Drug Therapy]"
 "clonidine/pk [Pharmacokinetics]"
 "dexamphetamine/ae [Adverse Drug Reaction]"
 "dexamphetamine/ct [Clinical Trial]"
 "dexamphetamine/do [Drug Dose]"
 "dexamphetamine/dt [Drug Therapy]"
 "dexamphetamine/pk [Pharmacokinetics]"
 "guanfacine/ae [Adverse Drug Reaction]"
 "guanfacine/ct [Clinical Trial]"
 "guanfacine/dt [Drug Therapy]"
 "guanfacine/pk [Pharmacokinetics]"
 "lisdexamfetamine/ae [Adverse Drug Reaction]"
 "lisdexamfetamine/ct [Clinical Trial]"
 "lisdexamfetamine/dt [Drug Therapy]"
 "lisdexamfetamine/pk [Pharmacokinetics]"
 "methylphenidate/ae [Adverse Drug Reaction]"
 "methylphenidate/ct [Clinical Trial]"
 "methylphenidate/cm [Drug Comparison]"
 "methylphenidate/dt [Drug Therapy]"
 "methylphenidate/pk [Pharmacokinetics]"
 "modafinil/ct [Clinical Trial]"
 "modafinil/dt [Drug Therapy]"
 "modafinil/pk [Pharmacokinetics]"
 placebo
 "psychostimulant agent/dt [Drug Therapy]"
 tyvanse
 unclassified drug

Source: EMBASE

Full Text: Available from *Highwire Press* in *Journal of Psychopharmacology*

27. Hallucinogen induced psychotic disorder, 4-bromo-2,5-dimethoxyphenethylamine (2C-B) abuse: a case report

Citation: Bulletin of Clinical Psychopharmacology, 2013, vol./is. 23/(S170-S171), 1017-7833;1302-9657 (2013)

Author(s): Darcin A. E.; Nurmedov S.; Dilbaz N.; Mordag O.

Institution: (Darcin, Nurmedov, Dilbaz, Mordag) Neuropsychiatry Hospital, Addiction Center, Istanbul, Turkey

Language: English

Abstract: 4-bromo-2,5-dimethoxyphenethylamine (2C-B) is a member of psychedelic phenethylamine drugs, which has a similar structure and effects as mescaline. From the WHO Expert Committee assessment of 2C-B: High doses of 2C-B is a strong hallucinogen, producing particularly marked visual hallucinations with an intense colour play, intriguing patterns emerging on surfaces and distortions of objects and faces. 2C-B has also been reported to enhance sexual feelings, perception and performance. A 24-year-old male was admitted to our inpatient clinic with complaints of psychotic symptoms that began after a hallucinogen named 2C-B abuse. Case has been in university in London for the last 6 years and he had been smoking marijuana for 5 years until last year. One year ago, he tried a party drug named 2C-B once with alcohol and experienced

persecutory and referential delusions lasting for 1 month. Delusions had been improved after one month without any treatment and patient said that he quitted marijuana and all drugs he (had) used to abuse since then. He was free of any psychotic symptoms and functional in school and social domains within last year. Last month he used one more tablet of 2C-B, without alcohol to check out if the psychotic experiences he had before was due to 2C-B or not. He suffered from a series of delusions; persecutory and referential and also suffered from depersonalization, derealization and auditory hallucinations. Moreover, his academic performance had been decreased gradually for a month in admission. In his medical treatment, he was treated with Amisulpiride 600 mg per day and Olanzapine 20 mg per day, and moreover in order to treat insomnia he was prescribed benzodiazepines to improve his insomnia for one month in our clinic. In the course of psychological treatment, he has attended our 12-step addiction treatment program and also engaged in individual psychotherapy in order to enhance his coping abilities for dealing with on his depersonalization symptoms. His scores on Positive and Negative Syndrome Scale improved to 43 from 96 as rated at his admission. He has been free of any substance until now but still suffering from sleep disturbances and on treatment with quetiapine 100 mg per day. 2C-B is a hallucinogen and it has been reported that single dose of these drugs may cause persistent psychosis in abusers. In European countries, hallucinogen abuse is more common than in our country. But professionals working in the area of addiction need to ask if there is anybody who is concerned about hallucinogen abuse in European countries.

Conference Information: 5th International Congress on Psychopharmacology and International Symposium on Child and Adolescent Psychopharmacology (5)Turkey. Conference Start: 20131030
Conference End: 20131103 Sponsor: Janssen, Johnson and Johnson

Publication Type: Journal: Conference Abstract

Subject Headings: *human
*psychopharmacology
*case report
*child
*abuse
*psychosis
*adolescent
delusion
addiction
insomnia
hospital
depersonalization
visual hallucination
sleep disorder
Positive and Negative Syndrome Scale
coping behavior
single drug dose
patient
school
psychotherapy
drug megadose
smoking
United Kingdom
university
therapy
academic achievement
hospital patient
auditory hallucination
male
tablet
color
world health organization
*homoveratrylamine
*psychedelic agent

alcohol
cannabis
quetiapine
amisulpride
olanzapine
mescaline
benzodiazepine derivative
phenethylamine

Source: EMBASE

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

28. The Minnesota Model: flexible, relevant and adapted in Scotland

Citation: Bulletin of Clinical Psychopharmacology, 2013, vol./is. 23/(S52-S53), 1017-7833;1302-9657 (2013)

Author(s): Read G.

Institution: (Read) Head of Training and Eating Disorders Specialist, Castle Craig Hospital, United Kingdom

Language: English

Abstract: The Minnesota Model of addiction treatment developed in the 1950s when little help was available for alcoholics and addicts. The model emphasizes the disease of alcoholism as a primary, chronic and complex illness which is treatable, not curable. Dignity and respect for patients are core principles of the model. Treatment is for the whole person; body, mind and spirit. It is abstinence-based and utilizes the Twelve Step self-help groups. The team is multi-disciplinary, consisting of a range of professionals that are able to meet the needs of the patients. This begins at the first enquiry, through the assessment, detoxification, treatment and aftercare phases. The Minnesota Model offered a completely new way of treating alcoholics and addicts at its inception in 1949. Today it continues to be relevant, appropriate and flexible for a wide range of patients. The flexibility enables adaptation to needs, new ideas and interventions without losing the core perspectives. Castle Craig Hospital, Scotland, has adapted the Minnesota Model in Europe with an eclectic, cross cultural group of patients. Adjunct therapies (for example trauma, drumming and equine therapy), the treatment of process addictions (for example gambling) and use of a hyperbaric chamber are but a few of the innovations resulting in successful treatment.

Conference Information: 5th International Congress on Psychopharmacology and International Symposium on Child and Adolescent Psychopharmacology (5)Turkey. Conference Start: 20131030 Conference End: 20131103 Sponsor: Janssen, Johnson and Johnson

Publication Type: Journal: Conference Abstract

Subject Headings: *human
*psychopharmacology
*child
*United Kingdom
*adolescent
*model
*United States
patient
alcoholism
addiction
drug dependence
therapy
hyperbaric chamber
human dignity
injury
Europe

hospital
adaptation
aftercare
detoxification
gambling
self help
abstinence
diseases

Source: EMBASE

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

29. Pharmacists' beliefs towards their contribution to improving the public's health in United Kingdom: A systematic review

Citation: International Journal of Pharmacy Practice, September 2013, vol./is. 21/(134-135), 0961-7671 (September 2013)

Author(s): Abuhamdah R.

Institution: (Abuhamdah) University of Sunderland, Sunderland, United Kingdom

Language: English

Abstract: Introduction To increase the involvement of pharmacists in public health, changes in the behaviour of pharmacists is required¹. Theory of planned behaviour has shown that attitudes and beliefs are important determinants of behaviour². The purpose of this project is to conduct a systematic review on the literature relating to Pharmacists' beliefs towards their role in public health and to summarise these findings in the view of the theory of planned behaviour in order to inform how best to support and improve this service. Research Method PICO model was used in this review and was interpreted as a) Population: Community pharmacists, community pharmacy staff. b) Phenomenon of Interest: beliefs: (attitudes, norms and control) of community pharmacists about their public health role. c) Primary Outcome Measure: Pharmacists' Behavioural Beliefs (attitude), Pharmacists' Normative Beliefs (Subjective Norm) Pharmacists' Control Beliefs (perceived behavioural control) about pharmacists and community pharmacy providing public health services. d) Studies Included: quantitative and qualitative. Time Period: January 2002 to December 2012. Electronic Databases Searched: MEDLINE, EMBASE, PsycINFO, CINAHL and Dissertation Abstracts International. Search Terms: (pharm*or pharmacy staff or community pharmacy) and (attitud*or belie*or perce*or knowledge or view or opinion) and (public health or health improvement or health promotion or selfcare or selfmanagement or smoking cessation or sexual health or prevent*or diet or healthy diet or healthy eating or exercise or physical activity or weight or health education or chlamydia testing or emergency contraception or alcohol or needle exchange or methadone or injecting equipment or drug misuse). Inclusion and Exclusion Criteria: Papers should be published in journals or conferences, written in English, and should not come under the category of abstract, tutorial, or keynote. Data Extraction and Analysis: data extracted from studies was tabulated against authors and study, year, and classification of papers according to public health service. This data assessed according to pharmacists' behavioural beliefs (attitude), normative beliefs (subjective norm), control beliefs (perceived behavioural control) about pharmacists and community pharmacy providing public health services. The issue of bias is addressed by involving two researchers who separately examined compared inclusion/exclusion lists and resolved any differences by discussion. Results From the 6852 papers identified, 17 studies were included. Attitude: Most pharmacists viewed public health services as important part of their role and have positive attitude toward health improvement activities. Subjective norms: Pharmacists showed concerns about being intrusive in offering health advice and showed expectation of a negative reaction from customers. Perceived behavioural control: Pharmacists reported some barriers to providing public health services like lack of time or space and the need for further training in a number of public health services. Conclusion In order to improve public health services provided in community pharmacy, subjective

norms and perceived behavioural control should be addressed. Appropriate training and support is needed in order to increase pharmacists' confidence in providing public health services. Research is needed to establish the attitudes of support staff to allow for support and training to be appropriately targeted for this group. This review should provide a good insight for providers of education and training for pharmacists.

Conference Information: Royal Pharmaceutical Society, RPS Annual Conference 2013 Birmingham United Kingdom. Conference Start: 20130908 Conference End: 20130909

Publisher: Pharmaceutical Press

Publication Type: Journal: Conference Abstract

Subject Headings: *human
*pharmacist
*United Kingdom
*systematic review
*health care organization
*public health
public health service
pharmacy
health
diet
Theory of Planned Behavior
weight
exercise
physical activity
population
sexual health
eating
smoking cessation
data extraction
classification
education
needle
health promotion
PsycINFO
emergency contraception
Chlamydia
drug misuse
health education
data base
scientist
model
methadone
alcohol

Source: EMBASE

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

30. Medication changes: Who do community pharmacies in England receive information from?

Citation: International Journal of Pharmacy Practice, September 2013, vol./is. 21/(110-111), 0961-7671 (September 2013)

Author(s): Urban R.; Rana N.; Paloumpi E.; Morgan J.

Institution: (Urban, Rana, Paloumpi, Morgan) University of Bradford, Bradford, United Kingdom; (Urban) Bradford Institute For Health Research, Bradford, United Kingdom

Language: English

Abstract: Introduction Lack of communication to community pharmacy is a longstanding issue. Recently measures to improve communication have been introduced including guidance from the Royal Pharmaceutical Society (RPS)1 and the introduction the Discharge

Medicines Review (DMR) service in Wales. Previous studies have shown that communication with community pharmacies can contribute toward effective, seamless care and reduce error, 2 however, there is little evidence which examines the range of different HCPs who currently liaise with community pharmacy. This study explored which HCPs communicate with community pharmacies regarding medication changes, the extent of the communication and solutions for improvement. Method A semi-structured interview schedule was compiled comprising three sections: information on current practice, pharmacist opinions and additional information. All pharmacies in one Yorkshire NHS Primary Care Trust (PCT) were invited to participate. The pharmacies were grouped into geographical areas; each area allocated two student researchers. One student asked questions of the pharmacist and both students recorded the responses in writing. Further questions were asked to clarify responses. Responses were then analysed and grouped according to the interview schedule. Ethics approval was granted by the NHS and local research committee. Results The fourteen community pharmacists who participated rarely received information regarding changes to patients' medication. Where they did, it was from various different HCPs including general practice (GPs and practice pharmacists), hospitals (namely hospital pharmacists), nursing homes, warfarin clinics and substance misuse teams. Information was reported to be 'ad hoc' and 'inconsistent', with some pharmacists suggesting that the communication relied on the conscientiousness of the individual or personal relationships. Information received from GPs usually occurred postdischarge; most commonly for patients who used monitored dosage systems (MDS). Occasionally changes to medication were suggested to the GP through Medicine Use Reviews; however often the only indication that these had been actioned was through the receipt of an edited prescription rather than direct communication. Most community pharmacies (12/14) had no communication with practice pharmacists, despite each GP practice employing them. There was intra and inter-hospital variability in the frequency of communication from the hospital to community pharmacy; usually via post or fax. Nursing homes frequently provided information when medication was stopped, started or changed by the GP or secondary care, although the community pharmacy was not always informed if the patient had been in hospital. Half (7/14) the pharmacies received calls from drug misuse teams regarding dose changes or patients newly initiated on therapy. In one case, the pharmacy received a monthly list of all medication changes for their substance misuse patients. Suggestions by the pharmacists interviewed to improve communication included standardised systems and processes together with improved information technology (IT) infrastructure. Discussion Community pharmacies seldom receive information regarding changes to patients' medication. Where they do, it is from a variety of HCPs, however, is infrequent and inconsistent. Communication is vitally important to increase patient safety and seamless care at transitions. Improvements and standardisation to systems and processes including increased IT would improve communication and eliminate some of the dependence on individuals. These qualitative results, whilst not necessarily more widely generalisable, provide an in depth picture of current practice and experiences of information transfer at transitions of care. Further work to confirm whether these findings are reflected through the UK and to establish the barriers to communication to community pharmacy need to be explored.

Conference Information: Royal Pharmaceutical Society, RPS Annual Conference 2013 Birmingham United Kingdom. Conference Start: 20130908 Conference End: 20130909

Publisher: Pharmaceutical Press

Publication Type: Journal: Conference Abstract

Subject Headings: [*pharmacy](#)
[*United Kingdom](#)
[*health care organization](#)
[*drug therapy](#)
[human](#)
[interpersonal communication](#)
[pharmacist](#)
[patient](#)
[hospital](#)
[student](#)
[nursing home](#)

writing
 scientist
 general practice
 primary medical care
 ethics
 interview
 therapy
 drug misuse
 prescription
 fax
 secondary health care
 information technology
 patient safety
 semi structured interview
 warfarin

Source: EMBASE

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

31. Indicators of drug-seeking aberrant behaviours during post-marketing use of fentanyl buccal tablets: Risk scores in support of pharmacovigilance and risk management

Citation: International Journal of Pharmacy Practice, September 2013, vol./is. 21/(49-50), 0961-7671 (September 2013)

Author(s): Layton D.; Osborne V.; Shakir S.

Institution: (Layton, Osborne, Shakir) Drug Safety Research Unit, Southampton, Hampshire, United Kingdom; (Layton, Osborne, Shakir) University of Portsmouth, Portsmouth, Hampshire, United Kingdom

Language: English

Abstract: Introduction Problematic prescription drug use includes misuse ('nonmedical use'), addiction and unsanctioned diversion, and is an important public health issue. (1) It is reflected by or associated with drug-seeking ABs suggestive of an elevated risk of addiction present upon starting, or emerging during treatment. Tools which encourage HCP including pharmacists to recognise and report ABs are vital to help detect and prevent the abuse and diversion of medicines with misuse potential. As part of the pharmacovigilance requirements, (2) a Risk Management Plan was developed for fentanyl buccal tablets (Effentora) by the manufacturer, which included a M-PEM study to examine the utilisation of fentanyl buccal tablets (Effentora) in relation to its safety as prescribed in primary care in England. Exploratory objectives included: 1) examining the frequency of HCP reports of (i) pre-existing factors associated with risk of dependence; ii) onset of ABs during treatment; and 2) describing the characteristics of patients with reported ABs Method M-PEM uses an observational cohort design and does not require ethical approval. Exposure data were derived from dispensed prescriptions issued by general practitioners (GPs) March 2009-April 2011. Outcome data from questionnaires sent to GP surgeries 6+ months after 1st prescription for each patient included risk factors for dependence (smoking, history of: alcohol/substance misuse, psychiatric disorder; opioid withdrawal syndrome symptoms <2 weeks after starting) and onset of ABs (overwhelming focus on opioid issues, escalating drug use, unclear aetiology of pain, loss of medication, multiple requests from different prescribers, unsanctioned diversion). Proposed ABs were based on behavioural not clinical manifestations. Descriptive statistics and simple (non-weighted) risk scores were constructed on aggregate counts (score > 3 considered 'high-risk'). Univariate analysis explored characteristics of patients with ABs; Crude odds ratios (OR) + 95% CI were calculated. Results In 551 patients, frequently reported pre-existing risk factors for dependence were smoking (n = 119, 21.6%) and psychiatric disorders (n = 42, 7.6%). One or more risk factors were reported in 145 patients (26.3%); 6 patients were considered high risk. One or more ABs were reported in 46 patients (8.3%); 9 patients were considered high-risk. Compared to those without, patients with ABs were: younger (median age (yrs) 48 vs 63; p < 0.001); received higher test, effective and/or maintenance doses (p < 0.019); had longer treatment

duration (median (days) 87 vs 21; $p < 0.001$); and were more likely to have: indications other than breakthrough pain in cancer [OR 3.5 (1.1, 10.8)], a history of alcohol/substance misuse and psychiatric disorders. Where specified ($n = 20$) in 11 patients, ABs were pre-existing. Discussion The prevalence of at least one pre-existing risk factor for dependence was 26% whilst the frequency of ABs observed during treatment was 8%. Patients with ABs had several different characteristics to patients without. This study demonstrates the feasibility of systematic collection of HCP reports of ABs and the development of risk scores using these reports to support the post-marketing risk management of products with misuse potential. Study limitations include subjectivity in relation to HCPs identifying ABs, and under-reporting. The presence of these criteria do not confirm misuse, but should be considered as signals of problematic opioid misuse, which require further investigation.

Conference Information: Royal Pharmaceutical Society, RPS Annual Conference 2013 Birmingham United Kingdom. Conference Start: 20130908 Conference End: 20130909

Publisher: Pharmaceutical Press

Publication Type: Journal: Conference Abstract

Subject Headings: [*tablet](#)
[*risk](#)
[*drug surveillance program](#)
[*risk management](#)
[*health care organization](#)
[*marketing](#)
[human](#)
[patient](#)
[risk factor](#)
[mental disease](#)
[addiction](#)
[prescription](#)
[drug use](#)
[pain](#)
[smoking](#)
[surgery](#)
[questionnaire](#)
[prevalence](#)
[general practitioner](#)
[pharmacist](#)
[treatment duration](#)
[maintenance drug dose](#)
[univariate analysis](#)
[exposure](#)
[public health](#)
[United Kingdom](#)
[statistics](#)
[primary medical care](#)
[drug therapy](#)
[etiology](#)
[withdrawal syndrome](#)
[safety](#)
[neoplasm](#)
[abuse](#)
[*fentanyl](#)
[opiate](#)
[fentanyl citrate](#)
[prescription drug](#)

Source: EMBASE

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

32. Regulatory responses to over-the-counter codeine analgesic misuse in Australia, New Zealand and the United Kingdom

- Citation:** Australian and New Zealand journal of public health, October 2013, vol./is. 37/5(483-488), 1753-6405 (Oct 2013)
- Author(s):** Tobin C.L.; Dobbin M.; McAvoy B.
- Institution:** (Tobin) School of Public Health and Preventive Medicine, Monash University, Victoria Mental Health, Drugs and Regions Division, Victorian Department of Health Capri Hospital, New Zealand.
- Language:** English
- Abstract:** Analysis of the policy response by Australia's National Drugs and Poisons Schedule Committee (NDPSC) and comparison with recommendations by expert advisory committees in New Zealand and the United Kingdom. Analysis of public policy documents of relevant regulatory authorities was conducted. Data were extracted regarding changes to over-the-counter (OTC) codeine analgesic scheduling, indications, maximum unit dose, maximum daily dose, maximum pack size, warning labels, consumer medicine information and advertising. Where available, public submissions and other issues considered by the committees and rationale for their recommendations were recorded and thematically analysed. Expert advisory committees in Australia, NZ and the UK defined the policy problem of OTC codeine misuse and harm as small relative to total use and responded by restricting availability. Pharmacist supervision was required at the point-of-sale and pack sizes were reduced to short-term use. Comparison with recommendations by expert advisory committees in NZ and the UK suggests the NDPSC's actions in response to OTC codeine misuse were appropriate given the available evidence of misuse and harm, but highlights opportunities to utilise additional regulatory levers. Framing policy problems as matters of public health in the context of limited evidence may support decision makers to implement cautionary incremental policy change. 2013 The Authors. ANZJPH 2013 Public Health Association of Australia.
- Country of Publication:** Australia
- CAS Registry Number:** 76-57-3 (codeine)
- Publication Type:** Journal: Article
- Subject Headings:** [addiction](#)
[advisory committee](#)
[article](#)
[Australia](#)
[*drug control](#)
[drug policy](#)
[*government regulation](#)
[human](#)
[misuse](#)
[New Zealand](#)
[non-medical use](#)
[over-the-counter drugs](#)
[policy](#)
[product safety](#)
[public health](#)
[United Kingdom](#)
[analgesic agent](#)
["*codeine/ae \[Adverse Drug Reaction\]"](#)
["*narcotic analgesic agent/ae \[Adverse Drug Reaction\]"](#)
[*non prescription drug](#)
- Source:** EMBASE
- Full Text:** Available from *Wiley* in *Australian and New Zealand Journal of Public Health*

33. Mental health outcomes in US and UK military personnel returning from Iraq

Citation: British Journal of Psychiatry, March 2014, vol./is. 204/3(200-207), 0007-1250;1472-1465 (March 2014)

Author(s): Sundin J.; Herrell R.K.; Hoge C.W.; Fear N.T.; Adler A.B.; Greenberg N.; Riviere L.A.; Thomas J.L.; Wessely S.; Bliese P.D.

Institution: (Sundin, Fear, Greenberg) King's College London, Academic Centre for Defence Mental Health (ACDMH), Weston Education Centre, 10 Cutcombe Road, London SE5 9RJ, United Kingdom; (Herrell, Hoge, Riviere, Thomas, Bliese) Center for Military Psychiatry and Neuroscience, Walter Reed Army Institute of Research, US Army Medical Research and Materiel Command, Silver Spring, MD, United States; (Fear, Wessely) King's College London, King's Centre for Military Health Research (KCMHR), London, United Kingdom; (Adler) US Army Medical Research Unit-Europe, Walter Reed Army Institute of Research, US Army Medical Research and Materiel Command, Heidelberg, Germany

Language: English

Abstract: Background Research of military personnel who deployed to the conflicts in Iraq or Afghanistan has suggested that there are differences in mental health outcomes between UK and US military personnel. Aims To compare the prevalence of post-traumatic stress disorder (PTSD), hazardous alcohol consumption, aggressive behaviour and multiple physical symptoms in US and UK military personnel deployed to Iraq. Method Data were from one US (n = 1560) and one UK (n = 313) study of post-deployment military health of army personnel who had deployed to Iraq during 2007-2008. Analyses were stratified by high- and low-combat exposure. Results Significant differences in combat exposure and sociodemographics were observed between US and UK personnel; controlling for these variables accounted for the difference in prevalence of PTSD, but not in the total symptom level scores. Levels of hazardous alcohol consumption (low-combat exposure: odds ratio (OR) = 0.13, 95% CI 0.07-0.21; high-combat exposure: OR = 0.23, 95% CI 0.14-0.39) and aggression (low-combat exposure: OR = 0.36, 95% CI 0.19-0.68) were significantly lower in US compared with UK personnel. There was no difference in multiple physical symptoms. Conclusions Differences in self-reported combat exposures explain most of the differences in reported prevalence of PTSD. Adjusting for self-reported combat exposures and sociodemographics did not explain differences in hazardous alcohol consumption or aggression.

Country of Publication: United Kingdom

Publisher: Royal College of Psychiatrists (17 Belgrave Square, London SW1X 8PG, United Kingdom)

Publication Type: Journal: Article

Subject Headings: [adult](#)
[aged](#)
[aggression](#)
[alcohol consumption](#)
[alcoholism](#)
[article](#)
[human](#)
[Iraq](#)
[major clinical study](#)
[*mental health](#)
[middle aged](#)
[military deployment](#)
[posttraumatic stress disorder](#)
[prevalence](#)
[*soldier](#)
[United Kingdom](#)
[United States](#)
[young adult](#)

Source: EMBASE

34. Gender differences in characteristics and outcomes of smokers diagnosed with psychosis participating in a smoking cessation intervention

- Citation:** Psychiatry Research, March 2014, vol./is. 215/3(586-593), 0165-1781;1872-7123 (30 Mar 2014)
- Author(s):** Filia S.L.; Baker A.L.; Gurvich C.T.; Richmond R.; Lewin T.J.; Kulkarni J.
- Institution:** (Filia, Gurvich, Kulkarni) Monash Alfred Psychiatry research centre (MAPrc), Central Clinical School, Monash University, Alfred Hospital, Prahran, VIC 3181, Australia; (Baker, Lewin) Priority Research Centre for Translational Neuroscience and Mental Health, School of Medicine and Public Health, University of Newcastle, Callaghan, NSW 2308, Australia; (Richmond) School of Public Health and Community Medicine, University of New South Wales, Sydney, NSW 2052, Australia
- Language:** English
- Abstract:** While research has identified gender differences in characteristics and outcomes of smokers in the general population, no studies have examined this among smokers with psychosis. This study aimed to explore gender differences among 298 smokers with psychosis (schizophrenia, schizoaffective and bipolar affective disorder) participating in a smoking intervention study. Results revealed a general lack of gender differences on a range of variables for smokers with psychosis including reasons for smoking/quitting, readiness and motivation to quit, use of nicotine replacement therapy, and smoking outcomes including point prevalence or continuous abstinence, and there were no significant predictors of smoking reduction status according to gender at any of the follow-up time-points. The current study did find that female smokers with psychosis were significantly more likely than males to report that they smoked to prevent weight gain. Furthermore, the females reported significantly more reasons for quitting smoking and were more likely to be driven by extrinsic motivators to quit such as immediate reinforcement and social influence, compared to the male smokers with psychosis. Clinical implications include specifically focussing on weight issues and enhancing intrinsic motivation to quit smoking for female smokers with psychosis; and strengthening reasons for quitting among males with psychosis. 2014 Elsevier Ireland Ltd.
- Country of Publication:** Ireland
- Publisher:** Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
- Publication Type:** Journal: Article
- Subject Headings:** [adult](#)
[article](#)
[bipolar disorder](#)
[controlled study](#)
[DSM-IV](#)
[female](#)
[human](#)
[ICD-10](#)
[major clinical study](#)
[male](#)
[middle aged](#)
[motivation](#)
[nicotine replacement therapy](#)
[outcome assessment](#)
[prevalence](#)
[priority journal](#)
[*psychosis](#)
[reinforcement](#)
[schizoaffective psychosis](#)
[*sex difference](#)
[sex ratio](#)
[*smoking](#)

smoking cessation
 social behavior
 "tobacco dependence/th [Therapy]"
 weight gain
 young adult

Source: EMBASE

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

35. The implications for the biological and sociodynamic causal explanations of attitudes toward alcohol-dependent patients

Citation: Psychiatry Research, March 2014, vol./is. 215/3(766-770), 0165-1781;1872-7123 (30 Mar 2014)

Author(s): Heberlein A.; Schuster R.; Ziert Y.; Opfermann B.; Bleich S.; Hillemacher T.

Institution: (Heberlein, Schuster, Bleich, Hillemacher) Department of Psychiatry, Social Psychiatry and Psychotherapy, Hannover Medical School, Germany; (Opfermann) Medical Service of the Health Funds Niedersachsen, Germany; (Ziert) Centre for Biometry, Medical Informatics and Medical Technology, Hannover Medical School, Germany

Language: English

Abstract: This study tested whether sole neurobiological or sociodynamic explanations of alcohol dependence altered respondents' attitudes toward alcohol-dependent patients. We investigated the effect of information leaflets on 444 participants: one group received an information leaflet with a biological explanation of AD; the other received a leaflet with a sole sociodynamic explanation of AD. A third, control group did not receive any leaflet. Afterwards, all three groups completed a questionnaire regarding their attitudes toward ADPs and their opinions of the underlying causes of AD. We found a significant group difference with regard to participants' agreement with a neurobiological explanation of AD. Moreover, respondents in the neurobiological intervention group considered the characteristics of ADP to be significantly more positive than those in the sociodynamic group. Furthermore, they were significantly less likely to accept AD as a self-inflicted disease. Correlation analysis revealed associations between accepting the sociodynamic disease model and all of the stigmatization dimensions tested in our questionnaire. In summary, stigmatization toward ADP was closely associated with the agreement with sociodynamic origins of AD in this study. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

Publication Type: Journal: Article

Subject Headings: adult
 *alcoholism
 article
 *attitude
 controlled study
 female
 human
 male
 medical information
 *neurobiology
 priority journal
 prognosis
 public opinion
 questionnaire
 self care
 social behavior
 *social evolution
 social stigma

Source: EMBASE

Full Text: Available from *Elsevier* in [Psychiatry Research](#)

36. Dysfunctional decision-making in pathological gambling: Pattern specificity and the role of impulsivity

Citation: Psychiatry Research, March 2014, vol./is. 215/3(675-682), 0165-1781;1872-7123 (30 Mar 2014)

Author(s): Kraplin A.; Dshemuchadse M.; Behrendt S.; Scherbaum S.; Goschke T.; Buhringer G.

Institution: (Kraplin, Dshemuchadse, Behrendt, Scherbaum, Goschke, Buhringer) Department of Psychology, Technische Universitaet Dresden, Dresden, Germany

Language: English

Abstract: Dysfunctional decision-making in individuals with pathological gambling (PGs) may result from dominating reward-driven processes, indicated by higher impulsivity. In the current study we examined (1) if PGs show specific decision-making impairments related to dominating reward-driven processes rather than to strategic planning deficits and (2) whether these impairments are related to impulsivity. Nineteen PGs according to DSM-IV and 19 matched control subjects undertook the Cambridge Gambling Task (CGT) to assess decision-making. The delay discounting paradigm (DDP) as well as the UPPS Impulsive Behavior Scale (measuring urgency, premeditation, perseverance and sensation seeking) were administered as multidimensional measures of impulsivity. Results revealed that (1) PGs exhibited higher risk seeking and an immediate reward focus in the CGT and, in contrast, comparable strategic planning to the control group. (2) Decision-making impairments were related to more severe delay discounting and, specifically, to increased urgency and less premeditation. Our findings suggest (1) the necessity to disentangle decision-making components in order to improve etiological models of PGs, and (2) that urgency and premeditation are specifically related to disadvantageous decision-making and should be tackled in intervention strategies focusing on emotion tolerance and control strategies. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

Publication Type: Journal: Article

Subject Headings: [adult](#)
[aged](#)
[article](#)
[clinical article](#)
[cognitive defect](#)
[controlled study](#)
[cross-sectional study](#)
[*decision making](#)
[delay discounting](#)
[executive function](#)
[human](#)
[*impulsiveness](#)
[male](#)
[meditation](#)
[*pathological gambling](#)
[priority journal](#)
[reward](#)

Source: EMBASE

Full Text: Available from *Elsevier* in [Psychiatry Research](#)

37. Do motivation deficits in schizophrenia-spectrum disorders promote cannabis use? An investigation of behavioural response to natural rewards and drug cues

Citation: Psychiatry Research, March 2014, vol./is. 215/3(522-527), 0165-1781;1872-7123 (30 Mar 2014)

Author(s): Cassidy C.M.; Lepage M.; Malla A.

Institution: (Cassidy, Lepage, Malla) McGill University, Douglas Mental Health University Institute, 6875 Boul., Lasalle, Montreal, Qc, H4H 1R3, Canada

Language: English

Abstract: Deficits in incentive motivation are often present in both Schizophrenia Spectrum Disorders (SSD) and substance-use disorders. The current study aims to test whether the presence of such deficits confers vulnerability to cannabis use in individuals with SSD. SSD patients (n=35) and healthy controls (n=35) were each divided into a group with (n=20) and a group without (n=15) current cannabis use disorder. Subjects performed a behavioural task designed for schizophrenia patients in which they could seek exposure to pleasant and cannabis visual stimuli on the basis of internal representations of these stimuli. Intensity of cannabis use was assessed by self-report. SSD patients were significantly less likely than controls to exert effort to try to re-view pleasant stimuli but were not significantly less likely to work to avoid unpleasant stimuli. Lack of response to re-view pleasant stimuli significantly predicted higher subsequent cannabis self-administration in patients but not controls, after controlling for degree of prior exposure to cannabis. Deficits in incentive motivation may be an aspect of SSD which promotes cannabis use in this population. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis)

Publication Type: Journal: Article

Subject Headings: [adult](#)
[article](#)
[association](#)
[avoidance behavior](#)
[*cannabis addiction](#)
[clinical article](#)
[controlled study](#)
[disease predisposition](#)
[drug exposure](#)
[drug self administration](#)
[human](#)
[male](#)
[*motivation](#)
[pleasant sensation](#)
[prediction](#)
[priority journal](#)
[reward](#)
["*schizophrenia/dt \[Drug Therapy\]"](#)
[self report](#)
[sensation](#)
[sensation seeking](#)
[task performance](#)
[unpleasant sensation](#)
[visual stimulation](#)
[young adult](#)
[cannabis](#)
["neuroleptic agent/dt \[Drug Therapy\]"](#)

Source: EMBASE

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

38. Averting comfortable lifestyle crises

Citation: Science Progress, December 2013, vol./is. 96/4(319-368), 0036-8504 (December 2013)

Author(s): Bilton R.

Institution: (Bilton) School of Pharmacy and Biomolecular Sciences, Liverpool John Moores University, United Kingdom

Language: English

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

Country of Publication: United Kingdom

Publisher: Science Reviews 2000 Ltd (P.O. Box 314, St. Albans, Herts. AL1 4ZG, United Kingdom)

Publication Type: Journal: Article

Subject Headings: [article](#)
[*diet](#)
[*evolution](#)
[*genetic epigenesis](#)
[human](#)
[*lifestyle](#)
[*obesity](#)

Source: EMBASE

39. Introduction

Citation: Alcohol and Alcoholism, March 2014, vol./is. 49/2(125), 0735-0414;1464-3502 (March 2014)

Author(s): Gilmore S.I.

Institution: (Gilmore) University of Liverpool, Liverpool L69 3BX, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Oxford University Press (Great Clarendon Street, Oxford OX2 6DP, United Kingdom)
CAS Registry Number: 64-17-5 (alcohol)
Publication Type: Journal: Article
Subject Headings: [advertising](#)
[*alcoholism](#)
[article](#)
[*drinking behavior](#)
[evidence based medicine](#)
[health care policy](#)
[human](#)
[Internet](#)
[priority journal](#)
[United Kingdom](#)
[*alcohol](#)

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

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

Citation: Academic psychiatry : the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, July 2013, vol./is. 37/4(243-247), 1545-7230 (1 Jul 2013)

Author(s): Carney S.; Bhugra D.K.

Institution: (Carney) Institute of Psychiatry, HSRD, London, U.K.

Language: English

Abstract: Recent training and education changes have raised important issues in delivery of psychiatric education at all levels. In this article, the authors describe the current status of mental health education in the training of all doctors and postgraduate training and education in psychiatry in the U.K. The authors explore and describe some of the initiatives that are being used in order to increase exposure to mental health placements in the Foundation Program, and they then describe the existing specific mental health opportunities within general practice and other specialist training programs. After graduation from medical school, a two-year Foundation training program is a must, and, at the end of the first year, trainees become eligible for full registration with the "regulator," the General Medical Council; after finishing the second year, they become eligible to undertake specialist training. Psychiatry training takes up to 6 years, and six specialties are recognized as leading to certificates for completion of training before independent practice. These six specialties are 1) general and community; 2) child and adolescent; 3) medical psychotherapy; 4) forensic psychiatry; 5) psychiatry of old age; and 6) psychiatry of learning disability. Also, three subspecialties—liaison psychiatry, addictions, and rehabilitation—form a part of the training in general and community psychiatry. The authors discuss advantages and disadvantages of such an approach and raise key issues related to ongoing work to improve recruitment, progression, and retention of trainee psychiatrists.

Country of Publication: United States

Publication Type: Journal: Article

Subject Headings: [article](#)
[*curriculum](#)
[education](#)
[general practice](#)
[human](#)
[*medical education](#)
[methodology](#)
[*psychiatry](#)
[United Kingdom](#)

Source: EMBASE

41. Pregnancy and substance misuse: Monitoring outcomes

Citation: Archives of Women's Mental Health, July 2013, vol./is. 16/(S98), 1434-1816 (July 2013)

Author(s): Osorio R.; Frayne C.; Hale T.; Beckles A.; Pohjonen P.; Sohoraye M.; Lofty C.

Institution: (Osorio, Frayne, Hale, Beckles, Pohjonen, Sohoraye, Lofty) CNWL Mental Health Foundation Trust, Addictions Direct., United Kingdom

Language: English

Abstract: Most women who attend services because of problematic use of drugs and/or alcohol are in their reproductive years. Managing pregnant drug/alcohol users requires the concerted efforts of multiple agencies, such as substance misuse, antenatal and social services. A Maternal Health Team within a Substance Misuse Service in Central London was developed to facilitate access and retention of pregnant drug/ alcohol using women and to prevent and reduce harm and complications associated with their substance misuse. Aims: To monitor outcomes of pregnancy for mother and baby of drug using mothers attending this service Method: All pregnant women using drugs and/or alcohol already attending or being referred, within a 3-year period were included. An outcome monitoring tool was developed, to evaluate Woman, Baby and Social outcomes. Women were encouraged to stabilise, reduce or discontinue drug/ alcohol use during pregnancy, attend antenatal care and to develop close links with social services. Results: Of a total of 61 pregnant drug-using women followed up, 58 babies were born. Three women miscarried and 9 had complications. The mean birth weight was 2900 g, 17/58 (29 %) babies experienced withdrawal symptoms and 27/58 (47 %) were being breastfed at 10 days. Comments/Conclusions: The proportion of pregnancy complications found was higher than the general population, in keeping with available evidence. The main difficulties encountered by the Team in delivering their interventions were: a) differences of practice within the substance misuse service, b) different and conflicting objectives between the different agencies: Social Services aim at protecting the unborn child, antenatal services and substance misuse services at protecting mother and baby, c) difficulties of the clients themselves, such as multiple and chaotic drug use, poverty, homelessness and a profound sense of disempowerment.

Conference Information: Marce International Society International Biennial General Scientific Meeting - "Acting Together Around Childbirth" 2012 Paris France. Conference Start: 20121003 Conference End: 20121005

Publisher: Springer Wien

Publication Type: Journal: Conference Abstract

Subject Headings: [*monitoring](#)
[*society](#)
[*childbirth](#)
[*pregnancy](#)
[female](#)
[human](#)
[baby](#)
[mother](#)
[social work](#)
[United Kingdom](#)
[withdrawal syndrome](#)
[maternal welfare](#)
[birth weight](#)
[prenatal care](#)
[alcohol consumption](#)
[poverty](#)
[pregnancy complication](#)
[drug use](#)
[child](#)
[population](#)

pregnant woman
homelessness
alcohol

Source: EMBASE

42. Discrepancy rates in liver biopsy reporting

Citation: Laboratory Investigation, February 2014, vol./is. 94/(502A-503A), 0023-6837 (February 2014)

Author(s): Colling R.; Verrill C.; Fryer E.; Wang L.M.; Fleming K.

Institution: (Colling, Verrill, Fryer, Wang, Fleming) Oxford University Hospitals NHS Trust, Oxford, United Kingdom; University of Oxford, Oxford, United Kingdom

Language: English

Abstract: Background: The reporting of medical liver biopsies takes place in both general (local) and specialist (referral) hospital settings. With relatively small case numbers however, maintenance of competency in a highly specialised field is potentially challenging in a general setting. This study evaluates the reporting discrepancies identified between cases referred to a specialist centre and the referring general pathologists. Design: Fifty consecutive recently referred cases were selected and original and final reports were compared. Discrepancies were classified as per the Royal College of Pathologists (UK) guidelines: B1 (a surprising discrepancy), B2 (a discrepancy occasionally seen), B3 (a common discrepancy where inter-observer variation is well recognised) or C (discrepancy due to failure in clinicopathological correlation). Discrepancies were also scored for potential clinical impact (1: none, 2: minor impact, 3: major impact). Results: The overall rate of any discrepancy was 40% (20 cases, see Table 1). The most common discrepancy (45%) type was B3 and these were mostly due to difficulties in recognising bile duct abnormalities and fibrosis staging. Most of the cases however had discrepancies which were not inter-observer dependant; six (12%) had B2 discrepancies, mainly due to misinterpretation of inflammatory infiltrates, one B1 discrepancy was found where steatohepatitis was reported by the referring pathologist as normal and there were four cases (8%) where poor clinicopathological correlation resulted in diagnostic discrepancies. Most discrepancies (70%) were of a major potential clinical impact (14% of all referrals) and none were considered to have no potential clinical impact. (Table Presented) ASH = alcoholic steatohepatitis Conclusions: Liver biopsy reporting discrepancy rates are high and although many of the difficulties are recognised as challenging areas of hepatopathology, the majority are avoidable and the potential clinical impact is usually great. With the increasing trend to sub-specialty reporting there is a strong argument for a review of liver biopsy reporting practices to include mandatory referral of all or selected cases and regular audit in the general setting.

Conference Information: 103rd Annual Meeting of the United States and Canadian Academy of Pathology, USCAP 2014 San Diego, CA United States. Conference Start: 20140301 Conference End: 20140307

Publisher: Nature Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings: *liver biopsy
*United States
*pathology
human
pathologist
medical specialist
staging
fibrosis
bile duct
hospital
medical audit
inflammatory infiltrate
observer variation

alcoholism
diagnosis
college

Source: EMBASE

43. An observational post-approval registry study of patients prescribed Sativex. Results from clinical practice

Citation: Multiple Sclerosis, October 2013, vol./is. 19/11 SUPPL. 1(480), 1352-4585 (October 2013)

Author(s): Eltayb A.; Etges T.; Wright S.

Institution: (Eltayb, Etges, Wright) GW Pharmaceuticals, Salisbury, United Kingdom

Language: English

Abstract: Introduction: Sativex (USAN: nabiximols) is an endocannabinoid system modulator that was first granted marketing authorisation for the treatment of spasticity in people with multiple sclerosis (MSS) in the EU in June 2010. At authorisation, GW Pharmaceuticals gave an undertaking to maintain a Sativex patient registry within the UK and subsequently also in Germany. We present interim results while the study is on-going. Objectives: The Registry is evaluating the long-term safety of Sativex for the potential for a) addiction, abuse and misuse b) long-term psychiatric effects including suicidality and psychosis c) mood changes/psychological effects (such as confusion/disorientation) d) memory impairment e) effect on driving ability f) falls. Methods: All physicians who prescribe Sativex in the UK are contacted and asked to participate in the Registry; in Germany specialist centres prescribing Sativex also participated. Every 6 months prescribers are asked to complete a Case Record Form on all patients who have received at least one prescription, regardless of the indication. Results: A total of 2335 different patients were prescribed Sativex. CRFs were completed for 687 of them (29%). The median exposure was 570 days, representing 1,072 patient years of exposure. The median dose was 4.0 sprays per day. 26% of patients had stopped taking Sativex. The most common adverse events in the Registry were fall in 34 patients (4.9%), depression 23 (3.3%), dizziness 13 (1.9%), multiple sclerosis 13 (1.9%) urinary tract infection 10 (1.5%), multiple sclerosis relapse 9 (1.3%), fatigue 9 (1.3%), anxiety 9 (1.3%) and nausea 9 (1.3%). For structured questions where data were provided 6% of patients had reported a fall requiring medical attention. 1% reported suicidal thoughts and there was one report of euthanasia. 5% reported an improvement in driving ability and 1% reported deterioration, 1% reported both, 93% reported no change/not relevant/not reported. Conclusions: 29% participation is good for this type of Registry. Patients use lower doses of Sativex in clinical practice than in controlled clinical studies. The rate of significant adverse events is low. No evidence of addiction, abuse, misuse or impairment of memory with Sativex. There is no apparent loss of driving ability. The registry is on-going and conclusions should be drawn cautiously from this data. However, the interim results to date support a positive benefit-risk for Sativex in long term use.

Conference Information: 29th Congress of the European Committee for Treatment and Research in Multiple Sclerosis,ECTRIMS, 18th Annual Conference of Rehabilitation in MS, RIMS Copenhagen Denmark. Conference Start: 20131002 Conference End: 20131005

Publisher: SAGE Publications Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *patient
*human
*clinical practice
*multiple sclerosis
*rehabilitation
*register
driving ability
addiction
United Kingdom
abuse
exposure

Germany
 medical specialist
 physician
 controlled clinical trial
 deterioration
 memory
 euthanasia
 prescription
 safety
 nausea
 memory disorder
 relapse
 mood
 spasticity
 fatigue
 anxiety
 urinary tract infection
 dizziness
 aerosol
 psychosis
 risk
 marketing
 *nabiximols
 endocannabinoid

Source: EMBASE

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

44. Bad medicine: Nalmefene in alcohol misuse

Citation: BMJ (Online), February 2014, vol./is. 348/, 1756-1833 (14 Feb 2014)

Author(s): Spence D.

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)

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

Publication Type: Journal: Note

Subject Headings: alcohol consumption
 alcohol withdrawal
 "*alcoholism/dm [Disease Management]"
 "*alcoholism/dt [Drug Therapy]"
 "*alcoholism/th [Therapy]"
 cost effectiveness analysis
 data analysis
 drinking behavior
 drug approval
 drug cost
 drug research
 human
 liver function test
 medical research
 note
 patient counseling
 priority journal
 treatment outcome

United Kingdom
 "*nalmefene/dt [Drug Therapy]"
 "*nalmefene/pe [Pharmacoeconomics]"
 "naltrexone/dt [Drug Therapy]"
 "naltrexone/pe [Pharmacoeconomics]"
 placebo

Source: EMBASE

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

45. Drug safety evaluation of ropinirole prolonged release

Citation: Expert Opinion on Drug Safety, March 2014, vol./is. 13/3(383-389), 1474-0338;1744-764X (March 2014)

Author(s): Stocchi F.; Radicati F.G.; Torti M.

Institution: (Stocchi, Radicati, Torti) Institute of Research and Medical Care, IRCCS San Raffaele Roma, via della Pisana 235, 00163 Rome, Italy

Language: English

Abstract: Introduction: The need for multiple administrations and a difficult titration schedule has always represented a limit in the use of dopamine agonists in the treatment of early Parkinson's disease. To avoid these problems, Ropinirole prolonged release (RPR), a non-ergoline dopamine receptor agonist that can be taken once a day, has been formulated. The prolonged release formulation has higher patient compliance due to a simpler and fastest titration schedule; the once-a-day administration makes this molecule especially suitable for young Parkinsonian patients who are still working and having an active lifestyle. Areas covered: In this paper, we will review ropinirole's mechanism of action including pharmacokinetics and pharmacodynamic data and the results of the main clinical studies in early and advanced PD patients. We will also discuss safety data shown during the experimental phase and after RPR commercialization. This article reviews the use of RPR in early and advanced Parkinsonian patients. Medical literature on the use of RPR in Parkinson's disease was identified using MEDLINE and the reference lists of published articles. Expert opinion: RPR is effective in the treatment of patients with early Parkinson's disease; in advanced Parkinsonian patients, the amount of daily off-time significantly decreases, improving the mean on time. RPR has also demonstrated to be effective in ameliorating the quality of sleep without increasing the occurrence of daily sleepiness and nocturnal psychosis. RPR was generally well tolerated in both early and advanced Parkinsonian patients. 2014 Informa UK, Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

CAS Registry Number: 25614-03-3 (bromocriptine); 81409-90-7 (cabergoline); 59-92-7 (levodopa); 66104-22-1 (pergolide); 66104-23-2 (pergolide); 104632-25-9 (pramipexole); 104632-26-0 (pramipexole); 91374-21-9 (ropinirole); 92206-54-7 (rotigotine)

Publication Type: Journal: Article

Subject Headings: "angioneurotic edema/si [Side Effect]"
 area under the curve
 article
 "binge eating disorder/si [Side Effect]"
 "compulsion/si [Side Effect]"
 "constipation/si [Side Effect]"
 "delirium/si [Side Effect]"
 "dizziness/si [Side Effect]"
 drug absorption
 drug bioavailability
 drug blood level
 drug clearance
 drug distribution

drug efficacy
 drug formulation
 "drug hypersensitivity/si [Side Effect]"
 "drug induced headache/si [Side Effect]"
 drug receptor binding
 *drug release
 drug safety
 drug tolerability
 "dyspepsia/si [Side Effect]"
 "faintness/si [Side Effect]"
 "fatigue/si [Side Effect]"
 "hallucination/si [Side Effect]"
 human
 "hypersexuality/si [Side Effect]"
 "mania/si [Side Effect]"
 maximum plasma concentration
 Medline
 minimum plasma concentration
 monotherapy
 multicenter study (topic)
 "nausea/si [Side Effect]"
 "paranoia/si [Side Effect]"
 "*Parkinson disease/dt [Drug Therapy]"
 "pathological gambling/si [Side Effect]"
 patient compliance
 pharmacodynamics
 pharmacokinetics
 phase 2 clinical trial (topic)
 phase 3 clinical trial (topic)
 plasma concentration-time curve
 postmarketing surveillance
 *prolonged drug release
 "somnolence/si [Side Effect]"
 systematic review (topic)
 time to maximum plasma concentration
 Unified Parkinson Disease Rating Scale
 bromocriptine
 cabergoline
 "dopamine receptor/ec [Endogenous Compound]"
 levodopa
 pergolide
 pramipexole
 "*ropinirole/ae [Adverse Drug Reaction]"
 "*ropinirole/dt [Drug Therapy]"
 "*ropinirole/pr [Pharmaceutics]"
 "*ropinirole/pk [Pharmacokinetics]"
 "*ropinirole/pd [Pharmacology]"
 rotigotine

Source: EMBASE

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

46. Emerging drugs to treat obsessive-compulsive disorder

Citation: Expert Opinion on Emerging Drugs, March 2014, vol./is. 19/1(67-77), 1472-8214 (March 2014)

Author(s): Pallanti S.; Grassi G.; Cantisani A.

Institution: (Grassi, Cantisani) University of Florence, Department of Psychiatry, via delle Gore 2H, 50141 Florence, Italy; (Pallanti) UC Davis Health System, Department of Psychiatry and Behavioral Sciences, 2230 Stockton Boulevard, Sacramento, CA 95817, United States

Language:	English
Abstract:	<p>Introduction: Obsessive-compulsive disorder (OCD) is a chronic and disabling neuropsychiatric disorder with a lifetime prevalence of approximately 1-2% and a rate of treatment resistance of 40%. Other disorders have been related to OCD and have been grouped together in a separate DSM-5 chapter, hypothesizing the existence of an 'OC spectrum', showing a paradigm shift in the conceptualization of the disorder. Areas covered: A review of the most important and recent neurobiological findings that sustain the hypothesis of a more sophisticated model of the disorder is provided, together with a brief overview of the most relevant pharmacological animal models of OCD and its first-line treatments. Current research goals, new compounds tested and the rationale behind the development of these new pharmacologic agents are then explained and reviewed. Expert opinion: In the past years, no effective novel compounds have emerged for the treatment of OCD, even if many efforts has been made in the study of its neurobiological underpinnings. Relevant changes in the conceptualization of the disorder, suggested by interesting new neurobiological evidences, may result helpful in the development of new treatments. Informa UK, Ltd.</p>
Country of Publication:	United Kingdom
Publisher:	Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
CAS Registry Number:	11070-68-1 (glutamic acid); 138-15-8 (glutamic acid); 56-86-0 (glutamic acid); 6899-05-4 (glutamic acid); 19982-08-2 (memantine); 41100-52-1 (memantine); 51052-62-1 (memantine)
Publication Type:	Journal: Review
Subject Headings:	<p>addiction amino acid deficiency amygdaloid nucleus anxiety disorder attention deficit disorder behavior disorder cognitive behavioral stress management cognitive therapy competitive behavior disease classification early diagnosis early intervention environmental exposure neuromodulation nonhuman *obsessive compulsive disorder prefrontal cortex primary health care review treatment indication treatment response glutamic acid *memantine *serotonin noradrenalin reuptake inhibitor *serotonin uptake inhibitor</p>
Source:	EMBASE
Full Text:	Available from <i>Informa Healthcare</i> in Expert Opinion on Emerging Drugs
47. A prospective cohort study of alcohol exposure in early and late pregnancy within an urban population in Ireland	
Citation:	International Journal of Environmental Research and Public Health, 2014, vol./is. 11/2(2049-2063), 1661-7827;1660-4601 (2014)
Author(s):	Murphy D.J.; Dunney C.; Mullally A.; Adnan N.; Fahey T.; Barry J.

Institution: (Murphy, Dunney, Mullally) Academic Department of Obstetrics and Gynaecology, Coombe Women and Infants University Hospital and Trinity College Dublin, Dublin 8, Ireland; (Adnan) Coombe Women and Infants University Hospital, Dublin 8, Ireland; (Fahey) HRB Centre for Primary Care Research, Department of Family Medicine and General Practice, Royal College of Surgeons in Ireland, Dublin 2, Ireland; (Barry) Department of Public Health and Primary Care, Trinity College Dublin, Dublin 2, Ireland

Language: English

Abstract: Most studies of alcohol consumption in pregnancy have looked at one time point only, often relying on recall. The aim of this longitudinal study was to determine whether alcohol consumption changes in early and late pregnancy and whether this affects perinatal outcomes. We performed a prospective cohort study, conducted from November 2010 to December 2011 at a teaching hospital in the Republic of Ireland. Of the 907 women with a singleton pregnancy who booked for antenatal care and delivered at the hospital, 185 (20%) abstained from alcohol in the first trimester but drank in the third trimester, 105 (12%) consumed alcohol in the first and third trimesters, and the remaining 617 (68%) consumed no alcohol in pregnancy. Factors associated with continuing to drink in pregnancy included older maternal age (30-39 years), Irish nationality, private healthcare, smoking, and a history of illicit drug use. Compared to pre-pregnancy, alcohol consumption in pregnancy was markedly reduced, with the majority of drinkers consuming < 5 units per week (92% in first trimester, 72-75% in third trimester). Perhaps because of this, perinatal outcomes were similar for non-drinkers, women who abstained from alcohol in the first trimester, and women who drank in the first and third trimester of pregnancy. Most women moderate their alcohol consumption in pregnancy, especially in the first trimester, and have perinatal outcomes similar to those who abstain. 2014 by the authors; licensee MDPI, Basel, Switzerland.

Country of Publication: Switzerland

Publisher: MDPI AG (Postfach, Basel CH-4005, Switzerland)

Publication Type: Journal: Article

Subject Headings: [adult](#)
[alcohol abstinence](#)
[*alcohol consumption](#)
[article](#)
[cohort analysis](#)
[drinking behavior](#)
[drug misuse](#)
[female](#)
[*first trimester pregnancy](#)
[human](#)
[Ireland](#)
[longitudinal study](#)
[maternal age](#)
[pregnancy outcome](#)
[private hospital](#)
[prospective study](#)
[smoking](#)
[*third trimester pregnancy](#)
[urban population](#)
[young adult](#)

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.

48. Complex suicide with homemade nicotine patches

Citation: Forensic Science International, March 2014, vol./is. 236/(e14-e18), 0379-0738;1872-6283 (March 2014)

Author(s): Lardi C.; Vogt S.; Pollak S.; Thierauf A.

Institution: (Lardi, Vogt, Pollak, Thierauf) Institute of Forensic Medicine, Freiburg University Medical Center, Albertstrase 9, 79104 Freiburg im Breisgau, Germany; (Lardi) University Center of Legal Medicine, Geneva University Hospitals (HUG), Rue Michel-Servet 1, 1211 Geneva 4, Switzerland; (Lardi) University Center of Legal Medicine, Geneva University Hospitals (HUG), Rue Michel-Servet, 1211 Geneva 4, Switzerland

Language: English

Abstract: Suicide by self-poisoning is rather common around the world. This paper presents an exceptional complex suicide in which nicotine was applied in the form of self-made patches soaked with an extraction from fine-cut tobacco. In addition, the 51-year-old suicide victim took a lethal dose of diphenhydramine. Toxicological analysis also revealed the presence of tetrazepam in subtherapeutic concentrations. The scene of death suggested an autoerotic accident at first, as the body was tied with tapes, cables and handcuffs. As a result of the entire investigations, the fatality had to be classified as a suicidal intoxication by nicotine and diphenhydramine. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

CAS Registry Number: 486-56-6 (cotinine); 147-24-0 (diphenhydramine); 58-73-1 (diphenhydramine); 10379-14-3 (tetrazepam)

Publication Type: Journal: Article

Subject Headings: [adult](#)
[article](#)
[autopsy](#)
[case report](#)
[cause of death](#)
[concentration \(parameters\)](#)
[fatality](#)
[femoral vein](#)
[histopathology](#)
[human](#)
[male](#)
[priority journal](#)
[*self poisoning](#)
[*suicide](#)
[tobacco](#)
[tobacco dependence](#)
[toxicology](#)
[cotinine](#)
["diphenhydramine/to \[Drug Toxicity\]"](#)
["*nicotine patch/to \[Drug Toxicity\]"](#)
["tetrazepam/to \[Drug Toxicity\]"](#)

Source: EMBASE

Full Text: Available from *Elsevier* in [Forensic Science International](#)

49. Mindfulness deficits in a sample of substance abuse treatment seeking adults: A descriptive investigation

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(194-198), 1465-9891;1475-9942 (2014)

Author(s): Shorey R.C.; Brasfield H.; Anderson S.; Stuart G.L.

Institution: (Shorey, Brasfield, Stuart) Department of Psychology, University of Tennessee, Austin Peay Building, 1404 Circle Dr., 311 Knoxville, TN 37996, United States; (Anderson) Cornerstone of Recovery, Louisville, TN, United States

Language: English

Abstract: Mindfulness is increasingly being recognized as an important correlate of mental health, and is inversely correlated with substance use. To date, preliminary research suggests that mindfulness-based interventions may be effective for the treatment of substance use disorders. However, there is a notable lack of research on deficits in mindfulness among individuals who seek residential substance abuse treatment, including whether they report lower levels of mindfulness relative to healthy controls. Thus, the current study examined differences in mindfulness between a sample of adult substance abusers who sought residential treatment (N = 107) and normative data on mindfulness from healthy adults. Results demonstrated that the substance abusers reported less mindfulness relative to the normative data, including lower levels of mindful curiosity and decentering, with effect sizes differences between groups falling into the large range. No differences were evident in mindfulness between men and women patients or between individuals with an alcohol or drug diagnosis. These results provide evidence that substance abusers seeking treatment may have lower levels of mindfulness relative to healthy adults, supporting the use of mindfulness-based interventions with this population. 2014 Informa UK Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

Publication Type: Journal: Article

Subject Headings: [alcohol abuse](#)
[alcoholism](#)
[article](#)
[cannabis addiction](#)
[cocaine dependence](#)
[drug dependence](#)
[*drug dependence treatment](#)
[effect size](#)
[female](#)
[human](#)
[major clinical study](#)
[male](#)
[methamphetamine dependence](#)
[*mindfulness](#)
[priority journal](#)
[residential care](#)
[sex difference](#)
[substance abuse](#)
[substance use](#)

Source: EMBASE

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

50. Preparation for alcohol detoxification group programme. Service users' evaluation of individual sessions

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(184-187), 1465-9891;1475-9942 (2014)

Author(s): Kouimtsidis C.; Kolli S.

Institution: (Kouimtsidis) Surrey and Borders Partnership NHS Foundation Trust, IHEAR Partnership, Pharmacia House, 1 Prince Regent Rd, Hounslow, TW3 1NE, United Kingdom; (Kolli) Hertfordshire Partnership NHS Foundation Trust, Hemel Hempstead, United Kingdom

Language: English

Abstract: There is limited evidence to guide clinicians on how to prepare alcohol-dependent clients for detoxification. This paper briefly reports the evaluation of the Preparation for Alcohol Detoxification group programme sessions by service users. Methods: Clients attending the programme provided feedback using a specially developed form containing closed and free text questions. Results: One hundred and thirty three forms were analysed out of 166 received. Completion rate per session varied from 46 to 100%. The majority of clients were positive or partly positive for all sessions. Clients felt welcome to participate

in all sessions. For the sessions "understanding addiction" and "relapse prevention" clients were rather neutral, indicating a need to change session content or focus. Conclusion: Clients felt able to participate actively despite the structured nature of the sessions. The positive response might be related to the therapeutic approach taken by group facilitators, inviting clients to engage in active exploration of their difficulties and practise of potential solutions, achieving a balance between didactic and experiential style. 2014 Informa UK Ltd.

Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
CAS Registry Number: 64-17-5 (alcohol)
Publication Type: Journal: Article
Subject Headings: [aftercare](#)
[*alcohol detoxification](#)
["*alcoholism/th \[Therapy\]"](#)
[article](#)
[clinical evaluation](#)
[*detoxification](#)
[exploratory behavior](#)
[feedback system](#)
[*group therapy](#)
[health program](#)
[human](#)
[major clinical study](#)
[patient education](#)
[patient participation](#)
[pilot study](#)
[priority journal](#)
[qualitative research](#)
[questionnaire](#)
["relapse/pc \[Prevention\]"](#)
[*satisfaction](#)
[*service user satisfaction](#)
[severity of alcohol dependence questionnaire](#)
[treatment outcome](#)
[*alcohol](#)

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

51. Catatonia due to surreptitious administration of disulfiram: A case report

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(181-183), 1465-9891;1475-9942 (2014)
Author(s): Dixit V.; Karia S.; Kalra G.
Institution: (Dixit, Karia) Department of Psychiatry, LTM Medical College, Sion Hospital, Mumbai, India; (Kalra) Department of Psychiatry, MGM Medical College and Hospital, MGM University of Health Sciences, Kamothe, New Mumbai, Maharashtra 410 209, India
Language: English
Abstract: Disulfiram is an aversive agent used as an alcohol deterrent in the treatment of alcohol dependence. Disulfiram causes many side effects including catatonia. We present a case report of catatonia that developed when disulfiram was administered to a patient without his knowledge. 2014 Informa UK Ltd.

Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
CAS Registry Number: 77337-73-6 (acamprosate); 64-17-5 (alcohol); 97-77-8 (disulfiram); 846-49-1 (lorazepam); 132539-06-1 (olanzapine)

Publication Type: Journal: Article

Subject Headings: adult
alcohol consumption
"*alcoholism/dt [Drug Therapy]"
anxiety
article
case report
"*catatonia/si [Side Effect]"
defense mechanism
dizziness
drinking behavior
drug dose reduction
"drug induced disease/dt [Drug Therapy]"
dyspnea
follow up
heart palpitation
human
male
mental health
nausea
priority journal
restlessness
sweating
vomiting
weakness
acamprosate
alcohol
"*disulfiram/ae [Adverse Drug Reaction]"
"*disulfiram/dt [Drug Therapy]"
lorazepam
olanzapine

Source: EMBASE

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

52. Characteristics and consequences of prescription drug misuse among university students in the United Kingdom

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(156-163), 1465-9891;1475-9942 (2014)

Author(s): Holloway K.R.; Bennett T.H.; Parry O.; Gorden C.

Institution: (Holloway, Bennett) Department of Criminology, Centre for Criminology, University of Glamorgan, Pontypridd, CF37 1DL, United Kingdom; (Parry, Gorden) Applied Social Sciences, Glyndwr University, Wrexham, United Kingdom

Language: English

Abstract: Introduction: Prescription drug misuse is associated with various problems relating to physical health, psychological disorders, social relationships, as well as broader societal and economic problems. Research in the United States has shown that university students are a high-risk group for involvement in prescription drug misuse. There has been almost no research on prescription drug misuse among university students outside of the United States. Methods: The study was based on an online survey of students currently registered at a university in north Wales. Respondents completed a structured questionnaire covering topics relating to the characteristics and consequences of prescription drug misuse. The analysis was based on those students reporting prescription drug misuse. Results: The most common medications misused were prescribed pain relievers, tranquilisers and sedatives. The main motives for misuse were to obtain the therapeutic benefits of the drug, recreational purposes and mood enhancement. The main problems associated with prescription drug misuse were addiction, physiological and psychological disorders and relationships. Conclusion: The study revealed a wide range of problems experienced by students who misuse prescription drugs. More could be done to tackle prescription drug

misuse among students through campus-based drug prevention programmes. 2014
Informa UK Ltd.

Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
Publication Type: Journal: Article
Subject Headings: [article](#)
[*drug misuse](#)
[female](#)
[health survey](#)
[human](#)
[Internet](#)
[major clinical study](#)
[male](#)
[mental disease](#)
[mood change](#)
[priority journal](#)
[social interaction](#)
[structured questionnaire](#)
[substance abuse](#)
[United Kingdom](#)
[university student](#)
["analgesic agent/to \[Drug Toxicity\]"](#)
["antidepressant agent/to \[Drug Toxicity\]"](#)
["central stimulant agent/to \[Drug Toxicity\]"](#)
["*prescription drug/to \[Drug Toxicity\]"](#)
["recreational drug/to \[Drug Toxicity\]"](#)
["sedative agent/to \[Drug Toxicity\]"](#)
["tranquilizer/to \[Drug Toxicity\]"](#)

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

53. A qualitative exploration of relations and interactions between people who are homeless and use drugs and staff in homeless hostel accommodation

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(134-140), 1465-9891;1475-9942 (2014)
Author(s): Stevenson C.
Institution: (Stevenson) Department of Psychology, Social Work and Public Health, Oxford Brookes University, Jack Straws Lane, Oxford, OX3 0FL, United Kingdom
Language: English
Abstract: Aims: This article explores relations and interactions between hostel staff and people who are homeless, use drugs (PHUD) and stay in hostels and shelters. Methods: Data collection took place in six areas of South Central England. Semi-structured interviews were conducted with 40 participants who were staying or had recently stayed in an emergency hostel or shelter. Recordings were professionally transcribed and coded and analysed using Framework. Results: Despite there being some positive experiences, generally PHUD had negative experiences of living in hostels. Poor treatment, not listening, lack of privacy, infantilization and unprofessionalism emerged as key themes and impeded the development of social capital. Conclusions: Hostel staff are not always assigned a therapeutic role. However evidence from the current study suggests that care and consideration may go a long way in aiding homeless drug users' progression in hostel settings. 2014 Informa UK Ltd.

Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
CAS Registry Number: 64-17-5 (alcohol); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine)

Publication Type: Journal: Article

Subject Headings: adult
alcohol consumption
article
clinical article
cocaine dependence
*drug abuse
female
*halfway house
harm reduction
heroin dependence
*homelessness
human
male
middle aged
organization and management
personal space
priority journal
qualitative research
semi structured interview
social capital
substance use
urinalysis
wellbeing
young adult
alcohol
cocaine
diamorphine

Source: EMBASE

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

54. Absolute and age-dependent elevations of serum calcium and phosphate and their products in clinical opiate dependence

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(125-133), 1465-9891;1475-9942 (2014)

Author(s): Reece A.S.

Institution: (Reece) School of Psychiatry and Clinical Neurosciences, University of Western Australia, 39 Gladstone Road, Highgate Hill, QLD 4101, Australia

Language: English

Abstract: Context: Chronic opiate dependence has been linked with premature appearance of many chronic age-related disorders and blood-borne biomarkers of ageing. Objective: To determine if clinical opiate substance use disorder (SUD) was associated with elevations of serum calcium and phosphate and their various products. Methods: Chemical pathology records were traced retrospectively. Results: A total of 1747 SUD patients were compared with 6454 non-SUD (NSUD) patients. The mean (+SD) ages were 32.06 + 6.64 and 32.13 + 8.12 years, respectively ($p = 0.74$). The two groups were 69.5% and 54.6% male ($p < 0.0001$). The mean serum calcium levels were 2.40 + 0.11 and 2.37 + 0.10 mmol/l ($p < 0.0001$). This significant difference was unrelated to albumin levels, and also occurred for phosphate: 1.17 + 0.22 and 1.15 + 0.22 ($p < 0.0001$). Both the calcium-phosphate product and the calcium-phosphate solubility product were also elevated. These elevations persisted at multiple regression against age in both additive and interactive models with age (most $p < 0.0001$). At age 35, the corrected calcium and phosphate were equivalent to a 75.1% and 13.5% age advancement, respectively. Conclusion: Opiate dependence is associated with significant elevations of calcium and phosphate both in absolute terms, and after correction for serum albumin and age. Their product and their solubility product are similarly elevated. 2014 Informa UK Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

CAS Registry Number: 14092-94-5 (calcium); 7440-70-2 (calcium); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 14066-19-4 (phosphate); 14265-44-2 (phosphate); 9048-46-8 (serum albumin)

Publication Type: Journal: Article

Subject Headings: adult
*aging
albumin blood level
article
calcium blood level
controlled study
female
human
major clinical study
male
*opiate addiction
pathology
phosphate blood level
priority journal
retrospective study
solubility
"*calcium/ec [Endogenous Compound]"
*opiate
"*phosphate/ec [Endogenous Compound]"
"serum albumin/ec [Endogenous Compound]"

Source: EMBASE

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

55. Alcohol consumption and risky sexual behaviour amongst young adults in a low-income community in Cape Town

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(118-124), 1465-9891;1475-9942 (2014)

Author(s): Adams S.; Savahl S.; Carels C.; Isaacs S.; Brown Q.; Malinga M.; Monageng B.; Zozulya M.

Institution: (Adams, Savahl, Carels, Isaacs, Brown, Malinga, Monageng, Zozulya) Department of Psychology, University of the Western Cape, Bellville, Cape Town, South Africa

Language: English

Abstract: Aims: The aim of the study was to explore alcohol use and risky sexual behaviour among young adults in a low-income community in Cape Town. Design and setting: The study followed a descriptive correlational design within a quantitative methodological framework. More specifically, a participatory research model was employed in collaboration with young people attending a secondary school in the participating community. Data collection: The street-intercept method was used to administer a structured questionnaire consisting of the Alcohol Use Disorders Identification Test and the Self-Report Risky Sexual Behaviours Scale. Findings: A key finding of this study contributes to the established body of research demonstrating a significant relationship between alcohol consumption and RSB ($r = 0.48$; $p < 0.01$; $N = 143$). Another crucial finding of the study indicates that a substantial amount of the participants are classified as either harmful drinkers (Males = 20.0%; Females = 17.8%) or being alcohol dependent (Males = 54.3%; Females = 47.9%). Conclusions: These statistics are a typical reflection of drinking behaviour in impoverished communities in Cape Town and South Africa in general. The findings display the exigency for interventions to start at both the primary and secondary school level to counter the effects and consequences of alcohol consumption and risky sexual behaviour among young adults in this community. 2014 Informa UK Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

Publication Type: Journal: Article

Subject Headings: adult
*alcohol consumption
alcohol use disorder
alcoholism
article
city
condom use
drinking behavior
female
*high risk behavior
high school
human
*lowest income group
major clinical study
male
priority journal
*risky sexual behaviour
self report
*sexual behavior
South Africa
structured questionnaire
young adult

Source: EMBASE

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

56. Effects of the Phramongkutklao model on alcohol-dependent patient: A randomized controlled trial

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(81-88), 1465-9891;1475-9942 (2014)

Author(s): Daengthoen L.; Saengcharnchai P.; Yingwiwattanapong J.; Perngparn U.

Institution: (Daengthoen, Yingwiwattanapong, Perngparn) WHO Collaborating Centre for Research and Training in Drug Dependence, College of Public Health Sciences, Chulalongkorn University, Bangkok 10330, Thailand; (Saengcharnchai, Yingwiwattanapong) Department of Psychiatry and Neurology, Phramongkutklao Hospital, Bangkok, Thailand

Language: English

Abstract: This study was conducted to investigate the effects of Phramongkutklao (PMK) model at Department of Psychiatry and Neurology, Phramongkutklao Hospital. A randomized trial, assigned into the usual care (n = 53) or PMK model (n = 47) group. One hundred alcohol-dependent patients were assessed by using the 4th Diagnostic and Statistic Manual of Mental Disorder (DSM-IV) to diagnose alcohol dependence and Alcohol Use Disorders Identification Test (AUDIT) to determine the level of alcohol addiction. There were significant differences between usual care and PMK model groups on reducing or abstaining from alcohol consumption at 6-month follow-ups (p < 0.01). The participants in the PMK model group showed a total moderate quality of life, which was better than those in the usual care group after 6 months. According to the comparison of readiness to change outcome, the results showed a change to reduce or abstain from alcohol consumption in the PMK model group; in contrast, in the usual care group there was no change. The three situations positive, negative and craving drinking demonstrated significant in self-efficacy in the PMK model group. To conclude, the intensive inpatient rehabilitation (PMK model) intervention was more effective than usual care. Accordingly, this study was done in the setting at an inpatient psychiatric department; therefore, it could be generalized to any other similar areas. 2014 Informa UK Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

Publication Type: Journal: Article

Subject Headings: adult
alcohol abstinence
alcohol consumption
*alcohol rehabilitation program
alcohol use disorder
alcohol withdrawal
"*alcoholism/rh [Rehabilitation]"
article
clinical article
controlled study
DSM-IV
female
follow up
hospital patient
human
male
middle aged
*Phramongkutklao model
priority journal
psychiatric department
quality of life
randomized controlled trial
Thailand
treatment duration
treatment outcome

Source: EMBASE

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

57. Adolescents misusing prescription drugs: Who's the riskiest users of them all?

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(68-74), 1465-9891;1475-9942 (2014)

Author(s): Milner L.A.; Ham L.S.; Zamboanga B.L.

Institution: (Milner, Ham) Department of Psychological Science, University of Arkansas, 216 Memorial Hall, Fayetteville, AR 72701, United States; (Zamboanga) Department of Psychology, Smith College, Northampton, MA, United States

Language: English

Abstract: Early age of onset of alcohol use or prescription drug misuse (PDM) is associated with later alcohol or prescription drug-related substance use disorders. While the prevalence of PDM among youth continues to increase at an alarming rate, relatively little research attention has been given to the study of adolescent PDM. The present study examined differences in risky behaviors (hazardous drinking and externalizing symptoms) and impulsivity among adolescents (N = 111) who reported current PDM and underage alcohol use (i.e. PDM and alcohol use in past 30 days; n = 37), current underage alcohol use only (i.e. past-30-day alcohol use but no PDM in past 30 days; n = 37) and those who reported no alcohol or drug use in past 30 days (n = 37). Findings indicated that adolescents who reported current PDM also reported highest levels of hazardous alcohol use and impulsivity compared to adolescents in the current alcohol-only and current non-user groups. Adolescents who reported current PDM also reported higher levels of externalizing symptoms than did non-current using adolescents. Overall, the results of the present study suggest that adolescents who misuse prescription drugs could be at high risk for involvement in other types of problem behaviors. 2014 Informa UK Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

CAS Registry Number: 124-90-3 (oxycodone); 76-42-6 (oxycodone)

Publication Type: Journal: Article

Subject Headings: adolescent
alcohol consumption
article
*drug misuse
drug use
female
health behavior
high risk behavior
human
impulsiveness
major clinical study
male
post hoc analysis
prevalence
priority journal
Problem Behavior Theory
self care
self report
hydrocodone bitartrate plus paracetamol
illicit drug
oxycodone
*prescription drug

Source: EMBASE

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

58. Stakeholder views on pharmacist prescribing in addiction services in NHS Lanarkshire

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(56-67), 1465-9891;1475-9942 (2014)

Author(s): Hill D.R.; Conroy S.; Brown R.C.; Burt G.A.; Campbell D.

Institution: (Hill, Conroy) NHS Lanarkshire Drugs and Alcohol Services, Airbles Road Centre, 49-59 Airbles Road, Motherwell, Lanarkshire, ML1 2TP, United Kingdom; (Brown, Burt, Campbell) Strathclyde Institute of Pharmacy and Biomedical Sciences, Strathclyde University, Glasgow, United Kingdom

Language: English

Abstract: NHS Lanarkshire has been at the forefront in using non-medical prescribers since its inception in 2004. NHS Lanarkshire offers several non-medical prescribers clinics and plans to employ a full-time pharmacist within the redesigned "Community Prescribing Service". The use of pharmacist prescribers is an integral part of addiction services in NHS Lanarkshire's adoption of the Scottish Government's policy, and offers an alternative way for patients to complete their journey to recovery. Although embracing the concept of non-medical and pharmacist prescribers, there has, to date, been no analysis of the efficacy or acceptability of this amongst the stakeholders and service users, this article sets out to establish the initial stages of this and form the basis of further research. We show that pharmacist prescribers are now seen as an integral part of NHS Lanarkshire's addiction services. Not only is this seen as effective, it is also the preferred option for many service users, encouraging them to maintain their journey along the path to recovery. The pharmacists themselves see their value to the service and the patients. Although the medical prescribers have more reservations, none are to be convinced about the benefits to patients. 2014 Informa UK Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

Publication Type: Journal: Article

Subject Headings: *addiction
adult

[article](#)
[drug misuse](#)
[female](#)
[health care delivery](#)
[health care personnel](#)
[health center](#)
[*health service](#)
[hospital](#)
[human](#)
[major clinical study](#)
[male](#)
[*national health service](#)
[perception](#)
[*pharmacist](#)
[pharmacy](#)
[*prescription](#)
[priority journal](#)
[professional competence](#)

Source: EMBASE

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

59. Childhood abuse and cannabis use among adolescents with mental health needs in Ontario, Canada

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(18-24), 1465-9891;1475-9942 (2014)

Author(s): Baiden P.; Stewart S.L.; Den Dunnen W.

Institution: (Baiden, Stewart) Applied Research and Education, Child and Parent Resource Institute, 600 Sanatorium Road, London, ON, N6H 3W7, Canada; (Den Dunnen) School of Psychology, University of Ottawa, Ottawa, ON, Canada

Language: English

Abstract: Objective: The purpose of this study was to examine the association between childhood abuse (emotional, physical and sexual abuse) and cannabis use among adolescents with mental health needs. Methods: Data on 3681 adolescent in-patients, 12-18 years old, were obtained from the Resident Assessment Instrument for Mental Health (RAI-MH). Using logistic regression, we estimated the odds of using cannabis by adolescents who experienced childhood abuse after controlling for age, gender, Aboriginal origin, problems with addiction, history of criminal justice involvement and symptoms of depression and mania. Results: There were 1844 adolescents, representing 50.1%, who reported using cannabis within the last 12 months. Controlling for demographic and patient characteristics, we found that cannabis use in the past year was strongly associated with childhood sexual and physical abuse. Compared to non-abused females, females who experienced sexual and physical abuse were more likely to have used cannabis. For males, the experience of physical abuse was marginally associated with cannabis use. Conclusion: The current data demonstrate the strong association between childhood sexual and physical abuse and cannabis use with a particularly strong association for females. Efforts aimed at treating cannabis use in adolescents who present with mental health needs should also consider their abuse histories. 2014 Informa UK Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis)

Publication Type: Journal: Article

Subject Headings:
[adolescent](#)
[article](#)
[Canada](#)
[*cannabis addiction](#)
[*cannabis use](#)
[*child abuse](#)

child sexual abuse
 clinical assessment
 clinical observation
 criminal justice
 emotional abuse
 female
 human
 major clinical study
 male
 *mental disease
 mental health
 outcome assessment
 physical abuse
 priority journal
 *cannabis

Source: EMBASE

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

60. Factors associated with alcohol problems among Asian American college students: Gender, ethnicity, smoking and depressed mood

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(12-17), 1465-9891;1475-9942 (2014)

Author(s): Kim S.S.; Lee H.O.; Kiang P.; Kalman D.; Ziedonis D.M.

Institution: (Kim, Kalman, Ziedonis) Department of Psychiatry, University of Massachusetts, Medical School, 365 Plantation Street, Worcester, MA 01652, United States; (Lee) College of Nursing and Health Sciences, University of Massachusetts, Boston, MA, United States; (Kiang) Asian American Studies Program, University of Massachusetts, Boston, MA, United States

Language: English

Abstract: Objective: This study examined gender, ethnicity and psychological factors associated with alcohol problems among Asian American college students, using the CAGE questionnaire. Method: The study is a cross-sectional, school-based survey. College students who self-identified as Asian, participated. Results: The sample comprised 258 Asian American college students (132 men and 126 women). In all, 17.7% of males and 8.9% of females had alcohol problems based on CAGE score of 2 or more; yet, the difference was marginally significant ($\chi^2 [1, N = 225] = 3.7, p = 0.08$). Chinese and Vietnamese males tended to have more alcohol problems than females in their respective ethnic subgroups. Among Koreans, more females (33%) had the problems than males (11%). Male students did not differ in alcohol problems by ethnicity, whereas Korean females were more likely to have the problems ($\chi^2 [4, N = 112] = 13.0, p = 0.01$) than females in the other groups. After controlling for gender, Asian American college students who were older (>25), smoking currently and reporting depressed mood were more likely to have alcohol problems. Conclusions: College health center workers should monitor more closely Asian students who have the risk factors for early detection of and treatment for alcohol problems. 2014 Informa UK Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

Publication Type: Journal: Article

Subject Headings: adult
 "*alcoholism/ep [Epidemiology]"
 article
 *Asian American
 Chinese
 *college student
 controlled study
 cultural factor

demography
 "*depression/co [Complication]"
 "*depression/ep [Epidemiology]"
 disease association
 ethnic group
 *ethnicity
 female
 *gender
 health center
 health survey
 human
 Korea
 major clinical study
 male
 priority journal
 psychological aspect
 questionnaire
 school
 scoring system
 *smoking
 Viet Nam
 young adult

Source: EMBASE

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

61. The efficacy and predictive value of the heavy smoking index for smoking cessation among daily smokers in a public health center

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(7-11), 1465-9891;1475-9942 (2014)

Author(s): Bhang S.-Y.; Choi S.-W.; Ahn J.-H.

Institution: (Bhang, Choi) Department of Psychiatry, Gangnam Eulji Hospital, Eulji University, Seongnam, South Korea; (Ahn) Department of Psychiatry, Ulsan University Hospital, University of Ulsan, Ulsan, South Korea

Language: English

Abstract: Objective: The present study tested the effectiveness of the Heavy Smoking Index (HSI) for the screening of high nicotine dependence and the predictive value of HSI on smoking cessation within a community sample in a public health center. Methods: The Fagerstrom Test for Nicotine Dependence (FTND) scores from 1069 smokers who visited a public health center in Korea was analyzed. Receiver operating characteristic analyses were performed to calculate sensitivity and specificity values to compare the effectiveness of HSI to items 1 and 4 of FTND. In addition, HSI at baseline was found to predict smoking cessation after 4 weeks and after 6 months using logistic regression. We assessed whether HSI at baseline would predict smoking cessation after 4 weeks and after 6 months using logistical regression. Results: For the results, a score of 4 on HSI was considered optimal. Additionally, the predictive value for smoking cessation of both HSI and FTND were found to be statistically valid at baseline. Conclusions: Our results indicate that HSI is a useful brief screening tool to detect high nicotine dependence in a public health center. 2014 Informa UK Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

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

Publication Type: Journal: Article

Subject Headings: adolescent
adult
aged
article

[child](#)
[community sample](#)
[comparative effectiveness](#)
[Fagerstrom Test for Nicotine Dependence](#)
[female](#)
[*heavy smoking index](#)
[human](#)
[major clinical study](#)
[male](#)
[middle aged](#)
[*named inventories questionnaires and rating scales](#)
[patient counseling](#)
[predictive validity](#)
[predictive value](#)
[priority journal](#)
[public health service](#)
[retrospective study](#)
[school child](#)
[scoring system](#)
[screening test](#)
[sensitivity and specificity](#)
[*smoking cessation](#)
[*tobacco dependence](#)
[very elderly](#)
[young adult](#)
[*nicotine](#)

Source: EMBASE

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

62. Public perceptions of food addiction: A comparison with alcohol and tobacco

Citation: Journal of Substance Use, 2014, vol./is. 19/1-2(1-6), 1465-9891;1475-9942 (2014)

Author(s): DePierre J.A.; Puhl R.M.; Luedicke J.

Institution: (DePierre, Puhl, Luedicke) Rudd Center for Food Policy and Obesity, Yale University, 309 Edwards Street, New Haven, CT 06520-8369, United States

Language: English

Abstract: Background: As science has begun to provide support for food's addictive properties, food addiction has gained increased attention from academics, health care professionals and mainstream media as a contributor to obesity. To date, no research has examined public perceptions of this condition, which may affect attitudes towards food addiction and obesity as well as beliefs about "addictive" food products. Methods: Using a survey methodology in a national sample of 570 adults, this study compared perceptions of food addiction to smoking and alcoholism, assessing beliefs about its etiology and whether it was perceived to be a disease or a result of individual choices. Results: Food addiction was perceived to be more of a disease than smoking and to be caused by individual choices to a greater extent than alcoholism. Conclusions: These results indicate that food addiction is vulnerable to stigmatization and may be perceived as a behavioural rather than a substance addiction. 2014 Informa UK Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

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

Publication Type: Journal: Article

Subject Headings: [addiction belief scale](#)
[adult](#)
[aged](#)
[alcoholism](#)

article
 attitude
 causal attribution
 *comparative study
 demography
 drinking behavior
 female
 *food addiction
 health belief
 health care personnel
 human
 major clinical study
 male
 middle aged
 modified attitudes and beliefs about alcoholism and alcoholics questionnaire
 obesity
 outcome assessment
 *perception
 priority journal
 *public perception
 questionnaire
 scoring system
 smoking
 *tobacco
 very elderly
 vignette
 young adult
 *alcohol

Source: EMBASE

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

63. Correlates of Drug Use and Driving Among Undergraduate College Students

Citation: Traffic Injury Prevention, 2014, vol./is. 15/2(119-124), 1538-9588;1538-957X (2014)

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

Institution: (Kohn, Saleheen, Borrup, Rogers, Lapidus) Injury Prevention Center, Connecticut Children's Medical Center/Hartford Hospital, Hartford, CT, United States; (Kohn) University of Connecticut School of Pharmacy, Storrs, CT, United States; (Borrup, Rogers, Lapidus) University of Connecticut School of Medicine, Farmington, CT, United States

Language: English

Abstract: Objective: Drug use by drivers is a significant and growing highway safety problem. College students are an important population to understand drugged driving. The objective of this study was to examine correlates of drugged driving among undergraduate college students. Methods: We conducted an anonymous, confidential, 24-question survey at a large New England public university during the 2010-2011 academic year among undergraduates in courses that met a graduation requirement. Data include demographics; academics; housing status; lifestyle; personal values; high school/college drug use; and driving following alcohol use, drug use, or both; and as a passenger with a driver who used alcohol, drugs, or both. Descriptive statistics were calculated. Chi-square tests compared driver alcohol use, drug use, or both with demographic, academic, and lifestyle variables. Logistic regression analyses were performed with drugged driving as the dependent variable. Odds ratios and corresponding 95 percent confidence intervals were calculated for each of the potential explanatory variables in relation to the outcome. Results: Four hundred forty-four of 675 students completed surveys (66% participation rate). Participants were representative of the student body with a mean age of 19.4 (+1.3 years), 51 percent male, 75 percent white, and 10 percent Hispanic. Seventy-eight percent lived on campus, 93 percent had a driver's license, and 37 percent had access to a car.

Students disagreed that cannabinoids impair driving (18%) compared to other drugs (17%), stimulants (13%), depressants (11%), hallucinogens (8%), and alcohol (7%). Twenty-three percent drove after alcohol use and 22 percent drove after drug use. Forty-one percent reported having been a passenger with a driver who had been drinking and 37 percent with a driver using drugs. Drugged driving was more likely among males vs. females (30% vs. 14%, $P < .01$), those living off campus (34% vs. 19%, $P < .01$), those reporting that parties are important (33% vs. 14%, $P < .01$), those reporting that community service is not important (28% vs. 18%, $P < .05$), those reporting that religion is not important (28% vs. 14%, $P < .01$), and those reporting personal drug use in high school (75% vs. 14%, $P < .01$) and well as that their best friends used drugs in high school (42% vs. 12%, $P < .01$) and college (50% vs. 8%, $P < .01$). Those factors most associated with drugged driving included using drugs in high school (odds ratio [OR] = 9.5, 95% confidence interval [CI]: 4.6-19.6) and best friends in college used drugs regularly (OR = 6.2, 95% CI: 3.4-11.6). Conclusion: Self-reported drugged driving and riding as a passenger with a drugged driver is common among subgroups of college students. The identification of undergraduate subgroups at risk for drugged driving will guide the design and implementation of traffic safety activities. 2014 Copyright Taylor and Francis Group, LLC.

Country of Publication: United States

Publisher: Taylor and Francis Inc. (325 Chestnut St, Suite 800, Philadelphia PA 19106, United States)

Publication Type: Journal: Article

Subject Headings: *addiction
adolescent
article
*attitude
*car driving
*drinking behavior
female
*high risk behavior
human
male
psychological aspect
risk factor
self report
statistics
*student
traffic accident
United States
university
young adult

Source: EMBASE

64. Early sexual experience alters voluntary alcohol intake in adulthood

Citation: Neuroscience Letters, March 2014, vol./is. 563/(129-133), 0304-3940;1872-7972 (20 Mar 2014)

Author(s): Morris J.S.; Weil Z.M.; Nelson R.J.

Institution: (Morris, Weil, Nelson) Departments of Psychology and Neuroscience, The Ohio State University Wexner Medical Center, Columbus, OH 43210, United States; (Morris) Department of Psychology, Center for Cognitive and Social Neuroscience, The University of Chicago, 419 Green Hall, 5848 South University Avenue, Chicago, IL 60637, United States

Language: English

Abstract: Steroid hormones signaling before and after birth sexually differentiates neuronal circuitry. Additionally, steroid hormones released during adolescence can also have long lasting effects on adult behavior and neuronal circuitry. As adolescence is a critical period

for the organization of the nervous system by steroid hormones it may also be a sensitive period for the effects of social experience on adult phenotype. Our previous study indicated that early adolescent sexual activity altered mood and prefrontal cortical morphology but to a much smaller extent if the sexual experience happened in late adolescence. In humans, both substance abuse disorders and mood disorders greatly increase during adolescence. An association among both age of first sexual activity and age of puberty with both mood and substance disorders has been reported with alcohol being the most commonly abused drug in this population. The goal of this experiment was to determine whether sexual experience early in adolescent development would have enduring effects on adult affective and drug-seeking behavior. Compared to sexually inexperienced hamsters and those that experienced sex for the first time in adulthood, animals that mated at 40 days of age and were tested either 40 or 80 days later significantly increased depressive- but not anxiety-like behaviors and increased self-administration of saccharine-sweetened ethanol. The results of this study suggest that an isolated, though highly relevant, social experience during adolescence can significantly alter depressive-like behavior and alcohol self-administration in adulthood. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
CAS Registry Number: 64-17-5 (alcohol); 81-07-2 (saccharin)
Publication Type: Journal: Article
Subject Headings: *adolescent development
*adolescent sexual behavior
adult
*alcohol consumption
animal behavior
animal experiment
anxiety
article
controlled study
depression
drug seeking behavior
female
forced swim test
male
mating
maze test
nonhuman
phenotype
priority journal
Siberian hamster
alcohol
saccharin

Source: EMBASE

65. Resting state functional connectivity of the nucleus accumbens in youth with a family history of alcoholism

Citation: Psychiatry Research - Neuroimaging, March 2014, vol./is. 221/3(210-219), 0925-4927;1872-7506 (30 Mar 2014)
Author(s): Cservenka A.; Casimo K.; Fair D.A.; Nagel B.J.
Institution: (Cservenka, Fair, Nagel) Department of Psychiatry, Oregon Health and Science University, 3181 SW Sam Jackson Park Road, DC7P, Portland, OR, United States; (Fair, Nagel) Department of Behavioral Neuroscience, Oregon Health and Science University, 3181 SW Sam Jackson Park Road, L470, Portland, OR, United States; (Fair) Advanced Imaging Research Center, Oregon Health and Science University, Portland, OR, United States; (Casimo) Graduate Program of Neurobiology and Behavior, University of Washington, Seattle, WA, United States

Language: English

Abstract: Adolescents with a family history of alcoholism (FHP) are at heightened risk for developing alcohol use disorders (AUDs). The nucleus accumbens (NAcc), a key brain region for reward processing, is implicated in the development of AUDs. Thus, functional connectivity of the NAcc may be an important marker of risk in FHP youth. Resting state functional magnetic resonance imaging (rs-fcMRI) was used to examine the intrinsic connectivity of the NAcc in 47 FHP and 50 family history negative (FHN) youth, ages 10-16 years old. FHP and FHN adolescents showed significant group differences in resting state synchrony between the left NAcc and bilateral inferior frontal gyri and the left postcentral gyrus (PG). Additionally, FHP youth differed from FHN youth in right NAcc functional connectivity with the left orbitofrontal cortex (OFC), left superior temporal gyrus, right cerebellum, left PG, and right occipital cortex. These results indicate that FHP youth have less segregation between the NAcc and executive functioning brain regions, and less integration with reward-related brain areas, such as the OFC. The findings of the current study highlight that premorbid atypical connectivity of appetitive systems, in the absence of heavy alcohol use, may be a risk marker in FHP adolescents. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

Publication Type: Journal: Article

Subject Headings: adolescent
*adolescent disease
alcohol use disorder
*alcoholism
article
child
executive function
family history
*family history of alcoholism
female
functional magnetic resonance imaging
human
impulsiveness
inferior frontal gyrus
major clinical study
male
*nucleus accumbens
occipital cortex
orbital cortex
postcentral gyrus
prefrontal cortex
priority journal
school child
sensation seeking
superior temporal gyrus

Source: EMBASE

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

66. Anhedonia in Parkinson's disease patients with and without pathological gambling: A case-control study

Citation: Psychiatry Research, February 2014, vol./is. 215/2(448-452), 0165-1781;1872-7123 (28 Feb 2014)

Author(s): Pettoruso M.; Martinotti G.; Fasano A.; Loria G.; Di Nicola M.; De Risio L.; Ricciardi L.; Conte G.; Janiri L.; Bentivoglio A.R.

Institution: (Pettoruso, Di Nicola, De Risio, Conte, Janiri) Department of Psychiatry, Drug Addiction Unit, Catholic University of The Sacred Heart, Rome, Italy; (Martinotti) Department of

Neurosciences and Imaging, University G. D'Annunzio, Chieti, Italy; (Fasano) Movement Disorders Center, TWH UHN Division of Neurology, University of Toronto, Toronto, ON, Canada; (Loria, Ricciardi, Bentivoglio) Department of Neurology, Movement Disorder Unit, Catholic University of The Sacred Heart, Rome, Italy

Language:

English

Abstract:

Anhedonia is present in Parkinson's Disease (PD) as well as in addictive behaviors. Pathological Gambling (PG) and other Impulse Control Disorders (ICDs) have emerged as iatrogenic complications associated with dopamine replacement therapy. We studied 154 PD patients, divided into three groups: 11 with PG, 23 with other ICDs (compulsive buying, hypersexuality, binge eating), 120 without ICDs. All patients underwent a thorough clinical, neuropsychological and psychiatric evaluation. The PG-group, compared to the ICDs-group and PD-controls, reported a significantly higher incidence of anhedonia (45% vs. 9% vs. 14% respectively), higher Snaith-Hamilton Pleasure Scale (SHAPS) scores (2.0+1.3 vs. 1.0+1.1 vs. 1.0+1.2), higher levels of impulsivity traits as measured by the Barratt Impulsiveness Scale (70.0+10.6 vs. 64.8+11 vs. 60.9+9.3) and more severe frontal dysfunctions (Frontal Assessment Battery, FAB: 12.4+4.9 vs. 15.5+1.6 vs. 14.4+3). A model for PG (incorporating anhedonia, impulsivity levels and frontal impairment) is discussed in the context of the pathophysiology of addictive behaviors. The impairment of hedonic capacity, possibly resulting from an underlying neuropsychological dysfunction, might facilitate loss of control over reward-related behavior, thus favoring the shift towards predominantly habit-based compulsive behaviors. 2013 Elsevier Ireland Ltd.

Country of Publication:

Ireland

Publisher:

Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

Publication Type:

Journal: Article

Subject Headings:

addiction
 adult
 aged
 *anhedonia
 article
 Barratt Impulsiveness Scale
 binge eating disorder
 case control study
 clinical assessment
 comorbidity
 compulsion
 controlled study
 disease association
 disease model
 female
 habituation
 human
 hypersexuality
 "impulse control disorder/co [Complication]"
 impulsiveness
 incidence
 major clinical study
 male
 neurologic examination
 *Parkinson disease
 "*pathological gambling/co [Complication]"
 pathophysiology
 priority journal
 psychologic assessment
 reward

Source:

EMBASE

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

67. Dysfunctional inhibitory control and impulsivity in Internet addiction

- Citation:** Psychiatry Research, February 2014, vol./is. 215/2(424-428), 0165-1781;1872-7123 (28 Feb 2014)
- Author(s):** Choi J.-S.; Park S.M.; Roh M.-S.; Lee J.-Y.; Park C.-B.; Hwang J.Y.; Gwak A.R.; Jung H.Y.
- Institution:** (Choi, Park, Lee, Park, Hwang, Gwak, Jung) Department of Psychiatry, SMG-SNU Boramae Medical Center, Seoul, South Korea; (Choi, Lee, Hwang, Jung) Department of Psychiatry and Behavioral Science, Seoul National University College of Medicine, Seoul, South Korea; (Park, Jung) Department of Advanced Education for Clinician-Scientists, Seoul National University College of Medicine, Seoul, South Korea; (Roh) Department of Medicine, Seoul National University College of Medicine, Seoul, South Korea; (Jung) Institute of Human Behavioral Medicine, Seoul National University College of Medicine, Seoul, South Korea
- Language:** English
- Abstract:** The purpose of this study was to explore a psychological profile of Internet addiction (IA) considering impulsivity as a key personality trait and as a key component of neuropsychological functioning. Twenty three subjects with IA (Young's Internet Addiction Test scores=70 or more) and 24 sex-, age-, and intelligence-matched healthy controls were enrolled. Participants filled out a questionnaire about trait impulsivity, the Trait Characteristic Inventory, depression, and anxiety. Next, we administered traditional neuropsychological tests including the Stroop et al. and computerized neuropsychological tests using the Cambridge Neuropsychological Test Automated Battery. The IA group exhibited more trait impulsivity than the healthy control group. They also scored higher for novelty seeking and harm avoidance. The IA group performed more poorly than the healthy control group in a computerized stop signal test, a test for inhibitory function and impulsivity; no group differences appeared for other neuropsychological tests. The IA group also scored higher for depression and anxiety, and lower for self-directedness and cooperativeness. In conclusion, individuals with IA exhibited impulsivity as a core personality trait and in their neuropsychological functioning. 2013 Elsevier Ireland Ltd.
- Country of Publication:** Ireland
- Publisher:** Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
- Publication Type:** Journal: Article
- Subject Headings:** [adult](#)
[anxiety](#)
[article](#)
[clinical article](#)
[cognition](#)
[controlled study](#)
[cooperation](#)
[correlation analysis](#)
[depression](#)
[female](#)
[human](#)
[*impulsiveness](#)
[*internet addiction](#)
[male](#)
[neuropsychological test](#)
[*neuropsychology](#)
[patient attitude](#)
[priority journal](#)
[psychological well being](#)
[questionnaire](#)
[self concept](#)
[self report](#)
- Source:** EMBASE

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

68. Exercise addiction: A study of eating disorder symptoms, quality of life, personality traits and attachment styles

Citation: Psychiatry Research, February 2014, vol./is. 215/2(410-416), 0165-1781;1872-7123 (28 Feb 2014)

Author(s): Lichtenstein M.B.; Christiansen E.; Elklit A.; Bilenberg N.; Stoving R.K.

Institution: (Lichtenstein, Stoving) Centre for Eating Disorders, Odense University Hospital, University of Southern Denmark, Denmark; (Christiansen, Bilenberg) Child and Adolescent Psychiatry, Psychiatry in Region Southern Denmark, Odense, Denmark; (Elklit) National Center of Psychotraumatology, University of Southern Denmark, Denmark

Language: English

Abstract: Exercise addiction is characterized by excessive exercise patterns with potential negative consequences such as overuse injuries. The aim of this study was to compare eating disorder symptoms, quality of life, personality traits and attachments styles in exercisers with and without indications of exercise addiction. A case-control study with 121 exercisers was conducted. The exercisers were categorized into an addiction group (n=41) or a control group (n=80) on the basis of their responses to the Exercise Addiction Inventory. The participants completed the Eating Disorder Inventory 2, the Short-Form 36, the NEO Personality Inventory Revised and the Adult Attachment Scale. The addiction group scored higher on eating disorder symptoms, especially on perfectionism but not as high as eating disorder populations. The characteristic personality traits in the addiction group were high levels of excitement-seeking and achievement striving whereas scores on straightforwardness and compliance were lower than in the exercise control group. The addiction group reported more bodily pain and injuries. This study supports the hypothesis that exercise addiction is separate to an eating disorder, but shares some of the concerns of body and performance. It is driven by a striving for high goals and excitement which results in pain and injuries from overuse. 2013 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

Publication Type: Journal: Article

Subject Headings: [*addiction](#)
[adult](#)
[age](#)
[article](#)
[body mass](#)
[case control study](#)
[comparative study](#)
[controlled study](#)
[distress syndrome](#)
[*eating disorder](#)
[eating disorder inventory 2](#)
[*exercise addiction](#)
[exercise addiction inventory](#)
[female](#)
[human](#)
[major clinical study](#)
[male](#)
[muscle injury](#)
[named inventories questionnaires and rating scales](#)
[neo personality inventory revised](#)
[pain](#)
[performance](#)
[*personality](#)
[physical activity](#)
[prevalence](#)

priority journal
 *quality of life
 Revised Adult Attachment Scale
 Short Form 36

Source: EMBASE

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

69. The N2 ERP component as an index of impaired cognitive control in smokers

Citation: Neuroscience Letters, March 2014, vol./is. 563/(61-65), 0304-3940;1872-7972 (20 Mar 2014)

Author(s): Buzzell G.A.; Fedota J.R.; Roberts D.M.; McDonald C.G.

Institution: (Buzzell, Fedota, Roberts, McDonald) George Mason University, Fairfax, VA, United States

Language: English

Abstract: Impaired cognitive control has been proposed as a hallmark of nicotine dependence and is thought to arise, in part, from synaptic alterations in anterior cingulate cortex (ACC), a primary component of the dopamine reward pathway. The N2 component of the event-related potential (ERP) appears to index a cognitive control process in paradigms such as the visual go/no-go task. Moreover, as dipole-modeling has suggested that the neural generator of the N2 component can be localized to the ACC, this component may prove useful for investigating impairments of cognitive control in smokers. Given conflicting reports of whether the N2 is reduced in smokers (as compared to non-smoker controls), the current study further examined the suitability of this component as an index for impaired cognitive control in smokers. Smokers and non-smokers performed a visual go/no-go task while electroencephalogram (EEG) was recorded. As predicted, the no-go N2 of smokers was significantly smaller than that of non-smoker controls, while the no-go P3 did not differ between groups. Importantly, behavioral performance (reaction time and accuracy) did not differ between smokers and nonsmokers, which might reflect the low levels of nicotine dependence (assessed by the Fagerstrom test) in our sample. The observed N2 modulation in the absence of behavioral impairments provides evidence for the utility of the N2 component as a sensitive measure of impaired cognitive control in smokers, even in those with low levels of nicotine dependence. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

CAS Registry Number: 51-61-6 (dopamine); 62-31-7 (dopamine)

Publication Type: Journal: Article

Subject Headings: anterior cingulate
 article
 body movement
 clinical article
 *cognitive defect
 controlled study
 electrode
 electroencephalogram
 *event related potential
 *executive function
 eyelid reflex
 female
 human
 male
 muscle contraction
 priority journal
 smoking
 *tobacco dependence
 dopamine

Source: EMBASE

70. RACK1 to the future--a historical perspective

Citation: Cell communication and signaling : CCS, 2013, vol./is. 11/(53), 1478-811X (2013)

Author(s): Ron D.; Adams D.R.; Baillie G.S.; Long A.; O'Connor R.; Kiely P.A.

Institution: (Ron) Department of Life Sciences, Materials and Surface Science Institute and Stokes Institute, University of Limerick, Limerick, Ireland.

Language: English

Abstract: This perspective summarises the first and long overdue RACK1 meeting held at the University of Limerick, Ireland, May 2013, in which RACK1's role in the immune system, the heart and the brain were discussed and its contribution to disease states such as cancer, cardiac hypertrophy and addiction were described. RACK1 is a scaffolding protein and a member of the WD repeat family of proteins. These proteins have a unique architectural assembly that facilitates protein anchoring and the stabilisation of protein activity. A large body of evidence is accumulating which is helping to define the versatile role of RACK1 in assembling and dismantling complex signaling pathways from the cell membrane to the nucleus in health and disease. In this commentary, we first provide a historical perspective on RACK1. We also address many of the pertinent and topical questions about this protein such as its role in transcription, epigenetics and translation, its cytoskeletal contribution and the merits of targeting RACK1 in disease.

Country of Publication: United Kingdom

Publication Type: Journal: Editorial

Subject Headings: [animal](#)
[editorial](#)
[epigenetics](#)
[genetic transcription](#)
[human](#)
[metabolism](#)
[protein synthesis](#)
[*cell surface receptor](#)
[cytoskeleton protein](#)
[GNB2L1 protein human](#)
[*guanine nucleotide binding protein](#)
[*tumor protein](#)

Source: EMBASE

Full Text: Available from *BioMedCentral* in [Cell Communication and Signaling](#)
Available from *ProQuest* in [Cell Communication and Signaling](#); 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 [Cell Communication and Signaling : CCS](#)

71. Kinase-inhibitor-insensitive cancer stem cells in chronic myeloid leukemia

Citation: Expert Opinion on Biological Therapy, March 2014, vol./is. 14/3(287-299), 1471-2598 (March 2014)

Author(s): Morotti A.; Panuzzo C.; Fava C.; Saglio G.

Institution: (Morotti, Panuzzo, Fava, Saglio) University Turin, San Luigi Hospital, Department of Oncology, Orbassano-Turin, Italy

Language: English

Abstract: Introduction: Chronic myeloid leukemia (CML) is a myeloproliferative disorder characterized by the translocation t(9;22), coding for the chimeric protein BCR-ABL. The development of BCR-ABL tyrosine kinase inhibitors (TKIs) has dramatically

revolutionized and improved CML therapy. However, TKI-based therapy faces a major challenge: the insensitivity of CML leukemic stem cells (LSCs) to TKIs. In particular, while CML progenitor cells and differentiated cells are oncogene addicted, BCR-ABL tyrosine kinase is dispensable for CML LSC survival and maintenance. Notably, in CML, additional cellular mechanisms promote LSC survival and maintenance, rendering these cells able to survive even in the presence of TKI and to eventually promote relapse. Areas covered: This review will focus on the mechanisms of LSC insensitivity to TKI and on the strategies to obtain synthetic lethality with combination therapies. Expert opinion: Several pathways have been proposed to promote LSC maintenance and described as ideal targets to induce CML LSC exhaustion in combination with TKI. Ongoing clinical trials designed to target some of these pathways will assess which molecular target is relevant for in vivo human LSC survival in a new 'stem-cell targeting' perspective. 2014 Informa UK, Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

CAS Registry Number: 9007-49-2 (DNA); 80619-02-9 (arachidonate 5 lipoxygenase); 9076-57-7 (histone deacetylase); 219306-68-0 (protein bcl 2)

Publication Type: Journal: Review

Subject Headings: [autophagy](#)
[*cancer stem cell](#)
[cancer survival](#)
[*chronic myeloid leukemia](#)
[DNA damage](#)
[human](#)
[hypoxic cell](#)
[leukemia cell](#)
[nonhuman](#)
[review](#)
[signal transduction](#)
[stroma](#)
["arachidonate 5 lipoxygenase/ec \[Endogenous Compound\]"](#)
["BCR ABL protein/ec \[Endogenous Compound\]"](#)
["beta catenin/ec \[Endogenous Compound\]"](#)
["BMI1 protein/ec \[Endogenous Compound\]"](#)
["DNA/ec \[Endogenous Compound\]"](#)
["histone deacetylase/ec \[Endogenous Compound\]"](#)
[*phosphotransferase inhibitor](#)
["promyelocytic leukemia protein/ec \[Endogenous Compound\]"](#)
["protein bcl 2/ec \[Endogenous Compound\]"](#)
["sonic hedgehog protein/ec \[Endogenous Compound\]"](#)
["transcription factor FKHRL1/ec \[Endogenous Compound\]"](#)

Source: EMBASE

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

72. Temporal profile of fronto-striatal-limbic activity during implicit decisions in drug dependence

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(108-114), 0376-8716;1879-0046 (01 Mar 2014)

Author(s): Yamamoto D.J.; Reynolds J.; Krmpotich T.; Banich M.T.; Thompson L.; Tanabe J.

Institution: (Yamamoto, Krmpotich, Tanabe) Department of Radiology, University of Colorado Denver, 12700 E. 19th Avenue, Mail Stop C278, Aurora, CO 80045, United States; (Banich, Thompson, Tanabe) Department of Psychiatry, University of Colorado Denver, 13001 E. 17th Place, Mail Stop F546, Aurora, CO 80045, United States; (Reynolds) Department of Psychology, University of Denver, 2155 S. Race Street, Denver, CO 80208, United States; (Banich) Institute of Cognitive Science, University of Colorado Boulder, D420 Muenzinger Building, Campus Box 345, Boulder, CO 80309, United States

Language: English

Abstract: Background: Substance dependence is associated with impaired decision-making and altered fronto-striatal-limbic activity. Both greater and lesser brain activity have been reported in drug users compared to controls during decision-making. Inconsistent results might be explained by group differences in the temporal profile of the functional magnetic resonance imaging (fMRI) response. While most previous studies model a canonical hemodynamic response, a finite impulse response (FIR) model measures fMRI signal at discrete time points without assuming a temporal profile. We compared brain activity during decision-making and feedback in substance users and controls using two models: a canonical hemodynamic response function (HRF) and a FIR model. Methods: 37 substance-dependent individuals (SDI) and 43 controls performed event-related decision-making during fMRI scanning. Brain activity was compared across group using canonical HRF and FIR models. Results: Compared to controls, SDI were impaired at decision-making. The canonical HRF model showed that SDI had significantly greater fronto-striatal-limbic activity during decisions and less activity during feedback than controls. The FIR model confirmed greater activity in SDI during decisions. However, lower activity in SDI during feedback corresponded to a lower post-stimulus undershoot of the hemodynamic response. Conclusions: Greater activity in fronto-striatal-limbic pathways in SDI compared to controls is consistent with prior work, further supporting the hypothesis that abnormalities in these circuits underlie impaired decision-making. We demonstrate for the first time using FIR analysis that lower activity during feedback may simply reflect the tail end of the hemodynamic response to decision, the post-stimulus undershoot, rather than an actual difference in feedback response. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

Publication Type: Journal: Article

Subject Headings: [adult](#)
[article](#)
[*brain](#)
[clinical article](#)
[controlled study](#)
[correlational study](#)
[*decision making](#)
[*drug dependence](#)
[*electroencephalogram](#)
[event related potential](#)
[female](#)
[finite impulse response](#)
[*fronto striatal limbic system](#)
[functional magnetic resonance imaging](#)
[gambling](#)
[hemodynamic response function](#)
[hemodynamics](#)
[human](#)
[male](#)
[medical parameters](#)
[neurofeedback](#)
[neuroimaging](#)
[priority journal](#)
[stimulus response](#)
[*substance abuse](#)
[task performance](#)

Source: EMBASE

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

73. Temporal trends in the survival of drug and alcohol abusers according to the primary drug of admission to treatment in Spain

- Citation:** Drug and Alcohol Dependence, March 2014, vol./is. 136/1(115-120), 0376-8716;1879-0046 (01 Mar 2014)
- Author(s):** Sanvisens A.; Vallecillo G.; Bolao F.; Rivas I.; Fonseca F.; Fuster D.; Torrens M.; Perez-Hoyos S.; Pujol R.; Tor J.; Muga R.
- Institution:** (Sanvisens, Tor, Muga) Department of Internal Medicine, Hospital Universitari Germans Trias i Pujol, Fundacio Institut d'Investigacio en Ciencies de la Salut Germans Trias i Pujol, Universitat Autonoma de Barcelona, Badalona, Spain; (Vallecillo, Fonseca, Torrens) Institute of Neuropsychiatry Addictions, Parc de Salut Mar, Universitat Autonoma de Barcelona, Barcelona, Spain; (Bolao, Pujol) Department of Internal Medicine, Hospital Universitari de Bellvitge, Universitat de Barcelona, L'Hospitalet de Llobregat, Spain; (Rivas) Municipal Centre for Substance Abuse Treatment (Centro Delta), IMSP Badalona, Badalona, Spain; (Fuster) Section of General Internal Medicine, Boston Medical Center, Boston University School of Medicine, Boston, MA, United States; (Perez-Hoyos) Department of Preventive Medicine and Public Health, Vall d'Hebron Institut de Recerca, Universitat Autonoma de Barcelona, Barcelona, Spain
- Language:** English
- Abstract:** Background: Mortality of alcohol and drug abusers is much higher than the general population. We aimed to characterize the role of the primary substance of abuse on the survival of patients admitted to treatment and to analyze changes in mortality over time. Methods: Longitudinal study analyzing demographic, drug use, and biological data of 5023 patients admitted to three hospital-based treatment units in Barcelona, Spain, between 1985 and 2006. Vital status and causes of death were ascertained from clinical charts and the mortality register. Piecewise regression models were used to analyze changes in mortality. Results: The primary substances of dependence were heroin, cocaine, and alcohol in 3388 (67.5%), 945 (18.8%), and 690 patients (13.7%), respectively. The median follow-up after admission to treatment was 11.6 years (IQR: 6.6-16.1), 6.5 years (IQR: 3.9-10.6), and 4.8 years (IQR: 3.1-7.8) for the heroin-, cocaine-, and alcohol-dependent patients, respectively. For heroin-dependent patients, mortality rate decreased from 7.3. x. 100. p-y in 1985 to 1.8. x. 100. p-y in 2008. For cocaine-dependent patients, mortality rate decreased from 10.7. x. 100. p-y in 1985 to <2.5. x. 100. p-y after 2004. The annual average decrease was 2% for alcohol-dependent patients, with the lowest mortality rate (3.3. x. 100. p-y) in 2008. Conclusions: Significant reductions in mortality of alcohol and drug dependent patients are observed in recent years in Spain. Preventive interventions, treatment of substance dependence and antiretroviral therapy may have contributed to improve survival in this population. 2014 Elsevier Ireland Ltd.
- Country of Publication:** Ireland
- Publisher:** Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
- Publication Type:** Journal: Article
- Subject Headings:** [adult](#)
[*alcohol abuse](#)
[alcoholism](#)
[article](#)
[cause of death](#)
[cocaine dependence](#)
[controlled study](#)
[*drug abuse](#)
[heroin dependence](#)
[hospital admission](#)
[human](#)
[longitudinal study](#)
[major clinical study](#)
[mortality](#)

priority journal
Spain
*survival
trend study

Source: EMBASE

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

74. Comparison of categorical alcohol dependence versus a dimensional measure for predicting weekly alcohol use in heavy drinkers

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(121-126), 0376-8716;1879-0046 (01 Mar 2014)

Author(s): Fazzino T.L.; Rose G.L.; Burt K.B.; Helzer J.E.

Institution: (Fazzino, Burt) Department of Psychology, University of Vermont, 2 Colchester Avenue, Burlington, VT 05401, United States; (Fazzino, Rose, Helzer) Department of Psychiatry, University of Vermont, 1 South Prospect Street, Burlington, VT 05401, United States

Language: English

Abstract: Background: The DSM specifies categorical criteria for psychiatric disorders. In contrast, a dimensional approach considers variability in symptom severity and can significantly improve statistical power. The current study tested whether a categorical, DSM-defined diagnosis of Alcohol Dependence (AD) was a better fit than a dimensional dependence measure for predicting change in alcohol consumption among heavy drinkers following a brief alcohol intervention (BI). DSM-IV and DSM-5 alcohol use disorder (AUD) measures were also evaluated. Methods: Participants (N= 246) underwent a diagnostic interview after receiving a BI, then reported daily alcohol consumption using an Interactive Voice Response system. Dimensional AD was calculated by summing the dependence criteria (mean. = 4.0; SD. = 1.8). The dimensional AUD measure was a summation of positive Alcohol Abuse plus AD criteria (mean. = 5.8; SD= 2.5). A multi-model inference technique was used to determine whether the DSM-IV categorical diagnosis or dimensional approach would provide a more accurate prediction of first week consumption and change in weekly alcohol consumption following a BI. Results: The Akaike information criterion (AIC) for the dimensional AD model (AIC. = 7625.09) was 3.42 points lower than the categorical model (AIC. = 7628.51) and weight of evidence calculations indicated there was 85% likelihood that the dimensional model was the better approximating model. Dimensional AUD models fit similarly to the dimensional AD model. All AUD models significantly predicted change in alcohol consumption (p's= .05). Conclusion: A dimensional AUD diagnosis was superior for detecting treatment effects that were not apparent with categorical and dimensional AD models. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

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

Publication Type: Journal: Article

Subject Headings: adult
akaike information criterion
*alcohol consumption
*alcohol use disorder
"*alcoholism/di [Diagnosis]"
article
brief alcohol intervention
comparative study
controlled study
diagnostic accuracy
diagnostic test accuracy study
*DSM-5
*DSM-IV

female
 human
 major clinical study
 male
 prediction
 predictive value
 priority journal
 protocol compliance
 statistical parameters
 therapy
 alcohol

Source: EMBASE

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

75. Therapeutic infusions of ketamine: Do the psychoactive effects matter?

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(153-157), 0376-8716;1879-0046 (01 Mar 2014)

Author(s): Dakwar E.; Anerella C.; Hart C.L.; Levin F.R.; Mathew S.J.; Nunes E.V.

Institution: (Dakwar, Anerella, Hart, Levin, Nunes) New York State Psychiatric Institute, New York, NY, United States; (Dakwar, Hart, Levin, Nunes) Columbia College of Physicians and Surgeons, New York, NY, United States; (Hart) Department of Psychology, Columbia University, New York, NY, United States; (Mathew) Michael E. DeBakey VA Medical Center, Houston, TX, United States; (Mathew) Menninger Department of Psychiatry Behavioral Sciences/Baylor College of Medicine, Houston, TX, United States

Language: English

Abstract: Background: Sub-anesthetic ketamine infusions may benefit a variety of psychiatric disorders, including addiction. Though ketamine engenders transient alterations in consciousness, it is not known whether these alterations influence efficacy. This analysis evaluates the mystical-type effects of ketamine, which may have therapeutic potential according to prior research, and assesses whether these effects mediate improvements in dependence-related deficits, 24. h postinfusion. Methods: Eight cocaine dependent individuals completed this double-blind, randomized, inpatient study. Three counter-balanced infusions separated by 48. h were received: lorazepam (2. mg) and two doses of ketamine (0.41. mg/kg and 0.71. mg/kg, with the former dose always preceding the latter). Infusions were followed within 15. min by measures of dissociation (Clinician Administered Dissociative Symptoms Scale: CADSS) and mystical-type effects (adapted from Hood's Mysticism Scale: HMS). At baseline and 24. h postinfusion, participants underwent assessments of motivation to stop cocaine (University of Rhode Island Change Assessment) and cue-induced craving (by visual analogue scale for cocaine craving during cue exposure). Results: Ketamine led to significantly greater acute mystical-type effects (by HMS) relative to the active control lorazepam; ketamine 0.71. mg/kg was associated with significantly higher HMS scores than was the 0.41. mg/kg dose. HMS score, but not CADSS score, was found to mediate the effect of ketamine on motivation to quit cocaine 24. h postinfusion. Conclusions: These findings suggest that psychological mechanisms may be involved in some of the anti-addiction benefits resulting from ketamine. Future research can evaluate whether the psychoactive effects of ketamine influence improvements in larger samples. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

CAS Registry Number: 1867-66-9 (ketamine); 6740-88-1 (ketamine); 81771-21-3 (ketamine); 846-49-1 (lorazepam)

Publication Type: Journal: Article

Subject Headings: adult
 article
 clinical article

clinical evaluation
 Clinician Administered Dissociative Symptom Scale
 "*cocaine dependence/dt [Drug Therapy]"
 controlled study
 double blind procedure
 drug effect
 Hood Mysticism Scale
 hospital patient
 human
 outcome assessment
 priority journal
 randomized controlled trial
 rating scale
 scoring system
 university of rhode island change assessment
 visual analog scale
 withdrawal syndrome
 "*ketamine/dt [Drug Therapy]"
 "lorazepam/dt [Drug Therapy]"

Source: EMBASE

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

76. Randomized clinical trial of disulfiram for cocaine dependence or abuse during buprenorphine treatment

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(36-42), 0376-8716;1879-0046 (01 Mar 2014)

Author(s): Schottenfeld R.S.; Chawarski M.C.; Cubells J.F.; George T.P.; Lappalainen J.; Kosten T.R.

Institution: (Schottenfeld, Chawarski, Lappalainen) Department of Psychiatry, Yale University School of Medicine, New Haven, CT, United States; (Cubells) Departments of Genetics and Psychiatry and Behavioral Sciences, Emory University School of Medicine, United States; (George) Division of Brain and Therapeutics, Department of Psychiatry, University of Toronto, Faculty of Medicine, Canada; (Kosten) Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine and Michael E. DeBakey VA Medical Center, United States

Language: English

Abstract: Background: Disulfiram may be efficacious for treating cocaine dependence or abuse, possibly through inhibiting dopamine beta-hydroxylase (DbetaH). Consequently, this randomized, placebo-controlled clinical trial of disulfiram during buprenorphine maintenance treatment evaluated the study hypothesis that disulfiram is superior to placebo and explored whether disulfiram response is greatest for participants with a single nucleotide polymorphism coding for genetically low DbetaH (T-allele carriers). Methods: We randomized 177 buprenorphine-treated opioid dependent participants with cocaine dependence or abuse to 12 weeks of double-blind treatment with disulfiram 250. mg daily (n= 91) or placebo (n= 86). Of 155 participants genotyped, 84 were CC-homozygous, and 71 CT or TT genotypes. Primary outcomes included days per week cocaine use, number of cocaine-negative urine tests, and maximum consecutive weeks of cocaine abstinence. We analyzed an intention-to-treat comparison between disulfiram and placebo. We also explored potential pharmacogenetic interactions and examined treatment responses of four participant groups based on medication (disulfiram or placebo) by genotype (CC-homozygous or T-allele carrier) classification. Results: Disulfiram participants reported significantly less frequent cocaine use; the differences in cocaine-negative urine tests or consecutive weeks abstinence were not significant. Frequency of cocaine use was lowest in disulfiram-treated T-allele carriers; differences in cocaine-negative urine tests or consecutive weeks abstinence were not significant among the four medication-genotype groups. Conclusions: The findings provide limited support for the efficacy of disulfiram for reducing cocaine use and suggest that its mechanism of action may involve inhibition

of DbetaH. Further studies of its efficacy, mechanism of action, and pharmacogenetics of response are warranted. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 97-77-8 (disulfiram); 9013-38-1 (dopamine beta monoxygenase)

Publication Type: Journal: Article

Subject Headings: "abnormal sensation/si [Side Effect]"
 adult
 alcohol consumption
 anxiety
 article
 clinical effectiveness
 "*cocaine dependence/dt [Drug Therapy]"
 controlled study
 disease association
 dopamine beta hydroxylase gene
 double blind procedure
 drug efficacy
 drug response
 drug safety
 drug tolerability
 female
 gene
 gene frequency
 gene function
 gene identification
 genotype
 genotyping technique
 "headache/si [Side Effect]"
 homozygosity
 human
 "hypertransaminasemia/si [Side Effect]"
 "lethargy/si [Side Effect]"
 major clinical study
 male
 middle aged
 "*narcotic dependence/dt [Drug Therapy]"
 outcome assessment
 "panic/si [Side Effect]"
 "paranoia/si [Side Effect]"
 "paresthesia/si [Side Effect]"
 priority journal
 randomized controlled trial
 "unspecified side effect/si [Side Effect]"
 urinalysis
 "visual disorder/si [Side Effect]"
 young adult
 *buprenorphine
 *cocaine
 "*disulfiram/ae [Adverse Drug Reaction]"
 "*disulfiram/ct [Clinical Trial]"
 "*disulfiram/dt [Drug Therapy]"
 "dopamine beta monoxygenase/ec [Endogenous Compound]"
 placebo

Source: EMBASE

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

77. Losing faith and finding religion: Religiosity over the life course and substance use and abuse

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(127-134), 0376-8716;1879-0046 (01 Mar 2014)

Author(s): Moscati A.; Mezuk B.

Institution: (Moscati) Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University, 800 East Leigh Str., Biotech 1, Suite 101, P.O. Box 980126, Richmond, VA 23219, United States; (Mezuk) Department of Family Medicine and Population Health, Division of Epidemiology, Virginia Commonwealth University, 830 East Main Street, Eighth Floor, P.O. Box 980212, Richmond, VA 23219, United States

Language: English

Abstract: Background: Religion has only come into the light of scientific inquiry as a factor influencing health and behavior in the last few decades. While religiosity is a protective factor for contemporaneous substance misuse, the relationship between longitudinal changes in religiosity and substance use outcomes is understudied. Methods: Using data from the National Comorbidity Study - Replication (N= 6203), we examined how changes in religiosity from childhood to adulthood are related to use and abuse/dependence of licit (alcohol and tobacco) and illicit drugs. Multivariable logistic regression was used to account for potential confounders including demographic characteristics, familial disruption during childhood, and comorbid major depression. Results: Religiosity was inversely associated with use and misuse of both licit and illicit substances; however this relationship varied by level of childhood religiosity. Relative to stable levels of religiosity from childhood to adulthood, a 2-unit decrease in religiosity from childhood was associated with increased likelihood of illicit drug use in the past year (odds ratio (OR): 2.43, 95% confidence interval (CI): 1.39-4.25). However, a 2-unit increase in religiosity was also associated with past-year illicit drug use (OR: 1.85, 95% CI: 1.09-3.13). Comparable associations were found with a range of recent and lifetime measures of alcohol, tobacco, and illicit drugs. Conclusions: Substantial gains or losses in religiosity from childhood to adulthood are associated with substance use and misuse. Findings support the use of a life course approach to understanding the relationship between religiosity and substance use outcomes. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

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

Publication Type: Journal: Article

Subject Headings: [adult](#)
[adulthood](#)
[alcoholism](#)
[article](#)
[childhood](#)
[comorbidity](#)
[controlled study](#)
[drug dependence](#)
[family conflict](#)
[female](#)
[human](#)
[major clinical study](#)
[major depression](#)
[male](#)
[priority journal](#)
[*religion](#)
[*substance abuse](#)
[*substance use](#)
[tobacco dependence](#)

[alcohol](#)
[illicit drug](#)

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

78. Investigation of sex-dependent effects of cannabis in daily cannabis smokers

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(85-91), 0376-8716;1879-0046 (01 Mar 2014)

Author(s): Cooper Z.D.; Haney M.

Institution: (Cooper, Haney) Division on Substance Abuse, New York State Psychiatric Institute and Department of Psychiatry, College of Physicians and Surgeons of Columbia University, United States

Language: English

Abstract: Background: Women exhibit an accelerated progression from first cannabis use to cannabis use disorder (CUD) and show pronounced negative clinical issues related to CUD relative to men. Whether sex-dependent differences in cannabis' direct effects contribute to the heightened risk in women is unknown. This analysis directly compared cannabis' abuse-related subjective effects in men and women matched for current cannabis use. Methods: Data from four double-blind, within-subject studies measuring the effects of active cannabis (3.27-5.50% THC, depending on study) relative to inactive cannabis (0.00% THC) were combined for this analysis. Data from equal numbers of men and women from each study matched for current cannabis use were pooled (total n= 35 men; 35 women); cannabis' effects were analyzed according to cannabis condition (active versus inactive) and sex. Results: Active cannabis produced more robust subjective effects associated with abuse liability ('Good,' 'Liking,' 'Take Again') and intoxication ('High,' 'Stimulated') relative to inactive cannabis (p<. 0.0001). Women reported higher ratings of abuse-related effects ['Take Again' and 'Good' (p<. 0.05)] relative to men under active cannabis conditions but did not differ in ratings of intoxication. Active cannabis increased heart rate (p<. 0.0001) equally for both sexes. Conclusions: The results from this study suggest that when matched for cannabis use, women are more sensitive to the subjective effects related to cannabis' abuse liability relative to men, which may contribute to the enhanced vulnerability to developing CUD. Thus, sex is an important variable to consider when assessing the development of CUD. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis)

Publication Type: Journal: Article

Subject Headings: [adult](#)
[article](#)
[behavior change](#)
[*cannabis addiction](#)
[*cannabis smoking](#)
[cannabis use](#)
[cardiovascular disease](#)
[controlled study](#)
[disease association](#)
[experimental design](#)
[female](#)
[heart rate](#)
[human](#)
[male](#)
[middle aged](#)
[outcome assessment](#)
[priority journal](#)
[quality control](#)

risk assessment
 risk factor
 *sex difference
 tobacco
 young adult
 *cannabis

Source: EMBASE

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

79. Looking for the uninsured in Massachusetts? Check opioid dependent persons seeking detoxification

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(166-169), 0376-8716;1879-0046 (01 Mar 2014)

Author(s): Stein M.D.; Bailey G.L.; Thurmond P.; Paull N.

Institution: (Stein, Thurmond) General Medicine Research Unit, Butler Hospital, Providence, RI 02906, United States; (Stein, Bailey) Warren Alpert Medical School of Brown University, Providence, RI 02912, United States; (Bailey, Paull) Stanley Street Treatment and Resources, Inc., Fall River, MA 02720, United States

Language: English

Abstract: Background: We examined the rate of uninsurance among persons seeking detoxification at a large drug treatment program in Massachusetts in 2013, five years after insurance mandates. Methods: We interviewed three hundred and forty opioid dependent persons admitted for inpatient detoxification in Fall River, Massachusetts. Potential predictors of self-reported insurance status included age, gender, ethnicity, employment, homelessness, years of education, current legal status, and self-perceived health status. Results: Participants mean age was 32 years, 71% were male, and 87% were non-Hispanic Caucasian. Twenty-three percent were uninsured. In the multivariate model, the odds of being uninsured was positively associated with years of education (OR. = 1.22, 95% CI. = 1.03; 1.46, p< .05), higher among males than females (OR. = 2.63, 95% CI. = 1.33; 5.20, p< .01), and inversely associated with age (OR. = 0.94, 95% CI. = 0.90; 0.98, p< .01). Conclusion: Opioid dependent persons recruited from a detoxification program in Massachusetts are uninsured at rates far above the state average. With the arrival of the Affordable Care Act, drug treatment programs in Massachusetts and nationally will be important sites to target to expand health coverage. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

Publication Type: Journal: Article

Subject Headings: adult
 age
 article
 Caucasian
 criminal behavior
 *detoxification
 educational status
 ethnicity
 female
 health insurance
 health status
 homelessness
 human
 major clinical study
 male
 *medically uninsured
 *opiate addiction
 priority journal
 self report

[sex difference](#)
[United States](#)

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

80. A two-phased screening paradigm for evaluating candidate medications for cocaine cessation or relapse prevention: Modafinil, levodopa-carbidopa, naltrexone

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(100-107), 0376-8716;1879-0046 (01 Mar 2014)

Author(s): Schmitz J.M.; Green C.E.; Stotts A.L.; Lindsay J.A.; Rathnayaka N.S.; Grabowski J.; Moeller F.G.

Institution: (Schmitz, Rathnayaka) Department of Psychiatry and Behavioral Sciences, University of Texas, Houston, United States; (Green) Center for Clinical Research and Evidence-Based Medicine, University of Texas, Houston, United States; (Stotts) Department of Family and Community Medicine, University of Texas, Houston, United States; (Lindsay) Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine, United States; (Lindsay) Veterans Affairs South Central Mental Illness Research, Education and Clinical Center, United States; (Lindsay) Houston VA Health Services Research and Development Center of Excellence, United States; (Grabowski) Department of Psychiatry, Medical School, University of Minnesota, United States; (Moeller) Department of Psychiatry, Virginia Commonwealth University, United States

Language: English

Abstract: Background: Cocaine pharmacotherapy trials are often confounded by considerable variability in baseline cocaine-use levels, obscuring possible medication efficacy. Testing the feasibility of using a prandomization, abstinence-induction protocol, we screened three candidate medications to explore treatment response in patients who did, or did not, achieve abstinence during an extended baseline phase. Method: Eligible treatment-seeking, cocaine-dependent subjects entered a 4-week baseline period (Phase I) with high-value abstinence contingent vouchers and two motivational interviewing sessions, followed by a 12-week medication trial (Phase II) with random assignment stratified on Phase I abstinence status to (1) modafinil (400. mg/d), (2) levodopa/carbidopa (800/200. mg/d), (3) naltrexone (50. mg/d), or (4) placebo. Treatment consisted of thrice-weekly clinic visits for urine benzoylecgonine testing and weekly cognitive behavioral therapy with contingency management targeting medication compliance. Results: Of the 118 subjects enrolled, 81 (80%) completed Phase I, with 33 (41%) achieving abstinence, defined a priori as 6 consecutive cocaine-negative urines. Tests of the interaction of each medication (active versus placebo) by baseline status (abstinent versus nonabstinent) permitted moderator effect analysis. Overall, baseline abstinence predicted better outcome. Cocaine-use outcomes for levodopa and naltrexone treatment differed as a function of Phase I abstinence status, with both medications producing benefit in nonabstinent but not baseline-abstinent subjects. There was no evidence of a moderator effect for modafinil. Conclusions: The two-phase screening trial demonstrated that subgrouping of patients with respect to baseline abstinence status is feasible and clinically useful for exploring cocaine cessation and relapse-prevention effects of candidate medications. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

CAS Registry Number: 519-09-5 (benzoylecgonine); 57308-51-7 (carbidopa plus levodopa); 68693-11-8 (modafinil); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone)

Publication Type: Journal: Article

Subject Headings: [adult](#)
[article](#)
["*cocaine dependence/dt \[Drug Therapy\]"](#)
["*cocaine dependence/th \[Therapy\]"](#)
[cognitive therapy](#)

"conjunctiva disease/si [Side Effect]"
 controlled study
 drug efficacy
 drug response
 drug safety
 drug withdrawal
 female
 "heart arrhythmia/si [Side Effect]"
 help seeking behavior
 human
 "hypertransaminasemia/si [Side Effect]"
 major clinical study
 male
 medication compliance
 motivational interviewing
 phase 1 clinical trial
 phase 2 clinical trial
 priority journal
 relapse
 "respiratory tract infection/si [Side Effect]"
 "suicidal behavior/si [Side Effect]"
 treatment outcome
 urinalysis
 "benzoylcegonine/ec [Endogenous Compound]"
 "*carbidopa plus levodopa/ae [Adverse Drug Reaction]"
 "*carbidopa plus levodopa/ct [Clinical Trial]"
 "*carbidopa plus levodopa/dt [Drug Therapy]"
 "*modafinil/ae [Adverse Drug Reaction]"
 "*modafinil/ct [Clinical Trial]"
 "*modafinil/dt [Drug Therapy]"
 "*naltrexone/ct [Clinical Trial]"
 "*naltrexone/dt [Drug Therapy]"
 placebo

Source: EMBASE

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

81. Does urine drug abuse screening help for managing patients? A systematic review

Citation: Drug and Alcohol Dependence, March 2014, vol./is. 136/1(11-20), 0376-8716;1879-0046 (01 Mar 2014)

Author(s): Dupouy J.; Memier V.; Catala H.; Lavit M.; Oustric S.; Lapeyre-Mestre M.

Institution: (Dupouy, Oustric) Departement Universitaire de Medecine Generale, Universite de Toulouse; Faculte de Medecine, 133 route de Narbonne, 31063 Toulouse, France; (Dupouy, Memier, Catala, Lapeyre-Mestre) Inserm UMR1027, Universite de Toulouse III; Faculte de Medecine, 37 allees Jules Guesde, 31000 Toulouse, France; (Lavit) Laboratoire de pharmacocinetique et de toxicologie clinique, CHU Toulouse, 33 avenue de Grande Bretagne, 31059 Toulouse, France

Language: English

Abstract: Background: In the field of addiction, assessment of psychoactive substance use is a key element. Nevertheless, self-reports and clinical examination underestimate the use of psychoactive substances. The implementation of urine drug screening tests (UDS) should improve this assessment. While the diagnostic value of UDS is well demonstrated, the consequences of carrying out UDS on medical management have not been established. Our aim was to summarize the evidence pertaining to the efficacy of UDS for medical management. Methods: A systematic review of clinical trials, quasi-randomized and observational studies was performed using PubMed, Cochrane database of systematic review, Cochrane central register of controlled trials, PsycINFO, National Institute on Drug Abuse, ISI Web of Science. The methodological quality was assessed with the score

developed by Starrels et al.; the report quality using the CONSORT and the STROBE checklists. The main outcome was medical management or consequences of management for patients in terms of psychoactive substance consumption and its complications, be they medical, social or professional. Results: Eight studies met the inclusion criteria: one randomized clinical trial, two quasi-randomized studies, one cohort, and four cross-sectional studies. The methodological quality was judged to be poor, with the exception of the randomized clinical trial (fair quality). The value of UDS in managing patients was not clearly indicated in these studies. Conclusions: Few studies, with poor quality, have assessed the value of UDS in managing patients using psychoactive substances; though with insufficiency to demonstrate the interest of carrying out UDS. Therefore, pragmatic intervention studies are necessary. 2013 Elsevier Ireland Ltd.

Country of Publication:	Ireland
Publisher:	Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
Publication Type:	Journal: Review
Subject Headings:	chronic pain clinical assessment clinical effectiveness clinical evaluation clinical study diagnostic value drug dependence treatment enzyme immunoassay human length of stay medical documentation "opiate addiction/di [Diagnosis]" "opiate addiction/dt [Drug Therapy]" outcome assessment prescription priority journal qualitative analysis quality control review scoring system *screening test self report substance abuse systematic review urinalysis *urine drug screening test "psychotropic agent/dt [Drug Therapy]"
Source:	EMBASE
Full Text:	Available from <i>Elsevier</i> in Drug and Alcohol Dependence

82. Meeting report of the European histamine research society

Citation:	Inflammation Research, July 2013, vol./is. 62/(S2-S3), 1023-3830 (July 2013)
Author(s):	Sturman G.
Institution:	(Sturman) Department of Pharmacology and Therapeutics, School of Biomedical and Health Sciences, Kings College London, London SE1 1UL, United Kingdom
Language:	English
Abstract:	This year's meeting was in Lodz, Poland at the kind invitation of Agnieszka Fogel. This is the fourth time that histaminologists have meet in Lodz; the previous meetings were in 1978 and 1998 as well as hosting the very first informal meeting of the 'Histamine Club' in 1971. This year's meeting was held in the Ambassador Centrum Hotel which is situated in the centre of the city of Lodz, close to shopping malls and leisure centres. The world

famous Piotrkowska Street with its numerous pubs and restaurants was only 5 mins walking distance away but there was virtually no time to explore these places as the meeting was packed full of interesting communications. This year there were 88 people registered and they represented 23 countries (mostly from Europe but also from the USA, South America, Japan as well as some other Eastern countries). Some regular attendees could not attend and they were missed but a big welcome was made to all the new visitors, who we hope will return to future meetings. Most of the delegates arrived on the Wednesday. The Council met as usual late afternoon. During this meeting we heard that the luggage of one of the delegates had been left by mistake at Warsaw airport and the airport was about to be evacuated thinking it may be a bomb. Fortunately the case was collected by its owner and the panic was over! Then there was the Welcome Reception which was different in that it was a set meal with everyone seated. However, it did not stop old friends being greeted and new ones made. Thursday started with the Opening Ceremony for the 42nd meeting of our society and we were welcomed by our hostess, Agnieszka Fogel and the Dean of the Medical Faculty on behalf of the Medical University of Lodz. To the delight of everyone and with the aid of technology, we were able to be 'joined up' by Skype with our president, Paul Chazot who thanked Anita Sydbom for stepping into 'his shoes' but he also told us that his recovery would take several months. After Anita had given us her welcoming talk the student bursaries were given out; certificates and cheques (500 for each) to seven student members. The El-Sayed Assem family very kindly sponsored one student while the rest were from our society. Then there was the presentation of Honorary Membership to our hostess, Professor W. Agnieszka Fogel. Wilfred Loenz, himself an Honorary Member, gave the laudation to Agnieszka who was then presented with a certificate beautifully written in Latin and sporting the society's official seal. Then there was the first of the invited lectures given by Pertti Panula (Finland) and introduced by Beatrice Passani (Italy). The lecture was entitled 'Histamine and Addiction: From behaviour to neurotransmitter interactions'. After this very interesting lecture, there was coffee break which gave us time to start looking at the posters which were displayed around the lecture room. When we commenced again, we had more communications on the role of histamine in the CNS. Some of these were very short oral presentations highlighting key aspects of the various posters displayed. Then this session ended with us listening to some piano music composed by the famous female Lodz composer, Grazyna Bacewicz. After lunch, we then left Lodz on two coaches who drove us south. We were driven through the flat arable countryside to Jasna Gora where there is the famous Pauline Monastery containing the Shrine of Our Lady of Czestochowa. Every year, millions of pilgrims visit this shrine to the Virgin Mary to see the famous Black Madonna painting. We were taken round the monastery by excellent guides who told us the history of the area, pointed out various important features and treasures of the monastery. We were able to see the 'Black Madonna' icon which is a unique example of a combination of Byzantine art of the East with the Latin culture of the West. Then back on the coaches to the Gold Inn at Kruszow where we were given a typical Polish dinner. The following day started with the second session on 'Histamine in the CNS' and the first lecture was given by Bill Wisden of Imperial College London on the pivotal role histamine plays in the sleep-wake cycle. This was followed by oral and then poster presentations. 'Histamine receptors' session then started with an invited lecture from Armin Buschauer, (Germany) on the various approaches undertaken to produce compounds with selective activity for the histamine H₂ and H₄ receptors. This was followed by a number of communications all related to the development of compounds with various activities at the different histamine receptors. The final presentation before lunch was given by Rob Leurs, (The Netherlands) who talked about their discovery process for histamine H₄ receptor compounds emphasising that a better understanding can be achieved by using good models and small fragments of compounds. After lunch, this 'Histamine and receptors' session continued with ten presentations but the emphasis this time was on pharmacological and biochemical effects. A session entitled Histamine and Cancer was given after the mid-afternoon break where we listened to eight presentations on the involvement of histamine in cancer and how the histamine H₄ receptor has been shown to suppress a number of cancer cell lines and modified various gene expressions. In the evening we were taken by coach to the Grand Theatre in Lodz to see the ballet 'Promised Land'. This was a story of three ambitious men searching for their

dreams of prosperity by starting a modern textile factory together and it was full of emotional extremes—a Dickensian tale of greed, exploitation, and betrayal. In 1973 it was made into a film, directed by Andrzej Wajda, which was nominated for an Oscar for Best Foreign Film. The music was composed by Gray Veredon, Franz von Suppe and Michael Nyman. Saturday started with the G.B. West lecture which was given by Satoshi Tanaka from Okayama University, Japan and he was introduced by Agnieszka Fogel. He spoke about histamine synthesis and its functions in murine mast cells. After this very interesting lecture, Satoshi was presented with a copy of G.B. West's autobiography. This was followed by a session entitled 'Histamine and Cells' which centred on allergic conditions, mast cells and basophils. During this session, the final invited lecture was given by Marek Jutel of Wroclaw, Poland on 'the role of histamine signalling in pathomechanism on non-specific IBD' and he was introduced by Madeleine Ennis who reminded us that that Marek besides being a very good scientist was also a good singer and dancer as we found out at the Sochi meeting in 2011. Then there were nine more presentations including one where zebra fish were used as a model and when asked why they were used, the answer was that they are cheaper than zebras! Immediately after our lunch we listened to a couple of presentations about two internet databases for the histamine H₄ receptor initiated from the COST Action BM0806 which have been set up. These are invaluable to anyone researching the histamine H₄ receptor field. Throughout the meeting the poster committee had been working very hard and as usual had a difficult task in identifying winning posters for the poster competition. Eventually first prize was given to L. Kay et al. from Sheffield, UK with her poster entitled 'Preliminary characterization of histamine receptor expression in human lung mast cells', second to Y. Zhao et al. from Lyon, France with her poster entitled 'Histaminergic tuberomammillary nucleus constitutes one of the most important targets for the wake-promoting effect of orexin neurons but not the exclusive one' and third prize went to M. Grosicki et al. from Cracow, Poland with his poster entitled 'Eosinophil purification from peripheral blood—study of different immunomagnetic cell sorting methods efficiency'. The final oral session of our meeting was to listen to our younger members (PhD students or not more than 3 year's post-doctoral research) give their presentations for the EHRS Young Investigator Award. It was another very difficult task for the judges in differentiating between these six excellent presentations. This year it was decided that there would be two joint winners: Maria Sundvik (Helsinki, Finland) and Ling Shan (Amsterdam, The Netherlands). The other four young investigators—Anna Gianlorenco from Sao Carlos, Brazil, Przemyslaw Rzodkiewicz of Warsaw, Poland, Maki Michioki and Tomohiro Nakano both from Tokushima, Japan were all highly commended. Then we held our General Assembly. Many thanks were given to Anita for all her hard work in taking over Paul Chazot's Presidential role whilst he is ill and everyone wished Paul a speedy recovery. Our meeting ended with a traditional Polish Farewell Dinner followed by our award ceremony. The certificates and prizes were given out. Then as usual we had our singing session where we sung our EHRS Anthem before saying 'au revoir' to our many 'histaminergic' friends. Our thanks are given to all of the Polish histaminologists for the excellent meeting. The next meeting will be held in Lyon, France (7-11 May, 2014) at the kind invitation of Jian-Sheng Lin.

Conference Information: 42nd Annual Meeting of the European Histamine Research Society Lodz Poland.
Conference Start: 20130508 Conference End: 20130511

Publisher: Birkhauser Verlag Basel

Publication Type: Journal: Conference Abstract

Subject Headings: [*society](#)
[human](#)
[meal](#)
[Poland](#)
[interpersonal communication](#)
[mast cell](#)
[student](#)
[Japan](#)
[airport](#)
[Netherlands](#)
[music](#)

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United Kingdom
awards and prizes
model
France
Finland
technology
medical school
city
sleep waking cycle
nerve cell
college
walking
eosinophil
blood
cell selection
painting
Brazil
central nervous system
bomb
competition
receptive field
cancer cell culture
data base
Internet
error
zebra fish
scientist
female
hope
catering service
basophil
coffee
allergy
literature
dancing
addiction
histamine metabolism
lung
textile industry
dream
South America
male
purification
shoe
gene expression
PhD student
Europe
singing
leisure
shopping
Germany
Italy
*histamine
receptor
histamine receptor
levonorgestrel

armin
gold
neurotransmitter
orexin

Source:

EMBASE