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1. EMBASE; exp ADDICTION/; 169546 results.
2. EMBASE; addict*.ti,ab; 38956 results.
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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. Cirrhosis of the liver: a study of alcoholic and nonalcoholic patients in Boston and London

Citation: The New England journal of medicine, January 1960, vol./is. 262/(1-9), 0028-4793 (07 Jan 1960)

Author(s): SUMMERSKILL W.H.; DAVIDSON C.S.; DIBLE J.H.; MALLORY G.K.; SHERLOCK S.; TURNER M.D.; WOLFE S.J.

Language: English

Country of Publication: United States

Publication Type: Journal: Article

Subject Headings:
alcoholism
human
liver cirrhosis
*pathology
*statistics and numerical data
United Kingdom
United States

Source: EMBASE

2. Dimethyltryptamine (DMT): prevalence, user characteristics and abuse liability in a large global sample

Citation: Journal of psychopharmacology (Oxford, England), January 2014, vol./is. 28/1(49-54), 1461-7285 (01 Jan 2014)

Author(s): Winstock A.R.; Kaar S.; Borschmann R.

Institution: (Winstock, Kaar, Borschmann) 1Addiction CAG, South London and Maudsley NHS Trust, Southwark CDAT, London, UK

Language: English

Abstract: This paper presents original research on prevalence, user characteristics and effect profile of N,N-dimethyltryptamine (DMT), a potent hallucinogenic which acts primarily through the serotonergic system. Data were obtained from the Global Drug Survey (an anonymous online survey of people, many of whom have used drugs) conducted between November and December 2012 with 22,289 responses. Lifetime prevalence of DMT use was 8.9% (n=1980) and past year prevalence use was 5.0% (n=1123). We explored the effect profile of DMT in 472 participants who identified DMT as the last new drug they had tried for the first time and compared it with ratings provided by other respondents on psilocybin (magic mushrooms), LSD and ketamine. DMT was most often smoked and offered a strong, intense, short-lived psychedelic high with relatively few negative effects or "come down". It had a larger proportion of new users compared with the other substances (24%), suggesting its popularity may increase. Overall, DMT seems to have a very desirable effect profile indicating a high abuse liability that maybe offset by a low urge to use more.

Country of Publication: United States

CAS Registry Number: 1867-66-9 (ketamine); 6740-88-1 (ketamine); 81771-21-3 (ketamine); 50-37-3 (lysergide); 61-50-7 (n,n dimethyltryptamine); 520-52-5 (psilocybine)

Publication Type: Journal: Article

Subject Headings:
addiction
adult
Australia
drug use
Europe
human
male
prevalence
psychology
statistics and numerical data

"Substance-Related Disorders/ep [Epidemiology]"
United Kingdom
United States
young adult
"ketamine/ae [Adverse Drug Reaction]"
"lysergide/ae [Adverse Drug Reaction]"
"n n dimethyltryptamine/ae [Adverse Drug Reaction]"
"psilocybine/ae [Adverse Drug Reaction]"
"psychedelic agent/ae [Adverse Drug Reaction]"

Source: EMBASE

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

3. Influence of family and friend smoking on intentions to smoke and smoking-related attitudes and refusal self-efficacy among 9-10 year old children from deprived neighbourhoods: a cross-sectional study

Citation: BMC public health, 2015, vol./is. 15/(225), 1471-2458 (2015)

Author(s): McGee C.E.; Trigwell J.; Fairclough S.J.; Murphy R.C.; Porcellato L.; Ussher M.; Foweather L.

Institution: (McGee) Centre for Public Health, Liverpool John Moores University, Henry Cotton Campus, 15-21 Webster Street, Liverpool, L3 2AT, UK. c.e.mcgee@ljmu.ac.uk; (Trigwell) Centre for Health Promotion Research, Leeds Beckett University, Calverley Building, City Campus, Leeds, LS1 3HE, UK. j.trigwell@leedsbeckett.ac.uk; (Fairclough) Department of Sport and Physical Activity, Edge Hill University, St. Helens Road, Ormskirk, Lancashire, L39 4QP, UK. stuart.fairclough@edgehill.ac.uk; (Fairclough) Department of Physical Education and Sport Sciences, University of Limerick, Limerick, Ireland. stuart.fairclough@edgehill.ac.uk; (Murphy) Physical Activity Exchange, Research Institute for Sport and Exercise Sciences, Liverpool John Moores University, 62 Great Crosshall Street, Liverpool, L3 2AT, UK. R.C.Murphy@ljmu.ac.uk; (Porcellato) Centre for Public Health, Liverpool John Moores University, Henry Cotton Campus, 15-21 Webster Street, Liverpool, L3 2AT, UK. L.A.Porcellato@ljmu.ac.uk; (Ussher) Institution of Population Health Research, St George's, University of London, Cranmer Terrace, London, SW17 0RE, UK. mussher@sgul.ac.uk; (Foweather) Department of Sport and Physical Activity, Edge Hill University, St. Helens Road, Ormskirk, Lancashire, L39 4QP, UK.

Language: English

Abstract: CONCLUSION: This study indicates that sibling and friend smoking may represent important influences on 9-10 year old children's cognitive vulnerability toward smoking. Whilst some differential findings by gender were observed, these may not be sufficient to warrant separate prevention interventions. However, further research is needed.BACKGROUND: Smoking often starts in early adolescence and addiction can occur rapidly. For effective smoking prevention there is a need to identify at risk groups of preadolescent children and whether gender-specific intervention components are necessary. This study aimed to examine associations between mother, father, sibling and friend smoking and cognitive vulnerability to smoking among preadolescent children living in deprived neighbourhoods.METHODS: Cross-sectional data was collected from 9-10 year old children (n =1143; 50.7% girls; 85.6% White British) from 43 primary schools in Merseyside, England. Children completed a questionnaire that assessed their smoking-related behaviour, intentions, attitudes, and refusal self-efficacy, as well as parent, sibling and friend smoking. Data for boys and girls were analysed separately using multilevel linear and logistic regression models, adjusting for individual cognitions and school and deprivation level.RESULTS: Compared to girls, boys had lower non-smoking intentions (P=0.02), refusal self-efficacy (P=0.04) and were less likely to agree that smoking is 'definitely' bad for health (P<0.01). Friend smoking was negatively associated with non-smoking intentions in girls (P<0.01) and boys (P<0.01), and with refusal self-efficacy in girls (P<0.01). Sibling smoking was negatively associated with non-smoking intentions in girls (P<0.01) but a positive association was found in boys (P=0.02). Boys who had a smoking friend were less likely to 'definitely' believe that the smoke from other people's cigarettes is harmful (OR 0.57, 95% CI: 0.35 to 0.91, P=0.02).

Further, boys with a smoking friend (OR 0.38, 95% CI: 0.21 to 0.69, P<0.01) or a smoking sibling (OR 0.45, 95% CI: 0.21 to 0.98) were less likely to 'definitely' believe that smoking is bad for health.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings:
*attitude to health
*behavior
child
cross-sectional study
epidemiology
family
female
friend
human
male
parent
poverty
*psychology
questionnaire
risk factor
*self concept
sex difference
smoking
statistics and numerical data
United Kingdom

Source: EMBASE

Full Text:
Available from *ProQuest* in *BMC Public Health*
Available from *National Library of Medicine* in *BMC Public Health*
Available from *National Library of Medicine* in *BMC Public Health*
Available from *BioMed Central* in *BMC Public Health*

4. Pregabalin Abuse amongst Opioid Substitution Treatment Patients

Citation: Irish medical journal, November 2015, vol./is. 108/10(309-310), 0332-3102 (01 Nov 2015)

Author(s): McNamara S.; Stokes S.; Kilduff R.; Shine A.

Language: English

Abstract: Pregabalin (Lyrica) is used in treating epilepsy, nerve pain and anxiety. Pregabalin was initially thought to have a low misuse potential however there are emerging reports of Pregabalin being abused. A study was commenced at the National Drug Treatment Centre's (NDTC) Drug Analysis Laboratory to determine the level of usage of Pregabalin within the addiction services population in Ireland. A total of 498 urine samples representing samples from 440 individual opioid substitution patients, initially screened by immunoassay for drugs of abuse, were subjected to further analysis for Pregabalin by Liquid Chromatography/Mass Spectrometry (LC/MS). Of 440 patients tested, 39 tested positive for Pregabalin (9.2%). Only 10 patients from this group were prescribed this drug to our knowledge thus giving an estimated rate of misuse of 7.0%. Other drugs detected in the Pregabalin positive patients were Opiates (31.8%), Cocaine (11.4%), Benzodiazepines (79.5%) and Cannabis (77.8%). Our study confirms that Pregabalin abuse is taking place amongst the addiction services population. We believe that misuse of this prescription drug is a serious emerging issue which should be monitored carefully.

Country of Publication: Ireland

CAS Registry Number: 148553-50-8 (pregabalin)

Publication Type: Journal: Article

Subject Headings: adult

female
human
Ireland
male
middle aged
opiate substitution treatment
"Substance-Related Disorders/ep [Epidemiology]"
*urine
young adult
anxiolytic agent
pregabalin

Source: EMBASE

5. The Long-Term Cost to the UK NHS and Social Services of Different Durations of IV Thiamine (Vitamin B1) for Chronic Alcohol Misusers with Symptoms of Wernicke's Encephalopathy Presenting at the Emergency Department

Citation: Applied Health Economics and Health Policy, April 2016, vol./is. 14/2(205-215), 1175-5652;1179-1896 (01 Apr 2016)

Author(s): Wilson E.C.F.; Stanley G.; Mirza Z.

Institution: (Wilson) Cambridge Centre for Health Services Research, University of Cambridge, Cambridge CB2 0SR, United Kingdom; (Stanley) Archimedes Pharma UK Ltd, South Oak Way, Green Park, Reading RG2 6UG, United Kingdom; (Mirza) West Middlesex University Hospital, Twickenham Road, Isleworth, Middlesex TW7 6AF, United Kingdom

Language: English

Abstract: Background: Wernicke's encephalopathy (WE) is an acute neuropsychiatric condition caused by depleted intracellular thiamine, most commonly arising in chronic alcohol misusers, who may present to emergency departments (EDs) for a variety of reasons. Guidelines recommend a minimum 5-day course of intravenous (IV) thiamine in at-risk patients unless WE can be excluded. Objective: To estimate the cost impact on the UK public sector (NHS and social services) of a 5-day course of IV thiamine, vs a 2- and 10-day course, in harmful or dependent drinkers presenting to EDs. Methods: A Markov chain model compared expected prognosis of patients under alternative admission strategies over 35 years. Model inputs were derived from a prospective cohort study, expert opinion via structured elicitation and NHS costing databases. Costs (2012/2013 price year) were discounted at 3.5 %. Results: Increasing treatment from 2 to 5 days increased acute care costs but reduced the probability of disease progression and thus reduced the expected net costs by GBP87,000 per patient (95 % confidence interval GBP19,300 to GBP172,300) over 35 years. Conclusions: Increasing length of stay to optimize IV thiamine replacement will place additional strain on acute care but has potential UK public sector cost savings. Social services and the NHS should explore collaborations to realise both the health benefits to patients and savings to the public purse.

Country of Publication: Switzerland

Publisher: Springer International Publishing

CAS Registry Number: 59-43-8 (thiamine); 67-03-8 (thiamine)

Publication Type: Journal: Article

Subject Headings:
*alcoholism
article
budget
cohort analysis
community care
cost control
decompensated liver cirrhosis
dose response
emergency care

emergency ward
*health care cost
hospital admission
hospital readmission
human
length of stay
long term care
malnutrition
*national health insurance
prognosis
prospective study
*social work
systematic review
*treatment duration
United Kingdom
"*Wernicke encephalopathy/dt [Drug Therapy]"
"*thiamine/dt [Drug Therapy]"
"*thiamine/iv [Intravenous Drug Administration]"

Source: EMBASE

6. Seasonal influenza immunization program outside general practice: An evaluation

Citation: Human Vaccines and Immunotherapeutics, January 2016, vol./is. 12/1(248-251), 2164-5515;2164-554X (01 Jan 2016)

Author(s): Morrison-Griffiths S.; Gaulton L.

Institution: (Morrison-Griffiths) Addaction, St Helens, United Kingdom; (Gaulton) Public Health and Wellbeing, St. Helens Council, St. Helens, United Kingdom

Language: English

Abstract: With the support of our local Public Health and NHS England teams, we developed a pathway of care to provide seasonal influenza vaccination to our heroin dependent service users. 340 of the 515 service users receiving opioid substitution treatment (OST) were offered the vaccination in the 2014/15 influenza season and 205 accepted it. A further 29 service users received the vaccination elsewhere. With over 50% of those on OST prescriptions known to have a diagnosed chronic condition, such as liver or respiratory disease, this was a worthwhile health intervention in a population that is known to be "hard to reach." In addition to the potential benefit to the individuals who received the seasonal influenza vaccination, there was also an opportunity to provide health advice and information surrounding chronic disease management. Service user feedback overwhelmingly supported the provision of seasonal influenza vaccination within Drug and Alcohol services.

Country of Publication: United States

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

Publication Type: Journal: Review

Subject Headings:
bronchopneumonia
chronic obstructive lung disease
clinical practice
cocaine dependence
health care
health program
Hepatitis B virus
Hepatitis C virus
hospital admission
human
Human immunodeficiency virus
*immunization
immunosuppressive treatment

"*influenza/dt [Drug Therapy]"
morbidity
mortality
opiate substitution treatment
questionnaire
review
spirometry
vaccination
"*influenza vaccine/dt [Drug Therapy]"

Source: EMBASE

7. Mental health risk factors in sexual assault: What should Sexual Assault Referral Centre staff be aware of?

Citation: Journal of Forensic and Legal Medicine, May 2016, vol./is. 40/(28-33), 1752-928X;1878-7487 (01 May 2016)

Author(s): Brooker C.; Tocque K.

Institution: (Brooker) Mental Health and Criminal Justice, Royal Holloway, University of London, Egham Hill, Surrey TW20 0EX, United Kingdom; (Tocque) Health Intelligence, University of Chester, United Kingdom

Language: English

Abstract: Introduction In England, people who have been raped can attend a national network of Sexual Assault Referral Centres (SARCs) for physical examination, the collection of evidence and sign-posting onto other appropriate services. The impact of rape on mental health is not always assessed comprehensively in SARCs despite national policy guidance. Aim To highlight the relationship between mental health and rape; thereby increasing SARCs staff and NHS commissioners awareness of the issue and the potential for longer-term risks to mental health. Method A secondary analysis was carried out using the Adult Psychiatric Morbidity Survey (APMS) 2007 in England. Sexual abuse was categorised as 'rape', 'touched in a sexual way' or 'talked to in a sexual way' versus 'none'. Bivariate analysis describes the prevalence of various mental health indicators and service use measures by different 'levels' of sexual abuse. Multiple logistic regression was applied to determine independent risk factors for sexual abuse. Results There was a consistent increase in the prevalence of mental health problems and in the use of mental health services as the severity of sexual abuse increased. For individuals who had been raped, the prevalence of need was highest in those raped both before and after the age of 16 years. Multivariate logistic regression identified that sex and age were the only demographic risk factors remaining significant. After controlling for these, individuals who had been raped were over 2.5 times more likely to have a history of a neurotic disorder than individuals experiencing no sexual abuse. In addition, rape victims were also significantly more likely to be dependent on drugs and alcohol, admitted to a mental health ward and at risk of suicide. Conclusion Rape is likely to have a considerable impact on the use of mental health services, self-harm and alcohol/drug dependency. Full mental health assessments should be undertaken in SARCs and commissioners should ensure accessible pathways into mental health services where appropriate.

Country of Publication: United Kingdom

Publisher: Churchill Livingstone

CAS Registry Number: 82248-59-7 (atomoxetine); 82857-39-4 (atomoxetine); 82857-40-7 (atomoxetine); 83015-26-3 (atomoxetine); 113-45-1 (methylphenidate); 298-59-9 (methylphenidate)

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
age
alcoholism
"anxiety disorder/dt [Drug Therapy]"
article
"attention deficit disorder/dt [Drug Therapy]"

automutilation
awareness
controlled study
demography
"depression/dt [Drug Therapy]"
drug dependence
female
health care facility
human
independent variable
major clinical study
male
medical history
medical staff
"*mental disease/th [Therapy]"
"*mental disease/dt [Drug Therapy]"
*mental health
mental health center
mental health service
neurosis
prevalence
psychiatric treatment
psychopharmacotherapy
rape
risk factor
secondary analysis
sex
sexual abuse
*sexual assault
sexual assault referral center
suicide attempt
United Kingdom
victim
"antidepressant agent/dt [Drug Therapy]"
"anxiolytic agent/dt [Drug Therapy]"
"atomoxetine/dt [Drug Therapy]"
hypnotic agent
"methylphenidate/dt [Drug Therapy]"
"neuroleptic agent/dt [Drug Therapy]"
"neuroleptic agent/po [Oral Drug Administration]"

Source: EMBASE

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

8. Starting antidepressant use: A qualitative synthesis of UK and Australian data

Citation: BMJ Open, 2015, vol./is. 5/12(no pagination), 2044-6055 (2015)

Author(s): Anderson C.; Kirkpatrick S.; Ridge D.; Kokanovic R.; Tanner C.

Institution: (Anderson) School of Pharmacy, University Park, Nottingham, United Kingdom; (Kirkpatrick) Health Experiences Research Group, Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom; (Ridge) Deptartment of Psychology, University of Westminster, London, United Kingdom; (Kokanovic, Tanner) School of Social Sciences, Monash University, Melbourne, VIC, Australia

Language: English

Abstract: Objective: To explore people's experiences of starting antidepressant treatment. Design: Qualitative interpretive approach combining thematic analysis with constant comparison. Relevant coding reports from the original studies (generated using NVivo) relating to initial experiences of antidepressants were explored in further detail, focusing on the ways in which participants discussed their experiences of taking or being prescribed an

antidepressant for the first time. Participants: 108 men and women aged 22-84 who had taken antidepressants for depression. Setting: Respondents recruited throughout the UK during 2003-2004 and 2008 and 2012-2013 and in Australia during 2010-2011. Results: People expressed a wide range of feelings about initiating antidepressant use. People's attitudes towards starting antidepressant use were shaped by stereotypes and stigmas related to perceived drug dependency and potentially extreme side effects. Anxieties were expressed about starting use, and about how long the antidepressant might begin to take effect, how much it might help or hinder them, and about what to expect in the initial weeks. People worried about the possibility of experiencing adverse effects and implications for their senses of self. Where people felt they had not been given sufficient time during their consultation information or support to take the medicines, the uncertainty could be particularly unsettling and impact on their ongoing views on and use of antidepressants as a viable treatment option. Conclusions: Our paper is the first to explore in-depth patient existential concerns about start of antidepressant use using multicountry data. People need additional support when they make decisions about starting antidepressants. Health professionals can use our findings to better understand and explore with patients' their concerns before their patients start antidepressants. These insights are key to supporting patients, many of whom feel intimidated by the prospect of taking antidepressants, especially during the uncertain first few weeks of treatment.

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

Publication Type: Journal: Article

Subject Headings:
adult
aged
anxiety
article
Australian
clinical decision making
consultation
"depression/dt [Drug Therapy]"
drug dependence
*drug use
female
human
major clinical study
male
middle aged
patient attitude
prescription
qualitative research
social stigma
stereotypy
thematic analysis
United Kingdom
very elderly
"*antidepressant agent/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *National Library of Medicine* in *BMJ Open*
Available from *Highwire Press* in *BMJ Open*

9. The cost effectiveness of nalmefene for reduction of alcohol consumption in alcohol-dependent patients with high or very high drinking-risk levels from a UK societal perspective

Citation: CNS Drugs, February 2016, vol./is. 30/2(163-177), 1172-7047;1179-1934 (01 Feb 2016)

Author(s): Brodtkorb T.-H.; Bell M.; Irving A.H.; Laramee P.

Institution: (Brodtkorb) RTI Health Solutions, Vallebergsv 9B, Ljungskile 45930, Sweden; (Bell) RTI Health Solutions, Towers Business Park, Wilmslow Road, Didsbury, Manchester M20

6AR, United Kingdom; (Irving) NHMRC Clinical Trials Centre, University of Sydney, Sydney, NSW, Australia; (Laramee) Social and Epidemiological Research Program, Centre for Addiction and Mental Health, Toronto M5S 2S1, Canada

Language: English

Abstract: Aim: To evaluate costs and health outcomes of nalmefene plus psychosocial support, compared with psychosocial intervention alone, for reducing alcohol consumption in alcohol-dependent patients, specifically focusing on societal costs related to productivity losses and crime. Methods: A Markov model was constructed to model costs and health outcomes of the treatments over 5 years. Analyses were conducted for nalmefene's licensed population: adults with both alcohol dependence and high or very high drinking-risk levels (DRLs) who do not require immediate detoxification and who have high or very high DRLs after initial assessment. The main outcome measure was cost per quality-adjusted life-year (QALY) gained as assessed from a UK societal perspective. Alcohol-attributable productivity loss, crime and health events occurring at different levels of alcohol consumption were taken from published risk-relation studies. Health-related and societal costs were drawn from public data and the literature. Data on the treatment effect, as well as baseline characteristics of the modelled population and utilities, came from three pivotal phase 3 trials of nalmefene. Results: Nalmefene plus psychosocial support was dominant compared with psychosocial intervention alone, resulting in QALYs gained and reduced societal costs. Sensitivity analyses showed that this conclusion was robust. Nalmefene plus psychosocial support led to per-patient reduced costs of 3324 and 2483, due to reduced productivity losses and crime events, respectively. Conclusion: Nalmefene is cost effective from a UK societal perspective, resulting in greater QALY gains and lower costs compared with psychosocial support alone. Nalmefene demonstrates considerable public benefits by reducing alcohol-attributable productivity losses and crime events in adults with both alcohol dependence and high or very high DRLs who do not require immediate detoxification and who have high or very high DRLs after initial assessment.

Country of Publication: Switzerland

Publisher: Springer International Publishing

CAS Registry Number: 55096-26-9 (nalmefene)

Publication Type: Journal: Article

Subject Headings:
absenteeism
adult
alcohol abstinence
*alcohol consumption
"*alcoholism/dm [Disease Management]"
"*alcoholism/th [Therapy]"
"*alcoholism/dt [Drug Therapy]"
article
controlled study
cost control
*cost effectiveness analysis
crime
drinking behavior
employment status
female
health care cost
health status
high risk patient
human
incidence
intermethod comparison
low risk patient
major clinical study
male
middle aged

outcome assessment
phase 3 clinical trial (topic)
priority journal
productivity
psychosocial care
quality adjusted life year
randomized controlled trial (topic)
treatment response
United Kingdom
"*nalmefene/dt [Drug Therapy]"
"*nalmefene/ct [Clinical Trial]"
"*nalmefene/pe [Pharmacoeconomics]"

Source: EMBASE

10. Taking the biscuit

Citation: BMJ (Online), March 2016, vol./is. 352/(no pagination), 0959-8146;1756-1833 (10 Mar 2016)

Author(s): Delamothe T.

Institution: (Delamothe) BMJ, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

CAS Registry Number: 57-88-5 (cholesterol)

Publication Type: Journal: Editorial

Subject Headings:
addiction
bariatric surgery
cost effectiveness analysis
editorial
general practitioner
human
mortality
non insulin dependent diabetes mellitus
obesity
*patient care
prescription
priority journal
productivity
United Kingdom
weight reduction
"cholesterol/ec [Endogenous Compound]"
narcotic agent
"triacylglycerol/ec [Endogenous Compound]"

Source: EMBASE

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

11. Margaret McCartney: Stop playing politics with illegal drug use

Citation: BMJ (Clinical research ed.), 2014, vol./is. 349/(g7273), 1756-1833 (2014)

Author(s): McCartney M.

Language: English

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: *addiction
*crime
evidence based practice
*health care policy
human
*politics
United Kingdom
*street drug

Source: EMBASE

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

12. Factor analysis of treatment outcomes from a UK specialist addiction service: relationship between the Leeds Dependence Questionnaire, Social Satisfaction Questionnaire and 10-item Clinical Outcomes in Routine Evaluation

Citation: Drug and alcohol review, November 2014, vol./is. 33/6(643-650), 1465-3362 (01 Nov 2014)

Author(s): Fairhurst C.; Bohnke J.R.; Gabe R.; Croudace T.J.; Tober G.; Raistrick D.

Institution: (Fairhurst, Bohnke, Gabe, Croudace, Tober, Raistrick) York Trials Unit, University of York, York, UK

Language: English

Abstract: INTRODUCTION AND AIMS: To examine the relationship between three outcome measures used by a specialist addiction service (UK): the Leeds Dependence Questionnaire (LDQ), the Social Satisfaction Questionnaire (SSQ) and the 10-item Clinical Outcomes in Routine Evaluation (CORE-10).DESIGN AND METHOD: A clinical sample of 715 service user records was extracted from a specialist addiction service (2011) database. The LDQ (dependence), SSQ (social satisfaction) and CORE-10 (psychological distress) were routinely administered at the start of treatment and again between 3 and 12 months post-treatment. A mixed pre/post-treatment dataset of 526 service users was subjected to exploratory factor analysis. Parallel Analysis and the Hull method were used to suggest the most parsimonious factor solution.RESULTS: Exploratory factor analysis with three factors accounted for 66.2% of the total variance but Parallel Analysis supported two factors as sufficient to account for observed correlations among items. In the two-factor solution, LDQ items and nine of the 10 CORE-10 items loaded on the first factor >0.41, and the SSQ items on factor 2 with loadings >0.63. A two dimensional summary appears sufficient and clinically meaningful.DISCUSSION AND CONCLUSIONS: Among specialist addiction service users, social satisfaction appears to be a unique construct of addiction and is not the same as variation due to psychological distress or dependence. Our interpretation of the findings is that dependence is best thought of as a specific psychological condition subsumed under the construct psychological distress.

Country of Publication: Australia

Publication Type: Journal: Article

Subject Headings: aged
drug dependence treatment
factorial analysis
female
human
male
middle aged
*patient satisfaction
psychometry
*questionnaire
"Substance-Related Disorders/di [Diagnosis]"
"Substance-Related Disorders/th [Therapy]"
*treatment outcome

United Kingdom
young adult

Source: EMBASE

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

13. Electronic nicotine delivery systems, from both sides of the Atlantic

Citation: Pediatrics, March 2016, vol./is. 137/3(no pagination), 0031-4005;1098-4275 (March 2016)

Author(s): Braillon A.

Institution: (Braillon) Amiens University Hospital, Amiens, France

Language: English

Country of Publication: United States

Publisher: American Academy of Pediatrics (141 Northwest Point Blvd, P.O. Box 927, Elk Grove Village IL 60007-1098, United States)

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

Publication Type: Journal: Letter

Subject Headings:
disease control
*drug delivery system
electronic cigarette
*electronic nicotine delivery system
epidemic
evidence based medicine
food and drug administration
human
letter
prevalence
priority journal
public health service
risk reduction
smoking cessation
"*tobacco dependence/ep [Epidemiology]"
"*tobacco dependence/dt [Drug Therapy]"
United Kingdom
"*nicotine/pr [Pharmaceutics]"
"*nicotine/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Highwire Press* in *Pediatrics*
Available from *American Academy of Pediatrics* in *Pediatrics*

14. Measuring alcohol consumption in population surveys: A review of international guidelines and comparison with surveys in England

Citation: Alcohol and Alcoholism, July 2015, vol./is. 51/1(84-92), 0735-0414;1464-3502 (11 Jul 2015)

Author(s): Nugawela M.D.; Langley T.; Szatkowski L.; Lewis S.

Institution: (Nugawela, Langley, Szatkowski, Lewis) Division of Epidemiology and Public Health, UK Centre for Tobacco and Alcohol Studies, University of Nottingham, Nottingham City Hospital, Clinical Sciences Building, Nottingham NG5 1PB, United Kingdom

Language: English

Abstract: Aims: To review the international guidelines and recommendations on survey instruments for measurement of alcohol consumption in population surveys and to examine how national surveys in England meet the core recommendations. Methods: A systematic search for international guidelines for measuring alcohol consumption in population

surveys was undertaken. The common core recommendations for alcohol consumption measures and survey instruments were identified. Alcohol consumption questions in national surveys in England were compared with these recommendations for specific years and over time since 2000. Results: Four sets of international guidelines and three core alcohol consumption measures (alcohol consumption status, average volume of consumption, frequency and volume of heavy episodic drinking) with another optional measure (drinking context) were identified. English national surveys have been inconsistent over time in including questions that provide information on average volume of consumption but have not included questions on another essential alcohol consumption measure, frequency of heavy episodic drinking. Instead, they have used questions that focus only on maximum volume of alcohol consumed on any day in the previous week. Conclusions: International guidelines provide consistent recommendations for measuring alcohol consumption in population surveys. These recommendations have not been consistently applied in English national surveys, and this has contributed to the inadequacy of survey measurements for monitoring vital aspects of alcohol consumption in England over recent years.

Country of Publication: United Kingdom

Publisher: Oxford University Press

Publication Type: Journal: Article

Subject Headings:
*alcohol consumption
alcoholism
article
binge drinking
*health survey
human
*practice guideline
priority journal
questionnaire
systematic review
*United Kingdom

Source: EMBASE

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

15. Will the UK's new alcohol guidelines change hearts, minds-and livers?: They may not reduce consumption directly, but they raise awareness of harm

Citation: BMJ (Online), February 2016, vol./is. 352/(no pagination), 0959-8146;1756-1833 (10 Feb 2016)

Author(s): Marteau T.M.

Institution: (Marteau) Behaviour and Health Research Unit, University of Cambridge, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

Publication Type: Journal: Article

Subject Headings:
alcohol consumption
*alcoholism
article
awareness
disease association
*drinking behavior
environmental factor
evidence based medicine
health care policy

*health education
health hazard
human
*national health service
*practice guideline
priority journal
public opinion
*United Kingdom

Source: EMBASE

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

16. Author's reply to Dubicka and colleagues and Stone

Citation: BMJ (Online), February 2016, vol./is. 352/(no pagination), 0959-8146;1756-1833 (16 Feb 2016)

Author(s): Gotzsche P.C.

Institution: (Gotzsche) Nordic Cochrane Centre, Rigshospitalet, Denmark

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

CAS Registry Number: 79617-96-2 (sertraline)

Publication Type: Journal: Letter

Subject Headings: *aggression
"automutilation/si [Side Effect]"
clinical practice
"*depression/dt [Drug Therapy]"
disease association
drug contraindication
drug efficacy
drug industry
drug safety
food and drug administration
human
letter
meta analysis (topic)
outcome assessment
patient monitoring
practice guideline
priority journal
randomized controlled trial(topic)
risk benefit analysis
"*suicide/si [Side Effect]"
suicide attempt
United Kingdom
withdrawal syndrome
"*antidepressant agent/ct [Clinical Trial]"
"*antidepressant agent/dt [Drug Therapy]"
placebo
"sertraline/ct [Clinical Trial]"
"sertraline/ae [Adverse Drug Reaction]"
"sertraline/dt [Drug Therapy]"

Source: EMBASE

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

17. Can a criminal justice alcohol abstention programme with swift, certain, and modest sanctions (24/7 Sobriety) reduce population mortality? A retrospective observational study

Citation: The Lancet Psychiatry, March 2016, vol./is. 3/3(226-232), 2215-0366;2215-0374 (01 Mar 2016)

Author(s): Nicosia N.; Kilmer B.; Heaton P.

Institution: (Nicosia) RAND Corporation, Boston, MA, United States; (Kilmer, Heaton) RAND Corporation, Santa Monica, CA, United States

Language: English

Abstract: Background: In the UK and USA, various jurisdictions have launched new approaches for managing alcohol-involved offenders that might have public health implications. These programmes require participants to abstain from alcohol and submit to frequent alcohol testing with swift, certain, and modest sanctions for violations, with the aim to reduce crime and keep alcohol-involved offenders in the community. In this study we examine whether the 24/7 Sobriety programme in South Dakota, USA-the largest such programme to date-is associated with reductions in mortality. Methods: With a differences-in-differences design, we used variation in the timing of 24/7 Sobriety implementation across South Dakota counties between 2005 and 2011 to estimate the association between programme introduction and county-level mortality. We used monthly, county-level, aggregate counts for mortality from January, 2000, to June, 2011. We assessed total deaths, and deaths due to external injuries, circulatory disorders, digestive disorders, and cancer (as a potential placebo). Findings: Between January, 2005, and June, 2011, 16 932 people (about 3% of the adult population) participated in the 24/7 Sobriety programme. The analysis was based on a sample size of 9 108 county-month observations (ie, 66 counties x 12 months x 11.5 years). Implementation of 24/7 Sobriety was associated with a 4.2% (95% CI 1.5-6.9) reduction in all-cause adult mortality, with the largest associations among women (8.0%, 95% CI 3.9-11.8) and individuals older than 40 years (4.3%, 95% CI 1.4-7.0). Associations were most evident among circulatory disorders. Interpretation: 24/7 Sobriety might have public health benefits, which could extend beyond individuals directly enrolled in the programme. However, further research, including randomised controlled trials and analyses of individual-level data, is needed to corroborate the finding, reassess the size of these associations, and gain insight into causal mechanisms. Should a negative association be replicated, it might represent a substantial advance in our understanding of how criminal justice interventions could help shape public health. Funding: National Institute on Alcohol Abuse and Alcoholism, US National Institutes of Health.

Country of Publication: United Kingdom

Publisher: Elsevier Ltd

Publication Type: Journal: Article

Subject Headings:
adult
*alcohol abstinence
"*alcoholism/ep [Epidemiology]"
article
cause of death
*criminal justice
death
digestive system function disorder
disease association
female
health program
human
injury
ischemia
major clinical study
male
mortality

neoplasm
observational study
public health
randomized controlled trial(topic)
United States

Source: EMBASE

Full Text: Available from *Elsevier* in *Lancet Psychiatry, The*

18. The attitudes of general hospital doctors toward patients with comorbid mental illness

Citation: International Journal of Psychiatry in Medicine, November 2015, vol./is. 50/4(370-382), 0091-2174;1541-3527 (November 2015)

Author(s): Noblett J.E.; Lawrence R.; Smith J.G.

Institution: (Noblett, Lawrence) Scutari Clinic, St Thomas' Liaison Psychiatry Team, St Thomas' Hospital, Westminster Bridge Road, London SE17EH, United Kingdom; (Smith) St George's University of London, Tooting, United Kingdom

Language: English

Abstract: Objective: What are the attitudes of general hospital doctors toward patients with comorbid mental illness? Do certain characteristics of the health professional related to attitude valence to patients with comorbid mental illness? Method: An anonymous questionnaire was sent out to a cohort of doctors working in three General Hospitals in South West London. The questionnaire included vignettes to assess the respondents' attitudes toward eight patients presenting with a physical compliant with different clinical histories, including depression, schizophrenia, personality disorder, diabetes, and criminal behavior. Results: A total of 52 participants completed the questionnaire; 40 females and 12 males. Across all domains, the most positive attitudes were held toward patients without a diagnosis of mental illness. The least positive attitudes were toward patients with schizophrenia, personality disorder, and those classified as "criminals," and negative attitudes relating to the unpredictability of patients was identified in these categories. There was no statistically significant difference in attitudes depending on age or level of training. However, female participants tended to endorse more positive attitudinal responses, most clearly toward patients with depression and heroin addiction. Conclusions: Negative attitudes of doctors were identified toward certain mental illness diagnoses and are likely to contribute the physical health disparity between patients with and without a comorbid mental illness. This raises the question as to how these attitudes can be changed in order to improve the parity of physical health care between patient with and without mental illness.

Country of Publication: United Kingdom

Publisher: SAGE Publications Inc.

Publication Type: Journal: Article

Subject Headings:
adult
"alcoholism/di [Diagnosis]"
article
Attitudes to Mental Illness Questionnaire
cohort analysis
"*comorbid mental illness/di [Diagnosis]"
comparative study
criminal behavior
"depression/di [Diagnosis]"
diabetes mellitus
*doctor patient relation
female
general hospital
health care disparity
"heroin dependence/di [Diagnosis]"
human

male
mental chronometry
"*mental disease/di [Diagnosis]"
"personality disorder/di [Diagnosis]"
*physician attitude
questionnaire
"schizophrenia/di [Diagnosis]"
United Kingdom
vignette
young adult

Source: EMBASE

19. Review of tramadol use within nhs Scotland following reclassification

Citation: Clinical Pharmacist, February 2016, vol./is. 8/2(no pagination), 1758-9061 (February 2016)

Author(s): Thompson A.

Institution: (Thompson) NHS Greater Glasgow and Clyde, Controlled Drugs Accountable Officers' Network, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Royal Pharmaceutical Society

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

Publication Type: Journal: Short Survey

Subject Headings:
analgesia
*drug classification
drug misuse
drug safety
drug use
health care policy
human
medical care
national health service
prescription
primary medical care
short survey
United Kingdom
*tramadol

Source: EMBASE

20. An evaluation of new England and national opioid prescribing trends during 2013-2014

Citation: Regional Anesthesia and Pain Medicine, March 2016, vol./is. 41/2(no pagination), 1098-7339 (March-April 2016)

Author(s): Toth A.; Possidente C.; Sawyer L.; DiParlo M.; Fanciullo G.

Institution: (Toth, Possidente, Sawyer, DiParlo, Fanciullo) Dartmouth-HitchcockUnited States

Language: English

Abstract: Introduction Over the past two decades there has been a steady increase in the use and acceptance of prescription opioids for chronic non-cancer pain treatment. This trend has correlated with a 3-fold increase in prescription opioid overdose deaths from 1999-2012 (1). Recent attempts to address the opioid epidemic have occurred at both a state and national level, though limited data exists on the net effectiveness of these interventions on current opioid prescribing practices. The purpose of this study was to evaluate current opioid prescribing trends nationally, regionally across several New England states, and at

an institutional level, over a two year period between 2013 and 2014. Materials and methods (NA for case report) Our study compared opioid usage between two time periods: January-June 2013 and July-December 2014. Data for total retail prescriptions for non-injectable opioids, all payer types, were obtained from the IMS Health National Prescription Audit database, which captures approximately 74% of prescription data from retail pharmacies across the United States (2). Opioid utilization was reviewed nationally, and in New Hampshire (NH), Vermont (VT), Maine (ME) and Massachusetts (MA). Institutional opioid prescription data were supplied by pharmacies at Dartmouth Hitchcock Medical Center (DHMC) and the University of Vermont Medical Center (UVMC). Opioid utilization per 1000 adult patients was calculated based on the estimated 2014 United States census (3). Results/Case report There was a net decrease of 3.4% opioid prescriptions filled nationally between the two 6-month periods studied. Of the four New England states studied, ME saw the largest net decline in opioid prescriptions (5.20%), while in NH prescriptions increased by 1.3%, the only state reviewed showing an increase in opioid utilization. Opioid prescribing in VT and MA decreased 2.2% and 4.4%, respectively. The most commonly prescribed product nationally was hydrocodone/APAP, representing 43.4% of the total opioid prescriptions, though its utilization decreased by 13.0%. Tramadol exhibited the largest growth of opioid prescriptions nationally, with a 14.8% increase. Long acting/extended release opioid formulations represented only 2.9% market share nationally. On an institutional level, UVMC pharmacy showed a net decrease of 13.6% opioid prescriptions, compared to DHMC with a net decrease of only 0.44%. Prescribing patterns of buprenorphine agents varied amongst New England states (up 16.9% in NH, down 11.6% in Massachusetts), though nationally no significant net change was noted (0.3% increase). Discussion The rate of non-injectable opioid prescribing across the United States has shown a decline between 2013 and 2014. Statewide and national initiatives such as prescription monitoring programs (which only began in NH after the study period, yet already existed in the other New England states), improved access to addiction treatment programs, public awareness, availability of Medical Cannabis (available in ME and VT) and prescriber opioid education (legislated in VT) may at least partially be driving this trend.

Conference Information: 14th Annual Pain Medicine Meeting of the American Society of Regional Anesthesia and Pain Medicine, ASRA 2015 Miami, FL United States. Conference Start: 20151119 Conference End: 20151121

Publisher: Lippincott Williams and Wilkins

Publication Type: Journal: Conference Abstract

Subject Headings:
*pain
*American
*society
*regional anesthesia
*United States
prescription
human
pharmacy
health
population research
patient
market
medical audit
case report
epidemic
data base
university
adult
death
addiction
monitoring
education
intoxication
cancer pain

*opiate
tramadol
buprenorphine
medical cannabis

Source: EMBASE

21. Effects of perioperative lapatinib and trastuzumab, alone and in combination, in early HER2+ breast cancer-the UK EPHOS-B trial (CRUK/08/002)

Citation: European Journal of Cancer, April 2016, vol./is. 57/(S5), 0959-8049 (April 2016)

Author(s): Bundred N.; Cameron D.; Armstrong A.; Brunt A.; Cramer A.; Dodwell D.; Evans A.; Hanby A.; Hartup S.; Hong A.; Horgan K.; Khattak I.; Morden J.; Naik J.; Narayan S.; Ooi J.; Shaaban A.; Smith R.; Webster-Smith M.; Bliss J.

Institution: (Bundred) University Hospital of South Manchester, NHS Foundation Trust, Academic Department of Surgery, Manchester, United Kingdom; (Cameron) University of Edinburgh and NHS Lothian, Edinburgh Cancer Centre, Edinburgh, United Kingdom; (Armstrong) Chrtistie NHS Foundation, Manchester, United Kingdom; (Brunt) University Hospitals of North Midlands NHS Trust, Keele University, Stoke-on-Trent, United Kingdom; (Cramer) Christie Pathology Partnership, Manchester, United Kingdom; (Dodwell, Hanby, Hartup, Horgan) Leeds Teaching Hospital, Leeds, United Kingdom; (Evans) Poole Hospital NHS Foundation Trust, Poole, United Kingdom; (Hong) Royal Devon and Exeter NHS Foundation Trust, Exeter, United Kingdom; (Khattak) Betsi Cadwaladr University Health Board, Bangor, United Kingdom; (Morden, Webster-Smith, Bliss) Institute of Cancer Research, ICR-CTSU, Clinical Studies, Wakefield, United Kingdom; (Naik) Mid Yorkshire Hospitals NHST, Wakefield, United Kingdom; (Narayan, Smith) University Hospitals of North Midlands NHS Trust, Cancer Clincial Trials, Stoke-on-Trent, United Kingdom; (Ooi) Bolton NHS FT, Bolton, United Kingdom; (Shaaban) University Hospitals Birmingham, NHS Foundation Trust, Department of Cellular Pathology, Birmingham, United Kingdom

Language: English

Abstract: Background: Optimal management of HER2+ cancers remains unclear. The window between diagnosis and definitive surgery provides an opportunity to assess biological drug effects in a treatment naive primary breast cancer (BC) population. EPHOS-B was designed to measure the effect of 10-12 days' pre-operative anti-HER2 therapy on proliferation and apoptosis in HER2+ BC patients. Patients and Methods: EPHOS-B is a multicentre, 2-part randomised trial in patients with operable newly diagnosed HER2+ primary BC. In Part 1 patients were randomised (1:2:2) to no perioperative treatment (control), trastuzumab only (6 mg/kg on days 1 & 8 pre-surgery) or lapatinib only (1500 mg/day). Emerging evidence on the efficacy of combination anti-HER2 therapy led to amendment to Part 2 where patients were allocated to control, trastuzumab only (as above) or combination of lapatinib (1000 mg/day) and trastuzumab (1:1:2). Analyses of Part 1 and Part 2 are presented. Primary endpoint is change in Ki67 and/or apoptosis. Response is defined as a drop in Ki67 of >30% or a rise in apoptosis of >30% from baseline. Tissue samples were taken at diagnostic core biopsy and surgery and analysed centrally for Ki67, apoptosis (activated caspase 3) and PgR, by immunohistochemistry (IHC). As an exploratory analysis, patients with insufficient tumour at surgery were categorised using pathological reports obtained from centres, blinded to randomised treatment allocation as having either pathological complete response in the breast (pCR), minimal residual disease (MRD, defined as <5mm invasive tumour), or other. Full central pathology review with analysis of samples for Ki67/apoptosis is due for completion end of February 2016. Results: 257 patients were recruited (130 in Part 1 and 127 in Part 2); all were HER2+ (91% IHC 3+ and 9% amplified by FISH, locally assessed). Median age was 52 years (IQR 48-62); 48% had tumours >2 cm and 51% were grade 3 on biopsy at entry. According to local assessment, 67% were ER+ and 40% PgR+. Response by treatment group is shown in the table. Conclusion: The early reduction or absence of invasive disease in approximately quarter of patients after only 11 days' preoperative combination HER2 therapy identifies cancers addicted to the HER2 pathway. Using preoperative antiHER2 therapy offers potential to personalise therapy for these patients.

Further trials are required to determine which patients may need only antiHER2 combination therapy continued thus avoiding chemotherapy. (Table Presented).

Conference Information: 10th European Breast Cancer Conference, EBCC-10 Amsterdam Netherlands. Conference Start: 20160309 Conference End: 20160311

Publisher: Elsevier Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*breast cancer
*United Kingdom
*European
human
patient
therapy
surgery
apoptosis
neoplasm
biopsy
diagnosis
minimal residual disease
breast
immunohistochemistry
tissues
drug effect
chemotherapy
pathology
population
*lapatinib
*trastuzumab
caspase 3

Source: EMBASE

Full Text: Available from *Elsevier* in *European Journal of Cancer*

22. Patient perspectives on the HIV treatment cascade in the United Kingdom

Citation: Sexually Transmitted Infections, September 2015, vol./is. 91/(A230-A231), 1368-4973 (September 2015)

Author(s): Rai T.; Bruton J.; Higgs C.; Rowlands J.; Ward H.

Institution: (Rai, Bruton, Ward) Imperial College London, United Kingdom; (Higgs, Rowlands) Chelsea and Westminster NHS Foundation Trust, London, United Kingdom

Language: English

Abstract: Introduction Figures for the UK's HIV treatment cascade are among the best worldwide with over 95% retention once in care, however guidelines and service models are changing. We examine perspectives on each stage of the cascade among four generations of patients. Methods In-depth interviews with 48 HIV-positive adults from two clinics. Participants were purposively selected from the four 'HIV generations', based on ART development - those diagnosed pre-1996, 1997-2005, 2006-2012, and since 2013. Framework was used to analyse the data. Results Diagnosis - Participants from the pre-treatment era were diagnosed on the development of AIDS-defining symptoms, or following a partner's diagnosis. Late diagnoses more recently were because patients underestimated their own risk or failures of healthcare professionals to spot indicator conditions. Linkage with care - Earlier generations sometimes disengaged with care for a period following diagnosis, dismayed by limited treatment options. In contrast, those diagnosed since 2005 linked to care promptly and felt they received appropriate medical attention. Retention in care - Across the generations, once linked to care participants were committed to attending appointments and taking medications. Occasional lapses were explained by external issues such as drug misuse or household disruption, rather than their relationship with the clinic. Some reported concern at the recently reduced frequency

of appointments, and the increasing role of primary care. Viral suppression among those on ART - Most participants on ART had undetectable viral load and good adherence. Actual or anticipated co-morbidities worried them more than HIV, however, wider discussions about NHS cost-cutting have raised patient anxiety about accessing the 'best' treatments. Conclusion The high standard of UK's HIV treatment cascade reflects strong relationships between patients and staff, which service changes could undermine. Being sensitive to how patients experience different stages of decision-making and the wider influences on their behaviour is vital towards sustaining high retention along the cascade.

Conference Information: STI and HIV World Congress 2015 Brisbane, QLD Australia. Conference Start: 20150913 Conference End: 20150916

Publisher: BMJ Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings:
*human
*United Kingdom
*Human immunodeficiency virus
*patient
diagnosis
hospital
model
health care personnel
adult
anxiety
drug therapy
interview
drug misuse
morbidity
virus load
primary medical care
household
decision making
risk
acquired immune deficiency syndrome

Source: EMBASE

Full Text: Available from *Highwire Press* in *Sexually transmitted infections*

23. The impact of social work intervention in alcoholinduced pancreatitis in Ireland: A single centre experience

Citation: Irish Journal of Medical Science, March 2015, vol./is. 184/(S196-S197), 0021-1265 (March 2015)

Author(s): Beagon C.; Bhatt N.R.; Donnelly S.M.; Egan M.; McKay A.P.; Mehigan B.; Conlon K.C.; Ridgway P.F.

Institution: (Beagon, Bhatt, Donnelly, Egan, McKay, Mehigan, Conlon, Ridgway) Social Work Department, Adelaide and Meath Hospital, Tallaght and Trinity College, Ireland

Language: English

Abstract: Introduction: The recurrence rate for alcohol-induced pancreatitis can be up to 48 % (1). Aggressive alcohol abstinence intervention has shown to decrease recurrence. Hence, social work interventions to reduce alcohol dependence play a vital role in the management of these patients but current management remains largely symptomatic (2). The aim was to investigate the impact of social work intervention in its current form in a tertiary centre Ireland preventing readmission for patients with alcohol-induced pancreatitis. Methods: A retrospective cohort study on patients admitted with acute alcohol-induced pancreatitis (identified by the hospital identification system) to a tertiary hospital over 3 years (January 2009 to December 2012) was performed. Demographic data of this cohort, details of their hospital admissions (first admission and relapse if any) and the impact of social work intervention were recorded. Results: The relapse rate in the cohort of 160 patients with alcoholinduced pancreatitis was 28.1 %. Social work

intervention in its current form did not demonstrate a statistically significant difference to the chance of relapse in patients with alcohol-induced pancreatitis (p = 0.229, Anova). The employment status was a significant risk factor for relapse (p = 0.027, Anova). Conclusion: The study has shown that current social work intervention for alcohol-induced pancreatitis patients in Ireland is ineffective in preventing relapse. Long-term prospective studies may be required to formulate and better implement more efficacious social work interventions, which may help reduce recurrence in alcoholinduced pancreatitis patients.

Conference Information: 23rd Sylvester O'Halloran Perioperative Scientific Symposium Limerick Ireland. Conference Start: 20150306 Conference End: 20150307

Publisher: Springer-Verlag London Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*pancreatitis
*Ireland
*social work
human
patient
relapse
recurrence risk
hospital admission
tertiary care center
alcoholism
hospital
cohort analysis
hospital readmission
prospective study
risk factor
employment status
alcohol abstinence
alcohol

Source: EMBASE

24. ADHD medication overdose and misuse: The NSW poisons information centre experience, 2004-2014

Citation: Medical Journal of Australia, March 2016, vol./is. 204/4(154.e1-154.e7), 0025-729X;1326-5377 (07 Mar 2016)

Author(s): Cairns R.; Daniels B.; Wood D.A.; Brett J.

Institution: (Cairns) NSW Poisons Information Centre, The Children's Hospital at Westmead, Sydney, NSW, Australia; (Daniels, Brett) University of Sydney, Sydney, NSW, Australia; (Wood) Prince of Wales Hospital, Sydney, NSW, Australia; (Brett) Drug Health Services, Royal Prince Alfred Hospital, Sydney, NSW, Australia

Language: English

Abstract: Objectives: To describe Australian trends in overdoses with medications used to treat attention deficit hyperactivity disorder (ADHD). Design, setting and participants: This was a retrospective observational study of intentional exposures to methylphenidate, dexamphetamine, modafinil and atomoxetine reported to the New South Wales Poisons Information Centre (NSWPIC) from 1 January 2004 to 31 December 2014. The NSWPIC takes calls from New South Wales, Tasmania and the Australian Capital Territory between 6am and midnight each day, and, as part of a national after-hours roster, from all Australian states between midnight and 6am on seven nights each fortnight. The target population included Australian residents aged 10-75 years. Main outcome measures: Demographic characteristics of the patients, changes in numbers of exposures with time, co-ingestants, route of exposure, and disposition of patients. Results: During the 11-year study period, 1735 intentional exposures to the four medications were reported to NSWPIC. There was a 210% increase in intentional exposures to methylphenidate over this period, whereas the number of dexamphetamine exposures declined by 25%. Illicit use (defined as co-ingestion with alcohol or a street drug) increased by 429% across the

study period. At least 93% of overdose patients required hospitalisation. Trends in exposures paralleled trends in the dispensing of these medications, as recorded in Pharmaceutical Benefits Scheme data. Conclusions: NSWPIC data show a dramatic increase in intentional exposures to ADHD medications between 2004 and 2014, mainly to methylphenidate. Further, the data suggest that illicit use of these substances is increasing. The potential harm related to misuse of prescription stimulants and the close correlation between these exposures and the prescribing of these drugs causes concerns about their diversion, and highlights the importance of the quality use of medicines (ie, ensuring that they are used safely, appropriately and in an evidence-based manner, including considering non-medical or non-stimulant alternatives) and of risk assessment for misuse when prescribing ADHD drugs.

Country of Publication: Australia

Publisher: Australasian Medical Publishing Co. Ltd

CAS Registry Number: 82248-59-7 (atomoxetine); 82857-39-4 (atomoxetine); 82857-40-7 (atomoxetine); 83015-26-3 (atomoxetine); 1462-73-3 (dexamphetamine); 51-63-8 (dexamphetamine); 51-64-9 (dexamphetamine); 113-45-1 (methylphenidate); 298-59-9 (methylphenidate); 68693-11-8 (modafinil)

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
article
"*attention deficit disorder/dt [Drug Therapy]"
Australia
drug exposure
drug information
*drug misuse
*drug overdose
health service
hospitalization
human
observational study
retrospective study
"atomoxetine/dt [Drug Therapy]"
"dexamphetamine/dt [Drug Therapy]"
"methylphenidate/dt [Drug Therapy]"
"modafinil/dt [Drug Therapy]"

Source: EMBASE

25. '.he was excluded for the kind of behaviour that we thought he needed support with...' A qualitative analysis of the experiences and perspectives of parents whose children have been excluded from school

Citation: Emotional and Behavioural Difficulties, January 2016, vol./is. 21/1(133-151), 1363-2752;1741-2692 (02 Jan 2016)

Author(s): Parker C.; Paget A.; Ford T.; Gwernan-Jones R.

Institution: (Parker, Gwernan-Jones) South Cloisters, St Luke's Campus, University of Exeter, Heavitree Road, Exeter EX1 2LU, United Kingdom; (Paget) Paediatric Registrar, Musgrove Park Hospital, Taunton, United Kingdom; (Ford) University of Exeter Medical School, South Cloisters, St Luke's Campus, Exeter EX1 2LU, United Kingdom

Language: English

Abstract: Exclusion from school is associated with adverse outcomes for young people. There is limited research that explores parents' perspectives, particularly in relation to the exclusion of primary school aged children. The present study used semi-structured interviews with 35 parents of 37 children aged 5-12 years from the Southwest of England. Parents experiences were captured in a conceptual model through three main themes. Exclusion was described as part of a complex journey of difficulties reflected by a continuum of coping. The child's place on the continuum was determined by an

interaction between the child, family, and school with communication a key determinant. The study also highlighted the wider implications of exclusion, including emotional and functional impacts on the child and parent and highlighted the importance of the parents voice in the identification and support of their child's needs. It also presents many complexities surrounding exclusion from school and limited support parents felt their child was offered.

Country of Publication: United Kingdom

Publisher: Routledge

Publication Type: Journal: Article

Subject Headings:
alcoholism
anger
anxiety disorder
apathy
article
attention deficit disorder
autism
bereavement
bullying
child
child advocacy
child behavior
child parent relation
chronic disease
communication disorder
controlled study
coping behavior
disability
disease exacerbation
disruptive behavior
distress syndrome
domestic violence
dyslexia
*education
emotion
emotional stability
emotional stress
empowerment
environmental factor
family conflict
female
frustration
hearing disorder
human
identity
independence
interpersonal communication
language disability
life event
major clinical study
male
medical history
mental health
mood disorder
obsessive compulsive disorder
*parental attitude
peer group
*personal experience
priority journal
problem behavior

professional competence
psychological aspect
qualitative analysis
sadness
*school exclusion
semi structured interview
social isolation
social stigma
speech disorder
support group
teacher
threat

Source: EMBASE

26. Estimated Effects of Different Alcohol Taxation and Price Policies on Health Inequalities: A Mathematical Modelling Study

Citation: PLoS Medicine, February 2016, vol./is. 13/2(no pagination), 1549-1277;1549-1676 (February 2016)

Author(s): Meier P.S.; Holmes J.; Angus C.; Ally A.K.; Meng Y.; Brennan A.

Institution: (Meier, Holmes, Angus, Ally, Brennan) Sheffield Alcohol Research Group, School of Health and Related Research, University of Sheffield, Sheffield, United Kingdom; (Meng) Bresmed Health Solutions, Sheffield, United Kingdom

Language: English

Abstract: Introduction: While evidence that alcohol pricing policies reduce alcohol-related health harm is robust, and alcohol taxation increases are a WHO "best buy" intervention, there is a lack of research comparing the scale and distribution across society of health impacts arising from alternative tax and price policy options. The aim of this study is to test whether four common alcohol taxation and pricing strategies differ in their impact on health inequalities. Methods and Findings: An econometric epidemiological model was built with England 2014/2015 as the setting. Four pricing strategies implemented on top of the current tax were equalised to give the same 4.3% population-wide reduction in total alcohol-related mortality: current tax increase, a 13.4% all-product duty increase under the current UK system; a value-based tax, a 4.0% ad valorem tax based on product price; a strength-based tax, a volumetric tax of 0.22 per UK alcohol unit (= 8 g of ethanol); and minimum unit pricing, a minimum price threshold of 0.50 per unit, below which alcohol cannot be sold. Model inputs were calculated by combining data from representative household surveys on alcohol purchasing and consumption, administrative and healthcare data on 43 alcohol-attributable diseases, and published price elasticities and relative risk functions. Outcomes were annual per capita consumption, consumer spending, and alcohol-related deaths. Uncertainty was assessed via partial probabilistic sensitivity analysis (PSA) and scenario analysis. The pricing strategies differ as to how effects are distributed across the population, and, from a public health perspective, heavy drinkers in routine/manual occupations are a key group as they are at greatest risk of health harm from their drinking. Strength-based taxation and minimum unit pricing would have greater effects on mortality among drinkers in routine/manual occupations (particularly for heavy drinkers, where the estimated policy effects on mortality rates are as follows: current tax increase, -3.2%; value-based tax, -2.9%; strength-based tax, -6.1%; minimum unit pricing, -7.8%) and lesser impacts among drinkers in professional/managerial occupations (for heavy drinkers: current tax increase, -1.3%; value-based tax, -1.4%; strength-based tax, +0.2%; minimum unit pricing, +0.8%). Results from the PSA give slightly greater mean effects for both the routine/manual (current tax increase, -3.6% [95% uncertainty interval (UI) -6.1%, -0.6%]; value-based tax, -3.3% [UI -5.1%, -1.7%]; strength-based tax, -7.5% [UI -13.7%, -3.9%]; minimum unit pricing, -10.3% [UI -10.3%, -7.0%]) and professional/managerial occupation groups (current tax increase, -1.8% [UI -4.7%, +1.6%]; value-based tax, -1.9% [UI -3.6%, +0.4%]; strength-based tax, -0.8% [UI -6.9%, +4.0%]; minimum unit pricing, -0.7% [UI -5.6%, +3.6%]). Impacts of price changes on moderate drinkers were small regardless of income or socioeconomic group.

Analysis of uncertainty shows that the relative effectiveness of the four policies is fairly stable, although uncertainty in the absolute scale of effects exists. Volumetric taxation and minimum unit pricing consistently outperform increasing the current tax or adding an ad valorem tax in terms of reducing mortality among the heaviest drinkers and reducing alcohol-related health inequalities (e.g., in the routine/manual occupation group, volumetric taxation reduces deaths more than increasing the current tax in 26 out of 30 probabilistic runs, minimum unit pricing reduces deaths more than volumetric tax in 21 out of 30 runs, and minimum unit pricing reduces deaths more than increasing the current tax in 30 out of 30 runs). Study limitations include reducing model complexity by not considering a largely ineffective ban on below-tax alcohol sales, special duty rates covering only small shares of the market, and the impact of tax fraud or retailer non-compliance with minimum unit prices. Conclusions: Our model estimates that, compared to tax increases under the current system or introducing taxation based on product value, alcohol-content-based taxation or minimum unit pricing would lead to larger reductions in health inequalities across income groups. We also estimate that alcohol-content-based taxation and minimum unit pricing would have the largest impact on harmful drinking, with minimal effects on those drinking in moderation.

Country of Publication: United States

Publisher: Public Library of Science

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

Publication Type: Journal: Article

Subject Headings:
*alcoholism
article
consumer
health disparity
*health economics
health equity
*health inequality
health survey
human
income
mathematical model
mortality rate
occupation
policy
public health
risk factor
sensitivity analysis
social determinants of health
*social status
socioeconomics
*tax
*alcohol

Source: EMBASE

Full Text:
Available from *ProQuest* in *PLoS Medicine*
Available from *National Library of Medicine* in *PLoS Medicine*
Available from *National Library of Medicine* in *PLoS Medicine*
Available from *Allen Press* in *PLoS Medicine*

27. Childhood maltreatment and violence: Mediation through psychiatric morbidity

Citation: Child Abuse and Neglect, February 2016, vol./is. 52/(70-84), 0145-2134;1873-7757 (February 01, 2016)

Author(s): Gonzalez R.A.; Kallis C.; Ullrich S.; Barnicot K.; Keers R.; Coid J.W.

Institution: (Gonzalez, Barnicot) Department of Medicine, Division of Brain Sciences, Centre for Mental Health, Imperial College London, Du Cane Road, London, England W12 0NN, United Kingdom; (Gonzalez) Graduate School of Public Health, University of Puerto

Rico Medical Sciences Campus, PR, United States; (Kallis, Ullrich, Coid) Violence Prevention Research Unit, Queen Mary University of London, Barts and The London School of Medicine and Dentistry, Garrod Building, Turner Street, London, England E1 2AD, United Kingdom; (Keers) Social, Genetic and Developmental Psychiatry, King's College London, Institute of Psychology, Psychiatry and Neuroscience, England, United Kingdom

Language: English

Abstract: Childhood maltreatment is associated with multiple adverse outcomes in adulthood including poor mental health and violence. We investigated direct and indirect pathways from childhood maltreatment to adult violence perpetration and the explanatory role of psychiatric morbidity. Analyses were based on a population survey of 2,928 young men 21-34 years in Great Britain in 2011, with boost surveys of black and minority ethnic groups and lower social grades. Respondents completed questionnaires measuring psychiatric diagnoses using standardized screening instruments, including antisocial personality disorder (ASPD), drug and alcohol dependence and psychosis. Maltreatment exposures included childhood physical abuse, neglect, witnessing domestic violence and being bullied. Adult violence outcomes included: any violence, violence toward strangers and intimate partners (IPV), victim injury and minor violence. Witnessing domestic violence showed the strongest risk for adult violence (AOR 2.70, 95% CI 2.00, 3.65) through a direct pathway, with psychotic symptoms and ASPD as partial mediators. Childhood physical abuse was associated with IPV (AOR 2.33, 95% CI 1.25, 4.35), mediated by ASPD and alcohol dependence. Neglect was associated with violence toward strangers (AOR 1.73, 95% CI 1.03, 2.91), mediated by ASPD. Prevention of violence in adulthood following childhood physical abuse and neglect requires treatment interventions for associated alcohol dependence, psychosis, and ASPD. However, witnessing family violence in childhood had strongest and direct effects on the pathway to adult violence, with important implications for primary prevention. In this context, prevention strategies should prioritize and focus on early childhood exposure to violence in the family home.

Country of Publication: United Kingdom

Publisher: Elsevier Ltd

Publication Type: Journal: Article

Subject Headings:
adult
*adult violence
adulthood
adverse outcome
alcoholism
antisocial personality disorder
article
bullying
*child abuse
child abuse survivor
child neglect
child sexual abuse
crime victim
disease association
drug dependence
exposure to violence
family violence
health survey
human
injury
major clinical study
male
*mental disease
mental health
morbidity
offender

partner violence
physical abuse
primary prevention
psychiatric diagnosis
psychiatric treatment
psychosis
questionnaire
risk assessment
stranger violence
United Kingdom
*violence

Source: EMBASE

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

28. The comparative risk of all-cause mortality in older patients prescribed opioids for non-malignant pain: A retrospective observational cohort study

Citation: Drug Safety, October 2015, vol./is. 38/10(962-963), 0114-5916 (October 2015)

Author(s): Allen C.; Meeraus W.; Donegan K.

Institution: (Allen, Donegan) Medicines and Healthcare Products Regulatory Agency, Vigilance and Risk Management of Medicines, London, United Kingdom; (Meeraus) Medicines and Healthcare Products Regulatory Agency, Clinical Practice Research Datalink, London, United Kingdom

Language: English

Abstract: Introduction: Opioids are indicated for the treatment of acute moderate to severe pain and also have an established role in pain management associated with cancer and palliative care [1]. There has been a trend towards use of these drugs in treating non-malignant chronic pain despite the risk of increasing tolerance and dependence [2]. Previous studies suggest variation in adverse event rates between the different opioids, particularly the risk of all-cause mortality [3]. Aim: To compare the risk of all-cause mortality in adults aged 65+ years prescribed alternative opioids for non-malignant pain in UK primary care. Methods: Anonymised data on patients newly prescribed an opioid 1990-2012 were extracted from the Clinical Practice Research Datalink. Patients with a previous record of an opioid or NSAID prescription, history of malignancy, opioid dependence or illicit drug use in the 365 days prior to the index date were excluded. Follow-up was censored upon transfer out of the GP practice, last data collection date, date of switch to a different opioid, gap in treatment of more than 90 days, 365 days after the final opioid prescription, death or 31st December 2012, whichever was earliest. Kaplan-Meier curves and the Wilcoxon test were used to test the equality of survival functions for the most commonly used opioids due to evidence of non-proportionality. Results: 207,765 patients were newly prescribed an opioid with 31,188 deaths during a median follow-up of 1.08 years. 39.2 % of patients were male and the mean (SD) age at first prescription was 75.9 years (8.6). The most frequently prescribed opioids were tramadol (35.5 %), codeine (31.8 %) and dihydrocodeine (13.4 %). Survival for buprenorphine, diamorphine, fentanyl, and morphine was significantly consistently lower relative to codeine ($p< 0.0001$), tramadol showed significantly consistently higher ($p<0.0001$) survival. The survival curve for dihydrocodeine was similar to, but repeatedly crossed that of, codeine. Conclusions: Risk of all-cause mortality varies among the most common different opioids when used among older adults for non-malignant pain. Confounding by indication likely explains this. The initial finding of a decreased risk of all-cause mortality with tramadol compared to codeine is interesting and warrants further consideration, adjusting for confounding and accounting for non-proportional hazards. As tramadol is more potent than codeine [4], we would expect it to be used to treat more severe pain. Cause-specific mortality will also be assessed through linkage with Office for National Statistics death registration data.

Conference Information: 15th ISoP Annual Meeting "Cubism in Pharmacovigilance" Prague Czech Republic. Conference Start: 20151027 Conference End: 20151030

Publisher: Springer International Publishing

Publication Type: Journal: Conference Abstract

Subject Headings:
*mortality
*patient
*human
*cancer pain
*cohort analysis
*drug surveillance program
*risk
survival
prescription
death
follow up
pain
adult
drug use
opiate addiction
analgesia
clinical practice
rank sum test
primary medical care
Kaplan Meier method
registration
United Kingdom
hazard
survival rate
information processing
chronic pain
palliative therapy
neoplasm
statistics
male
codeine
opiate
tramadol
dihydrocodeine
buprenorphine
illicit drug
morphine
fentanyl
diamorphine
nonsteroid antiinflammatory agent

Source: EMBASE

29. Sexual health in trans* individuals: High risk and under represented

Citation: Sexually Transmitted Infections, June 2015, vol./is. 91/(A91), 1368-4973 (June 2015)

Author(s): Byrne R.; Chislett L.; Patel S.

Institution: (Byrne, Chislett, Patel) Chelsea and Westminster Hospital, London, United Kingdom

Language: English

Abstract: Background/introduction In the UK, the prevalence of sexually transmitted infections (STI) amongst trans* individuals is unknown. International data estimate HIV prevalence to be as high as 20%. Public health data is lacking primarily due to trans* not being recognised as a gender. Aim(s)/objectives To identify and characterise trans* individuals within our HIV+ cohort. Methods Trans* individuals attending for HIV care at three urban care centres were identified by their physician and added to a database. A retrospective review of each electronic patient record was undertaken. Demographics, clinical data and documentation of sexual history and risk behaviours were collated.

Results 23 trans* individuals living with HIV were identified. All were trans*female. 10 (43%) had a detectable HIV viral load. Within the past 6 months 10 (43%) reported condomless anal sex and 6 (26%) had gonorrhoea and/or chlamydia infection. 11 (48%) were regularly using recreational drugs and 6 (26%) engaged in commercial sex work. 9 (39%) had no documentation of sexual history. Discussion/conclusion High levels of vulnerability and specific healthcare needs exist amongst trans* individuals. Within this HIV+ cohort particular concerns include risk of onward transmission of HIV, acquisition of new infections and drug misuse. Our clinic runs a dedicated sexual health, HIV and holistic wellbeing service for trans* individuals that is working to address these issues. Patient record systems need updating to recognise trans* individuals, allowing the prevalence of HIV and other STIs in this group to be accurately recorded. We believe trans* individuals are an at risk group whose healthcare needs should be better addressed.

Conference Information: BASHH Spring Conference 2015 Glasgow United Kingdom. Conference Start: 20150601 Conference End: 20150603

Publisher: BMJ Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings:
*sexual health
*risk
Human immunodeficiency virus
human
prevalence
health care need
documentation
gonorrhea
virus load
physician
high risk population
medical record
female
United Kingdom
gender
clinical study
drug misuse
electronic medical record
chlamydiasis
public health
infection
prostitution
hospital
wellbeing
data base
sexually transmitted disease
Human immunodeficiency virus prevalence
recreational drug

Source: EMBASE

Full Text: Available from *Highwire Press* in *Sexually transmitted infections*

30. Toxic cardiomyopathy in a stable HIV patient with a history of amphetamine misuse-a case report

Citation: Sexually Transmitted Infections, June 2015, vol./is. 91/(A31-A32), 1368-4973 (June 2015)

Author(s): Raha D.; Fernando I.

Institution: (Raha, Fernando) Chalmers Sexual Health Centre, Edinburgh, United States

Language: English

Abstract: Background/introduction Amphetamine (AM) use is associated with HIV infection among MSM. There are various toxic effects of AM, cardiotoxicity being one of them.

Aim(s)/objectives To present a case of report of cardiomyopathy secondary to AM misuse in a patient with well-controlled HIV. Case report A 51 year old HIV positive MSM was admitted to hospital with dyspnoea, orthopnoea and decreased exercise tolerance. He was HIV positive since 1990 and this is stable on ARVs. CD4 count pre-admission was 514 with undetectable viral load. He used 25-30 grams of AM per week over a period of 20 years and had multiple casual unprotected MSM partners. On admission, the patient was tachycardic and hypoxic. Chest X-Ray on admission showed cardiomegaly and bi-basal opacification. Echocardiogram demonstrated severe left and right ventricular dysfunction, at a level requiring cardiac transplant. ECG showed prolonged QT interval. The patient was diagnosed with toxic dilated cardiomyopathy secondary to long term AM abuse. UK guidelines for Heart transplantation in adults deem chronic viral infection and ongoing substance misuse as relative contraindications to transplant. He was consequently commenced on medication for cardiac failure and received benzodiazepine as inpatient for managing withdrawal symptoms. On discharge, psychiatry follow-up was organised for support to help reduction of AM. At follow up, the patient reported reduced AM use by quarter, but felt he could never abstain. Discussion/conclusion AM related cardiac fatalities are caused by acute myocardial necrosis, ventricular rupture, cardiomyopathy or arrhythmia. Evidence is mostly derived from casereports. Patients using AM should be fully counselled regarding possible toxic effects.

Conference Information: BASHH Spring Conference 2015 Glasgow United Kingdom. Conference Start: 20150601 Conference End: 20150603

Publisher: BMJ Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings:

*human
*patient
*cardiomyopathy
*case report
*Human immunodeficiency virus
follow up
toxicity
cardiotoxicity
heart ventricle function
Human immunodeficiency virus infection
echocardiography
thorax radiography
hospital
dyspnea
withdrawal syndrome
cardiomegaly
heart muscle necrosis
heart graft
drug therapy
virus infection
virus load
adult
heart transplantation
transplantation
heart failure
hospital patient
United Kingdom
psychiatry
abuse
congestive cardiomyopathy
QT prolongation
exercise tolerance
fatality
rupture
heart arrhythmia
electrocardiogram

*amphetamine
benzodiazepine
CD4 antigen

Source: EMBASE

Full Text: Available from *Highwire Press* in *Sexually transmitted infections*

31. Results from first year of the NHS's first targeted 'chemsex' clinic in GUM/HIV

Citation: Sexually Transmitted Infections, June 2015, vol./is. 91/(A28), 1368-4973 (June 2015)

Author(s): Stuart D.; McOwan A.

Institution: (Stuart, McOwan) Chelsea and Westminster Hospital, NHS Foundation Trust, 56 Dean Street GUM/HIV, London, United Kingdom

Language: English

Abstract: Background/introduction With much speculation and anecdotal reports regarding the causal links between sexualised recreational drug use by MSM (commonly referred to as 'ChemSex') and HIV/HCV rates, there has been much demand from commissioners and researchers and practitioners to identify the extent of the problem. In 2014, one London GUM/HIV clinic launched the NHS' first targeted ChemSex clinic. This presentation includes robust data collected from 874 unique presentations in the first year of this landmark clinic. Aim(s)/objectives The objective was to satisfy the health sector's concerns about the extent of this much hyped syndemic, with qualitative and quantitative data as well as assess interventions and cohort engagement methods. Methods Targeted clinics and outreach services were established with skilled addiction staff and resourcing peer volunteers, collecting culturally and contextually appropriate behavioural trends and data. Results Data includes: * Effectiveness of certain contextually-appropriate questions re ChemSex during GUM consultation. * ARV non-adherence amongst high-risk ChemSex party-goers who favour condomless sex. * Condom use (or otherwise) and number of partners broken down to include HIV+ve MSM not on treatment. * HIV/HCV broken down to include sexual acquisition versus injecting drug use acquisition. * HCV data broken down to include number of re-infections amongst HIV-ve non-injecting drug users. Discussion/conclusion This presentation includes the data, offers examples of how this model might be adapted in other services, and incorporates some training for attendees in how to overcome fears or ignorance regarding drug use risk assessments and consultations; it also includes film footage of role play exercises for skill-building purposes.

Conference Information: BASHH Spring Conference 2015 Glasgow United Kingdom. Conference Start: 20150601 Conference End: 20150603

Publisher: BMJ Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings: *hospital
drug use
human
consultation
risk
addiction
physician
condom use
fear
volunteer
role playing
exercise
health
United Kingdom
reinfection
model
skill

risk assessment
scientist
Human immunodeficiency virus
recreational drug

Source: EMBASE

Full Text: Available from *Highwire Press* in *Sexually transmitted infections*

32. Polygenic risk for alcohol dependence associates with alcohol consumption, cognitive function and social deprivation in a population-based cohort

Citation: Addiction Biology, March 2016, vol./is. 21/2(469-480), 1355-6215;1369-1600 (01 Mar 2016)

Author(s): Clarke T.-K.; Smith A.H.; Gelernter J.; Kranzler H.R.; Farrer L.A.; Hall L.S.; Fernandez-Pujals A.M.; MacIntyre D.J.; Smith B.H.; Hocking L.J.; Padmanabhan S.; Hayward C.; Thomson P.A.; Porteous D.J.; Deary I.J.; McIntosh A.M.

Institution: (Clarke, Hall, Fernandez-Pujals, MacIntyre, McIntosh) Division of Psychiatry, United States; (Clarke, Smith, Gelernter) Division of Human Genetics, Department of Psychiatry, Yale University, School of Medicine, VA CT Healthcare Center, Kennedy Tower, Edinburgh, CT EH10 5HF, United States; (Smith) Medical Scientist Training Program, Interdepartmental Neuroscience Program, Yale University, School of Medicine, West Haven, CT, United States; (Gelernter) Department of Genetics and Neurobiology, Yale University School of Medicine, West Haven, CT, United States; (Kranzler) Department of Psychiatry, University of Pennsylvania Perelman, School of Medicine VISN4 MIRECC, Philadelphia VA Medical Center, Philadelphia, PA, United States; (Farrer) Departments of Medicine, Neurology, Ophthalmology, Biomedical Genetics, Epidemiology, Biostatistics, Boston University, School of Medicine and Public Health, Boston, MA, United States; (Smith) Population Health Sciences, University of Dundee, United Kingdom; (Hocking) Division of Applied Health Sciences, University of Aberdeen, United Kingdom; (Padmanabhan) Institute of Cardiovascular and Medical Sciences, University of Glasgow, United Kingdom; (Hayward, Thomson) Centre for Genomics and Experimental Medicine, Institute of Genetics and Molecular Medicine, Western General Hospital, University of Edinburgh, United Kingdom; (Hayward, Porteous) MRC Human Genetics, MRC IGMM, University of Edinburgh, United Kingdom; (Thomson, Porteous, Deary, McIntosh) Centre for Cognitive Ageing and Cognitive Epidemiology, University of Edinburgh, United Kingdom; (Deary) Department of Psychology, University of Edinburgh, United Kingdom

Language: English

Abstract: Alcohol dependence is frequently co-morbid with cognitive impairment. The relationship between these traits is complex as cognitive dysfunction may arise as a consequence of heavy drinking or exist prior to the onset of dependence. In the present study, we tested the genetic overlap between cognitive abilities and alcohol dependence using polygenic risk scores (PGRS). We created two independent PGRS derived from two recent genome-wide association studies (GWAS) of alcohol dependence (SAGE GWAS: N = 2750; Yale-Penn GWAS: N = 2377) in a population-based cohort, Generation Scotland: Scottish Family Health Study (GS:SFHS) (n = 9863). Data on alcohol consumption and four tests of cognitive function [Mill Hill Vocabulary (MHV), digit symbol coding, phonemic verbal fluency (VF) and logical memory] were available. PGRS for alcohol dependence were negatively associated with two measures of cognitive function: MHV (SAGE: P = 0.009, beta = -0.027; Yale-Penn: P = 0.001, beta = -0.034) and VF (SAGE: P = 0.0008, beta = -0.036; Yale-Penn: P = 0.00005, beta = -0.044). VF remained robustly associated after adjustment for education and social deprivation; however, the association with MHV was substantially attenuated. Shared genetic variants may account for some of the phenotypic association between cognitive ability and alcohol dependence. A significant negative association between PGRS and social deprivation was found (SAGE: P = 5.2 x 10⁻⁷, beta = -0.054; Yale-Penn: P = 0.000012, beta = -0.047). Individuals living in socially deprived regions were found to carry more alcohol dependence risk alleles which may contribute to the increased prevalence of problem drinking in regions of deprivation. Future work to identify genes which affect both

cognitive impairment and alcohol dependence will help elucidate biological processes common to both disorders.

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Article

Subject Headings:
adult
*alcohol consumption
*alcoholism
article
*cognition
digit symbol coding
educational status
female
genetic association
genetic risk
genetic variability
human
logical memory
male
Mill Hill vocabulary
polygenic risk score
priority journal
scoring system
*social isolation
socioeconomics
verbal fluency

Source: EMBASE

Full Text: Available from *John Wiley and Sons* in *Addiction Biology*

33. Quality of life Evaluation in patients receiving Steroids (the QuESt tool): Initial development in children and young people with acute lymphoblastic leukaemia

Citation: Archives of Disease in Childhood, March 2016, vol./is. 101/3(241-246), 0003-9888;1468-2044 (March 2016)

Author(s): Adams M.; Robling M.; Grainger J.; Tomlins J.; Johnson A.; Morris S.; Velangi M.; Jenney M.

Institution: (Adams, Johnson, Morris, Jenney) Department of Paediatric Oncology, Children's Hospital for Wales, Heath Park, Cardiff CF14 4XW, United Kingdom; (Robling) Institute of Primary Care and Public Health, Cardiff University, Cardiff, United Kingdom; (Grainger) Department of Paediatric Haematology, Royal Manchester Children's Hospital, Manchester, United Kingdom; (Tomlins) Teenage and Young Adult Haematology Department, Christie Hospital, Manchester, United Kingdom; (Velangi) Department of Paediatric Haematology, Birmingham Children's Hospital, Birmingham, United Kingdom

Language: English

Abstract: Background The powerful cytotoxic and immunomodulatory effects of corticosteroids are an important element of the success that has been achieved in the treatment of acute lymphoblastic leukaemia (ALL). In addition to physical side effects, corticosteroids can adversely influence behaviour, cognitive function and mood leading to significantly impaired quality of life (QoL). A number of tools exist for assessing QoL, but none of these specifically examines changes attributable to steroids. Methods Children and young adults aged 8.24 years and parents of children receiving maintenance therapy for ALL from four UK centres were invited to participate. The study comprised three stages carried out over 2 years: (1) focus groups and interviews where participants were asked to describe their experiences of dexamethasone; (2) analysis of questionnaires sent to healthcare professionals and patients to evaluate the importance and relevance of the questions; and (3) cognitive interviewing. Results Interpretative phenomenological

analysis of focus group and interview transcripts identified that dexamethasone adversely influenced behaviour, appetite, body image, mood and family relationships. 157 electronic survey responses were analysed leading to further item development. Cognitive interviewing confirmed face validity and internal consistency. QuESt comprises 28 questions within four domains and has three age-specific versions. Conclusions QuESt is the first treatment-specific QoL measure for children and young adults receiving corticosteroids. It can be completed in 10.15 min by children aged .8 years. Further validity and reliability testing will be undertaken. Although the initial application is for ALL, QuESt may also be a valuable tool for understanding the impact of corticosteroids in other paediatric conditions.

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

CAS Registry Number: 50-02-2 (dexamethasone)

Publication Type: Journal: Article

Subject Headings:
"*acute lymphoblastic leukemia/dm [Disease Management]"
"*acute lymphoblastic leukemia/dt [Drug Therapy]"
adolescent
adult
aggression
agitation
anger
appetite
article
body image
child
child behavior
clinical article
*corticosteroid therapy
"distress syndrome/si [Side Effect]"
evaluation study
face validity
family relation
female
"gastritis/si [Side Effect]"
health care personnel
health survey
human
hunger
"hyperactivity/si [Side Effect]"
information processing
internal consistency
interview
maintenance therapy
male
mood
"obsession/si [Side Effect]"
"pallor/si [Side Effect]"
"pallor/si [Side Effect]"
personal experience
"personality disorder/si [Side Effect]"
phenomenology
physical appearance
priority journal
*quality of life
questionnaire
"side effect/si [Side Effect]"
"sleep disorder/si [Side Effect]"
sweating

weight gain
"withdrawal syndrome/si [Side Effect]"
"*dexamethasone/ae [Adverse Drug Reaction]"
"*dexamethasone/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Highwire Press* in *Archives of disease in childhood*

34. Big tobacco, E-cigarettes, and a road to the smoking endgame

Citation: International Journal of Drug Policy, March 2016, vol./is. 29/(14-18), 0955-3959;1873-4758 (March 01, 2016)

Author(s): Branston J.R.; Sweanor D.

Institution: (Branston) Centre for Governance and Regulation, School of Management, University of Bath, United Kingdom; (Branston) Institute for Policy Research, University of Bath, United Kingdom; (Sweanor) Faculty of Law, University of Ottawa, Canada; (Sweanor) Centre for Health Law, Policy and Ethics, University of Ottawa, Canada

Language: English

Abstract: The provision of the extraordinarily deadly product of cigarettes is dominated by a small number of large and incredibly profitable shareholder owned companies that are focussed on cigarettes. The legal duty of their managers to maximise shareholder wealth means that such companies vigorously fight any new public health measures that have the potential to disrupt their massive profit making, and have the resources to do so. Protecting the public health is therefore made a lot more difficult and expensive. We suggest that one way to counter this would be to actively design future tobacco control policies so that tobacco companies face mechanisms and incentives to develop in such a way that they no longer achieve the greatest shareholder value by focusing on cigarettes. A proper tobacco diversification and exit strategy for the shareholders of the profit-seeking tobacco industry would protect the public health by addressing the current addiction to the continuation of the cigarette market. The increasing popularity of e-cigarettes presents a particular opportunity in this regard, and we therefore suggest a possible policy response in order to start discussion in this area.

Country of Publication: Netherlands

Publisher: Elsevier

Publication Type: Journal: Note

Subject Headings:
change management
*electronic cigarette
government regulation
human
investment
market
note
policy
priority journal
profit
public health
*smoking
*smoking endgame
smoking regulation
strategic planning
tax
*tobacco
tobacco industry
United Kingdom

Source: EMBASE

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

35. The Choosing Wisely campaign to reduce harmful medical overuse: Its close association with Patient Blood Management initiatives

Citation: Transfusion Medicine, October 2015, vol./is. 25/5(287-292), 0958-7578;1365-3148 (01 Oct 2015)

Author(s): Murphy M.F.

Institution: (Murphy) NHS Blood and Transplant, Oxford, United Kingdom; (Murphy) National Institute of Health Research (NIHR), Biomedical Research Centre, Oxford University NHS Foundation Trust and University of Oxford, Oxford, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Editorial

Subject Headings:
*blood transfusion
*drug misuse
editorial
human
medical audit
risk reduction
transfusion medicine
United Kingdom
United States

Source: EMBASE

Full Text: Available from *John Wiley and Sons* in *Transfusion Medicine*

36. Confronting the growing problem of antibiotic resistance

Citation: Prescriber, February 2016, vol./is. 27/2(50-51), 0959-6682;1931-2253 (01 Feb 2016)

Author(s): Jethwa S.

Institution: (Jethwa) Northwick Park, St Mark's and Central Middlesex Hospitals, London Northwest Healthcare NHS Trust, United Kingdom

Language: English

Abstract: With antibiotic-resistant infections continuing to rise and few new antibiotics in the development pipeline, tackling the issue of antibiotic overuse is crucial. Shilpa Jethwa outlines some of the recent strategies and campaigns directed at health professionals and the public to help curb antibiotic overprescribing in the UK.

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Note

Subject Headings:
*antibiotic resistance
behavior change
cause of death
drug efficacy
drug misuse
health care cost
health program
human
nonhuman
note
patient safety
prescription
public health

publication
*antibiotic agent
penicillin derivative

Source: EMBASE

Full Text: Available from *John Wiley and Sons* in *Prescriber*

37. Neonatal drug withdrawal syndrome: Cross-country comparison using hospital administrative data in England, the USA, Western Australia and Ontario, Canada

Citation: Archives of Disease in Childhood: Fetal and Neonatal Edition, January 2016, vol./is. 101/1(F26-F30), 1359-2998;1468-2052 (01 Jan 2016)

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Language: English

Abstract: Objectives We determined trends over time in the prevalence of neonatal drug withdrawal syndrome (NWS) in England compared with that reported in the USA, Western (W) Australia and Ontario, Canada. We also examined variation in prevalence of NWS according to maternal age, birth weight and across the English NHS by hospital trusts. Design and setting Retrospective study using national hospital administrative data (Hospital Episode Statistics) for the NHS in England between 1997 and 2011. NWS was identified using international classification of disease codes in hospital admission records. We searched the research literature and contacted researchers to identify studies reporting trends in the prevalence of NWS. Main outcome measures Prevalence of NWS by calendar year per 1000 live births for each country/state. For births in England, prevalence by maternal age group and birth weight group. Prevalence by NHS trust and region at birth, and funnel plot to show outlying English NHS hospital trusts (>3 SD of mean prevalence). Main results Mean prevalence rates of recorded NWS increased in all four countries. Rates stabilised in England and W. Australia from the early 2000s and rose steeply in the USA and Ontario during the late 2000s. The most recent prevalence rates were 2.7/1000 live births in England (2011; 1544 cases); 2.7/1000 in W. Australia (2009); 3.6/1000 in the USA (2009) and 5.1/1000 in Ontario (2011). The highest prevalence in England was among babies born to mothers aged 25a"34 years at delivery and among babies born with low birth weight (1500a"2500 g). In England in 2011, 8.6% of hospital trusts had a recorded prevalence outside 3 SD of the overall average (7% above, 1% below). The North East region of England had the highest recorded prevalence of NWS. Conclusions Although recorded NWS is stable in England and W. Australia, rising rates in the USA and Ontario may reflect better recognition and/or increased use of prescribed opiate analgesics and highlight the need for surveillance. The extent to which different prevalence rates by hospital trust reflect variation in occurrence, recognition or recording requires further investigation.

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birth weight
Canada

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female
human
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low birth weight
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"*newborn disease/ep [Epidemiology]"
outcome assessment
prevalence
priority journal
retrospective study
United Kingdom
United States
"*withdrawal syndrome/ep [Epidemiology]"

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38. The Impact of Sex Upon Needs and Quality of Life Within a Population on Methadone Treatment

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Language: English

Abstract: Background: Best practice models are calling for a holistic, needs-led, and sex-informed treatment approach to substance misuse treatment. To date, research into the impact of sex on needs and quality of life within methadone-treatment populations using validated research tools is limited. Objectives: The aim of the study was to evaluate the impact of sex upon self-rated unmet need and quality of life among people on methadone treatment. Methods: Cross-sectional survey of adults attending a specialist methadone treatment clinic, in Dublin, Ireland. Participants completed the Camberwell Assessment of Need Short Appraisal Schedule, Patient Version and the WHO Quality of Life-Brief Version. Ongoing drug use was determined using the Maudsley Addiction Profile and weekly supervised urine toxicology screens. A linear regression analysis was conducted. Results: One hundred eight of 190 eligible service-users (57%) participated. No significant differences existed between the participants and the nonparticipants on demographic variables or measures of drug use. Among them, 33% were women. Women demonstrated lower levels of ongoing opiate use. Linear regression analysis indicated that women had a greater number of unmet needs (P=0.02) and lower quality of life in the domains of physical health (P=0.003), psychological well being (P<0.001), environmental well being (P=0.03), and social relationships (P=0.007). When the Bonferroni adjustment was applied to account for multiple testing, the relationship between psychological well being and female sex remained statistically significant. Conclusions: Our study suggests that female sex may be associated with greater self-rated needs and poorer quality of life within a methadone-treated population, in particular, in the domain of psychological well being. Further research in this area is warranted to discover if these findings can be replicated and confirmed in larger samples.

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drug use
female
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human
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major clinical study
male
"narcotic dependence/dm [Disease Management]"
"narcotic dependence/dt [Drug Therapy]"
priority journal
psychological well being
*quality of life
self report
*sex difference
social interaction
"*methadone/dt [Drug Therapy]"

Source: EMBASE

39. Whole Genome Analysis of Injectional Anthrax Identifies Two Disease Clusters Spanning More Than 13 Years

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Language: English

Abstract: Background: Anthrax is a rare disease in humans but elicits great public fear because of its past use as an agent of bioterrorism. Injectional anthrax has been occurring sporadically for more than ten years in heroin consumers across multiple European countries and this outbreak has been difficult to trace back to a source. Methods: We took a molecular epidemiological approach in understanding this disease outbreak, including whole genome sequencing of Bacillus anthracis isolates from the anthrax victims. We also screened two large strain repositories for closely related strains to provide context to the outbreak. Findings: Analyzing 60 Bacillus anthracis isolates associated with injectional anthrax cases and closely related reference strains, we identified 1071 Single Nucleotide Polymorphisms (SNPs). The synapomorphic SNPs (350) were used to reconstruct phylogenetic relationships, infer likely epidemiological sources and explore the dynamics of evolving pathogen populations. Injectional anthrax genomes separated into two tight clusters: one group was exclusively associated with the 2009-10 outbreak and located primarily in Scotland, whereas the second comprised more recent (2012-13) cases but also a single Norwegian case from 2000. Interpretation: Genome-based differentiation of

injectional anthrax isolates argues for at least two separate disease events spanning >. 12 years. The genomic similarity of the two clusters makes it likely that they are caused by separate contamination events originating from the same geographic region and perhaps the same site of drug manufacturing or processing. Pathogen diversity within single patients challenges assumptions concerning population dynamics of infecting B. anthracis and host defensive barriers for injectional anthrax. Funding: This work was supported by the United States Department of Homeland Security grant no. HSHQDC-10-C-00,139 and via a binational cooperative agreement between the United States Government and the Government of Germany. This work was supported by funds from the German Ministry of Defense (Sonderforschungsprojekt 25Z1-S-431,214). Support for sequencing was also obtained from Illumina, Inc. These sources had no role in the data generation or interpretation, and had not role in the manuscript preparation. Panel 1: Research in Context Systematic Review: We searched PubMed for any article published before Jun. 17, 2015, with the terms "Bacillus anthracis" and "heroin", or "injectional anthrax". Other than our previously published work (Price et al., 2012), we found no other relevant studies on elucidating the global phylogenetic relationships of B. anthracis strains associated with injectional anthrax caused by recreational heroin consumption of spore-contaminated drug. There were, however, publically available genome sequences of two strains involved (Price et al., 2012; Grunow et al., 2013) and the draft genome sequence of Bacillus anthracis UR-1, isolated from a German heroin user (Ruckert et al., 2012) with only limited information on the genotyping of closely related strains (Price et al., 2012; Grunow et al., 2013). Lay Person Interpretation: Injectional anthrax has been plaguing heroin drug users across Europe for more than 10 years. In order to better understand this outbreak, we assessed genomic relationships of all available injectional anthrax strains from four countries spanning a >. 12 year period. Very few differences were identified using genome-based analysis, but these differentiated the isolates into two distinct clusters. This strongly supports a hypothesis of at least two separate anthrax spore contamination events perhaps during the drug production processes. Identification of two events would not have been possible from standard epidemiological analysis. These comprehensive data will be invaluable for classifying future injectional anthrax isolates and for future geographic attribution.

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heroin dependence
human
"*injectional anthrax/ep [Epidemiology]"
nonhuman
phylogeny
polymerase chain reaction
population dynamics
priority journal
single nucleotide polymorphism
spatiotemporal analysis
diamorphine

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