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Search History

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

1. The role of community nursing in providing integrated care for older people with alcohol misuse

Citation: British journal of community nursing, February 2014, vol./is. 19/2(80, 82-84), 1462-4753 (Feb 2014)

Author(s): Rao T.

Institution: (Rao) Consultant Old Age Psychiatrist and Visiting Researcher, South London and Maudsley NHS Foundation Trust and Institute of Psychiatry.

Language: English

Abstract: Alcohol misuse in older people is a growing problem for health and social care providers, but remains largely hidden from public view and therefore largely overlooked by commissioners. Many older people with alcohol misuse have a 'dual diagnosis' (alcohol misuse accompanying other mental disorders) rather than alcohol misuse alone, which requires specialist nursing expertise. Over the past 10 years, assessment of and interventions for the detection of alcohol misuse in older people have been developed within one London borough. This article details the background, strategy and outcomes of this service, which provides integrated care in a multi-disciplinary community mental health team covering an inner-city area with a high prevalence of alcohol misuse and dual diagnosis in older people.

Publication Type: Journal: Article

Subject Headings:
aged
*alcoholism
article
*community health nursing
female
health service
human
*integrated health care system
male
*nurse attitude
nursing
organization and management
patient care
United Kingdom
very elderly

Source: EMBASE

Full Text: Available from *EBSCOhost* in *British Journal of Community Nursing*

2. Alcohol-related mortality in deprived UK cities: Worrying trends in young women challenge recent national downward trends

Citation: Journal of Epidemiology and Community Health, 2013, vol./is. 67/10(805-812), 0143-005X;1470-2738 (2013)

Author(s): Shipton D.; Whyte B.; Walsh D.

Institution: (Shipton, Whyte, Walsh) Glasgow Centre for Population Health, Glasgow, Larnarkshire, United Kingdom

Language: English

Abstract: Background Glasgow, the largest city in Scotland, has high levels of deprivation and a poor-health profile compared with other parts of Europe, which cannot be fully explained by the high levels of deprivation. The 'excess' premature mortality in Glasgow is now largely attributable to deaths from alcohol, drugs, suicide and violence. Methods Alcohol-related mortality in Glasgow from 1980 to 2011 was examined relative to the equally deprived UK cities of Manchester and Liverpool with the aim of identifying differences across the cities, with respect to gender, age and birth cohort, that could help explain the 'excess' mortality in Glasgow. Results In the 1980s, alcohol-related mortality

in Glasgow was three times higher than in Manchester and Liverpool. Alcohol-related mortality increased in all three cities over the subsequent three decades, but a sharp rise in deaths in the early 1990s was unique to Glasgow. The increase in numbers of deaths in Glasgow was greater than in Manchester and Liverpool, but there was little difference in the pattern of alcohol-related deaths, by sex or birth cohort that could explain the excess mortality in Glasgow. The recent modest decrease in alcohol-related mortality was largely experienced by all birth cohorts, with the notable exception of the younger cohort (born between 1970 and 1979): women in this cohort across all three cities experienced disproportionate increases in alcohol-related mortality. Conclusions It is imperative that this early warning sign in young women in the UK is acted on if deaths from alcohol are to reduce in the long term.

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

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
aged
*alcoholism
article
cause of death
city
deprivation
female
human
male
middle aged
*mortality
poverty
"United Kingdom/ep [Epidemiology]"
urban population
alcohol

Source: EMBASE

Full Text: Available from *Highwire Press* in *Journal of Epidemiology and Community Health*

3. Life in and after the Armed Forces: Social networks and mental health in the UK military

Citation: Sociology of Health and Illness, September 2013, vol./is. 35/7(1045-1064), 0141-9889;1467-9566 (September 2013)

Author(s): Hatch S.L.; Harvey S.B.; Dandeker C.; Burdett H.; Greenberg N.; Fear N.T.; Wessely S.

Institution: (Hatch, Harvey, Wessely) Department of Psychological Medicine, King's College London, Institute of Psychiatry, London, United Kingdom; (Dandeker) Department of War Studies, King's College London, United Kingdom; (Dandeker, Burdett, Wessely) King's Centre for Military Health Research, King's College London, United Kingdom; (Greenberg, Fear) Academic Centre for Defence Mental Health, King's College London, United Kingdom; (Harvey) School of Psychiatry, University of New South Wales, Sydney, Australia

Language: English

Abstract: This study focuses on the influence of structural aspects of social integration (social networks and social participation outside work) on mental health (common mental disorders (CMD), that is, depression and anxiety symptoms, post-traumatic stress disorder (PTSD) symptoms and alcohol misuse). This study examines differences in levels of social integration and associations between social integration and mental health among service leavers and personnel still in service. Data were collected from regular serving personnel (n=6511) and regular service leavers (n=1753), from a representative cohort study of the Armed Forces in the UK. We found that service leavers reported less social participation outside work and a general disengagement with military social contacts in comparison to serving personnel. Service leavers were more likely to report CMD and PTSD symptoms. The increased risk of CMD but not PTSD symptoms, was partially

accounted for by the reduced levels of social integration among the service leavers. Maintaining social networks in which most members are still in the military is associated with alcohol misuse for both groups, but it is related to CMD and PTSD symptoms for service leavers only. 2013 The Authors. Sociology of Health & Illness 2013 Foundation for the Sociology of Health & Illness/JohnWiley & Sons Ltd.

Publication Type: Journal: Article

Subject Headings:
adult
alcoholism
anxiety disorder
army
article
depression
female
human
male
*mental health
posttraumatic stress disorder
psychological aspect
questionnaire
risk factor
service leavers
Social Networks
*social support
*soldier
United Kingdom
*veteran

Source: EMBASE

Full Text: Available from *Wiley* in *Sociology of Health and Illness*

4. Application of hygrine and cuscohygrine as possible markers to distinguish coca chewing from cocaine abuse on WDT and forensic cases

Citation: Forensic Science International, October 2014, vol./is. 243/(30-34), 0379-0738;1872-6283 (October 2014)

Author(s): Rubio N.C.; Strano-Rossi S.; Tabernero M.J.; Gonzalez J.L.; Anzillotti L.; Chiarotti M.; Bermejo A.M.

Institution: (Rubio, Gonzalez) Forensic Toxicology Laboratory, Cipolletti, Argentina; (Strano-Rossi, Anzillotti, Chiarotti) Institute of Legal Medicine Universita Cattolica, Rome, Italy; (Tabernero, Bermejo) Institute of Legal Medicine, Universidad de Santiago de Compostela, Spain

Language: English

Abstract: The objectives of present work are twofold. First, we want to verify that hygrine and cuscohygrine are good markers to distinguish between chewing coca leaves and cocaine abuse. Secondly, we try to develop a quick and easy qualitative method to determine the two mentioned markers.We analyzed two kinds of urine samples: the first group consisted of twenty-four (24) subjects: urine samples were obtained from various types of workers (e.g. doctors, chemists, nurses, technicians, painters, contractors, employees and some retired persons) who admitted chewing coca leaves. Frequency of the habit of chewing coca leaves was variable. They practiced "coqueo" between two (2) and forty-four (44) years. Sixteen (16) of them used alkaline substances to enhance the extraction of cocaine from the leaves The second group of urine samples consisted on thirty-eight (38) cocaine abusers, from forensic cases from Spain and Argentina. A GC/MS qualitative method, performed after liquid-liquid extraction, was developed and validated (the parameters studied were selectivity/specificity, LOD and stability), and then applied to the urine samples.Hygrine and cuscohygrine are good markers to distinguish between chewing coca leaves and cocaine abuse, and the qualitative method presented can be used successfully in workplace drug testing and forensic cases. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

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

Publication Type: Journal: Article

Subject Headings:
adult
aged
Argentina
article
clinical article
*coca
*cocaine dependence
controlled study
drug traffic
employee
female
*forensic medicine
gas chromatography
homicide
human
limit of detection
liquid liquid extraction
male
mass spectrometry
*mastication
nurse
painter
physician
plant leaf
priority journal
qualitative analysis
Spain
urinalysis
*cocaine
*cuscohygrine
*hygrine
*marker
unclassified drug

Source: EMBASE

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

5. Electronic health records for biological sample collection: Feasibility study of statin-induced myopathy using the Clinical Practice Research Datalink

Citation: British Journal of Clinical Pharmacology, May 2014, vol./is. 77/5(831-838), 0306-5251;1365-2125 (May 2014)

Author(s): O'Meara H.; Carr D.F.; Evely J.; Hobbs M.; McCann G.; Van Staa T.; Pirmohamed M.

Institution: (O'Meara, Carr, Evely, Pirmohamed) Department of Molecular and Clinical Pharmacology, Wolfson Centre for Personalised Medicine, University of Liverpool, 1-5 Brownlow Street, Liverpool L69 3GL, United Kingdom; (Hobbs, McCann, Van Staa) Clinical Practice Research Datalink, Medicines and Healthcare Products Regulatory Agency, London, United Kingdom; (Van Staa) Utrecht Institute for Pharmaceutical Sciences, Utrecht University, Utrecht, Netherlands; (Van Staa) London School of Hygiene and Tropical Medicine, London, United Kingdom

Language: English

Abstract: Aims Electronic healthcare records (EHRs) are increasingly used to store clinical information. A secondary benefit of EHRs is their use, in an anonymized form, for

observational research. The Clinical Practice Research Datalink (CPRD) contains EHRs from primary care in the UK and, despite 1083 peer-reviewed research publications, has never been used to obtain pharmacogenetic samples. Using a statin-induced myopathy paradigm, we evaluated using the CPRD to obtain patient samples for a pharmacogenetic study targeting 250 cases and 500 controls from UK general practitioner (GP) practices. Methods The CPRD identified potential patients fitting specific case-definition criteria (active rhabdomyolysis or creatine phosphokinase > four times the upper limit of normal), and corresponding GP practices were asked to invite patient participation. Consenting patients were requested to provide either saliva or blood samples and to complete an ethnicity questionnaire. Control subjects were recruited from the same GP practice (saliva) or a small number of practices (blood). Samples were forwarded for DNA extraction. Results Thirty-six months of recruitment yielded DNA samples from 149 statin-induced myopathy cases and 587 tolerant controls. Data show that contacting patients through their GP is a reliable method for obtaining samples without compromising anonymity. Saliva collection directly from patients was considerably less effective than blood sampling. After 10 months of recruitment, saliva sampling was suspended in favour of blood sampling. Conclusions We demonstrate the potential of EHRs for identifying accurately phenotyped cases and controls for pharmacogenetic studies. Recruitment was successful only because of the willingness of GP practices to participate and the existence of strong doctor-patient relationships. The present study provides a model that can be implemented in future genetic analyses using EHRs. 2013 The Authors. British Journal of Clinical Pharmacology published by John Wiley & Sons Ltd on behalf of The British Pharmacological Society.

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd

CAS Registry Number: 1951-25-3 (amiodarone); 19774-82-4 (amiodarone); 62067-87-2 (amiodarone); 134523-00-5 (atorvastatin); 134523-03-8 (atorvastatin); 9001-15-4 (creatine kinase); 79217-60-0 (cyclosporin); 20830-75-5 (digoxin); 57285-89-9 (digoxin); 9007-49-2 (DNA); 49562-28-9 (fenofibrate); 93957-54-1 (fluindostatin); 25812-30-0 (gemfibrozil); 54-86-4 (nicotinic acid); 59-67-6 (nicotinic acid); 81093-37-0 (pravastatin); 81131-70-6 (pravastatin); 37205-61-1 (proteinase inhibitor); 109-97-7 (pyrrole); 147098-18-8 (rosuvastatin); 147098-20-2 (rosuvastatin); 79902-63-9 (simvastatin); 129-06-6 (warfarin); 2610-86-8 (warfarin); 3324-63-8 (warfarin); 5543-58-8 (warfarin); 81-81-2 (warfarin)

Publication Type: Journal: Article

Subject Headings:
aged
alcoholism
article
asthma
blood sampling
body mass
chronic obstructive lung disease
clinical practice
controlled study
creatine kinase blood level
DNA extraction
*electronic medical record
feasibility study
female
genetic association
heart atrium fibrillation
human
hypertension
hyperthyroidism
hypothyroidism
major clinical study
male
"*myopathy/et [Etiology]"

"*myopathy/si [Side Effect]"
non insulin dependent diabetes mellitus
*pharmacogenetics
phase 1 clinical trial (topic)
phase 2 clinical trial (topic)
prescription
priority journal
rhabdomyolysis
treatment duration
amiodarone
antifungal agent
antihypertensive agent
atorvastatin
calcium channel blocking agent
corticosteroid
creatine kinase
cyclosporin
digoxin
DNA
fenofibrate
fluindostatin
gemfibrozil
"*hydroxymethylglutaryl coenzyme A reductase inhibitor/ae [Adverse Drug Reaction]"
macrolide
myoglobin
nicotinic acid
pravastatin
proteinase inhibitor
pyrrole
rosuvastatin
simvastatin
warfarin

Source: EMBASE

Full Text: Available from *Wiley* in *British Journal of Clinical Pharmacology*

6. New insights in carbohydrate-deficient transferrin analysis with capillary electrophoresis-mass spectrometry

Citation: Forensic Science International, October 2014, vol./is. 243/(14-22), 0379-0738;1872-6283 (October 2014)

Author(s): Kohler I.; Augsburger M.; Rudaz S.; Schappler J.

Institution: (Kohler, Rudaz, Schappler) School of Pharmaceutical Sciences, University of Geneva, University of Lausanne, Bd d'Yvoy 20, 1211 Geneva 4, Switzerland; (Kohler, Augsburger, Rudaz, Schappler) Swiss Centre for Applied Human Toxicology, University of Geneva, CMU, Rue Michel-Servet 1, 1211 Geneva 4, Switzerland; (Augsburger) University Center of Legal Medicine (CURML), Lausanne-Geneva, Rue du Bugnon 21, 1011 Lausanne, Switzerland

Language: English

Abstract: Capillary zone electrophoresis (CZE) with UV detection has been widely used for the determination of carbohydrate-deficient transferrin (CDT), an indirect marker of the chronic alcohol consumption (>60-80. g/day). A commercially available method (CEofix CDT kit), containing a bilayer anionic coating, allows for the analysis of CDT with a high resolution between transferrin (Tf) glycoforms with reduced protein adsorption onto the capillary wall. Although widely used in routine analysis, this procedure presents some limitations in terms of selectivity and sensitivity which may be overcome with mass spectrometry (MS). However, the available method is not MS-compatible due to the non-volatile coating as well as the phosphate and borate buffers present in the background electrolyte (BGE). This study firstly consisted in developing MS-compatible separation conditions, i.e., coating and BGE compositions. Numerous cationic, neutral, and anionic

coatings were evaluated in combination with BGEs covering a broad range of pH values. A bilayer coating composed of a cationic layer of 10% polybrene (m/v) and an anionic layer of 10% dextran sulfate (m/v) combined with a BGE composed of 20. mM ammonium acetate at pH 8.5 provided the best results in terms of glycoforms' resolution, efficiency, adsorption reduction, migration times' repeatability, and coating stability. The method was then transferred to CZE-MS after investigations of the electrospray ionization (ESI) source, equipped with a sheath-flow interface, and the time-of-flight (TOF/MS) parameters. A successful MS detection of tetrasialo-Tf was obtained during infusion, while the experiments highlighted the challenges and issues encountered with intact glycoprotein analysis by CZE-ESI-MS. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 10043-35-3 (boric acid); 11113-50-1 (boric acid); 11129-12-7 (boric acid); 14213-97-9 (boric acid); 9011-18-1 (dextran sulfate); 9042-14-2 (dextran sulfate); 28728-55-4 (hexadimethrine bromide); 9011-04-5 (hexadimethrine bromide); 14066-19-4 (phosphate); 14265-44-2 (phosphate); 82030-93-1 (transferrin)

Publication Type: Journal: Article

Subject Headings:
adsorption kinetics
alcoholism
article
capillary wall
*capillary zone electrophoresis
controlled study
electrospray
*mass spectrometry
measurement repeatability
pH
polymerization
priority journal
*protein analysis
sensitivity analysis
time of flight mass spectrometry
boric acid
buffer
*carbohydrate deficient transferrin
dextran sulfate
hexadimethrine bromide
phosphate
transferrin

Source: EMBASE

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

7. Combination pharmacotherapies for stimulant use disorder: A review of clinical findings and recommendations for future research

Citation: Expert Review of Clinical Pharmacology, May 2014, vol./is. 7/3(363-374), 1751-2433;1751-2441 (May 2014)

Author(s): Stoops W.W.; Rush C.R.

Institution: (Stoops, Rush) Department of Behavioral Science, University of Kentucky, College of Medicine, Lexington, KY 40536, United States; (Stoops, Rush) Department of Psychology, University of Kentucky, College of Arts and Sciences, Kastle Hall, Lexington, KY 40506, United States; (Rush) Department of Psychiatry, University of Kentucky, College of Medicine, 245 Fountain Court, Lexington, KY 40509, United States

Language: English

Abstract: Despite concerted efforts to identify a pharmacotherapy for managing stimulant use disorders, no widely effective medications have been approved. Innovative strategies are

necessary to develop successful pharmacotherapies for stimulant use disorders. This manuscript reviews human laboratory studies and clinical trials to determine whether one such strategy, use of combination pharmacotherapies, holds promise. The extant literature shows that combination pharmacotherapy produced results that were better than placebo treatment, especially with medications shown to have efficacy as monotherapies. However, many studies did not compare individual constituents to the combination treatment, making it impossible to determine whether combination treatment is more effective than monotherapy. Future research should systematically compare combined treatments with individual agents using medications showing some efficacy when tested alone. 2014 Informa UK, Ltd.

Country of Publication: United Kingdom

Publisher: Expert Reviews Ltd.

CAS Registry Number: 616-91-1 (acetylcysteine); 28981-97-7 (alprazolam); 665-66-7 (amantadine); 768-94-5 (amantadine); 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 1134-47-0 (baclofen); 25614-03-3 (bromocriptine); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 50-47-5 (desipramine); 58-28-6 (desipramine); 1462-73-3 (dexamphetamine); 51-63-8 (dexamphetamine); 51-64-9 (dexamphetamine); 97-77-8 (disulfiram); 78755-81-4 (flumazenil); 60142-96-3 (gabapentin); 2192-20-3 (hydroxyzine); 64095-02-9 (hydroxyzine); 68-88-2 (hydroxyzine); 75695-93-1 (isradipine); 88977-22-4 (isradipine); 22752-91-6 (metyrapone); 2405-72-3 (metyrapone); 54-36-4 (metyrapone); 908-35-0 (metyrapone); 68693-11-8 (modafinil); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone); 586-06-1 (orciprenaline); 5874-97-5 (orciprenaline); 604-75-1 (oxazepam); 13013-17-7 (propranolol); 318-98-9 (propranolol); 3506-09-0 (propranolol); 4199-09-1 (propranolol); 525-66-6 (propranolol); 97240-79-4 (topiramate); 6912-86-3 (tryptophan); 73-22-3 (tryptophan); 16870-43-2 (tyrosine); 55520-40-6 (tyrosine); 60-18-4 (tyrosine)

Publication Type: Journal: Review

Subject Headings:
alcoholism
Brief Psychiatric Rating Scale
clinical trial (topic)
dopamine metabolism
*drug abuse
drug efficacy
human
laboratory test
monoamine metabolism
*pharmaceutical care
pressor response
review
*stimulant use disorder
stress
acetylcysteine
alprazolam
amantadine
amphetamine
baclofen
bromocriptine
*central stimulant agent
cocaine
desipramine
dexamphetamine
disulfiram
flumazenil
gabapentin
hydroxyzine
isradipine
metyrapone

modafinil
naltrexone
orciprenaline
oxazepam
propranolol
topiramate
tryptophan
tyrosine

Source: EMBASE

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

8. A perspective on the epidemiology of acetaminophen exposure and toxicity in the United States

Citation: Expert Review of Clinical Pharmacology, May 2014, vol./is. 7/3(341-348), 1751-2433;1751-2441 (May 2014)

Author(s): Blieden M.; Paramore L.C.; Shah D.; Ben-Joseph R.

Institution: (Blieden, Paramore) Evidera, 430 Bedford St, Lexington, MA 02420, United States; (Shah, Ben-Joseph) Purdue Pharma L.P., One Stamford Forum, Stamford, CT 06907, United States

Language: English

Abstract: Acetaminophen is a commonly-used analgesic in the US and, at doses of more than 4 g/day, can lead to serious hepatotoxicity. Recent FDA and CMS decisions serve to limit and monitor exposure to high-dose acetaminophen. This literature review aims to describe the exposure to and consequences of high-dose acetaminophen among chronic pain patients in the US. Each year in the US, approximately 6% of adults are prescribed acetaminophen doses of more than 4 g/day and 30,000 patients are hospitalized for acetaminophen toxicity. Up to half of acetaminophen overdoses are unintentional, largely related to opioid-acetaminophen combinations and attempts to achieve better symptom relief. Liver injury occurs in 17% of adults with unintentional acetaminophen overdose. 2014 Informa UK, Ltd.

Country of Publication: United Kingdom

Publisher: Expert Reviews Ltd.

CAS Registry Number: 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 103-90-2 (paracetamol)

Publication Type: Journal: Review

Subject Headings:
"acute liver failure/si [Side Effect]"
analgesia
"central nervous system disease/si [Side Effect]"
"chronic pain/dt [Drug Therapy]"
*drug exposure
*drug intoxication
drug megadose
drug misuse
drug overdose
drug safety
"gastrointestinal disease/si [Side Effect]"
hospitalization
human
"liver injury/si [Side Effect]"
"liver toxicity/si [Side Effect]"
long term exposure
low drug dose
medication error
"musculoskeletal disease/si [Side Effect]"

"peripheral neuropathy/si [Side Effect]"
prescription
"respiratory tract disease/si [Side Effect]"
review
risk factor
"toxic hepatitis/si [Side Effect]"
United States
"hydrocodone bitartrate plus paracetamol/cb [Drug Combination]"
"opiate/cb [Drug Combination]"
"*paracetamol/ae [Adverse Drug Reaction]"
"*paracetamol/cb [Drug Combination]"
"*paracetamol/dt [Drug Therapy]"
"*paracetamol/to [Drug Toxicity]"

Source: EMBASE

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

9. Codeine-related deaths: The role of pharmacogenetics and drug interactions

Citation: Forensic Science International, June 2014, vol./is. 239/(50-56), 0379-0738;1872-6283 (June 2014)

Author(s): Lam J.; Woodall K.L.; Solbeck P.; Ross C.J.D.; Carleton B.C.; Hayden M.R.; Koren G.; Madadi P.

Institution: (Lam, Koren) Department of Pharmacology and Toxicology, University of Toronto, Toronto, Canada; (Lam, Koren, Madadi) Division of Clinical Pharmacology and Toxicology, Hospital for Sick Children, Toronto, Canada; (Woodall, Solbeck, Madadi) Toxicology Section, Centre of Forensic Sciences, Toronto, Canada; (Ross, Hayden) Department of Medical Genetics, Center for Molecular Medicine and Therapeutics, University of British Columbia, Vancouver, Canada; (Ross, Carleton, Hayden) Child and Family Research Institute, Children's and Women's Health Centre of British Columbia, Vancouver, Canada; (Carleton) Pharmaceutical Outcomes Programme, Children's and Women's Health Center of British Columbia, Vancouver, Canada; (Carleton) Department of Paediatrics, Division of Translational Therapeutics, University of British Columbia, Vancouver, Canada; (Koren) Department of Physiology and Pharmacology, Schulich School of Medicine and Dentistry, University of Western Ontario, London, Canada

Language: English

Abstract: The objective of this study was to assess the relationship between genetic polymorphisms and drug interactions on codeine and morphine concentrations in codeine-related deaths (CRD). All CRD in Ontario, Canada between 2006 and 2008 were identified. Post-mortem blood was analyzed for 22 polymorphisms in 5 genes involved in codeine metabolism and response. Sixty-eight CRD were included in this study. The morphine-to-codeine ratio was significantly correlated with the presence of a CYP2D6 inhibitor at varying potencies (p= 0.0011). The presence of other central nervous system (CNS) depressants (i.e. benzodiazepines, hypnotics, and/or alcohol) was significantly associated with lower codeine concentration as compared to CRD in which other CNS depressants were not detected (p= 0.0002). Individuals who carried the ABCB1 1236T variant had significantly lower morphine concentrations (p= 0.004). In this population of individuals whose cause of death was related to codeine, drug interactions and genetic polymorphisms were significantly associated with post-mortem codeine and morphine concentrations. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 28981-97-7 (alprazolam); 31677-93-7 (amfebutamone); 34911-55-2 (amfebutamone); 9012-25-3 (catechol methyltransferase); 59729-33-8 (citalopram); 22316-47-8 (clobazam); 1622-61-3 (clonazepam); 76-57-3 (codeine); 439-14-5 (diazepam); 147-24-0

(diphenhydramine); 58-73-1 (diphenhydramine); 437-38-7 (fentanyl); 54910-89-3 (fluoxetine); 56296-78-7 (fluoxetine); 59333-67-4 (fluoxetine); 125-29-1 (hydrocodone); 25968-91-6 (hydrocodone); 34366-67-1 (hydrocodone); 466-99-9 (hydromorphone); 71-68-1 (hydromorphone); 846-49-1 (lorazepam); 52-26-6 (morphine); 57-27-2 (morphine); 604-75-1 (oxazepam); 124-90-3 (oxycodone); 76-42-6 (oxycodone); 61869-08-7 (paroxetine); 28097-96-3 (pethidine); 50-13-5 (pethidine); 57-42-1 (pethidine); 79617-96-2 (sertraline); 43200-80-2 (zopiclone)

Publication Type: Journal: Article

Subject Headings:

abcb1 gene
adult
article
autopsy
blood analysis
Canada
comt gene
CYPD26 gene
DNA polymorphism
drug blood level
"*drug fatality/si [Side Effect]"
drug metabolism
drug misuse
drug potency
female
genetic association
genetic variability
genotype
heterozygote
human
major clinical study
male
oprm1 gene
*pharmacogenetics
priority journal
suicide
toxicity testing
ugt2b7 gene
"alprazolam/it [Drug Interaction]"
"amfebutamone/it [Drug Interaction]"
"catechol methyltransferase/ec [Endogenous Compound]"
"citalopram/it [Drug Interaction]"
"clobazam/it [Drug Interaction]"
"clonazepam/it [Drug Interaction]"
"*codeine/ae [Adverse Drug Reaction]"
"*codeine/cr [Drug Concentration]"
"*codeine/it [Drug Interaction]"
"*codeine/to [Drug Toxicity]"
"cytochrome P450 2D6/ec [Endogenous Compound]"
"diazepam/it [Drug Interaction]"
"diphenhydramine/it [Drug Interaction]"
"fentanyl/it [Drug Interaction]"
"fluoxetine/it [Drug Interaction]"
"glucuronosyltransferase 2B7/ec [Endogenous Compound]"
"hydrocodone/it [Drug Interaction]"
"hydromorphone/it [Drug Interaction]"
"lorazepam/it [Drug Interaction]"
"*morphine/ae [Adverse Drug Reaction]"
"*morphine/cr [Drug Concentration]"
"*morphine/it [Drug Interaction]"
"*morphine/to [Drug Toxicity]"

"mu opiate receptor/ec [Endogenous Compound]"
"multidrug resistance protein 1/ec [Endogenous Compound]"
"oxazepam/it [Drug Interaction]"
"oxycodone/it [Drug Interaction]"
"paroxetine/it [Drug Interaction]"
"pethidine/it [Drug Interaction]"
"sertraline/it [Drug Interaction]"
"zopiclone/it [Drug Interaction]"

Source: EMBASE

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

10. Gambling onset and progression in a sample of at-risk gamblers from the general population

Citation: Psychiatry Research, May 2014, vol./is. 216/3(404-411), 0165-1781;1872-7123 (30 May 2014)

Author(s): Carneiro E.; Tavares H.; Sanches M.; Pinsky I.; Caetano R.; Zaleski M.; Laranjeira R.

Institution: (Carneiro, Pinsky, Zaleski, Laranjeira) Instituto Nacional de Ciencia e Tecnologia para Politicas do alcool e Outras Drogas, INPAD National Science and Technology Inst. for Public Policies on Alcohol and Other Drugs, CNPq, National Council for Scientific and Technological Development), Sao Paulo, Brazil; (Carneiro) Addictions and Other Impulse Control Disorders Unit, Santa Casa da Misericordia, Rio de Janeiro, Brazil; (Tavares) Gambling Outpatient Unit, Institute and Department of Psychiatry, University of Sao Paulo, Brazil; (Sanches) Ipsos-Reid, Toronto, Canada; (Pinsky, Laranjeira) The Federal University of Sao Paulo, Sao Paulo, Brazil; (Caetano) University of Texas School of Public Health, Dallas, TX, United States; (Zaleski) The Federal University of Santa Catarina, Florianopolis, Brazil

Language: English

Abstract: The goal of this study was to investigate gambling-related behavior, onset and progression in a sample of at-risk gamblers from the community. A national household survey was conducted in Brazil, covering individuals 14 years old or older. Subjects were screened for at-risk gambling, those testing positive answered a questionnaire about gambling progression, preferred games and DSM-IV pathological gambling criteria. Out of 3007 respondents, 118 were considered at-risk gamblers according to the Lie/Bet Questionnaire. According to the DSM-IV, 32.7% and 24.9% of those were considered problem and pathological gamblers, respectively. Early at-risk gamblers (onset prior to 20 years of age), were more likely to be male, to prefer non-commercially structured games, and to chase losses while gambling. Young pathological gamblers (under 35 years of age) progressed faster from regular to problem gambling (roughly 2 years) than mature pathological gamblers (12 years). Such findings had not been described before because previous reports focused mostly on clinical samples that lack young, male, early-onset gamblers. Gambling programs have not satisfactorily covered this segment of gamblers. Outreach strategies and early interventions should be provided to prevent these individuals from rapidly evolving into pathological gambling. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
age distribution
article
Brazil
female
*gambling
high risk population
human
Lie Bet Questionnaire

male
pathological gambling
priority journal
questionnaire
sex difference

Source: EMBASE

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

11. Clinical differences between cocaine-induced psychotic disorder and psychotic symptoms in cocaine-dependent patients

Citation: Psychiatry Research, May 2014, vol./is. 216/3(398-403), 0165-1781;1872-7123 (30 May 2014)

Author(s): Roncero C.; Comin M.; Daigre C.; Grau-Lopez L.; Martinez-Luna N.; Eiroa-Orosa F.J.; Barral C.; Torrens M.; Casas M.

Institution: (Roncero, Comin, Daigre, Grau-Lopez, Martinez-Luna, Barral) Outpatient Drug Clinic (CAS) Vall Hebron, Psychiatry Department, Vall Hebron Hospital-ASPB, Universidad Autonoma de Barcelona, CIBERSAM, Spain; (Roncero, Daigre, Grau-Lopez, Eiroa-Orosa, Torrens, Casas) Department of Psychiatry and Legal Medicine, Universidad Autonoma de Barcelona, Spain; (Roncero, Grau-Lopez, Martinez-Luna, Barral, Casas) Department of Psychiatry, Hospital Universitari Vall d'Hebron, CIBERSAM, Universitad Autonoma de Barcelona, Spain; (Torrens) Addiction Research Group IMIM-Hospital del Mar, Barcelona, Spain

Language: English

Abstract: The aim of this study is to compare the clinical characteristics of three groups of patients in treatment for cocaine dependence: patients without any psychotic symptoms (NS), patients with transient psychotic symptoms (PS) and patients with cocaine-induced psychotic disorder (CIPD). An observational and retrospective study of 150 cocaine-dependent patients undergoing treatment in the Drug Unit of the Psychiatry Department of University Hospital Vall d[U+05F3]Hebron in Barcelona (Spain) using these three groups, NS, PS and CIPD, was performed. All patients were evaluated with the PRISM interview. ANOVA, chi² tests and multivariate multinomial regression analysis were used to perform statistical analyses. Seven patients with a primary psychotic disorder were discharged. Forty-six patients (32.1%) did not report any psychotic symptoms. Ninety-seven patients (67.9%) presented with a history of any cocaine-induced psychotic symptom and were considered as the cocaine-induced psychotic (CIP) group. Among them, 39 (27.3%) were included in the PS group and 58 (40.6%) were included in the CIPD group. A history of imprisonment was found significantly more frequently in the PS group than in the NS group. The distribution of age at onset of dependence, lifetime cannabis abuse or dependence and imprisonment were significantly different between the NS and CIPD groups. We conclude that in cocaine-dependent patients, clinicians should be advised about the risk of development of psychotic symptoms. The presence of some psychotic symptoms could increase the potential risks of disturbing behaviours. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
article
cannabis addiction
*cocaine dependence
comorbidity
controlled study
cross-sectional study
delusion
female

hallucination
human
imprisonment
major clinical study
male
observational study
onset age
priority journal
prison
*psychosis
retrospective study
Spain

Source: EMBASE

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

12. The novel dopamine D3 receptor antagonist, SR 21502, reduces cocaine conditioned place preference in rats

Citation: Neuroscience Letters, May 2014, vol./is. 569/(137-141), 0304-3940;1872-7972 (21 May 2014)

Author(s): Hachimine P.; Seepersad N.; Ananthan S.; Ranaldi R.

Institution: (Hachimine, Ranaldi) CUNY Graduate Center, Neuropsychology Doctoral Program, United States; (Seepersad, Ranaldi) Queens College of the City University of New York, Department of Psychology, United States; (Ananthan) Organic Chemistry Department, Southern Research Institute, United States

Language: English

Abstract: Research has shown that dopamine (DA) D3 receptors play a crucial role in cocaine addiction. Recently, there has been a strong focus on the development of DA D3 receptor antagonists as potential pharmacological treatments for cocaine addiction. We investigated the ability of a novel selective D3 receptor antagonist SR 21502 to block the expression of cocaine-induced conditioned place preference (CPP) in rats. CPP was determined using a two-chamber apparatus. All of the animals had free access to both chambers on day 1, followed by 4 alternating conditioning days of cocaine injection (paired chamber) and 4 alternating non-conditioning days with saline (non-paired chamber). On the test day, animals were systemically treated with 0, 3.75, 7.5 or 15. mg/kg of SR 21502, 10. min prior to being placed in the CPP apparatus, and the time spent in each chamber was recorded for 15. min. The amount of time spent in the cocaine-paired chamber on the test and pre-exposure days was analyzed. Vehicle-treated animals spent significantly more time in the cocaine-paired side during the test than during the pre-exposure session, indicating a cocaine CPP. SR 21502 produced a dose-related significant reduction in the time spent in the cocaine-paired side compared to vehicle. The DA D3 receptor antagonist SR 21502 blocks the rat's preference for the cocaine-paired chamber, thereby attenuating the rewarding effect of the cocaine cues. This suggests that this compound may be an effective pharmacological treatment against cocaine addiction. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 7647-14-5 (sodium chloride)

Publication Type: Journal: Article

Subject Headings: article
comparative study
conditioned place preference test
conditioning
controlled study
drug exposure
group dynamics
male

nonhuman
*place preference
priority journal
rat
*cocaine
*dopamine 3 receptor blocking agent
sodium chloride
*sr 21502
unclassified drug

Source: EMBASE

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

13. Differential effects of dorsal hippocampal inactivation on expression of recent and remote drug and fear memory

Citation: Neuroscience Letters, May 2014, vol./is. 569/(1-5), 0304-3940;1872-7972 (21 May 2014)

Author(s): Raybuck J.D.; Lattal K.M.

Institution: (Raybuck, Lattal) Department of Behavioral Neuroscience, Oregon Health and Science University, 3181 SW Sam Jackson Park Road L470, Portland, OR 97239-3098, United States

Language: English

Abstract: Drugs of abuse generate strong drug-context associations, which can evoke powerful drug cravings that are linked to reinstatement in animal models and to relapse in humans. Work in learning and memory has demonstrated that contextual memories become more distributed over time, shifting from dependence on the hippocampus for retrieval to dependence on cortical structures. Implications for such changes in the structure of memory retrieval to addiction are unknown. Thus, to determine if the passage of time alters the substrates of conditioned place preference (CPP) memory retrieval, we investigated the effects of inactivation of the dorsal hippocampus (DH) with the GABA-A receptor agonist muscimol on expression of recent or remote CPP. We compared these effects with the same manipulation on expression of contextual fear conditioning. DH inactivation produced similar deficits in expression of both recent and remote CPP, but blocked expression of recent but not remote contextual fear memory. We describe the implications of these findings for mechanisms underlying long-term storage of contextual information. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 2763-96-4 (muscimol)

Publication Type: Journal: Article

Subject Headings: animal experiment
article
*conditioning
*contextual fear conditioning
controlled study
*dorsal hippocampus
drug exposure
*hippocampus
long term memory
male
*memory
memory consolidation
mouse
nonhuman
place preference
priority journal
training

cocaine
*muscimol

Source: EMBASE

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

14. High rates of recreational drug use (RDU) in HIV+ men who have sex with men (MSM) with sexually transmitted infections (STI)

Citation: HIV Medicine, April 2014, vol./is. 15/(50), 1464-2662 (April 2014)

Author(s): Chung E.; Waters L.; Mercey D.; Edwards S.

Institution: (Chung, Waters, Mercey, Edwards) Mortimer Market Centre, Central North West London NHS Foundation Trust, London, United Kingdom

Language: English

Abstract: Background: HIV+ MSM continue to be at high risk of STI, which may contribute to the ongoing high rates of new HIV diagnoses in the UK. High rates of RDU have been reported in this group with evidence that this is linked to high risk sexual behaviour. BHIVA guidelines and standards recommend regular screening of MSM, easy access to sexual health services (SHS) and awareness of ways to reduce transmission. We aimed to assess the extent of recent RDU and risk behaviours in HIV+ MSM with a diagnosed STI attending an urban HIV centre. Method: All positive STI results (Chlamydia-CT, Lymphogranuloma venereum- LGV, Gonorrhoea-GC, Syphilis-STS, Acute Hepatitis C-HCV) in HIV+ MSM were identified by GUMCAD codes from June to November 2013 and patient notes reviewed. Data collected included demographics, recent HIV viral load, antiretroviral treatment (ART) status, high risk sexual behaviours, total sexual partners in the last 3 months, RDU documentation. Results: There were 238 positive STI episodes in 223 patients undergoing 431 STI screens. 43% reported RDU in the last 3 months, 42% denied RDU and 15% were not documented. 24% reported mephedrone, 16% GHB/GBL, 9% metamphetamine and 19% reported polydrug use. Those reporting RDU had an average of 13 sexual partners in the last 3 months, compared to 5 in those who denied RDU. 75% of patients were on ART. Of those not on ART, 25/55 (47%) reported recent RDU and average 9 recent sexual partners, compared with 4 who denied RDU. Overall 43/223 (19%) reported group sex, 5% fisting and 5% intravenous RDU. 116 patients had CT, 145 GC, 20 STS, 16 LGV, 12 HCV. 62 had 2 concurrent STIs. 3 patients were subsequently offered ART as prevention of transmission (TasP). Overall, 61/223 (27%) were viraemic, 10 of whom were on ART; of these, one had "blipped", 2 had recent ART hiatus and the rest had started ART recently. Conclusion: Our results highlight high rates of RDU amongst HIV+ MSM with diagnosed STIs. Access to effective SHS is essential for maintaining good sexual health and preventing onward transmission. Commissioners need to ensure that HIV services are able to demonstrate that they can provide high quality SHS for MSM and support use of TasP for those individuals with high risk of onward transmission. HIV services also need to work closely with drug support services, SH and psychology in order to improve health and well-being in this group.

Conference Information: 3rd Joint Conference of the British HIV Association, BHIVA with the British Association for Sexual Health and HIV, BASHH Liverpool United Kingdom. Conference Start: 20140401 Conference End: 20140404

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *Human immunodeficiency virus
*male
*sexual health
*human
*sexually transmitted disease
*men who have sex with men
*drug use
fisting (sex)

risk
patient
sexuality
sexual behavior
screening
gonorrhea
lymphogranuloma venereum
hepatitis C
virus load
documentation
syphilis
acute hepatitis
Chlamydia
United Kingdom
health service
diagnosis
health
psychology
multiple drug abuse
group sex
prevention
wellbeing
*recreational drug
methamphetamine
4' methylmethcathinone

Source: EMBASE

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

15. "Call the radio doctor!" experiences of a sexual health doctor on BBC radio 1's surgery

Citation: HIV Medicine, April 2014, vol./is. 15/(28), 1464-2662 (April 2014)

Author(s): Flanagan S.

Institution: (Flanagan) Royal London Hospital, London, United Kingdom

Language: English

Abstract: Background: BBC Radio 1's Surgery, broadcast live weekly, provides medical and emotional advice to young people across the UK, who call and text with questions regarding sex and relationships. The author, a trainee in genitourinary medicine, has provided medical advice on the programme as resident doctor since 2008. Radio 1 has a weekly listening audience of 10.8 million. This study investigates, for the first time, the basic demographics of young people who contribute to a phone-in radio surgery, the subjects of their queries and medical advice they received. Methods: All callers and text queries to the programme are selected by a Radio 1 producer. In keeping with the General Medical Council's "Good Medical Practice" and with Ofcom broadcasting codes, callers are anonymised and consent is sought prior to discussion of their query on air. A random selection of 10 one-hour radio programmes broadcast on Sundays at 9-10pm from November 2010 to June 2013 was retrospectively reviewed. Results: Over the 10 broadcasts analysed there were a total of 128 queries (40 calls and 88 by text), with a median of 15 queries per show (range 8-16). Two fifths of calls (16/40) and 36.3% of texts (32/88) were from male listeners. Of the 99 listeners who gave their age, the median was 18 years (13- 24 years) for males and 16 years (12-22 years) for females, and is broadly reflective of the station's listenership. Subjects of queries were divided into (a) sexual health problems, such as sexually transmitted infections, pregnancy, contraception, puberty and sexual dysfunction (54.7%), (b) general medical queries such as poor sleep, hyperhidrosis, alcohol and drug dependence (19.5%), (c) emotional and relationship queries, such as dating advice (16.4%) and (d) dermatology problems, such as oily skin and acne (9.4%). For 78.4% (91/116) of queries regarding sexual health, general medical problems and dermatology, and 33% (7/21) of emotional queries, additional advice was given to seek further care from a health professional. Conclusions: Traditional media

offers rich opportunities to reach out to young people on issues regarding sexual health and relationships. Queries to BBC Radio 1's Surgery reflect a mix of health concerns across a broad range of topics from young men and women aged 12-24. This study highlights the importance of working with partners in the media towards innovative and effective ways to engage with young people about their health, notably young men.

Conference Information: 3rd Joint Conference of the British HIV Association, BHIVA with the British Association for Sexual Health and HIV, BASHH Liverpool United Kingdom. Conference Start: 20140401 Conference End: 20140404

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*physician
*telecommunication
*human
*sexual health
*Human immunodeficiency virus
*surgery
male
female
dermatology
health
radiosurgery
puberty
resident
contraception
pregnancy
oily skin
sexually transmitted disease
sexual dysfunction
sleep
drug dependence
hyperhidrosis
medical practice
acne
health practitioner
student
United Kingdom
alcohol

Source: EMBASE

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

16. Comparison of two strategies using pedometers to counteract physical inactivity in smokers

Citation: Nicotine and Tobacco Research, May 2014, vol./is. 16/5(562-568), 1462-2203;1469-994X (May 2014)

Author(s): Zabatiero J.; Kovelis D.; Furlanetto K.C.; Mantoani L.C.; Proenca M.; Pitta F.

Institution: (Zabatiero, Kovelis, Furlanetto, Mantoani, Proenca, Pitta) Laboratory of Research in Respiratory Physiotherapy, Department of Physiotherapy, Universidade Estadual de Londrina, Londrina, Parana, Brazil

Language: English

Abstract: Introduction: This randomized crossover trial aimed to compare the effects of 2 different protocols using pedometers and informative booklets to increase physical activity in daily life (PADL) in smokers. Methods: PADL level was assessed at baseline (A1), and subjects were randomly assigned to 2 groups for a month: booklet + pedometer (GB + P; n = 13), which started the protocol receiving a booklet with encouragement to walk as much as possible in everyday life, and pedometer + booklet (GP + B; n = 18), which started the protocol wearing a pedometer aiming to achieve 10,000 steps/day. PADL was reassessed

(A2), and the interventions were crossed over for 1 month, followed by PADL reassessment (A3). After A3, both groups used pedometers for 3 months aiming to reach 10,000 steps/day, and final PADL assessment was performed (A4). For the analysis, each group was subdivided according to baseline PADL as physically active or inactive, according to having reached or not reached 10,000 steps/day at baseline. Results: The physically active subgroups of GB + P and GP + B showed no change in steps/day. The physically inactive subgroup of GP + B significantly increased steps/day at A2 and maintained this increase until A4. The physically inactive subgroup of GB + P initially increased to a lesser extent, reaching borderline statistical significance at A2 and A3 (p = .06) and statistically significant increase only at A4 (p = .02). Conclusions: Both strategies were effective in increasing the number of steps/day in physically inactive smokers after 5 months, although the increase was more quickly obtained in smokers who used pedometers as the first intervention. The Author 2013. Published by Oxford University Press on behalf of the Society for Research on Nicotine and Tobacco. All rights reserved.

Country of Publication: United Kingdom

Publisher: Oxford University Press

Publication Type: Journal: Article

Subject Headings:
adult
anxiety
article
comparative study
daily life activity
depression
exercise
female
human
lung function
male
*pedometer
physical activity
*physical inactivity
priority journal
quality of life
*smoking
smoking habit
tobacco dependence
walking

Source: EMBASE

Full Text: Available from *Oxford University Press* in *Nicotine and Tobacco Research*

17. The preclinical pharmacology of mephedrone; Not just MDMA by another name

Citation: British Journal of Pharmacology, May 2014, vol./is. 171/9(2251-2268), 0007-1188;1476-5381 (May 2014)

Author(s): Green A.R.; King M.V.; Shortall S.E.; Fone K.C.F.

Institution: (Green, King, Shortall, Fone) School of Life Sciences, Queen's Medical Centre, University of Nottingham, Nottingham NG7 2UH, United Kingdom

Language: English

Abstract: The substituted beta-keto amphetamine mephedrone (4-methylmethcathinone) was banned in the UK in April 2010 but continues to be used recreationally in the UK and elsewhere. Users have compared its psychoactive effects to those of 3,4-methylenedioxymethamphetamine (MDMA, 'ecstasy'). This review critically examines the preclinical data on mephedrone that have appeared over the last 2-3 years and, where relevant, compares the pharmacological effects of mephedrone in experimental animals with those obtained following MDMA administration. Both

mephedrone and MDMA enhance locomotor activity and change rectal temperature in rodents. However, both of these responses are of short duration following mephedrone compared with MDMA probably because mephedrone has a short plasma half-life and rapid metabolism. Mephedrone appears to have no pharmacologically active metabolites, unlike MDMA there is also little evidence that mephedrone induces a neurotoxic decrease in monoamine concentration in rat or mouse brain, again in contrast to MDMA. Mephedrone and MDMA both induce release of dopamine and 5-HT in the brain as shown by in vivo and in vitro studies the effect on 5-HT release in vivo is more marked with mephedrone even though both drugs have similar affinity for the dopamine and 5-HT transporters in vitro the profile of action of mephedrone on monoamine receptors and transporters suggests it could have a high abuse liability and several studies have found that mephedrone supports self-administration at a higher rate than MDMA. Overall, current data suggest that mephedrone not only differs from MDMA in its pharmacological profile, behavioural and neurotoxic effects, but also differs from other cathinones. 2014 The British Pharmacological Society.

Country of Publication: United Kingdom

Publisher: Nature Publishing Group (Houndmills, Basingstoke, Hampshire RG21 6XS, United Kingdom)

CAS Registry Number: 42542-10-9 (3,4 methylenedioxymethamphetamine); 80700-39-6 (carrier protein); 5265-18-9 (cathinone); 71031-15-7 (cathinone); 77271-59-1 (cathinone); 51-61-6 (dopamine); 62-31-7 (dopamine); 50-67-9 (serotonin)

Publication Type: Journal: Review

Subject Headings:
behavior disorder
binding affinity
brain level
cardiovascular effect
cardiovascular function
chemical structure
dopamine release
drug effect
drug metabolism
drug self administration
experimental animal
human
in vitro study
in vivo study
locomotion
methamphetamine dependence
neurotoxicity
nonhuman
pharmacokinetics
plasma half life
priority journal
rectum temperature
review
rodent
serotonin release
thermodynamics
"*3 4 methylenedioxymethamphetamine/ec [Endogenous Compound]"
"*4' methylmethcathinone/to [Drug Toxicity]"
"carrier protein/ec [Endogenous Compound]"
"cathinone/to [Drug Toxicity]"
"dopamine/ec [Endogenous Compound]"
"dopamine transporter/ec [Endogenous Compound]"
drug metabolite
"monoamine/ec [Endogenous Compound]"
"monoamine receptor/ec [Endogenous Compound]"
"monoamine transporter/ec [Endogenous Compound]"

"receptor/ec [Endogenous Compound]"
"serotonin/ec [Endogenous Compound]"
"serotonin transporter/ec [Endogenous Compound]"
unclassified drug

Source: EMBASE

Full Text: Available from *Wiley* in *British Journal of Pharmacology*

18. The betel quid dependence scale: Replication and extension in a guamanian sample

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(154-160), 0376-8716;1879-0046 (01 May 2014)

Author(s): Herzog T.A.; Murphy K.L.; Little M.A.; Suguitan G.S.; Pokhrel P.; Kawamoto C.T.

Institution: (Herzog, Little, Pokhrel, Kawamoto) University of Hawaii Cancer Center, United States; (Murphy) University of Hawaii Department of Kinesiology and Rehabilitation Science, United States; (Suguitan) University of Guam Cancer Research Center, United States

Language: English

Abstract: Background: Betel quid is the fourth most commonly consumed psychoactive substance in the world. The Betel Quid Dependence Scale (BQDS) is the first instrument designed specifically to measure betel quid dependence. The three factor structure of the BQDS consists of "physical and psychological urgent need," "increasing dose," and "maladaptive use." The BQDS initially was validated in a sample of male prisoner ex-chewers in Taiwan. Objective: To replicate and extend the original validation research on the BQDS in a sample of male and female current betel quid chewers in Guam. Methods: A survey containing the BQDS was administered to 300 current betel quid chewers in Guam. Participants were compensated for their time with a gift card worth $25. Results: Confirmatory factor analysis revealed an adequate fit with the hypothesized three-factor measurement model. ANOVAs and structural equations modeling revealed that betel quid dependence is associated with the inclusion of tobacco in the quid, number of chews per day, years of chewing, and education. Conclusions: The BQDS is valid for current English-speaking male and female chewers in Guam. Overall levels of betel quid dependence were high, and most chewers included tobacco in their betel quid. The results suggest that levels of dependence for betel quid are similar to those observed for nicotine dependence. Future research should explore other important psychological and behavioral aspects of betel quid chewing such as health risk perceptions and motivation to quit chewing. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
article
betel nut
betel quid chewing
*betel quid dependece
*Betel Quid Dependence Scale
*drug dependence
educational status
factorial analysis
female
Guam
human
instrument validation
major clinical study
male
*named inventories questionnaires and rating scales
priority journal
scoring system

substance abuse
substance use
Taiwan
tobacco
tobacco use
betel quid
psychotropic agent
unclassified drug

Source: EMBASE

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

19. New way to call time on high strength, cheap alcohol

Citation: BMJ (Online), April 2014, vol./is. 348/, 1756-1833 (11 Apr 2014)

Author(s): Gornall J.

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

Publication Type: Journal: Article

Subject Headings:
*alcohol consumption
alcoholism
article
cost
*drinking behavior
government regulation
human
industry
lifestyle
policy
priority journal
rehabilitation care
safety
tax
United Kingdom
violence
vulnerable population

Source: EMBASE

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

20. Factors predicting development of opioid use disorders among individuals who receive an initial opioid prescription: Mathematical modeling using a database of commercially-insured individuals

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(202-208), 0376-8716;1879-0046 (01 May 2014)

Author(s): Cochran B.N.; Flentje A.; Heck N.C.; Van Den Bos J.; Perlman D.; Torres J.; Valuck R.; Carter J.

Institution: (Cochran, Heck) Department of Psychology, University of Montana, Skaggs Building, Missoula, MT 59812, United States; (Flentje) University of California, San Francisco, San Francisco General Hospital, 1001 Potrero Avenue, Suite 7 M, San Francisco, CA 94110, United States; (Van Den Bos, Perlman, Torres) Milliman, Inc., 1400 Wewatta St, Suite 300, Denver, CO 80202, United States; (Valuck) University of Colorado, Skaggs School of Pharmacy and Pharmaceutical Sciences, Mail Stop C238, 12850 E. Montview Blvd. V20-1201, Aurora, CO 80045, United States; (Carter) Department of Pharmacy Practice, University of Montana, 32 Campus Drive, Missoula, MT 59812, United States

Language: English

Abstract: Background: Prescription drug abuse in the United States and elsewhere in the world is increasing at an alarming rate with non-medical opioid use, in particular, increasing to epidemic proportions over the past two decades. It is imperative to identify individuals most likely to develop opioid abuse or dependence to inform large-scale, targeted prevention efforts. Methods: The present investigation utilized a large commercial insurance claims database to identify demographic, mental health, physical health, and healthcare service utilization variables that differentiate persons who receive an opioid abuse or dependence diagnosis within two years of filling an opioid prescription (OUDs) from those who do not receive such a diagnosis within the same time frame (non-OUDs). Results: When compared to non-OUDs, OUDs were more likely to: (1) be male (59.9% vs. 44.2% for non-OUDs) and younger (M= 37.9 vs. 47.7); (2) have a prescription history of more opioids (1.7 vs. 1.2), and more days supply of opioids (M= 272.5, vs. M= 33.2; (3) have prescriptions filled at more pharmacies (M= 3.3 per year vs. M= 1.3); (4) have greater rates of psychiatric disorders; (5) utilize more medical and psychiatric services; and (6) be prescribed more concomitant medications. A predictive model incorporating these findings was 79.5% concordant with actual OUDs in the data set. Conclusions: Understanding correlates of OUD development can help to predict risk and inform prevention efforts. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
article
controlled study
drug misuse
female
health care utilization
health insurance
health status
human
major clinical study
male
mathematical model
mental disease
mental health service
*opiate addiction
patient identification
prescription
priority journal
*risk assessment

Source: EMBASE

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

21. Nicotine dependence as a moderator of genetic influences on smoking cessation treatment outcome

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(109-117), 0376-8716;1879-0046 (01 May 2014)

Author(s): Leventhal A.M.; Lee W.; Bergen A.W.; Swan G.E.; Tyndale R.F.; Lerman C.; Conti D.V.

Institution: (Leventhal, Lee, Conti) Department of Preventive Medicine, University of Southern California, Los Angeles, CA 90033, United States; (Leventhal) Department of Psychology, University of Southern California, Los Angeles, CA 90033, United States; (Bergen, Swan) Center for Health Sciences, SRI International, Menlo Park, CA 94025, United States; (Tyndale) Centre for Addiction and Mental Health and Departments of Psychiatry, Pharmacology and Toxicology, University of Toronto, Toronto, ON, ON M5S

1A1, Canada; (Lerman) Department of Psychiatry, University of Pennsylvania, Philadelphia, PA 19104, United States

Language: English

Abstract: Background: Genetic influences on smoking cessation treatment outcome may be affected by pretreatment patient characteristics. Nicotine dependence is arguably the most salient clinical factor in smoking cessation. Methods: In this secondary analysis of clinical trial data (N=793), we examined nicotine dependence severity as a moderator of the effects of 1198 single nucleotide polymorphisms (SNPs) in 53 biologically-relevant gene regions on smoking cessation outcomes. P-values were adjusted to account for multiple correlated SNPs within a gene region; corrected system-wide significance was 5x10⁻⁴. Results: SNPxnicotine dependence interactions reached region-wide significance for several SNPs in the Dopamine Beta Hydroxylase (DBH) locus (0.0005<Adjusted-P<0.05), including rs1541333, which reached system-wide significance for predicting end of treatment (EOT) abstinence (Adjusted-P=0.0004). A haplotype including 6 DBH SNPs predicted abstinence at EOT (OR=1.7, P=0.001) and 6-month follow-up (OR=1.6, P=0.008) in those with high nicotine dependence (n=526) but not in those with low dependence (n=227). The DBH signal observed here may be distinct from a previously reported genome-wide significant signal for former smoking status and from the principal haplotype associated with plasma dopamine beta-hydroxylase activity. A haplotype within the Chromosome 15 Nicotinic Acetylcholine Receptor gene region predicted abstinence at EOT in those with high (OR=2.0, P=0.0004) but not low (P=0.6) dependence in post hoc analyses. Conclusions: Considering pre-treatment nicotine dependence level may optimize the prediction of genetic influences on cessation outcomes. If replicated, results like these may inform prognosticative genomic screening panels designed to identify smokers at high risk of relapse when coupled with severe nicotine dependence. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 630-08-0 (carbon monoxide); 9013-38-1 (dopamine beta monooxygenase); 54-11-5 (nicotine)

Publication Type: Journal: Article

Subject Headings:

adult
aerosol
article
breath analysis
chromosome 15
controlled study
DBH gene
disease severity
enzyme activity
female
follow up
gene
gene expression regulation
gene function
gene identification
gene locus
genetic association
genetic correlation
genetic risk
*heredity
human
major clinical study
male
nicotine replacement therapy
patient counseling
predictive value

priority journal
prognosis
protein blood level
randomized controlled trial (topic)
single nucleotide polymorphism
*smoking cessation
"*tobacco dependence/dm [Disease Management]"
"*tobacco dependence/dt [Drug Therapy]"
"*tobacco dependence/th [Therapy]"
transdermal patch
treatment response
"carbon monoxide/ec [Endogenous Compound]"
"dopamine beta monooxygenase/ec [Endogenous Compound]"
"nicotine/dt [Drug Therapy]"
"nicotine/ih [Inhalational Drug Administration]"
"nicotine/pr [Pharmaceutics]"
"nicotine patch/dt [Drug Therapy]"
"nicotine patch/pr [Pharmaceutics]"
"nicotine patch/td [Transdermal Drug Administration]"
"nicotinic receptor/ec [Endogenous Compound]"

Source: EMBASE

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

22. Characteristics of people who initiate injection drug use later in life

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(244-250), 0376-8716;1879-0046 (01 May 2014)

Author(s): Arreola S.; Bluthenthal R.N.; Wenger L.; Chu D.; Thing J.; Kral A.H.

Institution: (Arreola) Global Forum on MSM and HIV, 436 14th Street, Suite 1500, Oakland, CA 94612, United States; (Bluthenthal, Chu, Thing) Department of Preventive Medicine, Institute for Prevention Research, Keck School of Medicine, University of Southern California, Los Angeles, CA 90089, United States; (Wenger, Kral) RTI International, 351 California St., San Francisco, CA 94104, United States

Language: English

Abstract: Background: Studies report that among people who inject drugs (PWID), approximately 1 in 7 initiated injection during their thirties or later (referred to hereafter as "late initiates"). However, little is known about individuals who are late initiates. This study aims to describe characteristics of late initiates to drug injection and to examine how they differ from people who initiated drug injection prior to the age of 30 ("typical initiates"). Methods: We recruited 696 active PWID in Los Angeles and San Francisco, California between 2011 and 2013, using targeted sampling and street outreach methods. Participants completed personal interviews that covered items on demographics, drug use history and practices, injection initiation episode, HIV injection- and sex-related risk, health care utilization among others. We used bivariate and multivariate analyses to examine factors associated being a late initiate. Results: In our sample, 19% of participants who were 30 years or older were classified as late initiates. In multivariate analysis controlling for city, late initiates had higher odds of being female and African American, having been in treatment prior to initiation, initiating illicit drug use at an older age, and being assisted into injection by someone of the same age or younger. Late initiates had lower odds of frequent recent injection, and having a bipolar disorder diagnosis. Conclusion: Late initiates comprise a significant proportion of active PWIDs. More study on the health consequences of late initiation are needed as are interventions to prevent transition to drug injection among at-risk populations. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
African American
*age distribution
article
bipolar disorder
controlled study
*drug abuse pattern
female
health care utilization
human
human characteristic
Human immunodeficiency virus infection
interview
life history
major clinical study
male
onset age
priority journal
sex difference
sexual behavior
*substance abuse
United States
illicit drug

Source: EMBASE

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

23. A randomized pilot clinical trial to evaluate the efficacy of Community Reinforcement and Family Training for Treatment Retention (CRAFT-T) for improving outcomes for patients completing opioid detoxification

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(240-243), 0376-8716;1879-0046 (01 May 2014)

Author(s): Brigham G.S.; Slesnick N.; Winhusen T.M.; Lewis D.F.; Guo X.; Somoza E.

Institution: (Brigham, Winhusen, Lewis, Somoza) Addiction Sciences Division, Department of Psychiatry and Behavioral Neuroscience, University of Cincinnati College of Medicine, Cincinnati, OH 45220, United States; (Brigham) Maryhaven, Columbus, OH 43207, United States; (Slesnick, Guo) Department of Human Sciences, Ohio State University, Columbus, OH 43210, United States; (Somoza) Cincinnati VA Medical Center, Cincinnati, OH 45220, United States

Language: English

Abstract: Background: Detoxification with psychosocial counseling remains a standard opioid-use disorder treatment practice but is associated with poor outcomes. This study tested the efficacy of a newly developed psychosocial intervention, Community Reinforcement Approach and Family Training for Treatment Retention (CRAFT-T), relative to psychosocial treatment as usual (TAU), for improving treatment outcomes. Methods: A randomized, 14-week trial with follow-up visits at 6 and 9 months post-randomization conducted at two substance use disorder (SUD) treatment programs. Opioid-dependent adults (i.e., identified patient - IP) enrolled in a residential buprenorphine-detoxification program and their identified concerned significant other (CSO) was randomized to CRAFT-T (n= 28 dyads) or TAU (n= 24 dyads). CRAFT-T consisted of two sessions with the IP and CSO together and 10 with the CSO alone, over 14 weeks. TAU for the CSOs was primarily educational and referral to self-help. All IPs received treatment as usually provided by the SUD program in which they were enrolled. The primary outcome was time to first IP drop from treatment lasting 30 days or more. Opioid and other drug use were key secondary outcomes. Results: CRAFT-T resulted in a moderate but non-significant effect on treatment retention (p= 0.058, hazard ratio. = 0.57). When the CSO was parental family, CRAFT-T had a large and significant effect on treatment retention (p< 0.01, hazard ratio. = .040). CRAFT-T had a significant positive effect on IP

opioid and other drug use (p< 0.0001). Conclusion: CRAFT-T is a promising treatment for opioid use disorder but replication is needed to confirm these results. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
article
clinical effectiveness
*community reinforcement approach and family training for treatment retention
controlled study
detoxification
female
human
intermethod comparison
major clinical study
male
"*opiate addiction/th [Therapy]"
patient education
pilot study
priority journal
*psychosocial care
randomized controlled trial
self help
treatment duration
treatment outcome

Source: EMBASE

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

24. Using structural equation modeling to understand prescription stimulant misuse: A test of the theory of triadic influence

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(193-201), 0376-8716;1879-0046 (01 May 2014)

Author(s): Bavarian N.; Flay B.R.; Ketcham P.L.; Smit E.; Kodama C.; Martin M.; Saltz R.F.

Institution: (Bavarian, Kodama, Martin) University of California, Berkeley, United States; (Flay, Ketcham, Smit) Oregon State University, United States; (Saltz) Prevention Research Center, United States

Language: English

Abstract: Objective: To test a theory-driven model of health behavior to predict the illicit use of prescription stimulants (IUPS) among college students. Participants: A probability sample of 554 students from one university located in California (response rate. = 90.52%). Methods: Students completed a paper-based survey developed with guidance from the Theory of Triadic Influence. We first assessed normality of measures and checked for multicollinearity. A single structural equation model of frequency of IUPS in college was then tested using constructs from the theory's three streams of influence (i.e., intrapersonal, social situation/context, and sociocultural environment) and four levels of causation (i.e., ultimate causes, distal influences, proximal predictors, and immediate precursors). Results: Approximately 18% of students reported engaging in IUPS during college, with frequency of use ranging from never to 40 or more times per academic term. The model tested had strong fit and the majority of paths specified within and across streams were significant at the p< 0.01 level. Additionally, 46% of the variance in IUPS frequency was explained by the tested model. Conclusions: Results suggest the utility of the TTI as an integrative model of health behavior, specifically in predicting IUPS, and provide insight on the need for multifaceted prevention and intervention efforts. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
article
college student
*drug misuse
drug traffic
female
health survey
human
human relation
male
prediction
prescription
priority journal
psychosocial environment
social class
*sociological theory
*structural equation modeling
student attitude
*theory of triadic influence
United States
validation process
*central stimulant agent
*prescription drug

Source: EMBASE

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

25. Applicability of Type A/B alcohol dependence in the general population

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(169-176), 0376-8716;1879-0046 (01 May 2014)

Author(s): Tam T.W.; Mulia N.; Schmidt L.A.

Institution: (Tam, Mulia) Alcohol Research Group, Public Health Institute, 6475 Christie Avenue, Suite 400, Emeryville, CA 94608, United States; (Schmidt) Philip R. Lee Institute for Health Policy Studies and Department of Anthropology, History and Social Medicine, University of California, 3333 California Street, Suite 265, San Francisco, CA 94118, United States

Language: English

Abstract: Background: This study examined the concurrent and predictive validity of Type A/B alcohol dependence in the general population-a typology developed in clinical populations to gauge severity of dependence. Methods: Data were drawn from Waves 1 and 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). The sample included 1,172 alcohol-dependent drinkers at baseline who were reinterviewed three years later. Latent class analysis was used to derive Type A/B classification using variables replicating the original Type A/B typology. Predictive validity of the Type A/B classification was assessed by multivariable linear and logistic regressions. Results: A two-class solution consistent with Babor's original Type A/B typology adequately fit the data. Type B alcoholics in the general population, compared to Type As, had higher alcohol severity and more co-occurring drug, mental, and physical health problems. In the absence of treatment services utilization, Type B drinkers had two times the odds of being alcohol dependent three years later. Among those who utilized alcohol treatment services, Type B membership was predictive of heavy drinking and drug dependence, but not alcohol dependence, three years later. Conclusions: Findings suggest that Type A/B classification is both generalizable to, and valid within, the US

general population of alcohol dependent drinkers. Results highlight the value of treatment for mitigating the persistence of dependence among Type B alcoholics in the general population. Screening for markers of vulnerability to Type B dependence could be of clinical value for health care providers to determine appropriate intervention. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
*alcoholism
article
comorbidity
comparative study
concurrent validity
controlled study
disease classification
disease severity
drug abuse
drug dependence
female
health care utilization
human
major clinical study
male
mental disease
physical disease
population research
predictive validity
priority journal
United States
vulnerable population

Source: EMBASE

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

26. Risks for early substance involvement associated with parental alcoholism and parental separation in an adolescent female cohort

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(130-136), 0376-8716;1879-0046 (01 May 2014)

Author(s): Waldron M.; Vaughan E.L.; Bucholz K.K.; Lynskey M.T.; Sartor C.E.; Duncan A.E.; Madden P.A.F.; Heath A.C.

Institution: (Waldron, Vaughan) School of Education, Indiana University, Bloomington, IN, United States; (Waldron, Bucholz, Sartor, Duncan, Madden, Heath) Midwest Alcoholism Research Center, Department of Psychiatry, Washington University School of Medicine, St. Louis, MO, United States; (Lynskey) Addictions Department, Institute of Psychiatry, King's College, London, United Kingdom; (Sartor) Department of Psychiatry, Yale University School of Medicine, New Haven, CT, United States; (Duncan) George Warren Brown School of Social Work, Washington University, St. Louis, MO, United States

Language: English

Abstract: Background: We examined timing of substance involvement as a joint function of parental history of alcoholism and parental separation during childhood. Method: Data were drawn from a large cohort of female like-sex twins [n= 613 African Ancestry (AA), n= 3550 European or other ancestry (EA)]. Cox proportional hazards regression was conducted predicting age at first use of alcohol, first alcohol intoxication, first use and regular use of cigarettes, and first use of cannabis and other illicit drugs from dummy variables coding for parental alcoholism and parental separation. Propensity score

analysis was also conducted comparing intact and separated families by predicted probability of parental separation. Results: In EA families, increased risk of substance involvement was found in both alcoholic and separated families, particularly through ages 10 or 14 years, with risk to offspring from alcoholic separated families further increased. In AA families, associations with parental alcoholism and parental separation were weak and with few exceptions statistically nonsignificant. While propensity score findings confirmed unique risks observed in EA families, intact and separated AA families were poorly matched on risk-factors presumed to predate parental separation, especially parental alcoholism, requiring cautious interpretation of AA survival-analytic findings. Conclusion: For offspring of European ancestry, parental separation predicts early substance involvement that is not explained by parental alcoholism nor associated family background characteristics. Additional research is needed to better characterize risks associated with parental separation in African American families. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adolescent
*adolescent health
age distribution
"*alcoholism/ep [Epidemiology]"
article
cannabis smoking
Caucasian
child
cohort analysis
controlled study
correlational study
drug abuse
ethnic difference
*family history
family study
female
human
major clinical study
Negro
onset age
*parental deprivation
predictive value
prevalence
priority journal
progeny
propensity score
risk assessment
school child
smoking
*substance abuse

Source: EMBASE

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

27. Interpersonal violence against wives by substance dependent men

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(124-129), 0376-8716;1879-0046 (01 May 2014)

Author(s): Subodh N.B.; Grover S.; Grewal M.; Grewal S.; Basu D.; Mattoo S.K.

Institution: (Subodh, Grover, Grewal, Grewal, Basu, Mattoo) PGIMER, Department of Psychiatry, Nehru Hospital, PGIMER, Chandigarh 160012, India

Language: English

Abstract: Background: Indian research on intimate partner violence (IPV) with substance use covers only alcohol, and very few studies have reported on IPV with other substances. The study aims to assess IPV against wives by substance dependent men. Methods: The study sample was recruited by convenient sampling from men (and their wives) seeking treatment at a de-addiction centre in North India between October, 2011 and February, 2012. The consenting wives self-administered the violence questionnaire. Results: 267 wives were recruited into the study. The prevalence rates for IPV were: 55% for the whole sample, 63.19% for alcohol dependence and 42.33% for opioid dependence. IPV was associated with higher age of husband, lower education or unemployment of either spouse, lower income of family and nuclear family structure. Conclusions: Present research confirms that IPV against wives is highly prevalent among substance dependent men, more with alcohol dependence as compared to opioid dependence. Addressing IPV should be an integral part of substance abuse management. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 64-17-5 (alcohol); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings:
adult
age distribution
aged
*alcoholism
article
controlled study
educational status
female
help seeking behavior
housewife
human
income
India
major clinical study
male
middle aged
nuclear family
*opiate addiction
*partner violence
priority journal
questionnaire
unemployment
alcohol
opiate

Source: EMBASE

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

28. General and substance-specific predictors of young adult nicotine dependence, alcohol use disorder, and problem behavior: Replication in two samples

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(161-168), 0376-8716;1879-0046 (01 May 2014)

Author(s): Bailey J.A.; Samek D.R.; Keyes M.A.; Hill K.G.; Hicks B.M.; McGue M.; Iacono W.G.; Epstein M.; Catalano R.F.; Haggerty K.P.; Hawkins J.D.

Institution: (Bailey, Hill, Epstein, Catalano, Haggerty, Hawkins) Social Development Research Group, School of Social Work, University of Washington, 9725 3rd Avenue NE, Suite 401, Seattle, WA 98115, United States; (Samek, Keyes, McGue, Iacono) Department of Psychology, University of Minnesota, 75 E River Road, Minneapolis, MN 55455, United

States; (Hicks) Department of Psychiatry, University of Michigan, 4250 Plymouth Road, Ann Arbor, MI 48109, United States

Language: English

Abstract: Background: This paper presents two replications of a heuristic model for measuring environment in studies of gene-environment interplay in the etiology of young adult problem behaviors. Methods: Data were drawn from two longitudinal, U.S. studies of the etiology of substance use and related behaviors: the Raising Healthy Children study (RHC; N= 1040, 47% female) and the Minnesota Twin Family Study (MTFS; N= 1512, 50% female). RHC included a Pacific Northwest, school-based, community sample. MTFS included twins identified from state birth records in Minnesota. Both studies included commensurate measures of general family environment and family substance-specific environments in adolescence (RHC ages 10-18; MTFS age 18), as well as young adult nicotine dependence, alcohol and illicit drug use disorders, HIV sexual risk behavior, and antisocial behavior (RHC ages 24, 25; MTFS age 25). Results: Results from the two samples were highly consistent and largely supported the heuristic model proposed by Bailey et al. (2011). Adolescent general family environment, family smoking environment, and family drinking environment predicted shared variance in problem behaviors in young adulthood. Family smoking environment predicted unique variance in young adult nicotine dependence. Family drinking environment did not appear to predict unique variance in young adult alcohol use disorder. Conclusions: Organizing environmental predictors and outcomes into general and substance-specific measures provides a useful way forward in modeling complex environments and phenotypes. Results suggest that programs aimed at preventing young adult problem behaviors should target general family environment and family smoking and drinking environments in adolescence. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
adulthood
*alcohol use disorder
*antisocial behavior
article
controlled study
drinking behavior
*environmental factor
family attitude
family life
female
high risk behavior
human
major clinical study
male
priority journal
replication study
sexual behavior
smoking
*tobacco dependence
United States

Source: EMBASE

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

29. Prospective risk factors for traumatic event reexposure in community syringe exchange participants

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(98-102), 0376-8716;1879-0046 (01 May 2014)

Author(s): Peirce J.M.; Schacht R.L.; Brooner R.K.; King V.L.; Kidorf M.S.

Institution: (Peirce, Brooner, King, Kidorf) Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Mason F. Lord, 6 East, 5200 Eastern Avenue, Baltimore, MD 21224, United States; (Schacht) Department of Psychology, University of Maryland, Baltimore County, 1000 Hilltop Circle, Math/Psychology Building, Baltimore, MD 21250, United States

Language: English

Abstract: Background: Traumatic event reexposure in injecting drug users is associated with increased drug use and potential for psychiatric symptoms. This is the first study to examine fixed and time-varying factors that are prospectively associated with new traumatic event reexposure in injecting drug users. Methods: Injecting drug users registered in a syringe exchange program were enrolled in a 16-month parent study comparing strategies to increase drug abuse treatment enrollment. Participants (N= 162) completed baseline measures of demographics, psychiatric treatment history, and lifetime traumatic event exposure. Monthly follow-ups assessed past-month traumatic event exposure, days of heroin and cocaine use, criminal activity, and drug abuse treatment participation. Generalized estimating equations models tested the influence of fixed baseline and time-varying factors on traumatic event reexposure in the same month, the following month, and two months later. Results: Significant fixed risk factors for traumatic event reexposure include female gender and past psychiatric treatment. In addition, each past traumatic event exposure was associated with an increased likelihood of reexposure. After accounting for all other factors, each day of cocaine use was associated with a small but persistent increased risk of traumatic event reexposure. Reexposure to a traumatic event in the prior month more than doubled the risk of subsequent reexposure. Conclusions: Injecting drug users experience a pattern in which drug use is associated with increased risk of subsequent traumatic event reexposure, and traumatic event reexposure is associated with further drug use and continued reexposure. Implications for addressing these concerns in injecting drug users are presented. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine)

Publication Type: Journal: Article

Subject Headings:
adult
article
cocaine dependence
criminal behavior
detention
*drug abuse
drug dependence treatment
educational status
*exposure
female
heroin dependence
human
*injection
major clinical study
male
priority journal
psychiatric treatment
race difference
risk assessment
*risk factor
sex difference
syringe
time
*traumatic event reexposure

cocaine
diamorphine

Source: EMBASE

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

30. Comparison of toxicity associated with nonmedical use of benzodiazepines with buprenorphine or methadone

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(118-123), 0376-8716;1879-0046 (01 May 2014)

Author(s): Lee S.C.; Klein-Schwartz W.; Doyon S.; Welsh C.

Institution: (Lee) Hennepin Regional Poison Center, 701 Park Avenue, Minneapolis, MN 55415, United States; (Klein-Schwartz, Doyon) Maryland Poison Center, Department of Pharmacy Practice, University of Maryland School of Pharmacy, 220 Arch Street, Baltimore, MD 21201, United States; (Doyon) Department of Emergency Medicine, Johns Hopkins University School of Medicine, Baltimore, MD 21287, United States; (Welsh) Department of Psychiatry, University of Maryland School of Medicine, 22 S. Greene Street Box 349 P-1-H-10, Baltimore, MD 21201, United States

Language: English

Abstract: Background: Polysubstance use is prevalent in individuals using buprenorphine or methadone nonmedically, with benzodiazepines being a common co-ingestant. The objective of this study was to compare the severity of buprenorphine and methadone toxicity with concomitant use of benzodiazepines. Methods: A retrospective analysis of buprenorphine and methadone cases from November 1, 2002 to December 31, 2010 reported to the American Association of Poison Control Centers' National Poison Data System (NPDS) was conducted. Inclusion criteria: age >18 years, nonmedical use of methadone with benzodiazepines (methadone-BZD) or buprenorphine with benzodiazepines (BUP-BZD), and case followed to a documented outcome. Cases with co-ingestants other than benzodiazepines were excluded. Clinical effects, treatments, disposition and final medical outcomes were evaluated. Results: There were 692 methadone-BZD cases and 72 BUP-BZD cases. Clinical effects in methadone-BZD and BUP-BZD groups were lethargy (71.1%, 59.7%), respiratory depression (29.0%, 15.3%), coma (22.4%, 5.6%), respiratory arrest (4.5%, 0), hypotension (11.8%, 2.8%) and cardiac arrest (1.9%, 0), respectively. Patients in the methadone-BZD group were four-times more likely to receive naloxone (60.4% vs 15.3%) or be intubated (16.3% vs 4.2%) than in the BUP-BZD group. Hospitalization rates were highest for methadone-BZD patients with 67.3% receiving medical admissions compared to 43.3% of BUP-BZD patients. Outcomes were more serious for methadone-BZD cases ($p< 0.0001$); while there were no BUP-BZD deaths, exposure to methadone-BZD yielded 16 deaths. Conclusions: Nonmedical use of benzodiazepines with methadone is associated with higher hospitalization rates, greater ICU utilization rates and considerably worse medical outcomes when compared to nonmedical use of benzodiazepines with buprenorphine.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 12794-10-4 (benzodiazepine); 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 357-08-4 (naloxone); 465-65-6 (naloxone)

Publication Type: Journal: Article

Subject Headings: adult
age distribution
aged
agitation
article
"bradycardia/ep [Epidemiology]"
"cardiotoxicity/ep [Epidemiology]"
clinical feature

"coma/ep [Epidemiology]"
combination chemotherapy
controlled study
diaphoresis
*drug abuse
drug effect
drug exposure
"drug intoxication/dt [Drug Therapy]"
"drug intoxication/ep [Epidemiology]"
"drug intoxication/pc [Prevention]"
"*drug misuse/dt [Drug Therapy]"
"*drug misuse/ep [Epidemiology]"
"*drug misuse/pc [Prevention]"
endotracheal intubation
female
health care utilization
"heart arrest/ep [Epidemiology]"
hospital admission
hospitalization
human
"hypotension/ep [Epidemiology]"
incidence
intensive care unit
irritability
"lung toxicity/ep [Epidemiology]"
major clinical study
male
"neurotoxicity/ep [Epidemiology]"
priority journal
"respiration depression/ep [Epidemiology]"
"respiratory arrest/ep [Epidemiology]"
retrospective study
"tachycardia/ep [Epidemiology]"
"vomiting/ep [Epidemiology]"
"*benzodiazepine/to [Drug Toxicity]"
"*buprenorphine/to [Drug Toxicity]"
"*methadone/to [Drug Toxicity]"
"naloxone/dt [Drug Therapy]"

Source: EMBASE

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

31. Racial differences in the validity of self-reported drug use among men who have sex with men in Atlanta, GA

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(146-153), 0376-8716;1879-0046 (01 May 2014)

Author(s): White D.; Rosenberg E.S.; Cooper H.L.F.; Del Rio C.; Sanchez T.H.; Salazar L.F.; Sullivan P.S.

Institution: (White, Rosenberg, Sanchez, Sullivan) Department of Epidemiology, Rollins School of Public Health, Emory University, Atlanta, GA 30322, United States; (White, Del Rio) Hubert Department of Global Health, Rollins School of Public Health, Emory University, Atlanta, GA 30322, United States; (Cooper) Department of Behavioral Sciences and Health Education, Rollins School of Public Health, Emory University, Atlanta, GA 30322, United States; (Salazar) Institute of Public Health, Georgia State University, Atlanta, GA, United States

Language: English

Abstract: Background: Men who have sex with men (MSM), particularly young black MSM, are disproportionately affected in the United States' HIV epidemic. Drug use may contribute to these disparities, yet previous studies have failed to provide evidence of elevated use

among black MSM, relying exclusively on self-reported usage. This study uses biological assays to validate self-reports of drug use and explore the potential for misclassification to distort findings on racial patterns of use in this population. Methods: From an Atlanta-based cohort study of 454 black and 349 white MSM from 2010 to 2012, participants' self-reported drug use was compared to urine drug screening findings. The sensitivity of self-report was calculated as the proportion reporting recent usage among those who screened positive. Multivariable regression models were constructed to examine racial patterns in self-report, urine-detection, and self-report sensitivity of marijuana and cocaine usage, adjusted for socio-demographic factors. Results: In analyses that adjusted for age, education, income, sexual orientation, and history of arrest, black MSM were less likely to report recent use of marijuana (P< 0.001) and cocaine (P= 0.02), but equally likely to screen positive for either drug. This discrepancy between self-reported and urine-detected drug use was explained by significantly lower sensitivity of self-report for black participants (P< 0.001 for marijuana, P< 0.05 for cocaine). Conclusions: The contribution of individual drug-related risk behaviors to the HIV disparities between black and white MSM should be revisited with methods that validate self-reports of illegal drug use. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine)

Publication Type: Journal: Article

Subject Headings:
adult
age distribution
article
bioassay
controlled study
*drug abuse pattern
drug screening
drug use
educational status
Hispanic
human
income
major clinical study
male
male by sexual orientation
*men who have sex with men
Negro
population research
priority journal
*race difference
self report
sensitivity analysis
United States
urinalysis
validation study
cannabis
cocaine

Source: EMBASE

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

32. Treatment of crack-cocaine dependence with topiramate: A randomized controlled feasibility trial in The Netherlands

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(177-184), 0376-8716;1879-0046 (01 May 2014)

Author(s): Nuijten M.; Blanken P.; Van den Brink W.; Hendriks V.

Institution: (Nuijten, Blanken, Hendriks) Parnassia Addiction Research Centre (PARC Brijder Addiction Treatment), PO Box 53002, 2505 AA The Hague, Netherlands; (Van den Brink) Amsterdam Institute for Addiction Research, Department of Psychiatry, Academic Medical Centre, University of Amsterdam, PO Box 22660, 1100 DD Amsterdam, Netherlands

Language: English

Abstract: Background: Crack-cocaine dependence is a complex disorder with limited treatment options. Topiramate is one of the promising medications with reported reductions in cocaine use and craving in former studies. The present study evaluated the acceptance and effectiveness of topiramate as an add-on to cognitive behavioral therapy (CBT) in crack-cocaine dependent patients. Methods: Seventy-four crack-cocaine dependent outpatients participated in an open-label, randomized feasibility trial. They were randomized to receive either 12-week CBT plus topiramate (200. mg/day) or 12-week CBT only. The primary outcome measure was treatment retention. Secondary outcomes included medication adherence, safety, cocaine and other substance use, health, social functioning, and patient satisfaction. Results: Adherence to topiramate treatment was low. In the intent-to-treat analyses, topiramate neither improved treatment retention nor reduced cocaine and other substance use. Post hoc, exploratory analyses suggested a moderation effect of comorbid opioid dependence, with a significant effect of topiramate on cocaine use reduction only in crack-cocaine dependent patients with comorbid opioid dependence. Conclusions: Topiramate was safe and well-tolerated in this sample of crack-cocaine dependent patients, but efficacy was not supported probably due to low acceptance of the treatment. Given the equivocal results of previous studies and the negative findings in our study, the potential of topiramate in the treatment of cocaine dependence seems limited. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 97240-79-4 (topiramate)

Publication Type: Journal: Article

Subject Headings:
add on therapy
adult
article
"*cocaine dependence/dt [Drug Therapy]"
"*cocaine dependence/th [Therapy]"
cognitive therapy
controlled study
dose response
drug dose titration
drug efficacy
drug response
drug safety
drug tolerability
"fatigue/si [Side Effect]"
feasibility study
female
"gastrointestinal symptom/si [Side Effect]"
human
major clinical study
male
Netherlands
opiate addiction
"paresthesia/si [Side Effect]"
patient compliance
patient satisfaction
priority journal

randomized controlled trial
social interaction
substance use
treatment outcome
withdrawal syndrome
"*topiramate/ae [Adverse Drug Reaction]"
"*topiramate/ct [Clinical Trial]"
"*topiramate/do [Drug Dose]"
"*topiramate/dt [Drug Therapy]"
"*topiramate/po [Oral Drug Administration]"

Source: EMBASE

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

33. Long-term effects of exposure to methamphetamine in adolescent rats

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(17-23), 0376-8716;1879-0046 (01 May 2014)

Author(s): Ye T.; Pozos H.; Phillips T.J.; Izquierdo A.

Institution: (Ye, Pozos, Izquierdo) University of California, Department of Psychology, Los Angeles, Los Angeles, CA, United States; (Phillips) Oregon Health and Science University, Veterans Affairs Medical Center and Methamphetamine Abuse Research Center, Portland, OR, United States

Language: English

Abstract: Background: Flexible cognition is a set of processes mediated by the prefrontal cortex (PFC), an area of the brain that continues to develop during adolescence and into adulthood. Adult rodents exhibit impairments specific to reversal learning across various dosing regimens of methamphetamine (mAMPH). For adolescent rodents, ongoing PFC development can be assessed by discrimination reversal learning, a task dependent on frontostriatal integrity. The task may also index an increased vulnerability for mAMPH sampling in adulthood. Methods: The purpose of the present study was to investigate the long-term effects of escalating, adolescent mAMPH exposure on reversal learning, a PFC-dependent task (Experiment 1) and the likelihood of later sampling of mAMPH in adulthood (Experiment 2). Results: Unlike previous research in adult-treated rats, our results show more generalized learning impairments after adolescent mAMPH exposure to include both attenuated visual discrimination as well as reversal learning. Additionally, we found that rats pre-exposed to mAMPH during adolescence consumed significantly more drug in adulthood. Intake of mAMPH was positively correlated with this learning.Taken together, these findings show that even modest exposure to mAMPH during adolescence may induce general learning impairments in adulthood, and an enduring sensitivity to the effects of mAMPH. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 28297-73-6 (methamphetamine); 51-57-0 (methamphetamine); 537-46-2 (methamphetamine); 7632-10-2 (methamphetamine)

Publication Type: Journal: Article

Subject Headings:
adolescence
adolescent
adulthood
animal experiment
article
controlled study
correlational study
drug self administration
*learning
learning disorder
*long term exposure

male
methamphetamine dependence
nonhuman
prefrontal cortex
priority journal
rat
task performance
*visual discrimination
*methamphetamine

Source: EMBASE

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

34. Should anyone be riding to glory on the now-descending limb of the crack-cocaine epidemic curve in the United States?

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(225-228), 0376-8716;1879-0046 (01 May 2014)

Author(s): Parker M.A.; Anthony J.C.

Institution: (Parker, Anthony) Michigan State University, United States

Language: English

Abstract: Background: Many pre-clinical and clinical researchers do not appreciate the recent decline in United States (US) population-level incidence of crack-cocaine smoking. At present, no more than about 200 young people start using crack-cocaine each day. Ten years ago, the corresponding estimated daily rate was 1000. This short communication looks into these trends, surrounding evidence on this important public health topic, and checks whether duration-reducing treatment interventions might be responsible, versus selected alternatives. Methods: Via analyses of standardized computer-assisted self-interview data from the US National Surveys on Drug Use and Health (NSDUH, 2002-2011; n>. 500,000), we evaluated change in incidence estimates, perceived difficulty to acquire crack, risk of using cocaine, treatment entries, and persistence once crack use has started. Results: We draw attention to a marked overall decline in year-specific incidence rates for crack-cocaine smoking from 2002 to 2011, especially 2007-2011. There is some variation in estimates of difficulty to acquire crack (p< 0.001) and observed risk of using cocaine among 'at risk' susceptibles (p< 0.001), but no appreciable shifts in duration of crack smoking among active users (p> 0.05) or in proportion of crack users receiving treatment (p>. 0.05). Conclusions: Changing epidemiology of crack-cocaine smoking may rest largely on reductions in newly incident use with no major direct effects due to US cocaine treatment, incarceration, or interdiction. Concurrently, we see quite modest declines in survey-based estimates of cocaine-attributed perceived risk and cocaine availability. As such, we posit that no specific US agency should claim it is 'riding to glory' on the descending limb of this epidemic curve. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
article
child
"*cocaine dependence/ep [Epidemiology]"
controlled study
drug abuse pattern
epidemic
evidence based medicine
female
health survey

human
incidence
interview
male
population research
prevalence
priority journal
public health
risk assessment
school child
trend study
United States

Source: EMBASE

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

35. Circumstances and toxicology of sudden or unnatural deaths involving alprazolam

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(61-66), 0376-8716;1879-0046 (01 May 2014)

Author(s): Darke S.; Torok M.; Duflou J.

Institution: (Darke, Torok) National Drug and Alcohol Research Centre, University of New South Wales, Australia; (Duflou) Department of Forensic Medicine, Sydney Local Health District, NSW, Australia; (Duflou) Sydney Medical School, University of Sydney, NSW, Australia; (Duflou) School of Medical Sciences, University of New South Wales, NSW, Australia; (Duflou) Department of Pathology, University of Sydney, NSW, Australia

Language: English

Abstract: Background: There has been a great deal of clinical concern regarding alprazolam abuse. This paper reported on alprazolam positive cases of sudden or unnatural deaths presenting to the New South Wales Department of Forensic Medicine (DOFM), 1/1/1997-31/12/2012. Methods: Case series. Results: 412 cases were identified. There was a large increase in the annual number of cases, from 3 in 1997 to 86 in 2012. By 2012, 4.5% of all DOFM case presentations involved alprazolam. The mean age was 41.3 years, and 66.5% were male. Circumstances of death were: accidental drug toxicity (57.0%), deliberate drug toxicity (10.4%), suicide by means other than drug overdose (12.6%), disease (10.0%), accident (5.1%), homicide (2.4%). The major factor driving the increase in cases was accidental drug toxicity involving alprazolam, rising from 0 in 1997 to 58 in 2012. A history of drug/alcohol problems was noted in 80.4%, and 56.6% were injecting drug users. The median alprazolam concentration was 0.08 mg/L (range 0.005-2.10. mg/L), with 37.4% of cases having concentrations of >0.1. mg/L. In 94.9% of cases, drugs other than alprazolam and its metabolites were present, including all accidental overdoses. The most commonly detected drugs were opioids (64.6%), other benzodiazepines (44.4%) and alcohol (34.5%). A third (31.8%) of cases were HCV positive. Conclusions: Cases involving alprazolam increased markedly, driven mostly by toxicity deaths amongst people with known drug and alcohol problems. Caution in prescribing alprazolam would appear appropriate, particularly to those with known drug dependence. 2014.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 42542-10-9 (3,4 methylenedioxymethamphetamine); 64-17-5 (alcohol); 28981-97-7 (alprazolam); 12794-10-4 (benzodiazepine); 1622-61-3 (clonazepam); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 76-57-3 (codeine); 1639-60-7 (dextropropoxyphene); 469-62-5 (dextropropoxyphene); 439-14-5 (diazepam); 469-21-6 (doxylamine); 562-10-7 (doxylamine); 7047-26-9 (doxylamine); 1622-62-4 (flunitrazepam); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 28297-73-6 (methamphetamine); 51-57-0 (methamphetamine); 537-46-2 (methamphetamine); 7632-10-2 (methamphetamine); 52-26-6 (morphine); 57-27-2 (morphine); 146-22-5

(nitrazepam); 604-75-1 (oxazepam); 124-90-3 (oxycodone); 76-42-6 (oxycodone); 846-50-4 (temazepam); 27203-92-5 (tramadol); 36282-47-0 (tramadol); 82626-48-0 (zolpidem)

Publication Type: Journal: Article

Subject Headings:
accident
adolescent
adult
aged
article
Australia
case study
cause of death
controlled study
drug dependence
drug overdose
female
forensic medicine
forensic pathology
forensic toxicology
homicide
human
major clinical study
male
priority journal
*sudden death
suicide
*toxicology
very elderly
"3 4 methylenedioxymethamphetamine/to [Drug Toxicity]"
alcohol
"*alprazolam/to [Drug Toxicity]"
"antihistaminic agent/to [Drug Toxicity]"
benzodiazepine
"clonazepam/to [Drug Toxicity]"
"cocaine/to [Drug Toxicity]"
"codeine/to [Drug Toxicity]"
"dextropropoxyphene/to [Drug Toxicity]"
"diazepam/to [Drug Toxicity]"
"doxylamine/to [Drug Toxicity]"
drug metabolite
"flunitrazepam/to [Drug Toxicity]"
"methadone/to [Drug Toxicity]"
"methamphetamine/to [Drug Toxicity]"
"morphine/to [Drug Toxicity]"
"neuroleptic agent/to [Drug Toxicity]"
"nitrazepam/to [Drug Toxicity]"
"oxazepam/to [Drug Toxicity]"
"oxycodone/to [Drug Toxicity]"
"serotonin noradrenalin reuptake inhibitor/to [Drug Toxicity]"
"temazepam/to [Drug Toxicity]"
"tetracyclic antidepressant agent/to [Drug Toxicity]"
"tramadol/to [Drug Toxicity]"
"tricyclic antidepressant agent/to [Drug Toxicity]"
"zolpidem/to [Drug Toxicity]"

Source: EMBASE

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

36. Gender differences between predictors of HIV status among PWID in Ukraine

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(103-108), 0376-8716;1879-0046 (01 May 2014)

Author(s): Corsi K.F.; Dvoryak S.; Garver-Apgar C.; Davis J.M.; Brewster J.T.; Lisovska O.; Booth R.E.

Institution: (Corsi, Garver-Apgar, Davis, Brewster, Booth) Department of Psychiatry, University of Colorado School of Medicine, Denver, CO, United States; (Dvoryak, Lisovska) Ukrainian Institute on Public Health Policy, Kiev, Ukraine; (Corsi, Garver-Apgar, Davis, Brewster, Booth) Project Safe, 1741 Vine Street, Denver, CO80206, United States; (Dvoryak, Lisovska) Ukrainian Institute on Public Health Policy, Malopidvalna Street 4, App 6, Kyiv 01001, Ukraine

Language: English

Abstract: Background: The HIV epidemic in Ukraine is among the largest in Europe. While traditionally the epidemic has spread through injection risk behavior, sexual transmission is becoming more common. Previous research has found that women in Ukraine have higher rates of HIV and engage in more HIV risk behavior than men. This study extended that work by identifying risk factors that differentially predict men and women's HIV status among people who inject drugs (PWID) in Ukraine. Methods: From July 2010 to July 2013, 2480 sexually active PWID with unknown HIV status were recruited from three cities in Ukraine through street outreach. The average age was 31 years old. Results: Women, who made up twenty-eight percent of the sample, had higher safe sex self-efficacy ($p < .01$) and HIV knowledge ($p < .001$) than men, but scored higher on both the risky injection ($p < .001$) and risky sex ($p < .001$) composite scores than men. Risky sex behaviors were associated with women's HIV status more than men's. We also report results identifying predictors of risky injection and sex behaviors. Conclusions: Gender-specific interventions could address problem of HIV risk among women who inject drugs in a country with a growing HIV epidemic. Our findings suggest specific ways in which intervention efforts might focus on groups and individuals who are at the highest risk of contracting HIV (or who are already HIV positive) to halt the spread of HIV in Ukraine. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
article
controlled study
drug abuse pattern
female
high risk behavior
human
*Human immunodeficiency virus infection
infection risk
*intravenous drug abuse
major clinical study
male
medical information
priority journal
prognosis
risk assessment
safe sex
self concept
*sex difference
sexual behavior
Ukraine

Source: EMBASE

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

37. Prescription drug misuse among homeless youth

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(229-233), 0376-8716;1879-0046 (01 May 2014)

Author(s): Rhoades H.; Winetrobe H.; Rice E.

Institution: (Rhoades, Winetrobe, Rice) University of Southern California School of Social Work, 1149 S. Hill St., Suite 360, Los Angeles, CA 90015, United States

Language: English

Abstract: Background: Prescription drug misuse (PDM) is highly prevalent among youth in the U.S., and can have serious health consequences. Homeless youth are a particularly vulnerable population with high rates of substance use. However, PDM has not been studied in a sample comprised exclusively of homeless youth. Methods: A sample of 451 homeless youth recruited from drop-in centers in Los Angeles, CA, provided information on substance use, mental health, service utilization, trauma, and sexual risk behavior. Multivariable logistic regression assessed correlates of past month PDM. Results: Nearly 50% reported lifetime PDM and 21.6% reported PDM in the past month. The most frequently used prescriptions in the past month were: opioids only (24.5%), sedatives only (23.4%), and stimulants only (10.6%); 14.9% used some combination of these three types of prescription medications. Homeless youth reported that prescriptions were most commonly obtained for free from friends or relatives (24.5%). Foster care involvement was associated with decreased PDM, while hard drug use, suicidal ideation, and unprotected sex were associated with increased PDM. Conclusions: Homeless youth report high rates of PDM, and access these medications most frequently from friends and family. PDM among homeless youth clusters with other risk factors, including hard drug use, unprotected sex, and suicidal ideation. Surprisingly, foster care history was associated with decreased PDM. Programs aimed at preventing PDM among homeless youth should recognize the clustering of risk behaviors, assess prescription use/access when providing mental health services, and educate the general public about proper disposal of prescriptions. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
article
drug abuse
*drug misuse
female
foster care
health care utilization
high risk behavior
*homelessness
human
major clinical study
male
mental health service
priority journal
sexual behavior
substance use
suicidal ideation
United States
unsafe sex
central stimulant agent
narcotic analgesic agent
sedative agent

Source: EMBASE

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

38. The effect of heroin dependence on resumption of heroin self-administration in rats

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(24-31), 0376-8716;1879-0046 (01 May 2014)

Author(s): Minhas M.; Leri F.

Institution: (Minhas, Leri) Department of Psychology, University of Guelph, Ontario N1G 2W1, Canada

Language: English

Abstract: Background: It has been proposed that relapse vulnerability in previously dependent individuals results from augmentation of drug-induced reinforcement due to repeated associations between the interoceptive properties of the drug and reduction of acute withdrawal distress. Methods: To test this hypothesis, male Sprague-Dawley rats self-administered 0.05. mg/kg/inf heroin on continuous reinforcement (CR) and progressive ratio (PR) schedules. During this period, they also received injections of vehicle or escalating doses of heroin. Following tests of naloxone-precipitated withdrawal, as well as a drug-free period (4 days), and extinction (9 sessions), they were pre-treated with vehicle or yohimbine (0.5. mg/kg, IV) and tested for resumption of heroin self-administration (0.05. mg/kg/inf) on CR and PR schedules, or tested for reinstatement in extinction conditions. Results: Increased self-administration on the CR schedule was observed in the heroin-injected rats, but no group differences were observed on the PR schedule, in spite of greater signs of withdrawal precipitated by naloxone in the heroin-injected rats. More importantly, there were no group differences in resumption of heroin self-administration, and this was not altered by yohimbine. Conclusions: These results suggest that relapse vulnerability cannot be uniquely ascribed to enhanced reinforcing action of drugs; contextual and other conditioning factors must play a role in modulating resumption of drug intake after abstinence. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 357-08-4 (naloxone); 465-65-6 (naloxone); 146-48-5 (yohimbine); 65-19-0 (yohimbine)

Publication Type: Journal: Article

Subject Headings:
abstinence
adult
animal experiment
animal model
article
controlled study
*drug self administration
*heroin dependence
male
motivation
nonhuman
priority journal
rat
reinforcement
relapse
weight reduction
wet dog shakes
diamorphine
naloxone
yohimbine

Source: EMBASE

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

39. Development and impact of prescription opioid abuse deterrent formulation technologies

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(1-6), 0376-8716;1879-0046 (01 May 2014)

Author(s): Alexander L.; Mannion R.O.; Weingarten B.; Fanelli R.J.; Stiles G.L.

Institution: (Alexander) Department of Risk Management and Epidemiology, Purdue Pharma L.P., United States; (Mannion) Department of Pharmaceutics, Purdue Pharma L.P., United States; (Weingarten) Department of Program Management, Purdue Pharma L.P., United States; (Fanelli) Department of Regulatory Affairs, Purdue Pharma L.P., United States; (Stiles) Research and Development, Purdue Pharma L.P., United States

Language: English

Abstract: Background: Millions of patients are treated with opioid analgesics (OpAs) to relieve pain. Unfortunately, these medications are subject to abuse and/or unintended misuse. Abuse deterrent formulations (ADFs) represent an intervention strategy to decrease abuse/misuse without affecting patient access. The Food and Drug Administration (FDA) has issued Draft Guidance "Abuse deterrent opioids, Evaluation and Labeling" and is currently actively pursuing scientific input on this issue. Methods: The development of ADF technologies was reviewed using peer reviewed journals describing OpA post marketing studies, web sites containing FDA announcements on product approvals and manufacturer product use profiles. Results: Reviewed is the FDA recent approval of a product label describing the abuse deterrent characteristics of OxyContin (physical barrier formulation), and the FDA determination that studies were insufficient for an Opana (physical barrier) ADF label. Additional reviewed marketed OpAs with ADF technologies include: Suboxone and Embeda (opioid agonist/antagonist combinations), Oxecta (aversion technology), and Nucynta (physical barrier). Reviewed ADF technologies currently in development include: new physical barrier and aversion technologies, an innovative extended release formulation as well as novel polymer-opioid conjugates. As ADF technologies are part of a comprehensive intervention strategy to promote safe OpA use, additional components including governmental, community, and educational initiatives are reviewed. Conclusions: The outcomes of the recent ADF labeling applications for OxyContin (Tier 3 approval) and Opana (non-approval) suggest that the threshold for ADF labeling will be appropriately high. The presented findings indicate that ADF technologies can be a critical component of a comprehensive strategy to promote the safe and effective use of OpAs. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 124-90-3 (oxycodone); 76-42-6 (oxycodone); 357-07-3 (oxymorphone); 76-41-5 (oxymorphone); 175591-09-0 (tapentadol); 175591-23-8 (tapentadol)

Publication Type: Journal: Review

Subject Headings:
*drug abuse
drug formulation
drug misuse
drug release
food and drug administration
human
medical literature
peer review
prescription
priority journal
review
buprenorphine plus naloxone
deterx
morphine sulfate plus naltrexone
nktr 181

*opiate
oxycodone
oxymorphone
tapentadol
targiniq
unclassified drug

Source: EMBASE

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

40. Interest in quitting and lifetime quit attempts among smokers living with HIV infection

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(220-224), 0376-8716;1879-0046 (01 May 2014)

Author(s): Pacek L.R.; Latkin C.; Crum R.M.; Stuart E.A.; Knowlton A.R.

Institution: (Pacek, Crum) Johns Hopkins University School of Medicine, Department of Psychiatry and Behavioral Sciences, Baltimore, MD 21205, United States; (Pacek, Crum, Stuart) Johns Hopkins University Bloomberg School of Public Health, Department of Mental Health, Baltimore, MD 21205, United States; (Latkin, Knowlton) Johns Hopkins University Bloomberg School of Public Health, Department of Health, Behavior and Society, Baltimore, MD 21205, United States; (Latkin, Crum) Johns Hopkins University Bloomberg School of Public Health, Department of Epidemiology, Baltimore, MD 21205, United States; (Stuart) Johns Hopkins University Bloomberg School of Public Health, Department of Biostatistics, Baltimore, MD 21205, United States

Language: English

Abstract: Introduction: Cigarette smoking is highly prevalent among people living with HIV, and is associated with many negative health outcomes, including death. There is little research on smoking behaviors such as interest in quitting and lifetime quit attempts among smokers living with HIV. Existing research has focused on individual-level characteristics, to the neglect of social environmental characteristics. We explored individual- and social-level characteristics associated with interest in quitting and lifetime nicotine replacement (NRT) or medication use for smoking cessation. Methods: Data are from a study of participants recruited from clinic and community venues originally designed to examine social environmental influences on current/former drug users' HIV medication adherence and health outcomes. This analysis comprised 267 current smokers living with HIV. Chi-square tests were used to describe the sample; logistic regression was used to explore associations between covariates and outcomes. Results: In adjusted analyses, older age (age 54-65: aOR. = 4.64, 95% CI. = 1.59-13.47) and lifetime use of NRT/medications (aOR. = 2.02, 95% CI. = 1.08-3.80) were associated with an interest in quitting smoking. Additionally, older age (age 45-49: aOR. = 3.38, 95% CI. = 1.57-7.26; age 54-65: aOR. = 2.70 95% CI. = 1.20-6.11), White race (aOR. = 3.56, 95% CI. = 1.20-10.62), and having a Supporter who had used NRT/medications for cessation (aOR. = 2.13, 95% CI. = 1.05-4.29) were associated with lifetime NRT/medications use. Conclusions: Findings corroborate prior research concerning individual-level characteristics, and indicate the importance of social-level characteristics in association with prior use of NRT/medications for cessation. Findings have implications for the implementation of cessation interventions for smokers living with HIV. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: adult
aged
antiviral therapy
article
attitude to health
controlled study

drug use
female
human
"*Human immunodeficiency virus infection/dt [Drug Therapy]"
lifespan
major clinical study
male
middle aged
nicotine replacement therapy
outcome assessment
patient compliance
priority journal
racism
*smoking cessation
social environment
social support
"*tobacco dependence/th [Therapy]"
treatment duration
"antiretrovirus agent/dt [Drug Therapy]"

Source: EMBASE

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

41. Extended release naltrexone injection is performed in the majority of opioid dependent patients receiving outpatient induction: A very low dose naltrexone and buprenorphine open label trial

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(83-88), 0376-8716;1879-0046 (01 May 2014)

Author(s): Mannelli P.; Wu L.-T.; Peindl K.S.; Swartz M.S.; Woody G.E.

Institution: (Mannelli, Wu, Peindl, Swartz, Woody) Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC, United States; (Woody) Department of Psychiatry, University of Pennsylvania and Treatment Research Institute, Philadelphia, PA, United States

Language: English

Abstract: Background: The approval of extended release injectable naltrexone (XR-NTX; Vivitrol) has introduced a new option for treating opioid addiction, but studies are needed to identify its place within the spectrum of available therapies. The absence of physiological opioid dependence is a necessary and challenging first step for starting XR-NTX. Outpatient detoxification gives poor results and inpatient detoxification is either unavailable or too brief for the physiological effects of opioids to resolve. Here we present findings from an open label study that tested whether the transition from opioid addiction to XR-NTX can be safely and effectively performed in an outpatient setting using very low dose naltrexone and buprenorphine. Methods: Twenty treatment seeking opioid addicted individuals were given increasing doses of naltrexone starting at 0.25. mg with decreasing doses of buprenorphine starting at 4. mg during a 7-day outpatient XR-NTX induction procedure. Withdrawal discomfort, craving, drug use, and adverse events were assessed daily until the XR-NTX injection, then weekly over the next month. Results: Fourteen of the 20 participants received XR-NTX and 13 completed weekly assessments. Withdrawal, craving, and opioid or other drug use were significantly lower during induction and after XR-NTX administration compared with baseline, and no serious adverse events were recorded. Conclusions: Outpatient transition to XR-NTX combining upward titration of very low dose naltrexone with downward titration of low dose buprenorphine was safe, well tolerated, and completed by most participants. Further studies with larger numbers of subjects are needed to see if this approach is useful for naltrexone induction. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 303-53-7 (cyclobenzaprine); 6202-23-9 (cyclobenzaprine); 2192-20-3 (hydroxyzine); 64095-02-9 (hydroxyzine); 68-88-2 (hydroxyzine); 15687-27-1 (ibuprofen); 79261-49-7 (ibuprofen); 31121-93-4 (ibuprofen); 527688-20-6 (ibuprofen); 846-49-1 (lorazepam); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone); 19794-93-5 (trazodone); 25332-39-2 (trazodone)

Publication Type: Journal: Article

Subject Headings:
adult
article
clinical article
controlled clinical trial
controlled study
disease severity
dose response
drug dose increase
drug dose reduction
drug dose titration
drug safety
drug tolerability
female
follow up
human
"injection site reaction/si [Side Effect]"
low drug dose
male
"*opiate addiction/dt [Drug Therapy]"
outpatient care
patient compliance
patient satisfaction
priority journal
sustained release formulation
treatment duration
treatment outcome
"withdrawal syndrome/dt [Drug Therapy]"
"withdrawal syndrome/si [Side Effect]"
"*buprenorphine/ae [Adverse Drug Reaction]"
"*buprenorphine/ct [Clinical Trial]"
"*buprenorphine/do [Drug Dose]"
"*buprenorphine/dt [Drug Therapy]"
"*buprenorphine/iv [Intravenous Drug Administration]"
"cyclobenzaprine/dt [Drug Therapy]"
"hydroxyzine/dt [Drug Therapy]"
"ibuprofen/dt [Drug Therapy]"
"lorazepam/dt [Drug Therapy]"
"*naltrexone/ae [Adverse Drug Reaction]"
"*naltrexone/ct [Clinical Trial]"
"*naltrexone/do [Drug Dose]"
"*naltrexone/dt [Drug Therapy]"
"*naltrexone/iv [Intravenous Drug Administration]"
"*naltrexone/pr [Pharmaceutics]"
"trazodone/dt [Drug Therapy]"

Source: EMBASE

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

42. The association between changes in alternative reinforcers and short-term smoking cessation

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(67-74), 0376-8716;1879-0046 (01 May 2014)

Author(s): Goelz P.M.; Audrain-McGovern J.E.; Hitsman B.; Leone F.T.; Veluz-Wilkins A.; Jepson C.; Wileyto E.P.; D'Avanzo P.A.; Rivera J.G.; Schnoll R.A.

Institution: (Goelz, Audrain-McGovern, Jepson, Wileyto, D'Avanzo, Rivera, Schnoll) Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania, 3535 Market Street, Suite 4100, Philadelphia, PA 19104, United States; (Hitsman, Veluz-Wilkins) Department of Preventive Medicine, Feinberg School of Medicine, Northwestern University, 680 N Lakeshore Drive, Chicago, IL 60611, United States; (Leone) Pulmonary, Allergy and Critical Care Division, University of Pennsylvania Presbyterian Medical Center, 51 N. 39th Street, 1st Floor Rear, Philadelphia, PA 19104, United States

Language: English

Abstract: Background: While more than 50% of smokers make a serious quit attempt each year, less than 10% quit permanently. Evidence from studies of adolescent smoking and other substances of abuse suggest that alternative reinforcers, a construct of Behavioral Economic Theory, may contribute to the likelihood of smoking cessation in adults. This study examined the behavioral economics of smoking cessation within a smoking cessation clinical trial and evaluated how depressive symptoms and behavioral economic variables are associated with smoking cessation. Methods: A sample of 469 smokers, enrolled in an effectiveness trial that provided counseling and 8 weeks of 21. mg nicotine patches, was analyzed. Alternative reinforcers (substitute and complementary reinforcers) and depressive symptoms were examined in relation to 7-day point prevalence abstinence, verified with breath carbon monoxide, 8 weeks after the quit date. Results: Controlling for covariates associated with cessation (nicotine dependence, age of smoking initiation, patch adherence), participants who were abstinent at week 8 showed significantly higher substitute reinforcers at all time-points, compared to those who were smoking (p's. < .05). Participants who were abstinent at week 8 showed lower complementary reinforcers and depressive symptoms at all time-points, compared to those who were smoking, but significant differences were confined to week 8 (p's. < .01). There was no significant interaction between alternative reinforcers and depressive symptoms across the 8 weeks on week 8 abstinence. Conclusions: These results support continued examination of Behavioral Economic Theory in understanding adult smoking cessation in order to inform future treatments and guidelines. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 630-08-0 (carbon monoxide); 54-11-5 (nicotine)

Publication Type: Journal: Article

Subject Headings:
adult
article
*Behavioral Economic Theory
behavioral science
breath analysis
correlational study
"depression/co [Complication]"
"depression/ep [Epidemiology]"
drug efficacy
female
health economics
human
major clinical study
male
*nicotine replacement therapy
patient compliance
patient counseling
prevalence
priority journal
randomized controlled trial (topic)
reinforcement

*smoking cessation
*theory
"*tobacco dependence/dt [Drug Therapy]"
"*tobacco dependence/ep [Epidemiology]"
"*tobacco dependence/th [Therapy]"
treatment duration
carbon monoxide
nicotine
"*nicotine patch/ct [Clinical Trial]"
"*nicotine patch/dt [Drug Therapy]"
"*nicotine patch/td [Transdermal Drug Administration]"

Source: EMBASE

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

43. Using latent class analysis to identify participant typologies in a drug treatment court

Citation: Drug and Alcohol Dependence, May 2014, vol./is. 138/1(75-82), 0376-8716;1879-0046 (01 May 2014)

Author(s): Larsen J.L.; Nylund-Gibson K.; Cosden M.

Institution: (Larsen, Cosden) Department of Counseling, Clinical and School Psychology, University of California, Santa Barbara, CA 93106, United States; (Nylund-Gibson) Department of Education, University of California, Santa Barbara, CA 93106, United States

Language: English

Abstract: Background: Drug treatment courts serve a diverse population of adults. While all have engaged in criminal activities and have substance abuse problems, participants vary in the intensity of their problems as well as related concerns in other domains of functioning which also may require intervention. The purpose of this study was to identify differences among participants, which could have implications for the effectiveness of drug treatment courts. Methods: Latent class analysis (LCA) was used to identify subgroups from a sample of over 1000 adults attending two drug treatment courts in central California. Indicators measuring substance abuse, motivation for treatment, mental health concerns, education, employment, medical concerns, social supports, and demographic characteristics were obtained from the Addiction Severity Index while measures of prior criminal activity and treatment outcomes were obtained from probation; all were entered into the LCA. Results: The LCA yielded three groups, which were labeled a Psychological Problems group, an Early Delinquent group, and a Subthreshold Need group. Significant differences in graduation and recidivism rates were found across these groups, with the Early Delinquent group demonstrating the poorest outcomes. Conclusions: This study provides evidence that there are significant differences among subgroups of drug treatment court participants. Implications for alternate treatment approaches based on participant characteristics are discussed. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: Addiction Severity Index
article
controlled study
criminal behavior
demography
education
employment
female
human
major clinical study
male
mental health

motivation
priority journal
probation
recidivism
social support
*substance abuse
treatment outcome
United States

Source: EMBASE

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

44. Liver health in prisoners: An opportunity for care

Citation: Primary Care Cardiovascular Journal, January 2014, vol./is. 7/1(20-22), 1756-5138;1756-5146 (January-February 2014)

Author(s): Brew I.

Institution: (Brew) GPwSI Hepatitis C, Leeds Community Healthcare NHS Trust, HMP Leeds, Gloucester Terrace, Leeds, United Kingdom

Language: English

Abstract: The prison population in the UK tends to have several risk factors for the development of chronic liver disease. Prison provides a stable environment, which often enables thorough health assessment, monitoring and stabilisation of substance misuse, management of chronic disease and mental health issues, and treatment for viral hepatitis to be performed. Copyright Sherborne Gibbs Limited.

Country of Publication: United Kingdom

Publisher: Sherborne Gibbs Limited

Publication Type: Journal: Review

Subject Headings: alcohol use disorder
alcoholism
*chronic liver disease
diabetes mellitus
*health service
heart disease
hepatitis C
human
patient care
primary medical care
*prisoner
review
social exclusion
virus hepatitis
antivirus agent

Source: EMBASE

45. Heat shock protein 90 inhibitors in the treatment of cancer: Current status and future directions

Citation: Expert Opinion on Investigational Drugs, May 2014, vol./is. 23/5(611-628), 1354-3784;1744-7658 (May 2014)

Author(s): Jhaveri K.; Ochiana S.O.; Dunphy M.P.S.; Gerecitano J.F.; Corben A.D.; Peter R.I.; Janjigian Y.Y.; Gomes-Dagama E.M.; Koren III J.; Modi S.; Chiosis G.

Institution: (Jhaveri) New York University Cancer Institute, NYU Clinical Cancer Center, Division of Hematology/Medical Oncology, NY, United States; (Ochiana, Gomes-Dagama, Koren III, Chiosis) Sloan-Kettering Institute, Molecular Pharmacology and Chemistry Program, NY, United States; (Dunphy) Memorial Sloan-Kettering Cancer Center, Department of Radiology, NY, United States; (Gerecitano) Memorial Sloan-Kettering Cancer Center,

Lymphoma Medicine Service, NY, United States; (Corben, Modi, Chiosis) Memorial Sloan-Kettering Cancer Center, Breast Cancer Medicine Service, NY, United States; (Peter) Technical University of Cluj-Napoca, Department of Mathematics, Cluj-Napoca, Romania; (Janjigian) Memorial Sloan-Kettering Cancer Center, Gastrointestinal Oncology Service, NY, United States; (Chiosis) Department of Medicine, Weill Graduate School of Medical Sciences, Memorial Hospital, NY, United States

Language: English

Abstract: Introduction: Heat shock protein 90 (HSP90) serves as a critical facilitator for oncogene addiction. There has been augmenting enthusiasm in pursuing HSP90 as an anticancer strategy. In fact, since the initial serendipitous discovery that geldanamycin (GM) inhibits HSP90, the field has rapidly moved from proof-of-concept clinical studies with GM derivatives to novel second-generation inhibitors. Areas covered: The authors highlight the current status of the second-generation HSP90 inhibitors in clinical development. Herein, the authors note the lessons learned from the completed clinical trials of first- and second-generation inhibitors and describe various assays attempting to serve for a more rational implementation of these agents to cancer treatment. Finally, the authors discuss the future perspectives for this promising class of agents. Expert opinion: The knowledge gained thus far provides perhaps only a glimpse at the potential of HSP90 for which there is still much work to be done. Lessons from the clinical trials suggest that HSP90 therapy would advance at a faster pace if patient selection and tumor pharmacokinetics of these drugs were better understood and applied to their clinical development. It is also evident that combining HSP90 inhibitors with other potent anticancer therapies holds great promise not only due to synergistic antitumor activity but also due to the potential of prolonging or preventing the development of drug resistance. 2014 Informa UK, Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 154229-19-3 (abiraterone); 467214-20-6 (alvespimycin); 467214-21-7 (alvespimycin); 179324-69-7 (bortezomib); 197730-97-5 (bortezomib); 205923-56-4 (cetuximab); 877399-52-5 (crizotinib); 114977-28-5 (docetaxel); 183319-69-9 (erlotinib); 183321-74-6 (erlotinib); 159351-69-6 (everolimus); 888216-25-9 (ganetespib); 30562-34-6 (geldanamycin); 152459-95-5 (imatinib); 220127-57-1 (imatinib); 747412-49-3 (luminespib); 108-46-3 (resorcinol); 857402-63-2 (retaspimycin); 857402-23-4 (retaspimycin); 75747-14-7 (tanespimycin); 180288-69-1 (trastuzumab)

Publication Type: Journal: Review

Subject Headings:
antineoplastic activity
cancer inhibition
cancer resistance
cancer survival
*cancer therapy
clinical trial (topic)
drug bioavailability
drug structure
human
maximum tolerated dose
metastasis potential
monotherapy
"*neoplasm/dt [Drug Therapy]"
nonhuman
overall survival
patient selection
phase 1 clinical trial (topic)
phase 2 clinical trial (topic)
progression free survival
review
treatment response
abiraterone
alvespimycin

at 13387
benzoquinone
biib 021
bortezomib
cetuximab
cnf 2024
crizotinib
cudc 305
debio 0932
docetaxel
erlotinib
everolimus
ganetespib
geldanamycin
heat shock protein 90
"*heat shock protein 90 inhibitor/dt [Drug Therapy]"
hsp 990
imatinib
kw 2478
luminespib
mpc 3100
nvp hsp 990
pu h 71
resorcinol
retaspimycin
snx 5422
tanespimycin
trastuzumab
unclassified drug
unindexed drug
ver 52269
xl 888

Source: EMBASE

Full Text: Available from *Informa Healthcare* in *Expert Opinion on Investigational Drugs*

46. Mental health admissions in paediatric populations in North Wales: Two cohorts compared 1875-1924 and 1994-2008

Citation: BMJ Open, 2014, vol./is. 4/3, 2044-6055 (2014)

Author(s): Basa F.B.; Harris M.; Syed M.A.; Le Noury J.; Healy D.

Institution: (Basa, Syed) Hergest Unit, Betsi Cadwaladr University Health Board, Bangor, Gwynedd, United Kingdom; (Harris, Le Noury, Healy) North Wales Department of Psychological Medicine, Hergest Unit, Penrhosgarnedd, Bangor, Gwynedd, United Kingdom

Language: English

Abstract: Objectives: To investigate frequency of under-18s admitted to mental health services (MHS) in North West Wales (NWW) between 1875 and 2008. There are claims that 1 in 10 children have a mental illness, but there are little data on their inpatient MHS utilisation. Setting: Looking at admissions at the secondary care level, three data samples were included; the first comprises historical asylum admissions, the second comprises contemporary admissions to acute psychiatric beds, and the third comprises admissions to district general hospital (DGH) beds that resulted in a mental health coding. Participants: All were under 18. There were 65 historical patients, 41 contemporary mental illness admissions and 943 DGH admissions. Primary and secondary outcome measures: The primary outcome measures were diagnoses based on case notes of the historical cohort between 1875 and 1924, as well as details of paediatric admissions to MHS from 1994 to 2008 and paediatric admissions with a mental health component to the DGH in NWW. Results: The incidence of admission to a mental health bed was 1.55 per year in the historical cohort compared with 2.9 in the contemporary. The overall incidence of

admission to any bed in the contemporary cohort was 129 patients per year. There has been a twofold increase in the incidence of admissions for schizophrenia and related psychosis, but this most likely stems from an earlier age of admission rather than a true increase. Conclusions: There is a greater frequency of hospital admissions for youth under the age of 18 in NWW for mental health today than previously. The rates reported in the DGH sample are consistent with data from community surveys of patients meeting criteria for mental disorders and complement such data when it comes to planning for paediatric MHS. However, they also raise questions about the boundaries between disease and distress.

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
article
Asperger syndrome
attention deficit disorder
autism
bipolar disorder
catatonia
*child health
cohort analysis
dementia
depression
drug misuse
eating disorder
emotional disorder
female
health care facility
*hospital admission
human
major clinical study
male
mania
melancholia
*mental disease
*mental health
mental health service
neurosis
organic catatonic syndrome
outcome assessment
personality disorder
psychosis
retrospective study
schizophrenia
substance abuse
suicide attempt

Source: EMBASE

Full Text: Available from *Highwire Press* in *BMJ Open*

47. Assessment of Mycobacterium tuberculosis transmission in Oxfordshire, UK, 2007-12, with whole pathogen genome sequences: An observational study

Citation: The Lancet Respiratory Medicine, April 2014, vol./is. 2/4(285-292), 2213-2600 (April 2014)

Author(s): Walker T.M.; Lalor M.K.; Broda A.; Ortega L.S.; Morgan M.; Parker L.; Churchill S.; Bennett K.; Golubchik T.; Giess A.P.; Del Ojo Elias C.; Jeffery K.J.; Bowler I.C.J.W.;

Laurenson I.F.; Barrett A.; Drobniewski F.; McCarthy N.D.; Anderson L.F.; Abubakar I.; Thomas H.L.; Monk P.; Smith E.G.; Walker A.S.; Crook D.W.; Peto T.E.A.; Conlon C.P.

Institution: (Walker, Golubchik, Giess, Del Ojo Elias, Walker, Crook, Peto, Conlon) Nuffield Department of Medicine, University of Oxford, Oxford, United Kingdom; (Walker, Morgan, Jeffery, Bowler, Crook, Peto, Conlon) Department of Microbiology and Infectious Disease, Oxford University Hospitals NHS Trust, Oxford, United Kingdom; (Lalor, Anderson, Abubakar, Thomas) Public Health England TB Section, Centre for Infectious Disease Surveillance and Control, Colindale, London, United Kingdom; (Broda, Drobniewski) Public Health England National Mycobacterial Reference Laboratory, Queen Mary's School of Medicine and Dentistry, London, United Kingdom; (Ortega, McCarthy) Thames Valley Public Health England Centre, Chilton, United Kingdom; (Parker, Churchill, Bennett) Oxford Health NHS Foundation Trust, Oxford, United Kingdom; (Laurenson) Scottish Mycobacteria Reference Laboratory, Royal Infirmary of Edinburgh, Edinburgh, United Kingdom; (Barrett) Public Health England Newcastle Laboratory, Freeman Hospital, Newcastle upon Tyne, United Kingdom; (Monk) Public Health England, East Midlands Centre, Nottingham, United Kingdom; (Smith) Public Health England West Midlands Public Health Laboratory, Birmingham, United Kingdom; (Walker, Crook, Peto) Oxford National Institute for Health Research Biomedical Research Centre, John Radcliffe Hospital, Oxford, United Kingdom; (Abubakar) Centre for Infectious Disease Epidemiology and MRC Clinical Trials Unit, University College London, London, United Kingdom; (Broda, Drobniewski) Department of Infectious Diseases, Imperial College, London, United Kingdom

Language: English

Abstract: Background: Patients born outside the UK have contributed to a 20% rise in the UK's tuberculosis incidence since 2000, but their effect on domestic transmission is not known. Here we use whole-genome sequencing to investigate the epidemiology of tuberculosis transmission in an unselected population over 6 years. Methods: We identified all residents with Oxfordshire postcodes with a Mycobacterium tuberculosis culture or a clinical diagnosis of tuberculosis between Jan 1, 2007, and Dec 31, 2012, using local databases and checking against the national Enhanced Tuberculosis Surveillance database. We used Illumina technology to sequence all available M tuberculosis cultures from identified cases. Sequences were clustered by genetic relatedness and compared retrospectively with contact investigations. The first patient diagnosed in each cluster was defined as the index case, with links to subsequent cases assigned first by use of any epidemiological linkage, then by genetic distance, and then by timing of diagnosis. Findings: Although we identified 384 patients with a diagnosis of tuberculosis, country of birth was known for 380 and we sequenced isolates from 247 of 269 cases with culture-confirmed disease. 39 cases were genomically linked within 13 clusters, implying 26 local transmission events. Only 11 of 26 possible transmissions had been previously identified through contact tracing. Of seven genomically confirmed household clusters, five contained additional genomic links to epidemiologically unidentified non-household members. 255 (67%) patients were born in a country with high tuberculosis incidence, conferring a local incidence of 109 cases per 100000 population per year in Oxfordshire, compared with 35 cases per 100000 per year for those born in low-incidence countries. However, patients born in the low-incidence countries, predominantly UK, were more likely to have pulmonary disease (adjusted odds ratio 18 [95% CI 12-29]; p=0009), social risk factors (44 [20-94]; p<00001), and be part of a local transmission cluster (48 [16-148]; p=0006). Interpretation: Although inward migration has contributed to the overall tuberculosis incidence, our findings suggest that most patients born in high-incidence countries reactivate latent infection acquired abroad and are not involved in local onward transmission. Systematic screening of new entrants could further improve tuberculosis control, but it is important that health care remains accessible to all individuals, especially high-risk groups, if tuberculosis control is not to be jeopardised. Funding: UK Clinical Research Collaboration (Wellcome Trust, Medical Research Council, National Institute for Health Research [NIHR]), and NIHR Oxford Biomedical Research Centre. 2014 Walker et al. Open Access article distributed under the terms of CC BY.

Country of Publication: United Kingdom

Publisher: Lancet Publishing Group

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
aged
alcohol abuse
article
bacterial genome
*bacterial transmission
bacterium culture
child
cluster analysis
contact examination
drug misuse
endemic disease
gene sequence
homelessness
human
immigrant
incidence
lung disease
major clinical study
*Mycobacterium tuberculosis
nonhuman
nucleotide sequence
observational study
priority journal
prisoner
single nucleotide polymorphism
"*tuberculosis/ep [Epidemiology]"
United Kingdom

Source: EMBASE

Full Text: Available from *Elsevier* in *Lancet Respiratory Medicine, The*

48. The detection of THC, CBD and CBN in the oral fluid of Sativex patients using two on-site screening tests and LC-MS/MS

Citation: Forensic Science International, May 2014, vol./is. 238/(113-119), 0379-0738;1872-6283 (May 2014)

Author(s): Molnar A.; Fu S.; Lewis J.; Allsop D.J.; Copeland J.

Institution: (Molnar, Fu, Lewis) Centre for Forensic Science, University of Technology Sydney (UTS), Broadway, Sydney 2007, NSW, Australia; (Allsop, Copeland) National Cannabis Prevention and Information Centre, UNSW Medicine, Randwick 2031, NSW, Australia

Language: English

Abstract: Sativex is an oromucosal spray used to treat spasticity in multiple sclerosis sufferers in some European countries, the United Kingdom, Canada and New Zealand. The drug has also recently been registered by the Therapeutic Goods Administration (TGA) in Australia for treatment of multiple sclerosis. Sativex contains high concentrations of ⁹-tetrahydrocannabinol (THC) and cannabidiol (CBD), with the former being the subject of random roadside drug tests across Australia to detect cannabis use. This pilot study aims to determine whether or not patients taking Sativex will test positive to THC using these roadside screening tests. Detectable levels of THC, CBD and cannabinol (CBN) in their oral fluid were also confirmed by liquid chromatography-tandem mass spectrometry (LC-MS/MS). The study was a double-blind, placebo controlled design. Oral fluid was tested prior to and immediately after dosing with either Sativex or placebo at intervals up to 2h after the dose. Two Sativex doses were studied. The low dose contained

5.4mg THC, the high dose 21.6mg THC. Results indicate that the primary screening test used in Australian roadside drug testing, the DrugWipe II Twin, often gave a false negative response for THC, even with high concentrations present. However, secondary screening test, Cozart DDS (used by police after a DrugWipe test gives a positive result), gave true positive results in all cases where patients were being treated with Sativex. Confirmatory testing showed high concentrations of THC and CBD (>5356ng/mL THC and >3826ng/mL CBD) in the oral fluid shortly after dosing and also elevated concentrations of CBN. Levels dropped quickly but remained at detectable concentrations (>67.6ng/mL) two hours after drug administration. The average concentration ratio of THC/CBD across all positive samples was 1.10 (%RSD 19.9) reflecting the composition of the Sativex spray. In conclusion, Sativex users may test positive for THC by roadside drug testing within 2-3h of use. Confirmatory analysis can identify Sativex treatment through use of THC/CBD ratios, however, these ratios would unlikely be sufficient to differentiate non-medicinal cannabis use from Sativex use if both are taken concurrently. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 13956-29-1 (cannabidiol); 521-35-7 (cannabinol); 7663-50-5 (dronabinol); 56575-23-6 (nabiximols)

Publication Type: Journal: Article

Subject Headings:
adult
article
Australia
body fluid
"cannabis addiction/dt [Drug Therapy]"
clinical article
controlled study
diagnostic kit
double blind procedure
drug megadose
drug screening
false negative result
female
human
limit of detection
limit of quantitation
*liquid chromatography
low drug dose
male
measurement accuracy
measurement precision
oral fluid
pilot study
priority journal
saliva collector
screening test
*tandem mass spectrometry
validation study
*cannabidiol
*cannabinol
*dronabinol
"*nabiximols/ct [Clinical Trial]"
"*nabiximols/an [Drug Analysis]"
"*nabiximols/cr [Drug Concentration]"
"*nabiximols/dt [Drug Therapy]"
placebo

Source: EMBASE

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

49. An Empirical Study of Gender Differences in Online Gambling

Citation: Journal of Gambling Studies, March 2014, vol./is. 30/1(71-88), 1050-5350 (March 2014)

Author(s): McCormack A.; Shorter G.W.; Griffiths M.D.

Institution: (McCormack) School of Clinical Sciences, The University of Nottingham, Nottingham, United Kingdom; (Shorter) Bamford Centre for Mental Health and Wellbeing, University of Ulster, Londonderry, United Kingdom; (Griffiths) International Gaming Research Unit, Psychology Division, Nottingham Trent University, Nottingham, United Kingdom; (Shorter) MRC All-Ireland Hub for Trials Methodology Research, University of Ulster, Londonderry, United Kingdom

Language: English

Abstract: Gambling has typically been considered a predominately male activity. However, recent prevalence surveys have shown greater numbers of females are now gambling. Much of the gambling literature suggests online gamblers are more likely to be male, and that problem gamblers are more likely to be male. Males and females are also likely to be gambling for different reasons and have a preference for different gambling activities. Little is known about the pattern of play among female online gamblers. The aim of this survey was to develop a better profile of female online gamblers and to examine any gender differences between males and females in terms of how and why they gamble online, their frequency of online gambling, patterns of play, as well as attitudes to online gambling. The survey was posted on 32 international online gambling websites and was completed by 975 online gamblers (including 175 female online gamblers). Chi-square tests of association were conducted to examine the association between gender and a range of variables. The results showed that females had been gambling online for a shorter duration of time than males, had much shorter online gambling sessions, different motivations for gambling online (i.e., to practice for free, to spend less money and out of boredom), and experienced online gambling differently to males, with increased feelings of guilt and shame for gambling online. This suggests there is still a stigma around gambling particularly evident among females in this study. The findings indicate that clinicians and treatment providers need to be aware of these potential gender differences in online gambling to develop appropriately tailored interventions. 2012 Springer Science+Business Media New York.

Publication Type: : Article

Subject Headings:
"addiction/ep [Epidemiology]"
adolescent
adult
aged
article
empirical research
female
"*gambling/ep [Epidemiology]"
human
information processing
*Internet
male
middle aged
motivation
psychological aspect
sex ratio
"United Kingdom/ep [Epidemiology]"
very elderly
young adult

Source: EMBASE

Full Text: Available from *Springer NHS* in *Journal of Gambling Studies*

50. Emergence of opiate-induced neonatal abstinence syndrome

Citation: Irish medical journal, February 2014, vol./is. 107/2(46), 0332-3102 (Feb 2014)

Author(s): Healy D.; English F.; Daniels A.; Ryan C.A.

Language: English

Abstract: Neonatal abstinence syndrome (NAS) is the clinical picture of infants withdrawing from in-utero substance exposure. The incidence of NAS rose in Dublin maternity hospitals in the 1970's and '80's in parallel with increasing in opiate abuse in that city. The purpose of this study was to determine if a similar pattern was emerging in Cork University Maternity Hospital. Data from the Erinville Hospital (2000-2007) and CUMH (2008-2011) were compared. Sixteen cases of NAS were identified, two at Erinville Hospital (22,987 deliveries; incidence = 0.09/1000 deliveries) and 14 at CUMH (37,414 deliveries; incidence = 0.38/1000 deliveries; $p < 0.01$). Five of the 16 mothers were using heroin, while ten were on methadone maintenance. All were multi-drug abusers. Newborns requiring pharmacotherapy for NAS (5/16) had prolonged hospitalisations compared to those requiring supportive care. NAS in Cork is increasing. Primary, secondary and tertiary preventative measures are warranted to prevent further escalation.

Publication Type: : Article

Subject Headings:
adult
article
comparative study
female
follow up
human
incidence
"Ireland/ep [Epidemiology]"
male
mother
multicenter study
newborn
"*opiate addiction/co [Complication]"
pregnancy
*pregnancy complication
prognosis
retrospective study
"*withdrawal syndrome/ep [Epidemiology]"
"*withdrawal syndrome/et [Etiology]"
young adult
"*narcotic agent/ae [Adverse Drug Reaction]"

Source: EMBASE

51. Towards a framework for implementing evidence based alcohol interventions

Citation: Irish medical journal, February 2014, vol./is. 107/2(39-41), 0332-3102 (Feb 2014)

Author(s): Armstrong R.; Barry J.

Language: English

Abstract: Alcohol is ranked as the eighth leading cause of death globally and is a causal factor in more than sixty major types of diseases and injuries and results in approximately 2.5 million deaths a year. This study tested the feasibility of screening and brief intervention (SBI) within four emergency departments. A total of 944 patients were screened for hazardous and harmful alcohol use. The results showed that there was good co-operation from the public with 888 (94%) people agreeing to be screened. The screening tool detected that 460 (49%) of those needed no intervention, 345 (36%) needed brief advice and 83 (9%) required referral to specialist services. This showed the value of the screening but also helped to reassure staff that people were happy to take part.

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

Publication Type: : Article

Subject Headings:
adult
"*alcoholism/di [Diagnosis]"
"*alcoholism/ep [Epidemiology]"
article
comparative study
*emergency health service
*evidence based medicine
female
human
incidence
male
*mass screening
methodology
middle aged
multicenter study
*patient referral
pilot study
retrospective study
survival rate
"United Kingdom/ep [Epidemiology]"
"*alcohol/ae [Adverse Drug Reaction]"

Source: EMBASE

52. Results of data gathered at a smoking cessation counselling stand in the Dublin Dental University Hospital on Mouth Cancer Awareness Day 2012

Citation: Journal of the Irish Dental Association, December 2013, vol./is. 59/6(308-310), 0021-1133 (2013 Dec-2014 Jan)

Author(s): Waldron C.; Cronin O.; Guray A.; Hynes A.; McGovern C.; Ryan M.

Institution: (Waldron, Cronin, Guray, Hynes, McGovern, Ryan) Dublin Dental University Hospital.

Language: English

Abstract: The addictive aspect of smoking is well acknowledged. Research has shown that interventions by healthcare professionals have been shown to be effective and that smokers will benefit from smoking cessation counselling before, during and after their quit attempts. Dental hygienists, as part of the healthcare team, are well positioned to provide this counselling. A questionnaire was completed by patients, staff, students and members of the public, during Mouth Cancer Awareness Day 2012 in the Dublin Dental University Hospital to assess the prevalence of smoking as well as the history of smoking and quit attempts by current and former smokers. The prevalence of smoking was lower than the national average. A total of 18.3% of those surveyed were smokers, 25% were former smokers, and 68% of the smokers had their first cigarette within 30 minutes of waking, indicating high dependence. The majority of the smokers (79%) had attempted to quit. Stress was the most common reason for lapsing. The most common reasons for smoking cessation were health issues. The public is well disposed to receive information regarding smoking and the methods available to quit by healthcare professionals on health awareness days such as Mouth Cancer Awareness Day.

Publication Type: : Article

Subject Headings:
adolescent
adult
aged
article
health promotion
human
"Ireland/ep [Epidemiology]"

middle aged
"mouth tumor/pc [Prevention]"
prevalence
"*smoking/ep [Epidemiology]"
*smoking cessation
statistics
"tobacco dependence/ep [Epidemiology]"
young adult

Source: EMBASE

53. Psychopharmacological treatment of young people with substance dependence: A survey of prescribing practices in England

Citation: Child and Adolescent Mental Health, May 2014, vol./is. 19/2(102-109), 1475-357X;1475-3588 (May 2014)

Author(s): Bateman J.; Gilvarry E.; Tziggili M.; Crome I.B.; Mirza K.; Mcardle P.

Institution: (Bateman) Child and Adolescent Psychiatry, Great Ormond Street and Royal London Higher Training Scheme, London, United Kingdom; (Gilvarry) Plummer Court Alcohol and Drug Service, Newcastle Upon Tyne, United Kingdom; (Tziggili) City University London, London, United Kingdom; (Crome) Keele University, South Staffordshire and Shropshire NHS Foundation Trust Keele Staffordshire, United Kingdom; (Mirza) Department of Child and Adolescent Psychiatry, Institute of Psychiatry at the Maudsley, King's College London, London, United Kingdom; (Mcardle) Fleming Nuffield Unit, Newcastle Upon Tyne, United Kingdom

Language: English

Abstract: Backround: Prescribing for substance-dependent youth requires expert knowledge of developmental and contextual issues and use of largely unlicensed medicines. This first national survey aimed to determine the nature of pharmacological treatments delivered in England including the extent of maintenance therapy, supervised consumption and specialties prescribing. Method: Data were gathered regarding opiate substitutes & other medications prescribed for opiate, alcohol & benzodiazepine dependence, drug & alcohol relapse prevention and comorbidities. Evidence of distinct approaches to younger compared with older adolescents was sought. Results: The overall response rate was 73%. The majority treated were over 16 years. 85% treatments were opiate substitute therapies; many received longer term maintenance therapy. Prescribing for alcohol dependence & comorbidity was low; the largest prescribing group were General Practitioners. Conclusions: Questions remain about the scale of youth dependence, the use of substitute agents in maintenance treatment and the number of adolescent addiction specialists in the treatment cadre. 2013 Association for Child and Adolescent Mental Health.

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd

CAS Registry Number: 77337-73-6 (acamprosate); 82248-59-7 (atomoxetine); 82857-39-4 (atomoxetine); 82857-40-7 (atomoxetine); 83015-26-3 (atomoxetine); 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 438-41-5 (chlordiazepoxide); 58-25-3 (chlordiazepoxide); 76-57-3 (codeine); 97-77-8 (disulfiram); 54910-89-3 (fluoxetine); 56296-78-7 (fluoxetine); 59333-67-4 (fluoxetine); 31036-80-3 (lofexidine); 73-31-4 (melatonin); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 113-45-1 (methylphenidate); 298-59-9 (methylphenidate); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone); 106266-06-2 (risperidone); 43200-80-2 (zopiclone)

Publication Type: Journal: Article

Subject Headings:
adolescent
adolescent health
adult
age
"alcohol withdrawal/dt [Drug Therapy]"

"alcoholism/dt [Drug Therapy]"
article
"benzodiazepine dependence/dt [Drug Therapy]"
comorbidity
drug detoxification
general practitioner
health survey
human
maintenance therapy
major clinical study
medical specialist
"opiate addiction/dt [Drug Therapy]"
patient compliance
practice guideline
*prescription
prevalence
priority journal
*psychopharmacotherapy
*substance abuse
treatment duration
*United Kingdom
"withdrawal syndrome/dt [Drug Therapy]"
young adult
acamprosate
antidepressant agent
atomoxetine
atypical antipsychotic agent
"benzodiazepine derivative/dt [Drug Therapy]"
"buprenorphine/dt [Drug Therapy]"
chlordiazepoxide
codeine
disulfiram
fluoxetine
"lofexidine/dt [Drug Therapy]"
melatonin
"methadone/dt [Drug Therapy]"
methylphenidate
naltrexone
psychotropic agent
risperidone
zopiclone

Source: EMBASE

Full Text: Available from *Wiley* in *Child and Adolescent Mental Health*

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

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

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

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

Language: English

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

Country of Publication: United Kingdom

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

Publication Type: Journal: Article

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

Source: EMBASE

55. Modulation of cardiac mitochondrial permeability transition and apoptotic signaling by endurance training and intermittent hypobaric hypoxia

Citation: International Journal of Cardiology, April 2014, vol./is. 173/1(40-45), 0167-5273;1874-1754 (15 Apr 2014)

Author(s): Magalhaes J.; Goncalves I.O.; Lumini-Oliveira J.; Marques-Aleixo I.; Passos E.; Rocha-Rodrigues S.; Machado N.G.; Moreira A.C.; Rizo D.; Viscor G.; Oliveira P.J.; Torrella J.R.; Ascensao A.

Institution: (Magalhaes, Goncalves, Lumini-Oliveira, Marques-Aleixo, Passos, Rocha-Rodrigues, Ascensao) Research Centre in Physical Activity, Health and Leisure, Faculty of Sport, University of Porto, Rua Dr. Placido Costa, 91, 4200-450 Porto, Portugal; (Lumini-Oliveira) Faculty of Health Sciences, University of Fernando Pessoa, Portugal; (Machado, Moreira, Oliveira) CNC - Center for Neuroscience and Cell Biology, University of Coimbra, Portugal; (Rizo, Viscor, Torrella) Department of Physiology and Immunology, Faculty of Biology, University of Barcelona, Spain

Language: English

Abstract: Background: Modulation of the mitochondrial permeability transition pore (MPTP) and inhibition of the apoptotic signaling are critically associated with the cardioprotective phenotypes afforded by both intermittent hypobaric-hypoxia (IHH) and endurance-training (ET). We recently proposed that IHH and ET improve cardiac function and basic mitochondrial capacity, although without showing addictive effects. Here we investigate whether a combination of IHH and ET alters cardiac mitochondrial vulnerability to MPTP and related apoptotic signaling. Methods: Male Wistar rats were

divided into normoxic-sedentary (NS), normoxic-exercised (NE, 1 h/day/5 week treadmill-running), hypoxic-sedentary (HS, 6000 m, 5 h/day/5 weeks) and hypoxic-exercised (HE) to study susceptibility to calcium-induced cardiac MPTP opening. Mitochondrial cyclophilin D (CypD), adenine nucleotide translocator (ANT), Bax and Bcl-2 protein contents were semi-quantified by Western blotting. Cardiac caspase 3-, 8- and 9-like activities were measured. Mitochondrial aconitase and superoxide dismutase (MnSOD) activity and malondialdehyde (MDA) and sulphydryl group (-SH) content were determined. Results: Susceptibility to MPTP decreased in NE and HS vs. NS and even further in HE. The ANT content increased in HE vs. NS. Bcl-2/Bax ratio increased in NE and HS compared to NS. Decreased activities in tissue caspase 3-like (HE vs. NS) and caspase 9-like (HS and HE vs. NS) were observed. Mitochondrial aconitase increased in NE and HS vs. NS. No alterations between groups were observed for caspase 8-like activity, MnSOD, CypD, MDA and -SH. Conclusions: Data confirm that IHH and ET modulate cardiac mitochondria to a protective phenotype characterized by decreased MPTP induction and apoptotic signaling, although without visible addictive effects as initially hypothesized. 2014 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 9024-25-3 (aconitate hydratase); 9068-80-8 (adenine nucleotide translocase); 169592-56-7 (caspase 3); 180189-96-2 (caspase 9); 542-78-9 (malonaldehyde); 219306-68-0 (protein bcl 2); 37294-21-6 (superoxide dismutase); 9016-01-7 (superoxide dismutase); 9054-89-1 (superoxide dismutase)

Publication Type: Journal: Article

Subject Headings:
aerobic metabolism
altitude
animal cell
*apoptosis
article
controlled study
*endurance training
enzyme activity
*heart mitochondrion
heart protection
*hypoxia
*intermittent hypobaric hypoxia
male
*mitochondrial permeability
nonhuman
priority journal
rat
signal transduction
Western blotting
"aconitate hydratase/ec [Endogenous Compound]"
"adenine nucleotide translocase/ec [Endogenous Compound]"
"caspase 3/ec [Endogenous Compound]"
"caspase 8/ec [Endogenous Compound]"
"caspase 9/ec [Endogenous Compound]"
"cyclophilin D/ec [Endogenous Compound]"
"malonaldehyde/ec [Endogenous Compound]"
mitochondrial permeability transition pore
"protein Bax/ec [Endogenous Compound]"
"protein bcl 2/ec [Endogenous Compound]"
"superoxide dismutase/ec [Endogenous Compound]"

Source: EMBASE

Full Text: Available from *Elsevier* in *International Journal of Cardiology*

56. The challenge of delivering the X-PERT structured educational programme in a male high security prison regime

Citation: Diabetic Medicine, March 2013, vol./is. 30/(120), 0742-3071 (March 2013)

Author(s): Mangan S.R.; Williams S.; Dunkley R.

Institution: (Mangan, Dunkley) Department of Diabetes and Endocrinology, Worcestershire Acute Hospitals NHS Trust, Worcester, United Kingdom; (Williams) Healthcare, HMP Long Lartin, Worcester, United Kingdom

Language: English

Abstract: Introduction: A county-wide X-PERT programme for people with Type 2 diabetes included a high security prison, where the minimum sentence is four years. Prisoners represent a marginalised group often with mental health illnesses, drug addiction and poor literacy and comprehension. In severely restricted conditions, the aim was to adapt X-PERT to best meet the needs of this group and NICE requirements. Prisons and health authorities must offer diabetes education within a strict regime and budget. High security prisons have complexities of segregation, restricted facilities and demands for highly detailed planning for staffing and security for groups to assemble. Methods: X-PERT is a structured education programme designed to develop knowledge and skills in self-managing diabetes, improving health outcomes. Thirty-three prisoners aged 27-69 years were invited and 21 attended in two sessional groups: mainstream, and vulnerable and segregated prisoners. Pre- and post-course empowerment quesionnaires were completed. Blood pressure, body mass index (BMI), HbA1c and cholesterol were measured at baseline and at six months. Results: Similar results in both groups. Reduction in BMI at six months, despite diet and activity restrictions: pre 33.47kg/m², post 25.85kg/m². No significant change in other data. Summary: Participants struggled to understand the empowerment questionnaire resulting in poor data collection. Support was offered. The following areas should be considered for the future. (1) Research and understand the needs of the prison regime, budgets and segregation policies to inform detailed planning in adapting and improvising X-PERT. (2) Identify opportunities for change in diet and regime without incurring extra cost. (3) Tailor questionnaires and materials to overcome literacy and comprehension issues.

Conference Information: Diabetes UK Professional Conference 2013 Manchester United Kingdom. Conference Start: 20130313 Conference End: 20130315

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*prison
*diabetes mellitus
*United Kingdom
*male
human
prisoner
reading
budget
empowerment
planning
questionnaire
comprehension
diet
health
blood pressure
skill
drug dependence
non insulin dependent diabetes mellitus
education
policy
information processing
diseases

diabetes education
mental health
body mass
cholesterol
hemoglobin A1c

Source: EMBASE

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

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

Citation: Tobacco Control, September 2013, vol./is. 22/5(356-360), 0964-4563;1468-3318 (September 2013)

Author(s): Jarvis M.J.; Cohen J.E.; Delnevo C.D.; Giovino G.A.

Institution: (Jarvis) Department of Epidemiology and Public Health, University College London, London, United Kingdom; (Cohen) Ontario Tobacco Research Unit, University of Toronto, Toronto, Canada; (Cohen) Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, United States; (Delnevo) Department of Health Education and Behavioral Science, University of Medicine and Dentistry of New Jersey, New Brunswick, NJ, United States; (Delnevo) Center for Tobacco Surveillance and Evaluation Research, University of Medicine and Dentistry of New Jersey, New Brunswick, NJ, United States; (Giovino) Department of Community Health and Health Behavior, School of Public Health and Health Professions, The State University of New York, Buffalo, NY, United States

Language: English

Abstract: Objectives Based mainly on findings from clinical settings, it has been claimed that women are less likely than men to quit smoking successfully. If true, this would have important implications for tobacco control interventions. The authors aimed to test this possibility using data from general population surveys. Methods The authors used data from major national surveys conducted in 2006e2007 in the USA (Tobacco Use Supplement to the Current Population Survey), Canada (Canadian Tobacco Use Monitoring Survey) and the UK (General Household Survey) to estimate rates of smoking cessation by age in men and women. Results The authors found a pattern of gender differences in smoking cessation which was consistent across countries. Below age 50, women were more likely to have given up smoking completely than men, while among older age groups, men were more likely to have quit than women. Across all age groups, there was relatively little difference in cessation between the sexes. Conclusions Conclusions about gender differences in smoking cessation should be based on evidence from the general population rather than from atypical clinical samples. This study has found convincing evidence that men in general are not more likely to quit smoking successfully than women.

Publication Type: : Article

Subject Headings:
adolescent
adult
advertising and promotion
aged
article
"Canada/ep [Epidemiology]"
Cessation
environment
*epidemiology
ethics
evaluation study
female
gender
harm reduction
health survey

human
ideology
male
middle aged
non-cigarette tobacco products
Policymakers
prevalence
quit ratios
sex difference
"*smoking/ep [Epidemiology]"
*smoking cessation
smoking caused disease
statistics
surveillance
surveillance and monitoring
tobacco dependence
"United Kingdom/ep [Epidemiology]"
"United States/ep [Epidemiology]"
young adult
environmental tobacco smoke

Source: EMBASE

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

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

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

Author(s): Kiel H.

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

Language: English

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

Publication Type: : Article

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

Source: EMBASE

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

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

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

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

Language: English

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

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
abortion
Achillea millefulium
addiction
adult
Aloe vera
althea officinalis
Alyssum desertorum
ammoniac plant
anemia
anise
Artemisia sieberi
Artemisia vulgaris
arthralgia
article
asafoetida
ascites
asthma
Astragalus ammodendron
Astragalus tribuloides
black cumin
Boerhavia elegans
bone pain
bronchitis
burn
Calotropis procera
Caralluma edulis
caraway
cocculus pendulus
colocynth
common cold
consensus
constipation
Cotoneaster numularia

coughing
Cousinia stocksii
Cymbopogon olivieri
date (fruit)
Datura stamonium
Datura stramonium
descurainia sophia
diabetes mellitus
diarrhea
ducrosia anethifolia
ethnopharmacology
Eucalyptus camaldulensis
Euphorbia buhsei
eye disease
female
fennel
fever
foot pain
fracture healing
fruit
Gaillonia aucheri
gastrointestinal disease
germander
Grantia aucheri
gynecologic disease
gynecologic infection
hematologic disease
hemorrhoid
Hibiscus sabdariffa
human
hyperlipidemia
hypertension
influenza
insect bite
interview
Iran
jaundice
kidney disease
knowledge
Lawsonia inermis
liniment
linseed
maize
male
Malva sylvesteris
mango
measles
*medicinal plant
Melissa officinalis
Menta pulegium
Mentha sylvestris
migraine
muscle cramp
Nannorrhops ritchieana
native species
nausea
neoplasm
Nerium oleander
normal human
observational method

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

Source: EMBASE

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

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

Citation: Journal of Thoracic Oncology, November 2013, vol./is. 8/(S702-S703), 1556-0864 (November 2013)

Author(s): Vallone S.; Demichelis S.; Rapetti S.; Crida B.; Gobbini E.; Pacchiana M.V.; Novello S.

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Language: English

Abstract: Background: According to the World Health Organization, one hundred million deaths were caused by tobacco in the 20th century and the expectation for 2030 is equal to 10 million deaths. Lung cancer is the leading cause of cancer death and in the United States cigarette smoking is responsible for an estimated 90% of all lung cancers. About 50% of lung cancer patients are current smokers at the time of diagnosis and 11 to 48% of all smokers continue to smoke. Parsons et al. in a review of 10 studies suggest that smoking cessation after early stage lung cancer diagnosis improves prognostic outcomes and, despite evidences that smoking cessation is related with more effective treatment, reduced chemotherapy and radiotherapy toxicities and a better prognosis, the belief prevails that treating tobacco dependence is less important than the other therapeutic approaches. Methods: 122 lung cancer patients referring to the Thoracic Oncology Unit of the S. Luigi Hospital in Orbassano - Italy (31% of the total number of patients referring to this center in this period of time) were prospectively and sequentially evaluated from 02/01/2013 to 30/05/2013. In order to collect data, a dedicated 15 question-anonymous survey was developed with the aim to understand if smoker or former smoker patients had received information by health professionals, about smoking cessation before or after the diagnosis, which reaction they had and which actions were adopted for quitting smoking. Results: The median age of participants was 65 years or more, 75% were men, 25% women. 27% were smokers, 73% former smokers. Among active smokers, most patients (87.8%) reduced the number of cigarettes after being diagnosed. 45.4% of patients report not to have received information on smoking cessation by the healthcare professionals and among patients who received it, the majority (84.2%) declared a good or very good ability of health workers to understand the difficulty of quitting smoking. About 76% considers positively the action of health care providers and a little percentage reports a warning and paternalistic attitude of them. 67.7% of patients who attempted to quit smoking, state the sudden termination as the most effective measure, more than the gradual reduction of cigarettes. Analyzing anti-smoking techniques or therapies adopted, most patients declare not to resort to such methods: only 25% started using electronic cigarettes, 5.5% has used a nicotine replacement treatment, 4.1% is attending an antismoking clinic. Conclusion: The analysis of the study results underline that most lung cancer patients are interested in smoking cessation programs and although many of them receive advice and assistance by healthcare workers, the recourse to the use of techniques, drugs or access to specific clinic is very low. In Italy there are few centers offering counseling for smoking cessation, while in UK, Norway and Netherlands innovative interventions are available and oncology nurses are essential in the identification of and intervention with patients who struggle with this dependence. This is a pivotal experience and other Italian and Spanish centers are already been involved in the questionnaire collection to get more complete and heterogeneous results.

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

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Publication Type: Journal: Conference Abstract

Subject Headings:
*lung cancer
*counseling
*human
*smoking cessation
*health care personnel
*smoking cessation program
*cancer patient
*smoking habit

smoking
patient
hospital
oncology
Italy
death
diagnosis
smoke
Norway
nurse
health practitioner
United States
male
female
cancer mortality
tobacco dependence
tobacco
prognosis
toxicity
radiotherapy
chemotherapy
cancer diagnosis
therapy
questionnaire
United Kingdom
Netherlands
world health organization
nicotine
electronic cigarette

Source: EMBASE

61. Smoking cessation

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

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

Language: English

Abstract: Tobacco use is the leading preventable cause of death worldwide, responsible for over 5 million deaths per year. By 2030 there will be more than 8 million tobacco-attributable deaths annually, if present trends continue, and 80% of them will occur in low and middle-income countries. Approximately half of regular smokers will die of a tobacco-related disease, losing an average of ten years of life compared to never smokers. Tobacco use is the major cause of lung cancer, increasing the risk 15-20 fold, and accounts a substantial fraction of the burden of tobacco-attributable mortality. In the U.S., for example, lung cancer is responsible for 29% of tobacco-attributable deaths. Lung cancer risk extends beyond tobacco users to nonsmokers who are exposed to secondhand smoke, who have a 30% higher risk of lung cancer than other nonsmokers. Reducing tobacco smoking is central to the prevention and treatment of lung cancer. The risk of lung cancer declines progressively with time after a smoker quits, reaching an asymptote at 15-20 years after quitting. Most cancer prevention efforts focus on preventing lung cancer by promotion smoking cessation among smokers and preventing smoking initiation by youths. A strong evidence base exists to guide efforts to reduce the harms of tobacco use. Offering tobacco cessation treatment is a core component of the World Health Organization's Framework Convention on Tobacco Control, the world's first global health treaty. It complements policy efforts such as increasing tobacco excise taxes, expanding smoke-free areas, conducting public education campaigns, and restricting

tobacco promotion. However, there is an important gap. Reducing tobacco use among smokers with diagnosed lung cancer has received far less attention in cancer care than it deserves, despite a small but growing body of evidence to indicate that continuing to smoke after a lung cancer diagnosis increases all-cause mortality, impairs the response to treatment and worsens the toxicity of treatment, whether surgery, radiation, or chemotherapy. Stopping smoking also improves lung cancer patients' quality of life by reducing symptoms such as dyspnea and fatigue. A majority of patients diagnosed with lung cancer try to quit after the diagnosis, and effective treatments are available. However, clinicians caring for smokers with lung cancer often neglect to address this issue and to connect smokers to treatment to help them sustain tobacco abstinence. The randomized controlled clinical trial evidence supporting the efficacy of treatments for tobacco use is strong. Systematic reviews agree that effective smoking cessation treatments exist and help many smokers to quit. Proven treatment methods fall into two major categories: psychosocial counseling (also called behavioral support) and pharmacotherapy. Each of these modalities is effective, but combining behavioral support and pharmacotherapy enhances success because the treatments are complementary. Pharmacotherapy primarily relieves nicotine withdrawal symptoms, while counseling aims to improve a smoker's motivation and confidence to quit and teaches practical coping skills for quitting. Counseling can be delivered in person or by telephone (either voice or text messaging). The evidence base for the efficacy of delivery via the web or smart phone applications is being developed. Smoking cessation pharmacotherapy approximately doubles the success rate of a quit attempt. Three categories of first-line treatment are approved in the U.S. and many other countries: nicotine replacement therapy (NRT), bupropion (an atypical antidepressant), and varenicline (a selective nicotine receptor partial agonist). NRT, the most widely used product, is available in multiple forms including skin patch, gum, lozenge or sublingual tablet, oral inhaler, mouth spray and nasal spray. Combining NRT products (patch plus a shorter acting form) is the most effective way to administer NRT and is recommended by U.S. and U.K. clinical guidelines. Varenicline, the newest product to market, is effective but enthusiasm has been tempered by post-marketing concerns about psychiatric side effects and a possible increased risk of cardiovascular events. Current evidence does not suggest a large adverse effect but studies are ongoing. Cytisine, a partial nicotinic receptor agonist that is less selective for the alpha4beta2 nicotinic receptor than varenicline, is inexpensive and sold in some Eastern European countries. It showed efficacy for smoking cessation in a recent double-blind randomized controlled trial although quit rates were low. If replicated, its low cost could make pharmacotherapy affordable in settings where cost limits medication availability. Nortriptyline, a tricyclic antidepressant, has evidence of efficacy in systematic reviews but is supported by a smaller body of evidence. No other antidepressant and no anti-anxiety medication has demonstrated efficacy for smoking cessation. To date there are few trials of smoking cessation interventions specifically targeted to patients with cancer. However, there is substantial evidence about what works in ambulatory and inpatient medical practice, and this is likely to be generalizable to lung cancer patients. Physicians who routinely deliver brief advice to quit to all smokers increase smokers' odds of quitting. Providing a brief counselling intervention during an office visit is more effective than advice alone at promoting smoking cessation. Clinicians in ambulatory practice can promote smoking cessation by encouraging a smoker to make a quit attempt and connecting the smoker to evidence-based medication and behavioural treatments available in the health care system or community. Caring for hospitalized smokers provides another opportunity to encourage smoking cessation. Hospital-initiated smoking cessation counselling interventions increase cessation rates after discharge. A system-wide approach to promoting and supporting smoking cessation should be part of standard care in cancer centers and other sites that deliver health care to cancer patients. This would include the systematic identification and documentation of smoking status throughout cancer treatment, routine and repeated offers of tobacco cessation treatment during cancer treatment, and coordination of care among various types of specialists who deliver the cancer care. In our institution, we conducted a pilot trial in newly diagnosed patients with early stage lung cancer to identify smoking status and routinely offer treatment. We compared 12 weeks of varenicline plus counselling with usual care. At end of treatment, quit rates were higher with treatment (34% vs. 14%), and a full-scale randomized trial is underway.

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

marketing
tax
adverse drug reaction
skill
randomized controlled trial
policy
coping behavior
health
motivation
medical practice
medical specialist
health care system
documentation
hospital
health care
world health organization
juvenile
cause of death
varenicline
antidepressant agent
nicotinic receptor
cytisine
nortriptyline
nose spray
partial agonist
amfebutamone
nicotinic agent
tricyclic antidepressant agent

Source: EMBASE