Search Results

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Search History

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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. Prevalence of problematic mobile phone use in British adolescents

Citation: Cyberpsychology, behavior and social networking, February 2014, vol./is. 17/2(91-98), 2152-2723 (Feb 2014)

Author(s): Lopez-Fernandez O.; Honrubia-Serrano L.; Freixa-Blanxart M.; Gibson W.

Institution: (Lopez-Fernandez) 1 Department of Methodology of Behavioural Sciences and Institute for Brain, Cognition and Behaviour, Faculty of Psychology, University of Barcelona , Barcelona, Spain .

Language: English

Abstract: The problematic use of mobile phones among adolescents has not been widely studied. There are very few instruments for assessing potential technological addiction to mobile phones, or for categorizing different types of users or uses. The most widely used scale is the Mobile Phone Problem Use Scale (MPPUS), which is used to study adult populations, and has been applied in various forms in international contexts. The aims of this study were to adapt the Spanish version of this scale (MPPUSA) to British adolescents, and then to estimate the prevalence of possible problematic users. A questionnaire was administered to a sample of 1,529 secondary school pupils aged between 11 and 18 years, with 1,026 completed questionnaires being collected. The analysis showed that the factor and construct validity and reliability were comparable to those obtained in previous studies. The prevalence of problematic users among the students was 10%, and the typical problematic user tended to be an adolescent between 11 and 14 years old, studying in a public school, who considered themselves to be an expert user of this technology, who made extensive use of his/her mobile phone, and who attributed the same problem of use among their peers. These users presented notable scores in all the symptoms covered by the scale used to assess problematic use. In conclusion, the adaptation of the MPPUSA as a screening scale for British adolescents presents good sensitivity and specificity for detecting the main addictive symptoms proposed in this validated version.

Publication Type: Journal: Article

Subject Headings:
"*addiction/ep [Epidemiology]"
adolescent
article
female
human
*mobile phone
preschool child
prevalence
questionnaire
school
student
"United Kingdom/ep [Epidemiology]"
utilization review

Source: EMBASE

2. Proteomic analysis of phosphorylation in cancer

Citation: Expert Review of Proteomics, June 2014, vol./is. 11/3(259-267), 1478-9450;1744-8387 (June 2014)

Author(s): Ruprecht B.; Lemeer S.

Institution: (Ruprecht, Lemeer) Technische Universitat Munchen, Freising, Germany; (Ruprecht, Lemeer) Center for Integrated Protein Science Munich, Munich, Germany; (Lemeer) Biomolecular Mass Spectrometry and Proteomics, Bijvoet Center for Biomolecular Research, Utrecht University, Utrecht, Netherlands

Language: English

Abstract: Constitutive activity of kinases is known to be crucial for a tumor to maintain its malignant phenotype, a phenomenon which is often referred to as oncogene addiction.

The in-depth analysis of aberrant signaling pathways by the analysis of protein phosphorylation has become feasible through recent advances in proteomics technology. In this article we will review developments in the field of phosphoproteomics and its application in cancer research. The most widely used technologies for the generic enrichment of phosphopeptides are discussed as well as targeted approaches for the analysis of a specific subset of phosphopeptides. Validation experiments of phosphorylation sites using targeted mass spectrometry are also explained. Finally, we will highlight applications of phosphoproteomic technology in cancer research using cell lines and tissue. 2014 Informa UK, Ltd.

Country of Publication: United Kingdom

Publisher: Expert Reviews Ltd.

CAS Registry Number: 142-73-4 (diglycine); 15438-31-0 (ferrous ion); 139-13-9 (nitrilotriacetic acid); 28528-44-1 (nitrilotriacetic acid); 21820-51-9 (phosphotyrosine); 36676-50-3 (threonine); 72-19-5 (threonine); 16870-43-2 (tyrosine); 55520-40-6 (tyrosine); 60-18-4 (tyrosine)

Publication Type: Journal: Article

Subject Headings:
affinity chromatography
antibody affinity
article
bioinformatics
cancer cell line
cancer research
cytotoxicity
enzyme linked immunosorbent assay
fractionation
human
ion monitoring
*malignant neoplastic disease
mass spectrometry
pH
protein expression
*protein phosphorylation
*proteomics
diglycine
ferrous ion
nitrilotriacetic acid
phosphopeptide
phosphotyrosine
threonine
tyrosine

Source: EMBASE

Full Text: Available from *Expert Reviews* in *Expert Review of Proteomics*

3. An integrated perspective and functional impact of the mitochondrial acetylome

Citation: Expert Review of Proteomics, June 2014, vol./is. 11/3(383-394), 1478-9450;1744-8387 (June 2014)

Author(s): Amado F.M.; Barros A.; Azevedo A.L.; Vitorino R.; Ferreira R.

Institution: (Amado) School of Health Sciences, QOPNA, University of Aveiro, Aveiro, Portugal; (Amado, Barros, Azevedo, Vitorino, Ferreira) Department of Chemistry, QOPNA, University of Aveiro, Aveiro, Portugal

Language: English

Abstract: Growing evidence suggests that a range of reversible protein post-translational modifications such as acetylation regulates mitochondria signalling, impacting cellular homeostasis. However, the extent of this type of regulation in the control of mitochondria functionality is just beginning to be discovered, aided by the availability of high-resolution mass spectrometers and bioinformatic tools. Data mining from literature

on protein acetylation profiling focused on mitochondria isolated from tissues retrieved more than 1395 distinct proteins, corresponding to more than 4858 acetylation sites. ClueGo analysis of identified proteins highlighted oxidative phosphorylation, tricarboxylic acid cycle, fatty acid oxidation and amino acid metabolism as the biological processes more prone to regulation through acetylation. This review also examines the physiological relevance of protein acetylation on the molecular pathways harbored in mitochondria under distinct pathophysiological conditions as caloric restriction and alcohol-induced liver damage. This integrative perspective will certainly help to envisage future studies targeting the regulation of mitochondrial functionality. 2014 Informa UK, Ltd.

Country of Publication: United Kingdom

Publisher: Expert Reviews Ltd.

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

Publication Type: Journal: Review

Subject Headings:
*acetylation
alcoholism
amino acid metabolism
caloric restriction
carcinogenesis
cell communication
cell damage
citric acid cycle
fatty acid oxidation
gene expression profiling
heart failure
human
immunoprecipitation
liver injury
mass spectrometry
metabolic regulation
mitochondrial dynamics
*mitochondrion
nonhuman
oxidative phosphorylation
pathogenesis
pathophysiology
protein analysis
protein expression
protein function
protein modification
protein protein interaction
regulatory mechanism
review
signal transduction
alcohol
"mitochondrial protein/ec [Endogenous Compound]"
"sirtuin 3/ec [Endogenous Compound]"

Source: EMBASE

Full Text: Available from *Expert Reviews* in *Expert Review of Proteomics*

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

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

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

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

Language: English

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

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 138112-76-2 (agomelatine); 28981-97-7 (alprazolam); 9031-66-7 (aminotransferase); 1951-25-3 (amiodarone); 19774-82-4 (amiodarone); 62067-87-2 (amiodarone); 12794-10-4 (benzodiazepine); 85721-33-1 (ciprofloxacin); 81103-11-9 (clarithromycin); 439-14-5 (diazepam); 116539-59-4 (duloxetine); 136434-34-9 (duloxetine); 74011-58-8 (enoxacin); 114-07-8 (erythromycin); 70536-18-4 (erythromycin); 128196-01-0 (escitalopram); 219861-08-2 (escitalopram); 50-28-2 (estradiol); 86386-73-4 (fluconazole); 54910-89-3 (fluoxetine); 56296-78-7 (fluoxetine); 59333-67-4 (fluoxetine); 54739-18-3 (fluvoxamine); 119914-60-2 (grepafloxacin); 846-49-1 (lorazepam); 70458-96-7 (norfloxacin); 82419-36-1 (ofloxacin); 73590-58-6 (omeprazole); 95510-70-6 (omeprazole); 61869-08-7 (paroxetine); 148553-50-8 (pregabalin); 13013-17-7 (propranolol); 318-98-9 (propranolol); 3506-09-0 (propranolol); 4199-09-1 (propranolol); 525-66-6 (propranolol); 111974-72-2 (quetiapine); 79617-96-2 (sertraline); 93413-69-5 (venlafaxine)

Publication Type: Journal: Review

Subject Headings:

age
"akathisia/si [Side Effect]"
alcohol abuse
aminotransferase blood level
"anticholinergic syndrome/si [Side Effect]"
area under the curve
benzodiazepine dependence
clinical trial (topic)
"cognitive defect/si [Side Effect]"
comorbidity
"delirium/si [Side Effect]"
drug absorption
drug antagonism
drug bioavailability
"drug dependence/si [Side Effect]"
drug distribution
drug effect
drug efficacy
drug elimination
drug half life
drug metabolism
drug safety
drug tolerability
drug transformation
gender

"*generalized anxiety disorder/dt [Drug Therapy]"
geriatric patient
"headache/si [Side Effect]"
human
"hypotension/si [Side Effect]"
kidney dysfunction
liver dysfunction
"liver failure/si [Side Effect]"
"liver toxicity/si [Side Effect]"
"major depression/dt [Drug Therapy]"
maximum plasma concentration
medication compliance
Medline
"nausea/si [Side Effect]"
nonhuman
"QT prolongation/si [Side Effect]"
recommended drug dose
review
risk benefit analysis
"sexual dysfunction/si [Side Effect]"
"side effect/si [Side Effect]"
smoking
"somnolence/si [Side Effect]"
treatment outcome
"*agomelatine/ae [Adverse Drug Reaction]"
"*agomelatine/ct [Clinical Trial]"
"*agomelatine/cb [Drug Combination]"
"*agomelatine/cm [Drug Comparison]"
"*agomelatine/it [Drug Interaction]"
"*agomelatine/dt [Drug Therapy]"
"*agomelatine/po [Oral Drug Administration]"
"*agomelatine/pk [Pharmacokinetics]"
"alprazolam/ae [Adverse Drug Reaction]"
"aminotransferase/ec [Endogenous Compound]"
"amiodarone/it [Drug Interaction]"
"benzodiazepine/ae [Adverse Drug Reaction]"
"benzodiazepine/pk [Pharmacokinetics]"
"ciprofloxacin/it [Drug Interaction]"
"clarithromycin/it [Drug Interaction]"
"diazepam/it [Drug Interaction]"
"duloxetine/cb [Drug Combination]"
"enoxacin/it [Drug Interaction]"
"erythromycin/it [Drug Interaction]"
escitalopram
"estradiol/it [Drug Interaction]"
"fluconazole/it [Drug Interaction]"
"fluoxetine/cm [Drug Comparison]"
"fluoxetine/dt [Drug Therapy]"
"fluvoxamine/it [Drug Interaction]"
"grepafloxacin/it [Drug Interaction]"
lorazepam
"norfloxacin/it [Drug Interaction]"
"ofloxacin/it [Drug Interaction]"
"omeprazole/it [Drug Interaction]"
"paroxetine/it [Drug Interaction]"
"pregabalin/ae [Adverse Drug Reaction]"
"pregabalin/pk [Pharmacokinetics]"
"propranolol/it [Drug Interaction]"
"quetiapine/ae [Adverse Drug Reaction]"
"quetiapine/pk [Pharmacokinetics]"

"serotonin noradrenalin reuptake inhibitor/ae [Adverse Drug Reaction]"
"serotonin uptake inhibitor/ae [Adverse Drug Reaction]"
"sertraline/cm [Drug Comparison]"
"sertraline/dt [Drug Therapy]"
unindexed drug
"venlafaxine/cm [Drug Comparison]"
"venlafaxine/dt [Drug Therapy]"

Source: EMBASE

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

5. Prevalence of heroin markers in urine for pain management patients

Citation: Forensic Science International, October 2014, vol./is. 243/(79-83), 0379-0738;1872-6283 (October 2014)

Author(s): Knight J.; Puet B.L.; DePriest A.; Heltsley R.; Hild C.; Black D.L.; Robert T.; Caplan Y.H.; Cone E.J.

Institution: (Knight, Puet, DePriest, Heltsley, Hild, Black, Robert) Aegis Sciences Corporation, 515 Great Circle Road, Nashville, TN 37228, United States; (Black) Vanderbilt University, Department of Pathology, Immunology and Microbiology, Nashville, TN 37232, United States; (Caplan) University of Maryland, School of Pharmacy, 20 North Pine St., Baltimore, MD 21201, United States; (Cone) Johns Hopkins School of Medicine, Department of Psychiatry and Behavioral Sciences, Baltimore, MD 21224, United States

Language: English

Abstract: Surveys of current trends indicate heroin abuse is associated with nonmedical use of pain relievers. Consequently, there is an interest in evaluating the presence of heroin-specific markers in chronic pain patients who are prescribed controlled substances. A total of 926,084 urine specimens from chronic pain patients were tested for heroin/diacetylmorphine (DAM), 6-acetylmorphine (6AM), 6-acetylcodeine (6AC), codeine (COD), and morphine (MOR). Heroin and markers were analyzed using liquid chromatography tandem mass spectrometry (LC-MS-MS). Opiates were analyzed following hydrolysis using LC-MS-MS. The prevalence of heroin use was 0.31%, as 2871 were positive for one or more heroin-specific markers including DAM, 6AM, or 6AC (a known contaminant of illicit heroin). Of these, 1884 were additionally tested for the following markers of illicit drug use: 3,4-methylenedioxymethamphetamine (MDMA), 3,4-methylenedioxyamphetamine (MDA), methamphetamine (MAMP), 11-nor-9-carboxy-⁹-tetracannabinol (THCCOOH), and benzoylecgonine (BZE); 654 (34.7%) had positive findings for one or more of these analytes. The overall prevalence of heroin markers were as follows: DAM 1203 (41.9%), 6AM 2570 (89.5%), 6AC 1082 (37.7%). MOR was present in 2194 (76.4%) and absent (<LOQ) in 677 (23.6%) of the heroin-positive specimens. COD was present in 1218 (42.4%) specimens. Prevalence of combinations for specimens containing MOR were as follows: DAM only 13 (0.59%), 6AM only 1140 (52.0%), 6AC only 24 (1.1%), DAM/6AM/6AC 710 (32.4%), 6AM/6AC 188 (8.6%), DAM/6AM 113 (5.2%), DAM/6AC 6 (0.27%). Importantly, the prevalence of combinations for specimens without MOR were as follows: DAM only 161 (23.8%), 6AM only 217 (32.1%), 6AC only 92 (13.6%), DAM/6AM/6AC 50 (7.4%), 6AM/6AC 7 (1.0%), DAM/6AM 145 (21.4%), DAM/6AC 5 (0.74%). Unexpected patterns of excretion were observed, such as the presence of DAM and 6AC in the absence of 6AM and MOR; therefore, multiple heroin markers may be useful to assess for heroin use. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 4764-17-4 (3,4 methylenedioxyamphetamine); 42542-10-9 (3,4 methylenedioxymethamphetamine); 6703-27-1 (acetylcodeine); 519-09-5 (benzoylecgonine); 76-57-3 (codeine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 52-26-6 (morphine); 57-27-2 (morphine); 2784-73-8 (morphine 6 acetate)

Publication Type: Journal: Article

Subject Headings:
*analgesia
article
"chronic pain/dt [Drug Therapy]"
*drug urine level
*heroin dependence
human
hydrolysis
liquid chromatography
patient monitoring
prevalence
priority journal
tandem mass spectrometry
3 4 methylenedioxyamphetamine
3 4 methylenedioxymethamphetamine
acetylcodeine
benzoylecgonine
codeine
"*diamorphine/dt [Drug Therapy]"
morphine
morphine 6 acetate

Source: EMBASE

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

6. Respiratory effects of buprenorphine/naloxone alone and in combination with diazepam in naive and tolerant rats

Citation: Toxicology Letters, July 2014, vol./is. 228/2(75-84), 0378-4274;1879-3169 (15 Jul 2014)

Author(s): Cohier C.; Chevillard L.; Risede P.; Roussel O.; Megarbane B.

Institution: (Cohier, Chevillard, Risede, Roussel, Megarbane) Inserm, U1144, Paris F-75006, France; (Cohier, Chevillard, Risede, Roussel, Megarbane) Universite Paris Descartes, UMR-S 1144, Paris F-75006, France; (Cohier, Chevillard, Risede, Roussel, Megarbane) Universite Paris Diderot, UMR-S 1144, Paris F-75013, France; (Roussel) IRCGN, Departement Toxicologie, Rosny sous-Bois, France; (Megarbane) Assistance Publique - HOpitaux de Paris, HOpital Lariboisiere, Reanimation Medicale et Toxicologique, 2 rue Ambroise Pare, 75010 Paris, France

Language: English

Abstract: Respiratory depression has been attributed to buprenorphine (BUP) misuse or combination with benzodiazepines. BUP/naloxone (NLX) has been marketed as maintenance treatment, aiming at preventing opiate addicts from self-injecting crushed pills. However, to date, BUP/NLX benefits in comparison to BUP alone remain debated. We investigated the plethysmography effects of BUP/NLX in comparison to BUP/solvent administered by intravenous route in naive and BUP-tolerant Sprague-Dawley rats, and in combination with diazepam (DZP) or its solvent. In naive rats, BUP/NLX in comparison to BUP significantly increased respiratory frequency (f, P<0.05) without altering minute volume (V_E). In combination to DZP, BUP/NLX significantly increased expiratory time (P<0.01) and decreased f (P<0.01), tidal volume (V_T, P<0.001), and V_E (P<0.001) while BUP only decreased V_T (P<0.5). In BUP-tolerant rats, no significant differences in respiratory effects were observed between BUP/NLX and BUP. In contrast, in combination to DZP, BUP/NLX did not significantly alter the plethysmography parameters, while BUP increased inspiratory time (P<0.001) and decreased f (P<0.01) and V_E (P<0.001). In conclusion, differences in respiratory effects between BUP/NLX and BUP are only significant in combination with DZP, with increased depression in naive rats but reduced depression in BUP-tolerant rats. However, BUP/NLX benefits in humans remain to be determined. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 439-14-5 (diazepam); 78755-81-4 (flumazenil)

Publication Type: Journal: Article

Subject Headings:
animal experiment
animal model
antinociception
article
body plethysmograph
body plethysmography
breathing rate
controlled study
drug formulation
drug tolerance
experimental study
nonhuman
opiate addiction
plethysmography
priority journal
rat
*respiration depression
respiratory function
respiratory tract parameters
tidal volume
"*buprenorphine/cb [Drug Combination]"
"*buprenorphine/iv [Intravenous Drug Administration]"
"*buprenorphine/pd [Pharmacology]"
"*buprenorphine plus naloxone/cb [Drug Combination]"
"*buprenorphine plus naloxone/cm [Drug Comparison]"
"*buprenorphine plus naloxone/iv [Intravenous Drug Administration]"
"*buprenorphine plus naloxone/pd [Pharmacology]"
"*diazepam/cb [Drug Combination]"
"*diazepam/cm [Drug Comparison]"
"*diazepam/iv [Intravenous Drug Administration]"
"*diazepam/pd [Pharmacology]"
flumazenil

Source: EMBASE

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

7. Nalmefene for alcohol dependence

Citation: Drug and Therapeutics Bulletin, 2014, vol./is. 52/5(54-57), 0012-6543;1755-5248 (2014)

Language: English

Abstract: The burden of morbidity and mortality resulting from alcohol dependence is high. World Health Organization (WHO) figures suggest that in the UK the prevalence of alcohol use disorders in those aged 15 years and older is around 6.4% for men and 1.5% for women.1 Reduction of harm resulting from alcohol dependence remains a high priority in all four devolved health services in the UK.²⁻⁵ Several medicines are licensed for the maintenance of abstinence in alcohol-dependent patients. However, until recently no drug was licensed for the management of alcohol dependence in people who are still drinking. ?Nalmefene (Selincro, Lundbeck), an opioid modulator licensed for the reduction of alcohol consumption, was launched in the UK in May 2013.^{6,7} Here we discuss the evidence for its effectiveness and safety and consider its place in therapy.

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

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

Publication Type: Journal: Article

Subject Headings:
alcohol abstinence
alcohol consumption
alcohol use disorder
"*alcoholism/dt [Drug Therapy]"
article
"dizziness/si [Side Effect]"
drug efficacy
health service
human
"insomnia/si [Side Effect]"
morbidity
mortality
"nausea/si [Side Effect]"
prevalence
randomized controlled trial (topic)
sex ratio
"*nalmefene/ae [Adverse Drug Reaction]"
"*nalmefene/ct [Clinical Trial]"
"*nalmefene/dt [Drug Therapy]"
placebo

Source: EMBASE

8. Increased serum brain-derived neurotrophic factor levels during opiate withdrawal

Citation: Neuroscience Letters, June 2014, vol./is. 571/(61-65), 0304-3940;1872-7972 (13 Jun 2014)

Author(s): Zhang J.; Zhang X.; Su H.; Tao J.; Xie Y.; Han B.; Lu Y.; Wei Y.; Sun H.; Wang Y.; Wu W.; Zou S.; Liang H.; Zoghbi A.W.; Tang W.; He J.

Institution: (Zhang, Su, Tao, Xie, Han, Lu, Wei, Sun, Wang, Wu, Zou, Tang, He) The First Affiliated Hospital of Wenzhou Medical University, Wenzhou, Zhejiang, China; (Zhang) Beijing HuiLongGuan Hospital, Peking University, Beijing, China; (Zhang) Department of Psychiatry and Behavioral Sciences, Harris County Psychiatric Center, The University of Texas Health Science Center at Houston, Houston, TX, United States; (Liang) Department of Neurology, Taizhou Municipal Hospital, Zhejiang, China; (Zoghbi) Department of Psychiatry, Columbia University, New York, NY, United States

Language: English

Abstract: Brain-derived neurotrophic factor (BDNF) has been implicated in the pathophysiology of opiate addiction. Both increased and decreased serum BDNF levels have been reported in heroin addicts. Moreover, the role of BDNF in heroin-dependent patients during withdrawal has not been studied. This study aimed to explore the differences in serum BDNF levels of heroin addicts and healthy controls, and investigate the changes of serum BDNF levels in heroin addicts at baseline and at one month after heroin cessation. Seventy-two heroin-dependent patients and ninety age- and gender-matched healthy controls were enrolled in this study. We measured serum BDNF levels at baseline (both heroin addicts and healthy controls) and one month after heroin cessation (heroin addicts only). A total of 37 (51.4%) heroin addicts completed the one-month study. We found that baseline serum BDNF levels were significantly higher in heroin addicts compared to controls (F= 36.5, p= 0.001). There was no difference in serum BDNF levels among heroin addicts at baseline and one month after heroin cessation (F= 1.101, p= 0.301). These results indicate that BDNF may play a critical role in the course of opiate addiction and withdrawal. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 218441-99-7 (brain derived neurotrophic factor); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)

Publication Type: Journal: Article

Subject Headings:
adult
age
anxiety
article
body mass
controlled study
depression
*drug withdrawal
education
female
gender
"*heroin dependence/dt [Drug Therapy]"
human
major clinical study
male
methadone treatment
onset age
*opiate withdrawal
priority journal
*protein blood level
"withdrawal syndrome/dt [Drug Therapy]"
"*brain derived neurotrophic factor/ec [Endogenous Compound]"
*diamorphine
"methadone/dt [Drug Therapy]"
"methadone/po [Oral Drug Administration]"

Source: EMBASE

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

9. Chasing losses in online poker and casino games: Characteristics and game play of Internet gamblers at risk of disordered gambling

Citation: Psychiatry Research, July 2014, vol./is. 217/3(220-225), 0165-1781;1872-7123 (30 Jul 2014)

Author(s): Gainsbury S.M.; Suhonen N.; Saastamoinen J.

Institution: (Gainsbury) Centre for Gambling Education and Research, Southern Cross University, P.O. Box 157, Lismore, NSW 2480, Australia; (Suhonen, Saastamoinen) University of Eastern Finland, Department of Business, P.O. Box 111, Yliopistonkatu 2 (Aurora II), FIN-80101 Joensuu, Finland

Language: English

Abstract: Disordered Internet gambling is a psychological disorder that represents an important public health issue due to the increase in highly available and conveniently accessible Internet gambling sites. Chasing losses is one of the few observable markers of at-risk and problem gambling that may be used to detect early signs of disordered Internet gambling. This study examined loss chasing behaviour in a sample of Internet casino and poker players and the socio-demographic variables, irrational beliefs, and gambling behaviours associated with chasing losses. An online survey was completed by 10,838 Internet gamblers (58% male) from 96 countries. The results showed that Internet casino players had a greater tendency to report chasing losses than poker players and gamblers who

reported chasing losses were more likely to hold irrational beliefs about gambling and spend more time and money gambling than those who reported that they were unaffected by previous losses. Gamblers who played for excitement and to win money were more likely to report chasing losses. This study is one of the largest ever studies of Internet gamblers and the results are highly significant as they provide insight into the characteristics and behaviours of gamblers using this mode of access. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
age distribution
aged
article
Australia
*behavior
Canada
*casino
*chasing lossess
cohort analysis
controlled study
demography
excitement
female
gambling
*game
high risk behavior
human
Internet
*internet addiction
irrational belief
leisure
major clinical study
male
North America
online system
*pathological gambling
*poker
priority journal
probability
sex difference
social belief
socioeconomics
United Kingdom

Source: EMBASE

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

10. Profiles of pregabalin and gabapentin abuse by postmortem toxicology

Citation: Forensic Science International, August 2014, vol./is. 241/(1-6), 0379-0738;1872-6283 (August 2014)

Author(s): Hakkinen M.; Vuori E.; Kalso E.; Gergov M.; Ojanpera I.

Institution: (Hakkinen, Vuori, Gergov, Ojanpera) Hjelt Institute, Department of Forensic Medicine, University of Helsinki, Kytosuontie 11, P.O. Box 40, Helsinki FI-00014, Finland; (Kalso) Institute of Clinical Medicine, University of Helsinki and Pain Clinic, Helsinki University Central Hospital, Helsinki, Finland

Language: English

Abstract: Pregabalin (PRG) and gabapentin (GBP) are used in the treatment of neuropathic pain and epilepsy, and PRG also in generalized anxiety disorder. There is increasing evidence that PRG possesses considerable abuse potential. PRG may have a higher addiction potential than GBP due to its rapid absorption and faster onset of action. Our objective is to estimate the proportion of all PRG- and GBP-related fatalities attributable to PRG and GBP abuse. We investigated all medico-legal death cases in Finland in which PRG or GBP was found in postmortem toxicology during 2010-2011. PRG was found in 316 cases and GBP in 43 cases. Drug abuse was associated with 48.1% of the PRG and 18.6% of the GBP findings. PRG poisoning accounted for 10.1% of all PRG cases and GBP poisoning for 4.7% of all GBP cases. In the drug abuser cases, PRG poisoning represented 19.1%, and GBP poisoning 12.5%. The median blood concentration of PRG was 15. mg/L in the abuser group and 5.8. mg/L in the other cases. For GBP, these concentrations were 12. mg/L and 8.3. mg/L, respectively. In the PRG abuser group, 91.4% of cases showed concomitant opioid use, while in the rest of these cases neither alcohol nor opioids were detected, but other central nervous system acting drugs were found in each abuser case. In the GBP abuser group, 87.5% of cases showed concomitant opioid use. PRG abuse with high doses is increasingly common and can be fatal when combined with opioids. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 60142-96-3 (gabapentin); 148553-50-8 (pregabalin)

Publication Type: Journal: Article

Subject Headings:

adult
aged
article
autopsy
controlled study
*drug abuse
drug blood level
drug dependence
*drug intoxication
fatality
female
Finland
forensic toxicology
human
major clinical study
male
middle aged
priority journal
suicide attempt
very elderly
young adult
*gabapentin
narcotic analgesic agent
*pregabalin

Source: EMBASE

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

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

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

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

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

Language: English

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

Country of Publication: Switzerland

Publisher: Molecular Diversity Preservation International (Kandererstrasse 25, Basel CH-4057, Switzerland)

Publication Type: Journal: Article

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

young adult
cannabinoid

Source: EMBASE

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

12. Gambling in young people

Citation: Addictive Disorders and their Treatment, June 2014, vol./is. 13/2(87-92), 1531-5754 (June 2014)

Author(s): Jayan R.

Institution: (Jayan) Coventry and Warwickshire Partnership NHS Trust, Swanswell Point, Stoney Stanton Road, Coventry CV1 4FH, United Kingdom

Language: English

Abstract: More young people than adults gamble problematically and this is a concern for policy makers and treatment services. There is a wide range of risk factors, some modifiable and some not. From a public health perspective, preventative strategies have shown some success. Psychological interventions are the mainstay of treatment of young gamblers; pharmacological treatments are yet to be robustly evaluated in this age group. In this paper, I will provide an overview of the epidemiology, assessment, and treatment of gambling in young people. Copyright 2013 by Lippincott Williams & Wilkins.

Country of Publication: United States

Publisher: Lippincott Williams and Wilkins

CAS Registry Number: 59729-33-8 (citalopram); 54910-89-3 (fluoxetine); 56296-78-7 (fluoxetine); 59333-67-4 (fluoxetine); 54739-18-3 (fluvoxamine)

Publication Type: Journal: Article

Subject Headings: *adolescent behavior
adolescent smoking
antisocial personality disorder
article
attention deficit disorder
cognitive therapy
comorbidity
coping behavior
depression
diseases
drinking behavior
drug use
DSM-IV
family history
*gambling
harm reduction
high risk behavior
high school student
human
"*pathological gambling/dt [Drug Therapy]"
"*pathological gambling/ep [Epidemiology]"
"*pathological gambling/pc [Prevention]"
"*pathological gambling/th [Therapy]"
phobia
primary prevention
priority journal
psychoeducation

psychopharmacotherapy
public health
rehabilitation
secondary prevention
self report
sex difference
social adaptation
substance abuse
suicidal ideation
suicide attempt
training
United Kingdom
United States
vocational education
"citalopram/dt [Drug Therapy]"
"fluoxetine/dt [Drug Therapy]"
"fluvoxamine/dt [Drug Therapy]"

Source: EMBASE

13. Substance abuse in pregnancy

Citation: BJOG: An International Journal of Obstetrics and Gynaecology, April 2014, vol./is. 121/(138), 1470-0328 (April 2014)

Author(s): Dalmia R.; Murthy J.; Stenson M.; Powell K.

Institution: (Dalmia, Murthy, Stenson, Powell) Mid Staffordshire NHS Trust, Stafford, United Kingdom

Language: English

Abstract: Introduction There are between 200 000 and 300 000 children in England and Wales where one or both parents have serious drug problems. Parental drug use can and often does compromise children's health and development from conception onwards. Maternal drug use during pregnancy can seriously affect fetal growth and there is serious concern about the effect of cocaine on fetal development. Heroin and other opiates, cocaine and benzodiazepines can all cause severe neonatal withdrawal symptoms. Maternal drug injecting carries the risk of transmission to the baby of HIV and viral hepatitis. Method It was a retrospective audit. We looked at all the pregnant women who booked and delivered at Stafford hospital between 2010 and 2013 with a history of: 1. Current or recent history (within 6 months) of drug abuse, detox programme or drug substitute programme. 2. Current heavy maternal alcohol intake or binge drinking. Results 40 women were identified who fitted the above criteria in the 3 year period. 60% of the women had been taking heroin, 20% alcohol, 10% cocaine, ectasy, and 10% were on other drugs. Most of them stopped taking drugs when they found themselves pregnant and were ready to take the substitute methadone or subutex. 70% booked at <16 weeks of pregnancy and there was a 30% rate of failure to attend ANC appointment. 72% had a vaginal delivery were as 28% had a caesarean section. 75% of the babies were below the 10th centile for their birthweight and 28% require admission to SCBU. Conclusion We aim to provide a maternity service for problem drug and alcohol users that is accessible, confidential and non-judgemental offering high quality care aimed at minimising the impact of the mothers drug and alcohol use on the pregnancy and the baby.

Conference Information: RCOG World Congress 2014 Hyderabad India. Conference Start: 20140328 Conference End: 20140330

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *pregnancy
*substance abuse
human
female
baby

implantable cardioverter defibrillator
United Kingdom
drug use
alcohol consumption
drug abuse
child
hospital
pregnant woman
medical audit
fetus development
fetus growth
virus hepatitis
birth weight
cesarean section
health
drug substitution
parent
risk
withdrawal syndrome
binge drinking
vaginal delivery
mother
Human immunodeficiency virus
cocaine
diamorphine
alcohol
opiate
phosphoryl lipid A
buprenorphine
methadone
benzodiazepine derivative

Source: EMBASE

Full Text: Available from *Wiley* in *BJOG: An International Journal of Obstetrics and Gynaecology*

14. Cognitive multi-morbidity: A case of rapidly progressive dementia with hyperphagia

Citation: Journal of the American Geriatrics Society, March 2014, vol./is. 62/(S175-S176), 0002-8614 (March 2014)

Author(s): Redding S.E.; Javier N.; Goldstein M.; Baharlou S.; Chang C.

Institution: (Redding, Javier, Goldstein, Baharlou, Chang) Geriatrics, Mount Sinai Medical Center, New York City, NY, United States

Language: English

Abstract: Introduction Despite growing number of diagnostic tools for progressive dementias, multi-morbidity complicates diagnosis and prognosis for families and physicians. Case Patient is an 81 year-old female from the UK, with depression, chronic back pain treated with epidural steroid injections, history of Lyme, and family history of neurodegenerative disorder, who presented with memory loss, unprovoked violent behavior towards family members, hyperphagia, and severe weight gain over two months. The patient's premorbid level of functioning included running a private psychology practice and driving her car. Physical exam included occasional tremors, perseveration regarding "starving", and drinking large quantities of milk. Diagnostic work-up included brain imaging, EEG, lumbar puncture with CSF analysis and lyme and viral serologies. Blood and CSF testing were consistent with previous exposure to Lyme. Brain imaging was significant for a large right frontal cyst, and hypotrophic medial/frontal lobe, neuroanatomically relevant to impulse control, and cortical atrophy with anterior temporal predominance, consistent with fronto-temporal dementias. FTD genetic panel was negative. CSF analysis was significant for high elevation of protein 14-3-3, consistent with Creutzfeld Jacob Disease, with inconsistent imaging and EEG findings. She is currently receiving geriatric

supportive care in collaboration with neurology and psychiatry. Her mental status continues to deteriorate, including escalation of unpro voked violence toward caregivers, selective mutism, and increased cravings for milk, causing further weight gain. Discussion Rapidly progressive dementias prove diagnostically challenging for physicians. Multiple pertinent positives in laboratory testing and imaging lend to the possibility that some patients have multi-morbidities contributing to rapid cognitive decline. With a family history of neurodegenerative disorders, a large frontal cyst in an area associated with impulse control, a history of depression, and CSF findings suggestive of CJD with no supportive MRI or EEG findings, prognosis and diagnosis remain unclear Conclusion In cases of rapidly progressive dementia, diagnostic modalities may widen the differential diagnosis further. Development of more sensitive and specific testing would improve physician's ability to provide information to patients and families.

Conference Information: 2014 Annual Scientific Meeting of the American Geriatrics Society Orlando, FL United States. Conference Start: 20140515 Conference End: 20140517

Publisher: Blackwell Publishing Inc.

Publication Type: Journal: Conference Abstract

Subject Headings:

*morbidity
*dementia
*hyperphagia
*geriatrics
*society
human
diagnosis
imaging
patient
physician
brain
prognosis
cyst
milk
weight gain
family history
diseases
cerebrospinal fluid
electroencephalogram
tremor
differential diagnosis
car
withdrawal syndrome
psychology
selective mutism
caregiver
violence
mental health
psychiatry
amnesia
neurology
atrophy
exposure
blood
serology
injection
lumbar puncture
laboratory
epidural drug administration
United Kingdom
female
backache
drinking

nuclear magnetic resonance imaging
Creutzfeldt Jakob disease
protein 14 3 3
steroid

Source: EMBASE

Full Text: Available from *Wiley* in *Journal of the American Geriatrics Society*

15. Does a brief intervention increase HIV/HCV screening among drug-using emergency department patients?

Citation: Academic Emergency Medicine, May 2014, vol./is. 21/5 SUPPL. 1(S305-S306), 1069-6563 (May 2014)

Author(s): Merchant R.C.; Baird J.R.; Liu T.; Taylor L.E.; Montague B.; Nirenberg T.

Institution: (Merchant, Baird, Nirenberg) Rhode Island Hospital, Providence, RI, United States; (Liu, Taylor, Montague) Brown University, Providence, RI, United States

Language: English

Abstract: Background: Improved methods of increasing HIV/HCV screening uptake in emergency departments (EDs) are needed to facilitate identification of infections and linkage to care. Objectives: Determine if a brief intervention increases uptake of combined screening for HIV/HCV among drug-using ED patients. Methods: Randomized, controlled trial at two urban, universityaffiliated New England EDs February 2011-March 2012. ED patients who self-reported drug use within the past three months were enrolled. Drug misuse severity was measured using the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). Participants were randomly assigned to a self-administered HIV/HCV risk assessment alone (control arm) or the assessment plus a brief intervention about their drug misuse and screening for HIV/HCV (intervention arm). Beliefs on the value of combined HIV/HCV screening and selfperception of HIV/HCV risk were measured before and after the intervention or control condition. Participants were offered free combined rapid HIV/HCV screening. Multivariable logistic regression models were used to evaluate factors related to screening uptake. Results: Of the 395 participants, the median age was 28 years old, 44.8% were female, 82.3% had ever been tested for HIV and 67.3% for HCV. Uptake of combined rapid HIV/HCV screening was similar by study arm (64.5 vs. 65.2%,D=-0.7%; 95% CI=-10.1%, 8.7%). Of the 256 screened, none were HIV-infected, but seven (2.7%) had reactive HCV antibody tests. Uptake of screening was not related to study arm, total ASSIST drug scores, need for a drug misuse intervention based on ASSIST scores, or HIV/HCV sexual risk assessment responses. Uptake of screening was greater among participants who indicated placing a higher value on combined rapid HIV/HCV screening for themselves and all ED patients and those with higher levels of perceived HIV/HCV risk. Uptake of combined rapid HIV/HCV screening was not related to changes in beliefs regarding the value of combined HIV/HCV screening or self-perceived HIV/HCV risk (post- vs. pre-risk assessment or brief assessment). Conclusion: Uptake of combined rapid HIV/HCV screening is high among drug using/misusing ED patients. This brief intervention does not appear to change beliefs regarding screening, self-perceived risk, or uptake of screening for HIV/HCV. Initial beliefs regarding the value of screening and self-perceived risk predict uptake of screening.

Conference Information: 2014 Annual Meeting of the Society for Academic Emergency Medicine, SAEM 2014 Dallas, TX United States. Conference Start: 20140513 Conference End: 20140517

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*screening
*emergency ward
*patient
*human
*society
*emergency medicine
risk

arm
drug misuse
risk assessment
logistic regression analysis
drug use
United States
screening test
randomized controlled trial
smoking
immunoassay
model
infection
Human immunodeficiency virus
female
alcohol

Source: EMBASE

Full Text: Available from *Wiley* in *Academic Emergency Medicine*

16. A national study of acute hospital based alcohol health workers

Citation: British journal of nursing (Mark Allen Publishing), February 2014, vol./is. 23/4(204-208), 0966-0461 (2014 Feb 27-Mar 12)

Author(s): Baker S.; Lloyd C.; Mdege N.; Toner P.

Language: English

Abstract: Alcohol health workers (AHWs) have been identified as an effective means of tackling alcohol-related hospital admissions. However, there is no understanding of the national coverage, or the extent and diversity of the services provided by hospital-based AHWs. Using a cross-sectional questionnaire, this is the first study to explore the current provision and remit of AHWs in acute hospitals across England.The data was analysed using SPSS. Significant differences were found with regards to the extent and diversity of AHW provision across England. This research provides a point of comparison for current and future hospital-based AHW provision.Further research is necessary to examine different 'service types', establish effective ways of working, and determine whether sources of funding could and should more accurately reflect the remit of hospital-based AHW roles.

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
aged
*alcoholism
article
child
comparative study
controlled clinical trial
controlled study
cross-sectional study
female
*health services research
*hospital admission
human
infant
male
middle aged
*national health service
newborn
nursing
*nursing care

*nursing staff
organization and management
preschool child
questionnaire
randomized controlled trial
statistics
United Kingdom
very elderly
young adult

Source: EMBASE

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

17. A 'symptom-triggered' approach to alcohol withdrawal management

Citation: British journal of nursing (Mark Allen Publishing), February 2014, vol./is. 23/4(198-202), 0966-0461 (2014 Feb 27-Mar 12)

Author(s): Murdoch J.; Marsden J.

Language: English

Abstract: In acute hospital settings, alcohol withdrawal often causes significant management problems and complicates a wide variety of concurrent conditions, placing a huge burden on the NHS. A significant number of critical incidents around patients who were undergoing detoxification in a general hospital setting led to the need for a project to implement and evaluate an evidence-based approach to the management of alcohol detoxification-a project that included a pre-intervention case note audit, the implementation of an evidence-based symptom-triggered detoxification protocol, and a post-intervention case note audit. This change in practice resulted in an average reduction of almost 60% in length of hospital stay and a 66% reduction in the amount of chlordiazepoxide used in detoxification, as well as highlighting that 10% of the sample group did not display any signs of withdrawal and did not require any medication. Even with these reductions, no patient post-intervention developed any severe signs of withdrawal phenomena, such as seizures or delirium tremens. The savings to the trust (The Pennine Acute Hospital Trust) are obvious,but the development of a consistent, quality service will lead to fewer long-term negative effects for patients that can be caused by detoxification. This work is a project evaluation of a locally implemented strategy, which, it was hypothesised,would improve care by providing an individualised treatment plan for the management of alcohol withdrawal symptoms.

CAS Registry Number: 438-41-5 (chlordiazepoxide); 58-25-3 (chlordiazepoxide)

Publication Type: Journal: Article

Subject Headings:
adult
"*alcoholism/co [Complication]"
article
comparative study
"*delirium tremens/dt [Drug Therapy]"
"*delirium tremens/et [Etiology]"
evaluation study
*evidence based nursing
female
human
*integrated health care system
male
methodology
middle aged
national health service
nursing
organization and management
practice guideline

United Kingdom
"*chlordiazepoxide/dt [Drug Therapy]"

Source: EMBASE

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

18. A 3-year review of new psychoactive substances in casework

Citation: Forensic Science International, October 2014, vol./is. 243/(55-60), 0379-0738;1872-6283 (October 2014)

Author(s): Elliott S.; Evans J.

Institution: (Elliott, Evans) ROAR Forensics Ltd, Malvern Hills Science Park, Geraldine Road, Malvern WR14 3SZ, Worcestershire, United Kingdom

Language: English

Abstract: Following the initial popularity of mephedrone (4-methylmethcathinone) there has been a stream of new "recreational drugs" entering the global market. The lack of clinical studies on the effects and toxicity of these drugs has made interpretation of toxicological findings difficult. In an attempt to assist in a better understanding of the extent of their use and the fatalities that have been linked to these compounds we present our collated findings in post-mortem and criminal casework where these have been detected and/or implicated. Between January 2010 and December 2012 we have detected new psychoactive substances (NPS) in 203 cases, with 120 cases in 2012 alone. The drugs detected in in life or post-mortem blood and urine are, in order of decreasing frequency; mephedrone, 4-methylethcathinone, BZP, MDPV, TFMPP, methoxetamine, 4-fluoromethcathinone, 4-methylamphetamine, PMA, methylone, PMMA, naphyrone, alpha-methyltryptamine, butylone, MDAI, desoxypipradrol, D2PM, MPA, synthetic cannabinoids, 2-AI, 5-IAI, 5-MeODALT, MDPBP, 5/6-APB, pentedrone and pentylone. Other drugs or alcohol were detected in 84% of the cases including other NPS and in fatalities it should be noted that alternative causes of death (including mechanical suicide, accidental death and non-psychoactive drug overdose) accounted for the majority. Related to this was that of all fatalities involving cathinones, 41% of these were hangings or other mechanical suicides, this was a higher proportion than seen with other drugs found in such cases. The presence of multiple NPS and/or other stimulants was a particular feature in various cases, however, of the drug deaths only 7% solely involved NPS. Across all case types and including some cases investigated in 2013, NPS concentrations showed a wide range but these and selected cases are presented to assist toxicological interpretation in future cases. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 42542-10-9 (3,4 methylenedioxymethamphetamine); 64-11-9 (4 methylamphetamine); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 2192-20-3 (hydroxyzine); 64095-02-9 (hydroxyzine); 68-88-2 (hydroxyzine); 1867-66-9 (ketamine); 6740-88-1 (ketamine); 81771-21-3 (ketamine); 186028-79-5 (methylone); 64-04-0 (phenethylamine); 57-41-0 (phenytoin); 630-93-3 (phenytoin); 130-89-2 (quinine); 130-95-0 (quinine); 14358-44-2 (quinine); 549-48-4 (quinine); 549-49-5 (quinine); 60-93-5 (quinine); 7549-43-1 (quinine); 343-94-2 (tryptamine); 61-54-1 (tryptamine)

Publication Type: Journal: Article

Subject Headings: accidental death
adult
article
autopsy
blood level
blood sampling
case study
cause of death
clinical article
criminal behavior

*drug abuse
drug fatality
drug misuse
female
forensic identification
forensic toxicology
human
male
priority journal
suicide
urine level
3 4 methylenedioxymethamphetamine
4 fluoromethcathinone
4 methylamphetamine
4' methylethcathinone
4' methylmethcathinone
alpha methyltryptamine
butylone
cannabinoid derivative
cocaine
desoxypipradrol
hydroxyzine
ketamine
methoxetamine
methylone
naphyrone
pentedrone
pentylone
phenethylamine
phenytoin
piperazine derivative
*psychotropic agent
quinine
recreational drug
tryptamine
unclassified drug

Source: EMBASE

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

19. Use of a single alcohol screening question to identify other drug use

Citation: Drug and Alcohol Dependence, 2014, vol./is. 139/(178-180), 0376-8716;1879-0046 (2014)

Author(s): Smith P.C.; Cheng D.M.; Allensworth-Davies D.; Winter M.R.; Saitz R.

Institution: (Smith, Saitz) Section of General Internal Medicine, Department of Medicine, Boston Medical Center and Boston University School of Medicine, 801 Massachusetts Avenue, Second Floor, Boston, MA 02118, United States; (Cheng, Saitz) Clinical Addiction Research and Education (CARE) Unit, Section of General Internal Medicine, Department of Medicine, Boston Medical Center and Boston University School of Medicine, 801 Massachusetts Avenue, Second Floor, Boston, MA 02118, United States; (Cheng) Department of Biostatistics, Boston University School of Public Health, 801 Massachusetts Avenue, Third Floor, Boston, MA 02118, United States; (Allensworth-Davies) School of Health Sciences, Cleveland State University, 2121 Euclid Avenue, HS 124, Cleveland, OH 44115, United States; (Winter) Data Coordinating Center, Boston University School of Public Health, 801 Massachusetts Avenue, Third Floor, Boston, MA 02118, United States; (Saitz) Department of Epidemiology, Boston University School of Public Health, 715 Albany Street, Talbot Building, Boston, MA 02118, United States

Language: English

Abstract: Background: People who consume unhealthy amounts of alcohol are more likely to use illicit drugs. We tested the ability of a screening test for unhealthy alcohol use to simultaneously detect drug use. Methods: Adult English speaking patients (n= 286) were enrolled from a primary care waiting room. They were asked the screening question for unhealthy alcohol use "How many times in the past year have you had X or more drinks in a day?", where X is 5 for men and 4 for women, and a response of one or more is considered positive. A standard diagnostic interview was used to determine current (past year) drug use or a drug use disorder (abuse or dependence). Oral fluid testing was also used to detect recent use of common drugs of abuse. Results: The single screening question for unhealthy alcohol use was 67.6% sensitive (95% confidence interval [CI], 50.2-82.0%) and 64.7% specific (95% CI, 58.4-70.6%) for the detection of a drug use disorder. It was similarly insensitive for drug use detected by oral fluid testing and/or self-report. Conclusions: Although a patient with a drug use disorder has twice the odds of screening positive for unhealthy alcohol use compared to one without a drug use disorder, suggesting patients who screen positive for alcohol should be asked about drug use, a single screening question for unhealthy alcohol use was not sensitive or specific for the detection of other drug use or drug use disorders in a sample of primary care patients. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
aged
alcohol abuse
*alcohol screening question
alcoholism
article
drug abuse
drug dependence
*drug use
female
human
immunoassay
interview
major clinical study
male
oral fluid testing
primary medical care
priority journal
*questionnaire
self report
standard
very elderly

Source: EMBASE

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

20. Preliminary findings on the association between clients' perceived helpfulness of substance abuse treatment and outcomes: Does race matter?

Citation: Drug and Alcohol Dependence, 2014, vol./is. 139/(152-158), 0376-8716;1879-0046 (2014)

Author(s): Montgomery L.; Sanning B.; Litvak N.; Peters E.N.

Institution: (Montgomery, Sanning, Litvak) University of Cincinnati, Mental Health and Substance Abuse Counseling Program, 2160 McMicken Circle, P.O. Box 210068, Cincinnati, OH

45215, United States; (Peters) Friends Research Institute, 1040 Park Avenue, Suite 103, Baltimore, MD 21201, United States

Language: English

Abstract: Background: Few studies examine the helpfulness and effectiveness of substance abuse treatment from the clients' perspective. Methods: The current secondary analysis examined the perceived helpfulness of substance abuse treatment components and its relationship to treatment outcomes among 387 Black and White adults participating in a multisite randomized clinical trial (RCT) of Motivational Enhancement Therapy. Throughout the 16-week RCT, participants self-reported substance use. Upon completion of treatment, participants completed a self-report measure assessing the perceived helpfulness of treatment components. Results: Black participants rated 9 out of 12 treatment components (e.g., "learning skills that will help me cope with my problems") as being more helpful than their White counterparts, even after controlling for age, gender, employment status, primary drug type, and treatment assignment. However, perceived helpfulness ratings were not associated with substance use outcomes among Black or White participants. Conclusions: Clients' perceived helpfulness of treatment components is an important factor to consider in improving the delivery of substance abuse treatment, especially for Black adults. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

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

Publication Type: Journal: Article

Subject Headings:
adult
age distribution
article
Black person
Caucasian
clinical effectiveness
controlled study
coping behavior
"*drug dependence/dm [Disease Management]"
"*drug dependence/dt [Drug Therapy]"
"*drug dependence/ep [Epidemiology]"
"*drug dependence/th [Therapy]"
*drug dependence treatment
employment status
female
gender
health care delivery
human
learning
major clinical study
male
motivational interviewing
multicenter study
outcome assessment
patient counseling
*patient participation
priority journal
*race difference
randomized controlled trial
self report
treatment outcome
United States
"methadone/dt [Drug Therapy]"

Source: EMBASE

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

21. The impact of buprenorphine/naloxone treatment on HIV risk behaviors among HIV-infected, opioid-dependent patients

Citation: Drug and Alcohol Dependence, 2014, vol./is. 139/(79-85), 0376-8716;1879-0046 (2014)

Author(s): Edelman E.J.; Chantarat T.; Caffrey S.; Chaudhry A.; O'Connor P.G.; Weiss L.; Fiellin D.A.; Fiellin L.E.

Institution: (Edelman, Caffrey, O'Connor, Fiellin, Fiellin) Yale University School of Medicine, PO Box 208025, New Haven, CT 06520, United States; (Edelman, Fiellin, Fiellin) Center for Interdisciplinary Research on AIDS, Yale School of Public Health, New Haven, CT, United States; (Chantarat, Weiss) New York Academy of Medicine, 1216 5th Avenue, New York, NY 10029, United States; (Chaudhry) Chase Brexton Health Care, 1111 North Charles Street, Baltimore, MD 21201, United States

Language: English

Abstract: Background: Opioid dependence is a major risk factor for HIV infection, however, the impact of buprenorphine/naloxone treatment on HIV risk behaviors among HIV-infected opioid-dependent patients is unknown. Methods: We conducted a longitudinal analysis of 303 HIV-infected opioid-dependent patients initiating buprenorphine/naloxone treatment. Outcomes included self-reported past 90-day needle-sharing and non-condom use. We assessed trends over the 12 months using the Cochran-Armitage trend test. Using generalized estimating equations, after multiple imputation, we determined factors independently associated with needle-sharing and non-condom use, including time-updated variables. We then conducted a mediation analysis to determine whether substance use explained the relationship between time since treatment initiation and needle-sharing. Results: Needle-sharing decreased from baseline to the fourth quarter following initiation of buprenorphine/naloxone (9% vs. 3%, p< 0.001), while non-condom use did not (23% vs. 21%, p= 0.10). HIV risk behaviors did not vary based on the presence of a detectable HIV-1 RNA viral load. Patients who were homeless and used heroin, cocaine/amphetamines or marijuana were more likely to report needle-sharing. Heroin use fully mediated the relationship between time since treatment initiation and needle-sharing. Women, patients who identified as being gay/lesbian/bisexual, those married or living with a partner and who reported heroin or alcohol use were more likely to report non-condom use. Older patients were less likely to report non-condom use. Conclusions: While buprenorphine/naloxone is associated with decreased needle-sharing among HIV-infected opioid-dependent patients, sexual risk behaviors persist regardless of viral load. Targeted interventions to address HIV risk behaviors among HIV-infected opioid-dependent populations receiving buprenorphine/naloxone are needed. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine)

Publication Type: Journal: Article

Subject Headings:
adult
age distribution
article
behavioral risk factor surveillance system
bisexuality
condom use
controlled study
drug abuse pattern
drug efficacy

female
homelessness
homosexual female
homosexual male
human
Human immunodeficiency virus 1
*Human immunodeficiency virus 1 infection
*infection risk
intravenous drug abuse
major clinical study
male
married person
middle aged
"*opiate addiction/dt [Drug Therapy]"
priority journal
self report
sexuality
treatment response
virus load
amphetamine
"*buprenorphine plus naloxone/dt [Drug Therapy]"
cannabis
cocaine
diamorphine
"virus RNA/ec [Endogenous Compound]"

Source: EMBASE

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

22. Sex differences in methamphetamine pharmacokinetics in adult rats and its transfer to pups through the placental membrane and breast milk

Citation: Drug and Alcohol Dependence, 2014, vol./is. 139/(138-144), 0376-8716;1879-0046 (2014)

Author(s): Rambousek L.; Kacer P.; Syslova K.; Bumba J.; Bubenikova-Valesova V.; Slamberova R.

Institution: (Rambousek, Kacer, Syslova, Bumba) Institute of Chemical Technology, Technicka 5, Prague 166 28, Czech Republic; (Rambousek) Institute of Physiology AS CR v.v.i., Videnska 1083, Prague 142 20, Czech Republic; (Bubenikova-Valesova) Prague Psychiatric Center, Ustavni 91/7, Prague 181 00, Czech Republic; (Slamberova) Charles University in Prague, Third Faculty of Medicine, Department of Normal, Pathological and Clinical Physiology, Ke Karlovu 4, 120 00 Prague, Czech Republic

Language: English

Abstract: Background: Methamphetamine (METH) abuse is a growing health problem worldwide, and METH use during pregnancy not only endangers the mother's health but also the developing fetus. To provide better insight into these risks, we performed the following experiments. Method: First, we investigated how sex influences the pharmacokinetics of METH and amphetamine (AMP) in male and female rats. Subsequently, we simulated chronic exposure of prenatal infants to METH abuse by investigating brain and plasma levels of METH and AMP in dams and pups. Finally, we modeled chronic exposure of infants to METH via breast milk and investigated sex differences in pups with regard to drug levels and possible sensitization effect of chronic prenatal METH co-treatment. Results: We observed significantly higher levels of METH and AMP in the plasma and brain of female rats compared to males. Additionally, brain concentrations of METH and AMP in pups exposed to METH prenatally were equivalent to 62.13% and 37.78% relative to dam, respectively. Plasma concentrations of AMP where equivalent to 100% of the concentration in dams, while METH was equivalent to only 36.98%. Finally, we did not observe a significant effect relative to sex with regard to METH/AMP levels or sensitization effects linked to prenatal METH exposure. Conclusion: We demonstrated that female rats display higher levels of METH and AMP, thus indicating a greater risk of

addiction and toxicity. Furthermore, our data show that pups are exposed to both METH and AMP following dam exposure. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

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

Publication Type: Journal: Article

Subject Headings:
adult
animal experiment
animal tissue
article
blood level
brain level
brain tissue
breast milk
concentration (parameters)
controlled study
exposure
female
high performance liquid chromatography
infant
male
mass spectrometry
methamphetamine dependence
nonhuman
placenta
priority journal
rat
*sex difference
amphetamine
*methamphetamine

Source: EMBASE

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

23. Changes in resting functional connectivity during abstinence in stimulant use disorder: A preliminary comparison of relapsers and abstainers

Citation: Drug and Alcohol Dependence, 2014, vol./is. 139/(145-151), 0376-8716;1879-0046 (2014)

Author(s): Camchong J.; MacDonald A.W.; Mueller B.A.; Nelson B.; Specker S.; Slaymaker V.; Lim K.O.

Institution: (Camchong, Nelson, Lim) University of Minnesota, Psychiatry Department, United States; (MacDonald) University of Minnesota, Psychology Department, United States; (Mueller) University of Minnesota, Center for Magnetic Resonance Research, United States; (Specker) Psychiatry Clinic, Riverside West Building, United States; (Slaymaker) Hazelden Foundation, United States

Language: English

Abstract: Background: Previously identified resting functional connectivity (FC) differences in individuals with stimulant use disorder (SUD) suggest an imbalance in neural regions that mediate behavioral aspects relevant to addiction such as emotion regulation and reward processing. There is a need to further investigate these differences across time between those that relapse and those that do not. This is the first longitudinal study of recently abstinent SUD (SUD-RA) that identifies specific FC changes in subsequent relapsers (vs abstainers). We hypothesized that (1) subsequent relapsers (vs abstainers) will show lower

FC of emotion regulation regions and higher FC of reward processing regions and (2) FC differences would be more evident across time. Methods: We examined resting FC in 18 SUD-RAs (8 females, age: M= 22.05. + 2.64) and 15 non-substance abusing controls (NSAC; 5 females, age: M= 24.21. + 5.76) at Time 1 (abstinent ~5 weeks). Fourteen NSAC and 12 SUD-RAs were re-examined at Time 2 (abstinent ~13 weeks). With seed-based FC measures, we examined FC differences between SUD-RAs that abstained or relapsed over the subsequent 6 months. Results: Relapsers (vs abstainers) had higher FC between (1) nucleus accumbens (NAcc) and left frontopolar cortex (FPC), (2) NAcc and posterior cingulate gyrus and (3) subgenual anterior cingulate and left FPC at Time 1. Relapsers (vs abstainers) showed larger reduction in FC strength within these regions across time. Conclusions: Resting FC reduction found in relapsers (vs. abstainers) from 5 to 13 weeks of abstinence may be a biological marker of relapse vulnerability. These preliminary findings require replication with larger sample sizes. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
anterior cingulate
article
clinical article
controlled study
*drug withdrawal
female
frontal cortex
frontopolar cortex
human
longitudinal study
male
nucleus accumbens
posterior cingulate
priority journal
relapse
*resting state network
*substance abuse
young adult

Source: EMBASE

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

24. Patterns of substance use among HIV-positive adults over 50: Implications for treatment and medication adherence

Citation: Drug and Alcohol Dependence, 2014, vol./is. 139/(33-40), 0376-8716;1879-0046 (2014)

Author(s): Parsons J.T.; Starks T.J.; Millar B.M.; Boonrai K.; Marcotte D.

Institution: (Parsons, Starks, Boonrai) Department of Psychology, Hunter College of the City University of New York (CUNY), 695 Park Avenue, New York, NY 10065, United States; (Parsons, Millar) Center for HIV/AIDS Educational Studies and Training (CHEST), New York, NY, United States; (Parsons, Millar) Graduate Center of CUNY, New York, NY, United States; (Parsons) CUNY School of Public Health at Hunter College, New York, NY, United States; (Starks) Department of Psychology, Pace University, New York, NY, United States; (Marcotte) Department of Psychology, Fordham University, New York, NY, United States

Language: English

Abstract: Background: The population of older adults living with HIV is increasing in the United States. Despite an increased focus on the health of HIV-positive older adults, knowledge about their substance use, a primary risk factor for HIV medication non-adherence, and

the association between use, problems associated with use, and adherence behavior, is limited. Methods: Data were collected from 557 HIV-positive adults aged 50 and older in the New York City area via telephone interview. Participants reported the number of days in the past month on which they missed any doses of HIV medication as well as the number of days they used alcohol, marijuana, cocaine/crack, opiates, amyl nitrite (poppers), and other drugs. The severity of substance use associated problems was assessed using the DAST-10 and AUDIT-C. Results: The sample included gay/bisexual (40.4%) and heterosexual (28.1%) men as well as lesbian/bisexual (4.9%) and heterosexual (26.7%) women. Latent class analyses identified four distinct patterns of substance use: Exclusive Alcohol Use; Alcohol and Marijuana; Alcohol and Cocaine/Crack; and Multiple-Substance Use. Variability in the number of missed HIV medication days and perceptions of substance use associated problems were observed across classes, with poorest adherence reported in the Alcohol and Marijuana class, the Alcohol and Cocaine/Crack class, and the Multiple-Substance Use class. The latter two classes also reported the greatest perceived impairment from substance use. Conclusions: Patterns of recent substance use were associated with varying levels of HIV medication adherence and perceived substance use impairment, indicating that substance type matters when considering the health of older adults living with HIV, and that multiple-substance use needs to be addressed by interventions aimed at improving medication adherence. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 64-17-5 (alcohol); 463-04-7 (amyl nitrite); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings:
10 item drug abuse screening test
adult
*age distribution
alcohol abuse
alcohol use disorders identification test consumption
antiviral therapy
article
bisexual female
bisexual male
"cannabis addiction/ep [Epidemiology]"
clinical assessment tool
"cocaine dependence/ep [Epidemiology]"
controlled study
disease association
disease severity
*drug abuse pattern
female
heterosexual female
heterosexual male
human
*Human immunodeficiency virus infected patient
"Human immunodeficiency virus infection/dt [Drug Therapy]"
major clinical study
male
morbidity
"multiple drug abuse/ep [Epidemiology]"
"opiate addiction/ep [Epidemiology]"
patient compliance
population research
priority journal
*substance abuse
alcohol

amyl nitrite
"antiretrovirus agent/dt [Drug Therapy]"
cannabis
cocaine
opiate

Source: EMBASE

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

25. Development of the Addiction Dimensions for Assessment and Personalised Treatment (ADAPT)

Citation: Drug and Alcohol Dependence, 2014, vol./is. 139/(121-131), 0376-8716;1879-0046 (2014)

Author(s): Marsden J.; Eastwood B.; Ali R.; Burkinshaw P.; Chohan G.; Copello A.; Burn D.; Kelleher M.; Mitcheson L.; Taylor S.; Wilson N.; Whiteley C.; Day E.

Institution: (Marsden, Eastwood, Kelleher, Mitcheson, Day) Addictions Department, Institute of Psychiatry, King's College London, United Kingdom; (Marsden, Kelleher, Mitcheson) South London and Maudsley NHS Mental Health Foundation Trust, United Kingdom; (Marsden, Eastwood, Burkinshaw, Burn, Kelleher, Mitcheson, Taylor) Alcohol, Drug and Tobacco Division, Health and Wellbeing Directorate, Public Health England, United Kingdom; (Ali) Drug and Alcohol Services South Australia and Discipline of Pharmacology, School of Medical Sciences, University of Adelaide, Australia; (Chohan, Copello, Day) Birmingham and Solihull NHS Mental Health Foundation Trust, United Kingdom; (Wilson) Blenheim CDP, United Kingdom; (Whiteley) East London NHS Foundation Trust, United Kingdom; (Day) School of Clinical and oExperimental Medicine, University of Birmingham, United Kingdom

Language: English

Abstract: Background: Convergent research reveals heterogeneity in substance use disorders (SUD). The Addiction Dimensions for Assessment and Personalised Treatment (ADAPT) is designed to help clinicians tailor therapies. Methods: Multicentre study in 21 SUD clinics in London, Birmingham (England) and Adelaide (Australia). 132 clinicians rated their caseload on a beta version with 16 ordinal indicators of addiction severity, health and social problem complexity, and recovery strengths constructs. In Birmingham, two in-treatment outcomes were recorded after 15-months: 28-day drug use (Treatment Outcome Profile; n= 703) and Global Assessment of Functioning (GAF; DSM-IV Axis V; n= 695). Following item-level screening (inter-rater reliability [IRR]; n= 388), exploratory structural equation models (ESEM), latent profile analysis (LPA), and mixed-effects regression evaluated construct, concurrent and predictive validity characteristics, respectively. Results: 2467 patients rated (majority opioid or stimulant dependent, enrolled in opioid medication assisted or psychological treatment). IRR-screening removed two items and ESEM models identified and recalibrated remaining indicators (root mean square error of approximation 0.066 [90% confidence interval 0.055-0.064]). Following minor re-specification and satisfactory measurement invariance evaluation, ADAPT factor scores discriminated patients by sample, addiction therapy and drug use. LPA identified three patient sub-types: Class 1 (moderate severity, moderate complexity, high strengths profile; 46.9%); Class 2 (low severity, low complexity, high strengths; 25.4%) and Class 3 (high severity, high complexity, low strengths; 27.7%). Class 2 had higher GAF (z= 4.30). Class 3 predicted follow-up drug use (z= 2.02) and lower GAF (z= 3.51). Conclusion: The ADAPT is a valid instrument for SUD treatment planning, clinical review and outcome evaluation. Scoring and application are discussed. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: *Addiction Dimensions for Assessment and Personalised Treatment
adult
article

Australia
concurrent validity
construct validity
drug dependence
female
Global Assessment of Functioning
human
interrater reliability
major clinical study
male
opiate addiction
predictive validity
priority journal
*scoring system
*substance abuse
United Kingdom

Source: EMBASE

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

26. The impact of a reformulation of extended-release oxycodone designed to deter abuse in a sample of prescription opioid abusers

Citation: Drug and Alcohol Dependence, 2014, vol./is. 139/(9-17), 0376-8716;1879-0046 (2014)

Author(s): Havens J.R.; Leukefeld C.G.; DeVeaugh-Geiss A.M.; Coplan P.; Chilcoat H.D.

Institution: (Havens, Leukefeld) Department of Behavioral Science, University of Kentucky College of Medicine, 333 Waller Avenue, Suite 480, Lexington, KY 40504, United States; (DeVeaugh-Geiss, Coplan, Chilcoat) Risk Management and Epidemiology, Purdue Pharma L.P., One Stamford Forum, Stamford, CT 06901, United States

Language: English

Abstract: Background: Prescription opioid abuse is a significant public health concern that requires strategies to reduce its impact, including development of abuse deterrent formulations. OxyContin, an extended-release oxycodone (ERO) formulation, has been widely abused. This study assessed the effects of reformulated ERO, designed to be more difficult to manipulate for purposes of intranasal and intravenous abuse, on patterns of opioid abuse among a sample of individuals from rural Appalachia with a history of ERO abuse. Methods: Structured interviews assessing opioid abuse (past 30-day abuse and retrospectively reported abuse prior to the reformulation in August 2010) were completed by 189 individuals between December 2010 and September 2011. Results: The past 30-day prevalence and frequency of reformulated ERO abuse through any route (33%, 1.9 days/month), snorting (5%, 0.2 days/month), and injecting (0.5%, <0.1 days/month) were low and infrequent compared to that of IR oxycodone (any route: 96%, 19.5 days/month; snorting: 70%, 10.3 days/month; injecting: 51%, 10.5 days/month) and retrospectively reported abuse of original ERO in August 2010 (any route: 74%, 13.4 days/month; snorting: 39%, 6.0 days/month; injecting: 41%, 8.6 days/month). After the reformulation, the prevalence of original ERO abuse significantly declined while abuse of reformulated ERO remained steadily low. Heroin abuse was rare in this sample. Conclusions: In this sample, abuse of reformulated ERO was low, and lower than abuse of original ERO retrospectively and IR oxycodone concurrently, particularly through injecting and snorting routes of administration. There was no evidence to suggest that reformulated ERO became a substitute for original ERO. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 64-17-5 (alcohol); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 125-29-1 (hydrocodone); 25968-91-6 (hydrocodone); 34366-67-1 (hydrocodone); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2

(methadone); 297-88-1 (methadone); 76-99-3 (methadone); 124-90-3 (oxycodone); 76-42-6 (oxycodone)

Publication Type: Journal: Article

Subject Headings:
adult
alcohol abuse
article
cannabis addiction
cocaine dependence
controlled study
drug formulation
female
"heroin dependence/ep [Epidemiology]"
human
intravenous drug abuse
major clinical study
male
"*opiate addiction/ep [Epidemiology]"
prevalence
priority journal
retrospective study
rural area
structured interview
United States
alcohol
benzodiazepine derivative
cannabis
cocaine
diamorphine
hydrocodone
methadone
*oxycodone

Source: EMBASE

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

27. Dopamine D3 receptor alterations in cocaine-dependent humans imaged with [11C](+)PHNO

Citation: Drug and Alcohol Dependence, 2014, vol./is. 139/(100-103), 0376-8716;1879-0046 (2014)

Author(s): Matuskey D.; Gallezot J.-D.; Pittman B.; Williams W.; Wanyiri J.; Gaiser E.; Lee D.E.; Hannestad J.; Lim K.; Zheng M.-Q.; Lin S.-F.; Labaree D.; Potenza M.N.; Carson R.E.; Malison R.T.; Ding Y.-S.

Institution: (Matuskey, Pittman, Williams, Wanyiri, Gaiser, Hannestad, Potenza, Malison) Department of Psychiatry, Yale University, New Haven, CT, United States; (Matuskey, Gallezot, Williams, Lee, Lim, Zheng, Lin, Labaree, Carson) Department of Diagnostic Radiology, Yale University, New Haven, CT, United States; (Ding) Department of Radiology and Psychiatry, New York University School of Medicine, New York, NY, United States

Language: English

Abstract: Background: Evidence from animal models and postmortem human studies points to the importance of the dopamine D₃ receptor (D₃R) in cocaine dependence (CD). The objective of this pilot study was to use the D₃R-preferring radioligand [¹¹C](+)PHNO to compare receptor availability in groups with and without CD. Methods: Ten medically healthy, non-treatment seeking CD subjects (mean age 41+8) in early abstinence were compared to 10 healthy control (HC) subjects (mean age 41+6) with no history of cocaine or illicit substance abuse. Binding potential (BP_{ND}), a measure of available receptors, was determined with parametric images, computed using the simplified

reference tissue model (SRTM2) with the cerebellum as the reference region. Results: BP_{ND} in CD subjects was higher in D₃R-rich areas including the substantia nigra ((SN) 29%; P=0.03), hypothalamus (28%; P=0.02) and amygdala (35%; P=0.03). No between-group differences were observed in the striatum or pallidum. BP_{ND} values in the SN (r=+0.83; P=0.008) and pallidum (r=+0.67; P=0.03) correlated with years of cocaine use. Conclusions: Between-group differences suggest an important role for dopaminergic transmission in the SN, hypothalamus and amygdala in CD. Such findings also highlight the potential relevance of D₃R as a medication development target in CD. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:

adult
age distribution
amygdaloid nucleus
article
brain region
caudate nucleus
cerebellum
clinical article
"*cocaine dependence/et [Etiology]"
controlled study
corpus striatum
correlational study
dopaminergic transmission
drug brain level
drug distribution
*drug receptor binding
drug targeting
drug uptake
drug withdrawal
female
globus pallidus
help seeking behavior
human
human tissue
hypothalamus
isotope labeling
male
parametric test
pilot study
positron emission tomography
priority journal
protein determination
protein expression
putamen
receptor binding
single drug dose
substance abuse
substantia nigra
thalamus
"*dopamine 3 receptor/ec [Endogenous Compound]"
"*naxagolide c 11/an [Drug Analysis]"
"*naxagolide c 11/cr [Drug Concentration]"
"*naxagolide c 11/iv [Intravenous Drug Administration]"
"*naxagolide c 11/pk [Pharmacokinetics]"
"*naxagolide c 11/pd [Pharmacology]"
"*radiopharmaceutical agent/an [Drug Analysis]"
"*radiopharmaceutical agent/cr [Drug Concentration]"

"*radiopharmaceutical agent/iv [Intravenous Drug Administration]"
"*radiopharmaceutical agent/pk [Pharmacokinetics]"
"*radiopharmaceutical agent/pd [Pharmacology]"
unclassified drug

Source: EMBASE

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

28. The effect of the ecstasy 'come-down' on the diagnosis of ecstasy dependence

Citation: Drug and Alcohol Dependence, 2014, vol./is. 139/(26-32), 0376-8716;1879-0046 (2014)

Author(s): McKetin R.; Copeland J.; Norberg M.M.; Bruno R.; Hides L.; Khawar L.

Institution: (McKetin) Centre for Research on Ageing, Health and Well-being, Australian National University, Canberra, Australia; (McKetin, Norberg, Bruno, Khawar) National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia; (Copeland, Norberg) National Cannabis Prevention and Information Centre, University of New South Wales, Sydney, Australia; (Norberg) Centre for Emotional Health, Department of Psychology, Macquarie University, Australia; (Bruno) School of Medicine (Psychology), University of Tasmania, Australia; (Hides) Centre for Youth Substance Abuse Research (CYSAR), Institute of Health and Biomedical Innovation, School of Psychology and Counselling, Queensland University of Technology, Australia

Language: English

Abstract: Background: The existence of an ecstasy-dependence syndrome is controversial. We examined whether the acute after-effects of ecstasy use (i.e. the 'come-down') falsely lead to the identification of ecstasy withdrawal and the subsequent diagnosis of ecstasy dependence. Methods: The Structured Clinical Interview for DSM-IV-TR Disorders: Research Version (SCID-RV) was administered to 214 Australian ecstasy users. Ecstasy withdrawal was operationalised in three contrasting ways: (i) as per DSM-IV criteria; (ii) as the expected after-effects of ecstasy (a regular come-down); or (iii) as a substantially greater or longer come-down than on first use (intense come-down). These definitions were validated against frequency of ecstasy use, readiness to change and ability to resist the urge to use ecstasy. Confirmatory factor analyses were used to see how they aligned with the overall dependence syndrome. Results: Come-down symptoms increased the prevalence of withdrawal from 1% (DSM-IV criterion) to 11% (intense come-downs) and 75% (regular come-downs). Past year ecstasy dependence remained at 31% when including the DSM-IV withdrawal criteria and was 32% with intense come-downs, but increased to 45% with regular come-downs. Intense come-downs were associated with lower ability to resist ecstasy use and loaded positively on the dependence syndrome. Regular come-downs did not load positively on the ecstasy-dependence syndrome and were not related to other indices of dependence. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 42542-10-9 (3,4 methylenedioxymethamphetamine)

Publication Type: Journal: Article

Subject Headings:
adult
article
Australia
*drug dependence
female
human
major clinical study
male
priority journal
rating scale
severity of dependence scale
Structured Clinical Interview for DSM Disorders

*withdrawal syndrome
*3 4 methylenedioxymethamphetamine

Source: EMBASE

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

29. Unrecorded alcohol in Rio de Janeiro: Assessing its misusers through Respondent Driven Sampling

Citation: Drug and Alcohol Dependence, 2014, vol./is. 139/(169-173), 0376-8716;1879-0046 (2014)

Author(s): De Boni R.B.; Bertoni N.; Bastos L.S.; Bastos F.I.

Institution: (De Boni) Evandro Chagas Institute of Clinical Research - Oswaldo Cruz Foundation, Rio de Janeiro, Brazil; (Bertoni, Bastos) Health Information Department - Oswaldo Cruz Foundation, Rio de Janeiro, Brazil; (Bastos) Scientific Computing Program - Oswaldo Cruz Foundation, Rio de Janeiro, Brazil

Language: English

Abstract: Background: Around 20-30% of alcohol use in low and middle-income countries is estimated to come from unrecorded sources, but little is known about the characteristics of its consumers. The aim of this study was to obtain information about users of unrecorded alcohol and describe factors associated with its frequent use. Method: A cross-sectional study, using Respondent Driven Sampling (RDS), was conducted in Rio de Janeiro, Brazil in 2010. Individuals aged 18-65 who reported binge drinking in the last 12 months were recruited to participate in a structured interview. Three sources of unrecorded alcohol use were assessed: home-made/unrecorded; perfumes/lotions; and "medicinal" products (compounds made of herbs and local spirits). Results: 343 individuals were recruited and 303 were interviewed. The sample comprised mostly of men (n= 256) from low socioeconomic strata, with a mean age of 38.8 (+12). Most individuals (71.8%) reported to have used more than one variety of unrecorded alcohol, which was found to be associated with: being older than 31 (OR 2.21; CI 95% 1.05-4.80), an AUDIT score >20 (OR 11.21; CI 95% 4.56-30.96), having used crack/cocaine (OR 2.29; CI 95% 1.02-5.21), and having received treatment for alcohol addiction in the last 12 months (OR 3.64; CI 95% 1.25-13.49). Conclusion: Most unrecorded alcohol users were disadvantaged polysubstance users. Assessing unrecorded alcohol use has important clinical implications and should be screened for among crack/powder cocaine and alcohol-dependent patients. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 64-17-5 (alcohol); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine)

Publication Type: Journal: Article

Subject Headings:
adult
aged
alcohol consumption
*alcoholism
article
binge drinking
Brazil
cocaine dependence
cross-sectional study
female
human
major clinical study
male
priority journal
scoring system
socioeconomics
structured interview

*alcohol
cocaine

Source: EMBASE

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

30. Kratom (Mitragyna speciosa) dependence, withdrawal symptoms and craving in regular users

Citation: Drug and Alcohol Dependence, 2014, vol./is. 139/(132-137), 0376-8716;1879-0046 (2014)

Author(s): Singh D.; Muller C.P.; Vicknasingam B.K.

Institution: (Singh, Vicknasingam) Centre for Drug Research, Universiti Sains Malaysia, 11800 Minden, Penang, Malaysia; (Muller) Department of Psychiatry and Psychotherapy, University Clinic, Friedrich-Alexander-University of Erlangen-Nuremberg, Schwabachanlage 6, 91054 Erlangen, Germany

Language: English

Abstract: Background: Kratom (Mitragyna speciosa) preparations have been traditionally used in Southeast Asia for its medicinal properties. Lately, Kratom use has spread to Europe and the US, where abuse potential and health hazards increasingly emerge. This study is the first to measure systematically Kratom dependence, withdrawal symptoms, and drug craving in regular Kratom users in Malaysia. Methods: A cross-sectional survey of 293 regular Kratom users was conducted in the community across three northern peninsular states of Malaysia. The Leeds Dependence Questionnaire, Marijuana Withdrawal Checklist, and Marijuana Craving Questionnaire-Short Form were used to measure Kratom dependence, withdrawal and craving. Results: More than half of the regular users (>6 month of use) developed severe Kratom dependence problems, while 45% showed a moderate Kratom dependence. Physical withdrawal symptoms commonly experienced include muscle spasms and pain, sleeping difficulty, watery eyes/nose, hot flashes, fever, decreased appetite, and diarrhoea. Psychological withdrawal symptoms commonly reported were restlessness, tension, anger, sadness, and nervousness. The average amount of the psychoactive compound, mitragynine, in a single dose of a Kratom drink was 79. mg, suggesting an average daily intake of 276.5. mg. Regular users who consumed >3 glasses Kratom per day, had higher odds of developing severe Kratom dependence, withdrawal symptoms, and inability to control Kratom craving. Conclusions: The findings from this study show that regular Kratom use is associated with drug dependency, development of withdrawal symptoms, and craving. These symptoms become more severe with prolonged use and suggest a stronger control of the drug. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 4098-40-2 (mitragynine)

Publication Type: Journal: Article

Subject Headings:
adult
anger
article
"diarrhea/co [Complication]"
disease severity
dose response
drinking behavior
drug abuse pattern
*drug dependence
"epiphora/co [Complication]"
"fever/co [Complication]"
"hot flush/co [Complication]"
human
*Kratom dependence
"loss of appetite/co [Complication]"

major clinical study
Malaysia
male
Mitragyna
mitragyna speciosa
"muscle spasm/co [Complication]"
nervousness
"pain/co [Complication]"
plant leaf
priority journal
"restlessness/co [Complication]"
single drug dose
"sleep disorder/co [Complication]"
"*withdrawal syndrome/co [Complication]"
young adult
"mitragynine/an [Drug Analysis]"

Source: EMBASE

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

31. Substance use patterns and factors associated with changes over time in a cohort of heterosexual women at risk for HIV acquisition in the United States

Citation: Drug and Alcohol Dependence, 2014, vol./is. 139/(93-99), 0376-8716;1879-0046 (2014)

Author(s): Kuo I.; Golin C.E.; Wang J.; Haley D.F.; Hughes J.; Mannheimer S.; Justman J.; Rompalo A.; Frew P.M.; Adimora A.A.; Soto-Torres L.; Hodder S.

Institution: (Kuo) George Washington University, School of Public Health and Health Services, Washington, DC, United States; (Golin, Adimora) University of North Carolina School of Medicine and Gillings School of Global Public Health, Chapel Hill, NC, United States; (Wang, Hughes) Fred Hutchinson Cancer Research Center, Seattle, WA, United States; (Haley) FHI 360, Durham, NC, United States; (Haley, Frew) Rollins School of Public Health, Department of Behavioral Sciences and Health Education, Atlanta, GA, United States; (Hughes) Department of Biostatistics, University of Washington, Seattle, WA, United States; (Mannheimer) Harlem Hospital Center, New York, NY, United States; (Mannheimer, Justman) Mailman School of Public Health, Columbia University, New York, NY, United States; (Rompalo) Johns Hopkins University School of Medicine, Baltimore, MD, United States; (Frew) Emory University, Department of Medicine, Division of Infectious Diseases, Atlanta, GA, United States; (Soto-Torres) National Institutes of Health, National Institute on Allergy and Infectious Diseases, Bethesda, MD, United States; (Hodder) New Jersey Medical School, Rutgers, Newark, NJ, United States

Language: English

Abstract: Background: Substance use is associated with HIV sexual risk behaviors, yet few studies have examined substance use patterns longitudinally. We evaluated the types and frequency of substances used over a six-month period among U.S. women at risk for HIV acquisition. Methods: Women reporting unprotected sex with a man in the previous six months and at least one other personal or partner HIV risk characteristic enrolled in a multisite cohort study and completed interviews about substance use at study visits. Prevalence and frequency of substance use at the baseline and six-month visits were compared and correlates of decreased substance use at the six-month visit were assessed. Results: Of 2099 women enrolled, 1882 had substance use data at baseline and six-months. Of these, 76.1% reported using at least one drug or binge drinking in the previous six months; 37.5% were frequent and 38.6% non-frequent substance users. Binge drinking was most frequently reported (63.3%), followed by cocaine (25.0%) and opioids (16.5%). Fifty-five percent of opiate users and 30% of cocaine users reported daily/almost daily use. At the six-month visit, 40.5% reported a decrease in frequency of use. Adjusting for income and type of drug used, poly-substance users were less likely to decrease frequency of use compared to those who only used one substance. Conclusion: A substantial decrease in frequency of substance use over time was observed in this cohort. Poly-substance users were less likely to reduce frequency of use over time,

suggesting that specific substance use interventions targeting these users are warranted. 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); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings:
adult
article
binge drinking
female
heterosexual female
human
*Human immunodeficiency virus infection
income
multiple drug abuse
prevalence
priority journal
*substance use
United States
unprotected sex
cocaine
opiate

Source: EMBASE

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

32. Chronic morphine treatment induces over-expression of HSP70 in mice striatum related with abnormal ubiquitin-proteasome degradation

Citation: Drug and Alcohol Dependence, 2014, vol./is. 139/(53-59), 0376-8716;1879-0046 (2014)

Author(s): Yang H.-Y.; Pu X.-P.; Liu Y.

Institution: (Yang) Institute of Clinical Medicial Sciences, Jiangxi Province People's Hospital, Nanchang 330006, China; (Yang, Pu) Department of Molecular and Cellular Pharmacology, School of Pharmaceutical Science, Peking University, Beijing 100191, China; (Liu) Department of Pathology, Jiangxi Province People's Hospital, Nanchang 330006, China

Language: English

Abstract: Background: It has been shown that opioid dependence-related neuronal plasticity may rely not only on protein synthesis, but also on protein degradation, mainly mediated by ubiquitin-proteasome system (UPS). The aim of the present study was to determine the effect of morphine on the regulation of protein degradation in the brain and to determine which proteins are involved in the underlying mechanism. Methods: Mice were given chronic morphine administration and the state of morphine dependence was confirmed by induction of naloxone-precipitated withdrawal jumping. The level of ubiquitinated proteins in the striatum and spinal cord of morphine-dependent mice was detected by Western blotting. One of the abnormal-ubiquitinated proteins in mice striatum was identified by electrospray ionization quadrupole time-of-flight tandem mass spectrometry and the result was further confirmed by Western blotting and immunofluorescence method. Results: We found that the expression of some ubiquitinated proteins was clearly decreased in the striatum of morphine-depnendent mice, but not in the spinal cord. And we identified a ubiquitinated protein (>79. kDa) decreased in the striatum as heat shock cognate 70 protein, one member of the 70. kDa family of heat shock proteins (HSP70). Moreover, we confirmed the level of HSP70 protein was significantly increased in mice striatum. Conclusions: These data strongly suggest morphine-induced HSP70 overexpression in the striatum is closely related with its abnormal degradation by UPS

and it seems to be an important mechanism associated with morphine dependence. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 52-26-6 (morphine); 57-27-2 (morphine); 357-08-4 (naloxone); 465-65-6 (naloxone); 140879-24-9 (proteasome); 60267-61-0 (ubiquitin)

Publication Type: Journal: Article

Subject Headings:
animal experiment
animal model
animal tissue
article
controlled study
*corpus striatum
jumping
male
"*morphine addiction/et [Etiology]"
mouse
nonhuman
nucleotide sequence
priority journal
*protein degradation
protein expression
spinal cord
ubiquitination
withdrawal syndrome
"heat shock cognate protein 70/ec [Endogenous Compound]"
"*heat shock protein 70/ec [Endogenous Compound]"
*morphine
naloxone
"*proteasome/ec [Endogenous Compound]"
"*ubiquitin/ec [Endogenous Compound]"

Source: EMBASE

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

33. Time to relapse following treatment for methamphetamine use: A long-term perspective on patterns and predictors

Citation: Drug and Alcohol Dependence, 2014, vol./is. 139/(18-25), 0376-8716;1879-0046 (2014)

Author(s): Brecht M.-L.; Herbeck D.

Institution: (Brecht, Herbeck) Department of Biobehavioral Sciences, David Geffen School of Medicine, University of California, 11075 Santa Monica Blvd., Suite 100, Los Angeles, CA 90025, United States; (Brecht) School of Nursing, University of California, Factor 5-151, 700 Tiverton Ave., Los Angeles, CA 90095, United States

Language: English

Abstract: Introduction: This paper describes methamphetamine (MA) use patterns, specifically the duration of continuing abstinence ("time to relapse") for periods averaging 5 years post-discharge from treatment for MA use, and the relationship with selected user and treatment characteristics. Methods: A sample of 350 treatment admissions from a large county substance use disorder (SUD) treatment system was randomly selected (within gender, race/ethnicity, treatment modality strata). Retrospective self-report data are from natural history interviews (NHI) conducted approximately 3 years after treatment and a follow-up of 2-3 years later. Relapse is defined as any use of MA with time as the number of months of continuous MA abstinence after treatment discharge until relapse. This outcome was constructed from a monthly MA use timeline using NHI data. A Cox model was used to examine time to relapse and predictors. Results: Sixty-one percent of the sample relapsed to MA use within 1 year after treatment discharge and 14% during years

2-5. Significant protective factors predicting longer time to relapse included having experienced serious MA-related psychiatric/behavioral problems (hazard ratio [HR] = 0.75, p= 0.027), longer duration of the index treatment episode (HR = 0.93, p= 0.001), and participating in self-help or other treatment during the post-treatment abstinence period (HR = 0.29, p< 0.001); risk factors for shorter time to relapse included having a parent with alcohol and/or drug use problems (HR = 1.35, p= 0.020) and involvement in MA sales (HR = 1.48, p= 0.002). Conclusions: Results contribute a long-term perspective on patterns of MA use following treatment and support a need for early post-treatment and long-term continuing care and relapse-prevention services. 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:
*abstinence
adult
article
"behavior disorder/co [Complication]"
controlled study
disease duration
*drug abuse pattern
*drug dependence treatment
female
human
major clinical study
male
"mental disease/co [Complication]"
"*methamphetamine dependence/th [Therapy]"
outcome assessment
parental attitude
priority journal
prognosis
relapse
risk factor
self help
treatment duration
"withdrawal syndrome/co [Complication]"
*methamphetamine

Source: EMBASE

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

34. Changing motives for use: Outcomes from a cognitive-behavioral intervention for marijuana-dependent adults

Citation: Drug and Alcohol Dependence, 2014, vol./is. 139/(41-46), 0376-8716;1879-0046 (2014)

Author(s): Banes K.E.; Stephens R.S.; Blevins C.E.; Walker D.D.; Roffman R.A.

Institution: (Banes, Stephens, Blevins) Virginia Polytechnic Institute and State University, Blacksburg, VA, United States; (Walker, Roffman) University of Washington, Seattle, WA, United States

Language: English

Abstract: Background: Motives for use have been identified as important predictors of substance use and related problems; however, little is known about how motives for use change following an intervention and how this change may impact future substance use behaviors. The present study sought to describe change in motives following an intervention for marijuana-dependent adults. Furthermore, investigators examined change in motives as a predictor of treatment outcome. Method: The study randomized 74 adults to one of two conditions: both of which received 9-sessions base treatment of cognitive

behavioral therapy and motivational enhancement therapy and had access to additional sessions of cognitive behavioral treatment on an as-needed basis. The experimental condition received two additional "check-ups" during the course of follow-up. Results: Significant decreases in reported frequency of motives used were observed following treatment. Changes in Expansion and Coping were associated with differential treatment outcomes. Decreases in Expansion were associated with poorer treatment outcome, while decreases in Coping were associated with better treatment outcome. Conclusions: The relationship between expansion motives and outcomes was paradoxical. Although there were some inconsistencies in the findings, the results regarding the coping motive were consistent with hypotheses and may have important implications for treatment. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

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

Publication Type: Journal: Article

Subject Headings:
adult
aged
article
"*cannabis addiction/th [Therapy]"
*cognitive therapy
controlled study
coping behavior
female
follow up
human
major clinical study
male
medical assessment
motivational enhancement therapy
priority journal
psychotherapy
randomized controlled trial
treatment outcome
*cannabis

Source: EMBASE

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

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

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

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

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

Language: English

Abstract: Ethnopharmacological relevance Leaves of Toona sinensis (A. Juss.) Roem. (TSL), a popular vegetable in China, have anti-inflammatory, antidoting, and worm-killing effects and are used in folk medicine for the treatment of enteritis, dysentery, carbuncles, boils, and especially abdominal tumors. Our aim was to investigate the in vitro antimicrobial activity against Staphylococcus aureus and anticancer property of the essential oil from

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

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

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

Publication Type: Journal: Article

Subject Headings:

*antibacterial activity
*antineoplastic activity
*apoptosis
article
bacterial growth
bacterial strain
bacterium isolate
biological activity
cancer cell line
cell viability
chemical composition
cytotoxicity
dose response
down regulation
flow cytometry
HepG2 cell line
HT 29 cell line
human
human cell
hydrodistillation
in vitro study
mass fragmentography
*methicillin resistant Staphylococcus aureus
*methicillin susceptible Staphylococcus aureus
minimum inhibitory concentration
MTT assay

plant leaf
protein expression
*Toona sinensis
upregulation
Western blotting
alkadiene
alpha cubebene
alpha muurolene
aromadendrene
beta bisabolene
beta elemene
beta eudesmene
beta vatirenene
bourbonene
caryophyllene derivative
caryophyllene oxide
"caspase 3/ec [Endogenous Compound]"
cis alpha bisabolene
copaene
delta cadinene
delta elemene
"*essential oil/pd [Pharmacology]"
gamma cadinene
gamma selinene
germacrene B
nerolidol
phthalic acid dioctyl ester
phytol
"protein Bax/ec [Endogenous Compound]"
"protein bcl 2/ec [Endogenous Compound]"
sesquiterpene derivative
unclassified drug

Source: EMBASE

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

36. Preliminary evaluation of the use of pharmacological treatment with convicted sexual offenders experiencing high levels of sexual preoccupation, hypersexuality and/or sexual compulsivity

Citation: Journal of Forensic Psychiatry and Psychology, March 2014, vol./is. 25/2(176-194), 1478-9949;1478-9957 (March 2014)

Author(s): Winder B.; Lievesley R.; Kaul A.; Elliott H.J.; Thorne K.; Hocken K.

Institution: (Winder, Lievesley, Elliott) Sexual Offences Crime and Misconduct Research Unit, Division of Psychology, Nottingham Trent University, United Kingdom; (Kaul) Offender Health, Nottinghamshire Healthcare NHS Trust, United Kingdom; (Thorne, Hocken) HMP Whatton, Nottingham, United Kingdom

Language: English

Abstract: The current study presents the preliminary evaluation of the impact of pharmacological treatment (Selective Serotonin Reuptake Inhibitors and anti-androgens) on hypersexuality, sexual preoccupation and sexual compulsivity. The participant pool comprised 64 convicted UK sexual offenders who had been voluntarily referred for pharmacological treatment to reduce their hypersexual arousal, 51 of whom agreed to take the medication (with a further five individuals on hold or under assessment at the time of data extraction). The preliminary findings were very encouraging; analysis on measures assessing sexual preoccupation, hypersexuality and sexual compulsivity indicated a

significant reduction between pre- and post-medication, across both types of medication. Limitations of the current research are discussed. 2014 2014 Taylor & Francis.

Country of Publication: United Kingdom

Publisher: Routledge

CAS Registry Number: 54910-89-3 (fluoxetine); 56296-78-7 (fluoxetine); 59333-67-4 (fluoxetine); 57773-63-4 (triptorelin)

Publication Type: Journal: Article

Subject Headings:
adult
aged
article
"*compulsion/dt [Drug Therapy]"
distractibility
drug dose increase
drug efficacy
drug response
fantasy
human
"*hypersexuality/dt [Drug Therapy]"
libido
major clinical study
male
masturbation
orgasm
priority journal
psychological rating scale
*psychopharmacotherapy
"*psychosexual disorder/dt [Drug Therapy]"
self concept
"sexual addiction/dt [Drug Therapy]"
"sexual arousal disorder/dt [Drug Therapy]"
sexual behavior
"*sexual compulsivity/dt [Drug Therapy]"
*sexual crime
"*sexual preoccupation/dt [Drug Therapy]"
thinking
United Kingdom
"*antiandrogen/cb [Drug Combination]"
"*antiandrogen/dt [Drug Therapy]"
"*fluoxetine/cb [Drug Combination]"
"*fluoxetine/dt [Drug Therapy]"
"*triptorelin/dt [Drug Therapy]"

Source: EMBASE

37. Delta-9-Tetrahydrocannabinol/cannabidiol (Sativex): A review of its Use in patients with moderate to severe spasticity due to multiple sclerosis

Citation: Drugs, 2014, vol./is. 74/5(563-578), 0012-6667;1179-1950 (2014)

Author(s): Syed Y.Y.; McKeage K.; Scott L.J.

Institution: (Syed, McKeage, Scott) Adis, 41 Centorian Drive, Private Bag 65901, Mairangi-Bay, North-Shore, 0754 Auckland, New Zealand

Language: English

Abstract: Delta-9-tetrahydrocannabinol (THC)/cannabidiol (CBD) [Sativex] is an oromucosal spray formulation that contains principally THC and CBD at an approximately 1:1 fixed ratio, derived from cloned Cannabis sativa L. plants. The main active substance, THC, acts as a partial agonist at human cannabinoid receptors (CB₁ and CB₂), and thus, may modulate the effects of excitatory (glutamate) and inhibitory

(gamma-aminobutyric acid) neurotransmitters. THC/CBD is approved in a number of countries, including Germany and the UK, as an add-on treatment for symptom improvement in adult patients with moderate to severe spasticity due to multiple sclerosis who have not responded adequately to other anti-spasticity medication and who demonstrate clinically significant improvement in spasticity-related symptoms during an initial trial of therapy. In the largest multinational clinical trial that evaluated the approved THC/CBD regimen in this population, 12 weeks' double-blind treatment with THC/CBD significantly reduced spasticity severity (primary endpoint) compared with placebo in patients who achieved a clinically significant improvement in spasticity after 4 weeks' single-blind THC/CBD treatment, as assessed by a patient-rated numerical rating scale. A significantly greater proportion of THC/CBD than placebo recipients achieved a >30 % reduction (a clinically relevant reduction) in spasticity severity. The efficacy of THC/CBD has been also shown in at least one everyday clinical practice study (MOVE 2). THC/CBD was generally well tolerated in clinical trials. Dizziness and fatigue were reported most frequently during the first 4 weeks of treatment and resolved within a few days even with continued treatment. Thus, add-on THC/CBD is a useful symptomatic treatment option for its approved indication. 2014 Springer International Publishing Switzerland.

Country of Publication: New Zealand

Publisher: Adis International Ltd

CAS Registry Number: 28805-76-7 (4 aminobutyric acid); 56-12-2 (4 aminobutyric acid); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 11070-68-1 (glutamic acid); 138-15-8 (glutamic acid); 56-86-0 (glutamic acid); 6899-05-4 (glutamic acid); 56575-23-6 (nabiximols)

Publication Type: Journal: Article

Subject Headings:
add on therapy
"application site pain/si [Side Effect]"
"application site reaction/si [Side Effect]"
article
"asthenia/si [Side Effect]"
"auditory hallucination/si [Side Effect]"
clinical trial (topic)
cost effectiveness analysis
"delusion/si [Side Effect]"
"depression/si [Side Effect]"
"diarrhea/si [Side Effect]"
disease severity
"disorientation/si [Side Effect]"
"dizziness/et [Etiology]"
"dizziness/si [Side Effect]"
drug efficacy
drug indication
drug tolerability
drug withdrawal
"dysgeusia/si [Side Effect]"
euphoria
fall risk
"fatigue/et [Etiology]"
"fatigue/si [Side Effect]"
Germany
"glossodynia/si [Side Effect]"
"headache/si [Side Effect]"
human
"illusion/si [Side Effect]"
"mouth ulcer/si [Side Effect]"
*multiple sclerosis
"nausea/si [Side Effect]"
neuromodulation
nonhuman

oral spray
palliative therapy
"paranoia/si [Side Effect]"
quality adjusted life year
rating scale
"side effect/si [Side Effect]"
"somnolence/si [Side Effect]"
"*spasticity/dm [Disease Management]"
"*spasticity/dt [Drug Therapy]"
"*spasticity/et [Etiology]"
"suicidal ideation/si [Side Effect]"
treatment duration
treatment outcome
United Kingdom
"urinary tract infection/si [Side Effect]"
"vertigo/si [Side Effect]"
"visual hallucination/si [Side Effect]"
"withdrawal syndrome/si [Side Effect]"
"xerostomia/si [Side Effect]"
"4 aminobutyric acid/ec [Endogenous Compound]"
"cannabinoid 1 receptor/ec [Endogenous Compound]"
"cannabinoid 2 receptor/ec [Endogenous Compound]"
cannabis
"glutamic acid/ec [Endogenous Compound]"
"*nabiximols/ae [Adverse Drug Reaction]"
"*nabiximols/bd [Buccal Drug Administration]"
"*nabiximols/ct [Clinical Trial]"
"*nabiximols/do [Drug Dose]"
"*nabiximols/dt [Drug Therapy]"
"*nabiximols/pe [Pharmacoeconomics]"
"*nabiximols/pk [Pharmacokinetics]"
"*nabiximols/pd [Pharmacology]"
"neurotransmitter/ec [Endogenous Compound]"
partial agonist
placebo

Source: EMBASE

Full Text: Available from *Springer NHS* in *Drugs*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS

38. Measurement of beta-tryptase in postmortem serum, pericardial fluid, urine and vitreous humor in the forensic setting

Citation: Forensic Science International, July 2014, vol./is. 240/(29-34), 0379-0738;1872-6283 (July 2014)

Author(s): Comment L.; Reggiani Bonetti L.; Mangin P.; Palmiere C.

Institution: (Comment, Mangin, Palmiere) University Center of Legal Medicine, Lausanne University Hospital, 21 rue du Bugnon, 1011 Lausanne, VD, Switzerland; (Reggiani Bonetti) Department of Diagnostic Services, Pathology and Legal Medicine, Section of Pathology, University of Modena and Reggio Emilia, Modena, Italy

Language: English

Abstract: In the realm of forensic pathology, beta-tryptase measurement for diagnostic purposes is performed in postmortem serum obtained from femoral blood. This may be partially or completely unavailable in some specific cases, such as infant autopsies and severely damaged bodies. The aim of this study was to investigate the usefulness of determining beta-tryptase levels for diagnostic purposes in alternative biological samples. Urine, vitreous humor and pericardial fluid were selected and measured in 94 subjects including: fatal anaphylaxis following contrast material administration (6 cases), hypothermia (10 cases), diabetic ketoacidosis (10 cases), gunshot suicide (10 cases), heroin

injection-related deaths (18 cases), trauma (10 cases), sudden death with minimal coronary atherosclerosis (10 cases), severe coronary atherosclerosis without myocardial infarction (10 cases) and severe coronary atherosclerosis with myocardial infarction (10 cases). Postmortem serum and pericardial fluid beta-tryptase levels higher than the clinical reference value (11.4 ng/ml) were systematically identified in fatal anaphylaxis following contrast material administration and 6 cases unrelated to anaphylaxis. beta-tryptase concentrations in urine and vitreous humor were lower than the clinical reference value in all cases included in this study. Determination of beta-tryptase in pericardial fluid appears to be a possible alternative to postmortem serum in the early postmortem period when femoral blood cannot be collected during autopsy and biochemical investigations are required to objectify increased beta-tryptase levels. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 97501-93-4 (tryptase)

Publication Type: Journal: Article

Subject Headings:

adult
aged
"anaphylaxis/di [Diagnosis]"
"anaphylaxis/si [Side Effect]"
article
autopsy
cause of death
controlled study
"coronary artery atherosclerosis/di [Diagnosis]"
"diabetic ketoacidosis/di [Diagnosis]"
diagnostic value
disease severity
"drug fatality/di [Diagnosis]"
"drug fatality/si [Side Effect]"
drug safety
*enzyme blood level
*enzymuria
female
*forensic pathology
"gunshot injury/di [Diagnosis]"
"heart infarction/di [Diagnosis]"
"heroin dependence/di [Diagnosis]"
human
human tissue
"hypothermia/di [Diagnosis]"
"injury/di [Diagnosis]"
major clinical study
male
*pericardial effusion
priority journal
reference value
sudden death
"suicide/di [Diagnosis]"
*vitreous body
young adult
"*beta tryptase/ec [Endogenous Compound]"
"contrast medium/ae [Adverse Drug Reaction]"
"*tryptase/ec [Endogenous Compound]"
unclassified drug

Source: EMBASE

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

39. Computer-based diagnosis of illness in historical persons

Citation: Journal of the Royal College of Physicians of Edinburgh, 2013, vol./is. 43/4(379), 1478-2715 (2013)

Author(s): Ferguson G.

Language: English

Country of Publication: United Kingdom

Publisher: Royal College of Physicians of Edinburgh

Publication Type: Journal: Letter

Subject Headings:
alcoholism
*computer assisted diagnosis
computer program
cultural anthropology
data base
*diseases
empathy
family history
*historical period
human
Lesch Nyhan syndrome
letter
maladjustment
United Kingdom

Source: EMBASE

40. Knowledge, attitudes and sexual health behaviour of residents attending a nurseled contraception and sexual health service within hostels for the homeless

Citation: European Journal of Contraception and Reproductive Health Care, May 2014, vol./is. 19/(S142-S143), 1362-5187 (May 2014)

Author(s): Shawe J.; White A.; Ball A.; Stretch R.; Cannon E.; Rees L.; Fasana D.; Wilkinson C.

Institution: (Shawe) University of Surrey, Guildford, United Kingdom; (White, Stretch, Cannon, Rees, Fasana, Wilkinson) CNWL NHS Foundation Trust, London, United Kingdom; (Ball) St Mungo's Charity, London, United Kingdom

Language: English

Abstract: Objective: The project aimed to establish and evaluate a Nurse-led Contraception & Sexual Health Service providing care within hostels for the homeless in London. Homelessness is a risk factor for poor health and particularly sexual ill-health. Homeless women are more likely to become pregnant and to have had a sexually transmitted infection. They often use drugs and alcohol and then need to sell sex to feed the habit. Little is known about the sexual health of homeless men. Design and Methods: A nurse-led outreach sexual health service was established once a week in three hostels for the homeless. Contraception and sexual health promotion, screening and treatment were offered by the Specialist Reproductive Health nurses, health care workers and health promotion staff. Following consultations clients were asked to complete a questionnaire. Questionnaires were also given out at three hostels without a service. Interviews with residents (n = 12) and staff (n = 6) from the three hostels with the service and three hostels without a service explored knowledge, attitudes and sexual health behaviour. Quantitative data was analysed using IBM SPSS v20 and Qualitative data using NVivo 10 software. Results: 161 clients (87 women and 71 men 3 unknown) used the service with 367 attendances. 42 completed questionnaires at hostels with a service and 28 at hostels without a service. Poor general health including long term conditions, mental health conditions, addiction and substance misuse was reported. Harrowing stories of past trauma, abuse and sex work emerged from the interviews. Key themes which made the hostel service attractive included issues with access to mainstream services, clients'

unwillingness to travel and needing support to attend. Ensured confidentiality was another important factor in attendance. Clients also suggested incentivising vaccination programmes. Staff were positive about the service in the hostels and highlighted the need for more joined up working due to clients complex health needs. Conclusion: The service has demonstrated unmet need and an impact on men and women who would not normally attend mainstream services. It has also provided a valuable opportunity for health promotion both with residents and staff. UK Department of Health policy suggests that homeless people require targeted, specialist services. The service enables women & men at high risk of sexual ill-health to access appropriate care within a familiar non-threatening environment.

Conference Information: 13th Congress of the European Society of Contraception and Reproductive Health Lisbon Portugal. Conference Start: 20140528 Conference End: 20140531

Publisher: Informa Healthcare

Publication Type: Journal: Conference Abstract

Subject Headings:
*sexual health
*contraception
*reproductive health
*health service
*halfway house
*society
*health behavior
human
health
male
female
nurse
health promotion
questionnaire
medical specialist
United Kingdom
interview
homelessness
screening
habit
risk factor
risk
health care policy
vaccination
confidentiality
travel
abuse
injury
addiction
mental health
prostitution
computer program
consultation
health care personnel
environment
sexually transmitted disease
data analysis software
alcohol

Source: EMBASE

Full Text: Available from *Informa Healthcare* in *European Journal of Contraception and Reproductive Health Care, The*

41. Smoking and tobacco control survey of healthcare professionals (HCP) in Ireland

Citation: Irish Journal of Medical Science, November 2013, vol./is. 182/(S484), 0021-1265 (November 2013)

Author(s): Keogan S.; Clarke V.; Ward M.; Clancy L.

Institution: (Keogan, Clarke, Ward, Clancy) Tobacco Free Research Institute Ireland, Dublin, Ireland

Language: English

Abstract: The need to control tobacco is probably the most important health intervention. Tobacco dependence is a recognized lifedestroying disease. It is therefore very important that all health care professionals are educated and feel competent as role models to enable the treatment of tobacco dependence which is highly cost effective, to be a successful medical intervention. Thus the attitudes, knowledge and preparedness of health professionals in Ireland are highly relevant and must embrace all health professionals. The objectives of this study were to estimate: the prevalence of smoking the knowledge as well as attitudes and training concerning treatment of tobacco dependence (TTD) among Healthcare Professionals (HCP): A previously validated electronic questionnaire using 'Survey Monkey' was circulated to the INMO, IMO and IDA members. The prevalence of current smokers was 19.6 % of Nurses, 20.3 % of Doctors and 23.4 % of Dentists. (Figure Presented) The data suggests that prevalence of smoking among HCP is similar to the general population of the same socio-economic group. None of the groups feel adequately trained, nurses of which 97.4 % are female have the lowest prevalence. This study will have implications with regard to training and availability of resource with regard to treatment of smokers wishing to quit.

Conference Information: Irish Thoracic Society Annual Scientific Meeting 2013 Derry United Kingdom. Conference Start: 20131115 Conference End: 20131116

Publisher: Springer London

Publication Type: Journal: Conference Abstract

Subject Headings:
*smoking
*tobacco
*health care personnel
*human
*Ireland
*society
prevalence
tobacco dependence
health practitioner
nurse
physician
implantable cardioverter defibrillator
model
Haplorhini
female
dentist
population
questionnaire
health

Source: EMBASE

Full Text: Available from *Springer NHS* in *Irish Journal of Medical Science*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS

42. Correlates of interpersonal problems among current and former drug users in Slovakia

Citation: Journal of Substance Use, 2014, vol./is. 19/3(268-273), 1465-9891;1475-9942 (2014)

Author(s): Klimas J.

Institution: (Klimas) Department of Psychology, Trnava University, Trnava, Slovakia; (Klimas) University College Dublin, School of Medicine and Medical Science, Coombe Healthcare

Centre, Dolphins-Barn-Dublin-08, Ireland; (Klimas) Graduate Entry Medical School, University of Limerick, Limerick, Ireland

Language: English

Abstract: Introduction: This cross-sectional study examined correlates of interpersonal problems in a sample of 139 current and former drug users from three types of settings in Slovakia (1 needle-exchange program, 1 twelve-week inpatient treatment and 14 long-term therapeutic communities). Methods: The Inventory of Interpersonal Problems (IIP-32) was correlated with selected psychological constructs, for example, social support, impulsivity, anxiety and the drug abuse screening test. Results: Contrary to expectations, there were no differences between current and former drug users with respect to their interpersonal problems. Certain interpersonal problems (intrusiveness) tended to be lower, while social resources (affectionate support) were higher in current versus former users. Social support was negatively correlated with risky injecting practices among injectors. Conclusion: Interpersonal problems among drug users and drug-free populations seem to be of enduring nature and their measurement remains a complex issue. As the findings suggest, addiction can be best understood by studying psychosocial along with biomedical factors, including interpersonal problems, of current drug users as they may differ from treated users. 2014 Informa UK Ltd. All rights reserved: reproduction in whole or part not permitted.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

Publication Type: Journal: Article

Subject Headings:
adult
alcohol consumption
anxiety
article
coping behavior
cross-sectional study
drug abuse
*drug dependence
*drug use
employment
facial expression
female
human
*human relation
impulsiveness
major clinical study
male
preventive health service
priority journal
screening test
Slovakia
social interaction
social problem
*social support
State Trait Anxiety Inventory
substance use
therapeutic community

Source: EMBASE

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

43. The potential utility of drinking motive questions to screen at-risk drinking in socially anxious patients

Citation: Journal of Substance Use, 2014, vol./is. 19/3(225-228), 1465-9891;1475-9942 (2014)

Author(s): Miller P.M.; Book S.; Thomas S.; Smith J.; Randall P.; Randall C.

Institution: (Miller, Book, Thomas, Smith, Randall, Randall) Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, 67 President Street, Charleston 29425, SC, United States

Language: English

Abstract: Background: Drinking motives are thought to be important mediators of the relationship between social anxiety and alcohol use. This project evaluates whether specific drinking motives accurately reflect alcohol dependence. If so, brief questions about drinking motives could serve as valuable alcohol screening tools with socially anxious patients. Methods: This investigation was a secondary analysis of an existing data set of 83 subjects with social anxiety disorder and at-risk alcohol use. The relationship between Drinking Motives Questionnaire (DMQ-R-5) subscales and alcohol dependence was evaluated. Results: Coping-Depression was the only subscale that contributed to the unique prediction of a diagnosis of alcohol dependence. Additionally, two items (i.e. "to cheer up when you're in a bad mood" and "to forget painful memories") predicted a diagnosis of alcohol dependence above and beyond their association with each other. Conclusions: Among patients with social anxiety, two specific questions on the DMQ-R-5 could provide a useful screen for health professionals to predict alcohol dependence. It may be fruitful to specifically target the motives of "to cheer up when you're in a bad mood" and "to forget painful memories" when providing advice during brief interventions. 2014 Informa UK Ltd. All rights reserved: reproduction in whole or part not permitted.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

Publication Type: Journal: Article

Subject Headings:
adult
alcohol consumption
"*alcoholism/di [Diagnosis]"
article
Beck Depression Inventory
controlled study
coping behavior
depression
Drinking Motives Questionnaire
female
human
major clinical study
male
middle aged
priority journal
questionnaire
secondary analysis
*social phobia
Structured Clinical Interview for DSM Disorders

Source: EMBASE

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

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

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

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

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

Departament de Ciencies Mediques Basiques and IRBLleida, Universitat de Lleida, Montserrat Roig no 2, 25008 LLeida, Spain

Language: English

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

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

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

Source: EMBASE

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

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

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

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

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

Language: English

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

Country of Publication: Netherlands

Publisher: Kluwer Academic Publishers

Publication Type: Journal: Article

Subject Headings:
adult
age
aged
alcoholism
article
controlled study
drug dependence treatment
drug information
female

hospital admission
human
major clinical study
male
*medication discrepancy
*medication error
*medication therapy management
mental health center
mental health service
patient care
*pharmacy technician
prescription
primary medical care
priority journal
prospective study
secondary health care
United Kingdom
analgesic agent
anticonvulsive agent
antidepressant agent
benzodiazepine derivative
cardiovascular agent
gastrointestinal agent
hormone
mood stabilizer
muscarinic receptor blocking agent
neuroleptic agent
respiratory tract agent

Source: EMBASE

Full Text: Available from *Springer NHS* in *International Journal of Clinical Pharmacy*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS

46. Gender differences in intimate partner violence and psychiatric disorders in England: Results from the 2007 adult psychiatric morbidity survey

Citation: Epidemiology and Psychiatric Sciences, June 2014, vol./is. 23/2(189-199), 2045-7960;2045-7979 (June 2014)

Author(s): Jonas S.; Khalifeh H.; Bebbington P.E.; McManus S.; Brugha T.; Meltzer H.; Howard L.M.

Institution: (Jonas, Khalifeh, Bebbington) Department of Mental Health Sciences, University College London, London, United Kingdom; (McManus) National Centre for Social Research, London, United Kingdom; (Brugha, Meltzer) Department of Health Sciences College of Medicine, Biological Sciences and Psychology, University of Leicester, Leicester, United Kingdom; (Howard) Section of Women's Mental Health, Institute of Psychiatry, King's College London, De Crespigny Park, London SE5 8AF, United Kingdom

Language: English

Abstract: Aims. To assess the extent to which being a victim of intimate partner violence (IPV) is associated with psychiatric disorders in men and women. Methods. A stratified multistage random sample was used in the third English psychiatric morbidity survey. Psychiatric disorders were measured by the Clinical Interview Schedule (Revised) and screening questionnaires. IPV was measured using British Crime Survey questions. Results. 18.7% (95% CI 17.1-20.4; n = 595 of 3197) of men had experienced some form of IPV compared with 27.8% of women (95% CI 26.2-29.4; n = 1227 of 4206; $p < 0.001$). IPV was associated with all disorders measured (except eating disorders in men). Physical IPV was significantly linked to psychosis and with substance and alcohol disorders in men and women, but significant associations with common mental disorders (CMDs), post-traumatic stress disorder (PTSD) and eating disorders were restricted to women.

Emotional IPV was associated with CMDs in men and women. Conclusions. The high prevalence of experiences of partner violence, and strength of the association with every disorder assessed, suggests enquiry about partner violence is important in identifying a potential risk and maintenance factor for psychiatric disorders, and to ascertain safety, particularly in women as they are at greatest risk of being victims of violence. Cambridge University Press 2013.

Country of Publication: Italy

Publisher: Cambridge University Press

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
"alcoholism/ep [Epidemiology]"
article
"depression/ep [Epidemiology]"
disease association
"drug dependence/ep [Epidemiology]"
"eating disorder/ep [Epidemiology]"
female
"generalized anxiety disorder/ep [Epidemiology]"
health survey
human
interview
major clinical study
male
"*mental disease/ep [Epidemiology]"
"mixed anxiety and depression/ep [Epidemiology]"
morbidity
"obsessive compulsive disorder/ep [Epidemiology]"
"panic/ep [Epidemiology]"
*partner violence
"phobia/ep [Epidemiology]"
"posttraumatic stress disorder/ep [Epidemiology]"
"psychosis/ep [Epidemiology]"
questionnaire
*sex difference
substance abuse
United Kingdom

Source: EMBASE

47. Yulangsan polysaccharide attenuates withdrawal symptoms and regulates the NO pathway in morphine-dependent rats

Citation: Neuroscience Letters, June 2014, vol./is. 570/(63-68), 0304-3940;1872-7972 (06 Jun 2014)

Author(s): Chen C.; Nong Z.; Huang J.; Chen Z.; Zhang S.; Jiao Y.; Chen X.; Huang R.

Institution: (Chen, Nong, Huang, Chen, Zhang, Jiao, Chen, Huang) Department of Pharmacology, Guangxi Medical University, Nanning, Guangxi 530021, China

Language: English

Abstract: Yulangsan polysaccharide (YLSP) has been utilized as a phytomedicine to managing nervous dysfunction in China. Thus, this study aimed to evaluate the potential YLSP-mediated detoxification role against morphine dependence in rats. The results indicated that the morphine dependence model significantly increased withdrawal symptoms, levels of NO and NOS (P<. 0.05). Furthermore, monoaminergic neurotransmitters, including DA and NE, were detected at elevated levels in the ventral tegmental area (VTA), hippocampus (HIP) and prefrontal cortex (PFC), respectively, while the level of DA was decreased and NE was increased in the nucleus accumbens (NAc). Conversely, YLSP administration significantly reversed naloxone-induced

withdrawal symptoms, expression of brain NO and NOS, and monoaminergic neurotransmitters (P<. 0.05). Interestingly, YLSP shows an even more effective trend in attenuating withdrawal symptoms than does clonidine, although without a significant difference. These findings indicate that YLSP attenuation of the naloxone-induced withdrawal symptoms of morphine dependence may be mediated by regulation of the NO pathway and modulation of monoaminergic neurotransmitters. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 4205-90-7 (clonidine); 4205-91-8 (clonidine); 57066-25-8 (clonidine); 52-26-6 (morphine); 57-27-2 (morphine); 357-08-4 (naloxone); 465-65-6 (naloxone); 10102-43-9 (nitric oxide); 125978-95-2 (nitric oxide synthase)

Publication Type: Journal: Article

Subject Headings:
animal experiment
animal model
animal tissue
article
body weight
controlled study
detoxification
high performance liquid chromatography
hippocampus
male
*morphine addiction
nerve conduction
nonhuman
nucleus accumbens
prefrontal cortex
priority journal
rat
ventral tegmentum
weight change
weight reduction
*withdrawal syndrome
clonidine
*morphine
naloxone
neurotransmitter
"*nitric oxide/ec [Endogenous Compound]"
"nitric oxide synthase/ec [Endogenous Compound]"
*polysaccharide

Source: EMBASE

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

48. Association of CREB1 gene polymorphism with drug seeking behaviour in eastern Indian addicts

Citation: Neuroscience Letters, June 2014, vol./is. 570/(53-57), 0304-3940;1872-7972 (06 Jun 2014)

Author(s): Pal A.; Chakraborty J.; Das S.

Institution: (Pal, Das) Neurobiology Department, CSIR-Indian Institute of Chemical Biology, 4 Raja S.C. Mullick Road, Jadavpur, Kolkata 700032, India; (Chakraborty) Baulmon, 34 Jadavpur Central Road, Kolkata 700032, India

Language: English

Abstract: cAMP response element binding protein (CREB) is a major transcription factor which plays an important role in a wide array of cellular functions. CREB also has a significant function in developing substance abuse. A study was undertaken to identify the single nucleotide polymorphisms (SNP) at selective areas of CREB1 gene in heroin as well as in alcohol addicts in comparison with control population. One hundred and forty control subjects, 112 heroin and 102 alcoholics, all male and residing in Kolkata, a city in eastern India participated in the study. SNPs from several exonic regions of CREB1 gene were assessed to investigate possible associations with addiction. One SNP in exon 3, rs35349697, demonstrated a significant correlation with opioid addiction as well as with alcohol addiction. A novel SNP, also located in exon 3, was identified which showed epistatic interaction with rs35349697 to decrease susceptibility to narcotic addiction in the population. The study is the first report on the identification of a role of CREB1 gene polymorphism with addiction. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 64-17-5 (alcohol); 130428-87-4 (cyclic AMP responsive element binding protein); 130939-96-7 (cyclic AMP responsive element binding protein); 1502-95-0 (diamorphine); 561-27-3 (diamorphine)

Publication Type: Journal: Article

Subject Headings:
adult
"*alcoholism/et [Etiology]"
article
city
controlled study
*cyclic AMP responsive element binding 1 gene
"*drug seeking behavior/et [Etiology]"
epistasis
exon
*gene
gene frequency
gene linkage disequilibrium
genetic association
genetic risk
genetic susceptibility
genotype
"*heroin dependence/et [Etiology]"
human
India
Indian
major clinical study
male
priority journal
*single nucleotide polymorphism
*alcohol
"*cyclic AMP responsive element binding protein/ec [Endogenous Compound]"
*diamorphine

Source: EMBASE

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

49. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England

Citation: BMC Medicine, May 2014, vol./is. 12/1, 1741-7015 (02 May 2014)

Author(s): Bellis M.A.; Hughes K.; Leckenby N.; Perkins C.; Lowey H.

Institution: (Bellis, Hughes) Centre for Public Health, World Health Organization Collaborating Centre for Violence Prevention, Liverpool John Moores University, 15-21 Webster Street, Liverpool L3 2ET, United Kingdom; (Bellis) Public Health Wales, Hadyn Ellis Building, Maindy Road, Cardiff CF24 4HQ, United Kingdom; (Leckenby) Department of Academic Neonatal Medicine, Imperial College London, Chelsea and Westminster Campus, Fulham Road, London SW10 9NH, United Kingdom; (Perkins) Knowledge and Intelligence Team (North West), Public Health England, 15-21 Webster Street, Liverpool L3 2ET, United Kingdom; (Lowey) Blackburn with Darwen Borough Council, Specialist Public Health Directorate, 6th floor, 10 Duke Street, Blackburn BB2 1DH, United Kingdom

Language: English

Abstract: Background: Epidemiological and biomedical evidence link adverse childhood experiences (ACEs) with health-harming behaviors and the development of non-communicable disease in adults. Investment in interventions to improve early life experiences requires empirical evidence on levels of childhood adversity and the proportion of HHBs potentially avoided should such adversity be addressed. Methods: A nationally representative survey of English residents aged 18 to 69 (n = 3,885) was undertaken during the period April to July 2013. Individuals were categorized according to the number of ACEs experienced. Modeling identified the proportions of HHBs (early sexual initiation, unintended teenage pregnancy, smoking, binge drinking, drug use, violence victimization, violence perpetration, incarceration, poor diet, low levels of physical exercise) independently associated with ACEs at national population levels. Results: Almost half (47%) of individuals experienced at least one of the nine ACEs. Prevalence of childhood sexual, physical, and verbal abuse was 6.3%, 14.8%, and 18.2% respectively (population-adjusted). After correcting for sociodemographics, ACE counts predicted all HHBs, e.g. (0 versus 4+ ACEs, adjusted odds ratios (95% confidence intervals)): smoking 3.29 (2.54 to 4.27); violence perpetration 7.71 (4.90 to 12.14); unintended teenage pregnancy 5.86 (3.93 to 8.74). Modeling suggested that 11.9% of binge drinking, 13.6% of poor diet, 22.7% of smoking, 52.0% of violence perpetration, 58.7% of heroin/crack cocaine use, and 37.6% of unintended teenage pregnancy prevalence nationally could be attributed to ACEs. Conclusions: Stable and protective childhoods are critical factors in the development of resilience to health-harming behaviors in England. Interventions to reduce ACEs are available and sustainable, with nurturing childhoods supporting the adoption of health-benefiting behaviors and ultimately the provision of positive childhood environments for future generations. 2014 Bellis et al.; licensee BioMed Central Ltd.

Country of Publication: United Kingdom

Publisher: BioMed Central Ltd. (34 - 42 Cleveland Street, London W1T 4LB, United Kingdom)

CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine)

Publication Type: Journal: Article

Subject Headings:
adolescent pregnancy
adult
*adverse childhood experience
aged
alcohol abuse
article
binge drinking
cannabis use
child abuse
child parent relation
cocaine dependence
dietary intake
domestic violence
drug abuse
exercise
health survey

heroin dependence
*high risk behavior
household
human
juvenile delinquency
mental disease
*personal experience
physical abuse
prevalence
prison
risk assessment
sexual abuse
sexual behavior
smoking
United Kingdom
verbal hostility
violence
cannabis
cocaine
diamorphine

Source: EMBASE

Full Text: Available from *Springer NHS* in *BMC Medicine*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS
Available from *National Library of Medicine* in *BMC Medicine*
Available from *ProQuest* in *BMC Medicine*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.
Available from *BioMedCentral* in *BMC Medicine*

50. Scurvy in an alcoholic patient treated with intravenous vitamins

Citation: BMJ Case Reports, April 2014, 1757-790X (11 Apr 2014)

Author(s): Ong J.; Randhawa R.

Institution: (Ong) Department of Hepatology, Addenbrooke's Cambridge University Hospital, Cambridge, Cambridgeshire, United Kingdom; (Randhawa) Department of Respiratory Medicine, Milton Keynes Hospital, Milton Keynes, Buckinghamshire, United Kingdom

Language: English

Abstract: Vitamin C deficiency is rare in developed countries but there is an increased prevalence in chronic alcohol abusers. In the UK, it is common practice to treat patients with chronic alcoholism who are admitted to hospital with intravenous vitamins B₁, B₂, B₃, B ₆ and C for 2-3 days, followed by oral thiamine and vitamin B-compound tablets. This is a case of a 57-year-old man with a history of chronic alcoholism and chronic obstructive lung disease who was admitted to the intensive care unit for pneumonia requiring ventilatory support. He was given high doses of intravenous vitamins B1, B2, B 3, B6 and C for 3 days then oral thiamine and vitamin B compound tablets but developed scurvy 4 days later. He was restarted on oral vitamin C supplementation and showed signs of improvement within 3 days of treatment. Copyright 2014 BMJ Publishing Group. All rights reserved.

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

CAS Registry Number: 134-03-2 (ascorbic acid); 15421-15-5 (ascorbic acid); 50-81-7 (ascorbic acid); 96036-03-2 (meropenem); 11032-50-1 (nicotinamide); 98-92-0 (nicotinamide); 59703-84-3 (piperacillin); 61477-96-1 (piperacillin); 12001-77-3 (pyridoxine); 58-56-0 (pyridoxine); 65-23-6 (pyridoxine); 8059-24-3 (pyridoxine); 83-88-5 (riboflavin); 93528-38-2 (tazobactam); 59-43-8 (thiamine); 67-03-8 (thiamine)

Publication Type: Journal: Article

Subject Headings: abnormal laboratory result

adult
"alcohol liver disease/di [Diagnosis]"
alcoholism
article
blood gas analysis
case report
chronic obstructive lung disease
"community acquired pneumonia/di [Diagnosis]"
"community acquired pneumonia/dt [Drug Therapy]"
computer assisted tomography
crackle
dentition
differential diagnosis
drug megadose
drug substitution
follow up
gingiva bleeding
"heparin induced thrombocytopenia/di [Diagnosis]"
human
hypotension
lumbar puncture
male
"meningitis/di [Diagnosis]"
middle aged
neutrophilia
nose feeding
physical examination
priority journal
"rash/di [Diagnosis]"
"rash/dt [Drug Therapy]"
"respiratory failure/co [Complication]"
"respiratory failure/th [Therapy]"
"*scurvy/di [Diagnosis]"
"*scurvy/dt [Drug Therapy]"
"*scurvy/th [Therapy]"
thorax radiography
"thromboembolism/dt [Drug Therapy]"
treatment outcome
"vasculitis/di [Diagnosis]"
vitamin supplementation
wheezing
"antibiotic agent/dt [Drug Therapy]"
"antibiotic agent/iv [Intravenous Drug Administration]"
"*ascorbic acid/dt [Drug Therapy]"
"*ascorbic acid/iv [Intravenous Drug Administration]"
"*ascorbic acid/po [Oral Drug Administration]"
"bronchodilating agent/dt [Drug Therapy]"
"low molecular weight heparin/dt [Drug Therapy]"
"meropenem/dt [Drug Therapy]"
"*nicotinamide/dt [Drug Therapy]"
"*nicotinamide/iv [Intravenous Drug Administration]"
"piperacillin/dt [Drug Therapy]"
"piperacillin/iv [Intravenous Drug Administration]"
"*pyridoxine/dt [Drug Therapy]"
"*pyridoxine/iv [Intravenous Drug Administration]"
"*riboflavin/dt [Drug Therapy]"
"*riboflavin/iv [Intravenous Drug Administration]"
"steroid/dt [Drug Therapy]"
"steroid/po [Oral Drug Administration]"
"tazobactam/dt [Drug Therapy]"

"tazobactam/iv [Intravenous Drug Administration]"
"*thiamine/dt [Drug Therapy]"
"*thiamine/na [Intranasal Drug Administration]"
"*thiamine/iv [Intravenous Drug Administration]"
"vitamin B complex/dt [Drug Therapy]"
"vitamin B complex/na [Intranasal Drug Administration]"

Source: EMBASE

Full Text: Available from *Highwire Press* in *BMJ Case Reports*

51. Scientific challenges of european implementation research-experiences from the ODHIN five country study on implementing brief interventions for heavy drinking in primary health care

Citation: Alcohol and Alcoholism, September 2013, vol./is. 48/(i59), 0735-0414 (September 2013)

Author(s): Anderson P.; Gual A.; Spak F.; Bendtsen P.; Keurhorst M.; Segura L.; Colom J.; Reynolds J.; Drummond C.; Deluca P.; Van Steenkiste B.; Mierzecki A.; Kloda K.; Wallace P.; Newbury-Birch D.; Kaner E.; Laurant M.; Wojnar M.

Institution: (Anderson, Gual, Spak, Bendtsen, Keurhorst, Segura, Colom, Reynolds, Drummond, Deluca, Van Steenkiste, Mierzecki, Kloda, Wallace, Newbury-Birch, Kaner, Laurant, Wojnar) Institute of Health and Society, Newcastle University, Newcastle upon Tyne, United Kingdom; Psychiatry Department, Neurosciences Institute, Hospital Clinic, Barcelona, Spain

Language: English

Abstract: Introduction. ODHIN is a five country (Catalonia, England, Netherlands, Poland and Sweden) randomized controlled trial testing the impact of training and support, financial incentives and access to a web-based intervention tool on providers' screening and brief advice rates in primary health care. Objective. To describe the challenges of undertaking implementation research in primary health care in five European countries. Methods. Analysis of meeting transcripts and notes. Results. The challenges discussed in this presentation will include: balancing adherence to a study protocol in five countries with very different experiences in implementing screening and brief advice programmes, with very different health care structures, and with different experiences in undertaking such research. Discussion. will focus on the extent to which a study protocol can be flexible and adapted or not in a multi-country study, and how analyses can take into account any such differences.

Conference Information: 14th Congress of the European Society for Biomedical Research on Alcoholism, ESBRA 2013 Warsaw Poland. Conference Start: 20130908 Conference End: 20130911

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings:
*primary health care
*society
*medical research
*alcoholism
*drinking
screening
United Kingdom
Sweden
human
Poland
randomized controlled trial
health care organization
Netherlands

Source: EMBASE

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

52. Implementing brief interventions for heavy drinking in primary health care-ODHIN baseline and preliminary outcome results

Citation: Alcohol and Alcoholism, September 2013, vol./is. 48/(i58-i59), 0735-0414 (September 2013)

Author(s): Anderson P.; Gual A.; Spak F.; Bendtsen P.; Keurhorst M.; Segura L.; Colom J.; Reynolds J.; Drummond C.; Deluca P.; Van Steenkiste B.; Mierzecki A.; Kloda K.; Wallace P.; Newbury-Birch D.; Kaner E.; Laurant M.; Wojnar M.

Institution: (Anderson, Gual, Spak, Bendtsen, Keurhorst, Segura, Colom, Reynolds, Drummond, Deluca, Van Steenkiste, Mierzecki, Kloda, Wallace, Newbury-Birch, Kaner, Laurant, Wojnar) Institute of Health and Society, Newcastle University, Newcastle upon Tyne, United Kingdom; Psychiatry Department, Neurosciences Institute, Hospital Clinic, Barcelona, Spain

Language: English

Abstract: Introduction. ODHIN is a five country (Catalonia, England, Netherlands, Poland and Sweden) randomized controlled trial testing the impact of training and support, financial incentives and access to a web-based intervention tool on providers' screening and brief advice rates in primary health care. Objective: To present the initial results of the study. Methods. ODHIN is a five country (Catalonia, England, Netherlands, Poland and Sweden) randomized controlled trial testing the impact of training and support, financial incentives and access to a web-based intervention tool on providers' screening and brief advice rates for heavy drinking in primary health care. Screening rates are the number of screens undertaken per 100 patients aged 18+ attending for a consultation. Brief advice rates are the number of brief advices given per 100 screen positives. Rates are calculated during a 4 week baseline period, a 12 week implementation period and a six month four week follow-up period. Results. At the time of the symposium, all the baseline and preliminary implementation data on screening and brief advice rates will be complete. Preliminary analyses of the baseline data finds screening rates ranging 6% to 17% across the countries and brief advice rates of between 68% and 90%. Primary health care providers were measured for their attitudes of implementing brief advice for heavy drinkers based on the short alcohol and alcohol problems perception questionnaire. Discussion. The implications of the preliminary results on the final analyses and outcomes will be discussed.

Conference Information: 14th Congress of the European Society for Biomedical Research on Alcoholism, ESBRA 2013 Warsaw Poland. Conference Start: 20130908 Conference End: 20130911

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings:
*primary health care
*society
*medical research
*alcoholism
*drinking
screening
human
United Kingdom
Sweden
Poland
randomized controlled trial
Netherlands
questionnaire
consultation
health care personnel
follow up
patient
alcohol

Source: EMBASE

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

53. Design of the ODHIN five country study-implementing brief interventions for heavy drinking in primary health care

Citation: Alcohol and Alcoholism, September 2013, vol./is. 48/(i58), 0735-0414 (September 2013)

Author(s): Anderson P.; Gual A.; Spak F.; Bendtsen P.; Keurhorst M.; Segura L.; Colom J.; Reynolds J.; Drummond C.; Deluca P.; Van Steenkiste B.; Mierzecki A.; Kloda K.; Wallace P.; Newbury-Birch D.; Kaner E.; Laurant M.; Wojnar M.

Institution: (Anderson, Gual, Spak, Bendtsen, Keurhorst, Segura, Colom, Reynolds, Drummond, Deluca, Van Steenkiste, Mierzecki, Kloda, Wallace, Newbury-Birch, Kaner, Laurant, Wojnar) Institute of Health and Society, Newcastle University, Newcastle upon Tyne, United Kingdom; Psychiatry Department, Neurosciences Institute, Hospital Clinic, Barcelona, Spain

Language: English

Abstract: Introduction. ODHIN is a five country (Catalonia, England, Netherlands, Poland and Sweden) randomized controlled trial testing the impact of training and support, financial incentives and access to a web-based intervention tool on providers' screening and brief advice rates in primary health care. Objective. To present the design of the ODHIN study. Method. Twenty four primary health care centres are randomly allocated in each country to one of eight groups: control; training and support (T&S); financial incentive (FI); access to a web-based intervention tool (eBI); T&S plus FI; T&S plus eBI; FI plus eBI; and T&s plus FI plus eBI. Screening rates are the number of screens undertaken per 100 patients aged 18+ attending for a consultation. Brief advice rates are the number of brief advices given per 100 screen positives. Rates are calculated during a 4 week baseline period, a 12 week implementation period and a six month four week follow-up period. Discussion. The hypothesis to be tested is that the more support given to a primary health care provider and centre, the greater the increases in screening and brief advice rates during the implementation period and at six month follow-up, compared with the baseline measurement.

Conference Information: 14th Congress of the European Society for Biomedical Research on Alcoholism, ESBRA 2013 Warsaw Poland. Conference Start: 20130908 Conference End: 20130911

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings:
*primary health care
*society
*medical research
*alcoholism
*drinking
human
screening
follow up
patient
Sweden
consultation
United Kingdom
randomized controlled trial
hypothesis
Poland
health care personnel
Netherlands

Source: EMBASE

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

54. Saccadic latency increase in alcohol-dependent patients

Citation: Alcohol and Alcoholism, September 2013, vol./is. 48/(i56), 0735-0414 (September 2013)

Author(s): Walecki P.; Gorzelaczyk E.J.; Feit J.; Pasgreta K.; Laso W.; Ziolkowski M.

Institution: (Walecki, Laso) Faculty of Medicine, Jagiellonian University Medical College, Cracow, Poland; (Gorzelaczyk, Feit, Pasgreta, Ziolkowski) Nicolaus Copernicus University, Medical College, Bydgoszcz, Poland; (Gorzelaczyk) Institute of Psychology, Polish Academy of Sciences, Warsaw, Poland; (Gorzelaczyk, Feit) Non-Public Health Care Center Sue Ryder Home, Bydgoszcz, Poland; (Gorzelaczyk) Provincial Hospital for Neurological and Mentally Ill, Swiecie, Poland

Language: English

Abstract: Aims. The goal of this study is to assess the differences in saccadic latency (a measure of time delay experienced in eyeball movements) between alcoholdependent and healthy controls. Materials and methods. Participants 99 alcohol addicts were examined. 38 healthy controls were examined matched in terms of demographic characteristics. Assessment: In this study we made use of the Saccadometer Advanced (Advanced Clinical Instrumentation, Cambridge, UK). The Saccadometer system allows easy and quick collection of saccadic responses within the shortest physiologically possible time (100 saccades in 5 min) with minimum influence of subject's fatigue. The eye movement measurement is automated and synchronised with stimuli presentation. The study analyzed saccadic latency and standard deviation of mean latency. Results. Alcohol-dependent individuals have higher saccadic latency and standard deviation of mean latency (224,43 + 56,24 msec) compared to healthy controls (187,84 + 25,65 msec). It was observed greater asymmetry of standard deviation of mean latency between right-hand and left-hand saccades. Alcohol-dependent individuals have higher right-hand standard deviation of mean latency (69,96 msec) compared to healthy controls (30,93 msec) and left-hand standard deviation of mean latency (59,33 msec) compared to healthy controls (33,09 msec). Conclusion. It was found that alcohol dependence is associated with worse (longer time delay) saccadic reaction.

Conference Information: 14th Congress of the European Society for Biomedical Research on Alcoholism, ESBRA 2013 Warsaw Poland. Conference Start: 20130908 Conference End: 20130911

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings:
*patient
*human
*society
*medical research
*alcoholism
*latent period
hand
saccadic eye movement
equipment
United Kingdom
demography
stimulus
drug dependence
oculography
fatigue
eyeball
*alcohol

Source: EMBASE

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

55. PNPLA3 gene polymorphism in severe acute alcoholic hepatitis

Citation: Alcohol and Alcoholism, September 2013, vol./is. 48/(i51), 0735-0414 (September 2013)

Author(s): Houchi H.; Nguyen-Khac E.; Dreher M.L.; Naassila M.

Institution: (Houchi, Nguyen-Khac, Dreher, Naassila) Groupe de Recherche sur l'Alcool and les Pharmacodependances (GRAP), INSERM ERi 24, UFR de Pharmacie, University Picardie Jules Verne, Amiens, France

Language: English

Abstract: The G allele of the patatin-like phospholipase domain-containing protein 3/adiponutrin (PNPLA3) is associated with the risk of steatosis, fibrosis and cirrhosis in alcoholic liver disease.We aimed both to confirm and to extend this result into our straightly phenotyped population containing severe acute alcoholic hepatitis (AAH) patients and alcoholic cirrhosis patients without AAH. PNPLA3 rs738409 C/G genotyping was performed in 65 AAH patients, 40 patients with cirrhosis without AAH and 105 age- and gender-matched controls without any historic life event of liver disease or alcohol intake. AAH was diagnosed using alcohol intake > 50 g/day, Maddrey score > 32 and liver biopsy. DNA was extracted from blood samples. The SNP TaqMan genotyping technique (ID: C7241-10, Applied Biosystems, Warrington, UK) was used to study the non-synonymous PNPLA3 rs738409 C/G sequence in a real-time PCR assay. In AAH group patients were: 51.9 + 8.2 years; males: 55%; PT: 35.5 + 9.1%; bilirubin: 218 + 110 mumol/L; Maddrey: 54.26 + 17; Child: 11.7 + 1.5. In cirrhosis group: 56.7 + 10.6 years; males: 69%: PT: 63.5 + 18.5% ($p < 0.001$); bilirubin: 58.35 + 138.4 mumol/L ($p < 0.001$); Maddrey: 17.8 + 23.1 ($p < 0.001$); Child 7.3 + 2 ($p < 0.001$). Respecting Hardy-Weinberg Equilibrium, frequencies of CG and GG genotypes were respectively 39.3% and 18% in the AAH group and 27.6% and 3.8% in the control group ($p = 0.0002$, OR = 2.95 (CI 95%: 1.59-5.5)). The frequencies were also higher in the cirrhosis group (42.5% and 10%) than control group ($p = 0.002$, OR = 2.41(1.30-4.48)). The difference between the AAH group and the cirrhosis group was not statistically significant ($p = 0.47$, OR = 1.22(0.67-2.22)). The frequency of the G-mutated allele was 37.7% in the AAH group, 17.6% in the control group ($p = 0.001$, OR = 2.79(1.39-5.64)) and 31.3% in the cirrhosis group ($p = 0.03$ vs. the control group, OR = 2.05(1-4.19)). The difference in frequency between the AAH and cirrhosis groups was not statistically significant ($p = 0.29$, OR 1.36(0.73-2.56)). In AAH group, patients with CC genotype had better survival than those with genotypes carrying the G allele ($p < 0.01$). In multivariate analysis, G allele frequency ($p = 0.029$) and bilirubin at D7 ($p = 0.027$) were statistically associated with mortality. We confirmed that the polymorphism rs738409 of PNPLA3 was significantly involved in alcoholic liver disease. Moreover, our results extend previous data and show that genotypes carrying G allele (CG and GG) of the SNP rs738409 were statistically associated with a higher risk of both alcoholic cirrhosis and acute severe alcoholic hepatitis. Finally, because of the higher rate of mortality in AAH patients, we hypothesized that G allele was significantly associated we the severity of liver disease.

Conference Information: 14th Congress of the European Society for Biomedical Research on Alcoholism, ESBRA 2013 Warsaw Poland. Conference Start: 20130908 Conference End: 20130911

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings:
*DNA polymorphism
*alcohol liver disease
*society
*medical research
*alcoholism
human
patient
liver cirrhosis
genotype
allele
control group
alcohol liver cirrhosis
liver disease
mortality
alcohol consumption
male

risk
child
population
liver biopsy
blood sampling
gene frequency
life event
multivariate analysis
survival
gender
fibrosis
assay
real time polymerase chain reaction
United Kingdom
genotyping technique
steatosis
bilirubin
synapsin II
phospholipase
DNA

Source: EMBASE

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

56. The PNPLA3 I148M mutation significantly increases the risk of developing alcohol-related cirrhosis in alcohol dependent individuals

Citation: Alcohol and Alcoholism, September 2013, vol./is. 48/(i37), 0735-0414 (September 2013)

Author(s): Way M.J.; Morgan M.

Institution: (Way, Morgan) UCL-Molecular Psychiatry Lab, University College London, London, United Kingdom

Language: English

Abstract: Background and Aims. The common single nucleotide polymorphism, rs738409, in PNPLA3 encodes a non-synonymous (I148M) mutation which has been associated with risk of developing significant liver injury in response to a variety of noxious agents, including alcohol. Why this mutation causes this effect at a functional level is still largely unknown. Methods. The frequency of this allele was studied in a UK sample which included: 1085 control individuals; 706 alcohol dependent individuals who had not been screened for liver disease and 400 patients who had misused alcohol for a minimum of 25 years and had biopsy-proven alcohol-related liver disease of varying severity including: minimal steatosis (n = 70); cirrhosis (n = 212), and intermediate biopsy changes (n = 118). All patients and control subjects were of white Irish, Welsh, Scottish or English ancestry. KASPar genotyping was performed on genomic DNA extracted from all samples. Results. The primary finding was a strong association with cirrhosis when allele frequencies were compared with either the alcohol dependent patients (allelic p = 1.46 x10-9, OR = 2.13 [1.66-2.73]) or the controls (allelic p = 2.05 x10-6, OR =1.38 [1.38-2.20]). The frequency of the minor allele was lower in the unscreened alcohol dependent population compared with controls suggesting a protective effect; this finding was not, however, significant by conventional measures. There was no increase in allele frequency in the other two liver disease groups. Conclusions. This mutation is strongly associated with an increased risk of developing cirrhosis in alcohol dependent individuals in this UK sample.

Conference Information: 14th Congress of the European Society for Biomedical Research on Alcoholism, ESBRA 2013 Warsaw Poland. Conference Start: 20130908 Conference End: 20130911

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings: *alcoholism

*liver cirrhosis
*risk
*society
*medical research
*mutation
human
patient
liver disease
gene frequency
biopsy
allele
United Kingdom
liver injury
population
genotype
steatosis
single nucleotide polymorphism
*alcohol
genomic DNA
DNA

Source: EMBASE

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

57. Treatmentapproaches in europe. Aview from the amphora project

Citation: Alcohol and Alcoholism, September 2013, vol./is. 48/(i3), 0735-0414 (September 2013)

Author(s): Gual A.

Institution: (Gual) Department of Psychiatry, Institute of Neurosciences, Hospital Clinic, Barcelona, Spain

Language: English

Abstract: In the frame of the Amphora project, a comparative study was conducted in six European countries (Austria, United Kingdom, Germany, Italy, Spain and Switzerland to assess early diagnosis and treatment of alcohol use disorders in Europe. The study identified low positive screening rates for alcohol use disorders in Primary Health Care (0.8%) and showed relevant differences across countries concerning barriers and facilitators for both screening and brief interventions. The gap between need and treatment for alcohol use disorders was also studied in all 6 countries. The prevalence-service utilisation ratio ranged from 3,8 to 23,3%, overall showing a large gap between the need for treatment and the access to it.

Conference Information: 14th Congress of the European Society for Biomedical Research on Alcoholism, ESBRA 2013 Warsaw Poland. Conference Start: 20130908 Conference End: 20130911

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings:
*society
*medical research
*alcoholism
*Europe
alcohol use disorder
screening
Italy
Spain
Austria
Germany
early diagnosis
prevalence
primary health care

Switzerland
United Kingdom
comparative study

Source: EMBASE

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

58. Alcohol intervention guidelines in the UK: Nice and beyond

Citation: Alcohol and Alcoholism, September 2013, vol./is. 48/(i3), 0735-0414 (September 2013)

Author(s): Drummond C.

Institution: (Drummond) National Addiction Centre, Institute of Psychiatry, King's College London, London, United Kingdom

Language: English

Abstract: The National Institute for Health and Care Excellence (NICE) in the UK has published a series of comprehensive guidelines on alcohol interventions in 2010-2011 supported by a range of implementation tools. The guidelines describe a wide range of alcohol interventions that are effective and cost effective. This presentation will describe the process by which the guidelines were developed, what they are saying that is new, and discuss the challenges and opportunities for implementation. The main conclusion is that guidelines are a necessary but not sufficient element of the implementation process.

Conference Information: 14th Congress of the European Society for Biomedical Research on Alcoholism, ESBRA 2013 Warsaw Poland. Conference Start: 20130908 Conference End: 20130911

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings: *United Kingdom
*society
*medical research
*alcoholism
health
*alcohol

Source: EMBASE

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

59. A bibliometric analysis of european vs. usa research in the addiction field. research on alcohol, narcotics, prescription drug abuse, tobacco and steroids 2001-2011

Citation: Alcohol and Alcoholism, September 2013, vol./is. 48/(i3), 0735-0414 (September 2013)

Author(s): Bramness J.; Henriksen B.; Persson O.; Mann K.

Institution: (Bramness, Henriksen, Persson) Norwegian Center for Addiction Research, Institute of Clinical Medicine, University of Oslo, Oslo, Norway; (Mann) Department of Addictive Behaviour and Addiction Medicine, Central Institute of Mental Health, University of Heidelberg, Mannheim, Germany

Language: English

Abstract: Background. To compare the publication and citation rate within the areas of drug abuse and dependence research in Europe with that in the USA. Methods. This is a bibliometric study using the Thomson Reuters Web of Knowledge as data source, 40 key words were used as search terms, but certain scientific publications not concerning the issue were excluded. Scientific publications from Denmark, England, Finland, France, Germany, Italy, the Netherlands, Norway, Spain, Sweden, and the USA were studied. The number of publications in each country and in each year in addition to the citation indices for these publications was retrieved. Results: Approximately two thirds of the publications came from the USA. Both in absolute and relative figures Europe lagged behind. The trend over the last decade was a greater gap between the amount of research performed in Europe vs. the USA. There were thematic differences. Smaller European countries had a greater

relative publication rate. The citations were relatively evenly distributed. Conclusions. It has been claimed that 85 % of the world's research within the field of drug abuse and dependence is carried out in the USA. This study challenges this figure, but European research within this field is lagging behind.

Conference Information: 14th Congress of the European Society for Biomedical Research on Alcoholism, ESBRA 2013 Warsaw Poland. Conference Start: 20130908 Conference End: 20130911

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings:
*addiction
*drug abuse
*tobacco
*society
*medical research
*alcoholism
*United States
Europe
Germany
Denmark
United Kingdom
France
Finland
Italy
Netherlands
Norway
Spain
Sweden
*alcohol
*narcotic agent
*prescription drug
*steroid

Source: EMBASE

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

60. Four decades of research on the levelof response to alcohol as a risk factor for alcoholism: From idea to prevention

Citation: Alcohol and Alcoholism, September 2013, vol./is. 48/(i2), 0735-0414 (September 2013)

Author(s): Schuckit M.

Institution: (Schuckit) University of California San Diego, San Diego, CA, United States

Language: English

Abstract: This lecture reviews research that began in 1973 regarding the low level of response to alcohol (low LR) as a risk factor for heavy drinking. Subsequent efforts refined the idea, tested the hypothesis cross-sectionally, evaluated whether the phenotype predicted heavy drinking and alcohol problems, researched how LR contributed to alcoholism, and began testing ways to use these data to decrease adverse alcohol outcomes. Each step led to redefining the idea, and to new and previously unrecognized ways to take the research on a different tack. The results revealed that LR can be measured reliably as a low response at a given BAC or as a self-report of the number of drinks usually needed for effects, with both measures predicting heavy drinking and alcohol problems. Family and twin studies demonstrated a ~ 50% heritability for LR, while human and animal studies identified a range of genes that contribute to the low alcohol response. Prospective investigations in the U.S. and U.K. revealed environmental and attitudinal characteristics that partially mediate how LR contributes to adverse alcohol outcomes. Recent functional brain imaging studies revealed a general neurocognitive inefficiency in information processing that may form the basis of how LR operates. These steps led to a prevention protocol where young subjects with a low LR are taught about their risk and offered advice on how

to decrease their drinking, with promising results. The process was not always linear, and the ups and downs of the work over the years required persistence and many rewarding collaborations.

Conference Information: 14th Congress of the European Society for Biomedical Research on Alcoholism, ESBRA 2013 Warsaw Poland. Conference Start: 20130908 Conference End: 20130911

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings:
*alcoholism
*risk factor
*prevention
*society
*medical research
drinking
human
self report
risk
information processing
animal experiment
functional neuroimaging
United States
gene
heritability
twins
phenotype
hypothesis
*alcohol

Source: EMBASE

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

61. Accessibility versus quality of care plus retention: The formula for service delivery in australian opioid replacement therapy?

Citation: Issues in Mental Health Nursing, September 2013, vol./is. 34/9(706-714), 0161-2840;1096-4673 (September 2013)

Author(s): Harlow W.; Roman M.W.; Happell B.; Browne G.

Institution: (Harlow) Central Queensland University Australia, Institute for Health and Social Science Research, Queensland Health Gold Coast Alcohol and Other Drugs Services, Rockhampton, Australia; (Roman) University of Tennessee-Knoxville, College of Nursing, 1200 Volunteer Boulevard, Knoxville, TN 37996, United States; (Happell) Central Queensland University Australia, Institute for Health and Social Science Research, School of Nursing and Midwifery, Rockhampton, Australia; (Browne) University of Newcastle Port Macquarie, NSW, Australia

Language: English

Abstract: The aim of this paper is to investigate how Australian Opioid Replacement Therapy (ORT) policy influences access to ORT treatment, including the resources required for implementation. In doing so, we also compare the accessibility of ORT treatment in Australia (AU) with ORT in the United Kingdom (UK) and United States (US). A review of government data and policy that influence service delivery was undertaken. When comparing across AU, the UK, and the US, we found several differences. To improve access to treatment in Australia more general practitioners need to provide ORT. Additionally, criteria for quality care, a centralised intake system, a national ORT treatment outcome measure, and a shift towards a recovery focus are recommended. 2013 Informa Healthcare USA, Inc.

Publication Type: Journal: Article

Subject Headings: article

Australia
comparative study
cultural factor
general practice
*health care delivery
health care policy
*health care quality
human
nursing
"*opiate addiction/rh [Rehabilitation]"
*opiate substitution treatment
United Kingdom
United States

Source: EMBASE

Full Text: Available from *Informa Healthcare* in *Issues in Mental Health Nursing*

62. Estimating the proportion of prescription opioids that is consumed by people who inject drugs in Australia

Citation: Drug and Alcohol Review, September 2013, vol./is. 32/5(468-474), 0959-5236;1465-3362 (September 2013)

Author(s): Degenhardt L.; Gilmour S.; Shand F.; Bruno R.; Campbell G.; Mattick R.P.; Larance B.; Hall W.

Institution: (Degenhardt, Shand, Campbell, Mattick, Larance) National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia; (Degenhardt) Melbourne School of Global and Population Health, University of Melbourne, Melbourne, Australia; (Gilmour) Department of Global Health Policy, University of Tokyo, Tokyo, Japan; (Bruno) School of Psychology, University of Tasmania, Hobart, Australia; (Hall) University of Queensland Centre for Clinical Research, University of Queensland, Brisbane, Australia

Language: English

Abstract: Introduction and Aims.: To estimate the contribution that people who inject drugs (PWID) make to population-level use of prescription opioids in Australia. Design and Methods.: Data on prescriptions of oxycodone, morphine and methadone tablets were obtained for New South Wales, Victoria, Tasmania and Queensland, and time series analyses used to characterise the trends from 2002 to 2010. Estimates of the number of PWID were combined with data on their levels, frequency and typical doses of morphine, methadone tablet (only prescribed in Australia for pain) and oxycodone from 2004 to 2010. Estimated consumption per 1000 PWID and per 1000 persons aged 20-69 years was contrasted and the proportion of total consumption accounted for by PWID estimated. Results.: Morphine prescribing declined; oxycodone prescribing increased. PWID had far higher rates of prescription opioid consumption (defined daily doses per 1000) than the general population. Tasmania had highest use of prescribed opioids. PWID contribution to morphine consumption in Tasmania increased to 28% (range 22-37%) in 2010; elsewhere, PWID contribution was lower (midpoints of 2-12%, 2010). Methadone tablet use was less elevated compared with the general population. With the exception of Tasmania, PWID were estimated to consume less than 5% of oxycodone. Discussion and Conclusions.: PWID use prescription opioids at high levels and can account for a significant proportion of consumption. Increased oxycodone prescribing in Australia has not been driven by PWID. Opioid substitution therapy and other effective treatments need to be more available and attractive to PWID. [Degenhardt L, Gilmour S, Shand F, Bruno R, Campbell G, Mattick RP, Larance B, Hall W. Estimating the proportion of prescription opioids that is consumed by people who inject drugs in Australia. Drug Alcohol Rev 2013;32:468-474] 2013 Australasian Professional Society on Alcohol and other Drugs.

CAS Registry Number: 1502-95-0 (diamorphine); 561-27-3 (diamorphine)

Publication Type: Journal: Article

Subject Headings: adult
aged

article
"Australia/ep [Epidemiology]"
chronic pain
*drug misuse
female
human
injecting drug use
male
middle aged
opiate substitution treatment
pharmaceutical opioid
"*substance abuse/di [Diagnosis]"
"*substance abuse/ep [Epidemiology]"
young adult
diamorphine
"*narcotic analgesic agent/ad [Drug Administration]"

Source: EMBASE

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

63. The answer you get depends on the question you ask

Citation: Biological Psychiatry, May 2014, vol./is. 75/10(754-755), 0006-3223;1873-2402 (15 May 2014)

Author(s): Schuckit M.A.

Institution: (Schuckit) Department of Psychiatry, School of Medicine, University of California, 8950 Villa La Jolla Drive, San Diego, CA 92037, United States

Language: English

Country of Publication: United States

Publisher: Elsevier USA

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

Publication Type: Journal: Note

Subject Headings:
adverse outcome
*alcohol abuse
alcohol metabolism
alcohol use disorder
*alcoholism
clinical trial (topic)
drinking behavior
drug self administration
electroencephalogram
follow up
functional magnetic resonance imaging
*heavy drinking
human
informed consent
motor performance
note
prediction
priority journal
questionnaire
risk factor
sedation
stimulation
United Kingdom
*alcohol
"hormone/ec [Endogenous Compound]"

Source: EMBASE

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

64. Screening for personality disorder in drug and alcohol dependence

Citation: Psychiatry Research, June 2014, vol./is. 217/1-2(121-123), 0165-1781;1872-7123 (30 Jun 2014)

Author(s): Gonzalez C.

Institution: (Gonzalez) East London NHS Foundation Trust Newham Centre for Mental Health Cherry Tree Way, Glen Road, London E13 8SP, United Kingdom

Language: English

Abstract: Comorbidity of personality disorders in addiction is common, and there is a need for efficient detection methods. This study describes the use of two quick screening instruments: the self-reported versions of the Iowa Personality Disorder Screen (IPDS-SR) and the Standardised Assessment of Personality Abbreviated Scale (SAPAS-SR). The sample included 53 inpatients dependent on alcohol and/or drugs, with a 42% prevalence of any DSM-IV personality disorder. The Personality Assessment Schedule (PAS) was used as gold standard. Receiver-Operant-Characteristic (ROC) was used for analysis. The Area Under the Curve for the IPDS-SR was 0.84 (95% CI 0.72-0.93) and for the SAPAS-SR was 0.82 (95% CI 0.70-0.93). An IPDS-SR score of 5 or more correctly classified 77.4% of patients, with a sensitivity of 86.4% and a specificity of 71%. A SAPAS-SR score of 4 or more correctly classified 73.6% of patients, with a sensitivity of 81.8% and a specificity of 67.7%. Both instruments were quick, easy to administer, and acceptable to use by this population. They can be implemented in routine clinical practice in busy substance misuse departments. However further research into the implications of positive screenings is required. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
*alcoholism
area under the curve
article
comorbidity
diagnostic test accuracy study
disease classification
*drug dependence
drug misuse
female
gold standard
hospital patient
human
intermethod comparison
iowa personality disorder screen
major clinical study
male
*mass screening
personality assessment schedule
*personality disorder
prevalence
priority journal
program acceptability
rating scale
receiver operating characteristic

sensitivity and specificity
Standardised Assessment of Personality Abbreviated Scale

Source: EMBASE

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

65. Cocaine-induced psychotic symptoms in clinical setting

Citation: Psychiatry Research, June 2014, vol./is. 217/1-2(115-120), 0165-1781;1872-7123 (30 Jun 2014)

Author(s): Vergara-Moragues E.; Araos Gomez P.; Gonzalez-Saiz F.; Rodriguez-Fonseca F.

Institution: (Vergara-Moragues) Department of Education, International University of La Rioja (UNIR), Spain; (Vergara-Moragues) Neuropsychology Research Group and Clinical Psychoneuroimmunology (CTS-581), University of Granada, Granada, Spain; (Araos Gomez, Rodriguez-Fonseca) FIMABIS, Mental Health Clinical Management Unit, Hospital Carlos Haya (Malaga), Spain; (Gonzalez-Saiz) Community Mental Health Unit, Villamartin, UGC-SM Hospital de Jerez, Andaluz Health Service (Cadiz), Spain

Language: English

Abstract: Cocaine use is significantly associated with psychiatric co-morbidities of which psychotic symptoms are the most typical. The primary goal of this study is to estimate the life-time prevalence of cocaine-induced psychotic symptoms (CIPS) in a sample of patients without a history of primary psychosis, who attended specific out-patient drug-dependence treatment centres (ODDTCs). This is an observational, cross-sectional design and a consecutive sampling technique. The Scale for Assessment of Positive Symptoms-Cocaine Induced Psychosis (SAPS-CIP) was used to interview 114 patients who request treatment at specific ODDTCs for problems related to cocaine use. Most patients, 89.5% (95% CIs: 83.8-95.2%) had dependence of cocaine and 84.2% (95% CIs: 77.5-90.9%) showed at least one CIPS. Patients with CIPS had used cocaine more times throughout their lives and had a more frequency of use during the period of higher abuse severity in the last year, had higher severity of dependence score and had fewer abstinence periods greater than 30 days compared with those without CIPS. Cocaine dependency severity scale scores were significantly greater in patients with CIPS compared with those without CIPS. 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
aggression
"agitated depression/si [Side Effect]"
antisocial behavior
"antisocial personality disorder/si [Side Effect]"
article
"auditory hallucination/si [Side Effect]"
behavior disorder
being controlled delusion
*cocaine dependence
cross-sectional study
delusion
disease association
disease severity
drug abuse
drug withdrawal
female
"grandiose delusion/si [Side Effect]"
guilt
guilt delusion

human
"jealous delusion/si [Side Effect]"
major clinical study
male
mind reading broadcasting insertion withdrawal delusion
observational study
"olfactory hallucination/si [Side Effect]"
"persecutory delusion/si [Side Effect]"
preparatory behavior
prevalence
priority journal
psychosexual disorder
*psychosis
rating scale
reference delusion
religious delusion
Scale for Assessment of Positive Symptoms Cocaine Induced Psychosis
"side effect/si [Side Effect]"
"somatic delusion/si [Side Effect]"
stereotypy
symptom assessment
"visual hallucination/si [Side Effect]"
"*cocaine/ae [Adverse Drug Reaction]"

Source: EMBASE

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

66. Painful decision-making at FDA

Citation: Expert Opinion on Drug Safety, 2014, vol./is. 13/4(407-410), 1474-0338;1744-764X (2014)

Author(s): Nelson L.S.; Perrone J.; Juurlink D.N.

Institution: (Nelson) New York University School of Medicine, Emergency Medicine, New York, NY, United States; (Perrone) Perelman School of Medicine, University of Pennsylvania, Emergency Medicine, Philadelphia, PA, United States; (Juurlink) University of Toronto School of Medicine, Department of Medicine, Toronto, ON, Canada

Language: English

Abstract: The FDA is critical in ensuring that medications are safe and effective. However, the FDA's decision-making process for opioid analgesics is complicated by the need to address patients with complex clinical pain syndromes while balancing public safety concerns involving opioid misuse and abuse. Several recent regulatory decisions by FDA have exposed the complexity of this regulatory tug of war. For example, the FDA's decision to include a requirement for tamper resistance for extended-release oxycodone products but not for extended-release oxymorphone or hydrocodone preparations is concerning. Although tamper resistance is an imperfect solution, it provides a modicum of abuse prevention. Additionally, the rewording of the labeled indication (from 'moderate to severe pain' to 'severe enough pain') for extended-release opioid analgesics, in an attempt to provide clarity, resulted in an equally if not more vague statement of appropriate use. Furthermore, the postmarketing requirement for continued data regarding safety and efficacy have been affirmed by FDA but some of the proposed means to acquire those data will likely result in unclear answers and may have undesired consequences. We fully support the important role of the FDA but raise concerns about the occasional lack of consistency and transparency. 2014 Informa UK, Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 125-29-1 (hydrocodone); 25968-91-6 (hydrocodone); 34366-67-1 (hydrocodone); 143-71-5 (hydrocodone bitartrate); 8013-91-0 (hydrocodone bitartrate); 22204-53-1 (naproxen); 26159-34-2 (naproxen); 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); 103-90-2 (paracetamol)

Publication Type: Journal: Review

Subject Headings:
chronic pain
*decision making
drug abuse
drug approval
drug dependence
drug efficacy
drug labeling
drug misuse
drug safety
*food and drug administration
human
hyperalgesia
pain
patient safety
postmarketing surveillance
public health
review
*analgesic agent
hydrocodone
hydrocodone bitartrate
naproxen
*opiate
oxycodone
oxymorphone
paracetamol

Source: EMBASE

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

67. Opioid substitution therapy as a strategy to reduce deaths in prison: Retrospective cohort study

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

Author(s): Larney S.; Gisev N.; Farrell M.; Dobbins T.; Burns L.; Gibson A.; Kimber J.; Degenhardt L.

Institution: (Larney, Gisev, Farrell, Burns, Kimber, Degenhardt) National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW, Australia; (Larney) Alpert Medical School, Brown University, Providence, RI, United States; (Dobbins) School of Public Health, University of Sydney, Sydney, NSW, Australia; (Gibson) Centre for Health Research, University of Western Sydney, Sydney, NSW, Australia; (Degenhardt) Centre for Health Policy, Programs and Economics, University of Melbourne, Melbourne, VIC, Australia

Language: English

Abstract: Objectives: To describe deaths in prison among opioid-dependent people, and examine associations between receipt of opioid substitution therapy (OST) and risk of death in prison. Design: Retrospective cohort study. Setting: Adult prisons in New South Wales (NSW), Australia. Participants: 16 715 opioid-dependent people who were received to prison between 2000 and 2012. Interventions: Opioid substitution therapy. Primary outcome measures: Natural and unnatural (suicide, drug-induced, violent and other injury) deaths in prison. Results: Cohort members were in prison for 30 998 person-years (PY), during which time there were 51 deaths. The all-cause crude mortality rate (CMR) in prison was 1.6/1000 PY (95% CI 1.2 to 2.2/1000 PY), and the unnatural death CMR was 1.1/1000 PY (95% CI 0.8 to 1.6/1000 PY). Compared to time out of OST, the hazard of all-cause death was 74% lower while in OST (adjusted HR (AHR): 0.26; 95% CI 0.13 to 0.50), and the hazard of unnatural death was 87% lower while in OST (AHR: 0.13; 95% CI 0.05 to 0.35). The all-cause and unnatural death CMRs during the first 4 weeks of

incarceration were 6.6/1000 PY (95% CI 3.8 to 10.6/1000 PY) and 5.5/1000 PY (95% CI 2.9 to 9.4/1000 PY), respectively. Compared to periods not in OST, the hazard of all-cause death during the first 4 weeks of incarceration was 94% lower while in OST (AHR: 0.06; 95% CI 0.01 to 0.48), and the hazard of unnatural death was 93% lower while in OST (AHR: 0.07; 95% CI 0.01 to 0.53). Conclusions: Mortality of opioid-dependent prisoners was significantly lower while in receipt of OST.

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

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

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
article
Australia
cohort analysis
control strategy
*death
female
follow up
human
major clinical study
male
mortality
"*opiate addiction/dt [Drug Therapy]"
*opiate substitution treatment
*prison
retrospective study
risk reduction
suicide
violence
"*buprenorphine/dt [Drug Therapy]"
"*methadone/dt [Drug Therapy]"
*opiate

Source: EMBASE

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

68. Anticancer properties of phytochemical extracts from native New England species of ferns in breast cancers of diverse genetic backgrounds

Citation: Cancer Research, April 2010, vol./is. 70/8 SUPPL. 1, 0008-5472 (15 Apr 2010)

Author(s): Crawford S.C.; Diamond D.; Penarreta R.; Brustolon L.; Wang H.; Hanks J.; Barbieri Z.

Institution: (Crawford, Diamond, Penarreta, Brustolon, Wang) Southern Connecticut State Univ., New Haven, CT, United States; (Hanks, Barbieri) Marymount Manhattan College, New York, NY, United States

Language: English

Abstract: Research studies have demonstrated that breast cancers display different chemosensitivity parameters depending on the nature of the genetic lesions. Breast cancers with BRCA-1 mutations respond better to DNA inhibitors such as cisplatin, than to agents that interfere with microtubule function, such as Taxol. Moreover, breast cancers that are estrogen and/or progesterone (ER/PR) negative generally display poorer responses to standard chemotherapy than ER/PR receptor positive breast cancers. This research study was designed to test the potential cytotoxic activity of phytochemical extracts prepared from fern species native to New England on a variety of breast cancer cell lines with diverse genetic properties. Since primitive plant species contain many phytochemicals with

chemoprotective as well as immunoprotective properties, our research hypothesis involved the concept that these chemicals might also display anti-cancer properties as previously observed for plant alkaloids such as vincristine, vinblastine and paclitaxel. Fresh plant specimens were washed, dried and then extracted in 70% boiling methanol. The plant material was then homogenized and centrifuged. The supernatant was collected, the solvent was evaporated and the solute component was resuspended in aqueous solution to effect a 1000X concentration. The extract preparation was stored at 4C and appeared to be stable for at least six months. Further extraction in chloroform was performed on the alcoholic extracts, which produced three layers: a polar/aqueous layer, a nonpolar layer and an amphipathic, lipid-like layer. Each layer was assessed for cytotoxicity and then subjected to the same phytochemical screening as the original, whole extract, which showed the presence of complex phenolics and terpenoids. This concentrated phytochemical extract was tested for activity in diverse human cancer at varying dose ranges. The cell lines assessed in this study included MCF-7, which is a ductal breast carcinoma that is ER/PR positive; HTB-126 which is ER/PR negative and its normal cell counterpart, HTB-125; and HCC 1937 which contains a mutation in the BRCA-1 gene. Our preliminary results indicate that the fern phytochemical extract has a higher efficacy targeting the malignant cells when compared to standard chemotherapeutics currently used in patients. The effective dose range was between 5-15 mcg/mL in 48 hours treatment. This level of activity was comparable and even higher than that observed for the standard chemotherapeutic agents tested. In addition, extract concentration between 5-10mcg/mL produced little cytotoxicity in normal breast cells; some cytotoxic effects were observed at higher doses. Additional studies will attempt to characterize more fully the phytochemical components most active in eliciting these anti-tumor effects.

Conference Information: 101st Annual Meeting of the American Association for Cancer Research, AACR 2010 Washington, DC United States. Conference Start: 20100417 Conference End: 20100421

Publisher: American Association for Cancer Research Inc.

Publication Type: Journal: Conference Abstract

Subject Headings:

*United States
*species
*fern
*breast cancer
*cancer research
cytotoxicity
concentration (parameters)
neoplasm
human
plant
mutation
chemotherapy
hypothesis
breast cancer cell line
native species
alcoholism
screening
cell line
breast carcinoma
cancer cell
dose response
parameters
solute
aqueous solution
extraction
chemosensitivity
supernatant
breast cell
gene
patient

microtubule
*plant medicinal product
paclitaxel
cisplatin
lipid
receptor
progesterone
estrogen
solvent
chloroform
methanol
vinblastine
vincristine
alkaloid
antiinfective agent
DNA

Source: EMBASE

Full Text: Available from *Highwire Press* in *Cancer Research*

69. Volume histogram assessment of lipiodol uptake after transarterial chemoembolization: Does etiology predict endocytosis?

Citation: Journal of Vascular and Interventional Radiology, May 2014, vol./is. 25/5(811.e26), 1051-0443 (May 2014)

Author(s): Uflacker A.B.; Salinas C.; Sabri S.; Angle J.F.; Haskal Z.J.; Park A.W.; Wilkins L.R.; Matsumoto A.H.; Stone J.

Language: English

Abstract: Purpose: The purpose of this study is to determine whether Lipiodol uptake following transarterial chemoembolization (TACE) for hepatocellular carcinoma (HCC) differs between infectious and noninfectious causes. In addition, we aim to establish a quantitative method of determining tumor Lipiodol uptake using a volume histogram analysis approach. Material and Methods: A retrospective audit was performed of 92 HCC cases treated with TACE. Cases with lesions <2 cm in diameter, prior surgery, yttrium-90, non- Lipiodol TACE, and radiofrequency ablation were excluded (n=70). In the remaining 22 patients, 28 HCC lesions were identified and were split into groups according to the etiology of cirrhosis (group A: hepatitis B or C; group B: alcoholic and nonalcoholic steatohepatitis). A blinded observer performed volumetric assessment using a GE Advantage Workstation (GE Healthcare, Chalfont St Giles, UK) on unenhanced computed tomography (CT) scans of the abdomen 1 month after TACE. Lesions were circumscribed and volume histograms obtained using pre-TACE imaging and were compared with background liver. Lipiodol volume uptake was calculated by histogram segmentation to include Hounsfield Unit (HU) attenuation values higher than background parenchyma. Lipiodol uptake was also assessed by calculating mean/maximum HU values within segmented volumes. A 2-tailed t test was used to compare values between groups. Results: The mean age of the 22 included patients was 56 years (range, 42-84 years). Twenty of the 22 patients were male (91%). Fifteen of the 28 lesions were group A lesions (54%), and 13 were group B lesions (46%). Lesion size ranged from 2 to 7.8 cm, and mean lesion size was 3.5 cm for group A and 3.2 cm for group B (P=0.54). There were no significant differences between group A vs group B in percent Lipiodol uptake (P=0.69) and average or maximum intensity of uptake per volume (P=0.55 and P=0.75, respectively). Conclusions: Since HCC can occur in chronic liver diseases resulting from multiple conditions, our study explored whether patterns of Lipiodol uptake differ between infectious and noninfectious causes. Using an objective volume histogram analysis, the above results show that Lipiodol is equally distributed among lesions across multiple etiologies of HCC and that volumetric attenuation measurements can be used as an objective assessment of Lipiodol uptake.

Conference Information: Global Embolization Symposium and Technologies, GEST U.S. 2014 San Francisco, CA United States. Conference Start: 20140501 Conference End: 20140504

Publisher: Elsevier Inc.

Publication Type: Journal: Conference Abstract

Subject Headings:
*chemoembolization
*etiology
*endocytosis
*artificial embolism
*technology
*United States
*histogram
human
patient
attenuation
liver cell carcinoma
male
medical audit
computer assisted tomography
abdomen
patient history of surgery
parenchyma
radiofrequency ablation
Student t test
chronic liver disease
liver cirrhosis
hepatitis B
nonalcoholic fatty liver
alcoholism
health care
United Kingdom
neoplasm
imaging
liver
*iodinated poppyseed oil
yttrium 90

Source: EMBASE

Full Text: Available from *Elsevier* in *Journal of Vascular and Interventional Radiology*

70. Raising the profile of end of life care needs for patients dying from liver disease-using national mortality data

Citation: Journal of Hepatology, April 2014, vol./is. 60/1 SUPPL. 1(S518-S519), 0168-8278 (April 2014)

Author(s): Pring A.J.; Verne J.

Institution: (Pring, Verne) Knowledge and Intelligence Team (South West), Public Health England, Bristol, United Kingdom

Language: English

Abstract: Background and Aims: To understand and publicise the characteristics and place of death of people dying from liver disease in order to improve care. Methods: A descriptive analyses of deaths registration data for England, 2001-12 (Office for National Statistics), cohort defined using ICD-10 coded underlying (UCOD) that included alcoholic, fatty, viral, liver cancer and other chronic liver diseases. Results: The number of deaths with liver disease as UCOD has risen from 7,853 in 2001 to 10,972 in 2012, averaging 9,505 (2% of all deaths). The most common UCOD are alcoholic liver disease (3976 per year) and liver cancer (2,627). Deaths from liver disease are more common in males (62%). Age at death is young (for alcoholic liver disease 90% are under 70 years old). More (2.3 fold) people die of liver disease from the most deprived quintile (2,805 per year) than the least deprived (1,198). 69% of people with liver disease as UCOD died in hospital compared with 55% for all causes of death. Hospital death rates varied from Viral liver disease (85%) to liver cancer (48%). Conclusions: Liver disease patients differ from the

majority of dying patients due to young age, deprivation and hospital as a place of death. Life threatening, acute-on-chronic exacerbations, co-morbidities and psychosocial problems frequently complicate their end of life care. More focus needs to be given in the hospital setting to recognition of and preparation for the possibility of death in liver patients as this is where most will end their lives.

Conference Information: 49th Annual Meeting of the European Association for the Study of the Liver, International Liver Congress 2014 London United Kingdom. Conference Start: 20140409 Conference End: 20140413

Publisher: Elsevier

Publication Type: Journal: Conference Abstract

Subject Headings:
*liver
*patient
*human
*liver disease
*mortality
*terminal care
death
hospital
liver cancer
alcohol liver disease
alcoholism
virus hepatitis
chronic liver disease
statistics
United Kingdom
ICD-10
psychosocial disorder
morbidity
dying
registration
male

Source: EMBASE

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

71. 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*

72. 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*

73. 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*

74. 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*

75. 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*

76. 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*

77. 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*

78. 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*

79. 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*

80. 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*

81. 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*

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

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

84. 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*

85. "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*