Search Results

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5. MEDLINE; "United Kingdom".ti,ab; 19970 results.
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7. MEDLINE; "England".ti,ab; 25898 results.
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1. Feasibility of detection and intervention for alcohol-related liver disease in the community: the Alcohol and Liver Disease Detection study (ALDDeS).

Citation: British Journal of General Practice, October 2013, vol./is. 63/615(e698-705), 0960-1643;1478-5242 (2013 Oct)

Author(s): Sheron N; Moore M; O'Brien W; Harris S; Roderick P

Institution: Faculty of Medicine, University of Southampton, Southampton.

Language: English

Abstract: BACKGROUND: In the past 15 years mortality rates from liver disease have doubled in the UK. Brief alcohol advice is cost effective, but clinically meaningful reductions in alcohol consumption only occur in around 1 in 10 individuals.AIM: To provide evidence that detecting early liver disease in the community is feasible, practical, and that feedback of liver risk can increase the proportion of subjects reducing alcohol consumption.DESIGN AND SETTING: A community feasibility study in nine general practice sites in Hampshire.METHOD: Hazardous and harmful drinkers were identified by WHO AUDIT questionnaire and offered screening for liver fibrosis.RESULTS: In total, 4630 individuals responded, of whom 1128 (24%) hazardous or harmful drinkers were offered a liver fibrosis check using the Southampton Traffic Light (STL) test; 393 (38%) attended and test results were returned by post. The STL has a low threshold for liver fibrosis with 45 (11%) red, 157 (40%) amber, and 191 (49%) green results. Follow-up AUDIT data was obtained for 303/393 (77%) and 76/153 (50%) subjects with evidence of liver damage reduced drinking by at least one AUDIT category (harmful to hazardous, or hazardous to low risk) compared with 52/150 (35%, P<0.011) subjects without this evidence; in the subset of harmful drinkers patterns (AUDIT >15), 22/34 (65%) of STL positives, reduced drinking compared with 10/29 (35%, P<0.017) STL negatives.CONCLUSION: Detection of liver disease in the community is feasible, and feedback of liver risk may reduce harmful drinking.

Country of Publication: England

Publication Type: Evaluation Studies; Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
Adult
"*Alcoholism/di [Diagnosis]"
Community Health Services
Early Diagnosis
England
Feasibility Studies
Feedback
Female
Humans
"*Liver Cirrhosis Alcoholic/di [Diagnosis]"
Male
Middle Aged
Postal Service
Prognosis
Questionnaires
Risk Assessment

Source: MEDLINE

2. A report of an outbreak of toxicity from a novel drug of abuse: ERIC-3.

Citation: Emergency Medicine Journal, July 2013, vol./is. 30/7(543-5), 1472-0205;1472-0213 (2013 Jul)

Author(s): Haig SD; Kelly C; Morden C

Institution: Emergency Department, Great Western Hospital, Swindon, UK. stephen.haig@gwh.nhs.uk

Language: English

Abstract: BACKGROUND: Novel drugs of abuse are becoming more common in the UK, and they represent particular difficulties in management. We present a case series of toxicity due to a novel substance Eric-3.METHODS: This was a retrospective case note review over a 6-month period. Patients were included if their presentation was due to ingestion of Eric-3. Physiological data, symptoms, outcome and destination of the patient from the ED were collected. Postmortem toxicological analysis was obtained for one of the patients who died.RESULTS: 41 attendances were identified from 18 patients. Two patients died and five were admitted to ITU. Heart rate and temperature on arrival tended to be above normal (mean heart rate was 112 bpm, with an SD of 18; mean temperature was 37.45degree with an SD of 0.95degree). 63.4% of attendances included agitation and 34.1% choreiform movements. alpha-Methyltryptamine and 3-/4-flouroephedrine were found in the blood of one of the patients who died.CONCLUSIONS: In this outbreak, Eric-3 gave symptoms similar to other stimulants. It may have been a novel substance 3-/4-flouroephedrine. It underlines the need for prospective data collection and information sharing.

Country of Publication: England

CAS Registry Number: 0 (Drug Combinations); 0 (Street Drugs); 0 (Tryptamines); 299-26-3 (indopan); GN83C131XS (Ephedrine)

Publication Type: Journal Article

Subject Headings:
Adult
Autopsy
Cluster Analysis
Drug Combinations
"*Emergency Service Hospital/sn [Statistics and Numerical Data]"
"Emergency Service Hospital/ut [Utilization]"
"Ephedrine/aa [Analogs and Derivatives]"
"Ephedrine/bl [Blood]"
"Ephedrine/po [Poisoning]"
"Great Britain/ep [Epidemiology]"
Humans
Middle Aged
Retrospective Studies
"Street Drugs/ch [Chemistry]"
"*Street Drugs/po [Poisoning]"
"Substance-Related Disorders/co [Complications]"
"*Substance-Related Disorders/ep [Epidemiology]"
"Substance-Related Disorders/th [Therapy]"
Treatment Outcome
"Tryptamines/bl [Blood]"
"*Tryptamines/po [Poisoning]"
Young Adult

Source: MEDLINE

Full Text: Available from *Highwire Press* in *Emergency Medicine Journal*

3. Parenteral buprenorphine-naloxone abuse is a major cause of fatal buprenorphine-related poisoning.

Citation: Forensic Science International, October 2013, vol./is. 232/1-3(11-5), 0379-0738;1872-6283 (2013 Oct 10)

Author(s): Hakkinen M; Heikman P; Ojanpera I

Institution: Hjelt Institute, Department of Forensic Medicine, P.O. Box 40 (Kytosuontie 11), FI-00014 University of Helsinki, Finland. Electronic address: margareeta.hakkinen@helsinki.fi.

Language: English

Abstract: Buprenorphine (BPN) medication for opioid maintenance treatment in Finland consists predominantly of buprenorphine-naloxone (BNX). Both BPN and BNX are associated with diversion, abuse and non-medically supervised use worldwide. Our purpose was to estimate the proportion of BNX to all BPN-related fatalities. The material consisted of

225 deceased drug abusers in Finland from January 2010 to June 2011 with a positive BPN and/or norbuprenorphine (NOR) and/or naloxone (NX) finding in urine. The data were divided into three groups based on the urine NX and BPN concentrations. The "Parenteral BNX" group (>100 mug/l NX) was presumed to consist of injecting or snorting BNX abusers and the "Parenteral BPN" group (>50 mug/l BPN, 0 mug/l NX) of injecting or snorting BPN abusers, while the "Other BNX or BPN" group (<100 mug/l NX, or <50 mug/l BPN combined with 0 mug/l NX) was presumed to consist of mainly sublingual BNX or BPN users. In 12.4% of cases the NX urine concentration was higher than the threshold 100 mug/l. In fatal BPN poisonings, the proportion of parenteral BNX was 28.4%. In the "Parenteral BNX", "Parenteral BPN" and "Other BNX or BPN" groups, the proportion of fatal BPN poisonings was 67.9, 31.0 and 22.6%, respectively. BNX abuse can be fatal. Among the 225 BPN-related fatalities, parenteral abuse of BNX was shown to be common (12.4%) and BNX poisoning was the underlying cause of death in 8.4%. Parenteral BNX caused fatal BPN poisoning proportionally more often than parenteral BPN.

Country of Publication: Ireland

CAS Registry Number: 0 (Central Nervous System Depressants); 0 (Narcotic Antagonists); 36B82AMQ7N (Naloxone); 3K9958V90M (Ethanol); 40D3SCR4GZ (Buprenorphine)

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
Administration Inhalation
Administration Sublingual
Adolescent
Adult
Aged
"Buprenorphine/ad [Administration and Dosage]"
"*Buprenorphine/po [Poisoning]"
"Buprenorphine/ur [Urine]"
"Central Nervous System Depressants/bl [Blood]"
Chromatography Liquid
"Ethanol/bl [Blood]"
Female
Forensic Toxicology
"Homicide/sn [Statistics and Numerical Data]"
Humans
Male
Middle Aged
"Naloxone/ad [Administration and Dosage]"
"*Naloxone/po [Poisoning]"
"Naloxone/ur [Urine]"
"Narcotic Antagonists/ad [Administration and Dosage]"
"*Narcotic Antagonists/po [Poisoning]"
"Narcotic Antagonists/ur [Urine]"
Opiate Substitution Treatment
"*Opioid-Related Disorders/mo [Mortality]"
"Opioid-Related Disorders/th [Therapy]"
Substance Abuse Intravenous
"Suicide/sn [Statistics and Numerical Data]"
Tandem Mass Spectrometry
Young Adult

Source: MEDLINE

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

4. Driving under the influence with blood alcohol concentrations over 0.4 g%.

Citation: Forensic Science International, September 2013, vol./is. 231/1-3(349-53), 0379-0738;1872-6283 (2013 Sep 10)

Author(s): Jones AW; Harding P

Institution: Department of Forensic Genetics and Forensic Toxicology, National Board of Forensic Medicine, Linkoping, Sweden. wayne.jones@liu.se

Language: English

Abstract: The aim of this study was to evaluate the characteristics of traffic offenders with unusually high blood-alcohol concentrations (BAC>0.4 g%) when arrested. The BAC that kills one person might be easily tolerated by another, depending on, among other things, the person's age, pattern of drinking, and the development of tolerance. The archives of two forensic laboratories, one in Sweden and the other in Wisconsin (USA), were searched to find traffic offenders with BACs>0.4 g%. The results were compared in relation to the person's age and gender, mean BAC and the weekday and time of day of the arrest. The mean age (+standard deviation) of N=158 Swedish offenders was 45+9.0 y, which was not significantly different from the 43+9.4 y in N=233 Wisconsin drivers (p>0.05). Overall there were more men (78%) than women (22%) arrested with BAC's>0.4 g%, although the proportion of women in Wisconsin (35%) was higher than in Sweden (9%) (p<0.001). The mean (median) and highest BAC did not differ between jurisdictions; 0.429 g% (0.422) and 0.546 g% in Sweden and 0.428 g% (0.421 g%) and 0.526 g% in Wisconsin. In Sweden 40% of the arrests occurred on Fridays and Saturdays, whereas in Wisconsin the arrests of people with such high BAC's were more evenly distributed throughout the week. Forty eight percent of the arrests in Sweden were made between 12 noon and 6 pm compared with 37% in Wisconsin. Neither the mean age of offenders nor their mean BAC seemed to depend on the weekday or time of day of the arrest. Attempting to drive with a BAC above 0.4 g% verifies the development of an appreciable tolerance to ethanol-induced cognitive and psychomotor impairment. Reaching such a high BAC probably requires continuous heavy drinking over several days as opposed to an evening's binge drinking. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Central Nervous System Depressants); 3K9958V90M (Ethanol)

Publication Type: Comparative Study; Journal Article

Subject Headings:
Adult
Age Distribution
"Alcoholic Intoxication/co [Complications]"
"*Automobile Driving/lj [Legislation and Jurisprudence]"
"*Central Nervous System Depressants/bl [Blood]"
"*Ethanol/bl [Blood]"
Female
Humans
Male
Middle Aged
Retrospective Studies
Sex Distribution
Sweden
Time Factors
"Unconsciousness/et [Etiology]"
Wisconsin

Source: MEDLINE

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

5. Police custody following driving under the influence of cannabis: a prospective study.

Citation: Forensic Science International, September 2013, vol./is. 231/1-3(92-7), 0379-0738;1872-6283 (2013 Sep 10)

Author(s): Mahindhoratep TS; Lepresle A; Chiadmi F; Schlatter J; Boraud C; Chariot P

Institution: Department of Forensic Medicine, Hopital Jean-Verdier (AP-HP), 93140 Bondy, France.

Language: English

Abstract: Traffic offences are a common cause of detention in police custody. We hypothesized that drug intoxication while driving could correspond to specific medical conditions of the detainees. Our objective was to evaluate medical features and addictive behaviours of suspected drug drivers and to collect data regarding assaults or injuries in these individuals. We conducted a prospective study (April 2010-December 2011) of suspected drug driving arrestees, who were compared to drink drivers or persons aged over 18 detained for other reasons. Data collected concerned persons' characteristics, reported assaults, and observed injuries. A total of 205 drivers were tested positive for drugs in blood, 116 were either positive for drugs in urine or saliva and negative in blood, or negative in urine. Cannabis-only users accounted for 201 of 205 drug drivers (98%). Suspected drug driving arrestees had good overall health rating. Drug drivers were younger than controls and requested more rarely medical examination (12% vs. 44%, P<0.0001). They were rarely involved in addiction treatment (3%) and reported assaults or presented traumatic injuries less often than drink drivers and controls (8% vs. 38% and 25%, P<0.0001). Drug drivers were less often alcohol abusers than controls. Their opinion on custody was better than that of controls and they were considered unconditionally fit for detention more frequently (99% vs. 77%, P<0.0001). We conclude that arrested drug drivers were young, healthy, and infrequently reported assaults or presented traumatic injuries, which does not put them in a high risk medical condition. Medical care could include brief interventions on addictive behaviours.

Country of Publication: Ireland

CAS Registry Number: 0 (Cannabinoids); 0 (Narcotics); I5Y540LHVR (Cocaine)

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
Adult
Age Distribution
"*Automobile Driving/lj [Legislation and Jurisprudence]"
"Cannabinoids/bl [Blood]"
Case-Control Studies
"Cocaine/bl [Blood]"
Female
"France/ep [Epidemiology]"
Health Status
Humans
*Law Enforcement
Male
"Marijuana Abuse/bl [Blood]"
"*Marijuana Abuse/ep [Epidemiology]"
"Marijuana Abuse/ur [Urine]"
"Narcotics/bl [Blood]"
*Police
Prospective Studies
"Substance-Related Disorders/ep [Epidemiology]"
"Wounds and Injuries/ep [Epidemiology]"

Source: MEDLINE

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

6. The forensic relevance of hypothermia in living persons--literature and retrospective study.

Citation: Forensic Science International, September 2013, vol./is. 231/1-3(34-41), 0379-0738;1872-6283 (2013 Sep 10)

Author(s): Lange S; Muggenthaler H; Hubig M; Mall G

Institution: Institute of Legal Medicine, Jena University Hospital - Friedrich Schiller University Jena, Germany.

Language: English

Abstract: In practical case work, forensic experts can be confronted with the problem of estimating cold exposure times in the living given the core body temperature after exposure. However, the current literature lacks systematic studies of body cooling in the living and cooling rates under different circumstances. The objective of our study is to provide working forensic specialists with a collection of cases to use for comparison in order to estimate the accident time or assault time using the cooling rates from similar cases. Excessive data mining led to 18 cases from the literature, 16 cases from Jena's patient files and 9 cases from the database of the Institute for Legal Medicine in Jena. Cooling rates between 0.15 degreeC/h and 4.1 degreeC/h were found in adults. Newborns showed rates between 1.2 degreeC/h and 28.5 degreeC/h. Potential factors that influence the cooling process in the living are discussed and the possibilities and limitations of the data acquisition and -evaluation are considered.

Country of Publication: Ireland

Publication Type: Journal Article; Review

Subject Headings:
Adolescent
Adult
Aged
Aged 80 and over
"Alcoholic Intoxication/co [Complications]"
Body Temperature
"Central Nervous System Diseases/co [Complications]"
Cold Temperature
Environmental Exposure
Female
Forensic Medicine
Home Childbirth
Humans
"Hypothermia/et [Etiology]"
"*Hypothermia/pa [Pathology]"
Infant Newborn
Linear Models
Male
Middle Aged
Retrospective Studies
"Substance-Related Disorders/co [Complications]"
"Wounds and Injuries/co [Complications]"
Young Adult

Source: MEDLINE

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

7. Profile of a drunk driver and risk factors for drunk driving. Findings in roadside testing in the province of Uusimaa in Finland 1990-2008.

Citation: Forensic Science International, September 2013, vol./is. 231/1-3(20-7), 0379-0738;1872-6283 (2013 Sep 10)

Author(s): Portman M; Penttila A; Haukka J; Rajalin S; Eriksson CJ; Gunnar T; Koskimaa H; Kuoppasalmi K

Institution: National Institute for Health and Welfare, Mannerheimintie 166, FIN-00300 Helsinki, Finland. maria.portman@thl.fi

Language: English

Abstract: The aim of the present study was to define the profile of a drunk driver and to determine risk factors for drunk driving by analyzing data on both sober and drunk drivers. Systematic roadside surveys have been carried out in Southern Finland for over 18 years, with 20,000-30,000 drivers breath tested annually. During the study period, 1241 drunk drivers were caught (legal blood alcohol limit 0.50). The comparison material consisted of 3407 sober drivers. The surveys were designed to further investigate demographic features and driving habits of drivers. The prevalence of drunk driving has been 0.2% over the time period, with only random variations. According to the data, a typical drunk driver is a man aged 40-49 who has a valid driving license and drives his own car, usually alone, with a blood alcohol concentration (BAC) of 1.0. He has a job and is married or cohabiting. The profile remained consistent throughout the study period. The risk of drunk driving was found to be five times higher for men than for women. Divorcees and widow(er)s had a substantially higher risk factor for being caught drunk driving than married drivers. Drunk drivers are most likely to be caught by roadside testing on Saturday mornings. During the study period the blood alcohol limit for aggravated drunk driving was lowered in 1994 from 1.5 to 1.2. In 2004 the taxation of alcohol beverages was reduced by 30%. Neither of these measures affected the prevalence of drunk driving or the mean BAC of drunk drivers (p=0.63).

Country of Publication: Ireland

CAS Registry Number: 0 (Central Nervous System Depressants); 3K9958V90M (Ethanol)

Publication Type: Comparative Study; Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
Adult
Age Distribution
Aged
"Alcoholic Intoxication/di [Diagnosis]"
"*Alcoholic Intoxication/ep [Epidemiology]"
"*Automobile Driving/lj [Legislation and Jurisprudence]"
Breath Tests
"Central Nervous System Depressants/an [Analysis]"
Chromatography Gas
"Ethanol/an [Analysis]"
Female
"Finland/ep [Epidemiology]"
Forensic Toxicology
Humans
Male
"Marital Status/sn [Statistics and Numerical Data]"
Middle Aged
Risk Factors
Seasons
Sex Distribution
Substance Abuse Detection
Time Factors
Young Adult

Source: MEDLINE

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

8. The manifestation of cocaine-induced midline destructive lesion in bone tissue and its identification in human skeletal remains.

Citation: Forensic Science International, September 2013, vol./is. 231/1-3(408.e1-11), 0379-0738;1872-6283 (2013 Sep 10)

Author(s): Rubin K

Institution: University of Pennsylvania, Department of Anthropology, University Museum, Room 325, 3260 South Street, Philadelphia, PA 19104, USA. krubin@ufl.edu

Language: English

Abstract: Cocaine-induced midline destructive lesion (CIMDL) is a condition that may arise in response to chronic insufflation ("snorting") of cocaine. It is clinically diagnosed when the nasal septum, lateral nasal walls, and/or hard palate show signs of destruction in association with cocaine use. Although its true incidence is unknown, CIMDL is not an uncommon clinical finding amongst intranasal cocaine abusers and is likely to be encountered by forensic anthropologists and medical examiners working worldwide. Given the preponderance of drug abusers amongst the subjects of forensic casework, the ability to diagnose CIMDL in dry bone may provide crucial insight into an investigation and even help confirm an individual identification. This paper aims to make practicing forensic anthropologists aware of CIMDL. Through the analysis of existing clinical literature, patient CT scans, and histology sections, it works toward the establishment of formal diagnostic criteria for identifying CIMDL in human skeletal remains. Lytic destruction regularly involves the vomer and frequently extends to the perpendicular plate of the ethmoid, the palatal process of the maxillae or the palatine bones, and the inferior nasal conchae. The middle nasal conchae, medial walls of the maxillary sinuses, ethmoid sinuses, and cribriform plate are often damaged. Destruction may also implicate the superior nasal conchae, the orbit, and the sphenoid. Bones affected by CIMDL may contain necrotic lesions or may be absent entirely. Lesions show minimal, if any, signs of repair. The author proposes that this lack of new bone formation may be mediated by potentially elevated leptin levels in cocaine abusers and CIMDL patients and may be the key to differentiating CIMDL from other lytic processes of the midface.

Country of Publication: Ireland

Publication Type: Journal Article

Subject Headings:
Administration Intranasal
"*Cocaine-Related Disorders/pa [Pathology]"
"Encephalocele/ci [Chemically Induced]"
"Encephalocele/pa [Pathology]"
"Ethmoid Bone/pa [Pathology]"
Forensic Anthropology
Humans
"Maxilla/pa [Pathology]"
"Nasal Septum/pa [Pathology]"
"Orbit/pa [Pathology]"
"Osteoclasts/pa [Pathology]"
"Palate/pa [Pathology]"
"Paranasal Sinuses/pa [Pathology]"

Source: MEDLINE

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

9. Challenges to effective cancer control in China, India, and Russia.

Citation: Lancet Oncology, April 2014, vol./is. 15/5(489-538), 1470-2045;1474-5488 (2014 Apr)

Author(s): Goss PE; Strasser-Weippl K; Lee-Bychkovsky BL; Fan L; Li J; Chavarri-Guerra Y; Liedke PE; Pramesh CS; Badovinac-Crnjevic T; Sheikine Y; Chen Z; Qiao YL; Shao Z; Wu YL; Fan D; Chow LW; Wang J; Zhang Q; Yu S; Shen G; He J; Purushotham A; Sullivan R; Badwe R; Banavali SD; Nair R; Kumar L; Parikh P; Subramanian S; Chaturvedi P; Iyer S; Shastri SS; Digumarti R; Soto-Perez-de-Celis E; Adilbay D; Semiglazov V; Orlov S; Kaidarova D; Tsimafeyeu I; Tatishchev S; Danishevskiy KD; Hurlbert M; Vail C; St Louis J; Chan A

Institution: Harvard Medical School, Boston, MA, USA; Avon Breast Cancer Center of Excellence, Massachusetts General Hospital, Boston, MA, USA. Electronic address: pgoss@partners.org.; Wilhelminen Hospital, Center for Oncology, Hematology and Palliative Care, Vienna, Austria.; Harvard Medical School, Boston, MA, USA; Department of Hematology-Oncology, Beth Israel Deaconess Medical Center, Boston, MA, USA; International Cancer Research Program, Massachusetts General Hospital, Boston, MA, USA.; International Cancer Research Program, Massachusetts General Hospital, Boston, MA, USA; Cancer Center and Cancer Institute, Shanghai Medical College, Fudan University, Breast Surgery Department, Shanghai, China.; International Cancer Research Program, Massachusetts General Hospital, Boston, MA, USA; Cancer Center and Cancer Institute, Shanghai Medical College, Fudan University, Breast Surgery Department, Shanghai, China.; International Cancer Research Program, Massachusetts General Hospital, Boston, MA, USA; Hemato-Oncology Department, Instituto Nacional de Ciencias Medicas y Nutricion Salvador Zubiran, Mexico City, Mexico.; International Cancer Research Program, Massachusetts General Hospital, Boston, MA, USA; Oncologia Hospital de Clinicas de Porto Alegre and Instituto do Cancer Mae de Deus, Porto Alegre, Rio Grande do Sul, Brazil.; Department of Surgical Oncology/Clinical Research, Tata Memorial Centre, Parel, Mumbai, Maharashtra, India.; International Cancer Research Program, Massachusetts General Hospital, Boston, MA, USA; University Hospital Zagreb, Department of Oncology, Zagreb, Croatia.; Harvard Medical School, Boston, MA, USA; Department of Pathology, Beth Israel Deaconess Medical Center, Boston, MA, USA.; State Key Lab of Medical Genomics, Shanghai Institute of Hematology, Rui-Jin Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai, China.; Department of Cancer Epidemiology, National Cancer Center, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, China.; Cancer Center and Cancer Institute, Shanghai Medical College, Fudan University, Breast Surgery Department, Shanghai, China.; Guangdong Lung Cancer Institute, Guangdong General Hospital & Guangdong Academy of Medical Sciences, Guangzhou, Guangdong, China.; Fourth Military Medical University, State Key Laboratory of Cancer Biology & Xijing Hospital of Digestive Diseases, Xi'an, Shaanxi Province, China.; Organisation for Oncology and Translational Research, Hong Kong, China; UNIMED Medical Institute, Comprehensive Centre for Breast Diseases, Hong Kong, China.; Institute of Public Health Economics and Management, Central University of Finance and Economics, Beijing, China.; Department of Economics, School of Economics, Central University of Finance and Economics, Beijing, China.; Cancer Center of Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China.; University of California, Berkeley, CA, USA; Cancer Institute & Hospital Chinese Academy of Medical Sciences, Beijing, China.; Department of Thoracic Surgery, National Cancer Center, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, China.; King's Health Partners Cancer Centre, King's College London, Guy's Hospital, London, UK.; King's Health Partners Cancer Centre, King's College London, Guy's Hospital, London, UK; Institute of Cancer Policy, King's College London, Guy's Hospital, London, UK.; Administration, Tata Memorial Centre, Parel, Mumbai, Maharashtra, India.; Department of Medical and Pediatric Oncology, Tata Memorial Centre, Parel, Mumbai, Maharashtra, India.; Department of Clinical Hematology, Tata Medical Center, Kolkata, West Bengal, India.; Institute Rotary Cancer Hospital, All India Institute of Medical Sciences, Ansari Nagar, New Delhi, India.; Clinical Research and Education, BSES GH Municipal Hospital, Mumbai, India.; Eurasian Federation of Oncology Educational & Research Center, Moscow, Russia.; Department of Head and

Neck Surgery, Tata Memorial Centre, Parel, Mumbai, Maharashtra, India.; Amrita Institute of Medical Sciences & Research Centre, Head & Neck/Plastic & Reconstructive Surgery, Kochi, Kerala, India.; Department of Preventive Oncology, Tata Memorial Centre, Parel, Mumbai, Maharashtra, India.; Nizam's Institute of Medical Sciences, Panjagutta, Hyderabad, India.; Hemato-Oncology Department, Instituto Nacional de Ciencias Medicas y Nutricion Salvador Zubiran, Mexico City, Mexico.; Astana Oncology Center, Head and Neck Oncology, Astana, Kazakhstan.; Reproductive System Tumors Department, NN Petrov Research Institute of Oncology, St Petersburg, Russia.; Department of Thoracic Oncology, Saint Petersburg Medical University, Saint Petersburg, Russia.; Almaty Oncology Centre, Almaty, Kazakhstan.; Russian Society of Clinical Oncology, Kidney Cancer Research Bureau, Moscow, Russia.; Pathology and Laboratory Medicine, Ronald Reagan UCLA Medical Center, Los Angeles, CA, USA.; Department of Health Economics, Higher School of Economics, Moscow, Russia.; Avon Foundation Breast Cancer Crusade, New York, NY, USA.; International Cancer Research Program, Massachusetts General Hospital, Boston, MA, USA.; International Cancer Research Program, Massachusetts General Hospital, Boston, MA, USA.; Breast Cancer Research Centre-Western Australia and Curtin University, Perth, WA, Australia.

Language: English

Abstract: Cancer is one of the major non-communicable diseases posing a threat to world health. Unfortunately, improvements in socioeconomic conditions are usually associated with increased cancer incidence. In this Commission, we focus on China, India, and Russia, which share rapidly rising cancer incidence and have cancer mortality rates that are nearly twice as high as in the UK or the USA, vast geographies, growing economies, ageing populations, increasingly westernised lifestyles, relatively disenfranchised subpopulations, serious contamination of the environment, and uncontrolled cancer-causing communicable infections. We describe the overall state of health and cancer control in each country and additional specific issues for consideration: for China, access to care, contamination of the environment, and cancer fatalism and traditional medicine; for India, affordability of care, provision of adequate health personnel, and sociocultural barriers to cancer control; and for Russia, monitoring of the burden of cancer, societal attitudes towards cancer prevention, effects of inequitable treatment and access to medicine, and a need for improved international engagement. Copyright 2014 Elsevier Ltd. All rights reserved.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
Aged
Aged 80 and over
"Alcoholism/ep [Epidemiology]"
"Breast Neoplasms/di [Diagnosis]"
China
"Colorectal Neoplasms/di [Diagnosis]"
Cultural Characteristics
"Early Detection of Cancer/td [Trends]"
"Economic Development/td [Trends]"
"Environmental Pollution/ae [Adverse Effects]"
Ethnic Groups
Female
"Health Manpower/td [Trends]"
"Health Services/ec [Economics]"
"Health Services Accessibility/td [Trends]"
"Healthcare Disparities/td [Trends]"
Humans
India
Male
Medicine Chinese Traditional
Middle Aged
"Neoplasms/pc [Prevention and Control]"
"*Neoplasms/th [Therapy]"

"Rural Health Services/td [Trends]"
"Russia/ep [Epidemiology]"
Sexism
Smoking
Social Stigma
"Urban Health Services/td [Trends]"

Source: MEDLINE

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

10. BMJ Awards 2014. Gastroenterology team of the year.

Citation: BMJ, 2014, vol./is. 348/(g2677), 0959-535X;1756-1833 (2014)

Author(s): Mahony C

Institution: London, UK.

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings:
"Alcoholism/nu [Nursing]"
"Alcoholism/th [Therapy]"
*Awards and Prizes
"*Gastroenterology/mt [Methods]"
"Gastroenterology/og [Organization and Administration]"
"Gastrointestinal Diseases/di [Diagnosis]"
Great Britain
Humans
"Inflammatory Bowel Diseases/th [Therapy]"
"Self Care/mt [Methods]"
Waiting Lists

Source: MEDLINE

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

11. Smoking cessation improves anxiety depression.

Citation: Practitioner, March 2014, vol./is. 258/1769(5), 0032-6518;0032-6518 (2014 Mar)

Author(s): Bland P

Language: English

Country of Publication: England

Publication Type: Editorial

Subject Headings:
Adult
"*Anxiety/ep [Epidemiology]"
"Anxiety/px [Psychology]"
Comorbidity
"*Depression/ep [Epidemiology]"
"Depression/px [Psychology]"
"Great Britain/ep [Epidemiology]"
Humans
Risk
"*Smoking/ep [Epidemiology]"
"Smoking/px [Psychology]"
"Smoking Cessation/px [Psychology]"
"*Smoking Cessation/sn [Statistics and Numerical Data]"

"Substance-Related Disorders/ep [Epidemiology]"
"Substance-Related Disorders/px [Psychology]"

Source: MEDLINE

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

12. Are the dental health needs of adults with illegal drug dependence being met by current service provision in the United Kingdom?: a literature review.

Citation: Journal of Addictions Nursing, October 2012, vol./is. 23/3(191-9), 1088-4602;1548-7148 (2012 Oct)

Author(s): Hewson V; Wray J

Institution: Faculty of Health and Social Care, University of Hull, Hull, United Kingdom. Correspondence related to content to: Victoria Hewson, MSc, BSc (Hons), DipHPS, RDN, Room 103, Aire Building, Faculty of Health and Social Care, University of Hull, Cottingham Road, Hull HU6 7 RX, United Kingdom.

Language: English

Abstract: This literature review outlines the current issues and debates relating to the dental health of adults with drug dependence. The dental health of adults with illegal drug dependence (IDD) continues to be under debate throughout dental practice, and the most appropriate model of care suitable to meet the high complex needs of this client group remains uncertain. The study aims to review and critically analyze available research relating to the oral health effects of illegal drug misuse and the dental health needs and status of adults with drug dependence. Second, it aims to identify and critically evaluate current models of dental service/care delivery, including relevant best practice guidance and potential barriers to dental access for adults with IDD. The available literature pertaining to dental health and adults with drug dependence are systematically reviewed and critically analyzed and evaluated in order to execute a rigorous investigation. The oral effects along with general medical complications associated with IDD are increasingly being recognized. There are substantive negative effects of IDD on oral health, particularly for those with opioid dependence; therefore, these clients have high complex dental needs and low use of dental services. Adults with drug dependence comprise a group with special dental needs and therefore need greater access to dental care than most people due to their high level of need. A high awareness of the implications for oral health care for adults with drug dependence is essential. Dental professionals have a key role in supporting the rehabilitation of these patients from potentially severe or fatal addictions. There is a distinct lack of national policy and guidance relating specifically to adults with drug dependence, and therefore, problems persist. Key findings and recommendations are presented to enhance the development of dental services for adults with IDD.

Country of Publication: United States

Publication Type: Journal Article; Review

Subject Headings:
Adult
"*Dental Health Services/og [Organization and Administration]"
"Dental Health Services/sd [Supply and Distribution]"
Great Britain
"*Health Services Accessibility/st [Standards]"
*Health Services Needs and Demand
Humans
"*Opioid-Related Disorders/co [Complications]"
"Opioid-Related Disorders/rh [Rehabilitation]"
"Periodontal Diseases/co [Complications]"
"Periodontal Diseases/th [Therapy]"
"Practice Guidelines as Topic/st [Standards]"
"*Tooth Diseases/co [Complications]"
"Tooth Diseases/th [Therapy]"
*Vulnerable Populations

Source: MEDLINE

Full Text: Available from *EBSCOhost* in *Journal of addictions nursing (Online)*

13. Cost-effectiveness of injectable opioid treatment v. oral methadone for chronic heroin addiction.

Citation: British Journal of Psychiatry, November 2013, vol./is. 203/5(341-9), 0007-1250;1472-1465 (2013 Nov)

Author(s): Byford S; Barrett B; Metrebian N; Groshkova T; Cary M; Charles V; Lintzeris N; Strang J

Institution: Sarah Byford, PhD, Barbara Barrett, PhD, Centre for the Economics of Mental and Physical Health, Institute of Psychiatry, King's College London, UK; Nicola Metrebian, PhD, Addictions Department, National Addiction Centre, Institute of Psychiatry, King's College London, UK; Teodora Groshkova, PhD, European Monitoring Centre for Drugs and Drug Addiction, Lisbon, Portugal; Maria Cary, MSc, Centre for the Economics of Mental and Physical Health, Institute of Psychiatry, King's College London, UK; Vikki Charles, MA, Addictions Department, National Addiction Centre, Institute of Psychiatry, King's College London, UK; Nicholas Lintzeris, PhD, The Langton Centre, South Eastern Sydney Local Health District, NSW Health, Australia; John Strang, MD, Addictions Department, National Addiction Centre, Institute of Psychiatry, King's College London, UK.

Language: English

Abstract: BACKGROUND: Despite evidence of the effectiveness of injectable opioid treatment compared with oral methadone for chronic heroin addiction, the additional cost of injectable treatment is considerable, and cost-effectiveness uncertain.AIMS: To compare the cost-effectiveness of supervised injectable heroin and injectable methadone with optimised oral methadone for chronic refractory heroin addiction.METHOD: Multisite, open-label, randomised controlled trial. Outcomes were assessed in terms of quality-adjusted life-years (QALYs). Economic perspective included health, social services and criminal justice resources.RESULTS: Intervention costs over 26 weeks were significantly higher for injectable heroin (mean 8995 v. 4674 injectable methadone and 2596 oral methadone; P<0.0001). Costs overall were highest for oral methadone (mean 15 805 v. 13 410 injectable methadone and 10 945 injectable heroin; P = n.s.) due to higher costs of criminal activity. In cost-effectiveness analysis, oral methadone was dominated by injectable heroin and injectable methadone (more expensive and less effective). At willingness to pay of 30 000 per QALY, there is a higher probability of injectable methadone being more cost-effective (80%) than injectable heroin.CONCLUSIONS: Injectable opioid treatments are more cost-effective than optimised oral methadone for chronic refractory heroin addiction. The choice between supervised injectable heroin and injectable methadone is less clear. There is currently evidence to suggest superior effectiveness of injectable heroin but at a cost that policy makers may find unacceptable. Future research should consider the use of decision analytic techniques to model expected costs and benefits of the treatments over the longer term.

Country of Publication: England

CAS Registry Number: 0 (Analgesics, Opioid); 70D95007SX (Heroin); UC6VBE7V1Z (Methadone)

Publication Type: Journal Article; Multicenter Study; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

Subject Headings:
Adolescent
Adult
Aged
"Analgesics Opioid/ad [Administration and Dosage]"
"*Analgesics Opioid/ec [Economics]"
Chronic Disease
Cost Savings
"Cost-Benefit Analysis/sn [Statistics and Numerical Data]"
"Crime/ec [Economics]"
"Crime/sn [Statistics and Numerical Data]"
Great Britain

"Health Care Costs/sn [Statistics and Numerical Data]"
"Heroin/ad [Administration and Dosage]"
"*Heroin/ec [Economics]"
"Heroin Dependence/ec [Economics]"
"*Heroin Dependence/rh [Rehabilitation]"
Humans
"Injections/ec [Economics]"
Intention to Treat Analysis
"Methadone/ad [Administration and Dosage]"
"*Methadone/ec [Economics]"
Middle Aged
"*Opiate Substitution Treatment/ec [Economics]"
"Opiate Substitution Treatment/mt [Methods]"
"Outcome Assessment (Health Care)/ec [Economics]"
"*Outcome Assessment (Health Care)/sn [Statistics and Numerical Data]"
Patient Compliance
Quality-Adjusted Life Years
Young Adult

Source: MEDLINE

14. Neonatal and longer term management following substance misuse in pregnancy.

Citation: Early Human Development, November 2013, vol./is. 89/11(887-92), 0378-3782;1872-6232 (2013 Nov)

Author(s): Mactier H

Institution: Neonatal Unit, Princess Royal Maternity, 8-16, Alexandra Parade, Glasgow G31 2ER, United Kingdom; NHS Greater Glasgow and Clyde, United Kingdom; The University of Glasgow, United Kingdom. Electronic address: Helen.mactier@ggc.scot.nhs.uk.

Language: English

Abstract: Substance misuse in pregnancy is not a new problem, but although impaired foetal growth and the risk of developing neonatal abstinence syndrome are widely appreciated, relatively little attention has been paid to longer term consequences for the infant. Available evidence indicates that prenatal exposure to opioids and other drugs of misuse is detrimental to the developing foetal brain; consistent with this, poor in utero head growth, delayed infant visual maturation and impaired general neurodevelopmental progress independent of social confounders are increasingly being recognised. This review considers current evidence and discusses best practice in the neonatal management and follow-up of affected babies. More studies are required to explore alternatives to methadone maintenance in pregnancy and to define optimal treatment for neonatal abstinence syndrome. All infants born to drug-misusing mothers must be considered vulnerable, even if they have not required treatment for neonatal abstinence syndrome.

Country of Publication: Ireland

CAS Registry Number: 0 (Analgesics, Opioid); 0 (Narcotic Antagonists); 40D3SCR4GZ (Buprenorphine)

Publication Type: Journal Article; Review

Subject Headings:
"*Analgesics Opioid/pd [Pharmacology]"
"Buprenorphine/tu [Therapeutic Use]"
Female
Humans
Infant Newborn
Mothers
"Narcotic Antagonists/tu [Therapeutic Use]"
"Neonatal Abstinence Syndrome/dt [Drug Therapy]"
"*Neonatal Abstinence Syndrome/pp [Physiopathology]"
Pregnancy
"Prenatal Exposure Delayed Effects/dt [Drug Therapy]"
"*Prenatal Exposure Delayed Effects/pp [Physiopathology]"

"Substance-Related Disorders/dt [Drug Therapy]"
"*Substance-Related Disorders/pp [Physiopathology]"

Source: MEDLINE

Full Text: Available from *Elsevier* in *Early Human Development*

15. Negative priming in amphetamine psychosis.

Citation: Psychiatry Research, November 2013, vol./is. 210/1(263-7), 0165-1781;1872-7123 (2013 Nov 30)

Author(s): Asnafi S; Sharifi V; Tehranidoost M

Institution: Department of Psychiatry, Tehran University of Medical Sciences, Tehran, Iran. Electronic address: s.asnafi@gmail.com.

Language: English

Abstract: Amphetamine abuse may lead to a psychotic state, its symptomatology being very similar to what is seen in paranoid schizophrenia. Failure of attentional inhibition of irrelevant information is thought to be associated with the psychotic symptoms in schizophrenia. Negative priming (NP) paradigm is believed to measure this impairment. Several studies have shown impaired NP in schizophrenia. In the present study a spatial NP task was used to assess attentional inhibition in a group of amphetamine-induced psychosis patients. Nineteen patients with amphetamine-induced psychotic disorder and 20 healthy subjects participated in this study. Severity of psychotic symptoms was measured prior to testing using the Brief Psychiatric Rating Scale (BPRS). Patients showed no deficit in NP, and the amount of their NP effect was not significantly different from healthy subjects. Besides, we did not find any correlation between the amount of NP effect and severity of symptoms. Our results may indicate that cognitive mechanisms underlying NP might not be affected in amphetamine psychosis.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
Adult
"*Amphetamine-Related Disorders/co [Complications]"
Analysis of Variance
"Cognition Disorders/di [Diagnosis]"
"*Cognition Disorders/et [Etiology]"
Female
Humans
Male
Neuropsychological Tests
Photic Stimulation
Psychiatric Status Rating Scales
"Psychotic Disorders/di [Diagnosis]"
"*Psychotic Disorders/et [Etiology]"
Reaction Time
Severity of Illness Index

Source: MEDLINE

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

16. Psychiatric comorbidity among adults with schizophrenia: a latent class analysis.

Citation: Psychiatry Research, November 2013, vol./is. 210/1(16-20), 0165-1781;1872-7123 (2013 Nov 30)

Author(s): Tsai J; Rosenheck RA

Institution: VA New England Mental Illness Research, Education, and Clinical Center, West Haven, CT, USA; Department of Psychiatry, Yale School of Medicine, New Haven, CT, USA. Electronic address: Jack.Tsai@yale.edu.

Language: English

Abstract: Schizophrenia is a severe mental illness that often co-occurs with and can be exacerbated by other psychiatric conditions. There have not been adequate efforts to examine schizophrenia and psychiatric comorbidity beyond pairwise examination using clusters of diagnoses. This study used latent class analysis to characterize patterns of 5-year psychiatric comorbidity among a national sample of adults with schizophrenia. Baseline data from 1446 adults with schizophrenia across 57 sites in the United States were analyzed. Three latent classes were identified labeled Solely Schizophrenia, Comorbid Anxiety and Depressive Disorders with Schizophrenia, and Comorbid Addiction and Schizophrenia. Adults in the Solely Schizophrenia class had significantly better mental health than those in the two comorbid classes, but poorer illness and treatment insight than those with comorbid anxiety and depressive disorders. These results suggest that addiction and schizophrenia may represent a separate latent profile from depression, anxiety, and schizophrenia. More research is needed on how treatment can take advantage of the greater insight possessed by those with schizophrenia and comorbid anxiety and depression. Published by Elsevier Ireland Ltd.

Country of Publication: Ireland

Publication Type: Journal Article; Multicenter Study; Research Support, N.I.H., Extramural

Subject Headings:
Adult
"*Alcoholism/ep [Epidemiology]"
"Anxiety/ep [Epidemiology]"
Comorbidity
Female
Humans
Male
"*Mental Disorders/ep [Epidemiology]"
"Obsessive-Compulsive Disorder/ep [Epidemiology]"
Psychiatric Status Rating Scales
"Schizophrenia/di [Diagnosis]"
"*Schizophrenia/ep [Epidemiology]"
Severity of Illness Index
"Substance-Related Disorders/ep [Epidemiology]"
"United States/ep [Epidemiology]"

Source: MEDLINE

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

17. Neuropsychological functioning is compromised in binge drinking young adults with depression.

Citation: Psychiatry Research, November 2013, vol./is. 210/1(256-62), 0165-1781;1872-7123 (2013 Nov 30)

Author(s): Hermens DF; Lee RS; De Regt T; Lagopoulos J; Naismith SL; Scott EM; Hickie IB

Institution: Clinical Research Unit, Brain & Mind Research Institute, University of Sydney, Australia. Electronic address: daniel.hermens@sydney.edu.au.

Language: English

Abstract: For many young people, binge drinking is the most common form of alcohol misuse, particularly in those with a depressive disorder. Nonetheless, relatively little is known about the effects that the combination of depression and binge drinking has on neuropsychological outcomes. This study aimed to determine whether binge drinkers with depression show more pronounced neuropsychological dysfunction compared to their peers with depression alone or binge drinking alone. Neuropsychological testing was conducted on help-seeking young people (18-30 years) recently diagnosed with a depressive disorder and classified as either 'binge drinkers' (n=43) or 'non-bingers' (n=48). Two healthy control groups (i.e. binge drinkers, n=24 and non-bingers, n=21) were additionally recruited and also underwent the same testing. Qualitatively, binge-drinking patients with depression performed consistently below controls, depression alone, or binge drinking alone. In keeping with our hypotheses, visual learning and memory was

significantly reduced in depressed binge drinkers, whereas mental flexibility was reduced at a trend level. There were no significant differences in neuropsychological performance in depressed alone or binge drinking alone individuals compared to controls. The findings suggest that when treating young people with a depressive disorder, strategies targeting binge drinking may contribute to preventing potential neurobiological changes underlying poorer long-term clinical outcomes. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
Adolescent
Adult
"*Binge Drinking/co [Complications]"
"*Cognition Disorders/di [Diagnosis]"
"*Cognition Disorders/et [Etiology]"
"*Depression/co [Complications]"
"Executive Function/ph [Physiology]"
Female
Humans
Male
"Memory/ph [Physiology]"
*Neuropsychological Tests
Statistics Nonparametric
Young Adult

Source: MEDLINE

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

18. The long arm of parental addictions: the association with adult children's depression in a population-based study.

Citation: Psychiatry Research, November 2013, vol./is. 210/1(95-101), 0165-1781;1872-7123 (2013 Nov 30)

Author(s): Fuller-Thomson E; B Katz R; T Phan V; P M Liddycoat J; Brennenstuhl S

Institution: Factor-Inwentash Faculty of Social Work, University of Toronto, 246 Bloor Street West, Toronto, Ontario, Canada, M5S 1A1. Electronic address: esme.fuller.thomson@utoronto.ca.

Language: English

Abstract: Parental addictions have been associated with adult children's depression in several clinical and population-based studies. However, these studies have not examined if gender differences exist nor have they controlled for a range of potential explanatory factors. Using a regionally representative sample of 6268 adults from the 2005 Canadian Community Health Survey (response rate=83%), we investigated the association between parental addictions and adulthood depression controlling for four clusters of variables: adverse childhood experiences, adult health behaviors, adult socioeconomic status and other stressors. After controlling for all factors, adults exposed to parental addiction had 69% higher odds of depression compared to their peers with non-addicted parents (OR=1.69; 95% CI, 1.25-2.28). The relationship between parental addictions and depression did not vary by gender. These findings underscore the intergenerational consequences of drug and alcohol addiction and reinforce the need to develop interventions that support healthy childhood development. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article

Subject Headings:
Adolescent
Adult
Age Factors
Aged

Canada
"*Child of Impaired Parents/px [Psychology]"
"*Child of Impaired Parents/sn [Statistics and Numerical Data]"
Community Health Planning
"*Depression/ep [Epidemiology]"
Female
Health Surveys
Humans
Logistic Models
Male
Middle Aged
*Parent-Child Relations
Sex Factors
"*Substance-Related Disorders/ep [Epidemiology]"
"Substance-Related Disorders/px [Psychology]"
Young Adult

Source: MEDLINE

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

19. Relief of cannabis withdrawal symptoms and cannabis quitting strategies in people with schizophrenia.

Citation: Psychiatry Research, October 2013, vol./is. 209/3(273-8), 0165-1781;1872-7123 (2013 Oct 30)

Author(s): Koola MM; Boggs DL; Kelly DL; Liu F; Linthicum JA; Turner HE; McMahon RP; Gorelick DA

Institution: Maryland Psychiatric Research Center, University of Maryland School of Medicine, Baltimore, MD, USA; Clinical Research Programs, Sheppard Pratt Health System, Baltimore, MD, USA.

Language: English

Abstract: This study examined the response to cannabis withdrawal symptoms and use of quitting strategies to maintain abstinence in people with schizophrenia. A convenience sample of 120 participants with schizophrenia who had at least weekly cannabis use and a previous quit attempt without formal treatment were administered the 176-item Marijuana Quit Questionnaire to characterize their "most serious" (self-defined) quit attempt. One hundred thirteen participants had withdrawal symptoms, of whom 104 (92.0%) took some action to relieve a symptom, most commonly nicotine use (75%). 90% of withdrawal symptoms evoked an action for relief in a majority of participants experiencing them, most frequently anxiety (95.2% of participants) and cannabis craving (94.4%). 96% of participants used one or more quitting strategies to maintain abstinence during their quit attempt, most commonly getting rid of cannabis (72%) and cannabis paraphernalia (67%). Religious support or prayer was the quitting strategy most often deemed "most helpful" (15%). Use of a self-identified most helpful quitting strategy was associated with significantly higher one-month (80.8% vs. 73.6%) and one-year (54.9% vs. 41.3%) abstinence rates. Actions to relieve cannabis withdrawal symptoms in people with schizophrenia are common. Promotion of effective quitting strategies may aid relapse prevention. Published by Elsevier Ireland Ltd.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, N.I.H., Extramural; Research Support, N.I.H., Intramural; Research Support, Non-U.S. Gov't

Subject Headings: Adolescent
Adult
Aged
Female
Humans
Kaplan-Meier Estimate
Male
"*Marijuana Abuse/ep [Epidemiology]"

Middle Aged
Questionnaires
"*Schizophrenia/ep [Epidemiology]"
*Schizophrenic Psychology
"Substance Withdrawal Syndrome/di [Diagnosis]"
"*Substance Withdrawal Syndrome/ep [Epidemiology]"
Survival Analysis
Young Adult

Source: MEDLINE

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

20. Cholinergic receptor gene (CHRM2) variation and familial loading for alcohol dependence predict childhood developmental trajectories of P300.

Citation: Psychiatry Research, October 2013, vol./is. 209/3(504-11), 0165-1781;1872-7123 (2013 Oct 30)

Author(s): Hill SY; Jones BL; Holmes B; Steinhauer SR; Zezza N; Stiffler S

Institution: Department of Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, PA 15213, USA. Electronic address: syh50@pitt.edu.

Language: English

Abstract: P300 amplitude in childhood predicts substance use disorders by young adulthood. Trajectories of visual P300 amplitude show an association between low amplitude P300 and familial risk for alcohol dependence (AD). Variation in the cholinergic muscarinic receptor gene (CHRM2) has previously been associated with P300 amplitude and AD. The present study used group based trajectory modeling of auditory P300 data collected longitudinally from offspring in families with and without familial loading for AD to determine if specific trajectories would be associated with familial risk and CHRM2 variation. Trajectory modeling confirms previous reports of an association between the low visual P300 trajectory with high familial risk in male offspring. This association was detected in offspring in the 8-12 age range, but not in 13-18 or 19-29 year olds or in high-risk female offspring. CHRM2 association analysis with P300 finds 8-12 year olds who are homozygous for the T allele of rs1824024 are 2.6 times more likely to follow a P300 trajectory characterized by lower and slower change regardless of familial loading. Combining the odds for being male and having a TT genotype results in odds of 6.5 that individuals will follow the low P300 trajectory.

Country of Publication: Ireland

CAS Registry Number: 0 (CHRM2 protein, human); 0 (Receptor, Muscarinic M2)

Publication Type: Journal Article; Research Support, N.I.H., Extramural

Subject Headings:
Acoustic Stimulation
Adolescent
Adult
Age of Onset
"*Alcoholism/co [Complications]"
"Alcoholism/ge [Genetics]"
Algorithms
Child
"Developmental Disabilities/ge [Genetics]"
"*Event-Related Potentials P300/ge [Genetics]"
Family Health
Female
"*Genetic Predisposition to Disease/ge [Genetics]"
Genotype
Humans
Male
"*Polymorphism Single Nucleotide/ge [Genetics]"

"*Receptor Muscarinic M2/ge [Genetics]"
Risk Factors
Young Adult

Source: MEDLINE

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

21. Gender differences in reactivity to alcohol cues in binge drinkers: a preliminary assessment of event-related potentials.

Citation: Psychiatry Research, October 2013, vol./is. 209/3(494-503), 0165-1781;1872-7123 (2013 Oct 30)

Author(s): Petit G; Kornreich C; Verbanck P; Campanella S

Institution: Laboratoire de Psychologie Medicale et Addictions, Universite Libre de Bruxelles, Brussels, Belgium. Electronic address: geraldine.petit@chu-brugmann.be.

Language: English

Abstract: Binge drinking is associated with functional brain abnormalities similar to those observed in alcoholics and can be viewed as a first step towards alcohol dependence. Adult men are twice as likely as women to develop alcoholism. This study investigates (1) the presence of alcohol cue reactivity in bingers, a feature that has been proposed to underlie the emergence of alcohol dependence; and (2) a possible higher alcohol cue reactivity in men binge drinkers which could explain their higher risk for alcohol use disorders in adulthood.The P3 component of the event-related potentials (ERPs) was recorded during a visual oddball task in which controls (n=27: 10 men and 17 women) and binge drinkers (n=29: 15 men and 14 women) had to detect infrequent deviant stimuli (related to alcohol or not) among frequent neutral stimuli. Results showed that binge drinkers, compared to light drinkers, displayed increased P3 reactivity to alcohol related cues with a greater effect among men. Our results suggest the phenomenon of alcohol cue reactivity to be a possible avenue by which a higher risk population, binge drinkers, and men in particular, are prone to develop problematic alcohol use.

Country of Publication: Ireland

CAS Registry Number: 3K9958V90M (Ethanol)

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
Adolescent
Adult
"Binge Drinking/pa [Pathology]"
"*Binge Drinking/pp [Physiopathology]"
"*Binge Drinking/px [Psychology]"
*Cues
Electroencephalography
*Ethanol
"Evoked Potentials/de [Drug Effects]"
"*Evoked Potentials/ph [Physiology]"
Female
Humans
Male
Photic Stimulation
*Sex Characteristics
Young Adult

Source: MEDLINE

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

22. The economic cost of heroin dependency and quality of life among heroin users in Taiwan.

Citation: Psychiatry Research, October 2013, vol./is. 209/3(512-7), 0165-1781;1872-7123 (2013 Oct 30)

Author(s): Lin SH; Chen KC; Lee SY; Hsiao CY; Lee IH; Yeh TL; Chen PS; Lu RB; Yang YK

Institution: Department of Psychiatry, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan, Taiwan; Addiction Research Center, National Cheng Kung University, Tainan, Taiwan.

Language: English

Abstract: Heroin dependence may cause an economic burden and has an impact on quality of life (QOL). However, assessments of economic cost are scarce and the relationship between economic cost and QOL is unclear in the Asian population. In the present study, an established questionnaire was modified to assess the economic cost and its association with QOL. A total of 121 volunteer subjects in a methadone maintenance therapy programme and 157 normal controls were enrolled. The total economic cost of heroin dependency is US$ 18,310 per person-year. The direct cost is US$ 11,791 per person-year (64% of the total cost), mostly consisting of the cost of heroin and other illegal drugs. The indirect cost is US$ 6519 (36% of the total cost) per person-year, most of which arises from productivity loss caused by unemployment and incarceration. The QOL of heroin-dependent patients is poorer than that of healthy controls in all domains. The overall QOL is negatively related to direct cost and total cost. The economic cost of heroin dependency is huge, equal to 1.07 times the average gross domestic product per capita. Reduction of the economic cost to society and the economic burden for heroin users is important.

Country of Publication: Ireland

CAS Registry Number: UC6VBE7V1Z (Methadone)

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
Adult
Analysis of Variance
Cost-Benefit Analysis
Female
"*Heroin Dependence/ec [Economics]"
"*Heroin Dependence/px [Psychology]"
Humans
Male
"Methadone/tu [Therapeutic Use]"
Middle Aged
"*Opiate Substitution Treatment/ec [Economics]"
"*Opiate Substitution Treatment/mt [Methods]"
*Quality of Life
"Questionnaires/ec [Economics]"
"Taiwan/ep [Epidemiology]"
Young Adult

Source: MEDLINE

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

23. Continuum beliefs and stigmatizing attitudes towards persons with schizophrenia, depression and alcohol dependence.

Citation: Psychiatry Research, October 2013, vol./is. 209/3(665-9), 0165-1781;1872-7123 (2013 Oct 30)

Author(s): Schomerus G; Matschinger H; Angermeyer MC

Institution: Department of Psychiatry, University Medicine Greifswald, Greifswald, Germany; HELIOS Hanseklinikum Stralsund, Stralsund, Germany. Electronic address: georg.schomerus@uni-greifswald.de.

Language: English

Abstract: Separation is a central step in the process of stigmatizing persons with mental disorders. We examine whether belief in a continuum of symptoms from mental health to mental illness is associated with less stigmatizing attitudes. In a representative population survey in Germany (n=3642), using case-vignettes of persons suffering from schizophrenia, depression or alcohol dependence, we measured belief in a continuity of symptoms, emotional reactions and desire for social distance related to the person described in the vignette. While 42% of respondents agreed in symptom continuity for depression, this percentage was 26% for schizophrenia and 27% for alcohol dependence. Continuum beliefs were associated in general with more positive emotional reactions and less desire for social distance. This relationship was strongest for schizophrenia, followed by alcohol dependence. Continuum beliefs thus seem to be associated with less stigmatizing attitudes, particularly regarding schizophrenia and alcohol dependence. Educational information on the continuous nature of most psychopathological phenomena could usefully be integrated in anti-stigma messages. Copyright 2013 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
Adolescent
Adult
Age Factors
"*Alcoholism/px [Psychology]"
*Attitude to Health
*Culture
"*Depression/px [Psychology]"
Female
Health Surveys
Humans
Male
Middle Aged
*Schizophrenia
*Schizophrenic Psychology
Social Distance
*Social Stigma
Young Adult

Source: MEDLINE

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

24. Compulsive sexual behavior and psychopathology among treatment-seeking men in Sao Paulo, Brazil.

Citation: Psychiatry Research, October 2013, vol./is. 209/3(518-24), 0165-1781;1872-7123 (2013 Oct 30)

Author(s): Scanavino Mde T; Ventuneac A; Abdo CH; Tavares H; do Amaral ML; Messina B; dos Reis SC; Martins JP; Parsons JT

Institution: Department and Institute of Psychiatry, Clinicas' Hospital (HC), University of Sao Paulo Medical School (FMUSP), Brazil. Electronic address: scanavino@gmail.com.

Language: English

Abstract: This study examined compulsive sexual behavior (CSB) and psychopathology in a treatment-seeking sample of men in Sao Paulo, Brazil. Eighty-six men (26% gay, 17% bisexual, 57% heterosexual) who met diagnostic criteria for excessive sexual drive and sexual addiction completed assessments consisting of the Mini International Neuropsychiatric Interview, a structured clinical interview for DSM-IV Axis I Disorders-Clinical Version (segment for Impulse Control Disorder), Sexual Compulsivity Scale (SCS), and questions about problematic CSB. The average SCS score for our sample was above the cut-off score reported in other studies, and 72% of the sample presented at least one Axis I psychiatric diagnosis. There were no differences among gay, bisexual, and heterosexual men on SCS scores and psychiatric conditions, but gay and

bisexual men were more likely than heterosexual men to report casual sex and sex with multiple casual partners as problematic behaviors. SCS scores were associated with psychiatric co-morbidities, mood disorder, and suicide risk, but diagnosis of a mood disorder predicted higher SCS scores in a regression analysis. The study provides important data on the mental health needs of men with CSB in Sao Paulo, Brazil.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
"*Antisocial Personality Disorder/ep [Epidemiology]"
"*Antisocial Personality Disorder/px [Psychology]"
"Brazil/ep [Epidemiology]"
"*Compulsive Behavior/ep [Epidemiology]"
"Compulsive Behavior/pp [Physiopathology]"
"*Compulsive Behavior/px [Psychology]"
Female
Humans
Linear Models
Male
Psychiatric Status Rating Scales
Psychopathology
Self Report
*Sexual Behavior

Source: MEDLINE

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

25. The relationship between optimal parenting, Internet addiction and motives for social networking in adolescence.

Citation: Psychiatry Research, October 2013, vol./is. 209/3(529-34), 0165-1781;1872-7123 (2013 Oct 30)

Author(s): Floros G; Siomos K

Institution: Student Counseling Unit for Internet and PC addiction, 2nd Department of Psychiatry, Aristotle University of Thessaloniki, Greece; Hellenic Association for the Study of Internet Addiction Disorder, Larissa, Greece. Electronic address: georgefloros@gmail.com.

Language: English

Abstract: This paper presents a cross-sectional study of a large, high-school Greek student sample (N=1971) with the aim to examine adolescent motives for participating in social networking (SN) for a possible link with parenting style and cognitions related to Internet addiction disorder (IAD). Exploratory statistics demonstrate a shift from the prominence of online gaming to social networking for this age group. A regression model provides with the best linear combination of independent variables useful in predicting participation in SN. Results also include a validated model of negative correlation between optimal parenting on the one hand and motives for SN participation and IAD on the other. Examining cognitions linked to SN may assist in a better understanding of underlying adolescent wishes and problems. Future research may focus in the patterns unveiled among those adolescents turning to SN for the gratification of basic unmet psychological needs. The debate on the exact nature of IAD would benefit from the inclusion of SN as a possible online activity where addictive phenomena may occur.

Country of Publication: Ireland

Publication Type: Journal Article

Subject Headings:
Adolescent
"*Behavior Addictive/px [Psychology]"
Child
Female

Greece
Humans
*Internet
Male
"*Motivation/ph [Physiology]"
"*Parenting/px [Psychology]"
Predictive Value of Tests
Questionnaires
Regression Analysis
Sex Factors
*Social Networking
Young Adult

Source: MEDLINE

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

26. Serum levels of brain-derived neurotrophic factor in patients with internet use disorder.

Citation: Psychiatry Research, October 2013, vol./is. 209/3(525-8), 0165-1781;1872-7123 (2013 Oct 30)

Author(s): Geisel O; Banas R; Schneider M; Hellweg R; Muller CA

Institution: Department of Psychiatry, Campus Charite Mitte, Charite - Universitatsmedizin Berlin, Charliteplatz 1, 10117 Berlin, Germany.

Language: English

Abstract: Internet use disorder (IUD) is characterised by excessive internet gaming use and has temporarily been conceptualised as a behavioural addiction. Since brain-derived neurotrophic factor (BDNF) has been hypothesised to be involved in the development and maintenance of addictive disorders, we investigated BDNF expression in IUD. We measured BDNF serum levels in male patients with IUD (n=11) and individually matched healthy controls (n=10). There was no significant difference in BDNF serum levels of patients with IUD in comparison to control subjects. Serum levels of BDNF were not correlated with severity of IUD or clinical and demographic variables in our study. These preliminary findings possibly suggest a different underlying pathophysiology in IUD compared to addictive disorders. Thus, further studies are needed to clarify, whether IUD represents an addictive spectrum disorder, an impulse control disorder or finally an individual diagnostic entity that overlaps with both disease categories. Copyright 2012 Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Brain-Derived Neurotrophic Factor)

Publication Type: Journal Article

Subject Headings:
Adult
"*Behavior Addictive/bl [Blood]"
"*Brain-Derived Neurotrophic Factor/bl [Blood]"
Female
Humans
*Internet
Male
Psychiatric Status Rating Scales
Statistics Nonparametric
Young Adult

Source: MEDLINE

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

27. Bipolar disorder and co-occurring cannabis use disorders: characteristics, co-morbidities and clinical correlates.

Citation: Psychiatry Research, October 2013, vol./is. 209/3(459-65), 0165-1781;1872-7123 (2013 Oct 30)

Author(s): Lev-Ran S; Le Foll B; McKenzie K; George TP; Rehm J

Institution: Social Aetiology of Mental Illness (SAMI) CIHR Training Program, Centre for Addiction and Mental Health, Toronto, Ontario, Canada; Addictions Program, Centre for Addiction and Mental Health, Toronto, Ontario, Canada. Electronic address: shauli.levran@gmail.com.

Language: English

Abstract: This study examines rates of co-morbid mental disorders and indicators of the course of illness among individuals with bipolar disorder and cannabis use disorders (CUD). Data were drawn from the National Epidemiological Survey of Alcohol and Related Conditions (NESARC Wave 1, 2001-2002), a nationally representative sample of adults living in the United States. Among individuals with lifetime prevalence of bipolar disorder (N=1905) rates of CUD in the past 12 months were 7.2%, compared to 1.2% in the general population. Logistic regression models adjusting for sociodemographic variables indicated that individuals with bipolar disorder and co-occurring CUD were at increased risk for nicotine dependence (Adjusted Odds Ratio (AOR)=3.8), alcohol (AOR=6.6) and drug (AOR=11.9) use disorders, as well as antisocial personality disorder (AOR=2.8) compared to those without CUD. Among individuals with co-occurring CUD, age of onset of bipolar disorder was significantly lower and median number of manic, hypomanic and depressive episodes per year was significantly greater compared to individuals without CUD. Co-occurring CUD is associated with significant co-morbidities and a more severe course of illness among individuals with bipolar disorder. Comprehensive evaluation of patients with bipolar disorder should include a systematic assessment of CUD.

Country of Publication: Ireland

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
Adolescent
Adult
"*Bipolar Disorder/co [Complications]"
"*Bipolar Disorder/ep [Epidemiology]"
Community Health Planning
Comorbidity
Cross-Sectional Studies
Female
Health Surveys
Humans
Male
"*Marijuana Abuse/co [Complications]"
"*Marijuana Abuse/ep [Epidemiology]"
Middle Aged
Prevalence
Psychiatric Status Rating Scales
Quality of Life
Young Adult

Source: MEDLINE

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

28. Metformin: a metabolic disruptor and anti-diabetic drug to target human leukemia.

Citation: Cancer Letters, May 2014, vol./is. 346/2(188-96), 0304-3835;1872-7980 (2014 May 1)

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

Institution: INSERM, U1065, Centre Mediterraneen de Medecine Moleculaire (C3M), Equipe 4: Inflammation, Cancer, Cancer Stem Cells, Nice F-06204, France; Universite de Nice Sophia-Antipolis, Faculte de Medecine, Nice F-06107, France.; Harvard School of Public

Health, Department of Genetics and Complex Diseases, Boston, MA 02115, USA.; INSERM, U1065, Centre Mediterraneen de Medecine Moleculaire (C3M), Equipe 7: Cellular and Molecular Physiopathology of Obesity and Diabetes, Nice F-06204, France; Universite de Nice Sophia-Antipolis, Faculte de Medecine, Nice F-06107, France.; INSERM, U1065, Centre Mediterraneen de Medecine Moleculaire (C3M), Equipe 4: Inflammation, Cancer, Cancer Stem Cells, Nice F-06204, France; Universite de Nice Sophia-Antipolis, Faculte de Medecine, Nice F-06107, France; Centre Hospitalier Universitaire de Nice, Service d'Oncologie Pediatrique, Hopital de l'Archet, Nice, France. Electronic address: peyron@unice.fr.

Language: English

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

Country of Publication: Ireland

CAS Registry Number: 0 (Antineoplastic Agents); 0 (Hypoglycemic Agents); 9100L32L2N (Metformin)

Publication Type: Journal Article; Research Support, Non-U.S. Gov't; Review

Subject Headings:
Animals
"Antineoplastic Agents/pd [Pharmacology]"
"Antineoplastic Agents/tu [Therapeutic Use]"
Humans
"Hypoglycemic Agents/pd [Pharmacology]"
"Hypoglycemic Agents/tu [Therapeutic Use]"
"*Leukemia/dt [Drug Therapy]"
"*Metformin/pd [Pharmacology]"
"*Metformin/tu [Therapeutic Use]"

Source: MEDLINE

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

29. Prevalence of problematic mobile phone use in British adolescents.

Citation: Cyberpsychology, behavior and social networking, February 2014, vol./is. 17/2(91-8), 2152-2723 (2014 Feb)

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

Institution: 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.

Country of Publication: United States

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
Adolescent
"*Behavior Addictive/ep [Epidemiology]"
"*Cellular Phone/ut [Utilization]"
Child Preschool
"England/ep [Epidemiology]"
Female
Humans
Prevalence
Questionnaires
Schools
Students

Source: MEDLINE

30. Take-home emergency naloxone to prevent heroin overdose deaths after prison release: rationale and practicalities for the N-ALIVE randomized trial.

Citation: Journal of Urban Health, October 2013, vol./is. 90/5(983-96), 1099-3460;1468-2869 (2013 Oct)

Author(s): Strang J; Bird SM; Parmar MK

Institution: King's College London, National Addiction Centre (Institute of Psychiatry and The Maudsley), London, SE5 8AF, UK, john.strang@kcl.ac.uk.

Language: English

Abstract: The naloxone investigation (N-ALIVE) randomized trial commenced in the UK in May 2012, with the preliminary phase involving 5,600 prisoners on release. The trial is investigating whether heroin overdose deaths post-prison release can be prevented by prior provision of a take-home emergency supply of naloxone. Heroin contributes disproportionately to drug deaths through opiate-induced respiratory depression. Take-home emergency naloxone is a novel preventive measure for which there have been encouraging preliminary reports from community schemes. Overdoses are usually witnessed, and drug users themselves and also family members are a vast intervention workforce who are willing to intervene, but whose responses are currently often inefficient or wrong. Approximately 10% of provided emergency naloxone is thought to be used in subsequent emergency resuscitation but, as yet, there have been no definitive studies. The period following release from prison is a time of extraordinarily high mortality, with heroin overdose deaths increased more than sevenfold in the first fortnight after release. Of prisoners with a previous history of heroin injecting who are released from prison, 1 in 200 will die of a heroin overdose within the first 4 weeks. There are major scientific and logistical challenges to assessing the impact of take-home naloxone. Even in recently released prisoners, heroin overdose death is a relatively rare event: hence, large numbers of prisoners need to enter the trial to assess whether take-home naloxone significantly reduces the overdose death rate. The commencement of pilot phase of the N-ALIVE trial is a significant step forward, with prisoners being randomly assigned either to treatment-as-usual or to treatment-as-usual plus a supply of take-home emergency naloxone. The subsequent full N-ALIVE trial (contingent on a successful pilot) will involve 56,000 prisoners on release, and will give a definitive conclusion on lives saved in real-world application. Advocates call for implementation, while naysayers raise concerns. The issue does not need more public debate; it needs good science.

Country of Publication:	United States
CAS Registry Number:	0 (Narcotic Antagonists); 36B82AMQ7N (Naloxone)
Publication Type:	Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't
Subject Headings:	"*Drug Overdose/dt [Drug Therapy]" "Drug Overdose/mo [Mortality]" Emergencies "*Heroin Dependence/dt [Drug Therapy]" "Heroin Dependence/mo [Mortality]" Humans "*Naloxone/ad [Administration and Dosage]" "*Narcotic Antagonists/ae [Adverse Effects]" Patient Acceptance of Health Care *Prisons
Source:	MEDLINE
Full Text:	Available from *Springer NHS* in *Journal of Urban Health*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS