

Search Results

Table of Contents

Search History	page 3
1. Budget cuts to alcohol prices will fail patients, say critics	page 4
2. The UK chancellor should resist industry lobbying to scrap annual rise in alcohol duty	page 4
3. Plain packaging of cigarettes and smoking behavior: Study protocol for a randomized controlled study	page 4
4. Assessing the effect of an interactive decision-aid smartphone smoking cessation application (app) on quit rates: A double-blind automated randomised control trial protocol	page 5
5. 'You feel you've been bad, not ill': Sick doctors' experiences of interactions with the General Medical Council	page 6
6. New phenethylamines in Europe	page 7
7. Oral morphine weaning for neonatal abstinence syndrome at home vs. in hospital	page 8
8. Perceptions of liver disease amongst the Nepali community; Designing effective case-finding strategies to test UK migrant groups for HBV and HCV	page 9
9. Management outcomes for patients with positive hepatitis C serology over a three year period in York Hospital	page 11
10. Baclofen as an adjunct pharmacotherapy for the maintenance of abstinence in alcohol dependent patients with liver disease	page 12
11. An evaluation of the pharmacokinetics of methylphenidate for the treatment of attention-deficit/hyperactivity disorder	page 13
12. Do young people with comorbid mental and alcohol disorders experience worse behavioural problems?	page 14
13. The relationship between sleep and drug use characteristics in participants with cocaine or methamphetamine use disorders	page 15
14. Blockade of orexin type-1 receptors in locus coeruleus nucleus attenuates the development of morphine dependency in rats	page 16
15. Synthetic cathinones: "A khat and mouse game"	page 17
16. Characterization of long-term users of nicotine replacement therapy: Evidence from a national survey	page 18
17. Cannabinoids in pain management: CB1, CB2 and non-classic receptor ligands	page 19
18. Drugs currently in Phase II clinical trials for cocaine addiction	page 21
19. Glucocorticoid treatment in rheumatoid arthritis	page 23
20. Patient characteristics and comorbidities associated with cerebrovascular accident following acute myocardial infarction in the United States	page 25
21. Use of contingency management incentives to improve completion of hepatitis B vaccination in people undergoing treatment for heroin dependence: A cluster randomised trial	page 27
22. Trust tops gay-friendly award list	page 28
23. Functional MRI of pain application in youth who engaged in repetitive non-suicidal self-injury vs. psychiatric controls	page 29
24. Morphometric hemispheric asymmetry of orbitofrontal cortex in women with borderline personality disorder: A multi-parameter approach	page 31
25. Cocaine dependent individuals with attenuated striatal activation during reinforcement learning are more susceptible to relapse	page 32
26. The aetiology and antibiotic management of community-acquired pneumonia in adults in Europe: A literature review	page 33

27. Effects of voluntary exercise on anxiety-like behavior and voluntary morphine consumption in rat pups borne from morphine-dependent mothers during pregnancy	page 35
28. The effects of a 5-HT7 receptor agonist and antagonist on morphine withdrawal syndrome in mice	page 36
29. The importance of tobacco control in promoting child lung health	page 38
30. Talking about tobacco	page 40
31. Primary care and youth mental health in Ireland: qualitative study in deprived urban areas	page 40
32. SMYD2-dependent HSP90 methylation promotes cancer cell proliferation by regulating the chaperone complex formation	page 41
33. Thyroid hormone replacement and the risk for colorectal cancer	page 43
34. Impact of antibiotic exposure on the risk of colorectal cancer	page 44
35. Anxiety and depression comorbidity in primary care gout: A matched retrospective cohort study	page 45
36. Alcohol related brain damage often goes undiagnosed, says report	page 47
37. Understanding and preventing drug-drug and drug-gene interactions	page 47
38. Evaluating pancreatitis in primary care: A population-based cohort study	page 49
39. Patterns of engagement between GPs and adolescents presenting with psychological difficulties: A qualitative study	page 50
40. Engagement in risk behaviors among adolescents who misuse prescription drugs: Evidence for subgroups of misusers	page 51
41. Soft methods, hard targets: Regional alcohol managers as a policy network	page 52
42. A pilot outcomes evaluation for computer assisted therapy for substance misuse-An evaluation of Breaking Free Online	page 53
43. Family intervention for the treatment and rehabilitation of drug addiction: An exploratory study	page 54
44. Misuse of the -aminobutyric acid analogues baclofen, gabapentin and pregabalin in the UK	page 55
45. Perceptions of nurse practitioners about assessment and treatment of insomnia in primary care settings	page 55

Search History

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

1. Budget cuts to alcohol prices will fail patients, say critics

Citation: BMJ (Clinical research ed.), 2014, vol./is. 348/, 1756-1833 (2014)

Author(s): Gornall J.

Institution: (Gornall) London.

Language: English

Publication Type: Journal: Note

Subject Headings: [*alcoholic beverage](#)
["alcoholism/pc \[Prevention\]"](#)
[economics](#)
[human](#)
[legal aspect](#)
[note](#)
[*tax](#)
[United Kingdom](#)

Source: EMBASE

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

2. The UK chancellor should resist industry lobbying to scrap annual rise in alcohol duty

Citation: BMJ (Clinical research ed.), 2014, vol./is. 348/, 1756-1833 (2014)

Author(s): Brown K.

Institution: (Brown) Institute of Alcohol Studies, London SW1H 0QS.

Language: English

Publication Type: Journal: Article

Subject Headings: [*alcoholic beverage](#)
["alcoholism/ep \[Epidemiology\]"](#)
["alcoholism/pc \[Prevention\]"](#)
[article](#)
[economics](#)
[human](#)
[*tax](#)
["United Kingdom/ep \[Epidemiology\]"](#)

Source: EMBASE

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

3. Plain packaging of cigarettes and smoking behavior: Study protocol for a randomized controlled study

Citation: Trials, June 2014, vol./is. 15/1, 1745-6215 (25 Jun 2014)

Author(s): Maynard O.M.; Leonards U.; Attwood A.S.; Bauld L.; Hogarth L.; Munafo M.R.

Institution: (Maynard, Attwood, Munafo) MRC Integrative Epidemiology Unit, University of Bristol, Oakfield House, Oakfield Grove, Bristol BS8 2BN, United Kingdom; (Maynard, Attwood, Bauld, Munafo) UK Centre for Tobacco and Alcohol Studies, City Hospital, Clinical Sciences Building, Nottingham NG5 1PB, United Kingdom; (Maynard, Leonards, Attwood, Munafo) School of Experimental Psychology, University of Bristol, 12a Priory Road, Bristol BS8 1TU, United Kingdom; (Bauld) Institute of Social Marketing, University of Stirling, Stirling FK9 4LA, United Kingdom; (Hogarth) Department of Psychology, College of Life and Environmental Sciences, University of Exeter, Washington Singer Building, Perry Road, Exeter EX4 4QG, United Kingdom

Language: English

Abstract: Background: Previous research on the effects of plain packaging has largely relied on self-report measures. Here we describe the protocol of a randomized controlled trial investigating the effect of the plain packaging of cigarettes on smoking behavior in a real-world setting. Methods/Design: In a parallel group randomization design, 128 daily cigarette smokers (50% male, 50% female) will attend an initial screening session and be assigned plain or branded packs of cigarettes to smoke for a full day. Plain packs will be those currently used in Australia where plain packaging has been introduced, while branded packs will be those currently used in the United Kingdom. Our primary study outcomes will be smoking behavior (self-reported number of cigarettes smoked and volume of smoke inhaled per cigarette as measured using a smoking topography device). Secondary outcomes measured pre- and post-intervention will be smoking urges, motivation to quit smoking, and perceived taste of the cigarettes. Secondary outcomes measured post-intervention only will be experience of smoking from the cigarette pack, overall experience of smoking, attributes of the cigarette pack, perceptions of the on-pack health warnings, behavior changes, views on plain packaging, and the rewarding value of smoking. Sex differences will be explored for all analyses. Discussion: This study is novel in its approach to assessing the impact of plain packaging on actual smoking behavior. This research will help inform policymakers about the effectiveness of plain packaging as a tobacco control measure. Trial registration: Current Controlled Trials ISRCTN52982308 (registered 27 June 2013). 2014 Maynard et al.; licensee BioMed Central Ltd.

Country of Publication: United Kingdom

Publisher: BioMed Central Ltd.

Publication Type: Journal: Article

Subject Headings: [advertising](#)
[article](#)
[Australia](#)
[behavior change](#)
[female](#)
[human](#)
[male](#)
[methodology](#)
[outcome assessment](#)
[*packaging](#)
[randomized controlled trial \(topic\)](#)
[self report](#)
[sex difference](#)
[*smoking](#)
[*smoking cessation](#)
[tobacco dependence](#)
[tobacco industry](#)
[topography](#)
[United Kingdom](#)

Source: EMBASE

Full Text: Available from *BioMedCentral* in [Trials](#)
 Available from *National Library of Medicine* in [Trials](#)

4. Assessing the effect of an interactive decision-aid smartphone smoking cessation application (app) on quit rates: A double-blind automated randomised control trial protocol

Citation: BMJ Open, 2014, vol./is. 4/7, 2044-6055 (2014)

Author(s): BinDhim N.F.; McGeechan K.; Trevena L.

Institution: (BinDhim, McGeechan, Trevena) School of Public Health, University of Sydney, Sydney, NSW, Australia; (BinDhim) Public Health and Health Informatics School, College of Health Sciences, Saudi Electronic University, Riyadh, Saudi Arabia

Language: English

Abstract: Introduction: In a previous study exploring the feasibility of a smoking cessation application (app), we found that about 77% of the respondents from three countries were ready to quit in the next 30 days without significant differences between countries in terms of age, operating system and number of quitting attempts. However, the efficacy of smartphone apps for smoking cessation has not yet been established. This study tests the efficacy of a smartphone smoking cessation decision-aid app compared with an app that contains only smoking cessation information. Methods and analysis: This is an automated double-blind, randomised controlled trial of a smoking cessation app that contains the eligibility requirements and baseline questionnaire and will randomise the participants into one of the two subapps (the intervention and the control). Participants will be recruited directly from the Apple app stores in Australia, Singapore, the UK and the USA. Daily smokers aged 18 and above will be randomised into one of the subapps after completing the baseline questionnaire. Abstinence rates will be measured at 10 days, 1 month, 3 months and 6 months, with the 1-month follow-up abstinence rate as the primary outcome. Logistic regression mixed models will be used to analyse the primary outcome. Ethics and dissemination: This study was approved by the University of Sydney's Human Ethics Committee. The results of the trial will be published in peer-reviewed journals according to the CONSORT statement. Trial registration number: Australian New Zealand Clinical Trial Registry ACTRN12613000833763.

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

Publication Type: Journal: Article

Subject Headings: [abstinence](#)
[article](#)
[Australia](#)
[clinical protocol](#)
[*decision support system](#)
[double blind procedure](#)
[feasibility study](#)
[female](#)
[follow up](#)
[human](#)
[intention to treat analysis](#)
[male](#)
[outcome assessment](#)
[questionnaire](#)
[randomization](#)
[randomized controlled trial \(topic\)](#)
[sample size](#)
[self help](#)
[Singapore](#)
[smoking](#)
[*smoking cessation](#)
[social phobia](#)
[tobacco consumption](#)
[tobacco dependence](#)
[United Kingdom](#)
[United States](#)

Source: EMBASE

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

5. 'You feel you've been bad, not ill': Sick doctors' experiences of interactions with the General Medical Council

Citation: BMJ Open, 2014, vol./is. 4/7, 2044-6055 (2014)

Author(s): Brooks S.K.; Busso L.D.; Chalder T.; Harvey S.B.; Hatch S.L.; Hotopf M.; Madan I.; Henderson M.

Institution: (Brooks, Chalder, Hatch, Hotopf, Henderson) Institute of Psychiatry - Psychological Medicine, Kings College London, London, United Kingdom; (Busso) Faculty of Health and Social Science, Ostfold University College, Ostfold, Norway; (Harvey) School of Psychiatry, University of New South Wales, Black Dog Institute Hospital Road Randwick, Sydney, NSW, Australia; (Madan) Occupational Health, St. Thomas Hospital, London, United Kingdom

Language: English

Abstract: Objective: To explore the views of sick doctors on their experiences with the General Medical Council (GMC) and their perception of the impact of GMC involvement on return to work. Design: Qualitative study. Setting: UK. Participants: Doctors who had been away from work for at least 6 months with physical or mental health problems, drug or alcohol problems, GMC involvement or any combination of these, were eligible for inclusion into the study. Eligible doctors were recruited in conjunction with the Royal Medical Benevolent Fund, the GMC and the Practitioner Health Programme. These organisations approached 77 doctors; 19 participated. Each doctor completed an in-depth semistructured interview. We used a constant comparison method to identify and agree on the coding of data and the identification of central themes. Results: 18 of the 19 participants had a mental health, addiction or substance misuse problem. 14 of the 19 had interacted with the GMC. 4 main themes were identified: perceptions of the GMC as a whole; perceptions of GMC processes; perceived health impacts and suggested improvements. Participants described the GMC processes they experienced as necessary, and some elements as supportive. However, many described contact with the GMC as daunting, confusing and anxiety provoking. Some were unclear about the role of the GMC and felt that GMC communication was unhelpful, particularly the language used in correspondence. Improvements suggested by participants included having separate pathways for doctors with purely health issues, less use of legalistic language, and a more personal approach with for example individualised undertakings or conditions. Conclusions: While participants recognised the need for a regulator, the processes employed by the GMC and the communication style used were often distressing, confusing and perceived to have impacted negatively on their mental health and ability to return to work.

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

Publication Type: Journal: Article

Subject Headings: [addiction](#)
[alcoholism](#)
[article](#)
[drug abuse](#)
[human](#)
[major clinical study](#)
[mental health](#)
[*physician attitude](#)
[semi structured interview](#)
[substance abuse](#)

Source: EMBASE

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

6. New phenethylamines in Europe

Citation: Drug Testing and Analysis, July 2014, vol./is. 6/7-8(808-818), 1942-7603;1942-7611 (July/August 2014)

Author(s): King L.A.

Institution: (King) 27 Ivar Gardens, Basingstoke, RG24 8YD, United Kingdom

Language: English

Abstract: Sixteen phenethylamines are now included in Schedules I and II of the United Nations 1971 Convention on Psychotropic Substances. Most of the ring-substituted compounds are in Schedule I, whereas 2C-B, amphetamine, and methamphetamine are listed in Schedule II. Substances in Schedule IV (e.g. benzphetamine) are now regarded as obsolete pharmaceutical products. They all represent the 'old phenethylamines'. By 2013, nearly 100 illicit phenethylamines had been found in the European Union (EU). Of these, nine (MBDB, 4-MTA, PMMA, 2C-I, 2C-T-2, 2C-T-7, TMA-2, 5-IT and 4-MA) were submitted for risk assessment by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). All except MBDB were recommended for EU-wide control. Of the 'new phenethylamines', 2C-B was the most commonly reported, but other 2C compounds were widespread. Many of the ring-substituted phenethylamines are described in the 1991 book PIHKAL. Many fused ring phenethylamines have appeared in the past few years; they include further benzofurans (e.g. 5- and 6-APB), indanylalkylamines (e.g. 5-IAP), dibenzofurans (e.g. 2C-B-FLY) and 2-aminopropylindoles (e.g. 5-IT). The recent and rapid rise of phenethylamines with bulky N-substituents (e.g. 25I-NBOMe) has been particularly significant. Although not phenethylamines, it is notable that the thiophene bioisosteres of amphetamine and methamphetamine as well as certain conformationally-restricted variants (e.g. aminoindanes) have been found in recent drug seizures. In the United Kingdom Misuse of Drugs Act, most ring-substituted phenethylamines are either listed by name or are covered by generic definitions dating from 1977. In 2013, temporary generic legislation included a number of benzofurans, indanylalkylamines and certain 'NBOMe' compounds. Copyright 2013 John Wiley & Sons, Ltd. In the past 20 years, around 100 illicit phenethylamines have been reported in Europe. Most are ring-substituted, but few are listed in the UN 1971 Convention on Psychotropic Substances. 2C-B was the most commonly found of the newer phenethylamines, but other 2C compounds were widespread. 2013 John Wiley & Sons, Ltd.

Country of Publication: United Kingdom

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

CAS Registry Number: 132-64-9 (dibenzofuran); 28297-73-6 (methamphetamine); 51-57-0 (methamphetamine); 537-46-2 (methamphetamine); 7632-10-2 (methamphetamine)

Publication Type: Journal: Review

Subject Headings: [chemical structure](#)
[drug abuse](#)
[Europe](#)
[priority journal](#)
[review](#)
[risk assessment](#)
[amphetamine derivative](#)
[benzofuran derivative](#)
[dibenzofuran](#)
[methamphetamine](#)
[*phenethylamine derivative](#)
[recreational drug](#)

Source: EMBASE

7. Oral morphine weaning for neonatal abstinence syndrome at home vs. in hospital

Citation: Basic and Clinical Pharmacology and Toxicology, July 2014, vol./is. 115/(78), 1742-7835 (July 2014)

Author(s): Kelly L.

Language: English

Abstract: Background and Objectives: Opioid use in pregnancy is increasing. Neonatal abstinence syndrome (NAS) is currently managed in hospital with weaning doses of oral morphine. The objective of this study was to evaluate the safety and effectiveness of discharging

stabilized neonates to complete their oral morphine wean at home. Methods: This observational cohort included all neonates treated with oral morphine for NAS at two Academic hospitals in London, ON Canada. Results: There were 80 neonates treated with oral morphine in a 4 year period. The majority (52/80) of neonates completed their morphine wean after hospital discharge and were significantly less likely to return to hospital for further withdrawal treatment (1/52 vs. 4/28, $P < 0.05$). They remained on morphine for more days (32 vs. 19 days, $P < 0.01$). There were no increases in specialist referral, emergency room visits or in/out patient appointments between neonates weaned in hospital and those weaned at home. Conclusions: Continued oral morphine weaning past hospital discharge did not appear less safe than weaning in hospital and resulted in fewer returns to hospital for further withdrawal treatment. The estimated cost savings of continued weaning at home was over \$500,000.00. A multi-centre randomized clinical trial is recommended before further recommendations can be made.

Conference Information: 17th World Congress of Basic and Clinical Pharmacology Cape Town South Africa. Conference Start: 20140713 Conference End: 20140718

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: [*weaning](#)
[*withdrawal syndrome](#)
[*hospital](#)
[*clinical pharmacology](#)
[human](#)
[newborn](#)
[treatment withdrawal](#)
[hospital discharge](#)
[female](#)
[cost control](#)
[emergency ward](#)
[pregnancy](#)
[medical specialist](#)
[Canada](#)
[clinical trial](#)
[patient](#)
[United Kingdom](#)
[safety](#)
[*morphine](#)
[opiate](#)

Source: EMBASE

Full Text: Available from *Wiley* in *Basic and Clinical Pharmacology and Toxicology*

8. Perceptions of liver disease amongst the Nepali community; Designing effective case-finding strategies to test UK migrant groups for HBV and HCV

Citation: Gut, June 2014, vol./is. 63/(A248), 0017-5749 (June 2014)

Author(s): Petrova M.; Hendy J.; Zamani J.; Dunstall M.; Mathew S.; Margot N.; Berry P.; Foster G.; Lisa M.; Kennedy P.; Ala A.

Institution: (Petrova, Mathew, Berry) Gastroenterology and Hepatology, Frimley Park Hospital, Frimley, United Kingdom; (Hendy) Health Care Management and Policy, University of Surrey, Surrey, United Kingdom; (Zamani, Dunstall, Lisa) Research and Development, Frimley Park Hospital, Frimley, United Kingdom; (Margot) Public Health UK, Public Health Surrey, Surrey, United Kingdom; (Foster) Gastroenterology and Hepatology, Royal London Hospital, London, United Kingdom; (Kennedy) Centre for Digestive Diseases, Royal London Hospital, London, United Kingdom; (Ala) Frimley Park Hospital, Frimley, United Kingdom

Language: English

- Abstract:** Introduction Identifying at-risk migrant groups for Hepatitis B and C (HBV and HCV) is well established. The UK Nepali community has grown rapidly since 2004, when settlement rights were given for ex-Gurkha servicemen and dependants. Given military associations, the Hampshire County now has the second largest Nepali population, with the Nepali now making up close to 10% of the population. Nepal sits between China and India, two countries with higher prevalence rates of HBV and HCV, but relatively little is known about prevalence in the Nepali community, with no published studies in the UK. Methods To help design a culturally sensitive testing strategy for HBV and HCV (as advocated by NICE) we conducted focus groups sessions in the Nepali community. Nepali moderators guided sessions to study the beliefs, understanding and perceptions towards liver disease. Results 32 Nepali members attended the focus group sessions, with groups divided by sex and age (< 30yrs, or > 30 yrs). A thematic analysis approach was used to analyse results. Perceptions of Liver disease: "It is not a communicable disease" "In Nepal water is the main cause of hepatitis" "Mainly alcoholic and smokers get this disease" "I do not think people hate the person....it would not be considered as bad as leprosy disease" Treatment options: "In Nepal herbal medicine is better for jaundice....necessary to drink lot of water and fruits" Knowledge and outreach: "We need to know the function of liver. Then we understand the issue." "Newspaper for the people who can read but for us who cannot read, radio and TV is better" "What the doctor said, we trust on it" Conclusion NICE guidelines advocate testing at-risk migrant groups for HBV and HCV at an early (asymptomatic) stage. Here, all groups identified liver disease with jaundice or symptoms. Different viewpoints were expressed based on age; younger Nepali members associating a greater stigma to liver disease and hepatitis. All groups expressed a sincere wish to gain greater knowledge about liver disease and to interact with primary care. The study also identified the functional illiteracy of many Nepali, and the potential need to modify approaches away from written media.
- Conference Information:** British Society of Gastroenterology Annual General Meeting 2014 Manchester United Kingdom. Conference Start: 20140616 Conference End: 20140619
- Publisher:** BMJ Publishing Group
- Publication Type:** Journal: Conference Abstract
- Subject Headings:** [*community](#)
[*case finding](#)
[*liver disease](#)
[*migrant](#)
[*human](#)
[*society](#)
[*gastroenterology](#)
[*United Kingdom](#)
[Hepatitis B virus](#)
[Nepal](#)
[jaundice](#)
[hepatitis](#)
[population](#)
[risk](#)
[prevalence](#)
[information processing](#)
[fruit](#)
[hepatitis B](#)
[herbal medicine](#)
[leprosy](#)
[India](#)
[hate](#)
[China](#)
[smoking](#)
[alcoholism](#)
[army](#)
[communicable disease](#)
[thematic analysis](#)

primary medical care
 physician
 liver
 telecommunication
 publication
 water

Source: EMBASE
Full Text: Available from *Highwire Press* in *Gut*

9. Management outcomes for patients with positive hepatitis C serology over a three year period in York Hospital

Citation: Gut, June 2014, vol./is. 63/(A246), 0017-5749 (June 2014)

Author(s): Ting J.T.Y.; Wong L.L.; Todd N.; Millson C.

Institution: (Ting, Millson) Gastroenterology, York Hospital, York, United Kingdom; (Wong) Hepatology, Sheffield Teaching Hospitals, Sheffield, United Kingdom; (Todd) Microbiology, York Hospital, York, United Kingdom

Language: English

Abstract: Introduction The majority of patients with Hepatitis C Virus (HCV) in England remain undiagnosed. There are an estimated 1298 patients infected with HCV in North Yorkshire, 1 but a fraction of these patients have been identified and successful treatment is rare. As part of the development process for an effective service in York, we audited existing referral patterns and outcomes for patients with a positive HCV serology test. Methods A total of 9495 patients who had HCV serology checked from January 2009 to December 2011 were identified via the York hospital microbiology database. Retrospective collection of data was performed on all patients with positive serology test, using online patient database and patients' case notes where available. Analysis of data focused on further investigations and management of these patients. Results Out of the 9495 patients who had HCV serology tested, 330 tested positive (199 new positives, 47 known PCR positive, 1 known false-positive and 83 duplicates). Majority of the referral sources were from primary care (37%), followed by medical services (31%), drug-dependence services (9.3%), GUM (8.1%), prison (7.3%) and obstetrics (6.9%). Intravenous drug use was the most common route of acquisition. Of the 199 new positives, 113 (57%) did not receive any further investigations. 61 (31%) patients were referred to gastroenterology and 10 patients per year successfully accessed treatment. (Figure presented) Conclusion This audit shows the majority of HCV positives had no further investigations and only 15% of patients received curative treatment. There was significant duplication of serology testing and only 72/ 199 (36%) underwent an HCV PCR, which is the next appropriate test. Throughout the UK a variety of initiatives are ongoing to increase public awareness of hepatitis C, and encourage testing. However, unless HCV service development improves, a positive test for HCV may have little or no consequence.

Conference Information: British Society of Gastroenterology Annual General Meeting 2014 Manchester United Kingdom. Conference Start: 20140616 Conference End: 20140619

Publisher: BMJ Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings: *human
 *hepatitis C
 *serology
 *hospital
 *society
 *gastroenterology
 *patient
 data base
 United Kingdom
 medical audit
 drug use

obstetrics
 drug dependence
 medical service
 primary medical care
 prison
 microbiology
 Hepatitis C virus

Source: EMBASE
Full Text: Available from *Highwire Press* in *Gut*

10. Baclofen as an adjunct pharmacotherapy for the maintenance of abstinence in alcohol dependent patients with liver disease

Citation: Gut, June 2014, vol./is. 63/(A90-A91), 0017-5749 (June 2014)

Author(s): Owens L.; Richardson P.; Pirmohamed M.; Rose A.

Institution: (Owens) University of Liverpool, United Kingdom; (Owens, Richardson) Hepatology, Royal Liverpool University Hospital Trust, United Kingdom; (Pirmohamed) Molecular and Clinical Pharmacology, University of Liverpool, Liverpool, United Kingdom; (Rose) Psychology, University of Liverpool, Liverpool, United Kingdom

Language: English

Abstract: Introduction Alcohol induced liver disease is the predominant cause of alcohol-related mortality in the UK. Therefore abstinence-based treatments are essential. Upto 70% of patients receiving alcohol treatment relapse within 6 months,1 NICE attribute much of this failure of treatment to underutilisation of pharmacotherapy and recommend this be made available.2 However, current licensed pharmacotherapies are contraindicated for patients with ALD. Baclofen has shown efficacy in the promotion of abstinence in patients with severe alcohol dependence3,4 including those with ALD,5 without exhibiting any of the complications or side effects elicited by current pharmacotherapies. Therefore the primary aim of this study was to measure the effectiveness of Baclofen in maintaining abstinence in this difficult to treat group. Methods An observational prospective clinical audit was performed. Patients with liver disease and concomitant alcohol use were commenced on Baclofen at 10 mg three times daily (TDS), and titrated according to tolerability and response up to 30 mg TDS. Primary outcome measures were severity of physical dependence, as determined by SADQ score, and weekly alcohol consumption. These were compared at baseline, and 6 months. Setting Acute Hospital Trust Participants 149 patients referred to Hepatology for investigation of abnormal liver function and heavy drinking Results Of the 149 patients commenced on Baclofen 100 (67.1%) remained engaged in treatment for 6 months. There was a significant reduction in alcohol consumption (P < 0.0001 95% CI for difference 18 to 20) with 81 of the 149 patients (54.3%) maintaining total abstinence, 20 (13.4%) continued to drink and 48 (32.2%) were lost to follow-up and assumed to have returned to drinking. There was a significant reduction in the presence of physical dependence (c2 = 77.4 P < 0.0001) as categorised by SADQ, and a non-significant improvement of liver biochemistry. Conclusion Baclofen has a positive impact on alcohol consumption in this very difficult to treat, high risk patient group. A RCT is needed to confirm the benefit of baclofen in this patient group.

Conference Information: British Society of Gastroenterology Annual General Meeting 2014 Manchester United Kingdom. Conference Start: 20140616 Conference End: 20140619

Publisher: BMJ Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings: *drug therapy
 *abstinence
 *patient
 *human
 *liver disease
 *society

*gastroenterology
 alcohol consumption
 implantable cardioverter defibrillator
 drinking
 drug dependence
 medical audit
 side effect
 mortality
 high risk patient
 liver
 follow up
 relapse
 liver function
 hospital
 United Kingdom
 *baclofen
 *alcohol

Source: EMBASE
Full Text: Available from *Highwire Press* in *Gut*

11. An evaluation of the pharmacokinetics of methylphenidate for the treatment of attention-deficit/hyperactivity disorder

Citation: Expert Opinion on Drug Metabolism and Toxicology, August 2014, vol./is. 10/8(1169-1183), 1742-5255;1744-7607 (August 2014)

Author(s): Frolich J.; Banaschewski T.; Dopfner M.; Gortz-Dorten A.

Institution: (Frolich, Banaschewski) Central Institute of Mental Health, Child and Adolescent Psychiatry Clinic, Postbox: 12 21 20, 68072 Mannheim, Germany; (Dopfner, Gortz-Dorten) University of Cologne, Child and Adolescent Psychiatry Clinic, Robert-Koch-Str. 10, 50931 Cologne, Germany

Language: English

Abstract: Introduction: Methylphenidate (MPH) plays a principal role in the multimodal treatment of attention-deficit/hyperactivity disorder (ADHD). Controlled studies have demonstrated an effective reduction in the core symptoms of the disorder following MPH therapy, although long-term studies also demonstrate that the therapeutic benefits dissipate in the absence of combined psychosocial interventions. Areas covered: This review article focuses on the pharmacological characteristics of MPH, examining its effects on brain metabolism and the neurotransmitter system. Neuropsychological and clinical effects of different immediate and extended release MPH formulations are discussed to aid clinicians in choosing the appropriate formulation. The drug's addictive potency and abuse potential is also discussed. Data came from a literature search of relevant studies performed using the PubMed database up to June 2013. Expert opinion: MPH is effective in the treatment of the core symptoms of ADHD. Considerable clinical expertise is required to identify an individually well-adapted dosage which will produce the optimal clinical effects with potential side effects minimized. Due to low adherence to medication, especially in adolescents, motivation to treatment and attentive clinical monitoring is mandatory, as is the consideration of risks of abuse or the presence of a comorbid addictive disorder. 2014 Informa UK, Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 113-45-1 (methylphenidate); 298-59-9 (methylphenidate); 1407-84-7 (noradrenalin); 51-41-2 (noradrenalin)

Publication Type: Journal: Review

Subject Headings: "*attention deficit disorder/dt [Drug Therapy]"
 dopaminergic activity
 dopaminergic system

[drug bioavailability](#)
[drug blood level](#)
[drug clearance](#)
[drug half life](#)
[drug metabolism](#)
[human](#)
[maximum plasma concentration](#)
[review](#)
[stereoisomerism](#)
["amphetamine derivative/cm \[Drug Comparison\]"](#)
["*methylphenidate/cm \[Drug Comparison\]"](#)
["*methylphenidate/dt \[Drug Therapy\]"](#)
["*methylphenidate/pk \[Pharmacokinetics\]"](#)
["neurotransmitter/ec \[Endogenous Compound\]"](#)
["noradrenalin/ec \[Endogenous Compound\]"](#)

Source: EMBASE

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

12. Do young people with comorbid mental and alcohol disorders experience worse behavioural problems?

Citation: Psychiatry Research, October 2014, vol./is. 219/2(372-379), 0165-1781;1872-7123 (30 Oct 2014)

Author(s): Salom C.L.; Betts K.S.; Williams G.M.; Najman J.M.; Scott J.G.; Alati R.

Institution: (Salom, Betts, Williams, Najman, Alati) School of Population Health, The University of Queensland, Herston Road, Herston 4006, Australia; (Najman) School of Social Science, University of Queensland, Herston, Australia; (Scott) The University of Queensland, UQCCR, Herston, Australia; (Scott) Metro North Mental Health, Royal Brisbane and Women's Hospital, Herston, Australia; (Alati) Centre for Youth Substance Abuse Research, The University of Queensland, Herston, Australia

Language: English

Abstract: This article examines whether young individuals in the general population with comorbid alcohol use and mental health disorders experience worse internalizing and externalizing behaviour problems than those with single disorders. A large cohort of women at the Mater Misericordiae Hospital in Brisbane, Australia, was enrolled during pregnancy in a longitudinal study. Mother/offspring dyads were followed over 21 years. At age 21, offspring behaviour problems were examined using the Young Adult Self Report, alcohol and mental health disorders with the Composite International Diagnostic Interview. Associations between comorbidity and behaviour problems were assessed using multinomial logistic regression, accounting for life-course factors. Twelve per cent of young adults had alcohol/mental health DSM-IV disorders with significant temporal overlap. A further 16% had alcohol disorders only and 23% mental health disorders only. The comorbid group scored significantly higher on total and externalizing behaviour problems but not internalizing behaviour problems. Stronger associations of aggression/delinquency with comorbidity were not fully accounted for by factors known to influence separate development of mental health and alcohol disorders. Young adults with comorbid alcohol/mental health disorders experience more, and more severe, behavioural problems than those with single disorder types, indicating an increased burden from comorbidity, with implications for treatment and public order. 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)

Publication Type: Journal: Article

Subject Headings: [adolescent](#)
[adult](#)

aggression
 *alcoholism
 analysis of variance
 anxiety
 article
 Australia
 *behavior disorder
 child
 cohort analysis
 *comorbidity
 composite international diagnostic interview
 controlled study
 depression
 disease course
 DSM-IV
 environmental factor
 *externalizing behavior problem
 female
 human
 infant
 *internalizing behavior problem
 interview
 longitudinal study
 major clinical study
 male
 *mental disease
 mental health
 multivariate logistic regression analysis
 pregnancy
 preschool child
 priority journal
 progeny
 self report
 smoking
 alcohol
 cannabis

Source: EMBASE

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

13. The relationship between sleep and drug use characteristics in participants with cocaine or methamphetamine use disorders

Citation: Psychiatry Research, October 2014, vol./is. 219/2(367-371), 0165-1781;1872-7123 (30 Oct 2014)

Author(s): Mahoney III J.J.; De La Garza II R.; Jackson B.J.; Verrico C.D.; Ho A.; Iqbal T.; Newton T.F.

Institution: (Mahoney III, De La Garza II, Jackson, Verrico, Ho, Iqbal, Newton) Baylor College of Medicine, Menninger Department of Psychiatry and Behavioral Sciences, Houston, TX, United States

Language: English

Abstract: The goal of this project was to evaluate the relationship between self-reported sleep habits, daytime sleepiness, and drug use variables in individuals with cocaine and methamphetamine (METH) use disorders. Participants with a cocaine or meth use disorder completed questionnaires, including the Pittsburgh Sleep Quality Index (PSQI), Epworth Sleepiness Scale (ESS), and a demographic/drug use form. Participants with a cocaine (N=51) or meth use disorder (N=85) were separated into those with either high or low sleep deficits. In participants with a cocaine use disorder, ANOVA revealed significantly higher ESS scores among those defined as "poor sleepers" (with a PSQI

score >5) when compared to those defined as "good sleepers" (with a PSQI score <5). In addition, poor sleepers reported using cocaine for more days out of the past 30 when compared to good sleepers. Interestingly, good sleepers reported using more grams of cocaine/day compared to poor sleepers. In participants with a METH use disorder, ANOVA revealed significantly higher ESS scores among poor sleepers when compared to good sleepers. Finally, individuals with a METH use disorder that endorsed elevated daytime sleepiness also had significantly higher PSQI scores when compared to those with normal daytime sleepiness. The results indicate that drug use variables, such as recent and daily use, may affect sleep quality and daytime sleepiness in individuals with stimulant use disorders; however, further investigations (i.e. in cocaine and METH users that do not meet criteria for a cocaine or METH use disorder) must be conducted in order to provide more conclusive evidence of the impact these usage variables may have on these sleep characteristics. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: [adult](#)
[age](#)
[article](#)
[*cocaine dependence](#)
[controlled study](#)
[correlation analysis](#)
[*daytime somnolence](#)
[*drug use](#)
[Epworth sleepiness scale](#)
[female](#)
[human](#)
[male](#)
[*methamphetamine dependence](#)
[Pittsburgh Sleep Quality Index](#)
[priority journal](#)
[scoring system](#)
[self report](#)
[*sleep quality](#)

Source: EMBASE

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

14. Blockade of orexin type-1 receptors in locus coeruleus nucleus attenuates the development of morphine dependency in rats

Citation: Neuroscience Letters, August 2014, vol./is. 578/(90-94), 0304-3940;1872-7972 (22 Aug 2014)

Author(s): Mousavi Y.; Azizi H.; Mirnajafi-Zadeh J.; Javan M.; Semnanian S.

Institution: (Mousavi, Azizi, Mirnajafi-Zadeh, Javan, Semnanian) Department of Physiology, Faculty of Medical Sciences, Tarbiat Modares University, PO Box 14115-331, Tehran, Iran, Islamic Republic of

Language: English

Abstract: The aim of this study was to evaluate the effects of orexin type-1 receptor (OX1R) antagonism in locus coeruleus (LC) nucleus on the development of morphine physical dependence in rats. Animals were rendered dependent on morphine by subcutaneous (s.c.) administration of morphine sulfate (6, 16, 26, 36, 46, 56 and 66. mg/kg, 2. ml/kg) at set intervals of 24. h for 7 days. Immediately before each morphine administration, the animals received intra-LC administration of SB-334867 (3. mM, 0.2. μ l), a selective orexin type-1 receptor antagonist. On day 8, naloxone (3. mg/kg, i.p.) was injected and physical dependence was evaluated for 30. min. Our results showed that administration of OX1R antagonist before each morphine injection significantly decreased somatic signs of

naloxone-induced morphine withdrawal syndrome, including defecation, wet-dog shake, diarrhea, jumping, scratching, and teeth chattering. These results suggest that the activation of OX1R in LC nucleus might be involved in the development of morphine dependency. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 23095-84-3 (morphine sulfate); 35764-55-7 (morphine sulfate); 64-31-3 (morphine sulfate); 357-08-4 (naloxone); 465-65-6 (naloxone)

Publication Type: Journal: Article

Subject Headings: [animal experiment](#)
[article](#)
[controlled study](#)
[defecation](#)
[diarrhea](#)
[jumping](#)
[*locus ceruleus](#)
[male](#)
[*morphine addiction](#)
[nonhuman](#)
[priority journal](#)
[protein expression](#)
[rat](#)
[rearing](#)
[scratching](#)
[sniffing](#)
[tremor](#)
[wet dog shakes](#)
[withdrawal syndrome](#)
[1 \(2 methyl 6 benzoxazolyl\) 3 \(1 5 naphthyridin 4 yl\)urea](#)
[*morphine sulfate](#)
[naloxone](#)
["*orexin 1 receptor/ec \[Endogenous Compound\]"](#)

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

15. Synthetic cathinones: "A khat and mouse game"

Citation: Toxicology Letters, September 2014, vol./is. 229/2(349-356), 0378-4274;1879-3169 (02 Sep 2014)

Author(s): Katz D.P.; Bhattacharya D.; Bhattacharya S.; Deruiter J.; Clark C.R.; Suppiramaniam V.; Dhanasekaran M.

Institution: (Katz, Bhattacharya, Bhattacharya, Deruiter, Clark, Suppiramaniam, Dhanasekaran)
 Department of Drug Discovery and Development, Auburn University, Auburn, AL 36830, United States

Language: English

Abstract: The birth of the twenty first century has provoked a substantial rise in the use of designer drugs, such as synthetic cathinones, because of a decrease in the availability and purity of other drugs of abuse. The khat plant or *Catha edulis*, contains cathinone, the parent compound. Synthetic cathinones are sold under the name "bath salts" as a ploy to circumvent legislation from banning their use. Constant modification of the chemical structure by covert laboratories allows manufacturers to stay one step ahead of the legal process. Currently, the widespread distribution of "bath salts" has negative consequences for law enforcement officials and public health resources. Comparable mechanisms of

action, between the synthetic cathinones and amphetamine, cocaine, and MDMA are attributed to the similarities in their chemical structures. Synthetic cathinone's potent stimulatory effects, coupled with their high abuse potential, and propensity for addiction demands additional pharmacological and toxicological evaluations for these existing and new designer drugs of abuse. If these drugs are designed carefully, they might also have a significant therapeutic value. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 42542-10-9 (3,4 methylenedioxymethamphetamine); 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); 5265-18-9 (cathinone); 71031-15-7 (cathinone); 77271-59-1 (cathinone); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine)

Publication Type: Journal: Article

Subject Headings: [article](#)
[blood brain barrier](#)
[Catha edulis](#)
[chemistry](#)
[drug abuse](#)
[drug combination](#)
[drug determination](#)
[drug screening](#)
[drug structure](#)
[*drug synthesis](#)
[human](#)
[law enforcement](#)
[liquid chromatography](#)
[mass fragmentography](#)
[mass spectrometry](#)
[neurotransmitter release](#)
[nonhuman](#)
[pharmacokinetics](#)
[pharmacology](#)
[priority journal](#)
[3 4 methylenedioxymethamphetamine](#)
[amphetamine](#)
["*cathinone/an \[Drug Analysis\]"](#)
["*cathinone/dv \[Drug Development\]"](#)
["*cathinone/pk \[Pharmacokinetics\]"](#)
["*cathinone/pd \[Pharmacology\]"](#)
[cocaine](#)

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

16. Characterization of long-term users of nicotine replacement therapy: Evidence from a national survey

Citation: Nicotine and Tobacco Research, August 2014, vol./is. 16/8(1050-1055), 1462-2203;1469-994X (August 2014)

Author(s): Silla K.; Beard E.; Shahab L.

Institution: (Silla, Beard, Shahab) Department of Epidemiology and Public Health, University College London, London WC1E 6BT, United Kingdom

Language: English

Abstract: Introduction: Harm reduction involving partial or complete substitution of cigarettes with nicotine replacement therapy (NRT) is likely to benefit smokers by reducing exposure to carcinogens and by increasing the likelihood of permanent cessation. This article aimed to assess the determinants of short- and long-term NRT use for harm reduction in order to inform interventions aimed at helping smokers struggling to quit to switch to complete NRT substitution. Methods: Data were used from the Smoking Toolkit Study, a population-based survey of adults in England aged 16 years and older (n = 9,224). Participants were asked about their sociodemographic characteristics and tobacco use. Attitudes toward smoking were also assessed using questions covering 4 factors: motives, identity, evaluations, and plans. Results: Concurrent short-term (<3 months) and long-term (>3 months) NRT use was uncommon among smokers at 10.8% (95% confidence interval [CI] = 10.1-11.4) and 5.0% (95% CI = 4.6-5.4), respectively. Long-term NRT users had higher odds of being older, in nonmanual occupations, and more addicted than smokers with short-term or no NRT use (all p <.01). They reported lower odds of attempting to stop and higher odds of exhibiting a positive smoker identity than short-term users (p <.001). Conversely, long-term NRT users had higher odds of having made a recent quit attempt, to have plans to stop, and lower odds of a positive smoker identity than smokers not using NRT (all p <.001). Conclusions: While users of NRT for harm-reduction purposes are a heterogeneous group, it appears they are more critical of smoking than never users and tend to positively modulate their behavior, setting them on a path toward cessation. The Author 2014. Published by Oxford University Press on behalf of the Society for Research on Nicotine and Tobacco. All rights reserved.

Country of Publication: United Kingdom

Publisher: Oxford University Press

Publication Type: Journal: Article

Subject Headings: [adolescent](#)
[adult](#)
[article](#)
[attitude](#)
[demography](#)
[female](#)
[*harm reduction](#)
[*health survey](#)
[human](#)
[information](#)
[major clinical study](#)
[male](#)
[*nicotine replacement therapy](#)
[occupation](#)
[priority journal](#)
[quantitative analysis](#)
[*smoking](#)
[smoking cessation](#)
[*substitution therapy](#)
[tobacco use](#)

Source: EMBASE

Full Text: Available from *Oxford University Press* in [Nicotine and Tobacco Research](#)

17. Cannabinoids in pain management: CB1, CB2 and non-classic receptor ligands

Citation: Expert Opinion on Investigational Drugs, August 2014, vol./is. 23/8(1123-1140), 1354-3784;1744-7658 (August 2014)

Author(s): Davis M.P.

Institution: (Davis) Cleveland Clinic Taussig Cancer Institute, Harry R. Horvitz Center for Palliative Medicine, Department of Solid Tumor Oncology, 9500 Euclid Avenue R35, Cleveland, OH 44195, United States

Language:	English
Abstract:	<p>Introduction: Commercially available cannabinoids are subject to psychotomimetic and addiction (cannabinomimetic) adverse effects largely through activation of the cannabinoid 1 receptor (CB1r). The available commercial cannabinoids have a narrow therapeutic index. Recently developed peripherally restricted cannabinoids, regionally administered cannabinoids, bifunctional cannabinoid ligands and cannabinoid enzyme inhibitors, endocannabinoids, which do not interact with classic cannabinoid receptors (CB1r and CB2r), cannabinoid receptor antagonists and selective CB1r agonists hold promise as analgesics. Areas covered: This author provides a review of the current investigational cannabinoids currently in development for pain management. The author also provides their perspective on the future of the field. Expert opinion: Regional and peripherally restricted cannabinoids will reduce cannabinomimetic side effects. Spinal cannabinoids may increase the therapeutic index by limiting the dose necessary for response and minimize drugs exposure to supraspinal sites where cannabinomimetic side effects originate. Cannabinoid bifunctional ligands should be further explored. The combination of a CB2r agonist with a transient receptor potential vanilloid (TRPV-1) antagonist may improve the therapeutic index of the CB2r agonist. Enzyme inhibitors plus TRPV-1 blockers should be further explored. The development of analgesic tolerance with enzyme inhibitors and the pronociceptive effects of prostamides limit the benefits to cannabinoid hydrolyzing enzyme inhibitors. Most clinically productive development of cannabinoids over the next 5 years will be in the area of selective CB2r agonists. These agents will be tested in various inflammatory, osteoarthritis and neuropathic pains. 2014 Informa UK, Ltd.</p>
Country of Publication:	United Kingdom
Publisher:	Informa Healthcare
CAS Registry Number:	137945-48-3 (ajulemic acid); 153301-19-0 (fatty acid amidase); 13311-84-7 (flutamide); 9027-41-2 (hydrolase)
Publication Type:	Journal: Review
Subject Headings:	<p>adverse outcome *analgesia antiinflammatory activity antinociception antioxidant activity "arthritis/dt [Drug Therapy]" biological activity calcium conductance clinical trial (topic) "colitis/dt [Drug Therapy]" drug industry drug mechanism enzyme activation human "hyperalgesia/dt [Drug Therapy]" "hypotension/dt [Drug Therapy]" immunomodulation inflammation "inflammatory pain/dt [Drug Therapy]" inverse agonism nerve cell plasticity "neuropathic pain/dt [Drug Therapy]" neurotransmission nonhuman osteoarthritis pain assessment pain parameters pain threshold "paw edema/dt [Drug Therapy]"</p>

pharmacological parameters
 randomized controlled trial (topic)
 review
 "rheumatoid arthritis/dt [Drug Therapy]"
 "skin defect/dt [Drug Therapy]"
 "streptozotocin-induced diabetic neuropathy/dt [Drug Therapy]"
 structure activity relation
 synaptic transmission
 upregulation
 "wound/dt [Drug Therapy]"
 ajulemic acid
 "*cannabinoid/dt [Drug Therapy]"
 "*cannabinoid/pd [Pharmacology]"
 "*cannabinoid/tp [Topical Drug Administration]"
 "*cannabinoid 1 receptor/ec [Endogenous Compound]"
 "cannabinoid 1 receptor agonist/dt [Drug Therapy]"
 "cannabinoid 1 receptor antagonist/cb [Drug Combination]"
 "cannabinoid 1 receptor antagonist/dt [Drug Therapy]"
 "*cannabinoid 2 receptor/ec [Endogenous Compound]"
 "cannabinoid 2 receptor agonist/cb [Drug Combination]"
 "cannabinoid 2 receptor agonist/dt [Drug Therapy]"
 "cannabinoid receptor antagonist/dt [Drug Therapy]"
 carbamic acid derivative
 endocannabinoid
 enzyme inhibitor
 "fatty acid amidase/ec [Endogenous Compound]"
 "fatty acid amidase inhibitor/dt [Drug Therapy]"
 flutamide
 "G protein coupled receptor/ec [Endogenous Compound]"
 hydrolase
 "peroxisome proliferator activated receptor gamma/ec [Endogenous Compound]"
 vanilloid receptor antagonist

Source: EMBASE

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

18. Drugs currently in Phase II clinical trials for cocaine addiction

Citation: Expert Opinion on Investigational Drugs, August 2014, vol./is. 23/8(1105-1122), 1354-3784;1744-7658 (August 2014)

Author(s): Kim J.H.; Lawrence A.J.

Institution: (Kim) Florey Institute of Neuroscience and Mental Health, Behavioural Neuroscience Division, 30 Royal Pde, Parkville, VIC 3052, Australia; (Kim, Lawrence) University of Melbourne, Florey Department of Neuroscience and Mental Health, Parkville, VIC 3052, Australia

Language: English

Abstract: Introduction: There are no FDA-approved pharmacotherapies for treating cocaine addiction; thus, developing drugs to treat cocaine dependence is an unmet critical need. Fortunately, there are a number of drugs that are currently in Phase II clinical trial/s. This is due in part to the advances from in vivo imaging in humans which provided a roadmap of the neurochemistry of the cocaine-dependent brain. Most drugs currently in Phase II clinical trials attempt to modulate the disturbed neurochemistry in cocaine dependents to resemble those of healthy individuals. These predominantly modulate dopamine, serotonin, glutamate, GABA or noradrenaline signalling. Areas covered: This review summarizes the therapeutic potential of each drug as evidenced by clinical and preclinical studies. It also discusses their utility in terms of bioavailability and half-life. Expert opinion: Amphetamine salts and topiramate clearly stand out in terms of their potential efficacy in treating cocaine addiction. The efficacy of topiramate was closely associated with regular cognitive-behavioural therapy (CBT), which highlights the importance of a

combined effort to promote abstinence and enhance retention via CBT. Cognitive/psychological screening appears necessary for a more symptom-based approach with more reasonable outcomes other than abstinence (e.g., improved quality of life) in treating cocaine addiction. 2014 Informa UK, Ltd.

Country of Publication:	United Kingdom
Publisher:	Informa Healthcare
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); 129722-12-9 (aripiprazole); 1134-47-0 (baclofen); 33386-08-2 (buspirone); 36505-84-7 (buspirone); 139481-59-7 (candesartan); 72956-09-3 (carvedilol); 74191-85-8 (doxazosin); 1867-66-9 (ketamine); 6740-88-1 (ketamine); 81771-21-3 (ketamine); 59-92-7 (levodopa); 137-58-6 (lidocaine); 24847-67-4 (lidocaine); 56934-02-2 (lidocaine); 73-78-9 (lidocaine); 608137-32-2 (lisdexamfetamine); 608137-33-3 (lisdexamfetamine); 819871-04-0 (lisdexamfetamine); 84371-65-3 (mifepristone); 68693-11-8 (modafinil); 170151-24-3 (nopicastat); 173997-05-2 (nopicastat); 177645-08-8 (nopicastat); 103639-04-9 (ondansetron); 116002-70-1 (ondansetron); 99614-01-4 (ondansetron); 13013-17-7 (propranolol); 318-98-9 (propranolol); 3506-09-0 (propranolol); 4199-09-1 (propranolol); 525-66-6 (propranolol); 520-52-5 (psilocybine); 91374-21-9 (ropinirole); 97240-79-4 (topiramate); 249296-44-4 (varenicline); 375815-87-5 (varenicline)
Publication Type:	Journal: Review
Subject Headings:	"*cocaine dependence/dt [Drug Therapy]" dopaminergic activity drug binding site drug bioavailability drug blood level *drug dependence treatment drug efficacy drug half life drug mechanism drug receptor binding drug response drug safety drug solubility human neurochemistry phase 2 clinical trial (topic) quality of life randomized controlled trial (topic) review smoking substitution therapy sustained release formulation systemic circulation withdrawal syndrome "amphetamine/ct [Clinical Trial]" "amphetamine/dt [Drug Therapy]" "aripiprazole/ct [Clinical Trial]" "aripiprazole/dt [Drug Therapy]" "baclofen/ct [Clinical Trial]" "baclofen/dt [Drug Therapy]" "buspirone/ct [Clinical Trial]" "buspirone/dt [Drug Therapy]" "candesartan/ct [Clinical Trial]" "candesartan/dt [Drug Therapy]" "carvedilol/ct [Clinical Trial]" "carvedilol/dt [Drug Therapy]" "doxazosin/ct [Clinical Trial]"

"doxazosin/dt [Drug Therapy]"
 "*drugs used in the treatment of addiction/ct [Clinical Trial]"
 "*drugs used in the treatment of addiction/dt [Drug Therapy]"
 "ketamine/ct [Clinical Trial]"
 "ketamine/dt [Drug Therapy]"
 "levodopa/ct [Clinical Trial]"
 "levodopa/dt [Drug Therapy]"
 "lidocaine/ct [Clinical Trial]"
 "lidocaine/dt [Drug Therapy]"
 "lisdexamfetamine/ct [Clinical Trial]"
 "lisdexamfetamine/dt [Drug Therapy]"
 "mifepristone/ct [Clinical Trial]"
 "mifepristone/dt [Drug Therapy]"
 "modafinil/ct [Clinical Trial]"
 "modafinil/dt [Drug Therapy]"
 "nopicastat/ct [Clinical Trial]"
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 "ondansetron/ct [Clinical Trial]"
 "ondansetron/dt [Drug Therapy]"
 "propranolol/ct [Clinical Trial]"
 "propranolol/dt [Drug Therapy]"
 "psilocybine/ct [Clinical Trial]"
 "psilocybine/dt [Drug Therapy]"
 "ropinirole/ct [Clinical Trial]"
 "ropinirole/dt [Drug Therapy]"
 "topiramate/ct [Clinical Trial]"
 "topiramate/dt [Drug Therapy]"
 "varenicline/ct [Clinical Trial]"
 "varenicline/dt [Drug Therapy]"

Source: EMBASE

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

19. Glucocorticoid treatment in rheumatoid arthritis

Citation: Expert Opinion on Pharmacotherapy, August 2014, vol./is. 15/11(1575-1583), 1465-6566;1744-7666 (August 2014)

Author(s): Rau R.

Institution: (Rau) Irisweg 5, D-40489 Dusseldorf, Germany

Language: English

Abstract: Introduction: In spite of its broad use since 1950 the role of low-dose glucocorticoids (GCs) (up to 7.5 mg/day prednisone) in the treatment of rheumatoid arthritis is still controversial. Areas covered: Publications comparing disease-modifying anti-rheumatic drugs (DMARD) plus prednisolone with DMARD monotherapy were reviewed. Most studies reported greater clinical improvement and greater inhibition of damage progression in the prednisone group. These advantages had vanished after 6-12 months in most studies. Expert opinion: Several limitations of the studies are discussed. Often the advantage of GC treatment was not clinically important. Long-term data are needed to evaluate the real benefit of GC treatment in relation to its toxicity. Knowing the potential toxicity 'bridging' GC treatment should be reserved for patients at high risk of damage progression; a reliable method to identify these patients is needed. The toxicity of low-dose GC treatment is often played down. The reporting is incomplete. The increased mortality ratio with GC treatment is rarely mentioned. High cumulative doses are a risk factor. A more comprehensive set of toxicity items is urgently needed. Problems of GC treatment are the 'drug addiction' of the patient and the difficulty to reduce or withdraw prednisone. 2014 2014 Informa UK, Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 493-53-8 (acetylsalicylic acid); 50-78-2 (acetylsalicylic acid); 53663-74-4 (acetylsalicylic acid); 53664-49-6 (acetylsalicylic acid); 63781-77-1 (acetylsalicylic acid); 12244-57-4 (aurothiomalate); 446-86-6 (azathioprine); 378-44-9 (betamethasone); 9007-41-4 (C reactive protein); 53-06-5 (cortisone); 79217-60-0 (cyclosporin); 50-23-7 (hydrocortisone); 15475-56-6 (methotrexate); 59-05-2 (methotrexate); 7413-34-5 (methotrexate); 53-36-1 (methylprednisolone acetate); 50-24-8 (prednisolone); 53-03-2 (prednisone); 599-79-1 (salazosulfapyridine); 124-94-7 (triamcinolone); 5611-51-8 (triamcinolone hexacetonide)

Publication Type: Journal: Review

Subject Headings: addiction
 "cardiovascular disease/si [Side Effect]"
 cardiovascular risk
 chronic disease
 "corticosteroid induced osteoporosis/si [Side Effect]"
 *corticosteroid therapy
 "diabetes mellitus/si [Side Effect]"
 disease activity
 disease course
 drug efficacy
 drug withdrawal
 "heart infarction/si [Side Effect]"
 human
 hypothalamus hypophysis adrenal system
 "infection/si [Side Effect]"
 infection risk
 joint radiography
 low drug dose
 monotherapy
 mortality
 patient care
 "peptic ulcer/si [Side Effect]"
 practice guideline
 prediction
 prescription
 randomized controlled trial (topic)
 remission
 review
 "*rheumatoid arthritis/dt [Drug Therapy]"
 risk factor
 scoring system
 "spine fracture/si [Side Effect]"
 treatment outcome
 "unspecified side effect/si [Side Effect]"
 "acetylsalicylic acid/ae [Adverse Drug Reaction]"
 "acetylsalicylic acid/cm [Drug Comparison]"
 "acetylsalicylic acid/dt [Drug Therapy]"
 "aurothiomalate/ct [Clinical Trial]"
 "aurothiomalate/ad [Drug Administration]"
 "aurothiomalate/cb [Drug Combination]"
 "aurothiomalate/dt [Drug Therapy]"
 "aurothiomalate/im [Intramuscular Drug Administration]"
 "aurothiomalate/pa [Parenteral Drug Administration]"
 "azathioprine/dt [Drug Therapy]"
 "betamethasone/ct [Clinical Trial]"
 "betamethasone/ad [Drug Administration]"
 "betamethasone/dt [Drug Therapy]"
 "betamethasone/ar [Intraarticular Drug Administration]"
 "C reactive protein/ec [Endogenous Compound]"
 "corticosteroid/ct [Clinical Trial]"

"corticosteroid/dt [Drug Therapy]"
 "cortisone/ae [Adverse Drug Reaction]"
 "cortisone/cm [Drug Comparison]"
 "cortisone/dt [Drug Therapy]"
 "cyclosporin/ct [Clinical Trial]"
 "cyclosporin/cb [Drug Combination]"
 "cyclosporin/dt [Drug Therapy]"
 "*disease modifying antirheumatic drug/cb [Drug Combination]"
 "*disease modifying antirheumatic drug/cm [Drug Comparison]"
 "*disease modifying antirheumatic drug/dt [Drug Therapy]"
 "*glucocorticoid/ae [Adverse Drug Reaction]"
 "*glucocorticoid/ct [Clinical Trial]"
 "*glucocorticoid/ad [Drug Administration]"
 "*glucocorticoid/cb [Drug Combination]"
 "*glucocorticoid/cm [Drug Comparison]"
 "*glucocorticoid/do [Drug Dose]"
 "*glucocorticoid/dt [Drug Therapy]"
 "*glucocorticoid/ar [Intraarticular Drug Administration]"
 "*glucocorticoid/im [Intramuscular Drug Administration]"
 "hydrocortisone/ec [Endogenous Compound]"
 "methotrexate/ct [Clinical Trial]"
 "methotrexate/ad [Drug Administration]"
 "methotrexate/cb [Drug Combination]"
 "methotrexate/dt [Drug Therapy]"
 "methotrexate/im [Intramuscular Drug Administration]"
 "methotrexate/pa [Parenteral Drug Administration]"
 "methylprednisolone acetate/ae [Adverse Drug Reaction]"
 "methylprednisolone acetate/ct [Clinical Trial]"
 "methylprednisolone acetate/ad [Drug Administration]"
 "methylprednisolone acetate/dt [Drug Therapy]"
 "methylprednisolone acetate/im [Intramuscular Drug Administration]"
 placebo
 "*prednisolone/ct [Clinical Trial]"
 "*prednisolone/cb [Drug Combination]"
 "*prednisolone/dt [Drug Therapy]"
 "*prednisone/ct [Clinical Trial]"
 "*prednisone/cb [Drug Combination]"
 "*prednisone/cm [Drug Comparison]"
 "*prednisone/do [Drug Dose]"
 "*prednisone/dt [Drug Therapy]"
 "salazosulfapyridine/ct [Clinical Trial]"
 "salazosulfapyridine/cb [Drug Combination]"
 "salazosulfapyridine/dt [Drug Therapy]"
 "*triamcinolone/ct [Clinical Trial]"
 "*triamcinolone/ad [Drug Administration]"
 "*triamcinolone/dt [Drug Therapy]"
 "*triamcinolone/ar [Intraarticular Drug Administration]"
 "*triamcinolone/im [Intramuscular Drug Administration]"
 "triamcinolone hexacetonide/ct [Clinical Trial]"
 "triamcinolone hexacetonide/ad [Drug Administration]"
 "triamcinolone hexacetonide/dt [Drug Therapy]"
 "triamcinolone hexacetonide/ar [Intraarticular Drug Administration]"
 "tumor necrosis factor inhibitor/dt [Drug Therapy]"

Source: EMBASE

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

20. Patient characteristics and comorbidities associated with cerebrovascular accident following acute myocardial infarction in the United States

Citation: International Journal of Cardiology, August 2014, vol./is. 175/2(323-327), 0167-5273;1874-1754 (01 Aug 2014)

Author(s): Naderi N.; Masoomi H.; Mozaffar T.; Malik S.

Institution: (Naderi, Mozaffar) Department of Neurology, University of California, Irvine, CA, United States; (Masoomi) Department of Surgery, University of California, Irvine, CA, United States; (Malik) Department of Medicine, Cardiology Division, University of California, 333 City Blvd. West, Orange, CA 92868, United States

Language: English

Abstract: Background Although cerebrovascular accident (CVA) is a relatively infrequent complication of acute myocardial infarction (AMI), the occurrence of CVA in patients with AMI is associated with increased morbidity and mortality. We wanted to assess post-AMI CVA rate in the United States and identify the associated patient characteristics, comorbidities, type of AMI, and utilization of invasive procedures. Methods This is an observational study from the Nationwide Inpatient Sample, 2006-2008. Using multivariate regression models, we assessed predictive risk factors for post-AMI CVA among patients admitted for AMI. Results Among the 1,924,413 patients admitted for AMI, the overall rate of CVA was 2% (ischemic stroke: 1.47%, transient ischemic attack [TIA]: 0.35% and hemorrhagic stroke: 0.21%). In this sample of AMI patient, higher incidence of CVA was associated with: CHF (adjusted odds ratio [AOR] 1.71; 95% confidence interval [CI], 1.58-1.84), age over 65 AOR, 1.65; 95% CI, 1.60-1.70, alcohol abuse AOR, 1.60; 95% CI, 1.49-1.73, cocaine use AOR, 1.48; 95% CI, 1.29-1.70, atrial fibrillation AOR, 1.43; 95% CI, 1.39-1.46, Black race AOR, 1.35; 95% CI, 1.30-1.40, female gender AOR, 1.32; 95% CI, 1.29-1.35, peripheral vascular disease [PVD] AOR, 1.26; 95% CI, 1.22-1.30, coronary artery bypass graft (CABG) AOR, 1.22; 95% CI, 1.17-1.27, P < 0.0001, STEMI AOR, 1.17; 95% CI, 1.14-1.20 and teaching hospitals AOR, 1.09; 95% CI, 1.06-1.12. Conclusion Female gender, older age (age > 65), black ethnicity, comorbidities including CHF, PVD, atrial fibrillation as well as STEMI and undergoing CABG were associated with the highest risk of CVA post-AMI. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: [*acute heart infarction](#)
[adult](#)
[aged](#)
[alcohol abuse](#)
[article](#)
[Black person](#)
[brain hemorrhage](#)
[brain ischemia](#)
[*cerebrovascular accident](#)
[cocaine dependence](#)
[*comorbidity](#)
[coronary artery bypass graft](#)
[female](#)
[heart atrium fibrillation](#)
[hospital admission](#)
[human](#)
[major clinical study](#)
[male](#)
[non ST segment elevation myocardial infarction](#)
[observational study](#)
[peripheral vascular disease](#)
[priority journal](#)
[risk factor](#)
[ST segment elevation myocardial infarction](#)

teaching hospital
transient ischemic attack
United States

Source: EMBASE

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

21. Use of contingency management incentives to improve completion of hepatitis B vaccination in people undergoing treatment for heroin dependence: A cluster randomised trial

Citation: The Lancet, 2014, vol./is. 384/9938(153-163), 0140-6736;1474-547X (2014)

Author(s): Weaver T.; Metrebian N.; Hellier J.; Pilling S.; Charles V.; Little N.; Poovendran D.; Mitcheson L.; Ryan F.; Bowden-Jones O.; Dunn J.; Glasper A.; Finch E.; Strang J.

Institution: (Weaver, Poovendran) Centre for Mental Health, Imperial College London, London, United Kingdom; (Metrebian, Charles, Strang) King's College London National Addiction Centre, King's College London Institute of Psychiatry, King's College London, London, United Kingdom; (Hellier) King's Clinical Trials Unit, Department of Biostatistics, King's College London, London, United Kingdom; (Pilling, Little) Research Department of Clinical Educational and Health Psychology, University College London, London, United Kingdom; (Mitcheson, Finch, Strang) South London and Maudsley NHS Foundation Trust, London, United Kingdom; (Ryan, Dunn) Camden and Islington NHS Foundation Trust, London, United Kingdom; (Bowden-Jones) Central and North West London NHS Foundation Trust, London, United Kingdom; (Glasper) Sussex NHS Foundation Trust, Worthing, United Kingdom

Language: English

Abstract: Background Poor adherence to treatment diminishes its individual and public health benefit. Financial incentives, provided on the condition of treatment attendance, could address this problem. Injecting drug users are a high-risk group for hepatitis B virus (HBV) infection and transmission, but adherence to vaccination programmes is poor. We aimed to assess whether contingency management delivered in routine clinical practice increased the completion of HBV vaccination in individuals receiving opioid substitution therapy. Methods In our cluster randomised controlled trial, we enrolled participants at 12 National Health Service drug treatment services in the UK that provided opioid substitution therapy and nurse-led HBV vaccination with a superaccelerated schedule (vaccination days 0, 7, and 21). Clusters were randomly allocated 1:1:1 to provide vaccination without incentive (treatment as usual), with fixed value contingency management (three 10 vouchers), or escalating value contingency management (5, 10, and 15 vouchers). Both contingency management schedules rewarded on-time attendance at appointments. The primary outcome was completion of clinically appropriate HBV vaccination within 28 days. We also did sensitivity analyses that examined vaccination completion with full adherence to appointment times and within a 3 month window. The trial is registered with Current Controlled Trials, number ISRCTN72794493. Findings Between March 16, 2011, and April 26, 2012, we enrolled 210 eligible participants. Compared with six (9%) of 67 participants treated as usual, 35 (45%) of 78 participants in the fixed value contingency management group met the primary outcome measure (odds ratio 121, 95% CI 37-399; p<00001), as did 32 (49%) of 65 participants in the escalating value contingency management group (140, 42-462; p<00001). These differences remained significant with sensitivity analyses. Interpretation Modest financial incentives delivered in routine clinical practice significantly improve adherence to, and completion of, HBV vaccination programmes in patients receiving opioid substitution therapy. Achievement of this improvement in routine clinical practice should now prompt actual implementation. Drug treatment providers should employ contingency management to promote adherence to vaccination programmes. The effectiveness of routine use of contingency management to achieve long-term behaviour change remains unknown. Copyright Weaver et al.

Country of Publication: United Kingdom

Publisher: Lancet Publishing Group

Publication Type: Journal: Article

Subject Headings: adult
 article
 cause of death
 *contingency management
 controlled study
 deep vein thrombosis
 drug use
 ethnicity
 female
 follow up
 *health care management
 health service
 heart arrest
 "*hepatitis B/dt [Drug Therapy]"
 "*hepatitis B/pc [Prevention]"
 *heroin dependence
 human
 major clinical study
 male
 *medication compliance
 "mental disease/si [Side Effect]"
 multicenter study (topic)
 national health service
 opiate substitution treatment
 outcome assessment
 patient compliance
 "pneumonia/si [Side Effect]"
 priority journal
 randomized controlled trial
 sensitivity analysis
 United Kingdom
 *vaccination
 "*hepatitis B vaccine/ae [Adverse Drug Reaction]"
 "*hepatitis B vaccine/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Lancet* in *Newcomb Library & Information Service*
 Available from *Elsevier ScienceDirect Journals* in *Lancet, The*
 Available from *ProQuest* in *Lancet, The*; 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, The*
 Available from *The Lancet* in *Lancet, The*

22. Trust tops gay-friendly award list

Citation: Nursing standard (Royal College of Nursing (Great Britain) : 1987), March 2014, vol./is. 28/28(12), 0029-6570 (2014 Mar 12-18)

Language: English

Abstract: Central and North West London NHS Foundation Trust, which provides mental health, sexual health and addiction services, has been named the top performing gay-friendly healthcare organisation in England by equality charity Stonewall this week.

Publication Type: Journal: Note

Subject Headings: *awards and prizes
 bisexuality
 female
 history
 human
 lesbianism

male
 male homosexuality
 *national health service
 *non profit organization
 note
 organization and management
 "*prejudice/pc [Prevention]"
 *public hospital
 United Kingdom

Source: EMBASE

Full Text: Available from *EBSCOhost* in *Nursing Standard*
 Available from *Nursing Standard* in *Newcomb Library & Information Service*

23. Functional MRI of pain application in youth who engaged in repetitive non-suicidal self-injury vs. psychiatric controls

Citation: Psychiatry Research - Neuroimaging, August 2014, vol./is. 223/2(104-112), 0925-4927;1872-7506 (30 Aug 2014)

Author(s): Osuch E.; Ford K.; Wrath A.; Bartha R.; Neufeld R.

Institution: (Osuch, Ford, Wrath, Neufeld) Department of Psychiatry, Schulich School of Medicine and Dentistry, University of Western Ontario, London, ON N6A 4G5, Canada; (Osuch, Bartha) Department of Medical Biophysics, University of Western Ontario, London, ON, Canada; (Neufeld) Department of Psychology, University of Western Ontario, London, ON, Canada; (Neufeld) University of Western Ontario, London, ON, Canada

Language: English

Abstract: Non-suicidal self-injury (NSSI) is increasingly common in young psychiatric patients. It is unclear why pain, which should be aversive, becomes reinforcing in this context. We hypothesized that pain- and/or reward-processing neurocircuitry would be abnormal in NSSI patients compared with non-NSSI patients. Using functional magnetic resonance imaging, we administered a painfully cold and comparison cool stimulus under two conditions: self-administered and experimenter-administered (as a control). Participants comprised 13 NSSI patients and 15 non-NSSI control patients, who were matched for sex, age, medications, symptoms, and diagnoses. Whole-brain analyses of main effects, as well as correlational analyses with subjective pain and "relief" (suggesting reward), were performed. Significant main effects of group showed greater blood oxygenation level-dependent (BOLD) response for NSSI than controls in right midbrain/pons; culmen; amygdala; and parahippocampal, inferior frontal and superior temporal gyri; as well as orbital frontal cortex (OFC). The correlation between BOLD signal and "relief" was greater in NSSI patients in areas associated with reward/pain and addiction including thalamus, dorsal striatum and anterior precuneus. Post hoc analysis showed reduced functional connectivity between right OFC and anterior cingulate cortex in NSSI youth, implying possible deficits in the neuroregulation of emotional behavior. These findings help inform how pain is associated with reward for NSSI patients but not for non-NSSI patients. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 68693-11-8 (modafinil)

Publication Type: Journal: Article

Subject Headings: acute stress disorder
 adjustment
 adjustment disorder
 adolescent
 adult
 agoraphobia
 alcohol abuse
 alcoholism

amygdaloid nucleus
 angular gyrus
 anterior cingulate
 anterior precuneus
 article
 attention deficit disorder
 *automutilation
 BOLD signal
 borderline state
 brain function
 brain region
 clinical article
 cold
 controlled study
 coping behavior
 cuneus
 dorsal striatum
 drug abuse
 drug dependence
 eating disorder
 emotion
 female
 frontal cortex
 *functional magnetic resonance imaging
 generalized anxiety disorder
 human
 hypochondriasis
 inferior frontal gyrus
 insula
 juvenile
 major depression
 male
 mesencephalon
 middle frontal gyrus
 *nonsuicidal self injury
 nucleus accumbens
 obsessive compulsive disorder
 occipital gyrus
 orbital frontal cortex
 *pain
 panic
 parahippocampal gyrus
 parietal lobe
 pons
 posterior cingulate
 posttraumatic stress disorder
 prefrontal cortex
 priority journal
 psychometry
 reward
 social phobia
 superior temporal gyrus
 supramarginal gyrus
 thalamus
 antidepressant agent
 modafinil
 monoamine oxidase inhibitor
 mood stabilizer

Source:

EMBASE

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

24. Morphometric hemispheric asymmetry of orbitofrontal cortex in women with borderline personality disorder: A multi-parameter approach

Citation: Psychiatry Research - Neuroimaging, August 2014, vol./is. 223/2(61-66), 0925-4927;1872-7506 (30 Aug 2014)

Author(s): de Araujo Filho G.M.; Abdallah C.; Sato J.R.; de Araujo T.B.; Lisondo C.M.; de Faria T.A.; Lin K.; Silva I.; Bressan R.A.; da Silva J.F.R.; Coplan J.; Jackowski A.P.

Institution: (de Araujo Filho, Sato, de Araujo, Lisondo, de Faria, Lin, Silva, Bressan, Jackowski) Laboratorio Interdisciplinar de Neurociencias Clinicas (LiNC), Department of Psychiatry, Universidade Federal de Sao Paulo/UNIFESP, Rua Borges Lagoa. 570 - Vila Clementino, CEP: 04038-032, Sao Paulo - SP, Brazil; (Abdallah) Department of Psychiatry, Yale University School of Medicine, New Haven, CT, United States; (Sato) Center of Mathematics, Computation and Cognition, Universidade Federal do ABC, Rua Santa Adelia, 166 - Bairro Bangu, CEP: 09.210-170, Santo Andre - SP, Brazil; (Lisondo, da Silva) Ambulatorio de Transtornos de Personalidade (AMBORDER), Department of Psychiatry, Universidade Federal de Sao Paulo/UNIFESP, Rua Borges Lagoa, 570 - Vila Clementino, CEP: 04038-032, Sao Paulo - SP, Brazil; (Coplan) Department of Psychiatry, SUNY Downstate Medical Center, Brooklyn, NY, United States

Language: English

Abstract: Functional imaging studies have implicated the orbitofrontal cortex (OFC) in the pathophysiology of borderline personality disorder (BPD). To date, however, volume-based magnetic resonance imaging (MRI) studies have yielded mixed results. We used a surface-based processing approach that allowed us to measure five morphometric cortical features of the OFC, including volumetric (cortical thickness and surface area) and geometric (mean curvature, depth of sulcus, and metric distortion - three indicators of cortical folding) parameters. Participants comprised 25 female BPD patients with no other current psychiatric comorbidity and 25 age- and gender-matched healthy controls who received structural MRI scans. Images were processed using the Freesurfer package. All BPD patients had a history of comorbid psychiatric disorder(s) and were currently on medications. Compared with controls, the BPD group showed reduced cortical thickness, surface area, mean curvature, depth of sulcus, and metric distortion in the right medial OFC. In the left medial OFC, the BPD group had reduced cortical thickness and mean curvature, but increased metric distortion. This study confirmed the utility of surface-based analysis in the study of BPD cortical structures. In addition, we observed extensive structural abnormalities in the medial OFC of female subjects with BPD, findings that were most pronounced in the right OFC, with preliminary data suggesting hemispheric asymmetry. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: [adult](#)
["alcoholism/di \[Diagnosis\]"](#)
["alcoholism/dt \[Drug Therapy\]"](#)
[article](#)
["bipolar disorder/di \[Diagnosis\]"](#)
["bipolar disorder/dt \[Drug Therapy\]"](#)
["*borderline state/di \[Diagnosis\]"](#)
["*borderline state/dt \[Drug Therapy\]"](#)
["*borderline state/et \[Etiology\]"](#)
[*brain asymmetry](#)
[clinical article](#)
[Clinical Global Impression scale](#)
[comorbidity](#)
[control](#)
[controlled study](#)

cross-sectional study
 "drug dependence/di [Diagnosis]"
 "drug dependence/dt [Drug Therapy]"
 female
 human
 "major depression/di [Diagnosis]"
 "major depression/dt [Drug Therapy]"
 monotherapy
 "mood disorder/dt [Drug Therapy]"
 *morphometrics
 nuclear magnetic resonance imaging
 nuclear magnetic resonance scanner
 *orbital cortex
 pathophysiology
 priority journal
 psychosis
 Structured Clinical Interview for DSM Disorders
 "antidepressant agent/dt [Drug Therapy]"
 "mood stabilizer/dt [Drug Therapy]"
 "neuroleptic agent/dt [Drug Therapy]"

Source: EMBASE

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

25. Cocaine dependent individuals with attenuated striatal activation during reinforcement learning are more susceptible to relapse

Citation: Psychiatry Research - Neuroimaging, August 2014, vol./is. 223/2(129-139), 0925-4927;1872-7506 (30 Aug 2014)

Author(s): Stewart J.L.; Connolly C.G.; May A.C.; Tapert S.F.; Wittmann M.; Paulus M.P.

Institution: (Stewart, Connolly, May, Tapert, Wittmann, Paulus) Laboratory of Biological Dynamics and Theoretical Medicine, Department of Psychiatry, University of California San Diego, 8939 Villa La Jolla Drive, Suite 200, La Jolla, CA 92037-0855, United States; (Connolly) Department of Psychiatry, University of California San Francisco, San Francisco, CA 94143, United States; (Tapert, Wittmann, Paulus) Psychiatry Service, VA San Diego Healthcare System, La Jolla, CA 92161, United States; (Wittmann) Department of Empirical and Analytical Psychophysics, Institute for Frontier Areas of Psychology and Mental Health, Freiburg, Germany

Language: English

Abstract: Cocaine-dependent individuals show altered brain activation during decision making. It is unclear, however, whether these activation differences are related to relapse vulnerability. This study tested the hypothesis that brain-activation patterns during reinforcement learning are linked to relapse 1 year later in individuals entering treatment for cocaine dependence. Subjects performed a Paper-Scissors-Rock task during functional magnetic resonance imaging (fMRI). A year later, we examined whether subjects had remained abstinent (n=15) or relapsed (n=15). Although the groups did not differ on demographic characteristics, behavioral performance, or lifetime substance use, abstinent patients reported greater motivation to win than relapsed patients. The fMRI results indicated that compared with abstinent individuals, relapsed users exhibited lower activation in (1) bilateral inferior frontal gyrus and striatum during decision making more generally; and (2) bilateral middle frontal gyrus and anterior insula during reward contingency learning in particular. Moreover, whereas abstinent patients exhibited greater left middle frontal and striatal activation to wins than losses, relapsed users did not demonstrate modulation in these regions as a function of outcome valence. Thus, individuals at high risk for relapse relative to those who are able to abstain allocate fewer neural resources to action-outcome contingency formation and decision making, as well as having less motivation to win on a laboratory-based task. 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)

Publication Type: Journal: Article

Subject Headings: adult
alcoholism
anterior cingulate
anterior insula
article
attention deficit disorder
*brain activation
*brain function
cannabis addiction
clinical article
*cocaine dependence
comparative study
conduct disorder
controlled study
*corpus striatum
decision making
drug dependence treatment
female
functional magnetic resonance imaging
human
inferior frontal gyrus
inferior parietal lobule
male
middle frontal gyrus
middle temporal gyrus
modulation
motivation
nuclear magnetic resonance scanner
occipital gyrus
perception
posterior insula
posttraumatic stress disorder
precuneus
priority journal
*reinforcement
*relapse
reward
social phobia
substance use
superior frontal gyrus
task performance
temporal cortex
alcohol
cannabis
*cocaine

Source: EMBASE

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

26. The aetiology and antibiotic management of community-acquired pneumonia in adults in Europe: A literature review

Citation: European Journal of Clinical Microbiology and Infectious Diseases, July 2014, vol./is. 33/7(1065-1079), 0934-9723;1435-4373 (July 2014)

Author(s): Torres A.; Blasi F.; Peetermans W.E.; Viegi G.; Welte T.

Institution: (Torres) Servei de Pneumologia, Hospital Clinic de Barcelona, University of Barcelona, Barcelona, Spain; (Blasi) Department of Pathophysiology and Transplantation, University of Milan, IRCCS Fondazione Ca' Granda Ospedale Maggiore, Milan, Italy; (Peetermans) Department of Internal Medicine, University Hospital, KU Leuven, Leuven, Belgium; (Viegi) CNR Institute of Clinical Physiology, Pisa, Italy; (Viegi) CNR Institute of Biomedicine and Molecular Immunology, Palermo, Italy; (Welte) Department of Respiratory Medicine, Medizinische Hochschule, Hannover, Germany

Language: English

Abstract: The purpose of this paper was to generate up-to-date information on the aetiology of community-acquired pneumonia (CAP) and its antibiotic management in adults across Europe. Structured searches of PubMed identified information on the aetiology of CAP and its antibiotic management in individuals aged >15 years across Europe. We summarise the data from 33 studies published between January 2005 and July 2012 that reported on the pathogens identified in patients with CAP and antibiotic treatment in patients with CAP. *Streptococcus pneumoniae* was the most commonly isolated pathogen in patients with CAP and was identified in 12.0-85.0 % of patients. Other frequently identified pathogens found to cause CAP were *Haemophilus influenzae*, Gram-negative enteric bacilli, respiratory viruses and *Mycoplasma pneumoniae*. We found several age-related trends: *S. pneumoniae*, *H. influenzae* and respiratory viruses were more frequent in elderly patients aged >65 years, whereas *M. pneumoniae* was more frequent in those aged <65 years. Antibiotic monotherapy was more frequent than combination therapy, and beta-lactams were the most commonly prescribed antibiotics. Hospitalised patients were more likely than outpatients to receive combination antibiotic therapy. Limited data on antibiotic resistance were available in the studies. Penicillin resistance of *S. pneumoniae* was reported in 8.4-20.7 % of isolates and erythromycin resistance was reported in 14.7-17.1 % of isolates. Understanding the aetiology of CAP and the changing pattern of antibiotic resistance in Europe, together with an increased awareness of the risk factors for CAP, will help clinicians to identify those patients most at risk of developing CAP and provide guidance on the most appropriate treatment. 2014 The Author(s).

Country of Publication: Germany

Publisher: Springer Verlag

CAS Registry Number: 114-07-8 (erythromycin); 70536-18-4 (erythromycin)

Publication Type: Journal: Review

Subject Headings: [Acinetobacter baumannii](#)
["*adult disease/dt \[Drug Therapy\]"](#)
["*adult disease/et \[Etiology\]"](#)
[alcoholism](#)
[alpha hemolytic Streptococcus](#)
[antibiotic resistance](#)
[*antibiotic therapy](#)
[bacterium isolate](#)
[blood culture](#)
[Chlamydia trachomatis](#)
[Chlamydophila pneumoniae](#)
[Chlamydophila psittaci](#)
[chronic obstructive lung disease](#)
["*community acquired pneumonia/dt \[Drug Therapy\]"](#)
["*community acquired pneumonia/et \[Etiology\]"](#)
[comorbidity](#)
[Coxiella burnetii](#)
[Denmark](#)
[Enterobacteriaceae](#)
[Escherichia coli](#)
[Europe](#)
[France](#)

geriatric patient
 Germany
 Haemophilus influenzae
 human
 Human immunodeficiency virus infection
 Italy
 Klebsiella pneumoniae
 Legionella pneumophila
 lifestyle
 liver disease
 microbiological examination
 monotherapy
 Moraxella catarrhalis
 Mycoplasma pneumoniae
 outpatient care
 pathogenesis
 penicillin resistance
 pleura fluid
 priority journal
 Pseudomonas aeruginosa
 respiratory virus
 review
 serology
 Spain
 sputum culture
 Staphylococcus aureus
 Streptococcus pneumoniae
 United Kingdom
 urine
 "beta lactam antibiotic/dt [Drug Therapy]"
 "erythromycin/dt [Drug Therapy]"
 "macrolide/dt [Drug Therapy]"
 "quinolone derivative/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Springer NHS Pilot 2014 (NESLi2)* in *European Journal of Clinical Microbiology & Infectious Diseases*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.
 Available from *Springer NHS Pilot 2014 (NESLi2)* in *European Journal of Clinical Microbiology & Infectious Diseases*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

27. Effects of voluntary exercise on anxiety-like behavior and voluntary morphine consumption in rat pups borne from morphine-dependent mothers during pregnancy

Citation: Neuroscience Letters, August 2014, vol./is. 578/(50-54), 0304-3940;1872-7972 (22 Aug 2014)

Author(s): Haydari S.; Miladi-Gorji H.; Mokhtari A.; Safari M.

Institution: (Haydari, Miladi-Gorji, Mokhtari) Laboratory of Animal Addiction Models, Research Center and Department of Physiology, School of Medicine, Semnan University of Medical Sciences, Semnan, Iran, Islamic Republic of; (Safari) Department of Anatomy, School of Medicine, Semnan University of Medical Sciences, Semnan, Iran, Islamic Republic of

Language: English

Abstract: Exposure to morphine during pregnancy produced long-term effects in offspring behaviors. Recent studies have shown that voluntary exercise decreases the severity of anxiety behaviors in both morphine-dependent and withdrawn rats. Thus, the aims of the

present study were to examine whether maternal exercise decreases prenatal dependence-induced anxiety and also, voluntary consumption of morphine in animal models of craving in rat pups. Pregnant rats were made dependent by chronic administration of morphine in drinking water simultaneously with access to a running wheel that lasted at least 21 days. Then, anxiety-like behaviors using the elevated plus-maze (EPM) and voluntary consumption of morphine using a two-bottle choice paradigm (TBC) were tested in male rat pups. The results showed that the rat pups borne from exercising morphine-dependent mothers exhibited an increase in EPM open arm time ($P < 0.0001$) and entries ($P < 0.05$) as compared with the sedentary groups. In animal models of craving showed that voluntary consumption of morphine in the rat pups borne from exercising morphine-dependent mothers was less in the second ($P < 0.032$) and third ($P < 0.014$) periods of intake as compared with the sedentary group. This study showed that maternal exercise decreases the severity of the anxiogenic-like behaviors and voluntary consumption of morphine in rat pups. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd
CAS Registry Number: 52-26-6 (morphine); 57-27-2 (morphine)
Publication Type: Journal: Article
Subject Headings: [animal experiment](#)
[*anxiety](#)
[article](#)
[comparative study](#)
[controlled study](#)
[*drug use](#)
[*exercise](#)
[female](#)
[fluid intake](#)
[irritability](#)
[male](#)
[*morphine addiction](#)
[nonhuman](#)
[pregnancy](#)
[priority journal](#)
[rat](#)
[sedentary lifestyle](#)
[wet dog shakes](#)
["*morphine/to \[Drug Toxicity\]"](#)

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

28. The effects of a 5-HT7 receptor agonist and antagonist on morphine withdrawal syndrome in mice

Citation: Neuroscience Letters, August 2014, vol./is. 578/(27-32), 0304-3940;1872-7972 (22 Aug 2014)

Author(s): Shahidi S.; Hashemi-Firouzi N.

Institution: (Shahidi, Hashemi-Firouzi) Neurophysiology Research Center, Hamadan University of Medical Sciences, Hamadan, Iran, Islamic Republic of

Language: English

Abstract: Withdrawal from opioids leads to the expression of aversion behaviors. Previous studies have shown that the serotonergic system has an important role in morphine withdrawal syndrome. The 5-HT7 receptor is a recently discovered member of the 5-HT receptor family that has been shown to be involved in these behaviors. The aim of the present study was to test the role of the 5-HT7 receptor in withdrawal syndrome in

morphine-dependent mice with AS19 and SB269970, a selective agonist and antagonist of this receptor, respectively. Dependence was induced by the repeated administration of morphine for five consecutive days. The morphine-dependent mice received AS19 (3, 5, or 10. mg/kg, intraperitoneal) or SB269970 (1, 3, or 10. mg/kg, intraperitoneal) 15. min prior to the precipitation of morphine withdrawal syndromes by naloxone (3. mg/kg, subcutaneous). Withdrawal symptoms, including percent weight loss, jumping, teeth chattering, writhing, body and face grooming, sniffing, standing, and head and limb shaking, were recorded for 30. min after the naloxone injection. The morphine-dependent mice had significantly more withdrawal symptoms than naive control mice. The administration of AS19 reduced most of the morphine withdrawal symptoms. However, SB2699 increased some of the withdrawal symptoms, including teeth chattering, face grooming, jumping, and head and limb shaking. These findings suggest that the 5-HT7 receptor is involved in morphine withdrawal. Its activation decreased and its inactivation increased the morphine withdrawal syndrome. Further studies are recommended to better understand the role of the 5-HT7 receptor in morphine dependence and withdrawal. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 201038-74-6 (3 [2 [2 (4 methyl 1 piperidinyl)ethyl] 1 pyrrolidinesulfonyl]phenol); 261901-57-9 (3 [2 [2 (4 methyl 1 piperidinyl)ethyl] 1 pyrrolidinesulfonyl]phenol); 52-26-6 (morphine); 57-27-2 (morphine); 357-08-4 (naloxone); 465-65-6 (naloxone)

Publication Type: Journal: Article

Subject Headings: adult
 animal experiment
 animal model
 article
 blood brain barrier
 body grooming
 controlled study
 drug effect
 face grooming
 grooming
 head shake
 jumping
 limbs shake
 male
 "*morphine addiction/dt [Drug Therapy]"
 "*morphine withdrawal syndrome/dt [Drug Therapy]"
 mouse
 nonhuman
 priority journal
 sniffing
 standing
 weight reduction
 writhing
 "*3 [2 [2 (4 methyl 1 piperidinyl)ethyl] 1 pyrrolidinesulfonyl]phenol/dt [Drug Therapy]"
 "*3 [2 [2 (4 methyl 1 piperidinyl)ethyl] 1 pyrrolidinesulfonyl]phenol/ip [Intraperitoneal Drug Administration]"
 "*as 19/dt [Drug Therapy]"
 "*as 19/ip [Intraperitoneal Drug Administration]"
 morphine
 naloxone
 "serotonin 7 receptor/ec [Endogenous Compound]"
 "*serotonin agonist/dt [Drug Therapy]"
 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

29. The importance of tobacco control in promoting child lung health

Citation: Pediatric Pulmonology, September 2014, vol./is. 49/(S29), 8755-6863 (September 2014)

Author(s): Chang A.B.

Institution: (Chang) Queensland Children's Respiratory Centre, Queensland Medical Research Institute, Royal Children's Hospital, Brisbane, QLD, Australia; (Chang) Menzies School of Health Research, Darwin, NT, Australia

Language: English

Abstract: In 2014, the world celebrated the 50th anniversary of the US Surgeon General's report on 'Smoking and Health' which caused a paradigm shift in tobacco control. This report, 12 years after Doll and Hill's landmark 1964 BMJ paper¹ describing the clear association between smoking and lung cancer, triggered global attention and sowed the seed for tobacco control measures. Although reports of isolated tobacco control measures date from 1590 when Pope Urban VII threatened to excommunicate people anyone who took tobacco in a church vicinity,² it was not until 1999 that the World Health Organisation made global tobacco control a priority.² That tobacco control is vital in promoting child lung health is indisputable. There are numerous reasons for this, including: (a) the unquestionable fact that second hand tobacco smoke (SHS) is harmful to the fetus and children, (b) pro-smoking messages are highly effective marketing tools³ that continue to be pushed by the tobacco industry, (c) young children are vulnerable to the adults' actions and are unable to defend themselves, (d) tobacco smoking is an addiction and adults who smoke often cannot or do not act in the interest of their children when it comes to tobacco smoking, (e) smoking usually has its roots in adolescence. If individuals do not take up smoking during this period it is unlikely that they ever will.⁴ Once smoking becomes established, cessation is challenging; the probability of subsequently quitting being inversely proportional to the age of initiation.⁵ Thus it is not surprising that pro-smoking messages had been, and continue to be, often targeted at the young. (f) the tobacco industry has a well-oiled machinery whose influence is not restricted to politicians. For example, when tobacco dependence as a diagnosis in DSM-III was viewed by tobacco companies as an adverse event, "the industry took steps to try to mitigate its impact. These actions mirror industry tactics to influence medical research and policy in various contexts worldwide. Such tactics slow the spread of a professional and public understanding of smoking and health that otherwise would reduce smoking, smoking induced disease, and tobacco company profits".⁶ In addition to the above, the economic cost of SHS is large.^{7,8} A 2012 study based in the USA estimated that in 2006, "SHS-attributable deaths resulted in a loss of nearly 600 000 years of potential life lost and \$6.6 billion of lost productivity, or \$158 000 per death".⁷ Based on two German birth cohort studies, the estimated smoking attributable total costs per child exposed to SHS "at home was 87 [10-165] (patio/balcony) and 144 [6-305] (indoors) compared to those with no exposure".⁸ An emerging problem is the propagation of e-cigarettes (battery operated nicotine vaporisers) which is increasingly being adopted by big tobacco companies. Some have predicted that e-cigarettes will overtake the sales of conventional tobacco products within a decade. To entice young people, companies are using candy and fruit flavors in these products. In Sept 2013, the USA Center for Disease Control and Prevention press release highlighted the doubling of middle and high school students who use ecigarettes and that "in 2012 more than 1.78 million middle and high school students nationwide had tried e-cigarettes". <<http://www.cdc.gov/media/releases/2013/p0905-ecigarette-use.html>>
Tobacco control encompasses public health science, policy and practice dedicated to restricting tobacco use and exposure. The 6 tobacco control policies identified by WHO as part of their 'Tobacco Free Initiative', abbreviated as 'MPOWER' are: (i) Monitor of tobacco use and prevention policies, (ii) Protect people from tobacco smoke, (iii) Offer help to quit tobacco use, (iv) Warn people about the dangers of tobacco, (v) Enforce bans on tobacco advertising, promotion and sponsorship, and (vi) Raise taxes on tobacco. The

intervention points within these policies are outlined in the document that is available in many languages. <http://www.who.int/tobacco/mpower/package/> However, policies on tobacco control are most effective if accompanied by legislation that are enforced. A Cochrane review has shown that "legislative smoking bans does lead to a reduction in exposure to passive smoking".⁹ Readers are also referred to a website which outlines tobacco control legislations around the world <http://www.tobaccocontrolaws.org/>. As clinicians in respiratory medicine, we have a duty of care to support tobacco control measures in our own setting. We should take every opportunity in our clinical and research activities to limit children's exposure to SHS and eliminate any propensity for children initiate tobacco smoking. There is still much to be done today (March 2014); e.g. plain packaging of tobacco is only legislated in a few countries (Australia) and even in advanced countries like the UK, the right of children not to be exposed to SHS in the car (through banning of smoking in the car) is only currently being debated.¹⁰

Conference Information: 13th International Congress on Pediatric Pulmonology Bruges Belgium. Conference Start: 20140626 Conference End: 20140629

Publisher: Wiley-Liss Inc.

Publication Type: Journal: Conference Abstract

Subject Headings: [*tobacco](#)
[*child](#)
[*human](#)
[*lung](#)
[*health](#)
[*pulmonology](#)
[smoking](#)
[policy](#)
[Even \(people\)](#)
[exposure](#)
[date \(fruit\)](#)
[tobacco use](#)
[high school student](#)
[prevention](#)
[passive smoking](#)
[adult](#)
[law](#)
[tobacco industry](#)
[death](#)
[car](#)
[industry](#)
[smoke](#)
[addiction](#)
[lung cancer](#)
[cohort analysis](#)
[marketing](#)
[productivity](#)
[fetus](#)
[profit](#)
[DSM-III](#)
[medical research](#)
[United Kingdom](#)
[packaging](#)
[religion](#)
[diagnosis](#)
[reading](#)
[tobacco dependence](#)
[smoking ban](#)
[language](#)
[fruit](#)
[public figure](#)
[surgeon](#)

[machine](#)
[adolescence](#)
[health science](#)
[public health](#)
[disease control](#)
[advertising](#)
[tax](#)
[flavor](#)
[plant seed](#)
[world health organization](#)
[Australia](#)
[electronic cigarette](#)
[nicotine](#)
[sugar](#)
[tobacco smoke](#)

Source: EMBASE

Full Text: Available from *Wiley* in *Pediatric Pulmonology*

30. Talking about tobacco

Citation: British Journal of Community Nursing, March 2014, vol./is. 19/3(109), 1462-4753 (March 2014)

Author(s): Dennison R.

Language: English

Publication Type: Journal: Editorial

Subject Headings:
[*community health nursing](#)
[editorial](#)
[human](#)
[methodology](#)
[*nurse attitude](#)
[nursing](#)
[*smoking cessation](#)
["*tobacco dependence/pc \[Prevention\]"](#)
[United Kingdom](#)

Source: EMBASE

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

31. Primary care and youth mental health in Ireland: qualitative study in deprived urban areas

Citation: BMC family practice, 2013, vol./is. 14/(194), 1471-2296 (2013)

Author(s): Leahy D.; Schaffalitzky E.; Armstrong C.; Bury G.; Cussen-Murphy P.; Davis R.; Dooley B.; Gavin B.; Keane R.; Keenan E.; Latham L.; Meagher D.; McGorry P.; McNicholas F.; O'Connor R.; O'Dea E.; O'Keane V.; O'Toole T.P.; Reilly E.; Ryan P.; Sancu L.; Smyth B.P.; Cullen W.

Institution: (Leahy) Graduate Entry Medical School, University of Limerick, Limerick, Ireland.

Language: English

Abstract: Mental disorders account for six of the 20 leading causes of disability worldwide with a very high prevalence of psychiatric morbidity in youth aged 15-24 years. However, healthcare professionals are faced with many challenges in the identification and treatment of mental and substance use disorders in young people (e.g. young people's unwillingness to seek help from healthcare professionals, lack of training, limited resources etc.) The challenge of youth mental health for primary care is especially evident in urban deprived areas, where rates of and risk factors for mental health problems are especially common. There is an emerging consensus that primary care is well placed to address mental and substance use disorders in young people especially in deprived urban

areas. This study aims to describe healthcare professionals' experience and attitudes towards screening and early intervention for mental and substance use disorders among young people (16-25 years) in primary care in deprived urban settings in Ireland. The chosen method for this qualitative study was inductive thematic analysis which involved semi-structured interviews with 37 healthcare professionals from primary care, secondary care and community agencies at two deprived urban centres. We identified three themes in respect of interventions to increase screening and treatment: (1) Identification is optimised by a range of strategies, including raising awareness, training, more systematic and formalised assessment, and youth-friendly practices (e.g. communication skills, ensuring confidentiality); (2) Treatment is enhanced by closer inter-agency collaboration and training for all healthcare professionals working in primary care; (3) Ongoing engagement is enhanced by motivational work with young people, setting achievable treatment goals, supporting transition between child and adult mental health services and recognising primary care's longitudinal nature as a key asset in promoting treatment engagement. Especially in deprived areas, primary care is central to early intervention for youth mental health. Identification, treatment and continuing engagement are likely to be enhanced by a range of strategies with young people, healthcare professionals and systems. Further research on youth mental health and primary care, including qualitative accounts of young people's experience and developing complex interventions that promote early intervention are priorities.

Publication Type:

Journal: Article

Subject Headings:

"addiction/di [Diagnosis]"
 "addiction/th [Therapy]"
 adolescent
 article
 early intervention
 female
 health personnel attitude
 human
 Ireland
 male
 mass screening
 "*mental disease/di [Diagnosis]"
 "*mental disease/th [Therapy]"
 mental health
 *mental health service
 poverty
 *primary health care
 qualitative research
 secondary health care
 *urban population
 young adult

Source:

EMBASE

Full Text:Available from *National Library of Medicine* in *BMC Family Practice*Available from *Springer NHS Pilot 2014 (NESLi2)* in *BMC Family Practice*; Note: ;

Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Available from *ProQuest* in *BMC Family Practice*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.Available from *Springer NHS Pilot 2014 (NESLi2)* in *BMC Family Practice*; Note: ;

Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Available from *BioMedCentral* in *BMC Family Practice***32. SMYD2-dependent HSP90 methylation promotes cancer cell proliferation by regulating the chaperone complex formation**

Citation: Cancer Letters, August 2014, vol./is. 351/1(126-133), 0304-3835;1872-7980 (28 Aug 2014)

Author(s): Hamamoto R.; Toyokawa G.; Nakakido M.; Ueda K.; Nakamura Y.

Institution: (Hamamoto, Nakakido, Nakamura) Section of Hematology/Oncology, Department of Medicine, The University of Chicago, 5841 S. Maryland Ave., MC2115 Chicago, IL 60637, United States; (Hamamoto, Toyokawa) Laboratory of Molecular Medicine, Human Genome Center, Institute of Medical Science, The University of Tokyo, 4-6-1 Shirokanedai, Minato-ku, Tokyo 108-8639, Japan; (Ueda) Laboratory for Biomarker Development, Center for Genomic Medicine, RIKEN, 4-6-1 Shirokanedai, Minato-ku, Tokyo 108-8639, Japan

Language: English

Abstract: Heat shock protein 90 (HSP90) is a highly conserved molecular chaperone that facilitates the maturation of a wide range of proteins, and it has been recognized as a crucial facilitator of oncogene addiction and cancer cell survival. Although HSP90 function is regulated by a variety of post-translational modifications, the physiological significance of methylation has not fully been elucidated. Here we demonstrate that HSP90AB1 is methylated by the histone methyltransferase SMYD2 and that it plays a critical role in human carcinogenesis. HSP90AB1 and SMYD2 can interact through the C-terminal region of HSP90AB1 and the SET domain of SMYD2. Both in vitro and in vivo methyltransferase assays revealed that SMYD2 could methylate HSP90AB1 and mass spectrometry analysis indicated lysines 531 and 574 of HSP90AB1 to be methylated. These methylation sites were shown to be important for the dimerization and chaperone complex formation of HSP90AB1. Furthermore, methylated HSP90AB1 accelerated the proliferation of cancer cells. Our study reveals a novel mechanism for human carcinogenesis via methylation of HSP90AB1 by SMYD2, and additional functional studies may assist in developing novel strategies for cancer therapy. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings: [article](#)
[cancer cell](#)
[carboxy terminal sequence](#)
[carcinogenesis](#)
[*cell proliferation](#)
[*complex formation](#)
[controlled study](#)
[dimerization](#)
[disease activity](#)
[enzyme assay](#)
[*histone methylation](#)
[human](#)
[human cell](#)
[in vitro study](#)
[in vivo study](#)
[mass spectrometry](#)
[molecular dynamics](#)
[molecular pathology](#)
[priority journal](#)
[protein determination](#)
[protein domain](#)
[protein function](#)
[protein protein interaction](#)
["*chaperone/ec \[Endogenous Compound\]"](#)
["*heat shock protein 90/ec \[Endogenous Compound\]"](#)
["*histone methyltransferase/ec \[Endogenous Compound\]"](#)

"*smyd2 protein/ec [Endogenous Compound]"
 unclassified drug

Source: EMBASE

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

33. Thyroid hormone replacement and the risk for colorectal cancer

Citation: Journal of Clinical Oncology, May 2014, vol./is. 32/15 SUPPL. 1, 0732-183X (20 May 2014)

Author(s): Boursi S.B.; Haynes K.; Mamtani R.; Yang Y.-X.

Institution: (Boursi, Haynes, Mamtani, Yang) Sheba Medical Center, Ramat Gan, Israel; Perelman School of Medicine at the University of Pennsylvania, Philadelphia, PA; Abramson Cancer Center of the University of Pennsylvania, Philadelphia, PA; Perelman School of Medicine at the University of Pennsylvania, philadelphia, PA

Language: English

Abstract: Background: The association between thyroid hormones and cancer risk was evaluated in several studies with conflicting results. While thyroid hormones can stimulate cancer growth, hypothyroid function can lead to reduced risk and a more favorable outcome in cancer patients. Aim: To evaluate the risk for colorectal cancer (CRC) in patients treated with thyroid hormones replacement. Methods: We conducted a nested case-control study using The Health Improvement Network (THIN), a large population-based medical records database from the United Kingdom (UK) that contains information on 11.7 million patients with follow up of up to 18 years. Study cases were defined as those with any medical code of CRC. Subjects with known familial colorectal cancer syndromes or IBD were excluded from the study. For every case, 4 eligible controls matched on age, sex, practice site, and duration of follow-up before index date were selected using incidence density sampling. Exposure was defined as any thyroid hormone therapy at least 6 month before index date. The odds ratio (OR) and 95%CI were estimated using conditional logistic regression analysis adjusted for BMI, alcoholism, smoking history, Diabetes mellitus and chronic NSAIDs use. Results: 22,023 CRC patients and 85,981 controls were identified with a mean follow up time of 6 years before index date (SD 3.53). The adjusted OR for CRC associated with use of thyroid hormones was 0.87 (95%CI 0.82-0.93, $p < 0.0001$) and remained reduced 5 and 10 years after initiation of therapy (OR 0.84, 95%CI 0.78-0.91 and 0.83, 95%CI 0.74-0.92 respectively). There was no change in OR when analyzing all durations of therapy, including patients treated for less than 6 months (OR 0.88, 95%CI 0.82-0.93). Conclusions: Patients using thyroid hormone replacement drugs have a statistically significant reduction in CRC risk. Further research is required in order to evaluate whether this effect is secondary to the primary thyroid disease or direct effects of therapy.

Conference Information: 2014 Annual Meeting of the American Society of Clinical Oncology, ASCO Chicago, IL United States. Conference Start: 20140530 Conference End: 20140603

Publisher: American Society of Clinical Oncology

Publication Type: Journal: Conference Abstract

Subject Headings: [*hormone substitution](#)
[*risk](#)
[*colorectal cancer](#)
[*society](#)
[*oncology](#)
[human](#)
[patient](#)
[follow up](#)
[therapy](#)
[United Kingdom](#)
[sexual practice](#)
[hereditary colorectal cancer](#)
[case control study](#)

cancer patient
 cancer growth
 cancer risk
 data base
 diabetes mellitus
 smoking
 alcoholism
 medical record
 density
 logistic regression analysis
 population
 hormonal therapy
 exposure
 sampling
 thyroid disease
 health
 *thyroid hormone

Source: EMBASE

34. Impact of antibiotic exposure on the risk of colorectal cancer

Citation: Journal of Clinical Oncology, May 2014, vol./is. 32/15 SUPPL. 1, 0732-183X (20 May 2014)

Author(s): Boursi S.B.; Haynes K.; Mamtani R.; Yang Y.-X.

Institution: (Boursi, Haynes, Mamtani, Yang) Sheba Medical Center, Ramat Gan, Israel; Perelman School of Medicine at the University of Pennsylvania, Philadelphia, PA; Abramson Cancer Center of the University of Pennsylvania, Philadelphia, PA; Perelman School of Medicine at the University of Pennsylvania, Philadelphia, PA

Language: English

Abstract: Background: Previous reports revealed colonic dysbiosis in tumor tissue from cases with colorectal cancer (CRC) showing lower levels of microbial diversity and an enrichment of certain bacterial strains. It was suggested that the composition of the microbiota might serve, among other genetic and environmental factors, as a significant promoter of the multistep process of CRC formation. Antibiotic therapy reduces the overall bacterial diversity, with substantial consequences for the resultant functional stability of the colonic microbiota. Aim: To evaluate the association between the type and cumulative dose of antibiotic exposure and CRC risk. Methods: We conducted a nested case-control study using The Health Improvement Network (THIN), a large population-based medical records database from the United Kingdom (UK) that contains information on 11.7 million patients with follow up of up to 18 years. Study cases were defined as those with any medical code of CRC. Subjects with known familial colorectal cancer syndromes or IBD were excluded from the study. For every case, 4 eligible controls matched on age, sex, practice site, and duration of follow-up before index date were selected using incidence density sampling. Exposure was defined as any antibiotic therapy at least 6 month before index date. The OR and 95%CI were estimated using conditional logistic regression analysis adjusted for BMI, alcoholism, smoking history, Diabetes mellitus and chronic NSAIDs use. Results: 22,023 CRC patients and 85,981 controls were identified with a mean follow up time of 6 years (SD 3.53). The adjusted OR for CRC among user of penicillins, quinolones and metronidazole was 1.08 (95%CI 1.04-1.12), 1.08 (95%CI 1.03-1.14) and 1.11 (95%CI 1.05-1.18) respectively with $p < 0.0001$ for all. The modest risk increase remained statistically significant only for remote exposure to penicillins (OR 1.05, 95%CI 1.001-1.09, for exposure 10 years before index date). There was no statistically significant effect with other antibiotic classes, anti-viral or anti-fungal therapy. Conclusions: Past exposure to Penicillins is related to a modest elevation in CRC risk, possibly through effects on the colonic microbiota.

Conference Information: 2014 Annual Meeting of the American Society of Clinical Oncology, ASCO Chicago, IL United States. Conference Start: 20140530 Conference End: 20140603

Publisher: American Society of Clinical Oncology

Publication Type: Journal: Conference Abstract

Subject Headings: *exposure
*risk
*colorectal cancer
*society
*oncology
human
follow up
colon flora
antibiotic therapy
patient
United Kingdom
hereditary colorectal cancer
promoter region
environmental factor
microflora
bacterial strain
microbial diversity
tissues
data base
diabetes mellitus
medical record
neoplasm
alcoholism
population
logistic regression analysis
health
sampling
density
sexual practice
smoking
case control study
therapy
dysbiosis
*antibiotic agent
penicillin derivative
metronidazole
quinolone derivative
antifungal agent

Source: EMBASE

35. Anxiety and depression comorbidity in primary care gout: A matched retrospective cohort study

Citation: Rheumatology (United Kingdom), April 2014, vol./is. 53/(i80), 1462-0324 (April 2014)

Author(s): Prior J.A.; Ogollah R.; Muller S.; Chandratre P.; Roddy E.; Mallen C.D.

Institution: (Prior, Ogollah, Muller, Chandratre, Roddy, Mallen) Research Institute for Primary Care and Health Sciences, Keele University, Staffordshire, United Kingdom

Language: English

Abstract: Background: Chronic conditions such as diabetes mellitus and cardiovascular disease are common in people with gout and are associated with poorer quality of life and higher mortality. However, our understanding of the role of psychological comorbidity in gout remains unclear. Frequent experience of severe pain, social isolation and strained family relationships may impact negatively on psychological health and influence health-seeking behaviour. This matched retrospective cohort study aimed to examine the association between gout and subsequent consultation for anxiety & depression in a UK primary care population. Methods: The study was undertaken using data from a general practice

consultation database (CiPCA), gathered from nine general practices in North Staffordshire. Patients aged >18 years who consulted with gout between 2000 and 2008 were identified by Read code and each matched to 4 controls by age, gender, year of consultation and general practice. A consultation for either anxiety or depression, subsequent to the gout diagnosis, was defined from a relevant Read code gained between 2000 and 2011. Several other gout-related comorbidities (e.g. hypertension) were also recorded by Read code. Cox regression model was used to examine the association between gout and subsequent anxiety & depression consultation (new episodes), adjusting for age, gender, deprivation, year of consultation, general practice and comorbidities. Hazard ratio (HR) and 95% CI were reported for gout cases vs matched controls. Results: 1689 patients with gout were compared with 6,756 control patients. Mean age was 63 years (Standard deviation 16) and 24% were female. Of gout patients, 15.3% & 9.7% had consulted for anxiety & depression respectively, this was in comparison with 14.2% & 9.5% of the controls. Adjusted cox regression analysis found no association between gout and time to consultation for anxiety (HR 1.04, 95% CI 0.9, 1.2) or depression [0.88 (0.7, 1.1)] compared with controls. Across gout patients and matched controls, being younger and female was associated with a propensity to consult for anxiety & depression. With each year from first diagnosis (gout and controls), there was a trend of increasing consultation for anxiety. The presence of hypertension and alcoholism comorbidity was associated with an increased probability of consultation for anxiety & depression. Conclusion: Despite the psychological burden which gout may be expected to impart on patients, time to consultation for anxiety & depression in UK primary care was equivalent to matched controls. This may relate to the prolonged asymptomatic inter-critical period between gout attacks during which psychological burden may ease. However, as under-reporting of both anxiety & depression in primary care is common and the severity & disease characteristics of gout, anxiety & depression could not be established from medical records, further research considering these factors would be of benefit.

Conference Information: Rheumatology 2014 Liverpool United Kingdom. Conference Start: 20140429 Conference End: 20140429

Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings: [*anxiety](#)
[*comorbidity](#)
[*primary medical care](#)
[*gout](#)
[*cohort analysis](#)
[*rheumatology](#)
[consultation](#)
[human](#)
[patient](#)
[general practice](#)
[Read code](#)
[hypertension](#)
[proportional hazards model](#)
[diagnosis](#)
[gender](#)
[female](#)
[United Kingdom](#)
[health](#)
[social isolation](#)
[regression analysis](#)
[hazard ratio](#)
[model](#)
[pain](#)
[mortality](#)
[quality of life](#)
[data base](#)
[cardiovascular disease](#)
[population](#)

medical record
alcoholism
diabetes mellitus
ascorbic acid

Source: EMBASE

Full Text: Available from *Oxford University Press* in *Rheumatology*

36. Alcohol related brain damage often goes undiagnosed, says report

Citation: BMJ (Clinical research ed.), 2014, vol./is. 348/, 1756-1833 (2014)

Author(s): Wise J.

Institution: (Wise) London.

Language: English

Publication Type: Journal: Note

Subject Headings: ["*alcoholism/co \[Complication\]"](#)
["*alcoholism/et \[Etiology\]"](#)
["*chronic brain disease/di \[Diagnosis\]"](#)
["*chronic brain disease/et \[Etiology\]"](#)
["*drinking behavior/ae \[Adverse Drug Reaction\]"](#)
female
*health care delivery
human
male
note
standard
United Kingdom

Source: EMBASE

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

37. Understanding and preventing drug-drug and drug-gene interactions

Citation: Expert Review of Clinical Pharmacology, July 2014, vol./is. 7/4(533-544), 1751-2433;1751-2441 (July 2014)

Author(s): Tannenbaum C.; Sheehan N.L.

Institution: (Tannenbaum) Universite de Montreal, Centre de Recherche de l'Institut universitaire de geriatrie de Montreal, 4565 Queen Mary Road 4824, Montreal, QC H3W 1W5, Canada;
(Sheehan) Universite de Montreal, Chronic Viral Illness Service, McGill University Health Centre, 3650 St. Urbain, D2.01, Montreal, QC H2X 2P4, Canada

Language: English

Abstract: Concomitant administration of multiple drugs can lead to unanticipated drug interactions and resultant adverse drug events with their associated costs. A more thorough understanding of the different cytochrome P450 isoenzymes and drug transporters has led to new methods to try to predict and prevent clinically relevant drug interactions. There is also an increased recognition of the need to identify the impact of pharmacogenetic polymorphisms on drug interactions. More stringent regulatory requirements have evolved for industry to classify cytochrome inhibitors and inducers, test the effect of drug interactions in the presence of polymorphic enzymes, and evaluate multiple potentially interacting drugs simultaneously. In clinical practice, drug alert software programs have been developed. This review discusses drug interaction mechanisms and strategies for screening and minimizing exposure to drug interactions. We also provide future perspectives for reducing the risk of clinically significant drug interactions. Informa UK, Ltd.

Country of Publication: United Kingdom

Publisher: Expert Reviews Ltd.

CAS Registry Number: 1951-25-3 (amiodarone); 19774-82-4 (amiodarone); 62067-87-2 (amiodarone); 198904-31-3 (atazanavir); 57-88-5 (cholesterol); 85721-33-1 (ciprofloxacin); 81103-11-9 (clarithromycin); 79217-60-0 (cyclosporin); 330207-11-9 (cytochrome P450 2B6); 329736-03-0 (cytochrome P450 3A4); 336874-97-6 (cytochrome P450 3A5); 20830-75-5 (digoxin); 57285-89-9 (digoxin); 114-07-8 (erythromycin); 70536-18-4 (erythromycin); 25812-30-0 (gemfibrozil); 149200-37-3 (multidrug resistance protein); 208997-77-7 (multidrug resistance protein); 73590-58-6 (omeprazole); 95510-70-6 (omeprazole); 61869-08-7 (paroxetine); 81093-37-0 (pravastatin); 81131-70-6 (pravastatin); 13292-46-1 (rifampicin); 155213-67-5 (ritonavir); 147098-18-8 (rosuvastatin); 147098-20-2 (rosuvastatin); 137234-62-9 (voriconazole)

Publication Type: Journal: Review

Subject Headings: adverse drug reaction
area under the curve
decision support system
drug absorption
drug clearance
drug distribution
*drug drug interaction
*drug gene interaction
*drug interaction
drug labeling
drug mechanism
drug metabolism
genetic polymorphism
genotype
glucuronidation
human
hyperbilirubinemia
kidney clearance
nonhuman
prevalence
respiration depression
review
rhabdomyolysis
stomach pH
tissue distribution
treatment response
withdrawal syndrome
amiodarone
atazanavir
"bile acid/ec [Endogenous Compound]"
"breast cancer resistance protein/ec [Endogenous Compound]"
"cholesterol/ec [Endogenous Compound]"
ciprofloxacin
clarithromycin
cyclosporin
"cytochrome P450 1A2/ec [Endogenous Compound]"
"cytochrome P450 2B6/ec [Endogenous Compound]"
"cytochrome P450 2C19/ec [Endogenous Compound]"
"cytochrome P450 2C8/ec [Endogenous Compound]"
"cytochrome P450 2C9/ec [Endogenous Compound]"
"cytochrome P450 2D6/ec [Endogenous Compound]"
"cytochrome P450 3A4/ec [Endogenous Compound]"
"cytochrome P450 3A5/ec [Endogenous Compound]"
digoxin
erythromycin
gemfibrozil
"multidrug resistance protein/ec [Endogenous Compound]"

"nucleoside transporter/ec [Endogenous Compound]"
 omeprazole
 "organic anion transporter/ec [Endogenous Compound]"
 "organic cation transporter/ec [Endogenous Compound]"
 paroxetine
 pravastatin
 rifampicin
 ritonavir
 rosuvastatin
 voriconazole

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*

38. Evaluating pancreatitis in primary care: A population-based cohort study

Citation: British Journal of General Practice, May 2014, vol./is. 64/622(e295-e301), 0960-1643 (01 May 2014)

Author(s): Hazra N.; Gulliford M.

Institution: (Hazra, Gulliford) King's College London, Department of Public Health Sciences, NIHR Biomedical Research Centre at Guy's, London, United Kingdom

Language: English

Abstract: Background: Pancreatitis is an important condition with significant mortality. Primary care may have an important role to play in its prevention, early diagnosis, and ongoing management. Aim: To evaluate incidence, case fatality, and clinical features of acute and chronic pancreatitis in a large population. Design and setting: Population-based cohort study using a primary care database in the UK from 1990 to 2013. Method: Use of general practice records from 16 491 patients diagnosed with pancreatitis. Age-standardised incidence rates and case fatality were estimated. Clinical features, aetiology, and patterns of recurrence were evaluated. Results: Incidence of pancreatitis increased from 14.8 in 100 000 (1990-1994) to 31.2 in 100 000 (2010-2013) in males, and from 14.5 to 28.3 in 100 000 in females (2010-2013). Overall case fatality after diagnosis was 4.3% (95% CI = 4.0% to 4.6%) at 90 days and 7.9% (95% CI = 7.5% to 8.4%) at 365 days. In 1990-1994, 10% of patients with acute pancreatitis were recorded as heavy drinkers, increasing to 12% in 2010- 2012; for patients with chronic pancreatitis the proportions were 13%, rising to 21%. Among patients who died in the 90 days after diagnosis, 92% consulted with their general practice in the 2 months before first diagnosis. Conclusion: The incidence of pancreatitis is increasing over time. Alcohol abuse may now account for at least one in eight cases of acute, and one in five cases of chronic pancreatitis. Consultations among those who subsequently died may have offered potential for earlier diagnosis and intervention. British Journal of General Practice.

Country of Publication: United Kingdom

Publisher: Royal College of General Practitioners

Publication Type: Journal: Article

Subject Headings: "*acute pancreatitis/ep [Epidemiology]"
 "*acute pancreatitis/et [Etiology]"
 adult
 aged
 alcoholism
 article
 "*chronic pancreatitis/ep [Epidemiology]"
 "*chronic pancreatitis/et [Etiology]"
 clinical feature
 cohort analysis

controlled study
 fatality
 female
 general practice
 human
 incidence
 major clinical study
 male
 *primary medical care
 recurrent disease
 United Kingdom

Source: EMBASE

39. Patterns of engagement between GPs and adolescents presenting with psychological difficulties: A qualitative study

Citation: British Journal of General Practice, May 2014, vol./is. 64/622(e246-e253), 0960-1643 (01 May 2014)

Author(s): Roberts J.; Crosland A.; Fulton J.

Institution: (Roberts, Crosland, Fulton) Faculty of Applied Sciences, University of Sunderland, Sunderland, United Kingdom

Language: English

Abstract: Background: Psychological difficulties are common in adolescence with general practice attendees having higher rates than reported in community surveys. Yet GP identification of common mental health problems in this age group is limited. Anxiety and uncertainty around professional practice have been found among GPs and they vary in their degree of engagement with adolescents presenting with psychological difficulties. Aim: To explore which factors influence the degree of GP engagement. Design and setting: Qualitative study based in 18 practices in the north east of England. The practices recruited included rural, urban, and mixed populations of patients predominantly living in socioeconomically disadvantaged communities. Method: Theoretical sampling was used to guide recruitment of GP participants continuing until theoretical saturation was reached. Data were analysed using the constant comparative method of grounded theory and situational analysis. Results: In total 19 GPs were recruited: 10 were female, the age range was 29-59 years, with a modal range of 40-49 years. The participants collectively described a sense of their professional competence being challenged, yet reacted with varying degrees of engagement. Three themes appeared to shape a GP's response: performance in the clinical encounter; view of adolescents and their health needs; and the GP's own preferred epistemological framework. Conclusion: The findings suggest that better patterns of engagement between GPs and adolescents are supported by medical education which includes input and feedback from adolescents; education about the science and psychology of adolescence; more effective working across disciplinary boundaries; and recognition of the importance of addressing psychological difficulties early. British Journal of General Practice.

Country of Publication: United Kingdom

Publisher: Royal College of General Practitioners

Publication Type: Journal: Article

Subject Headings: abuse
 adolescent behavior
 *adolescent disease
 adult
 anger
 anxiety
 article
 conflict
 consultation
 *doctor patient relation

[drinking behavior](#)
[drug misuse](#)
[female](#)
[general practice](#)
[*general practitioner](#)
[grounded theory](#)
[health care need](#)
[human](#)
[male](#)
[mental health](#)
[*mental instability](#)
[parent](#)
[perception](#)
[personal experience](#)
[professional competence](#)
[*psychological difficulty](#)
[psychosocial withdrawal](#)
[qualitative research](#)
[responsibility](#)
[rural population](#)
[secondary health care](#)
[social status](#)
[trust](#)
[uncertainty](#)
[United Kingdom](#)
[urban population](#)

Source: EMBASE

40. Engagement in risk behaviors among adolescents who misuse prescription drugs: Evidence for subgroups of misusers

Citation: Journal of Substance Use, 2014, vol./is. 19/4(334-339), 1465-9891;1475-9942 (2014)

Author(s): Larson B.K.; Eisenberg M.E.; Resnick M.D.

Institution: (Larson, Eisenberg, Resnick) Department of Pediatrics, University of Minnesota, 717 Delaware St SE, Minneapolis, MN 55414, United States

Language: English

Abstract: Background: This study examines whether there is variation in selected risk behavior engagement (multiple sexual partners, binge drinking, vandalism, self-harm and suicide ideation) among groups of high school students who report misusing prescription drugs. Methods: Data were taken from the Minnesota Student Survey. Participants (n=64997) were categorized into four groups: non-drug users; prescription-only users; prescription and marijuana (cannabis) users; and prescription and other illicit drug users. Risk behavior engagement was compared across groups using general linear modeling. Results: Significant variation in externalizing risk behaviors (number of sexual partners, binge drinking, vandalism) was found, with greater variation among females. Variation was also found for internalizing risk behaviors (self-harm and suicide ideation), though the differences between drug use groups were less drastic. Conclusions: Distinct subgroups exist among adolescents who misuse prescription drugs. Researchers should consider these differences when assessing analytic strategies; those who work directly with adolescents who misuse prescriptions should consider these differences when designing interventions. 2014 Informa UK Ltd. All rights reserved.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

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

Publication Type: Journal: Article

Subject Headings: [adolescent](#)

[article](#)
[automutilation](#)
[binge drinking](#)
[cannabis use](#)
[concurrent sexual partnership](#)
[controlled study](#)
[*drug misuse](#)
[female](#)
[*high risk behavior](#)
[high school student](#)
[human](#)
[major clinical study](#)
[male](#)
[priority journal](#)
[risk factor](#)
[suicidal ideation](#)
[cannabis](#)
[illicit drug](#)
[*prescription drug](#)

Source: EMBASE

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

41. Soft methods, hard targets: Regional alcohol managers as a policy network

Citation: Journal of Substance Use, 2014, vol./is. 19/4(319-326), 1465-9891;1475-9942 (2014)

Author(s): Lloyd C.; Thom B.; Macgregor S.; Herring R.; Godfrey C.; Toner P.; Tchilingirian J.

Institution: (Lloyd, Godfrey, Toner) Health Sciences Department, University of York, Alcuin C, Heslington, York YO10 5DD, United Kingdom; (Thom, Herring, Tchilingirian) Health and Social Sciences Department, University of Middlesex, London, United Kingdom; (Macgregor) Department of Social and Environmental Health Research, London School of Hygiene and Tropical Medicine, London, United Kingdom

Language: English

Abstract: Regional Alcohol Managers (RAMs) were employed in the nine English health regions over 2008-2011. Their mission was to impact on the 'hard target' of Alcohol-Related Hospital Admissions (AHRAs) through the 'soft methods' of persuasion and influence: working with local partners on evidence-based interventions. Drawing on a qualitative evaluation, this article shows how a central government policy imperative (ARHAs) led to 'government at a distance' responses, including the introduction of RAMs. The processes involved in shaping and delivering this function bore the hallmarks of a complex, interactive policy network model, involving individuals whose bearings and roles were flexible and sometimes ambiguous. While there were overlaps and blurring of boundaries, there were three levels of policy network: central government, regional and local. As the 'network in the middle', the RAMs were pulled in both directions by conflicting agendas but were also able to have an impact on central and local policy. 2014 Informa UK Ltd. All rights reserved.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

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

Publication Type: Journal: Article

Subject Headings:
[adult](#)
[alcoholism](#)
[article](#)
[evidence based medicine](#)
[government](#)
[*health care policy](#)
[hospital admission](#)

human
 *manager
 persuasive communication
 primary medical care
 priority journal
 qualitative analysis
 *regional alcohol manager
 semi structured interview
 work environment
 *alcohol

Source: EMBASE

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

42. A pilot outcomes evaluation for computer assisted therapy for substance misuse-An evaluation of Breaking Free Online

Citation: Journal of Substance Use, 2014, vol./is. 19/4(313-318), 1465-9891;1475-9942 (2014)

Author(s): Elison S.; Humphreys L.; Ward J.; Davies G.

Institution: (Elison, Humphreys, Ward, Davies) Breaking Free Online Limited, 274 Deansgate, Manchester, M3 4JB, United Kingdom

Language: English

Abstract: Introduction: Computer Assisted Therapy (CAT) is an emerging treatment within addictions, though the evidence-base is still growing. Therefore, this study describes a pilot outcomes evaluation of a CAT programme for substance misuse, "Breaking Free Online". Method: A total of 34 service users using Breaking Free Online were included. Quantitative assessments of ability to cope with cravings and maintain abstinence and quality of life were conducted pre-and post-engagement treatment, and qualitative feedback was collected. Results: Significant improvements in perceived ability to control cravings and maintain abstinence were identified and improvements in quality of life were seen, with p values measuring change from baseline to follow-up ranging 0.026-<0.0001. Participants also reported drug use was either reduced or that they had become abstinent. Qualitative feedback was positive, with participants reporting engagement with the programme reduced substance use and had improved adaptive functioning. Conclusions: Data from this study indicate potential positive improvements in a number of areas of functioning, including ability to abstain and quality of life. Feedback regarding experiences of using the Breaking Free Online was positive, indicating it may provide effective treatment for substance misuse. Further qualitative research and outcome studies are now underway to examine effectiveness of the programme. 2014 Informa UK Ltd. All rights reserved.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

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

Publication Type: Journal: Article

Subject Headings: adult
 alcohol abuse
 article
 cannabis addiction
 clinical article
 cocaine dependence
 *computer assisted therapy
 *drug misuse
 drug use

[drug withdrawal](#)
[female](#)
[follow up](#)
[human](#)
[male](#)
[online analysis](#)
[opiate addiction](#)
[pilot study](#)
[priority journal](#)
[qualitative analysis](#)
[qualitative research](#)
[quality of life](#)
[quantitative analysis](#)
[withdrawal syndrome](#)
[alcohol](#)
[amphetamine](#)
[cannabis](#)
[cocaine](#)
[opiate](#)

Source: EMBASE

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

43. Family intervention for the treatment and rehabilitation of drug addiction: An exploratory study

Citation: Journal of Substance Use, 2014, vol./is. 19/4(301-306), 1465-9891;1475-9942 (2014)

Author(s): Baharudin D.F.; Mohd Hussin A.H.; Sumari M.; Mohamed S.; Zakaria M.Z.; Sawai R.P.

Institution: (Baharudin, Mohd Hussin, Zakaria, Sawai) Asian Center for Research in Drug Abuse, University Sains Islam Malaysia, Nilai, Malaysia; (Sumari) Faculty of Education, University of Malaya, Kuala Lumpur, Malaysia; (Mohamed) Faculty of Law, University of Malaya, Kuala Lumpur, Malaysia

Language: English

Abstract: Objective: To explore the experiences of families who undergone a family intervention program at a drug treatment and rehabilitation agency located in the city of Kuala Lumpur, Malaysia. Specifically, families were asked to comment on their experience in attending the program and how much of their improvement was due to the program and other factors. Methods: Data were collected through use of a semi-structured interview with eight family members who underwent the family intervention program at the agency which consists of family psycho-education, family support group and family retreat. Observations were also conducted. Results: Five themes emerged from the analysis: therapeutic alliance between counselor and participants; helpful things participants received from the program; helpful things participants did themselves during the time they were involved in treatment; helpful things participants learned in the program that they are continuing to use; and unhelpful elements in the program. Conclusion: Findings support that the family intervention program has positive potential in supporting family members in the treatment and rehabilitation of drug addiction. 2014 Informa UK Ltd. All rights reserved.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

Publication Type: Journal: Article

Subject Headings:
[adult](#)
[article](#)
[clinical article](#)
["*drug dependence/rh \[Rehabilitation\]"](#)
["*drug dependence/th \[Therapy\]"](#)
[*drug dependence treatment](#)
[family](#)

*family therapy
 female
 health program
 human
 learning
 male
 observation
 priority journal
 psychoeducation
 rehabilitation center
 semi structured interview
 support group

Source: EMBASE

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

44. Misuse of the -aminobutyric acid analogues baclofen, gabapentin and pregabalin in the UK

Citation: British Journal of Clinical Pharmacology, July 2014, vol./is. 78/1(190-191), 0306-5251;1365-2125 (July 2014)

Author(s): Kapil V.; Green J.L.; Le Lait M.-C.; Wood D.M.; Dargan P.I.

Institution: (Kapil, Wood, Dargan) Clinical Toxicology, Guy's and St Thomas' NHS Foundation Trust, King's Health Partners, London, United Kingdom; (Kapil) William Harvey Research Institute, Barts and the London School of Medicine and Dentistry, Queen Mary University of London, London, United Kingdom; (Kapil) Barts Health NHS Trust, London, United Kingdom; (Green, Le Lait) Denver Health Rocky Mountain Poison and Drug Center, Denver CO, United States; (Wood, Dargan) King's College London, London, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd

CAS Registry Number: 1134-47-0 (baclofen); 60142-96-3 (gabapentin); 148553-50-8 (pregabalin)

Publication Type: Journal: Letter

Subject Headings: ["*drug misuse/ep \[Epidemiology\]"](#)
[drug surveillance program](#)
[harm reduction](#)
[human](#)
[letter](#)
[neuropathic pain](#)
[prevalence](#)
[priority journal](#)
[self report](#)
[structured interview](#)
[treatment outcome](#)
[United Kingdom](#)
[*baclofen](#)
[*gabapentin](#)
[*pregabalin](#)

Source: EMBASE

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

45. Perceptions of nurse practitioners about assessment and treatment of insomnia in primary care settings

Citation: Sleep, 2012, vol./is. 35/(A227), 0161-8105 (2012)

Author(s): Redeker N.S.; Alexander N.; Alexander I.; Heaney B.; Mehta S.; Knechel N.; Cline J.; Paceill J.; Whittemore R.

Institution: (Redeker, Alexander, Heaney, Mehta, Knechel, Cline, Paceill, Whittemore) Yale University, School of Nursing, New Haven, CT, United States; (Alexander) Prime Health Care PC, Glastonbury, CT, United States

Language: English

Abstract: Introduction: Although as many as a third of adult primary care patients report insomnia, it is under-diagnosed and under-treated in primary care settings. The purpose of this study was to evaluate primary care nurse practitioners' (NPs) perceptions about assessment and treatment of insomnia and the feasibility of providing behavioral insomnia treatment in U.S. community-based primary care settings. Methods: We conducted 2 focus groups with 11 NPs who work in community-based primary care settings in southern New England. A structured focus group guide, based on the "3-P" model, was used to elicit perceptions about the importance of sleep/insomnia; contributing factors; ways in which NPs manage insomnia; and the feasibility of providing behavioral insomnia treatment. The discussions were recorded, data were transcribed, and thematic analysis was used. Results: Participants believed that insomnia was prevalent and important. They identified many contributing factors that corresponded to the "3-p" model; and used a variety of pharmacological agents and some elements of sleep hygiene and relaxation, but not other elements of cognitive behavioral therapy for insomnia. Assessment of sleep was often not a routine component of care, and no one used a standard sleep diagnostic nosology. Several did not distinguish between insomnia and other sleep disorders. Several perceived that patients often exhibit drug-seeking behavior, but hypnotic prescriptions were not often evidence-based. Overall, the NPs thought that behavioral insomnia treatment would be beneficial. Barriers included lack of knowledge, structured materials, space for group sessions, and time; and concerns about coding, billing, and reimbursement. Conclusion: NPs are receptive to improving the diagnosis and treatment of sleep disorders and insomnia. There is a need for structured, protocol-driven approaches to diagnosis and treatment that account for limited time available in patient encounters and a need to address reimbursement issues. Individual, rather than group treatment, is likely to be feasible.

Conference Information: 26th Annual Meeting of the Associated Professional Sleep Societies, LLC, SLEEP 2012 Boston, MA United States. Conference Start: 20120609 Conference End: 20120613

Publisher: Associated Professional Sleep Societies, LLC

Publication Type: Journal: Conference Abstract

Subject Headings: *sleep
*human
*insomnia
*primary medical care
*nurse practitioner
*organization
diagnosis
information processing
community
sleep disorder
reimbursement
United States
model
patient
evidence based practice
prescription
drug seeking behavior
thematic analysis
disease classification
cognitive therapy
group therapy
hospital patient
hygiene

adult
hypnotic agent

Source:

EMBASE

Full Text:

Available from *National Library of Medicine* in *Sleep*