

Search Results

Table of Contents

Search History	page 3
1. Deaths of individuals aged 16-24 years in the UK after using mephedrone	page 4
2. Elevated risk of nicotine dependence among sib-pairs discordant for maternal smoking during pregnancy evidence from a 40-year longitudinal study	page 5
3. Anabolic steroids detected in bodybuilding dietary supplements - A significant risk to public health	page 6
4. Tackling High Blood Pressure in England: A New Approach	page 7
5. AH-7921: the list of new psychoactive opioids is expanded	page 8
6. Disentangling alcohol-related needs among pre-trial prisoners: A longitudinal study	page 9
7. Navigating the alcohol treatment pathway: A qualitative study from the service users' perspective	page 10
8. The impact of social work intervention in alcohol-induced pancreatitis in Ireland: A single-center experience	page 11
9. Recovery capital and social networks among people in treatment and among those in recovery in York, England	page 12
10. Tackling the UK's alcohol problems	page 13
11. Genetic variants associated with PDAC also contribute to chronic pancreatitis susceptibility	page 14
12. Factors associated with undiagnosed hepatitis C infection among people who inject drugs and missed opportunities for testing in the United Kingdom	page 15
13. The impact of 25 years of sero-behavioural surveillance of blood borne viral infections among people who inject drugs in the United Kingdom	page 16
14. Effectiveness of the rehabilitation for addicted prisoners trust (RAPt) programme	page 18
15. Oral health among UK prisoners	page 19
16. Accuracy of alcohol use disorders identification test for detecting problem drinking in 18-35 year-olds in England: Method comparison study	page 19
17. The validity and clinical utility of the Massachusetts Youth Screening Instrument - Version 2 (MAYSI-2) in the UK	page 21
18. Outcomes of decompensated chronic liver disease in a UK district general hospital critical care setting	page 22
19. Accessing hepatitis C testing: Who, what, where, and when?	page 23
20. Baclofen: Maintenance of abstinence in alcohol dependent patients attending liver clinic	page 24
21. Are there demographic, behavioural and psychosocial factors that predict alcohol consumption before or after liver transplantation?	page 26
22. A two-stage genome-wide association study identifies TM6SF2 and MBOAT7 as risk loci for alcohol-related cirrhosis	page 27
23. The total margin of exposure of ethanol and acetaldehyde for heavy drinkers consuming cider or vodka	page 29
24. Vape and vitriol in public health	page 30
25. Prolonged latency saccades in alcohol-dependent patients	page 31
26. Peak velocity of saccades in alcohol-dependent patients	page 32
27. New technology to support abstinence from alcohol, predict relapse and reduce out-patient costs	page 33
28. Posttraumatic stress disorder and comorbid substance misuse in the UK armed forces: A protective or facilitative environment?	page 34
29. Treating internet addiction-the expert perspective	page 35

30. Limitations to participation in opioid maintenance treatment in Europe page 36

31. Deaths due to viral hepatitis and other causes of liver disease among a large national HIV cohort, England and Wales (1997-2012) page 37

32. Acute myocardial infarction emerging after bonzai use page 38

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. Deaths of individuals aged 16-24 years in the UK after using mephedrone

Citation:	Human Psychopharmacology, July 2015, vol./is. 30/4(225-232), 0885-6222;1099-1077 (01 Jul 2015)
Author(s):	Loi B.; Corkery J.M.; Claridge H.; Goodair C.; Chiappini S.; Gimeno Clemente C.; Schifano F.
Institution:	(Loi, Corkery, Claridge, Goodair, Chiappini, Gimeno Clemente) National Programme on Substance Abuse Deaths (NPSAD), St George'S, University of London, London, United Kingdom
Language:	English
Abstract:	Objective Mephedrone is a stimulant drug chemically related to amphetamine, with effects similar to those of amphetamine and cocaine. This study aims to analyse fatalities following ingestion of mephedrone in the UK amongst 16- to 24-year-olds in 2009-2013, providing an update on data presented at the 2nd International Conference on Novel Psychoactive Substances. Methods A literature search was undertaken to identify published information on pharmacology, toxicity and fatalities associated with mephedrone. Fatalities involving mephedrone were extracted from the National Programme on Substance Abuse Deaths database, which receives information on drug-related deaths from coroners in the UK and Islands and other data suppliers. Selection criteria are as follows: deceased aged 16-24 years at time of death and mephedrone directly implicated in the cause of death and/or mentioned in the coroner's verdict. Results Thirty cases met the study criteria, and when known, all were of White ethnicity, most (85%) had a history of drug use and 73% were male. Two-thirds (63%) were accidental poisonings. Mephedrone was used with other substances in most cases (87%); other substances were implicated in 60% of deaths. Conclusions Mephedrone use can have potentially fatal consequences, especially in combination with other substances. Deaths from its use in the 16-24 years' age group continue to occur in the UK, despite it being a controlled drug. Health professionals and potential consumers should be alert to this risk.
Country of Publication:	United Kingdom
Publisher:	John Wiley and Sons Ltd (Southern Gate, Chichester, West Sussex PO19 8SQ, United Kingdom)
CAS Registry Number:	59729-33-8 (citalopram); 439-14-5 (diazepam)
Publication Type:	Journal: Article
Subject Headings:	adolescent adult alcohol consumption article bronchopneumonia Caucasian cause of death depression disseminated intravascular clotting drowning drug blood level *drug dependence *drug fatality drug intoxication drug overdose drug use employment status ethnicity hanging human mood change multiple drug abuse

multiple trauma
 priority journal
 sex difference
 sudden cardiac death
 systematic review
 time of death
 "*4' methylmethcathinone/to [Drug Toxicity]"
 "*4' methylmethcathinone/pd [Pharmacology]"
 "citalopram/to [Drug Toxicity]"
 "diazepam/to [Drug Toxicity]"

Source: EMBASE

Full Text: Available from *Wiley* in *Human Psychopharmacology: Clinical and Experimental*

2. Elevated risk of nicotine dependence among sib-pairs discordant for maternal smoking during pregnancy evidence from a 40-year longitudinal study

Citation: Epidemiology, May 2015, vol./is. 26/3(441-447), 1044-3983;1531-5487 (01 May 2015)

Author(s): Shenassa E.D.; Papandonatos G.D.; Rogers M.L.; Buka S.L.

Institution: (Shenassa) Maternal and Child Health Program, United States; (Shenassa) Department of Epidemiology and Biostatistics, School of Public Health, University of Maryland, College Park, MD, United States; (Shenassa, Rogers, Buka) Department of Epidemiology and Public Health, University of Maryland School of Medicine, Baltimore, MD, United States; (Shenassa) Department of Epidemiology, United States; (Papandonatos) Department of Biostatistics, Brown University School of Public Health, Providence, RI, United States

Language: English

Abstract: Background: compelling evidence links maternal smoking during pregnancy with elevated risk of nicotine dependence among the offspring. However, no study to date has examined the maternal smoking during pregnancy-nicotine dependence link among sibling-pairs discordant for maternal smoking during pregnancy. We tested two hypotheses that, if supported, suggest that the maternal smoking during pregnancy-nicotine dependence link may be physiologically mediated. Methods: Study participants were adult offspring of women enrolled in the Providence and Boston sites of the collaborative Perinatal Project (1959-1966). approximately 10% of these adult offspring (average age: 39.6 years) were enrolled in the new England Family Study (n = 1,783), a follow-up study that oversampled families with multiple siblings. logistic regression models predicting maternal smoking during pregnancy risk on various prospectively collected smoking and marijuana use outcomes, including nicotine dependence, were fit using models that allowed between-mother effects of maternal smoking during pregnancy exposure to differ from within-mother effects. in the absence of significant effect heterogeneity, we calculated a combined estimate. Results: Maternal smoking during pregnancy predicted progression from weekly smoking to nicotine dependence (odds ratio = 1.4 [95% confidence interval = 1.2, 1.8]), but not weekly smoking or progression to marijuana dependence. Conclusions: current evidence from sibling-pairs discordant for maternal smoking during pregnancy is consistent with previous reports of a dose-response association between maternal smoking during pregnancy and nicotine dependence, as well as of up-regulation of nicotine receptors among animals exposed to maternal smoking during pregnancy. together, they provide support for the existence of a physiologically mediated link between maternal smoking during pregnancy and nicotine dependence.

Country of Publication: United States

Publisher: Lippincott Williams and Wilkins

CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis); 54-11-5 (nicotine)

Publication Type: Journal: Article

Subject Headings: adult
 article

cannabis use
disease course
female
follow up
human
longitudinal study
major clinical study
male
*maternal smoking
outcome assessment
*pregnancy
priority journal
progeny
prospective study
*tobacco dependence
United States
upregulation
cannabis
*nicotine

Source: EMBASE

3. Anabolic steroids detected in bodybuilding dietary supplements - A significant risk to public health

Citation: Drug Testing and Analysis, July 2015, vol./is. 7/7(609-618), 1942-7603;1942-7611 (01 Jul 2015)

Author(s): Abbate V.; Kicman A.T.; Evans-Brown M.; Meveigh J.; Cowan D.A.; Wilson C.; Coles S.J.; Walker C.J.

Institution: (Abbate) Institute of Pharmaceutical Science, King's College London, Franklin-Wilkins Building, 150 Stamford Street, London SE1 9NH, United Kingdom; (Kicman, Cowan, Walker) Drug Control Centre, King's College London, Franklin-Wilkins Building, 150 Stamford Street, London SE1 9NH, United Kingdom; (Evans-Brown) European Monitoring Centre for Drugs and Drug Addiction, Lisbon, Portugal; (Meveigh) Centre for Public Health, Liverpool John Moores University, Liverpool L3 2ET, United Kingdom; (Wilson, Coles) EPSRC UK National Crystallography Service, School of Chemistry, University of Southampton, Southampton SO17 1BJ, United Kingdom

Language: English

Abstract: Twenty-four products suspected of containing anabolic steroids and sold in fitness equipment shops in the United Kingdom (UK) were analyzed for their qualitative and semi-quantitative content using full scan gas chromatography-mass spectrometry (GC-MS), accurate mass liquid chromatography-mass spectrometry (LC-MS), high pressure liquid chromatography with diode array detection (HPLC-DAD), UV-Vis, and nuclear magnetic resonance (NMR) spectroscopy. In addition, X-ray crystallography enabled the identification of one of the compounds, where reference standard was not available. Of the 24 products tested, 23 contained steroids including known anabolic agents; 16 of these contained steroids that were different to those indicated on the packaging and one product contained no steroid at all. Overall, 13 different steroids were identified; 12 of these are controlled in the UK under the Misuse of Drugs Act 1971. Several of the products contained steroids that may be considered to have considerable pharmacological activity, based on their chemical structures and the amounts present. This could unwittingly expose users to a significant risk to their health, which is of particular concern for naive users.

Country of Publication: United Kingdom

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

Publication Type: Journal: Article

Subject Headings: article
*body building

chemical analysis
 chemical composition
 chemical structure
 *diet supplementation
 drug exposure
 drug legislation
 drug misuse
 health hazard
 high performance liquid chromatography
 mass fragmentography
 nuclear magnetic resonance spectroscopy
 priority journal
 *public health problem
 risk factor
 ultraviolet spectroscopy
 United Kingdom
 X ray crystallography
 *anabolic agent

Source: EMBASE

4. Tackling High Blood Pressure in England: A New Approach

Citation: Journal of Clinical Hypertension, August 2015, vol./is. 17/8(575-577), 1524-6175;1751-7176 (01 Aug 2015)

Author(s): Lumley B.; Waterall J.; Kearney M.; Fenton K.A.

Institution: (Lumley, Waterall, Kearney, Fenton) Public Health England, London, United Kingdom

Language: English

Country of Publication: United States

Publisher: Blackwell Publishing Inc.

Publication Type: Journal: Article

Subject Headings: alcoholism
 article
 attitude to health
 blood pressure measurement
 cardiovascular risk
 cause of death
 cost control
 cost effectiveness analysis
 diet therapy
 evidence based practice
 health care cost
 human
 "*hypertension/di [Diagnosis]"
 "*hypertension/pc [Prevention]"
 lifestyle modification
 national health service
 obesity
 physical activity
 primary medical care
 priority journal
 public health
 smoking
 social care
 treatment planning
 United Kingdom

Source: EMBASE

5. AH-7921: the list of new psychoactive opioids is expanded

Citation:	Forensic Toxicology, February 2015, vol./is. 33/2(195-201), 1860-8965;1860-8973 (21 Feb 2015)
Author(s):	Katselou M.; Papoutsis I.; Nikolaou P.; Spiliopoulou C.; Athanaselis S.
Institution:	(Katselou, Papoutsis, Nikolaou, Spiliopoulou, Athanaselis) Department of Forensic Medicine and Toxicology, National and Kapodistrian University of Athens, 75 Mikras Asias, Athens 115 27, Greece
Language:	English
Abstract:	AH-7921 is a structurally unique synthetic opioid analgesic that has recently entered the drug arena in Europe, the USA, and Japan. Although it was synthesized and patented in the mid-1970s, it was first identified in a seized sample purchased via the Internet in July 2012 and formally brought to the attention of the European Union early warning system in August 2012 by the United Kingdom. Several in vitro experiments and animal model studies established the morphine-like analgesic action of AH-7921 as a mu-opioid receptor agonist that has been found to be several times more potent than codeine and at least as potent as morphine. This novel psychoactive substance has already led to eight non-fatal intoxications and 16 deaths in Sweden, the United Kingdom, Norway, and the USA. Thus, AH-7921 is a current public health risk, and better international collaboration, effective legislation and continuous community alertness are needed to tackle this current growing problem. The aim of this review is to summarize the current knowledge about this drug concerning its chemistry, pharmacology, and toxicology, as well as its international legal status. The limited existing analytical methodologies for the determination of AH-7921 in biological samples are also presented. Published or reported AH-7921-related cases, fatalities, or intoxications, and self reports from drug users are reviewed.
Country of Publication:	Japan
Publisher:	Springer-Verlag Tokyo
CAS Registry Number:	52-26-6 (morphine); 57-27-2 (morphine)
Publication Type:	Journal: Article
Subject Headings:	antinociception article drug abuse drug mechanism drug structure fatality "gastrointestinal symptom/si [Side Effect]" high performance liquid chromatography human "hypothermia/si [Side Effect]" intoxication legal aspect mass fragmentography "miosis/si [Side Effect]" nonhuman priority journal "respiration depression/si [Side Effect]" sedation self report tandem mass spectrometry withdrawal syndrome "*ah 7921/to [Drug Toxicity]" "*ah 7921/pd [Pharmacology]" "*ah 7921/ae [Adverse Drug Reaction]" "*ah 7921/cm [Drug Comparison]" "morphine/cm [Drug Comparison]"

"*narcotic analgesic agent/to [Drug Toxicity]"
 "*narcotic analgesic agent/pd [Pharmacology]"
 "*narcotic analgesic agent/ae [Adverse Drug Reaction]"
 "*narcotic analgesic agent/cm [Drug Comparison]"
 "*psychotropic agent/to [Drug Toxicity]"
 "*psychotropic agent/pd [Pharmacology]"
 unclassified drug

Source: EMBASE

6. Disentangling alcohol-related needs among pre-trial prisoners: A longitudinal study

Citation: Alcohol and Alcoholism, 2014, vol./is. 49/6(639-644), 0735-0414;1464-3502 (2014)

Author(s): Kissell A.; Taylor P.J.; Walker J.; Lewis E.; Hammond A.; Amos T.

Institution: (Kissell, Taylor) Institute of Psychological Medicine and Clinical Neurosciences, School of Medicine, Cardiff University, Cardiff, United Kingdom; (Walker, Amos) West of England Forensic Mental Health Services, Bristol, United Kingdom; (Walker, Amos) Centre for Academic Mental Health, Bristol University, Bristol, United Kingdom; (Lewis) Research and Development Office, Cardiff and Vale University, Local Health Board, Cardiff, United Kingdom; (Hammond) South London and South East Hub, Mental Health Research Network, London, United Kingdom

Language: English

Abstract: Aims: To disentangle the alcohol-related needs of short stay, revolving door, male prisoners, and offer a theoretically driven but practical approach for allocation of scarce service resources. Methods: A prospective longitudinal interview, questionnaire and records study of pre-trial men newly imprisoned in Wales and SW England. Results: Two hundred and forty-one pre-trial men completed an interview and questionnaires within a week of a new reception into prison; 170 completed follow-up 3 weeks later. Questions about problems with alcohol or illicit drugs revealed that problem drinkers were less likely than problem drug users to recognize their difficulty or seek or get help for this during their first month of imprisonment. Co-morbidity was common, but a third of the men had alcohol problems alone. Use of the Alcohol Use Disorders Identification Test (AUDIT) questionnaire identified 80% (195/241) men likely to require some intervention, twice the number identified by direct questions relying on prisoners' judgment about problem use. Furthermore it allowed categorization according to likely risk (dependency), need (problem recognition) and responsivity (wish for help). Conclusion: Alcohol misuse is recognized, worldwide, as fuelling crime and more common among prisoners than the general population. In England and Wales, it is a particular factor in brief but recurrent periods of imprisonment. There have been calls to pay more attention to its use in this context, albeit without any increase in resources. Adding two questions to standard screening enables application of the risk-need-responsivity model to problem drinkers and may identify those most likely to benefit from treatment.

Country of Publication: United Kingdom

Publisher: Oxford University Press

Publication Type: Journal: Article

Subject Headings: [adult](#)
[aged](#)
[alcohol consumption](#)
[alcohol use disorder](#)
[alcohol use disorder identification test](#)
[*alcoholism](#)
[article](#)
[crime](#)
[decision making](#)
[drug dependence](#)
[drug dependence treatment](#)
[follow up](#)
[help seeking behavior](#)

high risk population
 human
 male
 morbidity
 priority journal
 *prisoner
 prospective study
 questionnaire
 semi structured interview
 United Kingdom
 illicit drug

Source: EMBASE

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

7. Navigating the alcohol treatment pathway: A qualitative study from the service users' perspective

Citation: Alcohol and Alcoholism, July 2015, vol./is. 50/4(444-450), 0735-0414;1464-3502 (01 Jul 2015)

Author(s): Gilbert H.; Drummond C.; Sinclair J.

Institution: (Gilbert, Drummond) Addictions Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London SE5 8AB, United Kingdom; (Sinclair) University Department of Psychiatry, Clinical and Experimental Sciences, Faculty of Medicine, University of Southampton, Southampton, United Kingdom

Language: English

Abstract: Aims: Provision of effective treatment for dependent drinkers has been identified as a priority in England yet evidence suggests that access is problematic and there are low levels of retention. This qualitative study explores how the alcohol treatment system is experienced by service users, identifying barriers and facilitators that influence treatment outcomes. Methods: A total of 20 semi-structured face-to-face interviews were conducted with patients from community alcohol treatment services in three London boroughs in 2012. Interviews were undertaken one year after initially entering treatment. A thematic analysis was conducted, with the results further abstracted to relate them to specific aspects of the treatment journey. Results: Patients journeys were characterized by a perceived lack of control leading to help-seeking, with treatment outcomes influenced by an individuals' self-efficacy and the capabilities and skills of staff in actively engaging and supporting patients on the journey. A focus of services on the detoxification process and fragmented care pathways impacted negatively on engagement. Conclusions: Current alcohol care pathways require significant levels of motivation and self-efficacy to navigate that few patients possess. Pathways need to better reflect the capacity and capabilities of patients to be successful in supporting recovery.

Country of Publication: United Kingdom

Publisher: Oxford University Press

Publication Type: Journal: Article

Subject Headings: adult
 alcohol abstinence
 "*alcoholism/rh [Rehabilitation]"
 "*alcoholism/th [Therapy]"
 article
 clinical article
 community care
 convalescence
 detoxification
 drinking behavior
 *drug dependence treatment
 female

[help seeking behavior](#)
[human](#)
[male](#)
[motivation](#)
[priority journal](#)
[qualitative research](#)
[rehabilitation care](#)
[self concept](#)
[self control](#)
[semi structured interview](#)
[skill](#)
[staff](#)
[thematic analysis](#)
[treatment outcome](#)
[United Kingdom](#)

Source: EMBASE

Full Text: Available from *Highwire Press* in [Alcohol and Alcoholism](#)
 Available from *Oxford University Press* in [Alcohol and Alcoholism](#)

8. The impact of social work intervention in alcohol-induced pancreatitis in ireland: A single-center experience

Citation: Alcohol and Alcoholism, July 2015, vol./is. 50/4(438-443), 0735-0414;1464-3502 (01 Jul 2015)

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

Institution: (Beagon, Donnelly, Mehigan) Social Work Department, Adelaide and Meath Hospital, Tallaght, Dublin, Ireland; (Bhatt, Egan, Conlon, Ridgway) Professorial Surgical Unit, University of Dublin, Trinity College, Adelaide and Meath Hospital, Tallaght, Dublin, Ireland; (Mckay) Psychological Medicine Service, Adelaide and Meath Hospital, Tallaght, Dublin, Ireland

Language: English

Abstract: Aim: To evaluate the effect on recurrent admission for alcohol-induced pancreatitis (that can be up to 48%) of a brief social work intervention for alcohol dependence in a single center in Ireland. Methods: Retrospective cohort study of patients admitted with acute alcohol-induced pancreatitis to a tertiary hospital in Ireland from January 2009 to December 2012. Results: The relapse rate in the cohort of 160 patients with alcohol-induced pancreatitis was 28.1%. There was no difference in the relapse rate of those patients who received a social work intervention compared with those who did not (ANOVA, P = 0.229). The employment status was a significant risk factor for relapse (ANOVA, P = 0.027), but did not differ between those who did, and did not, receive the intervention. Conclusion: Although the cohort size did not allow great statistical power, it appears that our hospital's current social work intervention for alcohol-induced pancreatitis is ineffective in preventing relapse. Long-term prospective studies are required to formulate and better implement more efficacious interventions for such patients.

Country of Publication: United Kingdom

Publisher: Oxford University Press

Publication Type: Journal: Article

Subject Headings:
[adult](#)
[aged](#)
[*alcoholic pancreatitis](#)
["*alcoholism/th \[Therapy\]"](#)
[article](#)
[cohort analysis](#)
[controlled study](#)
[employment status](#)

female
 hospital readmission
 human
 Ireland
 major clinical study
 male
 middle aged
 outcome assessment
 priority journal
 recurrence risk
 risk factor
 *social work
 tertiary care center

Source: EMBASE

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

9. Recovery capital and social networks among people in treatment and among those in recovery in York, England

Citation: Alcoholism Treatment Quarterly, July 2015, vol./is. 33/3(270-282), 0734-7324;1544-4538 (03 Jul 2015)

Author(s): Best D.; McKitterick T.; Beswick T.; Savic M.

Institution: (Best) Department of Law and Criminology, Sheffield Hallam University, Heart of Campus, Collegiate Crescent, Sheffield S10 2BQ, United Kingdom; (McKitterick, Beswick) ACT Recovery, Berkshire, United Kingdom; (Savic) Turning Point, Melbourne, Australia

Language: English

Abstract: Recovery has been associated with a transition in social networks and peer influences in terms of moving away from using peers and engaging in social networks, including those in recovery. This article uses a quantitative data approach to compare a group of individuals who described themselves as in recovery from alcohol and other drug (AOD) problems with a group from the same city involved in alcohol and drug treatment. The measures used included social network involvement and an assessment of recovery capital. Those in recovery had more people in recovery in their social networks, fewer people in active use in their networks, and were much more likely to be involved in formal recovery support groups. They also reported higher quality of life, lower depression and anxiety, and higher levels of personal and social capital. The groups hardly overlapped at all in their functioning, and one of the major challenges of a recovery model will be reconciling the positive recovery networks and cultures of recovery with the narrower and less recovery focused world of many users of structured treatment services. Understanding the mechanisms for the transition from using to recovery communities is essential to understanding a core component of the recovery journey.

Country of Publication: United States

Publisher: Routledge

CAS Registry Number: 64-17-5 (alcohol); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)

Publication Type: Journal: Article

Subject Headings: adult
 *alcohol rehabilitation program
 "*alcoholism/dm [Disease Management]"
 "*alcoholism/rh [Rehabilitation]"
 "*alcoholism/th [Therapy]"
 anxiety disorder
 article

case management
 controlled study
 *convalescence
 depression
 "*drug dependence/dm [Disease Management]"
 "*drug dependence/rh [Rehabilitation]"
 "*drug dependence/th [Therapy]"
 *drug dependence treatment
 employment status
 female
 human
 life satisfaction
 major clinical study
 male
 patient counseling
 quality of life
 self care
 *social capital
 *social network
 social support
 support group
 United Kingdom
 wellbeing
 *alcohol
 cocaine
 diamorphine
 *illicit drug
 methadone

Source: EMBASE

10. Tackling the UK's alcohol problems

Citation: The Lancet, July 2015, vol./is. 386/9989(121-122), 0140-6736;1474-547X (11 Jul 2015)

Author(s): Siva N.

Language: English

Country of Publication: United Kingdom

Publisher: Lancet Publishing Group

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

Publication Type: Journal: Article

Subject Headings:

- alcohol consumption
- alcohol liver disease
- *alcohol rehabilitation program
- alcohol withdrawal
- *alcoholism
- article
- drinking behavior
- emergency
- government
- human
- priority journal
- *United Kingdom
- alcohol

Source: EMBASE

Full Text:

- Available from *Lancet* in *Newcomb Library & Information Service*
- Available from *Elsevier* in *Lancet, The*
- Available from *Elsevier ScienceDirect Journals* in *Lancet, The*

Available from *Elsevier* in *Lancet, The*
 Available from *The Lancet* in *Lancet, The*

11. Genetic variants associated with PDAC also contribute to chronic pancreatitis susceptibility

- Citation:** Pancreatology, June 2015, vol./is. 15/3 SUPPL. 1(S16), 1424-3903 (June 2015)
- Author(s):** Malats N.; Milne R.L.; Lerch M.M.; Greenhalf W.; Canzian F.; Farre A.; Rosendahl J.; Molero X.; Barmada M.M.; Camp D.; Chanock S.J.; Flandez M.; Giese N.; Johnstone M.; Kogevinas M.; Lopez T.; Mayerle J.; Mora J.; Porta M.; Rava M.; Rizzato C.; Rothman N.; Silverman D.T.; Weiss F.U.; Witt H.; Whitcomb D.C.; Amundadottir L.; Real F.X.
- Institution:** (Malats, Milne, Flandez, Rava, Real) Spanish National Cancer Research Center (CNIO), Spain; (Lerch, Mayerle, Weiss) University Medicine Greifswald, Greifswald, Germany; (Greenhalf, Johnstone) Liverpool Cancer Research UK Centre, United Kingdom; (Canzian, Camp, Rizzato) German Cancer Research Center (DKFZ), Heidelberg, Germany; (Farre, Mora) Hospital De Sant Pau, Barcelona, Spain; (Rosendahl) University of Leipzig, Germany; (Molero) Hospital Vall Hebron, Barcelona, Spain; (Barmada, Whitcomb) University of Pittsburgh, Pittsburgh, United States; (Chanock, Rothman, Silverman, Amundadottir) National Cancer Institute, Bethesda, United States; (Giese) University Hospital Heidelberg, Germany; (Kogevinas) Centre De Recerca en Epidemiologia Ambiental (CREAL), Barcelona, Spain; (Lopez, Porta) Hospital Del Mar Institute of Medical Research - IMIM, Barcelona, Spain; (Witt) Technische Universitat Munchen (TUM), Munich, Germany
- Language:** English
- Abstract:** Introduction: Chronic pancreatitis (CP) is an established risk factor for pancreatic ductal adenocarcinoma (PDAC). Previous evidences support the idea that both conditions share environmental and genetic risk factors. Aims: To assess the association between CP 123 common variants showing the strongest association with PDAC in GWAS, as well as to replicate previous results on CP candidate genetic variants in ABO and CFTR. Patients&methods: 1206 patients with CP and 3,960 controls included in 10 studies conducted in Spain, Germany, UK and USA were considered. Genotyping was performed using Open Array and TaqMan assays. Associations between individual SNPs and CP risk were assessed using logistic regression adjusted by country. Differential associations with alcoholic (N=456) versus idiopathic (N=553) CP were assessed using the heterogeneity test. Results: We identified 3 SNPs associated with PDAC as also significantly associated with CP risk: rs12326074 (OR=1.87, 95%CI 1.61-2.17, p-value =2.69x10⁻¹⁶), rs985740 (OR=1.16, 95%CI 1.05-1.29, p-value=0.004), and rs1553221 (OR=1.17, 95%CI 1.05-1.30, p-value=0.005). In addition, 14 SNPs were differentially associated with alcoholic or idiopathic CP. B-blood group and its marker-SNP (rs8176746) were associated with an increased CP risk, mainly for idiopathic CP. The CFTR SNPs (rs1042077 and rs213950 and their haplotype) were also associated with a higher risk of both subtypes of CP. Conclusion: We report, for the first time, common genetic variants shared between CP and PDAC. We also replicate the associations between rs8176746 in ABO, blood group B, and CFTR variants with CP risk. Altogether, these results point to shared genetic susceptibility between both diseases.
- Conference Information:** 47th Annual Meeting of the European Pancreatic Club, EPC 2015 Toledo Spain. Conference Start: 20150623 Conference End: 20150627
- Publisher:** Elsevier
- Publication Type:** Journal: Conference Abstract
- Subject Headings:** [*genetic variability](#)
[*chronic pancreatitis](#)
[*European](#)
[risk](#)
[statistical significance](#)
[risk factor](#)
[alcoholism](#)
[genetic risk](#)
[assay](#)

logistic regression analysis
 pancreas adenocarcinoma
 human
 blood group ABO system
 Spain
 Germany
 United Kingdom
 genotype
 patient
 blood group
 haplotype
 blood group B
 genetic susceptibility
 diseases
 marker

Source: EMBASE

Full Text: Available from *ProQuest* in *Pancreatology*; 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 *Pancreatology*

12. Factors associated with undiagnosed hepatitis C infection among people who inject drugs and missed opportunities for testing in the United Kingdom

Citation: Journal of Viral Hepatitis, June 2015, vol./is. 22/(84-85), 1352-0504 (June 2015)

Author(s): Hope V.D.; Kullen K.J.; Parry J.V.; Ncube F.

Institution: (Hope, Kullen, Parry, Ncube) Public Health England, London, United Kingdom

Language: English

Abstract: INTRODUCTION: In high income countries people who inject drugs (PWID) are the group most affected by hepatitis C. Prevalences of up to 80% among PWID have been reported and most will develop chronic infection with a risk of cirrhosis and liver cancer. The recent development of very effective antiviral therapies means that diagnosing hepatitis C among PWID is now important for reducing morbidity and mortality. We use data from a sero-behavioural survey to examine the factors associated with undiagnosed hepatitis C infection among PWID and to identify opportunities for improving diagnoses and so treatment uptake. METHOD: A voluntary unlinked-anonymous survey obtains dried blood spot samples and questionnaires from PWID annually. PWID are recruited from a sample of services providing needle & syringe programmes (NSPs), opiate substitution therapy and addiction treatment throughout the United Kingdom except Scotland. In 2013 the survey questionnaire was revised to collect more data on health service contact. Survey data from those participants in 2013 who were anti-HCV positive was used to explore factors associated with diagnosis. Using self-reported data on diagnosis, those with undiagnosed infections were compared to those with diagnosed infections. RESULTS: During 2013 there were 934 anti-HCV positive participants who had injected during the preceding year. The mean age was 37 years, 26% were women and 7% had been born outside the UK. The median time since first injection was 15 years. During the preceding year, 91% had injected heroin, 53% crack, 29% amphetamine, 13% cocaine, and 16% had injected with a needle/syringe that had been used by someone else. Overall, 52% were unaware that they had been infected with hepatitis C; for 12% this was because they had never had a diagnostic test. In multivariable analyses, being aware of having been infected with hepatitis C was associated with: older age (mean age 39 versus 36 years; adjusted odds ratio [AdjOR] per year increase 1.05, 95% CI 1.03-1.07); not being born in the UK (56% aware versus 46%; AdjOR 1.80, 95% CI 1.08- 2.99); injecting with a needle/syringe that had been used by someone else (55% versus 45%; AdjOR 1.56, 95% CI 1.08-2.25); and having injected crack (51% versus 41%; AdjOR 1.48, 95% CI 1.13-1.92). Of those who were unaware: 84% were using NSPs; 68% were in addiction treatment; 61% had recently seen a general practitioner; 29% attended an emergency department; 18% had used a walkin/ minor injury clinic; and 9% used a genitourinary medicine clinic. CONCLUSION: These findings indicate that younger PWID, those born

in the UK, those not injecting crack or sharing injecting equipment are less likely to have their hepatitis C infection diagnosed and so enter a care pathway. Those whose infection had not been diagnosed made extensive use of specialist services for PWID and primary care. These findings indicate settings and groups where the offer and/ or the acceptance of hepatitis C testing needs to be improved.

Conference Information: 15th International Symposium on Viral Hepatitis and Liver Diseases, ISVHLD 2015 Berlin Germany. Conference Start: 20150626 Conference End: 20150628

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *hepatitis C
*infection
*human
*United Kingdom
*virus hepatitis
*liver disease
diagnosis
questionnaire
risk
addiction
hospital
liver cancer
liver cirrhosis
opiate substitution treatment
prevalence
health service
female
needle
income
dried blood spot testing
hepatitis
mortality
medical specialist
morbidity
syringe
antiviral therapy
injection
diagnostic test
general practitioner
emergency ward
injury
primary medical care
diamorphine
cocaine
amphetamine

Source: EMBASE

Full Text: Available from *Wiley* in *Journal of Viral Hepatitis*

13. The impact of 25 years of sero-behavioural surveillance of blood borne viral infections among people who inject drugs in the United Kingdom

Citation: Journal of Viral Hepatitis, June 2015, vol./is. 22/(5), 1352-0504 (June 2015)

Author(s): Hope V.D.; Kullen K.J.; Parry J.V.; Ncube F.

Institution: (Hope, Kullen, Parry, Ncube) Public Health England, London, United Kingdom

Language: English

Abstract: INTRODUCTION: Sero-behavioural surveys of at risk groups are important for informing public health responses to viral hepatitis, as they provide key insights into risk

and prevalence. These surveys are most powerful if they are regularly repeated as a core component of public health surveillance. However, this is rarely done particularly at country level. We examine the impacts of a national serobehavioural surveillance system among people who inject drugs (PWID) in the United Kingdom (UK). **METHOD:** A voluntary unlinked-anonymous surveillance system has obtained biological samples and questionnaires from PWID through annual surveys using a consistent methodology since 1990. PWID are recruited from a sample of services providing needle and syringe programmes, opiate substitution therapy and addiction treatment throughout the UK except Scotland. The development of the survey over time and findings from the last 25 years, including their impacts and uses, are examined. **RESULTS:** The survey has collected over 75 000 samples (~3000 per year) from almost 50 000 PWID. In the early 1990's, over 60% had anti-HCV and around 45% anti-HBc, these prevalence's declined to 38% and 28% respectively in 2000. The anti-HCV prevalence has since increased to 49%. For anti-HBc the prevalence, after plateauing until 2006, fell to 16%. The recent decline for hepatitis B in part reflects an increase in hepatitis B vaccine uptake since 2000, from one-quarter in 1998 to three-quarters now. This increase was driven by revised guidance produced in response to low uptake levels in the 1990's, identified by the survey. Reported sharing of injecting equipment has changed over time; it was stable through much of the 1990's with around 1 in 5 reporting this, before increasing to a third in the early 200's. In response guidance was revised; sharing has now declined to 16%. The behavioural data collected has evolved to reflect public health needs, e.g. since 2000 the survey has monitored the uptake of diagnostic testing for hepatitis C; this has increased from 49% to over 80%. However, the proportion recently tested has changed little. As the unlinked-anonymous method is used the extent of undiagnosed hepatitis C infection can be assessed, currently around half are aware of their infection, up from 39% in 2000. This and other survey data have informed the development of viral hepatitis testing guidance. Survey data have also been a key component in the modelling of hepatitis B and C, e.g. in estimating the number of people living with hepatitis C and assessing the impact of targeted hepatitis B vaccination. Recent developments include the addition of tests to identify recent hepatitis C infections permitting incidence monitoring (stable, 6-18 per 100 person years) and testing for HBsAg (<1%). **CONCLUSION:** Sero-behavioural surveillance, if sustained over long periods, can provide key data to inform and monitor effective public health responses to viral hepatitis among at risk groups.

Conference Information: 15th International Symposium on Viral Hepatitis and Liver Diseases, ISVHLD 2015 Berlin Germany. Conference Start: 20150626 Conference End: 20150628

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: [*blood](#)
[*virus infection](#)
[*human](#)
[*United Kingdom](#)
[*virus hepatitis](#)
[*liver disease](#)
[hepatitis C](#)
[prevalence](#)
[hepatitis B](#)
[infection](#)
[public health](#)
[high risk population](#)
[addiction](#)
[monitoring](#)
[opiate substitution treatment](#)
[vaccination](#)
[model](#)
[syringe](#)
[needle](#)
[methodology](#)
[questionnaire](#)
[diagnosis](#)

health survey
 risk
 hepatitis B core antibody
 hepatitis B vaccine
 hepatitis B surface antigen

Source: EMBASE
Full Text: Available from *Wiley* in *Journal of Viral Hepatitis*

14. Effectiveness of the rehabilitation for addicted prisoners trust (RAPt) programme

Citation: Journal of Substance Use, August 2015, vol./is. 20/4(254-261), 1465-9891;1475-9942 (01 Aug 2015)

Author(s): Kopak A.M.; Dean L.V.; Proctor S.L.; Miller L.; Hoffmann N.G.

Institution: (Kopak) Department of Criminology and Criminal Justice, Western Carolina University, 1 University Way, Cullowhee, NC 28723, United States; (Dean) Rehabilitation for Addicted Prisoners Trust (RAPt), London, United Kingdom; (Proctor) Department of Psychology, Louisiana State University, Baton Rouge, LA, United States; (Miller, Hoffmann) Department of Psychology, Western Carolina University, Cullowhee, NC, United States

Language: English

Abstract: The Rehabilitation for Addicted Prisoners Trust (RAPt) Programme, the largest provider of intensive prison-based drug treatment in the UK, addresses both substance dependence and criminal behaviour through a comprehensive model. This study examined recidivism in a group of male prisoners who completed the RAPt programme (n=352), a group of male prisoners who did not complete (n=355) the programme, and a third comparison group of male prisoners who completed another in-prison drug treatment programme (n=232). 12-month post-release recidivism data for the three groups were assessed with multivariate logistic regression in relation to age, race/ethnicity, length of sentence, prisoners' drugs of choice, and prisoners' primary offence for imprisonment. Results indicated that RAPt completers were less likely to re-offend within one year of prison release compared to the Comparison completers and prisoners who started but did not complete RAPt. Prisoners' drugs of choice were also associated with re-offence with those treated for heroin or cocaine (crack or powder) use being more likely to re-offend compared with those treated for use of any other drugs. Finally, the type of offence for which prisoners were convicted was also a prominent factor with those sentenced for a property offence more likely to reoffend within one year compared to those convicted of a non-property offence. These findings demonstrate the effectiveness of the RAPt programme and identify prisoners with heroin or cocaine dependence at highest risk for recidivism. Programme enhancements may address the additional risk among prisoners who identified heroin or cocaine use as their primary drug of choice.

Country of Publication: United Kingdom

Publisher: Taylor and Francis Ltd

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

Publication Type: Journal: Article

Subject Headings: adult
 article
 clinical effectiveness
 "cocaine dependence/rh [Rehabilitation]"
 controlled study
 crime
 criminal behavior
 drug choice
 *drug dependence treatment
 ethnicity
 "heroin dependence/rh [Rehabilitation]"
 human

major clinical study
 male
 offender
 priority journal
 prison
 prisoner
 punishment
 race
 *recidivism
 *rehabilitation for addicted prisoner trust program
 *substance abuse
 United Kingdom
 cocaine
 diamorphine

Source: EMBASE

15. Oral health among UK prisoners

Citation: Perspectives in Public Health, July 2015, vol./is. 135/4(176-177), 1757-9139;1757-9147 (08 Jul 2015)

Author(s): Neville P.

Institution: (Neville) University of Bristol, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: SAGE Publications Ltd

Publication Type: Journal: Note

Subject Headings: alcoholism
 cultural factor
 dental caries
 *dental health
 dental procedure
 dentist
 doctor patient relation
 drug dependence
 health care need
 health literacy
 health promotion
 health status
 hepatitis B
 hepatitis C
 human
 Human immunodeficiency virus infection
 note
 *prisoner
 risk factor
 social status
 United Kingdom

Source: EMBASE

Full Text: Available from *Highwire Press* in *Perspectives in Public Health: Formerly Journal of the Royal Society for the Promotion of Health*
 Available from *ProQuest* in *Perspectives in Public Health*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

16. Accuracy of alcohol use disorders identification test for detecting problem drinking in 18-35 year-olds in England: Method comparison study

Citation: Alcohol and Alcoholism, 2015, vol./is. 50/2(244-250), 0735-0414;1464-3502 (2015)

Author(s): Foxcroft D.R.; Smith L.A.; Thomas H.; Howcutt S.

Institution: (Foxcroft, Smith, Thomas, Howcutt) Department of Psychology, Social Work and Public Health, Oxford Brookes University, Oxford OX3 0FL, United Kingdom

Language: English

Abstract: Aims: To assess the accuracy of Alcohol Use Disorders Identification Test (AUDIT) scores for problem drinking in males and females aged 18-35 in England. Methods: A method comparison study with 420 primary care patients aged 18-35. Test measures were AUDIT and AUDIT-C. Reference standard measures were (a) Time-Line Follow-Back interview for hazardous drinking; World Mental Health Composite International Diagnostic Interview for (b) DSM-IV alcohol abuse, (c) DSM-IV alcohol dependence, (d) DSM-5 alcohol use disorders. Results: Area under the curve (AUC) was (a) 0.79 (95% CI 0.73-0.85; males) and 0.84 (0.79-0.88; females); (b) 0.62 (0.54-0.72; males) and 0.65 (0.57-0.72; females); (c) 0.77 (0.65-0.87; males) and 0.76 (0.67-0.74; females); (d) 0.70 (0.60-0.78; males) and 0.73 (CI 0.67-0.78; females). Identification of threshold cut-point scores from the AUC was not straightforward. Youden J statistic optimal cut-point scores varied by 4-6 AUDIT scale points for each outcome according to whether sensitivity or specificity were prioritized. Using Bayes' Theorem, the post-test probability of drinking problems changed as AUDIT score increased, according to the slope of the probability curve. Conclusion: The full AUDIT scale showed good or very good accuracy for all outcome measures for males and females, except for alcohol abuse which had sufficient accuracy. In a screening scenario where sensitivity might be prioritized, the optimal cut-point is lower than established AUDIT cut-points of 8+ for men and 6+ for women. Bayes' Theorem to calculate individual probabilities for problem drinking offers an alternative to arbitrary cut-point threshold scores in screening and brief intervention programmes.

Country of Publication: United Kingdom

Publisher: Oxford University Press

Publication Type: Journal: Article

Subject Headings: adult
alcohol abuse
*alcohol use disorder
*Alcohol Use Disorders Identification Test score
"*alcoholism/di [Diagnosis]"
article
*assessment of humans
Bayes theorem
controlled clinical trial
controlled study
diagnostic accuracy
DSM-5
DSM-IV
female
human
intermethod comparison
major clinical study
male
priority journal
sensitivity and specificity
standard
time line follow back interview
United Kingdom

Source: EMBASE

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

17. The validity and clinical utility of the Massachusetts Youth Screening Instrument - Version 2 (MAYSI-2) in the UK

Citation:	Criminal Behaviour and Mental Health, July 2015, vol./is. 25/3(207-219), 0957-9664;1471-2857 (01 Jul 2015)
Author(s):	Lennox C.; O'Malley K.; Bell V.; Shaw J.; Dolan M.
Institution:	(Lennox, Bell, Shaw) Manchester Academic Health Science Centre, Centre for Mental Health and Risk, University of Manchester, Oxford Road, Manchester M13 9PL, United Kingdom; (O'Malley) Federation University, Ballarat, VIC, Australia; (Dolan) Monash University, VIC, Australia
Language:	English
Abstract:	<p>Background The Massachusetts Youth Screening Instrument - version 2 (MAYSI-2) is designed to assist in identifying the mental health needs of young people admitted to secure establishments. To date, very few studies have assessed the MAYSI-2 outside the USA. Aims This study aimed to assess the validity and clinical utility of the MAYSI-2 in England. Methods Boys newly admitted into one large young offenders' institution, were consecutively interviewed individually and completed the MAYSI-2, the Youth Self Report (YSR), which capture similar syndrome scales - and the Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS), which allows for making psychiatric diagnoses. Results Two hundred and six boys, of average age 16.5-years, completed all assessments. According to the K-SADS, co-morbidity of psychiatric disorders was high (80% of the sample). The MAYSI-2 showed good convergent validity but poorer discriminant validity with the YSR. The MAYSI-2 and YSR corresponded with both conceptually and non-conceptually relevant diagnostic domains. Conclusions The poor ability of the MAYSI-2 and YSR to discriminate and specify disorders is likely to reflect the high rates of co-morbidity. The fact that 90% of the participants reached the caution cut-off for any scale on the MAYSI-2, while suggesting its limited use as a screening tool for this sample, is probably best reflective of the high levels of psychopathology of incarcerated young people in England and Wales since particular efforts to divert as many as possible from custody. A more holistic and comprehensive approach to assessing health needs on admission into custody may be necessary for such a population.</p>
Country of Publication:	United Kingdom
Publisher:	John Wiley and Sons Ltd (Southern Gate, Chichester, West Sussex PO19 8SQ, United Kingdom)
Publication Type:	Journal: Article
Subject Headings:	adolescent adult "alcoholism/di [Diagnosis]" anger "anxiety disorder/di [Diagnosis]" area under the curve article "attention deficit disorder/di [Diagnosis]" attention disturbance comorbidity "conduct disorder/di [Diagnosis]" convergent validity "depression/di [Diagnosis]" diagnostic test accuracy study discriminant validity "drug dependence/di [Diagnosis]" health care need hospital admission human interview irritability

juvenile delinquency
 major clinical study
 male
 *Massachusetts Youth Screening Instrument 2
 "mental disease/di [Diagnosis]"
 *mental function assessment
 mental health care
 needs assessment
 offender
 "oppositional defiant disorder/di [Diagnosis]"
 prison
 psychiatric diagnosis
 psychologic assessment
 "psychosomatic disorder/di [Diagnosis]"
 questionnaire
 Schedule for Affective Disorders and Schizophrenia
 self report
 sensitivity and specificity
 social problem
 suicidal ideation
 "thought disorder/di [Diagnosis]"
 United Kingdom
 young adult
 Youth Self Report

Source: EMBASE

Full Text: Available from *Wiley* in *Criminal Behaviour and Mental Health*

18. Outcomes of decompensated chronic liver disease in a UK district general hospital critical care setting

Citation: Critical Care, March 2015, vol./is. 19/(S133), 1364-8535 (16 Mar 2015)

Author(s): Ahmadnia E.; Manneh F.; Raveendran K.

Institution: (Ahmadnia) Homerton University Hospital, London, United Kingdom; (Manneh, Raveendran) Queen's Hospital, London, United Kingdom

Language: English

Abstract: Introduction Patients with decompensated cirrhosis admitted to the ICU have historically had a very high mortality rate [1]. It has been suggested that improving patient selection can improve ICU outcomes in patients with cirrhosis [2]. The aim of this study was to determine the mortality and evaluate the risk factors that may influence the outcome of this group of patients in a large UK district general hospital with a view to introducing selection criteria for future ICU admission of patients with decompensated liver disease. Methods A retrospective analysis was performed of all adult patients with decompensated chronic liver disease admitted to a general (nontransplant) critical care unit between January 2012 and December 2013. Data were collected regarding demographics, ICU mortality, hospital mortality, aetiology of chronic liver disease, severity scores, acute diagnoses, and organ support requirements. Results Thirty-seven patients were identified, with a median age of 57 years, predominantly male (62%). Seventy-six per cent had alcohol-related cirrhosis. Overall ICU mortality was 29.7% and hospital mortality was 48.6% - these values were higher in the alcoholic group (39.3% and 57.1% respectively). All ICU deaths were in those with alcoholic liver disease. Median scores were: APACHE III 93, SOFA (day 1) 9, Child-Pugh 11, MELD 21. Seventy per cent were treated for sepsis, 22% had a GI bleed, 57% had encephalopathy, 24% had suspected/ confirmed spontaneous bacterial peritonitis, and 70% had an acute kidney injury. Organ support requirements were: 35% respiratory (non-invasive or invasive ventilation), 38% vasoactive agent support, 24% renal replacement therapy (RRT). Alcoholic liver disease patients requiring respiratory or cardiovascular support had an ICU mortality of 64%, and those requiring RRT had a mortality of 75%. Alcoholic liver disease patients requiring combined respiratory, cardiovascular, and RRT support had 100% mortality. Conclusion Those with decompensated chronic liver disease admitted to the ICU have a significant

ICU/hospital mortality, which is increased in alcoholic liver disease. Sepsis and AKI were the most common acute diagnoses in this cohort. Alcoholic liver disease patients requiring organ support have a very high mortality, and the outlook for multiorgan failure requiring RRT in this group is dismal.

Conference Information: 35th International Symposium on Intensive Care and Emergency Medicine Brussels Belgium. Conference Start: 20150317 Conference End: 20150320

Publisher: BioMed Central Ltd.

Publication Type: Journal: Conference Abstract

Subject Headings: [*intensive care](#)
[*general hospital](#)
[*United Kingdom](#)
[*emergency medicine](#)
[*chronic liver disease](#)
[human](#)
[mortality](#)
[patient](#)
[alcohol liver disease](#)
[liver cirrhosis](#)
[sepsis](#)
[diagnosis](#)
[decompensated liver cirrhosis](#)
[brain disease](#)
[child](#)
[patient selection](#)
[death](#)
[alcoholism](#)
[multiple organ failure](#)
[risk factor](#)
[air conditioning](#)
[male](#)
[disease severity](#)
[bacterial peritonitis](#)
[etiology](#)
[acute kidney failure](#)
[adult](#)
[renal replacement therapy](#)
[APACHE](#)
[alcohol](#)
[vasoactive agent](#)

Source: EMBASE

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

19. Accessing hepatitis C testing: Who, what, where, and when?

Citation: Journal of Hepatology, April 2015, vol./is. 62/(S828), 0168-8278 (April 2015)

Author(s): Simmons R.; Cieply L.; Mandal S.; Lattimore S.

Institution: (Simmons, Cieply, Mandal, Lattimore) Immunisation, Hepatitis and Blood Safety, Public Health England, London, United Kingdom

Language: English

Abstract: Background and Aims: Clinical pathways for persons with Hepatitis C (HCV) are important to quantify, to understand and manage factors that influence the uptake of healthcare interventions, continuity in care and outcomes in persons with HCV, with the overall aim to reduce onward transmission. We describe the distribution of persons testing for HCV and diagnosis rates by health care services. Methods: Data were extracted from the sentinel surveillance programme of blood born viruses which include all testing undertaken by a network of 24 sentinel laboratories within England irrespective of test

result. Data for persons who were first reported to the sentinel surveillance programme during 2013 were analysed. Data were excluded if persons were aged less than one year, or the samples were dried blood spot, oral fluid, reference testing, and testing from hospitals referring all samples. Results: During 2013, 188,364 persons were tested for HCV, with three out of five tests conducted in primary care settings. Overall, the highest proportion of HCV testing was conducted within GP surgeries (29.9% of all tests) followed by GUM clinics (18.4%), with the lowest proportion within drug dependency services and HIV clinics both 0.8%. The distribution of persons testing positive for anti-HCV by service type was similar to that of tests with 70% of persons with a positive result testing within primary care settings. A third of positive tests were among those requested at GP surgeries, and 17.1% from GUM clinics, with little change in the distribution of tests over the past three years. Despite differences in the proportion of tests and diagnoses between primary and secondary care settings the diagnosis rate was similar with 2.2% and 1.3% respectively. While, drug dependency services represented the lowest proportion of tests in 2013, the diagnosis rate was the highest at 10.1%, followed by prisons with 9.4%. Diagnosis rates for both these testing services have fallen over the past 3 years, falling from 18.0% to 10.1% for drug dependency units and 11.9% to 9.4% in prisons. Conclusions: Overall a higher proportion of persons are accessing testing in primary care settings, in particular GP surgeries and GUM clinics suggesting persons are presenting earlier within the course of their infection, and a suitable setting through which undiagnosed infections can be detected. However, positivity rates are still associated with services accessed by high risk individuals such as drug users.

Conference Information: 50th Annual Meeting of the European Association for the Study of the Liver, International Liver Congress 2015 Vienna Austria. Conference Start: 20150422
Conference End: 20150426

Publisher: Elsevier

Publication Type: Journal: Conference Abstract

Subject Headings: [*liver](#)
[*hepatitis C](#)
[*European](#)
[human](#)
[diagnosis](#)
[hospital](#)
[drug dependence](#)
[primary medical care](#)
[surgery](#)
[prison](#)
[sentinel surveillance](#)
[infection](#)
[clinical pathway](#)
[dried blood spot testing](#)
[liquid](#)
[United Kingdom](#)
[laboratory](#)
[virus](#)
[blood](#)
[health service](#)
[drug use](#)
[risk](#)
[secondary health care](#)
[health care](#)
[Human immunodeficiency virus](#)

Source: EMBASE

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

20. Baclofen: Maintenance of abstinence in alcohol dependent patients attending liver clinic

Citation: Journal of Hepatology, April 2015, vol./is. 62/(S767), 0168-8278 (April 2015)

- Author(s):** Owens L.; Rose A.; Thompson A.; Pirmohamed M.; Gilmore I.; Richardson P.
- Institution:** (Owens, Gilmore, Richardson) Hepatology, Royal Liverpool Hospital, Liverpool, United Kingdom; (Owens, Thompson, Pirmohamed) Department of Molecular and Clinical Pharmacology, Liverpool, United Kingdom; (Rose) Psychology, University of Liverpool, Liverpool, United Kingdom
- Language:** English
- Abstract:** Background and Aims: Alcohol induced liver disease (ALD) is the predominant cause of alcohol-related mortality in the UK. Therefore helping patients with ALD to quit is a primary treatment goal. However, current licensed pharmacotherapies are contraindicated for patients with ALD. Baclofen has shown efficacy in the promotion of abstinence in patients with severe alcohol dependence including those with ALD. Aim: The primary aim of this study was to measure the effectiveness and tolerability of Baclofen in maintaining abstinence in this difficult to treat group, and to determine if this resulted in a reduction in standard measures of liver damage gamma-glutamyltransferase (GGT), alanine aminotransferase (ALT), bilirubin (BiL) and fibroelastography (fibro). Methods: An observational prospective clinical audit was performed. Patients with ALD were transferred to our hepatology alcohol clinic (HAC) for ongoing support and treatment, and commenced on Baclofen at 10mg three times daily (TDS), titrated according to tolerability and response up to 30mg TDS. Primary outcome measures were severity of physical dependence (SADQ score) and biochemical markers of liver damage. These were compared at baseline, and 1 year. Setting: Acute Hospital Trust. Participants: 243 patients referred to Hepatology for investigation of abnormal liver function and heavy drinking. Results: Of the 243 patients commenced on Baclofen in our HAC, 151 (85 female, 66 male) have completed 1 year follow-up (F/U) of which 130 (86%) have remained engaged. 10 have died. All patients had a diagnosis of ALD of which 67 had cirrhosis, 15 had Hep C and 9 had pancreatitis. Comparison of baseline (B/L) and 1 year biochemical markers showed a reduction in GGT ($\chi^2 = 66.8, P < 0.0001$) and BiL ($\chi^2 = 82.6, P < 0.0001$). There was also a significant difference in mean ALT ($P = 0.005, 95\% \text{ CI} = 3 \text{ to } 16$). Fibro scores between B/L and F/U were available for 22 patients with 19 scans showing improvements ($\chi^2 = 20.4, P < 0.0001$). Between B/L and F/U there was a significant reduction in alcohol consumption ($P < 0.0001, 95\% \text{ CI} = 10 \text{ to } 22$). And the presence of physical dependence ($\chi^2 = 77.4, P < 0.0001$) as categorised by SADQ. Conclusions: Baclofen is well tolerated in this very difficult to treat, high risk patient group. It has a positive impact on alcohol consumption, and overall measures of liver function and harm. A RCT is needed to confirm the benefit of Baclofen in this patient group.
- Conference Information:** 50th Annual Meeting of the European Association for the Study of the Liver, International Liver Congress 2015 Vienna Austria. Conference Start: 20150422
Conference End: 20150426
- Publisher:** Elsevier
- Publication Type:** Journal: Conference Abstract
- Subject Headings:** [*liver](#)
[*abstinence](#)
[*alcoholism](#)
[*human](#)
[*patient](#)
[*hospital](#)
[*European](#)
[liver function](#)
[liver injury](#)
[alcohol consumption](#)
[drug dependence](#)
[medical audit](#)
[high risk patient](#)
[pancreatitis](#)
[liver cirrhosis](#)
[diagnosis](#)

follow up
 United Kingdom
 drinking
 liver disease
 male
 female
 *baclofen
 alcohol
 biochemical marker
 bilirubin
 alanine aminotransferase
 gamma glutamyltransferase

Source: EMBASE

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

21. Are there demographic, behavioural and psychosocial factors that predict alcohol consumption before or after liver transplantation?

Citation: Journal of Hepatology, April 2015, vol./is. 62/(S304-S305), 0168-8278 (April 2015)

Author(s): Aldersley H.C.; Rinomhota A.S.; Farid S.; Rothwell K.L.; Shepherd E.A.; Aldersley M.A.

Institution: (Aldersley, Farid, Rothwell, Aldersley) Leeds Teaching Hospitals NHS Trust, London, United Kingdom; (Rinomhota) University of Leeds, Leeds, United Kingdom; (Shepherd) Royal Free Hospital, London, United Kingdom

Language: English

Abstract: Background and Aims: Alcohol related liver disease (ALD) is the second commonest indication for liver transplant in the UK. Selection of these patients is controversial due to the perceived self-inflicted nature of the disease and due to the risk of relapse to alcohol post-transplantation. It is important to be able to identify those patients who are at risk of relapse in order to provide support. To determine whether the Relative Risk Factors for Relapse (RRFR) score and/or High Risk Alcohol Relapse scale (HRAR) can predict alcohol consumption in pre and/or post-liver transplant patients. Methods: Retrospective analysis of patients' medical records. Univariate analysis was conducted to compare categorical variables between the relapse versus the non-relapse group. Results: Between September 2008 and March 2013, 197 patients were listed for a liver transplant with a diagnosis of ALD. At the time of analysis 114 of the 197 patients (57.9%) had received a liver transplant. Thirty-two (16.3%) had been removed due to deterioration or death, twenty-four (12.2%) had improved and no longer required a transplant and sixteen patients (8.1%) were removed for consuming alcohol. Five of the patients were excluded from post-transplant analysis due to death before 90 days. Fourteen patients were reported as relapsing to alcohol post-transplant. The HRAR scale failed to predict alcohol consumption in patients pretransplant ($P = 0.454$) or post-transplant ($P = 0.218$). None of the three variables that make up the HRAR scale were predictive of relapse. A high RRFR score was highly predictive of relapse in pretransplant patients ($P = 0.004$) but not post-transplant ($P = 0.6$). Of the seven variables that make up the RRFR score illicit drug misuse was the only predictor of pre-transplant alcohol consumption ($P = 0.005$). Poor social support and lack of replacement strategies were found to be predictive of relapse in post-transplant patients ($P = 0.016$ and 0.044 respectively). Conclusions: The HRAR and RRFR are currently used in four of the seven UK liver transplant centres. As the HRAR is not predictive of alcohol consumption its use to assist in decision making regarding transplant suitability should be discontinued. The RRFR is a predictor to alcohol consumption pre-transplant however further investigation is required to validate its use in the transplant setting.

Conference Information: 50th Annual Meeting of the European Association for the Study of the Liver, International Liver Congress 2015 Vienna Austria. Conference Start: 20150422
 Conference End: 20150426

Publisher: Elsevier

Publication Type: Journal: Conference Abstract

Subject Headings: *liver
*alcohol consumption
*liver transplantation
*European
*social psychology
human
patient
transplantation
relapse
liver graft
risk
United Kingdom
risk factor
death
diagnosis
univariate analysis
medical record
deterioration
liver disease
social support
drug misuse
decision making
alcohol
illicit drug

Source: EMBASE

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

22. A two-stage genome-wide association study identifies TM6SF2 and MBOAT7 as risk loci for alcohol-related cirrhosis

Citation: Journal of Hepatology, April 2015, vol./is. 62/(S260-S261), 0168-8278 (April 2015)

Author(s): Buch S.; Stickel F.; Trepo E.; Way M.; Herrmann A.; Nischalke H.D.; Brosch M.; Rosendahl J.; Berg T.; Fischer J.; Ridinger M.; Rietschel M.; McQuillin A.; Frank J.; Kiefer F.; Schreiber S.; Lieb W.; Soyka M.; Datz C.; Schmelz R.; Bruckner S.; Wodarz N.; Deviere J.; Clumeck N.; Sarrazin C.; Lammert F.; Gustot T.; Deltenre P.; Voltzke H.; Lerch M.M.; Mayerle J.; Eyer F.; Schafmayer C.; Cichon S.; Nothen M.M.; Nothnagel M.; Ellinghaus D.; Franke A.; Zopf S.; Hellerbrand C.; Moreno C.; Franchimont D.; Morgan M.Y.; Hampe J.

Institution: (Buch, Herrmann, Brosch, Schmelz, Bruckner, Hampe) Medical Department 1, University Hospital of Dresden, Technical University of Dresden, Dresden, Germany; (Stickel) Department of Gastroenterology and Hepatology, University Hospital of Zurich, Zurich, Switzerland; (Trepo, Deviere) Department of Gastroenterology, Hepatopancreatology and Digestive Oncology, CUB Hopital Erasme, Universite Libre De Bruxelles, Brussels, Belgium; (Way) 5UCL Institute for Liver and Digestive Health, Department of Medicine, University College London, London, United Kingdom; (Nischalke) Department of Internal Medicine I, University of Bonn, Bonn, Germany; (Rosendahl, Berg, Fischer) Department of Gastroenterology, University Hospital of Leipzig, Leipzig, Germany; (Ridinger, Wodarz) Department of Psychiatry, University of Regensburg, Regensburg, Germany; (Rietschel, Frank, Kiefer) Central Institute of Mental Health, University of Heidelberg, Mannheim, Germany; (McQuillin, Morgan) UCL Institute for Liver and Digestive Health, Department of Medicine, University College London, London, United Kingdom; (Schreiber) Department of Internal Medicine I, University Hospital Schleswig-Holstein, Campus Kiel, Kiel, Germany; (Lieb) Institute of Epidemiology, Christian-Albrechts-Universitat, Kiel, Germany; (Soyka) Psychiatric Hospital Meiringen, Meiringen, Switzerland; (Datz) Department of Gastroenterology, Krankenhaus Oberndorf, Salzburg, Austria; (Clumeck) Centre Hospitalier Le Domaine, Universite Libre De Bruxelles, Brussels, Belgium; (Sarrazin) Department of

Gastroenterology, University Hospital Frankfurt, Frankfurt, Germany; (Lammert) Department of Gastroenterology, University Hospital Homburg, Homburg/Saar, Germany; (Gustot, Moreno, Franchimont) Department of Gastroenterology and Hepatology, Universite Libre De Bruxelles, Brussels, Belgium; (Deltenre) Department of Gastroenterology and Hepatology, Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland; (Voltzke) Department of Community Medicine, Greifswald, Germany; (Lerch, Mayerle) Department of Gastroenterology and Hepatology, University of Greifswald, Greifswald, Germany; (Eyer) Department of Clinical Toxicology, Klinikum Rdl, Technische Universitat Munchen, Munich, Germany; (Schafmayer) Department of General and Thoracic Surgery, University Hospital Schleswig-Holstein, Campus Kiel, Kiel, Germany; (Cichon) Department of Biomedicine, University of Basel, Basel, Switzerland; (Nothen) Institute of Human Genetics, University of Bonn, Bonn, Germany; (Nothnagel) Institute of Medical Informatics and Statistics, Kiel, Germany; (Ellinghaus, Franke) Institute of Clinical Molecular Biology, University Hospital Schleswig-Holstein, Campus Kiel, Kiel, Germany; (Zopf) Department of Gastroenterology and Hepatology, University of Erlangen-Nuremberg, Erlangen, Germany; (Hellerbrand) Department of Gastroenterology and Hepatology, University of Regensburg, Regensburg, Germany

Language:

English

Abstract:

Introduction: Alcohol misuse is a major cause of cirrhosis in the Western world, but only <20% of alcohol misusers eventually develop significant liver disease. Multiple lines of evidence suggest that the risk of developing alcohol-related cirrhosis is genetically modulated. Nevertheless, the only robust, replicated finding to date is of a strong risk association with a genetic variant in PNPLA3, but no systematic genome-wide association studies (GWAS) of alcohol-related cirrhosis risk have been undertaken to date.

Material and Methods: A two-stage GWAS was performed comparing cases with alcohol-related cirrhosis with alcohol dependent controls with no evidence of liver disease. In the first stage, individuals recruited from Germany (410 cases vs. 1119 controls) and the UK (302 cases vs. 347 controls) underwent separate genome-wide association analysis followed by metaanalysis implemented in META v.1.5.0. In the second stage, the top GWAS hits were validated in independent cohorts from Germany (529 cases vs. 761 controls) and Belgium (619 cases vs. 161 controls) and the results of the joint analyses combined. Genotyping was undertaken using Illumina BeadChips (Illumina Inc., San Diego, CA, USA); SNP replication was undertaken using Taqman chemistry (Applied Biosystems, Foster City, Ca, USA) on an automated platform.

Results: The strongest association signal in the initial metaanalysis was observed between the rs738409 variant in PNPLA3 ($P_{\text{meta}} = 1.17 \times 10^{-28}$, OR = 2.38 [2.08-2.69]); 102 separate variants at the PNPLA3 locus associated with genome-wide significance ($P_{\text{threshold}} < 5 \times 10^{-8}$). In addition, nine other independent loci provided borderline association signals ($P_{\text{threshold}} < 1.1 \times 10^{-5}$). Validation genotyping for rs738409 in PNPLA3 and lead markers for the top 10 associated regions confirmed disease association for rs738409 in PNPLA3, and for (MBOAT7: rs641738 $P_{\text{replication}} = 1.35 \times 10^{-4}$; $P_{\text{combined}} = 9.25 \times 10^{-10}$; OR = 1.63 [1.46-1.80] and TM6SF2: rs10401969 $P_{\text{replication}} = 3.29 \times 10^{-5}$; $P_{\text{combined}} = 1.73 \times 10^{-8}$; OR = 1.35 [1.25-1.44]). (Figure Presented)

Conclusions: This first multicenter GWAS in alcoholic liver disease identifies variants within the genes coding for PNPLA3, TM6SF2 and MBOAT7 as significant risk loci for cirrhosis. All play a role in lipid metabolism suggesting that dysfunctional lipid signalling pathways - partly overlapping with non-alcoholic fatty liver disease - play an important role in the pathogenesis of alcohol-related cirrhosis.

Conference Information:

50th Annual Meeting of the European Association for the Study of the Liver, International Liver Congress 2015 Vienna Austria. Conference Start: 20150422
Conference End: 20150426

Publisher:

Elsevier

Publication Type:

Journal: Conference Abstract

Subject Headings:

*liver
*risk

*liver cirrhosis
 *European
 *genetic association
 genotype
 meta analysis
 genome
 Germany
 liver disease
 gene
 United Kingdom
 disease association
 city
 alcoholism
 alcohol liver disease
 lipid metabolism
 Belgium
 nonalcoholic fatty liver
 genetic variability
 pathogenesis
 cultural anthropology
 *alcohol
 lipid
 marker

Source: EMBASE

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

23. The total margin of exposure of ethanol and acetaldehyde for heavy drinkers consuming cider or vodka

Citation: Food and Chemical Toxicology, September 2015, vol./is. 83/(210-214), 0278-6915;1873-6351 (September 01, 2015)

Author(s): Lachenmeier D.W.; Gill J.S.; Chick J.; Rehm J.

Institution: (Lachenmeier) Chemisches und Veterinaruntersuchungsamt (CVUA) Karlsruhe, Weissenburger Strasse 3, Karlsruhe D-76187, Germany; (Lachenmeier, Rehm) Epidemiological Research Unit, Institute for Clinical Psychology and Psychotherapy, Technische Universitat Dresden, Dresden, Germany; (Gill, Chick) School of Nursing, Midwifery and Social Care, Edinburgh Napier University, Sighthill Campus, Edinburgh, Scotland EH11 4BN, United Kingdom; (Chick) Castle Craig Hospital, Blyth Bridge, West Linton, Scotland EH46 7DH, United Kingdom; (Rehm) Social and Epidemiological Research (SER) Department, Centre for Addiction and Mental Health, Toronto, Canada; (Rehm) Addiction Policy, Dalla Lana School of Public Health, University of Toronto (UofT), Canada; (Rehm) PAHO/WHO Collaborating Centre for Mental Health and oAddiction, Toronto, Canada; (Rehm) Institute of Medical Science, UofT, Canada

Language: English

Abstract: Heavy drinkers in Scotland may consume 1600g ethanol per week. Due to its low price, cider may be preferred over other beverages. Anecdotal evidence has linked cider to specific health hazards beyond other alcoholic beverages. To examine this hypothesis, nine apple and pear cider samples were chemically analysed for constituents and contaminants. None of the products exceeded regulatory or toxicological thresholds, but the regular occurrence of acetaldehyde in cider was detected. To provide a quantitative risk assessment, two collectives of exclusive drinkers of cider and vodka were compared and the intake of acetaldehyde was estimated using probabilistic Monte-Carlo type analysis. The cider consumers were found to ingest more than 200-times the amount of acetaldehyde consumed by vodka consumers. The margins of exposure (MOE) of acetaldehyde were 224 for the cider and over 220,000 for vodka consumers. However, if the effects of ethanol were considered in a cumulative assessment of the combined MOE, the effect of acetaldehyde was minor and the combined MOE for both groups was 0.3. We suggest that alcohol policy priority should be given on reducing ethanol intake by measures such as minimum pricing, rather than to focus on acetaldehyde.

Country of Publication: United Kingdom
Publisher: Elsevier Ltd
CAS Registry Number: 75-07-0 (acetaldehyde); 64-17-5 (alcohol)
Publication Type: Journal: Article
Subject Headings: *alcohol consumption
 *alcoholism
 article
 carcinogenicity
 chemical analysis
 *cider
 controlled study
 drinking behavior
 *environmental exposure
 enzyme assay
 food intake
 gas chromatography
 human
 infrared spectroscopy
 major clinical study
 nuclear magnetic resonance spectroscopy
 probability
 quantitative analysis
 risk assessment
 *vodka
 "*acetaldehyde/to [Drug Toxicity]"
 "*alcohol/to [Drug Toxicity]"

Source: EMBASE

24. Vape and vitriol in public health

Citation: Public Health, 2014, vol./is. 128/10(869-871), 0033-3506;1476-5616 (2014)
Author(s): Sim F.; Mackie P.
Institution: (Sim, Mackie) The Royal Society for Public Health, John Snow House, 59 Mansell Street, London E1 8AN, United Kingdom
Language: English
Country of Publication: Netherlands
Publisher: Elsevier
CAS Registry Number: 7664-93-9 (sulfuric acid)
Publication Type: Journal: Editorial
Subject Headings: editorial
 *electronic cigarette
 harm reduction
 health hazard
 human
 marketing
 nicotine replacement therapy
 *public health
 smoking ban
 smoking cessation
 social media
 tobacco dependence
 tobacco industry
 United Kingdom

world health organization
*sulfuric acid

Source: EMBASE
Full Text: Available from *Elsevier* in *Public Health*

25. Prolonged latency saccades in alcohol-dependent patients

Citation: European Psychiatry, March 2015, vol./is. 30/(1100), 0924-9338 (31 Mar 2015)

Author(s): Kunc M.; Gorzelanczyk E.; Feit J.; Pasgreta K.; Lason W.; Ziolkowski M.; Walecki P.

Institution: (Kunc) Faculty of Medicine, Airedale NHS Trust, Steeton, United Kingdom; (Gorzelanczyk, Feit, Pasgreta) Department of Theoretical Basis of Bio-Medical Sciences and Medical Informatics, Nicolaus Copernicus University, Torun Ludwik Rydygier's Collegium Medicum, Bydgoszcz, Poland; (Lason, Walecki) Faculty of Medicine, Jagiellonian University Medical College, Krakow, Poland; (Ziolkowski) Department of Psychiatric Nursing, Nicolaus Copernicus University, Torun Ludwik Rydygier's Collegium Medicum, Bydgoszcz, Poland

Language: English

Abstract: Aims The aim of this study was to assess the differences in saccadic latency (a measure of time delay experienced in eye movements) between alcohol-dependent and healthy controls. Materials and methods Participants Ninety-nine alcohol dependent patients were examined. Thirty-eight healthy controls were matched to the affected cohort according to demographic characteristics. Assessment In this study we used the Saccadometer Advanced System (Advanced Clinical Instrumentation, Cambridge, UK). The Saccadometer System allows quick and easy collection of saccadic responses within the shortest physiologically possible time (100 saccades in 5 min). The brevity of the testing routine minimizes any potential influence on the results due to fatigue in the test subjects. The eye movement measurements are automated and synchronised with stimuli presentation. This study analyzed saccadic latency and standard deviation of mean latency. Results There was higher saccadic latency and standard deviation of mean latency in alcohol-dependent individuals (224.43+/-56.24 msec) when compared to healthy controls (187.84+/-25.65 msec). A marked asymmetry of standard deviation of mean latency between right-sided and left-sided saccades was observed in the affected cohort. There was an increased standard deviation of right-sided saccades mean latency (69.96 msec) in alcohol-dependent individuals when compared to healthy controls (30.93 msec) and also an increased standard deviation of left-sided saccades mean latency (59.33 msec) when compared to healthy controls (33.09 msec). Conclusion It was found that alcohol dependence is associated with impaired (longer time delay) saccadic reaction.

Conference Information: 23rd European Congress of Psychiatry, EPA 2015 Vienna Austria. Conference Start: 20150328 Conference End: 20150331

Publisher: Elsevier Masson SAS

Publication Type: Journal: Conference Abstract

Subject Headings: *saccadic eye movement
*alcoholism
*patient
*human
*European
*psychiatry
*latent period
devices
demography
United Kingdom
stimulus
oculography
fatigue
eye movement

Source: EMBASE

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

26. Peak velocity of saccades in alcohol-dependent patients

- Citation:** European Psychiatry, March 2015, vol./is. 30/(1099), 0924-9338 (31 Mar 2015)
- Author(s):** Kunc M.; Walecki P.; Gorzelanczyk E.; Feit J.; Lason W.; Ziolkowski M.
- Institution:** (Kunc) Faculty of Medicine, Airedale NHS Trust, Steeton, United Kingdom; (Walecki, Lason) Faculty of Medicine, Jagiellonian University, Medical College, Krakow, Poland; (Gorzelanczyk, Feit) Department of Theoretical Basis of Bio-Medical Sciences and Medical Informatics, Nicolaus Copernicus University, Torun Ludwik Rydygier's Collegium Medicum, Bydgoszcz, Poland; (Ziolkowski) Department of Psychiatric Nursing, Nicolaus Copernicus University, Torun Ludwik Rydygier's Collegium Medicum, Krakow, Poland
- Language:** English
- Abstract:** Aims The aim of this study was to assess the differences in peak velocity of eye movements between alcohol dependent and healthy controls. Materials and methods Participants Ninety-nine alcohol dependent patients were examined. Patients with oculomotor impairment were excluded. Thirty-eight healthy controls were matched to the affected cohort according to demographic characteristics. Assessment In this study we used the Saccadometer Advanced System (Advanced Clinical Instrumentation, Cambridge, UK). The eye movement measurements are automated and synchronized with stimuli presentation. The person conducting the experiment needs to ensure that the sensor is placed correctly and to give instructions to the test subject. The Saccadometer System does all other measurements and recordings of test data automatically. The study analyzed the peak velocity of eye movements of amplitude of 10 degrees and the deviations in peak velocity. Results There was a statistically significant higher mean peak velocity of saccadic eye movements in alcohol dependent individuals (440.82+/-86.33deg/s) when compared to healthy controls (411.39+/-86.33deg/s). Greater asymmetry of mean peak velocity between right-sided and left-sided saccades was observed in the affected cohort when compared to the healthy test subjects. There was a higher mean right-sided peak velocity (462.73+/-118.54deg/s) in the alcohol dependent subjects when compared to healthy controls (414.68+/-73.79deg/s) and also a higher mean of left-sided peak velocity (418.82+/-79.83deg/s) when compared to healthy controls (405.13+/-49.50deg/s). Conclusion It was found that alcohol dependence is associated with differences and significant increased asymmetry of peak velocity of eye movements.
- Conference Information:** 23rd European Congress of Psychiatry, EPA 2015 Vienna Austria. Conference Start: 20150328 Conference End: 20150331
- Publisher:** Elsevier Masson SAS
- Publication Type:** Journal: Conference Abstract
- Subject Headings:** [*velocity](#)
[*saccadic eye movement](#)
[*alcoholism](#)
[*patient](#)
[*human](#)
[*European](#)
[*psychiatry](#)
[eye movement](#)
[demography](#)
[devices](#)
[recording](#)
[sensor](#)
[stimulus](#)
[oculography](#)
[United Kingdom](#)
- Source:** EMBASE

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

27. New technology to support abstinence from alcohol, predict relapse and reduce out-patient costs

Citation: European Psychiatry, March 2015, vol./is. 30/(1084), 0924-9338 (31 Mar 2015)

Author(s): Fletcher K.; Stone E.

Institution: (Fletcher) Faculty of Addiction Psychiatry, Royal College of Psychiatrists, Shrewsbury, United Kingdom; (Stone) Substance Misuse, SSSFT, Shrewsbury, United Kingdom

Language: English

Abstract: Introduction: A new breathalyser can remotely monitor disulfiram compliance and breath alcohol levels, and can predict relapse before it occurs. Objectives: Improve compliance with disulfiram and post-detoxification abstinence rates from alcohol. Aims: To describe technology that provides remote support and monitoring to patients prescribed disulfiram and its clinical application. Methods: Disulfiram produces volatile organic compounds (VOCs) during its metabolism. These VOCs are detectable on a sample of breath using a photo-ionisation device. By adding a fuel cell it is possible to produce a hand-held breathalyser that determines disulfiram compliance and monitors alcohol levels. With appropriate software the instrument can be used remotely, and the encrypted readings can be sent to the clinical team from anywhere in the world with internet access. This instrument, called a Zenalyser, has been constructed and used on a small sample (n=12) of severely alcohol dependent patients after in-patient detoxification. Results: Patients sent daily Zenalyser readings from various locations (e.g. UK, Australia, Germany). Equipment costs were below 2 euros per day. It required less than 45 seconds of patient time per day. The clinical team required 2-3 minutes to read the results and email the patient. Patients were telephoned if Zenalyser readings dropped (missed tablet) or no sample sent. One patient had two lapses during an 8 month period which were detected in advance. All other patients abstained for periods between 3-36 months. Compliance and user satisfaction were high. Conclusions: The Zenalyser can improve disulfiram compliance and reduce out-patient costs. It may improve post-detoxification abstinence rates.

Conference Information: 23rd European Congress of Psychiatry, EPA 2015 Vienna Austria. Conference Start: 20150328 Conference End: 20150331

Publisher: Elsevier Masson SAS

Publication Type: Journal: Conference Abstract

Subject Headings: [*technology](#)
[*alcohol abstinence](#)
[*relapse](#)
[*outpatient](#)
[*human](#)
[*European](#)
[*psychiatry](#)
[patient](#)
[breathing](#)
[reading](#)
[detoxification](#)
[abstinence](#)
[computer program](#)
[monitor](#)
[satisfaction](#)
[devices](#)
[metabolism](#)
[Australia](#)
[hospital patient](#)
[alcoholism](#)
[monitoring](#)
[United Kingdom](#)
[Internet](#)

Germany
 e-mail
 tablet
 disulfiram
 alcohol
 fuel
 volatile organic compound

Source: EMBASE

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

28. Posttraumatic stress disorder and comorbid substance misuse in the UK armed forces: A protective or facilitative environment?

Citation: European Psychiatry, March 2015, vol./is. 30/(1040), 0924-9338 (31 Mar 2015)

Author(s): Hartley J.

Institution: (Hartley) Foundation Programme, Frimley Park Hospital, Surrey, United Kingdom

Language: English

Abstract: The association between PTSD and alcohol misuse is well-established, but there is still a paucity of data to support a link between PTSD and drug misuse. The causal relationship between combat related PTSD and substance misuse is thought to be a combination of shared risk factors and self-medication of symptoms. The author uses her experience of 14 years service in the Army to explore whether the military environment is protective and facilitative for substance misuse. Compulsory drugs testing in the UK Armed Forces creates a protective environment for drug misuse, with lower rates than the civilian population. However, service personnel discharged for illicit drug use could be at greater risk of dependence due to the sudden loss of earnings, accommodation and support networks. Screening for substance misuse post-deployment is not currently undertaken in the UK, but a trial is currently underway by KCMHR. The US have found limitations in screening for substance misuse in the decompression period as individuals have not had access to alcohol or drugs for the duration of the deployment. There may also be limitations to a screening programme in service personnel reluctant to admit problems to a uniform-clad military medical practitioner. (Figure Presented).

Conference Information: 23rd European Congress of Psychiatry, EPA 2015 Vienna Austria. Conference Start: 20150328 Conference End: 20150331

Publisher: Elsevier Masson SAS

Publication Type: Journal: Conference Abstract

Subject Headings: *United Kingdom
 *army
 *environment
 *European
 *psychiatry
 *posttraumatic stress disorder
 screening
 human
 personnel
 drug misuse
 population
 physician
 self medication
 decompression
 accommodation
 risk
 drug use
 risk factor
 alcohol
 illicit drug

Source: EMBASE
Full Text: Available from *Elsevier* in *European Psychiatry*

29. Treating internet addiction-the expert perspective

Citation: European Psychiatry, March 2015, vol./is. 30/(464), 0924-9338 (31 Mar 2015)
Author(s): Kuss D.
Institution: (Kuss) International Gaming Research Unit, Nottingham Trent University, Nottingham, United Kingdom
Language: English
Abstract: Introduction: Internet addiction is a behavioural problem that has gained increasing scientific recognition in the last decade, with some researchers claiming it is a '21st Century epidemic', leading the APA to include Internet Gaming Disorder in the appendix of the DSM-5. Objectives/Aims: Internet addiction treatment literature is scarce, particularly regarding the expert view on Internet addiction. To fill this gap in knowledge, this paper aims to explore how Internet addiction therapy experts experience the presenting problem of Internet addiction in psychotherapy. Methods: A total of 20 psychotherapists from 6 different countries (i.e., Germany, UK, USA, Canada, Austria and Switzerland) were interviewed regarding their individual experience of treating clients suffering from Internet addiction. Data were analysed using Interpretative Phenomenological Analysis. Results: Two superordinate themes were identified during the analysis: 'risk' and 'addiction'. Risk factors included individual, situational and structural characteristics. Psychotherapists treating Internet addiction viewed Internet addiction as actual psychopathology, containing addiction symptoms, criteria and diagnosis, and drew on its similarities with other addictions. Conclusions: Internet addiction treatment experts highlight the existence and severity of Internet addiction as psychopathology requiring professional therapy. Clients who seek help for their Internet addiction-related problems experience their condition as distressing and as significantly impairing their functioning. Internet addiction fulfils the conditions for a mental disorder classification as outlined in the DSM-5, and should be taken seriously not to marginalise those affected. Parents and significant others, researchers and clinicians, and healthcare and insurance providers may benefit from the presented insights.

Conference Information: 23rd European Congress of Psychiatry, EPA 2015 Vienna Austria. Conference Start: 20150328 Conference End: 20150331

Publisher: Elsevier Masson SAS

Publication Type: Journal: Conference Abstract

Subject Headings: [*internet addiction](#)
[*human](#)
[*European](#)
[*psychiatry](#)
[mental disease](#)
[addiction](#)
[psychotherapist](#)
[scientist](#)
[therapy](#)
[DSM-5](#)
[Internet](#)
[risk factor](#)
[Austria](#)
[epidemic](#)
[Canada](#)
[United Kingdom](#)
[Switzerland](#)
[risk](#)
[Germany](#)
[diagnosis](#)

psychotherapy
insurance
health care
parent
classification
diseases
isoprenaline

Source: EMBASE

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

30. Limitations to participation in opioid maintenance treatment in Europe

Citation: European Psychiatry, March 2015, vol./is. 30/(513), 0924-9338 (31 Mar 2015)

Author(s): Brandt L.; Unger A.; Moser L.; Fischer G.; Jagsch R.

Institution: (Brandt, Moser) Center for Public Health, Medical University of Vienna, Vienna, Austria; (Unger) Department for Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria; (Fischer) Department for Psychiatry and Psychotherapy and Center for Public Health, Medical University of Vienna, Vienna, Austria; (Jagsch) Faculty of Psychology, University of Vienna, Vienna, Austria

Language: English

Abstract: Objective: Our aim was to identify areas of improvement for current Opioid Maintenance Treatment (OMT) approaches, by analysing European Quality Audit of Opioid Treatment (EQUATOR) data from 8 European countries (Austria, Denmark, France, Germany, Norway, Portugal, Sweden, UK). Method: A standardised face-to-face survey was administered to OMT patients (OMT-P) and active opioid user (AOU). Reasons for entering and staying out of OMT, rules pertaining to OMT, and factors facilitating OMT retention were compared between countries, and between OMT-P and AOU groups. Both groups were divided into those who never had OMT before [un-experienced OMT-P (n=573) and AOU (n=360)] and those who had been maintained at least once [experienced OMT-P (n=746) and AOU (n=377)]. Results: Motives for starting OMT vary distinctly between countries (p<0.001). Transnationally, experienced AOU reported concerns about their ability to follow treatment rules and negative treatment experiences as decisive reasons for staying out of OMT. Greater flexibility, less pressure to reduce their treatment dose and greater treatment structure were ranked significantly higher by experienced compared to un-experienced OMT-P as factors that might facilitate treatment retention (p<0.05). Conclusion: The major strength of this investigation was the homogenous methodology applied in all countries, which enabled new insights in variations between treatment systems and their impact on patient outcome. Treatment systems need to aim an optimal balance between flexibility and structure. Standardised approaches that still permit tailoring treatment to individual patient needs are crucial to yield maximum benefit for patients, and reduce the considerable societal economic burden of addiction.

Conference Information: 23rd European Congress of Psychiatry, EPA 2015 Vienna Austria. Conference Start: 20150328 Conference End: 20150331

Publisher: Elsevier Masson SAS

Publication Type: Journal: Conference Abstract

Subject Headings: *maintenance therapy
*Europe
*European
*psychiatry
human
patient
Denmark
methodology
Austria
addiction

[medical audit](#)
[France](#)
[United Kingdom](#)
[Sweden](#)
[Portugal](#)
[Norway](#)
[Germany](#)
[*opiate](#)
[clopenthixol](#)

Source: EMBASE

Full Text: Available from *Elsevier* in [European Psychiatry](#)

31. Deaths due to viral hepatitis and other causes of liver disease among a large national HIV cohort, England and Wales (1997-2012)

Citation: HIV Medicine, April 2015, vol./is. 16/(37), 1464-2662 (April 2015)

Author(s): Kitching A.; Croxford S.; Edelstein M.; Kall M.; Delpech V.

Institution: (Kitching, Croxford, Edelstein, Kall, Delpech) Public Health England, CIDSC, London, United Kingdom

Language: English

Abstract: Background: Death rates among people living with HIV (PLHIV) in England & Wales (E&W) continue to decline but exceed those of the general population. The proportion of non-AIDS deaths is increasing, but determining cause of death is challenging when HIV is complicated by viral co-infection and/or other comorbidities. We investigate trends in deaths attributed to non-AIDS liver disease (LD) in a large national cohort of persons accessing HIV care, with high rates of HBV-HCV co-infection. Methods: National cohort data on adults (aged >15) diagnosed with HIV in E&W (1997-2012) was linked to Office of National Statistics death data for the same period. Underlying causes of death were categorised using an adapted Coding Causes of Death in HIV (CoDe) protocol, with deaths attributed to LD further sub-categorised. Demographic and time trends are presented. Results: 83,276 persons diagnosed 1997-2012 contributed 443,818 personyears of follow-up. By end 2012, 5,302 (6.4%) had died, with 4870 (92%) assigned a definitive cause of death. Of 2427 non-AIDS deaths, 234 (9.6%) were due to LD. Median age at death was 43.5yrs [IQR 38-50yrs], similar to other non-AIDS deaths. Most LD deaths (79%) were among men. One-fifth acquired HIV through injecting drug use, 38% through sex with men, and 32% heterosexual exposure. LD was the leading non-AIDS cause of death among HIV-diagnosed people who inject drugs. Ninety-three liver deaths (39.3%) were due to complications of viral hepatitis: 13.3% HBV-related, 11.5% HCV-related, 6.4% multiple hepatitis virus co-infection, 8% HBV/HCV complicated by alcoholic LD and 0.4% other hepatotropic virus. Alcoholic liver disease contributed to 32.5% (78). While the median time from HIV diagnosis to death was 29 months, 23% of LD deaths were diagnosed within 3 months of death, and nine were late diagnoses. Where CD4 count was available (99), 42 and 46 had a CD4 count <200 and 200-350 within 3 months of death. Conclusion: While liver-related causes accounted for a small proportion of non-AIDS deaths in 1997-2012, almost two-thirds of these were attributed to preventable viral infections and/or alcoholic LD; a significant number were among persons diagnosed late. Progression of HBV and HCV infection is known to be accelerated among PLHIV; these findings highlight missed opportunities for HIV testing/ diagnosis in patients with viral hepatitis and regular HIV testing for persons who inject drugs to ensure best clinical and public health outcome.

Conference Information: 21st Annual Conference of the British HIV Association, BHIVA 2015 Brighton United Kingdom. Conference Start: 20150421 Conference End: 20150424

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: [*United Kingdom](#)
[*virus hepatitis](#)

*liver disease
 *Human immunodeficiency virus
 *death
 human
 acquired immune deficiency syndrome
 cause of death
 diagnosis
 mixed infection
 liver
 male
 alcoholism
 exposure
 heterosexuality
 drug use
 follow up
 mortality
 patient
 statistics
 infection
 virus infection
 adult
 HIV test
 public health
 alcohol liver disease
 virus
 hepatitis virus
 population
 CD4 antigen

Source: EMBASE

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

32. Acute myocardial infarction emerging after bonzai use

Citation: Anadolu Kardiyoloji Dergisi, October 2014, vol./is. 14/(29), 1302-8723 (October 2014)

Author(s): Ayhan H.; Aslan A.N.; Suygun H.; Durmaz T.; Keles T.; Kasapkara H.A.; Sari C.; Bastut S.; Bilen E.; Bayram N.A.; Akcay M.; Bozkurt E.

Institution: (Ayhan, Durmaz, Keles, Kasapkara, Bayram, Akcay, Bozkurt) Yildirim Beyazit University, Faculty of Medicine, Department of Cardiology, Ankara, Turkey; (Aslan, Suygun, Sari, Bastut, Bilen) Ankara Ataturk Training and Research Hospital, Department of Cardiology, Ankara, Turkey

Language: English

Abstract: Use of cannabis, and illicit substances is gradually increasing in frequency in Europe, and in the whole world. A case of MI developed due to use of bonzai which is thought to be a kind of synthetic cannabinoid has not been previously reported in the literature. A 33-year-old bonzai addict male patient (Figure 1) consulted emergency service with complaint of typical sudden-onset chest pain. He stated that he was smoking 10 pack-year for 12 years, and 12 hours before the onset of chest pain he used excessive amounts bonzai. Since ST-segment elevation on electrocardiograms (ECG) (Figure 2) suggested acute anterior MI, the patient was brought into the catheterization laboratory with the intention of performing primary percutaneous coronary intervention (PCI). Coronary angiographic examination revealed 100 % occlusion of the left anterior descending (LAD) artery at the level of 1. septal branch, while other coronary arteries were patent (Figure 8 3a-b). At the same session, successful percutaneous balloon, and stent implantation were performed targeting stenosis of the LAD artery of the patient (Figure 4a-b). The patient without any additional problem developing during his follow-up period was discharged with medical treatment, and necessary recommendations. Recently, with increase in the frequency of illicit substances, guidelines have included use of cocaine as a probable etiological factor for the premature development of atherosclerosis, and ACS.

Cannabis use impairs myocardial demand-supply balance, and increases aggregation of platelets leading to potential development of MI. Bonzai is a frequently used synthetic cannabinoid substance in Eastern Asian countries which is known as "Spice" in Europe. It belongs to the group of cannabis, cocaine, and amphetamine. It is available as a herbal mixture since 2004 in many European countries in Germany, Sweden, and United Kingdom. At the beginning, these products were not popular, and only used experimentally on some people. However in 2008 after approval of their legal use was announced in German newspapers, it has become popularised, and number of its users increased exponentially. Generally they are marketed as herbal product in professionally designed varicoloured packages each containing 0.5-3.0 g bonzai. Since its pharmacological effect starts very rapidly, its is usually wrapped in cigarette rolling paper before its use. Tolerance to bonzai develops very rapidly, so its addictive potential is stronger than cannabis. The ingredient of this synthetic cannabinoid which induces myocardial infarction is not known clearly. It is not precisely known whether vasospasm, plaque rupture, aggregation of thrombi or imbalance between myocardial blood supply and demand induce acute MI. We wanted to emphasize that MI can develop even after use of this kind of synthetic narcotic drugs, and this fact should be kept in mind, and its use should be questioned. Besides these patients should be told that their MI is caused by the illicit substance they are using, and with professional support they should be convinced against their use. (Figure Presented).

Conference Information: 30th Turkish Cardiology Congress Belek Turkey. Conference Start: 20141023 Conference End: 20141026

Publisher: AVES Ibrahim Kara

Publication Type: Journal: Conference Abstract

Subject Headings: [*acute heart infarction](#)
[*cardiology](#)
[human](#)
[patient](#)
[German \(citizen\)](#)
[smoking](#)
[artery](#)
[thorax pain](#)
[Europe](#)
[examination](#)
[thrombocyte](#)
[percutaneous coronary intervention](#)
[emergency health service](#)
[East Asian](#)
[occlusion](#)
[laboratory](#)
[atherosclerosis](#)
[catheterization](#)
[electrocardiogram](#)
[ST segment elevation](#)
[male](#)
[follow up](#)
[therapy](#)
[rupture](#)
[drug dependence](#)
[stenosis](#)
[heart infarction](#)
[implantation](#)
[stent](#)
[cannabis use](#)
[United Kingdom](#)
[patent](#)
[spice](#)
[coronary artery](#)
[European](#)

Germany
Sweden
publication
vasospasm
thrombus
vascularization
cannabinoid
cannabis
cocaine
amphetamine
narcotic agent

Source:

EMBASE

Full Text:

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