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1. Cost-effectiveness of a programme of screening and brief interventions for alcohol in primary care in Italy

Citation: BMC family practice, 2014, vol./is. 15/(26), 1471-2296 (2014)

Author(s): Angus C.; Scafato E.; Ghirini S.; Torbica A.; Ferre F.; Struzzo P.; Purshouse R.; Brennan A.

Institution: (Angus) School of Health & Related Research (ScHARR), University of Sheffield, Sheffield, UK.

Language: English

Abstract: As alcohol-related health problems continue to rise, the attention of policy-makers is increasingly turning to Screening and Brief Intervention (SBI) programmes. The effectiveness of such programmes in primary healthcare is well evidenced, but very few cost-effectiveness analyses have been conducted and none which specifically consider the Italian context. The Sheffield Alcohol Policy Model has been used to model the cost-effectiveness of government pricing and public health policies in several countries including England. This study adapts the model using Italian data to evaluate a programme of screening and brief interventions in Italy. Results are reported as Incremental Cost-Effectiveness Ratios (ICERs) of SBI programmes versus a 'do-nothing' scenario. Model results show such programmes to be highly cost-effective, with estimated ICERs of 550/Quality Adjusted Life Year (QALY) gained for a programme of SBI at next GP registration and 590/QALY for SBI at next GP consultation. A range of sensitivity analyses suggest these results are robust under all but the most pessimistic assumptions. This study provides strong support for the promotion of a policy of screening and brief interventions throughout Italy, although policy makers should be aware of the resource implications of different implementation options.

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
aged
"*alcoholism/pc [Prevention]"
article
cost benefit analysis
economics
female
human
Italy
male
*mass screening
middle aged
*primary health care
young adult

Source: EMBASE

Full Text:
Available from *National Library of Medicine* in *BMC Family Practice*
Available from *Springer NHS Pilot 2014 (NESLi2)* in *BMC Family Practice*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.
Available from *ProQuest* in *BMC Family Practice*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.
Available from *Springer NHS Pilot 2014 (NESLi2)* in *BMC Family Practice*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.
Available from *BioMedCentral* in *BMC Family Practice*

2. Cannabis use and first-episode psychosis: relationship with manic and psychotic symptoms, and with age at presentation

Citation: Psychological medicine, February 2014, vol./is. 44/3(499-506), 1469-8978 (Feb 2014)

Author(s): Stone J.M.; Fisher H.L.; Major B.; Chisholm B.; Woolley J.; Lawrence J.; Rahaman N.; Joyce J.; Hinton M.; Johnson S.; Young A.H.; MiData Consortium

Institution: (Stone, Young) Imperial College London, London, UK.; (Fisher) Institute of Psychiatry, King's College London, London, UK.; (Major) EQUIP, East London NHS Foundation Trust, London, UK.; (Chisholm, Woolley) Wandsworth Early Intervention Service, South West London and St George's Mental Health NHS Trust, London, UK.; (Lawrence) Southwark Early Intervention Service, South London and Maudsley NHS Foundation Trust, London, UK.; (Rahaman) Westminster and Kensington & Chelsea Early Intervention Service, London, UK.; (Joyce) Lewisham Early Intervention Service, London, UK.; (Hinton, Johnson) University College London, London, UK.

Language: English

Abstract: Cannabis use has been reported to be associated with an earlier onset of symptoms in patients with first-episode psychosis, and a worse outcome in those who continue to take cannabis. In general, studies have concentrated on symptoms of psychosis rather than mania. In this study, using a longitudinal design in a large naturalistic cohort of patients with first-episode psychosis, we investigated the relationship between cannabis use, age of presentation to services, daily functioning, and positive, negative and manic symptoms. Clinical data on 502 patients with first-episode psychosis were collected using the MiData audit database from seven London-based Early Intervention in psychosis teams. Individuals were assessed at two time points--at entry to the service and after 1 year. On each occasion, the Positive and Negative Syndrome Scale, Young Mania Rating Scale and Global Assessment of Functioning Scale disability subscale were rated. At both time points, the use of cannabis and other drugs of abuse in the 6 months preceding each assessment was recorded. Level of cannabis use was associated with a younger age at presentation, and manic symptoms and conceptual disorganization, but not with delusions, hallucinations, negative symptoms or daily functioning. Cannabis users who reduced or stopped their use following contact with services had the greatest improvement in symptoms at 1 year compared with continued users and non-users. Continued users remained more symptomatic than non-users at follow-up. Effective interventions for reducing cannabis use may yield significant health benefits for patients with first-episode psychosis.

Publication Type: Journal: Article

Subject Headings:

age
analysis of variance
article
"*bipolar disorder/ep [Epidemiology]"
"*bipolar disorder/th [Therapy]"
"*cannabis addiction/ep [Epidemiology]"
"drinking behavior/ep [Epidemiology]"
early intervention
female
human
longitudinal study
male
onset age
*patient attitude
psychological aspect
psychological rating scale
"*psychosis/ep [Epidemiology]"
"*psychosis/th [Therapy]"
"schizophrenia/ep [Epidemiology]"
"schizophrenia/th [Therapy]"
sex ratio
"smoking/ep [Epidemiology]"
social adaptation
statistical model

statistics
time
United Kingdom
young adult

Source: EMBASE

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

3. Cannabinoid hyperemesis should be recognised as an effect of chronic cannabis abuse

Citation: Gastroenterology and Hepatology from Bed to Bench, 2014, vol./is. 7/3(173-176), 2008-2258;2008-4234 (2014)

Author(s): Ishaq S.; Ismail S.; Ghaus S.; Roop-e-Zahra; Rostami K.

Institution: (Ishaq, Ismail, Ghaus, Roop-e-Zahra) Gastroenterology Department, Russells Hall Hospital, Birmingham City University, Dudley, United Kingdom; (Rostami) Gastroenterology Department, Worcestershire Royall Hospital, Worcestershire, United Kingdom

Language: English

Abstract: Here we describe the second reported case of cannabinoid hyperemesis in UK. A 42 years old patient presented on more than one occasion with vomiting, abdominal pain, fever and dehydration and treated as sepsis with antibiotics. Extensive investigations including upper GI endoscopy, colonoscopy, chest X-ray, abdominal ultrasound, abdominal CT scan, barium swallow and echocardiogram; all reported normal. Once the diagnosis of cannabinoid hyperemesis was established, he was advised to abstain from cannabis use resulting in complete resolution of his symptoms.

Country of Publication: Iran, Islamic Republic of

Publisher: Research Institute for Gastroenterology and Liver Diseases

CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis); 19230-81-0 (creatinine); 60-27-5 (creatinine); 57-13-6 (urea)

Publication Type: Journal: Article

Subject Headings:
abdominal pain
adult
article
"*cannabinoid hyperemesis/di [Diagnosis]"
"cannabinoid hyperemesis/dt [Drug Therapy]"
*cannabis addiction
cannabis smoking
case report
compulsion
dehydration
drug withdrawal
fever
human
male
nausea
"sepsis/dt [Drug Therapy]"
tachycardia
"*vomiting/di [Diagnosis]"
"*vomiting/dt [Drug Therapy]"
"antibiotic agent/dt [Drug Therapy]"
"antiemetic agent/dt [Drug Therapy]"
"*cannabis/to [Drug Toxicity]"
"creatinine/ec [Endogenous Compound]"
infusion fluid
"urea/ec [Endogenous Compound]"

Source: EMBASE

4. Paraoxonase 1 status and interactions between Q192R functional genotypes by smoking contribute significantly to total plasma radical trapping antioxidant potential

Citation: Neuroscience Letters, October 2014, vol./is. 581/(46-51), 0304-3940;1872-7972 (03 Oct 2014)

Author(s): Bortolasci C.C.; Maes M.; Vargas H.O.; Souza-Nogueira A.; Moreira E.G.; Nunes S.O.V.; Berk M.; Dodd S.; Barbosa D.S.

Institution: (Bortolasci, Souza-Nogueira) Laboratory of Graduation Research, State University of Londrina, Londrina, Parana, Brazil; (Maes, Berk, Dodd) Impact Strategic Research Centre, Deakin University, Geelong, Victoria, Australia; (Maes) Department of Psychiatry, Chulalongkorn University, Bangkok, Thailand; (Maes, Barbosa) Health Sciences Graduate Program, State University of Londrina, Londrina, Parana, Brazil; (Vargas, Nunes) Department of Psychiatry, State University of Londrina, Londrina, Parana, Brazil; (Moreira) Department of Physiological Sciences, State University of Londrina, Londrina, Parana, Brazil; (Berk, Dodd) Department of Psychiatry, University of Melbourne, Parkville, Victoria, Australia; (Berk) Orygen Research Centre, Parkville, Australia; (Berk) Florey Institute for Neuroscience and Mental Health, Parkville, Australia

Language: English

Abstract: The measurement of the total radical trapping antioxidant potential (TRAP) is a general marker of peripheral blood antioxidant defenses. Paraoxonase 1 (PON1) is a potent antioxidant, which protects against lipid peroxidation. The study aimed to examine the relation between TRAP levels and PON1 activity, PON1 Q192R functional genotypes, smoking, interactions between PON1 genotypes and smoking, and mood disorders, while adjusting for effects of ethnicity, marital status, body mass index (BMI) and gender. The analyses were performed in 197 controls and 136 subjects with mood disorders. TRAP levels were significantly associated with higher plasma PON1 activity, the RR functional genotype, non smoking by RR carriers, male gender and a higher BMI. TRAP levels were significantly lower in patients with mood disorders than in controls, but this association was no longer significant after considering the effects of the above predictors. The risk in the subgroup with low TRAP levels is increased by a smoking X RR genotype interaction and decreased by male gender, the RR genotype, and higher BMI and PON1 activity. Plasma PON1 activity, the PON1 Q192R functional genotypes and specific interactions between this genotype and smoking contribute significantly to TRAP levels. Gender and BMI also appear to influence TRAP levels. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 64-17-5 (alcohol); 56305-04-5 (trolox C)

Publication Type: Journal: Article

Subject Headings:
adult
aged
*antioxidant activity
*antioxidant blood level
article
"bipolar disorder/di [Diagnosis]"
"bipolar disorder/dt [Drug Therapy]"
*blood level
body mass
controlled study
diagnosis related group
disease severity
educational status
enzyme activity
ethnicity

female
genotype
*genotype environment interaction
Hamilton scale
human
lipid peroxidation
major clinical study
"major depression/di [Diagnosis]"
"major depression/dt [Drug Therapy]"
male
marriage
"*mood disorder/di [Diagnosis]"
"*mood disorder/dt [Drug Therapy]"
priority journal
protein expression
protein interaction
sex difference
*smoking
"tobacco dependence/di [Diagnosis]"
"tobacco dependence/dt [Drug Therapy]"
alcohol
"*antioxidant/ec [Endogenous Compound]"
"*aryldialkylphosphatase 1/ec [Endogenous Compound]"
"psychotropic agent/dt [Drug Therapy]"
"*total radical trapping antioxidant potential/ec [Endogenous Compound]"
trolox C
unclassified drug

Source: EMBASE

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

5. A cross-cultural analysis of Jammu, Kashmir and Ladakh (India) medicinal plant use

Citation: Journal of Ethnopharmacology, September 2014, vol./is. 155/2(925-986), 0378-8741;1872-7573 (11 Sep 2014)

Author(s): Gairola S.; Sharma J.; Bedi Y.S.

Institution: (Gairola, Bedi) Plant Biotechnology Division, CSIR-Indian Institute of Integrative Medicine, Canal Road, Jammu 180001, India; (Gairola, Bedi) Academy of Scientific and Innovative Research, Anusandhan Bhawan, 2 Rafi Marg, New Delhi 110001, India; (Sharma) Department of Botany, University of Jammu, Jammu 180006, Jammu and Kashmir, India

Language: English

Abstract: Ethnopharmacological relevance Jammu & Kashmir (J&K) is a predominantly Himalayan state in the north-western part of India. It has three geographically distinct divisions viz.;Jammu, Kashmir and Ladakh, which are immensely rich in their biological and cultural diversity. Medicinal plants are an important element of indigenous medical system of the region. The main goal of the present article is to examine the use of ethnomedicinal plants in three divisions of J&K and to discuss cross-cultural consensus on the use of medicinal plants in these divisions. The article also discusses the gaps in the current state of knowledge on ethnomedicinal plants of the region and gives recommendations for the future studies. Materials and Methods Scientific literature on ethnomedicinal field studies conducted in J&K state of India available in the journals, edited books and other scientific databases viz.;CAB international, DOAJ, Google Scholar, PubMed, Science direct, SciFinder, Scopus and Web of Science were searched. Only field based ethnomedicinal surveys from last four decades up to December 2013 reporting first hand information on the medicinal plants used to treat human health related ailments by indigenous communities of J&K were included in this study. Venn diagram was used to analyze the cross-cultural consensus on the use of ethnomedicinal plants in

the three divisions of J&K. Results A total of 948 plant taxa (923 angiosperms, 12 gymnosperms and 13 pteridophytes) belonging to 129 families, 509 genera, 937 species and 11 varieties have so far been reported to have a traditional medicinal use by indigenous communities of J&K. Asteraceae (60 genera, 132 spp.) was the most frequently used family followed by Fabaceae (32 genera, 50 spp.) and Lamiaceae (27 genera, 55 spp.). 514, 415 and 397 medicinal plants were used in Jammu, Kashmir and Ladakh divisions, respectively. Sixty eight plant taxa were used in all the three divisions, whereas 95 plants were common between Ladakh and Jammu, 127 plants between Ladakh and Kashmir, and 216 plants between Jammu and Kashmir. Maximum numbers of plant taxa were used for treating dermatological problems (321), followed by cold, cough and throat related ailments (250), fever (224), joint and muscle related ailments (215), gastrointestinal disorders (210), urogenital ailments (199), respiratory ailments (151), body pain (135) and gynecological disorders (127). Conclusions This is the first study from the J&K state, which has examined the medicinal plant use in three divisions of J&K and discussed the promising medicinal plant species with cross-cultural consensus. The analysis of the data suggested that while large numbers of plants are used medicinally in each division, there is a low interregional consensus and high variation between medicinal plants used in these divisions, which is due to both cultural divergence as well as biological distinctness. The issues related to current status of knowledge on medicinal plants used by indigenous communities of J&K have been discussed and some recommendations have been made for future studies on medicinal plants in J&K region. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Review

Subject Headings:

Abies
"abscess/dt [Drug Therapy]"
Acanthaceae
Achillea
Achyranthes aspera
aconite
Aconitum heterophyllum
Acorus calamus
Adiantum
adiantum capillus veneris
Ajuga integrifolia
"alcoholism/dt [Drug Therapy]"
Allium
"alopecia/dt [Drug Therapy]"
Amaranthaceae
Amaranthus
Amaryllidaceae
Anacardiaceae
Andrographis paniculata
"anemia/dt [Drug Therapy]"
angiosperm
Apiaceae
Apocynaceae
Araceae
Artemisia
Artemisia absinthium
"arthralgia/dt [Drug Therapy]"
"arthritis/dt [Drug Therapy]"
"ascites/dt [Drug Therapy]"
Asparagaceae
Asteraceae
"asthma/dt [Drug Therapy]"
Azadirachta indica
"backache/dt [Drug Therapy]"

basil
Berberidaceae
Berberis
"bleeding/dt [Drug Therapy]"
Boraginaceae
"brain disease/dt [Drug Therapy]"
Brassicaceae
"bronchitis/dt [Drug Therapy]"
"burn/dt [Drug Therapy]"
Caprifoliaceae
caraway
carrot
Caryophyllaceae
Centella asiatica
Chenopodium album
"chest infection/dt [Drug Therapy]"
"chickenpox/dt [Drug Therapy]"
chicory
Clematis
climate
Colchicaceae
colchicum luteum
"conjunctivitis/dt [Drug Therapy]"
"constipation/dt [Drug Therapy]"
Convolvulaceae
coriander
Corydalis
"coughing/dt [Drug Therapy]"
Crassulaceae
Cucurbitaceae
*cultural factor
Cupressaceae
Cynodon dactylon
Cyperaceae
dactylorhiza hatagirea
dandelion
"dandruff/dt [Drug Therapy]"
Datura stramonium
"dermatitis/dt [Drug Therapy]"
"diabetes mellitus/dt [Drug Therapy]"
"diarrhea/dt [Drug Therapy]"
dioscorea deltoidea
Dioscoreaceae
*drug use
Dryopteridaceae
"dysentery/dt [Drug Therapy]"
"dysuria/dt [Drug Therapy]"
Eclipta prostrata
"eczema/dt [Drug Therapy]"
Emblica officinalis
ephedra gerardiana
"epilepsy/dt [Drug Therapy]"
Epilobium
"epistaxis/dt [Drug Therapy]"
Erigeron
ethnopharmacology
Euphorbia
Euphorbiaceae
Fabaceae
"fatigue/dt [Drug Therapy]"

fern
Ficus
Ficus religiosa
"flatulence/dt [Drug Therapy]"
fruit
garlic
Gentianaceae
Geraniaceae
Geranium
Gnetophyta
"gout/dt [Drug Therapy]"
gymnosperm
"headache/dt [Drug Therapy]"
"hematuria/dt [Drug Therapy]"
human
Hydrocharitaceae
Hyoscyamus
"hysteria/dt [Drug Therapy]"
India
"indigestion/dt [Drug Therapy]"
Inula
Iridaceae
"jaundice/dt [Drug Therapy]"
Juglans regia
Juniperus
Justicia adhatoda
"kidney colic/dt [Drug Therapy]"
"kidney pain/dt [Drug Therapy]"
Lamiaceae
larkspur
"leprosy/dt [Drug Therapy]"
"leukoderma/dt [Drug Therapy]"
Liliaceae
"liver disease/dt [Drug Therapy]"
Lythraceae
maize
"malaria/dt [Drug Therapy]"
Malvaceae
*medicinal plant
"menstrual irregularity/dt [Drug Therapy]"
Mentha
Mentha arvensis
Mentha longifolia
Moraceae
"mumps/dt [Drug Therapy]"
"nausea/dt [Drug Therapy]"
Nepeta
Nymphaea
Nymphaeaceae
"obesity/dt [Drug Therapy]"
Oleaceae
Onagraceae
"oral blister/dt [Drug Therapy]"
Orchidaceae
Orobanchaceae
"otalgia/dt [Drug Therapy]"
"paralysis/dt [Drug Therapy]"
Pedicularis
Peganum harmala
Persicaria

"pertussis/dt [Drug Therapy]"
"pharyngitis/dt [Drug Therapy]"
Picrorhiza kurroa
Pinaceae
pine
plant leaf
plant seed
plant stem
Plantaginaceae
Plantago
Poaceae
Polygonaceae
pomegranate
Potentilla
Primulaceae
"pruritus/dt [Drug Therapy]"
Pteridaceae
Ranunculaceae
review
Rheum
rhizome
Rhodiola
Rosaceae
rose
Rubia cordifolia
Rubiaceae
Rumex
Rutaceae
Salicaceae
Sapindaceae
Saussurea
Saussurea costus
Saxifragaceae
"scorpion sting/dt [Drug Therapy]"
Scrophulariaceae
Solanaceae
Solanum
species
"speech disorder/dt [Drug Therapy]"
"sprain/dt [Drug Therapy]"
"stomach pain/dt [Drug Therapy]"
Tanacetum
Taraxacum campylodes
Thlaspi arvense
"thorax pain/dt [Drug Therapy]"
"tooth pain/dt [Drug Therapy]"
topography
Tribulus terrestris
"typhoid fever/dt [Drug Therapy]"
"ulcer/dt [Drug Therapy]"
Urtica dioica
Urticaceae
vegetation
verbascum thapsus
"verruca vulgaris/dt [Drug Therapy]"
"vertigo/dt [Drug Therapy]"
Viola
Viola odorata
"vitiligo/dt [Drug Therapy]"
"vomiting/dt [Drug Therapy]"

"wound/dt [Drug Therapy]"
Zanthoxylum armatum
Zingiberaceae
"herbaceous agent/dt [Drug Therapy]"

Source: EMBASE

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

6. Persistence and healthcare utilization associated with the use of buprenorphine/naloxone film and tablet formulation therapy in adults with opioid dependence

Citation: Journal of Medical Economics, September 2014, vol./is. 17/9(626-636), 1369-6998;1941-837X (September 2014)

Author(s): Clay E.; Khemiri A.; Zah V.; Aballea S.; Ruby J.; Asche C.V.

Institution: (Clay, Khemiri, Aballea) Creativ-Ceutical, Paris, France; (Zah) ZRx Outcomes Research Inc., Mississauga, ON, Canada; (Ruby) Reckitt Benckiser Pharmaceuticals, Inc., Richmond, VA, United States; (Asche) Center for Outcomes Research, University of Illinois College of Medicine at Peoria, Peoria, IL, United States

Language: English

Abstract: Background: Buprenorphine/naloxone film was developed to improve retention in treatment and reduce public health risks over the tablet formulation for opioid dependence. Objectives: To compare patient persistence and resource utilization between formulations for the treatment of opioid dependence. Methods: A longitudinal, retrospective cohort analysis was conducted to compare persistence and healthcare costs in a private US insurance claims database. Previously untreated patients, who initiated treatment with buprenorphine/ naloxone following the introduction of the film, were classified in two groups according to the initial prescription. Persistence was defined as the proportion of patients continuing treatment for at least 6 months. Resource utilization and related costs were calculated over the 6- and 12-month periods after treatment initiation. Results: Film and tablet groups included 2796 and 1510 patients enrolled over 9.76 and 13.76 months on average, respectively, from initiation of treatment. Patient characteristics were similar between groups. Mean prescribed doses were 14.62 and 14.26 mg/day in film and tablet groups. Among patients enrolled for at least 6 months from the initial treatment, persistence rates were 63.78% with film vs 58.13% with tablet. Time to treatment discontinuation was longer in the film group, with a hazard ratio of 0.818 ($p = 0.0005$, 95% CI = [0.730;0.916]) adjusted for baseline characteristics. Patients treated with film had significantly more outpatient visits (+4%, $p = 0.0185$) and lower probability to be hospitalized (-17%, $p = 0.0158$), resulting in lower total healthcare costs over the 12-month period after initiation (-27%, $p < 0.0001$). Conclusions: Patients treated with the film formulation of buprenorphine/naloxone appeared to stay longer on treatment, have a lower probability of hospital admission, and lower health care costs compared to patients treated with the tablet. This study, based on insurance claims data, has the advantage of reflecting real-world practice, but one cannot rule out the existence of bias due to differences in patient or prescriber profiles, despite adjustments made for observed characteristics at treatment initiation. 2014 Informa UK Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

Publication Type: Journal: Article

Subject Headings:
adult
article
cohort analysis
comparative study
data base
female
hazard ratio
health care cost

*health care utilization
health hazard
hospital admission
hospital department
human
ICD-9
longitudinal study
major clinical study
male
*medication compliance
monotherapy
"*opiate addiction/dt [Drug Therapy]"
outcome assessment
outpatient
prescription
private health insurance
retrospective study
*tablet formulation
time to treatment
"*buprenorphine plus naloxone/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Informa Healthcare* in *Journal of Medical Economics*

7. Project ECHO, the prison peer education project

Citation: Pain Research and Management, May 2014, vol./is. 19/3(e51), 1203-6765 (May-June 2014)

Author(s): Boyle J.

Institution: (Boyle) ECHO Institute, NM, United States; (Boyle) University of New Mexico Health Science Center, NM, United States

Language: English

Abstract: Pain and addictions management in correctional facilities can be difficult for a variety of reasons. Best pain and addictions practice recommends multimodal approaches from interdisciplinary teams to offer the most comprehensive means of care. Such approaches may be more challenging for this population. Standards of practice for correctional health, pain and addictions exist but are not well defined: The CDC has standards of practice materials dedicated to Correctional Health: http://www.cdc.gov/correctionalhealth/default.htm Clinicians serving the correctional population in New Mexico cite need for more clinical knowledge related to pain and addictions. What is Project ECHO and what has it accomplished?: Project ECHO (Extension for Community Health Outcomes) has a history of success in training primary clinicians in the management of complex conditions using multipoint video teleconferencing and case consultation, together with measurement of outcomes for patients and clinicians (published in New England Journal of Medicine, 2011, Health Affairs, 201 Project ECHO uses a Hub/Spoke design for the weekly TeleECHO clinics. Clinics usually convene during the noon hour and last 60 min to 120 min. Surveys of participating clinicians cite the noon hour as the time most conducive to learning in a distraction free environment between morning and afternoon appointments. Specialists at the "Hub" (University of New Mexico, Project ECHO) communicate via telehealth technology with clinicians at "Spoke" sites in both urban and rural communities to present cases for consultation and to receive rich didactic education. The didactics often include interactive demonstrations such as 'How to do a focused examination' and 'How to utilize motivational interviewing to engage patient participation in self-management'.

Conference Information: 35th Annual Scientific Meeting of the Canadian Pain Society Quebec City, QC Canada. Conference Start: 20140520 Conference End: 20140523

Publisher: Pulsus Group Inc.

Publication Type: Journal: Conference Abstract

Subject Headings:
*education
*pain
*society
*prison
human
addiction
United States
health
consultation
population
hospital
examination
rural population
patient
technology
telehealth
teleconference
university
medical specialist
self care
environment
patient participation
motivational interviewing
learning
videorecording
public health

Source: EMBASE

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

8. Substance misuse teaching in undergraduate medical education

Citation: BMC medical education, 2014, vol./is. 14/(34), 1472-6920 (2014)

Author(s): Carroll J.; Goodair C.; Chaytor A.; Notley C.; Ghodse H.; Kopelman P.

Institution: (Carroll) Psychology Department, University of Chester, Critchley Building, Parkgate Road, Chester, UK.

Language: English

Abstract: Over 12,000 hospital admissions in the UK result from substance misuse, therefore issues surrounding this need to be addressed early on in a doctor's training to facilitate their interaction with this client group. Currently, undergraduate medical education includes teaching substance misuse issues, yet how this is formally integrated into the curriculum remains unclear. Semi-structured interviews with 17 key members of staff responsible for the whole or part of the undergraduate medical curriculum were conducted to identify the methods used to teach substance misuse. Using a previously devised toolkit, 19 curriculum co-ordinators then mapped the actual teaching sessions that addressed substance misuse learning objectives. Substance misuse teaching was delivered primarily in psychiatry modules but learning objectives were also found in other areas such as primary care placements and problem-based learning. On average, 53 teaching sessions per medical school focused on bio-psycho-social models of addiction whereas only 23 sessions per medical school focused on professionalism, fitness to practice and students' own health in relation to substance misuse. Many sessions addressed specific learning objectives relating to the clinical features of substance dependence whereas few focused on iatrogenic addiction. Substance misuse teaching is now inter-disciplinary and the frequent focus on clinical, psychological and social effects of substance misuse

emphasises the bio-psycho-social approach underlying clinical practice. Some areas however are not frequently taught in the formal curriculum and these need to be addressed in future changes to medical education.

Publication Type: Journal: Article

Subject Headings:
*addiction
article
*curriculum
human
interview
*medical education
medical school
United Kingdom

Source: EMBASE

Full Text: Available from *Springer NHS Pilot 2014 (NESLi2)* in *BMC Medical Education*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.
Available from *Springer NHS Pilot 2014 (NESLi2)* in *BMC Medical Education*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.
Available from *BioMedCentral* in *BMC Medical Education*
Available from *National Library of Medicine* in *BMC Medical Education*
Available from *ProQuest* in *BMC Medical Education*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

9. Oral health behaviours amongst homeless people attending rehabilitation services in Ireland

Citation: Journal of the Irish Dental Association, June 2014, vol./is. 60/3(144-149), 0021-1133 (2014 Jun-Jul)

Author(s): Van Hout M.C.; Hearne E.

Language: English

Abstract: Research on oral health behaviours and dental care service uptake of drug users and those in recovery remains scant. The research aimed to explore and describe perspectives of drug users on their oral health behaviours, awareness of oral health complications caused by alcohol, cigarette and drug use, dental service uptake and opinions on improved dental service for active and recovering addicts. Two focus groups with a purposeful sample of participants (n = 15) were conducted in two treatment and rehabilitation settings. The semi-structured guide consisted of open questioning relating to dental access and uptake, oral health, awareness of oral cancers, nutrition and substance consumption on oral health, and opinions around optimum oral health and dental service provision for active drug users and those in recovery. Thematic analysis of narratives was conducted. Participants described barriers to access and uptake, poor levels of preventative dental care, DIY dentistry in the event of dental emergencies, substance use to self-medicate for dental pain, mixed awareness of the effects of sugary products and substance use on oral health and cancers, and emphasised the importance of preventative dental care and dental aesthetics when in recovery. Findings illustrate a profile of oral health behaviours in Irish drug users, with information useful for private and public practice, and in the further development of street, community and treatment setting oral health interventions.

Publication Type: Journal: Article

Subject Headings:
"addiction/co [Complication]"
"addiction/rh [Rehabilitation]"
adult
"alcoholism/co [Complication]"
"alcoholism/rh [Rehabilitation]"
article
attitude to health
"carbohydrate diet/ae [Adverse Drug Reaction]"

"dental caries/et [Etiology]"
*dental procedure
*drug use
female
*health
*health behavior
health care delivery
*homelessness
human
information processing
Ireland
male
middle aged
"mouth disease/et [Etiology]"
"mouth tumor/et [Etiology]"
nutrition
psychological aspect
self medication
"smoking/ae [Adverse Drug Reaction]"
"tooth pain/th [Therapy]"
utilization review
young adult

Source: EMBASE

10. Promising strategies for advancement in knowledge of suicide risk factors and prevention

Citation: American Journal of Preventive Medicine, September 2014, vol./is. 47/3 SUPPL. 2(S257-S263), 0749-3797;1873-2607 (September 2014)

Author(s): Sareen J.; Isaak C.; Katz L.Y.; Bolton J.; Enns M.W.; Stein M.B.

Institution: (Sareen, Isaak, Katz, Bolton, Enns) Departments of Psychiatry, Psychology, and Community Health Sciences, University of Manitoba, PZ430-771 Bannatyne Ave., Winnipeg, MB R3E 3N4, Canada; (Stein) Departments of Psychiatry and Family and Preventive Medicine, University of California, Veterans Affairs San Diego Healthcare System, San Diego, CA, United States

Language: English

Abstract: Suicide is an important public health problem. Although there have been advances in our knowledge of suicide, gaps remain in knowledge about suicide risk factors and prevention. Here, we discuss research pathways that have the potential to rapidly advance knowledge in suicide risk assessment and reduction of suicide deaths over the next decade. We provide a concise overview of the methodologic approaches that have the capacity to rapidly increase knowledge and change practice, which have been successful in past work in psychiatry and other areas of medicine. We suggest three specific pathways to advance knowledge of suicide risk factors and prevention. First, analysis of large-scale epidemiologic surveys and administrative data sets can advance the understanding of suicide. Second, given the low base rate of suicide, there is a need for networks/consortia of investigators in the field of suicide prevention. Such consortia have the capacity to analyze existing epidemiologic data sets, create multi-site cohort studies of high-risk groups to increase knowledge of biological and other risk factors, and create a platform for multi-site clinical trials. Third, partnerships with policymakers and researchers would facilitate careful scientific evaluation of policies and programs aimed at reducing suicide. Suicide intervention policies are often multifaceted, expensive, and rarely evaluated. Using quasi-experimental methods or sophisticated analytic strategies such as propensity score-matching techniques, the impact of large-scale interventions on suicide can be evaluated. Furthermore, such partnerships between policymakers and researchers can lead to the design and support of prospective RCTs (e.g., cluster randomized trials, stepped wedge designs, waiting list designs) in high-risk groups (e.g., people with a history of suicide attempts, multi-axial comorbidity, and offspring of people who have died by suicide). These research pathways could lead to rapid knowledge

uptake between communities and have the strong potential to reduce suicide. 2014 American Journal of Preventive Medicine.

Country of Publication: United States

Publisher: Elsevier Inc.

Publication Type: Journal: Article

Subject Headings:
addiction
aggression
anxiety disorder
article
child abuse
clinical trial (topic)
crisis intervention
cultural factor
depression
disease predisposition
evidence based practice
family service
financial deficit
health care policy
human
impulsiveness
medical education
medical history
medical research
mental disease
mood disorder
occupation
parenthood
partner violence
peer group
personality disorder
physical disease
preventive health service
primary medical care
race difference
religion
school health service
sex difference
social media
suicidal ideation
"*suicide/pc [Prevention]"
suicide attempt
United Kingdom
United States

Source: EMBASE

Full Text: Available from *Elsevier* in *American Journal of Preventive Medicine*

11. Treating chronic pain: The need for non-opioid options

Citation: Expert Review of Clinical Pharmacology, September 2014, vol./is. 7/5(545-550), 1751-2433;1751-2441 (September 2014)

Author(s): Garland E.L.

Institution: (Garland) Integrative Medicine, Supportive Oncology Program, Huntsman Cancer Institute, 395 South, 1500 East, Salt Lake City, UT 84112, United States; (Garland) College of Social Work, University of Utah, 395 South, 1500 East, Salt Lake City, UT 84112, United States

Language: English

Abstract: Chronic pain is a prevalent problem that exacts a significant toll on society. The medical system has responded to this issue by implementing pain management services centered on opioid pharmacotherapy. However, for many chronic pain patients, the analgesic efficacy of long-term opioids is limited. Moreover, chronic exposure to opioids can result in opioid misuse, addiction, and risk of overdose. As such, non-opioid treatment options are needed. This article first provides a selective review of cognitive, affective, and psychophysiological mechanisms implicated in chronic pain to be targeted by novel non-opioid treatments. Next, it briefly details one such treatment approach, Mindfulness-Oriented Recovery Enhancement, and describes evidence suggesting that this intervention can disrupt the risk chain linking chronic pain to prescription opioid misuse. 2014 Informa UK Ltd.

Country of Publication: United Kingdom

Publisher: Expert Reviews Ltd.

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

Publication Type: Journal: Review

Subject Headings:
analgesia
"*chronic pain/dt [Drug Therapy]"
cognition
human
opiate addiction
prescription
psychophysiology
review
risk factor
"*opiate/dt [Drug Therapy]"

Source: EMBASE

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

12. Indicators of drug-seeking aberrant behaviours: The feasibility of use in observational post-marketing cohort studies for risk management

Citation: Drug Safety, August 2014, vol./is. 37/8(639-650), 0114-5916;1179-1942 (August 2014)

Author(s): Layton D.; Osborne V.; Al-Shukri M.; Shakir S.A.W.

Institution: (Layton, Osborne, Al-Shukri, Shakir) Drug Safety Research Unit, Bursledon Hall, Blundell Lane, Southampton SO31 1AA, United Kingdom; (Layton, Osborne, Shakir) University of Portsmouth, Portsmouth, United Kingdom

Language: English

Abstract: Background: Problematic prescription drug use is reflected by or associated with drug-seeking aberrant behaviours. Research gaps include lack of post-marketing evidence and instruments. As part of the pharmacovigilance requirements, a risk management plan was developed for fentanyl buccal tablets (FEBT) by the manufacturer, with an additional pharmacovigilance activity requested by the regulatory authority, to investigate the risks of misuse, abuse, criminal use, off-label use and accidental exposure to FEBT after the product became commercially available. A Modified Prescription-Event Monitoring (M-PEM), observational, post-authorisation safety surveillance (PASS) study was conducted, with an overall aim to examine the use of FEBT in relation to their safety as prescribed in primary care in England. One of the exploratory objectives included estimating the prevalence of aberrant behaviours during FEBT treatment. Objective: To determine the feasibility of estimating the prevalence of risk factors associated with dependence on starting treatment and aberrant behaviours in patients during treatment with a prototypical abuse liable substance (fentanyl), as based on the application of an existing index (the Chabal criteria). Methods: Data were collected as part of the M-PEM

PASS study; exposure and outcome data (including risk factors for dependence and aberrant behaviours based on behavioural not clinical manifestations) were derived from questionnaires sent to primary care physicians in England during April 2008 to June 2011. For the exploratory objective of interest, descriptive statistics and simple (non-weighted) risk scores were constructed on aggregate counts (score >3 considered 'high-risk'). Supplementary analyses explored the relationship between the two indices and the characteristics of patients with aberrant behaviours and those without (crude odds ratios plus 95 % confidence interval (CI) were calculated). Results: In a cohort of 551 patients, the prevalence of at least one pre-existing risk factor for dependence was 26 % (n = 145), whilst the frequency of aberrant behaviours observed during treatment was 8 % (n = 46). Patients with aberrant behaviours had several different characteristics to patients without. The two indices were associated (chi ² df (20) = 58.72, p < 0.001), but a high-dependence risk-factor score provided a poor indication of high aberrant behaviour risk; the area under the receiver operating characteristic curve was 0.58 (95 % CI 0.41, 0.74). Limitations: Study limitations included subjectivity in relation to physicians identifying aberrant behaviours, and under-reporting thereof in PASS observational study designs. The presence of these criteria does not confirm misuse, but should be considered as a signal of problematic opioid misuse, which requires investigation. Further research is needed to develop a more robust analytical construct. Conclusion: In this PASS study, the prevalence of at least one pre-existing risk factor for dependence was 26 %, whilst the frequency of aberrant behaviours observed during treatment was 8 %. Patients with aberrant behaviours had several different characteristics to patients without. This study demonstrates the feasibility of the systematic collection of physician reports of risk factors for dependence and aberrant behaviours to facilitate the development of risk scores, using these reports to support the post-marketing risk management of products with misuse potential. 2014 The Author(s).

Country of Publication: Switzerland

Publisher: Springer International Publishing

CAS Registry Number: 437-38-7 (fentanyl)

Publication Type: Journal: Article

Subject Headings:
article
behavior disorder
cohort analysis
drug abuse
drug dependence
*drug seeking behavior
drug surveillance program
human
major clinical study
*postmarketing surveillance
priority journal
risk factor
*risk management
fentanyl

Source: EMBASE

13. Homeless healthcare: Raising the standards

Citation: Clinical Medicine, Journal of the Royal College of Physicians of London, August 2014, vol./is. 14/4(349-353), 1470-2118;1473-4893 (01 Aug 2014)

Author(s): Medcalf P.; Russell G.K.

Institution: (Medcalf) Acute Medicine, Gloucestershire Royal Hospitals, Gloucester, United Kingdom; (Medcalf) RCP Lead for Health Inequalities, Royal College of Physicians, London, United Kingdom; (Russell) Charing Cross Hospital, Imperial College Healthcare NHS Trust, London, United Kingdom

Language: English

Abstract: Over the past 3 years the number of homeless people in the UK has increased by 34%. Most will die young, largely due to treatable conditions. Secondary care can, and must, do more for the silent killer that homelessness is. Royal College of Physicians 2014. All rights reserved.

Country of Publication: United Kingdom

Publisher: Royal College of Physicians

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)

Publication Type: Journal: Article

Subject Headings:
abscess
abstinence
alcohol withdrawal
alcoholism
article
cellulitis
cost control
crowding (area)
deep vein thrombosis
drug dependence
follow up
general practitioner
*health care
health care utilization
health promotion
health service
hepatitis
*homelessness
hospital
hospital discharge
housing
human
Human immunodeficiency virus infection
leg ulcer
life expectancy
mental disease
methadone treatment
morbidity
mortality
nutritional status
patient compliance
premature mortality
primary medical care
quality of life
questionnaire
randomized controlled trial (topic)
respiratory tract disease
risk factor
secondary health care
seizure
social welfare
social worker
*standard
substance abuse
suicide attempt
tuberculosis
United Kingdom
United States
workload

alcohol
cocaine
diamorphine

Source: EMBASE

14. Electronic cigarettes, smoking and population health

Citation: Clinical Medicine, Journal of the Royal College of Physicians of London, August 2014, vol./is. 14/4(334-337), 1470-2118;1473-4893 (01 Aug 2014)

Author(s): Britton J.; Bogdanovica I.; Ashcroft R.; McNeill A.

Institution: (Britton) UK Centre for Tobacco and Alcohol Studies, Division of Epidemiology and Public Health, University of Nottingham, Nottingham NG5 1PB, United Kingdom; (Bogdanovica) UK Centre for Tobacco and Alcohol Studies, University of Nottingham, Nottingham, United Kingdom; (Ashcroft) UK Centre for Tobacco and Alcohol Studies, Queen Mary University, London, United Kingdom; (McNeill) UK Centre for Tobacco and Alcohol Studies, King College London, London, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Royal College of Physicians

CAS Registry Number: 54-11-5 (nicotine)

Publication Type: Journal: Editorial

Subject Headings:
editorial
health practitioner
mental health
nicotine replacement therapy
occupation
product safety
public health
smokeless tobacco
*smoking
smoking ban
social acceptance
"*tobacco dependence/dt [Drug Therapy]"
"*tobacco dependence/th [Therapy]"
tobacco industry
unemployment
United Kingdom
*electronic cigarette
"*nicotine/dt [Drug Therapy]"

Source: EMBASE

15. Clenbuterol toxicity: A NSW Poisons Information Centre experience

Citation: Medical Journal of Australia, March 2014, vol./is. 200/4(219-221), 0025-729X;1326-5377 (03 Mar 2014)

Author(s): Brett J.; Dawson A.H.; Brown J.A.

Institution: (Brett) Drug Health, Royal Prince Alfred Hospital, Sydney, NSW, Australia; (Dawson, Brown) NSW Poisons Information Centre, The Children's Hospital at Westmead, Sydney, NSW, Australia

Language: English

Abstract: Objective: To describe the epidemiology and toxicity of clenbuterol in exposures reported to the NSW Poisons Information Centre (NSWPIC). Design and setting: Retrospective observational study analysing data from all calls about clenbuterol exposure recorded in the NSWPIC database from 1 January 2004 to 31 December 2012. The NSWPIC

coversthe Australian jurisdictions New South Wales, Tasmania and the Australian Capital Territory 24 hours a day and provides after-hours cover for the rest of Australia for 7 nights each fortnight. Main outcome measures: Total number of exposures, source of call (hospital, health care worker, member of the public), time from exposure to call, reasons for drug use, clinical features and advice given. Results: Callers reported 63 exposures to clenbuterol, with a dramatic increase from three in 2008 to 27 in 2012. Of the 63 calls, 35 were from hospital, two from paramedics, one from general practice and 21 direct from the public. At least 53 patients (84%) required hospitalisation. The commonest reasons for use were bodybuilding and slimming. The most common features were tachycardia (24 patients), gastrointestinal disturbance (16) and tremor (11). Exposure was also associated with cardiotoxicity including one cardiac arrest in a 21-year-old man. Conclusion: Although a well recognised doping issue among elite athletes, clenbuterol use has spread out into the general public, especially during 2012, and should be considered in patients using bodybuilding or slimming products who present with protracted sympathomimetic features. The potential for misuse of this substance requires reconsideration of its current poison schedule registration and its availability.

CAS Registry Number: 21898-19-1 (clenbuterol); 37148-27-9 (clenbuterol); 439-14-5 (diazepam); 81147-92-4 (esmolol); 81161-17-3 (esmolol); 37350-58-6 (metoprolol)

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
aged
article
child
clinical feature
drug exposure
"*drug intoxication/dt [Drug Therapy]"
"*drug intoxication/ep [Epidemiology]"
drug misuse
electrocardiography
emergency call system
female
fluid resuscitation
heart arrest
heart rate
human
ingestion
major clinical study
male
observational study
preschool child
resuscitation
retrospective study
supraventricular tachycardia
symptom assessment
"*clenbuterol/to [Drug Toxicity]"
"diazepam/dt [Drug Therapy]"
"esmolol/dt [Drug Therapy]"
"metoprolol/dt [Drug Therapy]"
"metoprolol/po [Oral Drug Administration]"
"troponin/ec [Endogenous Compound]"

Source: EMBASE

16. Reaching out

Citation: Midwives, October 2010(26-29), 1479-2915 (2010 Oct-Nov)

Author(s): Price G.

Language: English

Publication Type: Journal: Article

Subject Headings:
"addiction/co [Complication]"
adolescent
adult
article
communication disorder
domestic violence
female
*health service
human
nursing organization
practice guideline
pregnancy
*social class
United Kingdom
utilization review
young adult

Source: EMBASE

17. Centrally formed acetaldehyde mediates ethanol-induced brain PKA activation

Citation: Neuroscience Letters, September 2014, vol./is. 580/(68-73), 0304-3940;1872-7972 (19 Sep 2014)

Author(s): Tarragon E.; Balino P.; Aragon C.M.G.

Institution: (Tarragon, Balino, Aragon) Area de Psicobiologia, Universitat Jaume I, Castellon de la Plana, Spain

Language: English

Abstract: Centrally formed acetaldehyde has proven to be responsible for several psychopharmacological effects induced by ethanol. In addition, it has been suggested that the cAMP-PKA signaling transduction pathway plays an important role in the modulation of several ethanol-induced behaviors. Therefore, we hypothesized that acetaldehyde might be ultimately responsible for the activation of this intracellular pathway. We used three pharmacological agents that modify acetaldehyde activity (alpha-lipoic acid, aminotriazole, and d-penicillamine) to study the role of this metabolite on EtOH-induced PKA activation in mice. Our results show that the injection of alpha-lipoic acid, aminotriazole and d-penicillamine prior to acute EtOH administration effectively blocks the PKA-enhanced response to EtOH in the brain. These results strongly support the hypothesis of a selective release of acetaldehyde-dependent Ca²⁺ as the mechanism involved in the neurobehavioral effects elicited by EtOH. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 75-07-0 (acetaldehyde); 64-17-5 (alcohol); 584-13-4 (aminotriazole); 14127-61-8 (calcium ion); 9001-05-2 (catalase); 7722-84-1 (hydrogen peroxide); 2219-30-9 (penicillamine); 52-67-5 (penicillamine); 1077-29-8 (thioctic acid); 1200-22-2 (thioctic acid); 2319-84-8 (thioctic acid); 62-46-4 (thioctic acid)

Publication Type: Journal: Article

Subject Headings:
*alcoholism
animal experiment
animal tissue
article
*brain
brain cortex
calcium transport
controlled study

corpus striatum
*enzyme activation
enzyme activity
hypothalamus
intracellular signaling
male
metabolite
mouse
nonhuman
priority journal
"*acetaldehyde/ec [Endogenous Compound]"
*alcohol
aminotriazole
"calcium ion/ec [Endogenous Compound]"
"catalase/ec [Endogenous Compound]"
"*cyclic AMP dependent protein kinase/ec [Endogenous Compound]"
"hydrogen peroxide/ec [Endogenous Compound]"
penicillamine
thioctic acid

Source: EMBASE

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

18. Revisiting the rationale for social normative interventions in student drinking in a UK population

Citation: Addictive Behaviors, December 2014, vol./is. 39/12(1823-1826), 0306-4603;1873-6327 (December 2014)

Author(s): John B.; Alwyn T.

Institution: (John) School of Psychology, University of South Wales, Pontypridd, CF37 1DL, United Kingdom; (Alwyn) Department of Applied Psychology, Cardiff Metropolitan University, Cardiff, CF5 8YP, United Kingdom

Language: English

Abstract: Objectives: Social normative re-education interventions are based on the premise that harmful student drinking is caused by misperceptions of campus drinking norms. They have become dominant despite little evidence for effectiveness, especially with heavy drinkers. The objective of this study was to explore the relative importance of social norms and other key cognitive constructs in predicting single occasion alcohol consumption in undergraduates. Methods: Design: A cross sectional survey design was utilised. Setting: Three UK universities. Participants: 367 1st year undergraduate students. Measures: Frequency and quantity of alcohol consumed; hazardous drinking; descriptive and injunctive normative perceptions of alcohol consumption were measured at 3 proximal-distal levels. Results: Participants in this study were drinking at much higher levels than previously reported (means of 20 units for males, 16 units for females on a single drinking occasion); 85% exceeded the UK government's definition of binge drinking of 8 units or more on a single occasion. Norm perceptions, which form the basis of social normative interventions, were not significant predictors of individual consumption. Cognitive appraisal of oneself as a drinker and volitional behavioural control on drinking occasions are the most important constructs in predicting heavy drinking in this sample of UK undergraduate students. The model that emerges explains 40% of the variance in single occasion consumption. Conclusions: Students are consuming levels of alcohol that will result in accumulative harm if unchecked. This study provides an explanation as to why social normative interventions are not effective. An alternative focus for reducing alcohol consumption in UK undergraduates is suggested. 2014 Elsevier Ltd.

Publication Type: Journal: Article

Subject Headings: accuracy
adult

*alcohol consumption
alcoholism
article
cognition
female
health survey
human
male
normal human
*perception
prediction
sex difference
*student attitude
undergraduate student
United Kingdom

Source: EMBASE

Full Text: Available from *Elsevier* in *Addictive Behaviors*

19. The detergent fraction is effective in the detection of IgG anti-Strongyloides stercoralis in serum samples from immunocompromised individuals

Citation: Parasitology International, December 2014, vol./is. 63/6(790-793), 1383-5769;1873-0329 (December 2014)

Author(s): da Silva H.; de Carvalho C.J.V.; Levenhagen M.A.; Costa-Cruz J.M.

Institution: (da Silva, Levenhagen, Costa-Cruz) Laboratorio de Diagnostico de Parasitoses, Instituto de Ciencias Biomedicas, Universidade Federal de Uberlandia, Uberlandia, Brazil; (de Carvalho) Ambulatorio DST - Herbert de Souza, Doencas Sexualmente Transmissiveis, Secretaria Municipal de Saude, Prefeitura Municipal de Uberlandia, Uberlandia, Brazil

Language: English

Abstract: Human strongyloidiasis is an intestinal helminthiasis that can be fatal particularly in cases of immunosuppression. The aim of this study is to assess the diagnostic accuracy of the detergent fraction (D), purified from total saline extract (SE) of Strongyloides venezuelensis, in the detection of anti-Strongyloides stercoralis IgG antibodies in serum samples from individuals coming from endemic areas for strongyloidiasis and presenting immunocompromised conditions: human immunodeficiency virus (HIV⁺), diabetes mellitus type 2, cancer, tuberculosis and alcoholism. Serum samples from 93 individuals were analyzed by ELISA, as follows: Group 1: 30 immunocompromised individuals with strongyloidiasis; Group 2: 33 immunocompromised individuals without strongyloidiasis and Group 3: 30 healthy individuals. The total saline extract (SE) and detergent fraction (D) showed a sensitivity of 73.33 and 83.33%, and specificity of 82.15 and 86.36%, respectively. The detergent fraction was effective to detect anti-S. stercoralis IgG antibodies in immunocompromised individuals with strongyloidiasis and may be applied as an important tool in the immunodiagnosis of human strongyloidiasis related to immunosuppression. 2014 Elsevier Ireland Ltd.

CAS Registry Number: 97794-27-9 (immunoglobulin G); 7647-14-5 (sodium chloride)

Publication Type: Journal: Article

Subject Headings:
adult
alcoholism
animal experiment
animal model
*antibody detection
article
blood sampling
cancer patient
controlled study
diagnostic accuracy
diagnostic test accuracy study

human
Human immunodeficiency virus infection
*immunocompromised patient
major clinical study
neoplasm
non insulin dependent diabetes mellitus
nonhuman
priority journal
rat
receiver operating characteristic
sensitivity and specificity
Strongyloides stercoralis
Strongyloides venezuelensis
"*strongyloidiasis/di [Diagnosis]"
tuberculosis
*detergent
"*helminth antibody/ec [Endogenous Compound]"
"*immunoglobulin G/ec [Endogenous Compound]"
sodium chloride
"*Strongyloides stercoralis antibody/ec [Endogenous Compound]"
unclassified drug

Source: EMBASE

Full Text: Available from *Elsevier* in *Parasitology International*

20. Benzodiazepine use among young attendees of an Irish substance treatment center

Citation: Journal of Addiction Medicine, May 2014, vol./is. 8/3(199-204), 1932-0620;1935-3227 (May-June 2014)

Author(s): Murphy K.D.; Byrne S.; McCarthy S.; Lambert S.; Sahm L.J.

Institution: (Murphy, Byrne, McCarthy, Sahm) Pharmaceutical Care Research Group, School of Pharmacy, University College Cork, College Road, Ireland; (Sahm) Department of Pharmacy, Mercy University Hospital, Cork, Ireland; (Lambert) Pharmacy Department, Cork University Hospital Matt Talbot Services, Rockview Trabeg Lawn, South Douglas Road, Douglas, Cork, Ireland

Language: English

Abstract: Objective: To describe the demographic characteristics of those service users attending Matt Talbot Services, and their current and past substance use, and to explore the use of benzodiazepines among this group. Method: There were 198 service users who attended a substance misuse treatment center in Cork, Ireland, between January 2005 and August 2011. Results: Benzodiazepines had ever been used by 51.0%, and of these, 55.8% were regular benzodiazepine users. The mean age of first use was 14.9 + 1.4 years. Regular users of benzodiazepines were regular users of significantly more substances (3, interquartile range [IQR] = 2-3) when compared with nonregular benzodiazepine users (1, IQR= 1-2). Regular benzodiazepine users showed more behavioral signs (12, IQR = 10-14) than nonregular users (9, IQR = 7-12). Physical signs were significantly different between regular (8, IQR = 6-11) and nonregular (5, IQR = 3-10) users. Conclusions: The effects of benzodiazepine misuse affect the individual, their family, and society as a whole through hospitalization, substance treatment, and crime. Identifying regular benzodiazepine users can help reduce the burden of benzodiazepines. Copyright 2014 American Society of Addiction Medicine.

CAS Registry Number: 12794-10-4 (benzodiazepine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine)

Publication Type: Journal: Article

Subject Headings: adolescent
adolescent behavior
adult
alcohol consumption

article
awareness
behavior disorder
cannabis use
cocaine dependence
demography
*drug dependence treatment
drug misuse
*drug use
female
human
Ireland
male
patient referral
priority journal
substance use
symptomatology
tobacco use
*benzodiazepine
cannabis
cocaine

Source: EMBASE

21. The future potential for cocaine vaccines

Citation: Expert Opinion on Biological Therapy, September 2014, vol./is. 14/9(1271-1283), 1471-2598;1744-7682 (September 2014)

Author(s): Orson F.M.; Wang R.; Brimijoin S.; Kinsey B.M.; Singh R.A.K.; Ramakrishnan M.; Wang H.Y.; Kosten T.R.

Institution: (Orson) Center for Translational Research in Inflammatory Diseases, Baylor College of Medicine, Department of Medicine, Bldg. 109, Rm. 234, 2002 Holcombe Blvd, Houston, TX 77030, United States; (Orson) Veterans Affairs Medical Center, Allergy, Immunology, and Rheumatology Service, Bldg. 109, Rm. 234, 2002 Holcombe Blvd, Houston, TX 77030, United States; (Wang) Houston Methodist Hospital Research Institute, Center for Inflammation and Epigenetics, Diabetes Research Center for the Diabetes and Metabolism Institute, Houston, TX, United States; (Wang) Weill Cornell Medical College of Cornell University, Houston, TX, United States; (Brimijoin) Department of Molecular Pharmacology and Experimental Therapeutics, Mayo Clinic, 200 First Street, SW, Rochester, MN, United States; (Kinsey, Singh, Ramakrishnan, Kosten) Baylor College of Medicine, Veterans Administration Medical Center, Department of Medicine, 2002 Holcombe, Houston, TX, United States; (Wang) Center for Inflammation and Epigenetics, Houston Methodist Hospital Research Institute, Houston, TX, United States

Language: English

Abstract: Introduction: Addiction to cocaine is a major problem around the world, but especially in developed countries where the combination of wealth and user demand has created terrible social problems. Although only some users become truly addicted, those who are often succumb to a downward spiral in their lives from which it is very difficult to escape. From the medical perspective, the lack of effective and safe, non-addictive therapeutics has instigated efforts to develop alternative approaches for treatment, including anticocaine vaccines designed to block cocaine's pharmacodynamic effects.Areas covered: This paper discusses the implications of cocaine pharmacokinetics for robust vaccine antibody responses, the results of human vaccine clinical trials, new developments in animal models for vaccine evaluation, alternative vaccine formulations and complementary therapy to enhance anticocaine effectiveness.Expert opinion: Robust anti-cocaine antibody responses are required for benefit to cocaine abusers, but since any reasonably achievable antibody level can be overcome with higher drug doses, sufficient motivation to discontinue use is also essential so that the relative barrier to cocaine effects will be appropriate for each individual. Combining a vaccine with achievable levels of an

enzyme to hydrolyze cocaine to inactive metabolites, however, may substantially increase the blockade and improve treatment outcomes. Informa UK, Ltd.

CAS Registry Number: 9001-08-5 (cholinesterase); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine)

Publication Type: Journal: Review

Subject Headings:
antibody affinity
antibody blood level
antibody response
antibody titer
antigen binding
circulation
"*cocaine dependence/dt [Drug Therapy]"
drug accumulation
drug blood level
drug delivery system
drug development
drug efficacy
drug formulation
drug half life
drug penetration
drug screening
drug self administration
human
hydrolysis
immune response
immune system
in vitro study
in vivo study
innate immunity
motivation
nonhuman
pharmacokinetics
phase 1 clinical trial (topic)
phase 2 clinical trial (topic)
regulatory T lymphocyte
review
reward
signal transduction
treatment outcome
treatment response
vaccination
"antibody/ec [Endogenous Compound]"
"cholinesterase/ec [Endogenous Compound]"
cocaine
"*cocaine vaccine/dt [Drug Therapy]"
enzyme
unclassified drug
"*vaccine/dt [Drug Therapy]"

Source: EMBASE

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

22. Managing misuse of novel psychoactive substances

Citation: Nursing Times, May 2014, vol./is. 110/22(12-15), 0954-7762 (28 May 2014)

Author(s): Solomon D.; Grewal P.; Taylor C.; Solomon B.

Institution: (Solomon, Grewal) Barnet, Enfield and Haringey Mental Health Trust, United Kingdom; (Taylor) University College London, Medical School, United Kingdom; (Solomon)

	Waiariki Institute of Technology, New Zealand; (Solomon) Lakes District Health Board, Rotorua, New Zealand
Language:	English
Abstract:	Solomon D et al (2014) Managing misuse of novel psychoactive substances. Nursing Times;110:22,12-15. Misuse of novel psychoactive substances, also known as legal highs, is growing in the UK. These substances include more than 200 psychoactive chemicals and are associated with harm to physical and mental health, but are not controlled under the Misuse of Drugs Act 1971 or regulated as a medicine. This article reviews the evidence relating to psychosocial interventions for illegal substance misuse to identify how therapies could improve rates of abstinence and awareness in adults who are misusing novel psychoactive substances. The evidence is limited and there is a need for further research and increased awareness among health professionals and the general population of this growing problem.
Publication Type:	Trade Journal: Review
Subject Headings:	*addiction human methodology nursing *psychiatric nursing review United Kingdom "*psychotropic agent/ae [Adverse Drug Reaction]" "*street drug/ae [Adverse Drug Reaction]"
Source:	EMBASE
Full Text:	Available from *ProQuest* in *Nursing Times; NT*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions. Available from *Nursing Times* in *Newcomb Library & Information Service*

23. An Internet snapshot study to compare the international availability of the novel psychoactive substance methiopropamine

Citation:	Clinical Toxicology, August 2014, vol./is. 52/7(678-681), 1556-3650;1556-9519 (August 2014)
Author(s):	Vermette-Marcotte A.-E.; Dargan P.I.; Archer J.R.H.; Gosselin S.; Wood D.M.
Institution:	(Vermette-Marcotte, Gosselin) McGill Emergency Medicine Residency Program, Royal Victoria Hospital, McGill University, 687 Pine Avenue West, A4.62, Montreal, QC H3A 1a1, Canada; (Dargan, Archer, Wood) Clinical Toxicology, Guy's and St Thomas' NHS Foundation Trust and King's Health Partners, London, United Kingdom; (Dargan, Wood) King's College London, London, United Kingdom
Language:	English
Abstract:	Context. With the increased use of novel psychoactive substances, there is an increasing availability of these substances from Internet-based suppliers. Methiopropamine, first reported in 2011, is a recreational drug available over the Internet. The aim of this study was to investigate availability and cost of methiopropamine in three different countries: the UK, France, and Canada. Methods. Using the European Monitoring Centre for Drugs and Drug Addiction Internet snapshot methodology, this study, conducted in June 2013, was undertaken in two different languages: in English (the UK and Canada) and in French (France and Canada), using three Internet searching engines: "google.co.uk", "google.fr" and "google.ca". Results. A total of 62 sites were found, most of them were found from the English searches. 45% of the suppliers seemed to originate from the UK. The prices of methiopropamine were comparable between suppliers, no matter which search engine or language was used. The cost of a unit of methiopropamine was inversely related to the purchased quantity, going from 19.49 + 0.15 GBP per gram for a purchase amount of 500 mg to 3.54 + 0.13 GBP per gram for a purchase amount of 1 kg. Discussion. The results of the present study demonstrate that the sale of methiopropamine has the potential to

reach users across the world. It also appears to support that snapshot studies could be used for toxicovigilance across different countries, by studying the Internet market of novel psychoactive substances. Conclusion. To date, snapshot studies, used to monitor the Internet novel psychoactive substances market, have only been undertaken in Europe. We have shown that the flexibility of this methodology enables comparison of the online activity of drug sellers between different countries and continents and that, at least for methiopropamine, the UK is the predominant source for Internet supply. 2014 Informa Healthcare USA, Inc.

Country of Publication: United States

Publisher: Informa Healthcare

Publication Type: Journal: Article

Subject Headings:
article
Canada
comparative study
cost
France
*Internet
market
monitoring
online system
United Kingdom
*methiopropamine
*psychotropic agent
recreational drug
unclassified drug

Source: EMBASE

Full Text: Available from *Informa Healthcare* in *Clinical Toxicology*

24. Epigenetically modified nucleotides in chronic heroin and cocaine treated mice

Citation: Toxicology Letters, September 2014, vol./is. 229/3(451-457), 0378-4274;1879-3169 (17 Sep 2014)

Author(s): Chao M.-R.; Fragou D.; Zanos P.; Hu C.-W.; Bailey A.; Kouidou S.; Kovatsi L.

Institution: (Chao) Department of Occupational Safety and Health, Chung Shan Medical University, Taichung 402, Taiwan (Republic of China); (Chao) Department of Occupational Medicine, Chung Shan Medical University Hospital, Taichung 402, Taiwan (Republic of China); (Fragou, Kovatsi) Laboratory of Forensic Medicine and Toxicology, School of Medicine, Aristotle University of Thessaloniki, Thessaloniki 54124, Greece; (Zanos, Bailey) Sleep, Chronobiology and Addiction Group, Faculty of Health and Medical Sciences, University of Surrey, Guildford, Surrey GU2 7XH, United Kingdom; (Hu) Department of Public Health, Chung Shan Medical University, Taichung 402, Taiwan (Republic of China); (Kouidou) Laboratory of Biological Chemistry, School of Medicine, Aristotle University of Thessaloniki, Thessaloniki 54124, Greece

Language: English

Abstract: Epigenetic changes include the addition of a methyl group to the 5' carbon of the cytosine ring, known as DNA methylation, which results in the generation of the fifth DNA base, namely 5-methylcytosine. During active or passive demethylation, an intermediate modified base is formed, 5-hydroxymethylcytosine. We have currently quantified 5-methylcytosine and 5-hydroxymethylcytosine in the liver and brain of mice treated with cocaine or heroin, using liquid chromatography/tandem mass spectrometry (LC-MS/MS). Our results show that global 5-methylcytosine levels are not affected by heroin or cocaine administration, neither in the liver nor in the brain. However, 5-hydroxymethylcytosine levels are reduced in the liver following cocaine administration, while they are not affected by cocaine in the brain or by heroin administration in the liver and the brain. Elucidation of the epigenetic phenomena that takes place with respect to drug abuse and addiction, via quantitative analysis of different modified bases, may enable a better

understanding of the underlying mechanisms and may lead to more personalized and effective treatment options. 2014 Elsevier Ireland Ltd.

CAS Registry Number: 1123-95-1 (5 hydroxymethylcytosine); 554-01-8 (5 methylcytosine); 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:
animal experiment
animal tissue
article
brain level
controlled study
*epigenetics
liquid chromatography
liver level
male
mouse
nonhuman
priority journal
quantitative analysis
tandem mass spectrometry
"5 hydroxymethylcytosine/ec [Endogenous Compound]"
"5 methylcytosine/ec [Endogenous Compound]"
*cocaine
*diamorphine
"*nucleotide/ec [Endogenous Compound]"

Source: EMBASE

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

25. Delivery of treatment for hepatitis C virus infection in the primary care setting

Citation: European Journal of Gastroenterology and Hepatology, September 2014, vol./is. 26/9(1003-1009), 0954-691X;1473-5687 (September 2014)

Author(s): Baker D.; Alavi M.; Erratt A.; Hill S.; Balcomb A.; Hallinan R.; Siriragavan S.; Richmond D.; Smart J.; Keats J.; Doong N.; Marks P.; Grebely J.; Dore G.J.

Institution: (Baker, Hill) Australasian Society for HIV Medicine (ASHM), Australia; (Baker) East Sydney Doctors, Australia; (Alavi, Erratt, Siriragavan, Marks, Grebely, Dore) Viral Hepatitis Clinical Research Program, Kirby Institute, UNSW Australia, Sydney, NSW 2052, Australia; (Hallinan) Byrne Surgery, Sydney, Australia; (Balcomb) Clinic 96, Orange, Australia; (Richmond) Cowra Medical Associ., Cowra, Australia; (Smart) Asquith Medical Centre, Asquith, Australia; (Keats) Hunter Pharmacotherapy, Newcastle, Australia; (Doong) Dr Doong's Clinic, Burwood, NSW, Australia

Language: English

Abstract: OBJECTIVES: The aim of this study was to evaluate the feasibility, safety and efficacy of treatment for chronic hepatitis C virus (HCV) infection through a primary care-based model for the delivery of HCV services in New South Wales (NSW), Australia. PARTICIPANTS AND METHODS: This observational cohort study recruited participants through seven primary care clinics in NSW, Australia, between November 2010 and June 2013. Patients with HCV genotype 2/3 were treated without specialist review, whereas those with genotype 1 required an initial specialist review. Treatment consisted of pegylated interferon-alpha-2a/2b and ribavirin. Sustained virological response and adverse events were evaluated. RESULTS: Among 41 participants (mean age 44 years, 73% men) initiating treatment with pegylated interferon-alpha-2a/2b and ribavirin, 90% had injected drugs ever, 16% had injected drugs in the past 30 days and 56% had ever received opioid substitution treatment. HCV genotype 1 and genotype 2/3 occurred in 17% (n=7) and 83% (n=34). Treatment was completed in 83% (34 of 41), with seven discontinuations [adverse event (depression), n=1; patient decision, n=1; lost

to follow-up, n=3; virological nonresponse, n=2]. In an intent-to-treat analysis, sustained virological response was 71% overall (29 of 41), 43% in genotype 1 (three of seven) and 76% in genotype 2/3 (26 of 34). CONCLUSION: Initiation of HCV treatment in the primary care setting is an effective alternative for selected patients and may contribute towards increasing access to HCV care. 2014 Wolters Kluwer Health | Lippincott Williams & Wilkins.

Country of Publication: United Kingdom

Publisher: Lippincott Williams and Wilkins

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 198153-51-4 (peginterferon alpha2a); 215647-85-1 (peginterferon alpha2b); 36791-04-5 (ribavirin)

Publication Type: Journal: Article

Subject Headings:
adult
"anemia/si [Side Effect]"
article
Australia
clinical article
clinical evaluation
cohort analysis
controlled study
"depression/si [Side Effect]"
drug efficacy
drug safety
drug withdrawal
feasibility study
female
"*hepatitis C/dt [Drug Therapy]"
*Hepatitis C virus
Hepatitis C virus genotype 1
Hepatitis C virus genotype 2
Hepatitis C virus genotype 3
human
intention to treat analysis
intravenous drug abuse
male
medical specialist
multicenter study
"neutropenia/si [Side Effect]"
observational study
"opiate addiction/dt [Drug Therapy]"
opiate substitution treatment
patient decision making
primary medical care
priority journal
"thrombocytopenia/si [Side Effect]"
treatment response
virology
virus strain
"buprenorphine/dt [Drug Therapy]"
"buprenorphine plus naloxone/dt [Drug Therapy]"
"methadone/dt [Drug Therapy]"
opiate
"peginterferon alpha2a/ae [Adverse Drug Reaction]"
"peginterferon alpha2a/dt [Drug Therapy]"
"peginterferon alpha2b/ae [Adverse Drug Reaction]"
"peginterferon alpha2b/dt [Drug Therapy]"

"ribavirin/ae [Adverse Drug Reaction]"
"ribavirin/dt [Drug Therapy]"

Source: EMBASE

26. Potentially modifiable deployment characteristics and new-onset alcohol abuse or dependence in the US National Guard

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(325-332), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Orr M.G.; Prescott M.R.; Cohen G.H.; Calabrese J.R.; Tamburrino M.B.; Liberzon I.; Galea S.

Institution: (Orr) Social and Decision Analytics Lab-Virginia Bioinformatics Inst., Virginia Polytechnic Inst. and State Univ., National Capital Region, 900 N. Glebe Rd., Arlington, VA 22203, United States; (Prescott) Microclinic International, 388 Market St., Suite 1300/addl, San Francisco, CA 94111, United States; (Cohen, Galea) Department of Epidemiology, Columbia University Mailman School of Public Health, 722 W. 168th St., New York, NY 10032, United States; (Calabrese) University Hospitals Case Medical Center, Case Western Reserve University, 10524 Euclid Ave., Cleveland, OH 44106, United States; (Tamburrino) Department of Psychiatry, University of Toledo College of Medicine, Mail Stop 1193, 3120 Glendale Ave., Toledo, OH 43614, United States; (Liberzon) Department of Psychiatry, University of Michigan, Rachel Upjohn Bldg., 4250 Plymouth Rd., Ann Arbor, MI 48105, United States; (Liberzon) Veterans Affairs Medical Center, 2215 Fuller Road, Ann Arbor, MI 48105, United States

Language: English

Abstract: Background: There is a limited amount of data examining the relation between the onset of alcohol abuse/dependence and the experiences of soldiers prior to (pre), during (peri) and after (post) military deployment. Some deployment characteristics, e.g., military unit cohesion, are potentially modifiable in the context of reducing alcohol abuse/dependence peri-/post deployment. We investigated the associations between potentially modifiable deployment characteristics and peri-/post (incident) alcohol abuse/dependence among deployed Ohio Army National Guard (OHARNG) soldiers. Methods: Using a sample of OHARNG (June, 2008 to February, 2009), eligible participants were ever been deployed and did not report alcohol abuse/dependence prior to deployment (final sample size. = 963). Interviews assessed soldiers' alcohol abuse/dependence, depression, PTSD, deployment related factors (e.g., exposure to warzone stressors) and three deployment characteristics (pre-deployment preparedness, unit support during deployment, and post-deployment social support). Associations between the three deployment characteristics and incident alcohol abuse/dependence (defined as abuse or dependence at any point during or after deployment) were estimated using logistic regression. Results: Only pre-deployment preparedness was associated with incident alcohol abuse/dependence (a non-linear inverted-u shaped relation) when controlling for demographics, deployment related factors (e.g., exposure to warzone stressors), and the presence of psychopathology that exhibited peri-/post-deployment. We present these results graphically, plotting incident alcohol abuse/dependence over the levels of pre-deployment preparedness. Conclusions: The association between pre-deployment preparedness and alcohol abuse/dependence may be characterized as an inverted-U shaped function. Suggestions for how and whether to modify pre-deployment preparedness in an effort to reduce peri-/post-deployment alcohol abuse or dependence should await further research. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
*alcohol abuse
*alcoholism
article

correlational study
demography
depression
female
human
incidence
job stress
male
middle aged
*military deployment
post deployment social support
posttraumatic stress disorder
Pre-Deployment Preparedness
priority journal
soldier
unit support during deployment
United States
war
young adult

Source: EMBASE

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

27. What is the evidence for hardening in the cigarette smoking population? Trends in nicotine dependence in the U.S., 2002-2012

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(333-340), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Smith P.H.; Rose J.S.; Mazure C.M.; Giovino G.A.; McKee S.A.

Institution: (Smith, Mazure, McKee) Department of Psychiatry, Yale University, 2 Church Street South, Suite 109, New Haven, CT 06519, United States; (Rose) Department of Psychology, Wesleyan University, 207 High Street, Middletown, CT 06459, United States; (Smith, Mazure, McKee) Women's Health Research at Yale, United States; (Giovino) Community Health and Health Behavior, University at Buffalo, SUNY, Buffalo, NY 14214, United States

Language: English

Abstract: Background: It is unclear whether declines in cigarette smoking in the U.S. have resulted in a hardened population of "hardcore" smokers. We studied changes in nicotine dependence severity from 2002 to 2012, using data from the National Survey on Drug Use and Health. Methods: We used generalized non-linear factor analysis to examine whether individual Nicotine Dependence Syndrome Scale (NDSS) items functioned differently over time, and whether average NDSS scores changed in a sample of 130,637 current smokers. We also examined trends for individual NDSS sub-scales and whether trends were moderated by tobacco consumption and socio-demographic factors. Results: Consumption levels and dependence severity both declined over the study period. This decline was driven by priority (e.g., avoiding smoke-free locations) and tolerance dimensions of dependence, while drive (e.g., craving and smoking to relieve negative affect) and continuity (e.g., stability) of smoking did not change. Declines for tolerance were greatest among those without serious psychological distress and among middle-aged smokers. Drive and continuity increased among women and low income smokers. Conclusions: We did not find evidence of hardening at the population level for smokers in the U.S., 2002-2012. However, there is evidence of hardening when considering drive and continuity-related nicotine dependence among women and low-income smokers, suggesting these sub-groups are experiencing greater severity of craving, smoking to relieve negative affect, and regularity of smoking despite reduced consumption. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
age distribution
aged
article
child
disease severity
female
human
lowest income group
major clinical study
male
middle aged
Nicotine Dependence Syndrome Scale
prevalence
priority journal
rating scale
sex difference
*smoking
smoking habit
social status
tobacco consumption
*tobacco dependence
trend study
United States
withdrawal syndrome
young adult

Source: EMBASE

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

28. Serum brain-derived neurotrophic factor and nerve growth factor decreased in chronic ketamine abusers

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(290-294), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Ke X.; Ding Y.; Xu K.; He H.; Zhang M.; Wang D.; Deng X.; Zhang X.; Zhou C.; Liu Y.; Ning Y.; Fan N.

Institution: (Ke, Ding, He, Zhang, Wang, Zhou, Liu, Ning, Fan) Guangzhou Brain Hospital, The Affiliated Hospital of Guangzhou Medical University, 36 Mingxin Road, Liwan District, Guangzhou, Guangdong 510370, China; (Ke) Shenzhen Mental Health Center, 1080 Cuizhu Road, Luohu District, Shenzhen, Guangdong 518020, China; (Xu) Department of Psychiatry, Yale School of Medicine, 300 George street, New Haven, CT 06510, United States; (Deng, Zhang) Guangzhou Baiyun Voluntary Drug Rehabilitation Hospital, 586 North of Baiyun Road, Baiyun District, Guangzhou, Guangdong 510440, China

Language: English

Abstract: Aims: This study investigated the serum levels of brain-derived neurotrophic factor (BDNF) and nerve growth factor (NGF) in a group of chronic ketamine abusers in comparison to healthy controls. The correlations between the serum BDNF, NGF level with the subjects' demographic, pattern of ketamine use were also examined. Methods: 93 subjects who met the criteria of ketamine dependence and 39 healthy subjects were recruited. Serum BDNF and NGF levels were assayed by enzyme-linked immunosorbent assay (ELISA). Psychopathological symptoms were assessed using Positive and Negative Syndrome Scale (PANSS), Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI). Results: Both serum levels of BDNF and NGF were significant lower in the ketamine users compared to the healthy control subjects (9.50. +. 6.68 versus 14.37. +. 6.07. ng/ml, p= 0.019 for BDNF; 1.93. +. 0.80 versus 2.60. +. 1.07. ng/ml, p= 0.011 for NGF). BDNF level was negatively associated with current frequency of ketamine use (r=

-0.209, p= 0.045). Conclusions: Both BDNF and NGF serum concentrations were significantly lower among chronic ketamine users than among health controls. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 218441-99-7 (brain derived neurotrophic factor); 1867-66-9 (ketamine); 6740-88-1 (ketamine); 81771-21-3 (ketamine); 9061-61-4 (nerve growth factor)

Publication Type: Journal: Article

Subject Headings:
adult
alcohol consumption
anxiety disorder
article
Beck Anxiety Inventory
Beck Depression Inventory
controlled study
correlational study
depression
drug abuse
*drug dependence
enzyme linked immunosorbent assay
female
human
major clinical study
male
Positive and Negative Syndrome Scale
priority journal
*protein blood level
smoking
"*brain derived neurotrophic factor/ec [Endogenous Compound]"
*ketamine
"*nerve growth factor/ec [Endogenous Compound]"

Source: EMBASE

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

29. Adverse childhood experiences and interaction with methamphetamine use frequency in the risk of methamphetamine-associated psychosis

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(295-300), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Ding Y.; Lin H.; Zhou L.; Yan H.; He N.

Institution: (Ding, Zhou, Yan, He) Department of Epidemiology, School of Public Health, Fudan University and The Key Laboratory of Public Health Safety of Ministry of Education, Shanghai, China; (Lin) Taizhou City Center for Disease Control and Prevention, Taizhou City, Zhejiang Province, China; (He) Department of Behavioral Sciences and Health Education, Rollins School of Public Health, Emory University, Atlanta, GA, United States

Language: English

Abstract: Background: This study aims to examine adverse childhood experiences (ACEs), its interaction with methamphetamine (METH) use (e.g., frequency, duration, and dependence) and METH-associated risk of psychosis. Methods: This was a cross-sectional study conducted among METH users at a drug rehabilitation center in China. Participants were assessed using Mini International Neuropsychiatric Interview for METH-associated psychosis. Results: Of 189 participants, 50.5% reported at least one of eight ACE categories and 35.4% had past history of a psychotic episode. After adjusting for age, sex, education, and marital status, all ACE categories except emotional abuse and parental separation or divorce increased the risk of ever experiencing METH-associated

psychosis. When comparing participants who reported no ACEs, those with three or more ACEs had higher risks of lifetime psychosis (OR. = 4.5, 95% CI: 1.6-12.6). Relationship between number of ACEs and lifetime psychosis was graded (p<. .01). The interaction between frequency of METH use (>4 vs. <4 times/month) and number of ACEs on the risk of METH-associated psychosis was statistically significant (p= 0.02), showing a trend of adjusted OR decreased significantly as the number of ACEs increased. Conclusions: These analyses indicate that childhood adversities increase the individual's vulnerability to METH-associated psychosis. Further larger longitudinal studies are warranted. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 42542-10-9 (3,4 methylenedioxymethamphetamine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1867-66-9 (ketamine); 6740-88-1 (ketamine); 81771-21-3 (ketamine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 28297-73-6 (methamphetamine); 51-57-0 (methamphetamine); 537-46-2 (methamphetamine); 7632-10-2 (methamphetamine); 52-26-6 (morphine); 57-27-2 (morphine)

Publication Type: Journal: Article

Subject Headings:
adult
*adverse childhood experience
article
battered woman
child sexual abuse
China
comparative study
controlled study
cross-sectional study
disease association
disease duration
disease predisposition
divorce
drug dependence treatment
drug use
drug use frequency
emotional abuse
*experience
female
high risk population
human
*life event
major clinical study
male
medical history
*methamphetamine associated psychosis
"*methamphetamine dependence/rh [Rehabilitation]"
mini international neuropsychiatric interview
physical abuse
prevalence
priority journal
*psychosis
trend study
3 4 methylenedioxymethamphetamine
cannabis
diamorphine
ketamine
methadone

*methamphetamine
morphine

Source: EMBASE

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

30. Use of continuous transdermal alcohol monitoring during a contingency management procedure to reduce excessive alcohol use

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(301-306), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Dougherty D.M.; Hill-Kapturczak N.; Liang Y.; Karns T.E.; Cates S.E.; Lake S.L.; Mullen J.; Roache J.D.

Institution: (Dougherty, Hill-Kapturczak, Karns, Cates, Lake, Mullen, Roache) Psychiatry Department, The University of Texas Health Science Center at San Antonio, NRLC MC 7793, 7703 Floyd Curl Drive, San Antonio, TX 78229, United States; (Liang) Department of Epidemiology and Biostatistics, The University of Texas Health Science Center at San Antonio, NRLC MC 7793, 7703 Floyd Curl Drive, San Antonio, TX 78229, United States

Language: English

Abstract: Background: Research on contingency management to treat excessive alcohol use is limited due to feasibility issues with monitoring adherence. This study examined the effectiveness of using transdermal alcohol monitoring as a continuous measure of alcohol use to implement financial contingencies to reduce heavy drinking. Methods: Twenty-six male and female drinkers (from 21 to 39 years old) were recruited from the community. Participants were randomly assigned to one of the two treatment sequences. Sequence 1 received 4 weeks of no financial contingency (i.e., $0) drinking followed by 4 weeks each of $25 and then $50 contingency management; Sequence 2 received 4 weeks of $25 contingency management followed by 4 weeks each of no contingency (i.e., $0) and then $50 contingency management. During the $25 and $50 contingency management conditions, participants were paid each week when the Secure Continuous Remote Alcohol Monitor (SCRAM-II) identified no heavy drinking days. Results: Participants in both contingency management conditions had fewer drinking episodes and reduced frequencies of heavy drinking compared to the $0 condition. Participants randomized to Sequence 2 (receiving $25 contingency before the $0 condition) exhibited less frequent drinking and less heavy drinking in the $0 condition compared to participants from Sequence 1. Conclusions: Transdermal alcohol monitoring can be used to implement contingency management programs to reduce excessive alcohol consumption. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
alcohol consumption
alcoholic beverage
"*alcoholism/th [Therapy]"
article
behavior change
*contingency management
*continuous transdermal alcohol monitoring
controlled study
drinking behavior
female
health program
human
major clinical study
male
outcome assessment

*patient monitoring
priority journal
*reward
self report

Source: EMBASE

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

31. Social housing conditions influence morphine dependence and the extinction of morphine place preference in adolescent mice

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(283-289), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Bates M.L.S.; Emery M.A.; Wellman P.J.; Eitan S.

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Language: English

Abstract: Background: Adolescent opioid abuse is on the rise, and current treatments are not effective in reducing rates of relapse. Our previous studies demonstrated that social housing conditions alter the acquisition rate of morphine conditioned place preference (CPP) in adolescent mice. Specifically, the acquisition rate of morphine CPP is slower in morphine-treated animals housed with drug-naive animals. Thus, here we tested the effect of social housing conditions on the development of morphine dependence and the extinction rate of an acquired morphine CPP. Methods: Adolescent male mice were group-housed in one of two housing conditions. They were injected for 6 days (PND 28-33) with 20. mg/kg morphine. Morphine only mice are animals where all four mice in the cage received morphine. Morphine cage-mate mice are morphine-injected animals housed with drug-naive animals. Mice were individually tested for spontaneous withdrawal signs by quantifying jumping behavior 4, 8, 24, and 48. h after the final morphine injection. Then, mice were conditioned to acquire morphine CPP and were tested for the rate of extinction. Results: Morphine cage-mates express less jumping behavior during morphine withdrawal as compared to morphine only mice. As expected, morphine cage-mate animals acquired morphine CPP more slowly than the morphine only animals. Additionally, morphine cage-mates extinguished morphine CPP more readily than morphine only mice. Conclusions: Social housing conditions modulate morphine dependence and the extinction rate of morphine CPP. Extinction testing is relevant to human addiction because rehabilitations like extinction therapy may be used to aid human addicts in maintaining abstinence from drug use. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 52-26-6 (morphine); 57-27-2 (morphine)

Publication Type: Journal: Article

Subject Headings:
adolescent
animal behavior
animal experiment
*animal housing
animal model
article
cage
controlled study
jumping
long term exposure
male
*morphine addiction
mouse

nonhuman
*place preference
priority journal
*reinforcement
reward
sensitization
withdrawal syndrome
morphine

Source: EMBASE

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

32. Using conditioned suppression to investigate compulsive drug seeking in rats

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(314-324), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Limpens J.H.W.; Schut E.H.S.; Voorn P.; Vanderschuren L.J.M.J.

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Language: English

Abstract: Background: Persistent drug seeking despite harmful consequences is a defining characteristic of addiction. Recent preclinical studies have demonstrated the occurrence of this hallmark feature of addictive behaviour in rodents. For example, it has been shown that the ability of an aversive conditioned stimulus (CS) to suppress cocaine seeking was diminished after an extended self-administration history. The present study aimed to optimize the experimental conditions to examine conditioned suppression of sucrose and cocaine seeking in rats, and its dependence on the longevity of self-administration experience. Methods: We investigated whether conditioned suppression depends on the intensity and quantity of footshocks during conditioning. In addition, the effects of CS omission, extinction and reconditioning were investigated, as well as the influence of the CS interval sequence on conditioned suppression. We also compared conditioned suppression after a limited and extended sucrose or cocaine self-administration history. Results: We found that conditioned suppression depended on the intensity rather than the quantity of footshocks, whereby a higher footshock intensity was necessary to induce suppression of cocaine seeking compared to sucrose seeking. Conditioned suppression was most pronounced when the test started with presentation of the aversive CS, and conditioned suppression could be extinguished and reacquired. In addition, conditioned suppression of cocaine, but not sucrose seeking was reduced after extended self-administration experience. Conclusions: These data provide a detailed analysis of conditioned suppression of cocaine and sucrose seeking. Importantly, we confirm the usefulness of conditioned suppression to study persistent drug seeking after prolonged drug self-administration. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 122880-25-5 (sucrose); 57-50-1 (sucrose)

Publication Type: Journal: Article

Subject Headings: animal experiment
animal model
article
aversive behavior
behavior control
compulsion

conditioned response anxiety test
*conditioned suppression
*conditioning
controlled study
*drug seeking behavior
evoked response
fear
footshock
male
motivation
nonhuman
priority journal
rat
reaction optimization
reinforcement
self administration test
cocaine
sucrose

Source: EMBASE

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

33. Nicotine exposure beginning in adolescence enhances the acquisition of methamphetamine self-administration, but not methamphetamine-primed reinstatement in male rats

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(341-344), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Pipkin J.A.; Kaplan G.J.; Plant C.P.; Eaton S.E.; Gil S.M.; Zavala A.R.; Crawford C.A.

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Language: English

Abstract: Background: Nicotine is commonly abused in adolescence and is believed to be a "gateway" to other drugs of abuse [e.g., methamphetamine (METH)]. The relationship between early nicotine exposure and later METH use is complicated because the majority of juvenile smokers continue to use cigarettes into adulthood. Thus, the present investigation examined the individual and combined contribution of adolescent and adult nicotine exposure on METH self-administration. Methods: Forty-three male rats were pretreated with saline or nicotine (0.16 or 0.64. mg/kg, SC) from postnatal day (PD) 35-50. On PD 51, subjects were split into the following groups: SAL-SAL, 0.16-0.16, 0.16-SAL, 0.64-0.64, and 0.64-SAL. Rats were then trained to lever press for METH (0.05. mg/kg) for seven days on an FR1 and seven days on an FR3 reinforcement schedule. After acquisition training, rats underwent 14 days of extinction and were then tested for METH-induced primed reinstatement (1.0. mg/kg, IP). Results: Data showed that rats receiving continuous injections of the low dose of nicotine (0.16-0.16) obtained more METH infusions versus the control group (SAL-SAL) on an FR1 and FR3 schedule. In addition, rats on the FR3 schedule that received a low dose of nicotine during the adolescent period only (0.16-SAL) had more METH intake than the control group (SAL-SAL). Interestingly, the high dose of nicotine exposure had no effect on METH intake and neither nicotine dose altered METH seeking behavior. Conclusions: Low dose exposure to nicotine during adolescence enhances the reinforcing effects of METH, while heavier exposure has no effect on METH intake. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 28297-73-6 (methamphetamine); 51-57-0 (methamphetamine); 537-46-2 (methamphetamine); 7632-10-2 (methamphetamine); 54-11-5 (nicotine); 7647-14-5 (sodium chloride)

Publication Type: Journal: Article

Subject Headings:
adolescent
adolescent smoking
adult
animal behavior
animal experiment
article
continuous infusion
controlled study
correlational study
dose response
drug effect
drug seeking behavior
*drug self administration
drug sensitivity
*exposure
male
*nicotine exposure
nonhuman
perinatal period
priority journal
rat
reinforcement
*methamphetamine
*nicotine
sodium chloride

Source: EMBASE

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

34. Self-efficacy and acceptance of cravings to smoke underlie the effectiveness of quitline counseling for smoking cessation

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(269-276), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Schuck K.; Otten R.; Kleinjan M.; Bricker J.B.; Engels R.C.M.E.

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Language: English

Abstract: Background: Few studies have examined why smoking cessation interventions are effective. The aim of this study was to examine the mediating processes underlying the effectiveness of cessation counseling administered by the Dutch national quitline. Methods: Data were used of a two-arm randomized controlled trial in which smoking parents, who were recruited through primary schools in The Netherlands, received either quitline cessation counseling (n= 256) or a self-help brochure (n= 256). The endpoint was 6-months prolonged abstinence at 12-months follow-up, with 86.7% outcome data retention. Putative psychological mediators of treatment effectiveness included smoking-related cognitions (positive smoking outcome expectancies, self-efficacy), emotions (negative affect, perceived stress, depressive symptoms), and smoking cue coping methods (avoidance coping, acceptance coping) assessed at 3-months post-measurement. Results: Quitline cessation counseling significantly decreased positive smoking outcome expectancies and negative affect and increased self-efficacy to refrain from smoking, avoidance of external cues to smoking, and acceptance of internal cues to

smoking compared to self-help material. Increased self-efficacy to refrain from smoking in stressful and tempting situations (p<. .001) and increased acceptance of cravings to smoke (p<. .001) significantly mediated the effect of quitline cessation counseling on prolonged abstinence at 12-months follow-up (explained variance: 25.1%). Conclusions: Self-efficacy to refrain from smoking and acceptance of cravings represent an important source of therapeutic change in smoking cessation counseling. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
affect
article
avoidance behavior
behavior control
clinical effectiveness
controlled study
coping behavior
depression
female
human
intermethod comparison
major clinical study
male
outcome assessment
*parent counseling
*patient attitude
Perceived Stress Scale
personality
positive smoking outcome expectancy
priority journal
*program effectiveness
randomized controlled trial
*self concept
self help
*smoking cessation
smoking cessation program
therapy effect
*withdrawal syndrome

Source: EMBASE

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

35. Nicotine dependence, "background" and cue-induced craving and smoking in the laboratory

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(197-203), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Dunbar M.S.; Shiffman S.; Kirchner T.R.; Tindle H.A.; Scholl S.M.

Institution: (Dunbar, Shiffman, Scholl) Smoking Research Group, Department of Psychology, University of Pittsburgh, 130 N. Bellefield Avenue, Suite 510, Pittsburgh, PA 15213, United States; (Kirchner) Schroeder Institute for Tobacco Research and Policy Studies, 1724 Massachusetts Avenue NW, Washington, DC 20036, United States; (Tindle) Division of General Internal Medicine, University of Pittsburgh, 230 McKee Place, Suite 600, Pittsburgh, PA 15213, United States

Language: English

Abstract: Background: Nicotine dependence has been associated with higher "background" craving and smoking, independent of situational cues. Due in part to conceptual and methodological differences across past studies, the relationship between dependence and

cue-reactivity (CR; e.g., cue-induced craving and smoking) remains unclear. Methods: 207 daily smokers completed six pictorial CR sessions (smoking, negative affect, positive affect, alcohol, smoking prohibitions, and neutral). Individuals rated craving before (background craving) and after cues, and could smoke following cue exposure. Session videos were coded to assess smoking. Participants completed four nicotine dependence measures. Regression models assessed the relationship of dependence to cue-independent (i.e., pre-cue) and cue-specific (i.e., pre-post cue change for each cue, relative to neutral) craving and smoking (likelihood of smoking, latency to smoke, puff count). Results: Dependence was associated with background craving and smoking, but did not predict change in craving across the entire sample for any cue. Among alcohol drinkers, dependence was associated with greater increases in craving following the alcohol cue. Only one dependence measure (Wisconsin Inventory of Smoking Dependence Motives) was consistently associated with smoking reactivity (higher likelihood of smoking, shorter latency to smoke, greater puff count) in response to cues. Conclusion: While related to cue-independent background craving and smoking, dependence is not strongly associated with laboratory cue-induced craving under conditions of minimal deprivation. Dependence measures that incorporate situational influences on smoking correlate with greater cue-provoked smoking. This may suggest independent roles for CR and traditional dependence as determinants of smoking, and highlights the importance of assessing behavioral CR outcomes. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
addiction
adult
affect
alcoholic beverage
article
controlled study
correlational study
drinking behavior
Fagerstrom Test for Nicotine Dependence
female
hooked on nicotine checklist
human
major clinical study
male
named inventories questionnaires and rating scales
negative affect
Nicotine Dependence Syndrome Scale
outcome assessment
positive affect
priority journal
*smoking
smoking ban
*tobacco dependence
Wisconsin Inventory of Smoking Dependence Motive
*withdrawal syndrome

Source: EMBASE

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

36. A latent class analysis of self-reported clinical indicators of psychosocial stability and adherence among opioid substitution therapy patients: Do stable patients receive more unsupervised doses?

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(46-55), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Larance B.; Carragher N.; Mattick R.P.; Lintzeris N.; Ali R.; Degenhardt L.

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Language: English

Abstract: Aims: To develop a stability typology among opioid substitution therapy patients using a range of adherence indicators derived from clinical guidelines, and determine whether stable patients receive more unsupervised doses. Methods: An interviewer-administered cross-sectional survey was used in opioid substitution therapy programmes in three Australian jurisdictions, totalling 768 patients in their current treatment episode for >4 weeks. A structured questionnaire collated data from patients about their demographics, treatment characteristics, past 6-month drug use and medication adherence, psychosocial stability, comorbidity, child welfare concerns and levels of supervised dosing. Latent class analysis (LCA) was used to derive a stability typology. Linear regression models examined predictors of unsupervised dosing in the past month. Results: LCA identified two classes: (i) a higher-adherence group (67%) who had low-moderate probabilities of endorsing the opioid substitution therapy stability indicators and (ii) a lower-adherence group (33%) who had moderate-high probabilities of endorsing the stability indicators. There was no association between adherence profile and the number of unsupervised doses. Significant predictors of receiving larger numbers of unsupervised doses included being older, living in New South Wales or South Australia (vs. Victoria), receiving methadone (vs. mono-buprenorphine), being prescribed in private clinic or general practice (vs. public clinic), reporting a longer current treatment episode, not receiving a urine drug screen in the past month, being currently employed and not having a prison history. Conclusions: This study suggested that system-level factors and observable indicators of social functioning were more strongly associated with the receipt of less supervised treatment. Future research should examine this issue using prospectively collected data. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)

Publication Type: Journal: Article

Subject Headings:
adult
age
analysis
article
child welfare
*clinical indicator
comorbidity
cross-sectional study
drug dose regimen
drug use
female
follow up
hospital management
human

latent class analysis
major clinical study
male
medication compliance
"opiate addiction/dt [Drug Therapy]"
*opiate substitution treatment
*patient compliance
prescription
priority journal
self report
sex difference
social interaction
*social psychology
structured questionnaire
"buprenorphine/dt [Drug Therapy]"
"buprenorphine plus naloxone/dt [Drug Therapy]"
"methadone/dt [Drug Therapy]"

Source: EMBASE

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

37. Enhanced striatal responses during expectancy coding in alcohol dependence

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(204-208), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): van Holst R.J.; Clark L.; Veltman D.J.; Van den Brink W.; Goudriaan A.E.

Institution: (van Holst) Donders Institute for Cognition, Brain and Behaviour, Radboud University, Kapittelweg 29, 6525 EN Nijmegen, Netherlands; (Clark) Department of Psychology, University of Cambridge, Downing Street, CB2 3EB Cambridge, United Kingdom; (Veltman) Department of Psychiatry, VU University Medical Center, AJ Ernststraat 1187, 1081 HL Amsterdam, Netherlands; (Van den Brink, Goudriaan) Department of Psychiatry, Amsterdam Institute for Addiction Research, Academic Medical Center, Meibergdreef 5, 1100 DD Amsterdam, Netherlands; (Goudriaan) Arkin Mental Health Institute, Klaprozenweg 111, 1033 NN Amsterdam, Netherlands

Language: English

Abstract: Background: Individuals with alcohol dependence are known to make disadvantageous decisions, possibly caused by alterations in either reward or punishment sensitivity, which lead to persistent alcohol use despite its adverse consequences. Previous studies in alcohol dependence have mainly focused on reward anticipation processing and results from these studies are mixed. To clarify the nature of the motivational deficit that underlies disadvantageous choice in alcohol dependence, the current study sought to characterize the neural representation of expected value in individuals with alcohol dependence, separating expectancy-related processing of gains and losses, as a function of outcome magnitude and outcome probability. Method: Functional MRI was used to examine brain responses during the expectation of gains and losses in patients with alcohol dependence (n= 19) and healthy controls (n= 19). The task manipulated outcome magnitude (1 and 5) and outcome probability (30% and 70%). Results: Compared to healthy controls, patients with alcohol dependence were more responsive to the expectancy of large wins, in the caudate and putamen. This effect was driven by a higher caudate activity in the contrast comparing 5 vs. 1 trials in patients with alcohol dependence. There were no group differences in the responses to the expectancy for loss. The patient group reported lower expectancies of winning in the trial-by-trial ratings. Conclusions: Patients with alcohol dependence showed caudate hyperactivity when expecting wins. The result contrasts with past work using the monetary incentive delay task, showing caudate hypoactivity; the passive nature of our task contrasts with an active response requirement in the MIDT studies. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
*alcoholism
amygdaloid nucleus
anticipation
article
BOLD signal
brain function
caudate nucleus
clinical article
controlled study
*corpus striatum
decision making
*expectation
functional magnetic resonance imaging
human
hyperactivity
hypoactivity
image analysis
impulsiveness
male
mental task
pathological gambling
priority journal
putamen
reward
smoking
*stimulus response

Source: EMBASE

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

38. Does early socio-economic disadvantage predict comorbid alcohol and mental health disorders?

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(146-153), 0376-8716;1879-0046 (01 Sep 2014)

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

Institution: (Salom, Williams, Najman, Alati) School of Population Health, The University of Queensland, Public Health Building, Herston Rd, Herston 4006, QLD, Australia; (Najman) School of Social Science, The University of Queensland, Michie Building, St Lucia 4072, QLD, Australia; (Alati) Centre for Youth Substance Abuse Research, The University of Queensland, Mental Health Centre, Royal Brisbane and Womens Hospital, K Floor, Herston 4029, QLD, Australia

Language: English

Abstract: Background: Alcohol and mental health disorders are highly prevalent in the general population, with co-occurrence recognised as a major public health issue. Socio-economic factors are frequently associated with both disorders but their temporal association is unclear. This paper examines the association between prenatal socio-economic disadvantage and comorbid alcohol and mental health disorders at young adulthood. Methods: An unselected cohort of women was enrolled during early pregnancy in the large longitudinal Mater-University of Queensland Study of Pregnancy (MUSP), at the Mater Misericordiae Public Hospital in Brisbane, Australia. The mothers and their offspring were followed over a 21 year period. Offspring from the MUSP birth cohort who provided full psychiatric information at age 21 and whose mothers provided socioeconomic information at baseline were included (n= 2399). Participants were grouped into no-disorder, mental health disorder only, alcohol disorder only or comorbid alcohol and mental health disorders according to DSM-IV diagnoses at age 21 as assessed by the Composite International Diagnostic Interview. We used multivariate logistic regression analysis to compare associations of disorder group with single measures of

prenatal socio-economic disadvantage including family income, parental education and employment, and then created a cumulative scale of socioeconomic disadvantage. Results: Greater socio-economic disadvantage was more strongly associated with comorbidity (OR 3.36; CI₉₅ 1.37, 8.24) than with single disorders. This relationship was not fully accounted for by maternal mental health, smoking and drinking during pregnancy. Conclusion: Multiple domains of socio-economic disadvantage in early life are associated with comorbid alcohol and mental health disorders. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adolescent behavior
adult
adulthood
*alcoholism
article
Australia
binge drinking
cohort analysis
*comorbidity
comparative study
composite international diagnostic interview
controlled study
disease association
DSM-IV
education
educational status
effect size
employment status
female
follow up
human
income
interview
longitudinal study
major clinical study
male
maternal smoking
*mental disease
parental schooling
prenatal period
priority journal
prospective study
*socioeconomic disadvantage
*socioeconomics
young adult

Source: EMBASE

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

39. Prevalence and correlates of depressive symptoms during early methamphetamine withdrawal in Han Chinese population

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(191-196), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Zhang J.; Xie Y.; Su H.; Tao J.; Sun Y.; Li L.; Liang H.; He R.; Han B.; Lu Y.; Sun H.; Wei Y.; Guo J.; Zhang X.Y.; He J.

Institution: (Zhang, Xie, Su, Tao, He, Han, Lu, Sun, Wei, He) Department of Neurology, The First Affiliated Hospital of Wenzhou Medical University, Wenzhou 325000, China; (Sun) Department of Psychiatry, New Jersey Medical School, Rutgers University, Piscataway Township, NJ 07103, United States; (Li) Department of Psychiatry, Robert Wood Johnson Medical School, Rutgers University, Piscataway Township, NJ 08901, United States; (Zhang, Liang) Department of Neurology, Taizhou Municipal Hospital, Taizhou 317700, China; (Guo) Sanyang Detoxification Institute, Wenzhou 325000, China; (Zhang) Beijing HuiLongGuan Hospital, Peking University, Beijing BJ 100096, China; (Zhang) Department of Psychiatry and Behavioral Sciences, Harris County Psychiatric Center, The University of Texas Health Science Center at Houston, Houston, TX, United States

Language: English

Abstract: Background: Depression, a common comorbidity of drug abuse, is often a core component of withdrawal symptoms; however, risk factors associated with depressive symptoms during the acute stage of withdrawal among methamphetamine (METH) users are not well understood. This study investigated the correlations between several potential risk factors and depressive symptoms during acute METH withdrawal in a Han Chinese population. Methods: A total of 243 eligible Chinese METH users were recruited from Wenzhou Sanyang Detoxification Institute in Zhejiang province from November 2012 to June 2013. A set of self-administrative questionnaires were used to collect information about socio-demographics, drug use history and depression. Thirteen-item Beck Depression Inventory (BDI-13) was used to measure depressive symptoms. Results: METH users had a mean BDI-13 score of 12.39; 157 subjects (64.6%) reported depressive symptoms during METH withdrawal, of which 74 subjects (30.5%) reported moderate depressive symptoms and 83 subjects (34.1%) reported severe depressive symptoms. Higher frequency of drug use and history of METH-use relapse were associated with depressive symptoms (adjusted OR. = 2.8; 95% CI. = 1.56-5.04) and (adjusted OR. = 3.4; 95% CI. = 1.36-8.49), respectively. Moderate alcohol drinking was associated with less risk for depressive symptoms during acute withdrawal (adjusted OR. = 0.54; 95% CI. = 0.31-0.93). Conclusions: Depressive symptoms are common during early METH withdrawal. In addition, several risk factors including frequency of METH use and history of relapse were positively associated with depressive symptoms during that period while moderate alcohol drinking was negatively associated with depressive symptoms. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

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

Publication Type: Journal: Article

Subject Headings:
adult
alcohol consumption
article
Beck Depression Inventory
"*depression/co [Complication]"
"*depression/ep [Epidemiology]"
disease association
disease severity
drug use
female
Han Chinese
human
major clinical study
male
methamphetamine dependence
prevalence
priority journal
relapse
risk assessment

risk factor
"*withdrawal syndrome/co [Complication]"
"*withdrawal syndrome/ep [Epidemiology]"
*methamphetamine

Source: EMBASE

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

40. Quality of life in a cohort of high-dose benzodiazepine dependent patients

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(105-109), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Lugoboni F.; Mirijello A.; Faccini M.; Casari R.; Cossari A.; Musi G.; Bissoli G.; Quaglio G.; Addolorato G.

Institution: (Lugoboni, Faccini, Casari, Musi, Bissoli, Quaglio) Addiction Unit, Department of Medicine, Verona University Hospital, Verona, Italy; (Mirijello, Addolorato) Alcohol Addiction Unit, Department of Internal Medicine, Catholic University of Rome, Rome, Italy; (Cossari) Department of Economics, Statistics and Finance, University of Calabria, Rende, Italy

Language: English

Abstract: Background: Benzodiazepines (BZD) are among the most widely prescribed drugs in developed countries. Since BZD can produce tolerance and dependence even in a short time, their use is recommended for a very limited time. However, these recommendations have been largely disregarded. The chronic use of BZD causes a number of serious side effects, i.e., cognitive impairment, falls, traffic accidents, dependence and tolerance. The aim of the present study was to evaluate quality of life (QoL) in a cohort of 62 consecutive high-dose BZD-dependent patients seeking a BZD detoxification. Methods: Patients seeking BZD detoxification were evaluated using the General Health Questionnaire (GHQ-12) and the short form-36 questionnaire (SF-36). Results: Patients showed a significant reduction of QoL as measured by either SF-36 or GHQ-12. In particular, the greater impairment was observed in the items exploring physical and emotional status. Physical functioning was the item more influenced by the length of BZD abuse. Female patients showed a greater reduction of QoL compared to male, at least in some of the explored items. Social functioning scores were greatly reduced. Conclusions: The present study shows for the first time that high-doses BZD dependent patients have a reduced QoL and a reduced social functioning, along with high levels of psychological distress. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 12794-10-4 (benzodiazepine)

Publication Type: Journal: Article

Subject Headings:
adult
article
cohort analysis
distress syndrome
drug abuse
*drug dependence
drug detoxification
drug megadose
emotionality
female
functional status
General Health Questionnaire
help seeking behavior
human
long term exposure
major clinical study

male
physical capacity
priority journal
*quality of life
sex difference
Short Form 36
social interaction
*benzodiazepine

Source: EMBASE

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

41. Associations between exposure to stressful life events and alcohol use disorder in a longitudinal birth cohort studied to age 30

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(154-160), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Boden J.M.; Fergusson D.M.; Horwood L.J.

Institution: (Boden, Fergusson, Horwood) Christchurch Health and Development Study, Department of Psychological Medicine, University of Otago, Christchurch School of Medicine and Health Sciences, Po Box 4345, Christchurch 8140, New Zealand

Language: English

Abstract: Background: To examine associations between measures of stressful life events exposure and alcohol abuse/dependence (AAD) from ages 18 to 30 using data from a longitudinal birth cohort (n= 987 to 1011). Methods: Outcome measures included DSM-IV (American Psychiatric Association, 1994) AAD symptoms and AAD, at ages 20-21, 24-25, and 29-30 years. Exposure to a range of stressful life events was measured during the periods 18-21, 21-25, and 25-30 years using items adapted from the social readjustment rating scale (Holmes and Rahe, 1967). Data were analysed using Generalised Estimating Equation models, adjusted for non-observed sources of confounding using conditional fixed effects regression. Further analyses examined: gender. x. life events exposure interactions, structural equation modelling of possible reciprocal causal pathways linking stressful life events and AAD symptoms, and an alternative conceptualization of the stressful life events measure. Results: After adjustment, those with the highest exposure to stressful life events had rates of AAD symptoms that were 2.24 (p<. .0001) times higher, and odds of AAD that were 2.24 times higher(p<. .01), than those at the lowest level of exposure. Associations between life events exposure and AAD symptoms were stronger for females than for males (p<. .05), with results consistent using a count measure of stressful life events. Structural equation modelling showed that the best-fitting model was one in which life events influenced AAD symptoms. Conclusions: The results suggest that there were persistent linkages between stressful life events and AAD, providing support for a stress-reduction model of alcohol consumption. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
age distribution
alcohol abuse
*alcohol use disorder
alcoholism
anxiety disorder
article
controlled study
correlational study
distress syndrome
DSM-IV

female
human
human experiment
*life event
*life stress
longitudinal study
major depression
male
mental health
outcome assessment
priority journal
sex difference
structural equation modeling
young adult

Source: EMBASE

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

42. Hepatotoxicity in a 52-week randomized trial of short-term versus long-term treatment with buprenorphine/naloxone in HIV-negative injection opioid users in China and Thailand

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(139-145), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Lucas G.M.; Young A.; Donnell D.; Richardson P.; Aramrattana A.; Shao Y.; Ruan Y.; Liu W.; Fu L.; Ma J.; Celentano D.D.; Metzger D.; Jackson J.B.; Burns D.

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Language: English

Abstract: Background: Buprenorphine/naloxone (BUP/NX), an effective treatment for opioid dependence, has been implicated in hepatic toxicity. However, as persons taking BUP/NX have multiple hepatic risk factors, comparative data are needed to quantify the risk of hepatoxicity with BUP/NX. Methods: We compared rates of alanine aminotransferase (ALT) elevation. >. grade 3 (ALT. >. 5.1 times the upper limit of normal) and graded bilirubin elevations in HIV-negative opioid injectors randomized to long-term (52 weeks) or short-term (18 days) medication assisted treatment (LT-MAT and ST-MAT, respectively) with BUP/NX in a multisite trial conducted in China and Thailand. ALT and bilirubin were measured at baseline, 12, 26, 40 and 52 weeks, times temporally remote from BUP/NX exposure in the ST-MAT participants. Results: Among1036 subjects with at least one laboratory follow-up measurement, 76 (7%) participants experienced ALT elevation. >. grade 3. In an intent-to-treat analysis, the risk of ALT events was similar in participants randomized to LT-MAT compared with ST-MAT (adjusted hazard ratio 1.25,

95% confidence interval 0.79 to 1.98). This finding was supported by an as-treated analysis, in which actual exposure to BUP/NX was considered. Hepatitis C seroconversion during follow-up was strongly associated with ALT events. Bilirubin elevations. >. grade 2 occurred in 2% of subjects, with no significant difference between arms. Conclusions: Over 52-week follow-up, the risk of hepatotoxicity was similar in opioid injectors receiving brief and prolonged treatment with BUP/NX. These data suggest that most hepatotoxic events observed during treatment with BUP/NX are due to other factors. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 9000-86-6 (alanine aminotransferase); 9014-30-6 (alanine aminotransferase); 18422-02-1 (bilirubin); 635-65-4 (bilirubin)

Publication Type: Journal: Article

Subject Headings:
adult
age
alanine aminotransferase blood level
article
bilirubin blood level
China
controlled study
disease duration
drug efficacy
drug safety
female
follow up
health status
hepatitis B
hepatitis C
human
*liver toxicity
*long term care
major clinical study
male
"opiate addiction/dt [Drug Therapy]"
phase 3 clinical trial
priority journal
randomized controlled trial
seroconversion
serodiagnosis
*short course therapy
Thailand
treatment duration
virus hepatitis
"alanine aminotransferase/ec [Endogenous Compound]"
"bilirubin/ec [Endogenous Compound]"
"*buprenorphine plus naloxone/ct [Clinical Trial]"
"*buprenorphine plus naloxone/dt [Drug Therapy]"

Source: EMBASE

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

43. A "refugee paradox" for substance use disorders?

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(345-349), 0376-8716;1879-0046 (01 Sep 2014)

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Work, College for Public Health and Social Justice, Saint Louis University, Tegeler Hall, 3550 Lindell Blvd., St. Louis, MO 63103, United States

Language: English

Abstract: Background: Few, if any, studies have systematically examined the link between nativity and substance use disorders (SUD) among refugees using national samples. As such, it remains uncertain if the "immigrant paradox" for substance use can be extended to include refugees in the United States. Methods: Employing data from the National Epidemiologic Survey on Alcohol and Related Conditions, we examine the lifetime prevalence of SUDs among refugees (n= 428) in contrast with non-refugee immigrants (n= 4955) and native-born Americans (n= 29,267). We also examine the impact of gender and refugee duration on the relationship between nativity, refugee status, and SUDs. Results: Refugees were between 3 and 6 times less likely than native-born Americans meet criteria for all SUDs examined, and significantly less likely than non-refugee immigrants to meet criteria for alcohol (AOR. = 0.44, 95% CI. = 0.41-0.47), cocaine (AOR. = 0.54, 95% CI. = 0.50-0.59), hallucinogen (AOR. = 0.66, 95% CI. = 0.58-0.74), and opioid/heroin (AOR. = 0.62, 95% CI. = 0.58-0.66) use disorders. The refugee-SUD link was significantly moderated by gender. Duration as a refugee was associated with increased risk for alcohol use disorder and decreased risk of cannabis and illicit drug use disorders. Conclusions: Study findings provide evidence in support of a "refugee paradox" for SUDs among adults in the United States. Refugees are substantially less likely than native-born Americans to meet criteria for all SUDs examined and, albeit with weaker effects, significantly less likely than non-refugee immigrants to meet criteria for a variety of SUDs. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings:
adult
age distribution
aged
alcohol abuse
American Indian
article
birthplace
cannabis addiction
cocaine dependence
comparative study
controlled study
ethnic difference
female
heroin dependence
high risk population
human
immigrant
major depression
male
middle aged
opiate addiction
*population and population related phenomena
population research
posttraumatic stress disorder
prevalence
priority journal

refugee duration
*refugee paradox
risk factor
self report
sex difference
*substance abuse
United States
young adult
amphetamine
cannabis
cocaine
diamorphine
opiate
psychedelic agent

Source: EMBASE

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

44. Clavulanic acid reduces rewarding, hyperthermic and locomotor-sensitizing effects of morphine in rats: A new indication for an old drug?

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(41-45), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Schroeder J.A.; Tolman N.G.; McKenna F.F.; Watkins K.L.; Passeri S.M.; Hsu A.H.; Shinn B.R.; Rawls S.M.

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Language: English

Abstract: Background: Despite the efficacy of ceftriaxone (CTX) in animal models of CNS diseases, including drug addiction, its utility as a CNS-active therapeutic may be limited by poor brain penetrability and cumbersome parenteral administration. An alternative is the beta-lactamase inhibitor clavulanic acid (CA), a constituent of Augmentin that prevents antibiotic degradation. CA possesses the beta-lactam core necessary for CNS activity but, relative to CTX, possesses: (1) oral activity; (2) 2.5-fold greater brain penetrability; and (3) negligible antibiotic activity. Methods: To compare the effectiveness of CA (10. mg/kg) and CTX (200. mg/kg) against centrally-mediated endpoints, we investigated their effects against morphine's rewarding, hyperthermic, and locomotor-sensitizing actions. Endpoints were based on prior evidence that CTX attenuates morphine-induced physical dependence, tolerance, and hyperthermia. Results: As expected, rats treated with morphine (4. mg/kg) displayed hyperthermia and conditioned place preference (CPP). Co-treatment with CTX or CA inhibited development of morphine-induced CPP by approximately 70%. Morphine's hyperthermic effect was also suppressed, with CTX and CA producing 57% and 47% inhibition, respectively. Locomotor sensitization induced by repeated morphine exposures was inhibited by CA but not CTX. Conclusions: The present findings are the first to suggest that CA disrupts the in vivo actions of morphine and point toward further studying CA as a potential therapy for drug addiction. Further, its ability to disrupt morphine's rewarding effects at 20-fold lower doses than CTX identifies CA as an existing, orally-active alternative to direct CTX therapy for CNS diseases. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 73384-59-5 (ceftriaxone); 74578-69-1 (ceftriaxone); 58001-44-8 (clavulanic acid); 52-26-6 (morphine); 57-27-2 (morphine)

Publication Type: Journal: Article

Subject Headings:
animal experiment
animal model
article
attenuation
controlled study
"*drug dependence/dt [Drug Therapy]"
drug effect
drug efficacy
drug exposure
drug preference
drug response
drug tolerance
"*hyperthermia/dt [Drug Therapy]"
in vivo study
inhibition kinetics
*locomotion
male
nonhuman
place preference
priority journal
rat
*reward
sensitization
"ceftriaxone/cm [Drug Comparison]"
"ceftriaxone/dt [Drug Therapy]"
"ceftriaxone/ip [Intraperitoneal Drug Administration]"
"*clavulanic acid/cm [Drug Comparison]"
"*clavulanic acid/dt [Drug Therapy]"
"*clavulanic acid/ip [Intraperitoneal Drug Administration]"
morphine

Source: EMBASE

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

45. Genome-wide survival analysis of age at onset of alcohol dependence in extended high-risk COGA families

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(56-62), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Kapoor M.; Wang J.-C.; Wetherill L.; Le N.; Bertelsen S.; Hinrichs A.L.; Budde J.; Agrawal A.; Almasy L.; Bucholz K.; Dick D.M.; Harari O.; Xiaoling X.; Hesselbrock V.; Kramer J.; Nurnberger J.I.; Rice J.; Schuckit M.; Tischfield J.; Porjesz B.; Edenberg H.J.; Bierut L.; Foroud T.; Goate A.

Institution: (Kapoor, Wang, Le, Bertelsen, Hinrichs, Budde, Agrawal, Bucholz, Harari, Rice, Bierut, Goate) Washington University School of Medicine, United States; (Wetherill, Xiaoling, Nurnberger, Edenberg, Foroud) Indiana University School of Medicine, United States; (Almasy) Southwest Foundation for Biomedical Research, United States; (Dick) Virginia Commonwealth University, United States; (Hesselbrock) University of Connecticut Health Center, United States; (Kramer) University of Iowa Carver College of Medicine, United States; (Schuckit) University of California, San Diego, United States; (Tischfield) Rutgers University, United States; (Porjesz) SUNY Health Sciences Center, United States

Language: English

Abstract: Background: The age at onset of alcohol dependence (AD) is a critical moderator of genetic associations for alcohol dependence. The present study evaluated whether single nucleotide polymorphisms (SNPs) can influence the age at onset of AD in large high-risk families from the Collaborative Study on the Genetics of Alcoholism (COGA). Methods: Genomewide SNP genotyping was performed in 1788 regular drinkers from 118 large European American families densely affected with alcoholism. We used a genome-wide Cox proportional hazards regression model to test for association between age at onset of

AD and SNPs. Results: This family-based analysis identified an intergenic SNP, rs2168784 on chromosome 3 that showed strong evidence of association (P=5x10⁻⁹) with age at onset of AD among regular drinkers. Carriers of the minor allele of rs2168784 had 1.5 times the hazard of AD onset as compared with those homozygous for the major allele. By the age of 20 years, nearly 30% of subjects homozygous for the minor allele were alcohol dependent while only 19% of those homozygous for the major allele were. We also identified intronic SNPs in the ADP-ribosylation factor like 15 (ARL15) gene on chromosome 5 (P=1.11x10⁻⁸) and the UTP20 small subunit (UTP20) gene on chromosome 12 (P=4.32x10⁻⁸) that were associated with age at onset of AD. Conclusions: This extended family based genome-wide cox-proportional hazards analysis identified several loci that might be associated with age at onset of AD. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
*alcoholism
allele
arl15 gene
article
chromosome 12
chromosome 3
controlled study
drinking behavior
European American
*familial disease
genetic association
*genome analysis
genotype
heterozygote
high risk population
homozygosity
human
intron
major clinical study
*onset age
priority journal
single nucleotide polymorphism
*survival
UTP20 gene
"adenosine diphosphate ribosylation factor 1/ec [Endogenous Compound]"

Source: EMBASE

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

46. A randomized controlled trial of prison-initiated buprenorphine: Prison outcomes and community treatment entry

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(33-40), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Gordon M.S.; Kinlock T.W.; Schwartz R.P.; Fitzgerald T.T.; O'Grady K.E.; Vocci F.J.

Institution: (Gordon, Kinlock, Schwartz, Vocci) Friends Research Institute Inc., 1040 Park Avenue, Suite 103, Baltimore, MD 21201, United States; (Gordon) Stevenson University, Department of Criminal Justice, 1525 Greenspring Valley Road, Stevenson, MD 21153, United States; (Kinlock) University of Baltimore, School of Criminal Justice, College of Public Affairs, 1420 N Charles Street, Baltimore, MD 21201, United States; (Schwartz) University of Maryland School of Medicine, Department of Psychiatry, 110 South Paca

St., Baltimore, MD 21201, United States; (Fitzgerald) Glenwood Life Counseling Center, 516 Glenwood Avenue, Baltimore, MD 21212, United States; (O'Grady) University of Maryland, 8082 Baltimore Avenue, College Park, MD 20740, United States

Language: English

Abstract: Background: Buprenorphine is a promising treatment for heroin addiction. However, little is known regarding its provision to pre-release prisoners with heroin dependence histories who were not opioid-tolerant, the relative effectiveness of the post-release setting in which it is provided, and gender differences in treatment outcome in this population. Methods: This is the first randomized clinical trial of prison-initiated buprenorphine provided to male and female inmates in the US who were previously heroin-dependent prior to incarceration. A total of 211 participants with 3-9 months remaining in prison were randomized to one of four conditions formed by crossing In-Prison Treatment Condition (received buprenorphine vs. counseling only) and Post-release Service Setting (at an opioid treatment center vs. a community health center). Outcome measures were: entered prison treatment; completed prison treatment; and entered community treatment 10 days post-release. Results: There was a significant main effect (p= .006) for entering prison treatment favoring the In-Prison buprenorphine Treatment Condition (99.0% vs. 80.4%). Regarding completing prison treatment, the only significant effect was Gender, with women significantly (p<. .001) more likely to complete than men (85.7% vs. 52.7%). There was a significant main effect (p= .012) for community treatment entry, favoring the In-Prison buprenorphine Treatment Condition (47.5% vs. 33.7%). Conclusions: Buprenorphine appears feasible and acceptable to prisoners who were not opioid-tolerant and can facilitate community treatment entry. However, concerns remain with in-prison treatment termination due to attempted diversion of medication. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

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

Publication Type: Journal: Article

Subject Headings:
adult
article
clinical effectiveness
*community care
comparative effectiveness
controlled study
drug dose reduction
drug efficacy
drug withdrawal
female
health care utilization
"heroin dependence/dt [Drug Therapy]"
"heroin dependence/th [Therapy]"
human
major clinical study
male
outcome assessment
patient compliance
patient counseling
priority journal
*prison
prisoner
program acceptability
program feasibility
randomized controlled trial
sex difference
time to treatment
treatment outcome

treatment response
"unspecified side effect/si [Side Effect]"
"*buprenorphine plus naloxone/ae [Adverse Drug Reaction]"
"*buprenorphine plus naloxone/ct [Clinical Trial]"
"*buprenorphine plus naloxone/dt [Drug Therapy]"
diamorphine

Source: EMBASE

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

47. Patterns of concurrent substance use among nonmedical ADHD stimulant users: Results from the National Survey on Drug Use and Health

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(86-90), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Chen L.-Y.; Crum R.M.; Martins S.S.; Kaufmann C.N.; Strain E.C.; Mojtabai R.

Institution: (Chen, Crum, Kaufmann, Mojtabai) Department of Mental Health, Johns Hopkins Bloomberg School of Public Health, 624 N. Broadway, 7th Floor, Baltimore, MD 21205, United States; (Crum, Strain, Mojtabai) Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, 5510 Nathan Shock Drive, Baltimore, MD 21224, United States; (Crum) Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, 615 N. Wolfe Street W6035, Baltimore, MD 21205, United States; (Chen) Center for Drug Safety and Effectiveness, Johns Hopkins University, 615 N. Wolfe Street W6035, Baltimore, MD 21205, United States; (Martins) Department of Epidemiology, Mailman School of Public Health, Columbia University, 722 West 168th street, New York, NY 10032, United States

Language: English

Abstract: Aims: To examine patterns of concurrent substance use among adults with nonmedical ADHD stimulant use. Methods: We used latent class analysis (LCA) to examine patterns of past-year problematic substance use (meeting any criteria for abuse or dependence) in a sample of 6103 adult participants from the National Surveys on Drug Use and Health 2006-2011 who reported past-year nonmedical use of ADHD stimulants. Multivariable latent regression was used to assess the association of socio-demographic characteristics, mental health and behavioral problems with the latent classes. Results: A four-class model had the best model fit, including (1) participants with low probabilities for any problematic substance use (Low substance class, 53.3%); (2) problematic users of all types of prescription drugs (Prescription drug class, 13.3%); (3) participants with high probabilities of problematic alcohol and marijuana use (Alcohol-marijuana class, 28.8%); and (4) those with high probabilities of problematic use of multiple drugs and alcohol (Multiple substance class, 4.6%). Participants in the 4 classes had distinct socio-demographic, mental health and service use profiles with those in the Multiple substance class being more likely to report mental health and behavioral problems and service use. Conclusion: Nonmedical users of ADHD stimulants are a heterogeneous group with a large subgroup with low prevalence of problematic use of other substances. These subgroups have distinct patterns of mental health comorbidity, behavior problems and service use, with implications for prevention and treatment of nonmedical stimulant use. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings: adult
alcohol consumption
article
behavior disorder

cannabis use
comorbidity
demography
*drug abuse pattern
drug use
female
human
male
mental health
prevalence
priority journal
probability
psychological aspect
psychosocial disorder
social aspect
social behavior
substance abuse
*substance use
cannabis
cocaine
diamorphine
opiate
prescription drug
psychedelic agent
sedative agent
tranquilizer

Source: EMBASE

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

48. The relationship between methamphetamine and alcohol use in a community sample of methamphetamine users

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(127-132), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Bujarski S.; Roche D.J.O.; Lunny K.; Moallem N.R.; Courtney K.E.; Allen V.; Hartwell E.; Leventhal A.; Rohrbaugh T.; Ray L.A.

Institution: (Bujarski, Roche, Lunny, Moallem, Courtney, Allen, Hartwell, Rohrbaugh, Ray) Department of Psychology, University of California, Los Angeles, Los Angeles, CA, United States; (Leventhal) Department of Preventive Medicine and Psychology, University of Southern California Keck School of Medicine, Los Angeles, CA, United States; (Ray) Department of Psychiatry, University of California, Los Angeles, Los Angeles, CA, United States

Language: English

Abstract: Background: While methamphetamine (MA) and alcohol are often used in combination, little is known about the pattern of co-use between these substances. The goal of the present study is to examine the relationship between MA use and alcohol use in a community sample of non-treatment seeking regular MA users. Methods: Participants completed a face-to-face assessment battery, which included a diagnostic interview for MA dependence and the timeline follow-back interview for both alcohol and MA use over the past 30 days. Sixty regular MA and alcohol users supplied data for 1800 person-days. Results: Compared with non-drinking days, drinking days and binge drinking days increased the odds of same day MA use by 4.22 and 4.50 times, respectively (p's. <. 0.0001). Further, binge drinking incrementally increased risk for MA use above and beyond the effects of drinking itself (p<. 0.0001). Lagged models revealed previous day MA use to predict following day MA use (p<. 0.0001), yet, after controlling for this relationship, neither previous day alcohol use nor previous day binge drinking predicted following-day MA use. Finally, the effect of binge drinking on MA use was stronger among individuals with lower MA dependence severity or higher alcohol problem severity (p's. <. 0.05). Conclusions: These results suggest that alcohol and MA

	are co-used in predictable patterns, and in particular, that binge drinking may be incrementally associated with the likelihood of MA use. Future studies are needed to explore the temporal relationship between alcohol and MA use within a given episode. 2014 Elsevier Ireland Ltd.
Country of Publication:	Ireland
Publisher:	Elsevier Ireland Ltd
Publication Type:	Journal: Article
Subject Headings:	adult *alcohol consumption article binge drinking correlational study cross-sectional study disease association disease severity female human major clinical study male *methamphetamine dependence predictor variable priority journal retrospective study risk assessment
Source:	EMBASE
Full Text:	Available from *Elsevier* in *Drug and Alcohol Dependence*

49. Development and validation of the scale to assess satisfaction with medications for addiction treatment-methadone for heroin addiction (SASMAT-METHER)

Citation:	Drug and Alcohol Dependence, September 2014, vol./is. 142/(79-85), 0376-8716;1879-0046 (01 Sep 2014)
Author(s):	Cobos J.P.D.L.; Trujols J.; Sinol N.; Batlle F.
Institution:	(Cobos, Trujols, Sinol, Batlle) Addictive Behaviours Unit, Department of Psychiatry, Hospital de la Santa Creu i Sant Pau, Sant Pau Biomedical Research Institute (IIB Sant Pau), Autonomous University of Barcelona School of Medicine, Sant Antoni Maria Claret 167, 08025 Barcelona, Spain; (Trujols) Centro de Investigacion Biomedica en Red de Salud Mental (CIBERSAM), Madrid, Spain
Language:	English
Abstract:	Objective: To develop and examine the psychometric properties of a scale to specifically assess satisfaction with methadone in heroin-dependent patients. Methods: The 44-item preliminary version of the scale to assess satisfaction with medications for addiction treatment-methadone for heroin addiction (SASMAT-METHER) was obtained from a pool of items designed to assess satisfaction with any medication-addiction combination. Theoretical domains of the initial SASMAT-METHER were overall satisfaction, pharmacotherapy, initiation, anti-addictive effect on heroin, mental state, physical state, personal functioning, acceptability, and anti-addictive effect on secondary substances. The Treatment Satisfaction Questionnaire for Medication 1.4 version (TSQM 1.4) and the Verona Service Satisfaction Scale for Methadone Treatment (VSSS-MT) were used for concurrent validation. Participants included heroin-dependent patients receiving methadone treatment for at least the last 3 months. Results: The preliminary version of the SASMAT-METHER scale was completed by 241 patients, with 180 surveys considered suitable for factor analysis. Principal component analysis of these SASMAT-METHER surveys revealed a 3-factor structure that accounted for 40.4% of total variance. Based on similarities between empirically-obtained factors and theoretical domains, factors 1 through 3 were named 'Personal Functioning and Well-Being' (7 items), 'Anti-Addictive

Effect on Heroin' (5 items), and 'Anti-Addictive Effect on Other Substances' (5 items). All factors showed good to excellent internal consistency (Cronbach's alpha: 0.83-0.92) and test-retest reliability (intraclass correlation coefficients: 0.66-0.89). Correlations between overall SASMAT-METHER and TSQM 1.4 scores were stronger (Pearson r= 0.69) than correlations between overall SASMAT-METHER and VSSS-MT scores (Pearson r= 0.26). Conclusion: These results present evidence for the validity and reliability of SASMAT-METHER. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

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

Publication Type: Journal: Article

Subject Headings:
adult
article
concurrent validity
controlled study
factorial analysis
female
"*heroin dependence/dt [Drug Therapy]"
human
instrument validation
internal consistency
major clinical study
male
*named inventories questionnaires and rating scales
*patient satisfaction
predictive validity
principal component analysis
priority journal
psychometry
questionnaire
*scale to assess satisfaction with medications for addiction treatment methadone for heroin addiction
test retest reliability
therapy effect
treatment duration
Treatment satisfaction Questionnaire for Medication
Verona Service Satisfaction Scale for Methadone Treatment
"*methadone/dt [Drug Therapy]"

Source: EMBASE

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

50. Marijuana use and achievement of abstinence from alcohol and other drugs among people with substance dependence: A prospective cohort study

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(91-97), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Mojarrad M.; Samet J.H.; Cheng D.M.; Winter M.R.; Saitz R.

Institution: (Mojarrad) Boston University School of Medicine, 72 East Concord Street, Boston, MA 02118, United States; (Samet, Cheng, Saitz) Clinical Addiction Research and Education Unit, Section of General Internal Medicine, Department of Medicine, Boston University School of Medicine, Boston Medical Center, 801 Massachusetts Avenue, 2nd floor, Boston, MA 02118, United States; (Samet, Saitz) Department of Community Health Sciences, Boston University School of Public Health, 801 Massachusetts Avenue, 4th Floor, Boston, MA 02118, United States; (Cheng) Department of Biostatistics, Boston University Schoolof Public Health, 801 Massachusetts Avenue, 3rd Floor, Boston, MA

02118, United States; (Winter) Data Coordinating Center, Boston University School of Public Health, 801, Boston, MA 02118, United States

Language: English

Abstract: Background: Many with alcohol and other drug dependence have concurrent marijuana use, yet it is not clear how to address it during addiction treatment. This is partially due to the lack of clarity about whether marijuana use impacts one's ability to achieve abstinence from the target of addiction treatment. We examined the association between marijuana use and abstinence from other substances among individuals with substance dependence. Methods: A secondary analysis of the Addiction Health Evaluation And Disease management study, a randomized trial testing the effectiveness of chronic disease management. Individuals met criteria for drug or alcohol dependence and reported recent drug (i.e. opioid or stimulant) or heavy alcohol use. Recruitment occurred largely at an inpatient detoxification unit, and all participants were referred to primary medical care. The association between marijuana use and later abstinence from drug and heavy alcohol use was assessed using longitudinal multivariable models. Results: Of 563 study participants, 98% completed at least one follow-up assessment and 535 (95%) had at least one pair of consecutive assessments and were included. In adjusted analyses, marijuana use was associated with a 27% reduction in the odds of abstinence from drug and heavy alcohol use (adjusted odds ratio 0.73 [95% CI, 0.56-0.97], P= 0.03). Conclusions: Marijuana use among individuals with alcohol or other drug dependence is associated with a lower odds of achieving abstinence from drug and heavy alcohol use. These findings add evidence that suggests concomitant marijuana use among patients with addiction to other drugs merits attention from clinicians. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 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); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings:
adult
age distribution
aged
*alcohol abstinence
"*alcoholism/th [Therapy]"
anxiety
article
*cannabis use
"cocaine dependence/th [Therapy]"
cohort analysis
comorbidity
controlled study
depression
disease association
"*drug dependence/th [Therapy]"
drug detoxification
*drug withdrawal
effect size
female
follow up
"heroin dependence/th [Therapy]"
homelessness
human
major clinical study
male

middle aged
"opiate addiction/th [Therapy]"
post hoc analysis
priority journal
prospective study
randomized controlled trial (topic)
self report
sex ratio
smoking
amphetamine
cocaine
diamorphine
methadone
opiate

Source: EMBASE

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

51. Factors contributing to the rise of buprenorphine misuse: 2008-2013

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(98-104), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Cicero T.J.; Ellis M.S.; Surratt H.L.; Kurtz S.P.

Institution: (Cicero, Ellis) Washington University, Department of Psychiatry, Campus Box 8134, 660 S. Euclid Avenue, St. Louis, MO 63110, United States; (Surratt, Kurtz) Nova Southeastern University, Center for Applied Research on Substance Use and Health Disparities, 2 NE 40th Street, Suite 404, Miami, FL 33137, United States

Language: English

Abstract: Objective: The purpose of the present study was to examine the motivations underlying the use of buprenorphine outside of therapeutic channels and the factors that might account for the reported rapid increase in buprenorphine misuse in recent years. Methods: This study used: (1) a mixed methods approach consisting of a structured, self-administered survey (N= 10,568) and reflexive, qualitative interviews (N= 208) among patients entering substance abuse treatment programs for opioid dependence across the country, centered on opioid misuse patterns and related behaviors; and (2) interviews with 30 law enforcement agencies nationwide about primary diverted drugs in their jurisdictions. Results: Our results demonstrate that the misuse of buprenorphine has increased substantially in the last 5 years, particularly amongst past month heroin users. Our quantitative and qualitative data suggest that the recent increases in buprenorphine misuse are due primarily to the fact that it serves a variety of functions for the opioid-abusing population: to get high, manage withdrawal sickness, as a substitute for more preferred drugs, to treat pain, manage psychiatric issues and as a self-directed effort to wean themselves off opioids. Conclusion: The non-therapeutic use of buprenorphinehas risen dramatically in the past five years, particularly in those who also use heroin. However, it appears that buprenorphine is rarely preferred for its inherent euphorigenic properties, but rather serves as a substitute for other drugs, particularly heroin, or as a drug used, preferable to methadone, to self-medicate withdrawal sickness or wean off opioids. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 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); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings: adult
analgesia

article
comorbidity
controlled study
drug dependence treatment
*drug misuse
drug preference
DSM-IV
female
human
intravenous drug abuse
law enforcement
major clinical study
male
opiate addiction
priority journal
self medication
semi structured interview
*buprenorphine
diamorphine
methadone
opiate

Source: EMBASE

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

52. Actions taken in response to mental health screening at reception into prison

Citation: Journal of Forensic Psychiatry and Psychology, July 2014, vol./is. 25/4(371-379), 1478-9949;1478-9957 (July 2014)

Author(s): Hayes A.; Senior J.; Fahy T.; Shaw J.

Institution: (Hayes, Senior, Shaw) Centre for Mental Health and Risk, University of Manchester, Manchester, United Kingdom; (Fahy) Department of Forensic Mental Health Science, Institute of Psychiatry, London, United Kingdom

Language: English

Abstract: Screening for mental health problems on reception into custody has been criticised. However, there have been few studies on care pathways through custody as a result of screening identification. We aimed to identify what actions were taken as a result of screening positive for suicidal ideation and mental health problems. Case records for 2166 prisoners newly received into five prisons in England and documented contact with health care professionals in the following month were examined by hand over a four-month period. Altogether, 3% of prisoners were screened as having current suicidal ideas, of whom 30% had no contact with mental health services or risk assessment documentation. Another 21% of new receptions received psychotropic medication, for whom over 60% received no primary mental health assessment, and only 36% received psychotropic medication in prison. Care pathways need to be defined, and screening needs to be delivered as originally intended by initial screen for life-threatening matters, followed by a later, comprehensive assessment of health needs. 2014 2014 Taylor & Francis.

Country of Publication: United Kingdom

Publisher: Routledge

Publication Type: Journal: Article

Subject Headings: alcohol abuse
article
automutilation
drug misuse
female
health care personnel
homicide

human
major clinical study
male
*mass screening
*mental health
mental health service
priority journal
*prison
prisoner
psychiatric treatment
rehabilitation center
retrospective study
risk assessment
suicidal ideation
thinking impairment
antidepressant agent
benzodiazepine derivative
neuroleptic agent
prescription drug

Source: EMBASE

53. Anxiety sensitivity as an amplifier of subjective and behavioral tobacco abstinence effects

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(224-230), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Zvolensky M.J.; Farris S.G.; Guillot C.R.; Leventhal A.M.

Institution: (Zvolensky) University of Houston, Department of Psychology, Fred J. Heyne Building, Suite 104, Houston, TX 77204, United States; (Zvolensky, Farris) The University of Texas MD Anderson Cancer Center, Department of Behavioral Science, 1155 Pressler Street, Houston, TX 77030, United States; (Guillot, Leventhal) University of Southern California Keck School of Medicine, Department of Preventive Medicine, 2250 Alcazar, St, CSC 240, Los Angeles, CA 90033, United States; (Leventhal) University of Southern California, Department of Psychology, 2250 Alcazar, St, CSC 240, Los Angeles, CA 90033, United States

Language: English

Abstract: Background: Anxiety sensitivity, a transdiagnostic cognitive vulnerability factor described as an amplifier of negative emotional states, is implicated in the maintenance of cigarette smoking and cessation difficulties. The current study aimed to examine the role of anxiety sensitivity in predicting abstinence-induced changes in nicotine withdrawal, smoking urges and smoking behavior during an experimental relapse analogue task (RAT). Method: Participants were 258 non-treatment seeking smokers (M [. SD] age. = 44.0 [10.73]; 69.8% male). Participants attended two counterbalanced experimental sessions including smoking deprivation (16. h of smoking abstinence) and smoking as usual. The Minnesota Nicotine Withdrawal Scale (MNWS) and Brief Questionnaire of Smoking Urges (QSU) were completed at each session in addition to the RAT. Hierarchical regressions were conducted to examine the predictive impact of anxiety sensitivity on withdrawal and urges during smoking deprivation. Follow-up mediational analyses were conducted to examine whether abstinence-induced withdrawal and urges mediated responding during the RAT. Results: Anxiety sensitivity amplified the effects of experimentally manipulated acute abstinence on subjective nicotine withdrawal symptoms and smoking urges. Additionally, higher levels of anxiety sensitivity indirectly predicted shorter latency to smoking initiation after deprivation during the RAT through the effects of greater abstinence-induced nicotine withdrawal and smoking urges. Anxiety sensitivity was unrelated to increased smoking during the RAT, although this may be partially attributed to the type of laboratory assessment employed. Conclusions: Elevated anxiety sensitivity appears to impact initiation of smoking after nicotine deprivation through the effects of abstinence-induced withdrawal and smoking urges. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
abstinence
adult
alcohol abuse
article
clinical effectiveness
cocaine dependence
drug abuse
female
human
*interpersonal trauma
interview
longitudinal study
major clinical study
outpatient
personal network support
posttraumatic stress disorder
priority journal
*psychotrauma
social support
*substance abuse
*symptomatology
therapy
treatment duration
treatment response

Source: EMBASE

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

54. Problematic substance use in urban adolescents: Role of intrauterine exposures to cocaine and marijuana and post-natal environment

Citation: Drug and Alcohol Dependence, September 2014, vol./is. 142/(181-190), 0376-8716;1879-0046 (01 Sep 2014)

Author(s): Frank D.A.; Kuranz S.; Appugliese D.; Cabral H.; Chen C.; Crooks D.; Heeren T.; Liebschutz J.; Richardson M.; Rose-Jacobs R.

Institution: (Frank, Rose-Jacobs) Department of Pediatrics, Boston University School of Medicine and Boston Medical Center, 771 Albany Street, Dowling Ground, Boston, MA 02118, United States; (Kuranz) Department of Community Health Sciences, Boston University School of Public Health, 4th Floor, 801 Massachusetts Avenue, Boston, MA 02118, United States; (Appugliese, Chen) Data Coordinating Center, Boston University School of Public Health, 801 Massachusetts Avenue, 3rd Floor, Boston, MA 02118, United States; (Cabral, Heeren) Department of Biostatistics, Boston University School of Public Health, 801 Massachusetts Avenue, 3rd Floor, Boston, MA 02118, United States; (Crooks) Department of Pediatrics, Boston Medical Center, 771 Albany Street, Dowling Ground, Boston, MA 02118, United States; (Liebschutz) Clinical Addiction Research and Education Unit, Section of General Internal Medicine, Department of Medicine, Boston Medical Center, 801 Massachusetts Avenue, 3rd Floor, Boston, MA 02118, United States; (Richardson) Department of Psychiatry, Boston University School of Medicine, 771 Albany Street, Dowling 7, Boston, MA 02118, United States

Language: English

Abstract: Background: Linkages between intrauterine exposures to cocaine and marijuana and adolescents' problematic substance use have not been fully delineated. Methods: Prospective longitudinal study with assessors unaware of intrauterine exposure history followed 157 urban participants from birth until late adolescence. Level of intrauterine

exposures was identified by mother's report and infant's meconium. Problematic substance use, identified by the Voice Diagnostic Interview Schedule for Children (V-DISC) or the Audio Computer Assisted Self-Interview (ACASI) and urine assay, was a composite encompassing DSM-IV indication of tolerance, abuse, and dependence on alcohol, marijuana, and tobacco and any use of cocaine, glue, or opiates. Results: Twenty percent (32/157) of the sample experienced problematic substance use by age 18 years, of whom the majority (22/157) acknowledged abuse, tolerance or dependence on marijuana with or without other substances. Structural equation models examining direct and indirect pathways linking a Cox survival model for early substance initiation to a logistic regression models found effects of post-natal factors including childhood exposure to violence and household substance use, early youth substance initiation, and ongoing youth violence exposure contributing to adolescent problematic substance use. Conclusion: We did not identify direct relationships between intrauterine cocaine or marijuana exposure and problematic substance use, but did find potentially modifiable post-natal risk factors also noted to be associated with problematic substance use in the general population including earlier substance initiation, exposure to violence and to household substance use. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

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

Publication Type: Journal: Article

Subject Headings:
adolescent
*adolescent behavior
adult
article
cannabis addiction
child abuse
cocaine dependence
drinking behavior
educational status
female
human
longitudinal study
major clinical study
male
maternal age
maternal behavior
maternal smoking
perinatal period
*prenatal exposure
prenatal period
priority journal
prospective study
risk assessment
risk factor
substance abuse
*substance use
urban area
*cannabis
*cocaine

Source: EMBASE

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

55. Four months surveillance of recreational drug use in Europe: First report from the European Drug Emergencies Network (Euro-DEN) project

Citation: Clinical Toxicology, August 2014, vol./is. 52/7(703), 1556-3650 (August 2014)

Author(s): Alison D.; Dargan P.I.; Heyerdahl F.; Hvoda K.E.; Yates C.; Giraudon I.; Archer J.R.; Sedefov R.; Wood D.M.

Institution: (Alison, Dargan, Archer, Wood) Guy's and St Thomas' NHS Foundation Trust and King's Health Partners, London, United Kingdom; (Heyerdahl, Hvoda) Oslo University Hospital, Ullevaal, Oslo, Norway; (Yates) Hospital Universitari Son Espases, Palma de Mallorca, Spain; (Giraudon, Sedefov) European Monitoring Centre for Drugs and Drug Addiction, Portugal

Language: English

Abstract: Background: Data on recreational drug indicators such as the prevalence of use, problematic drug use and drug related deaths is reported through International agencies including the United Nations Office on Drugs and Crime (UNODC) and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Clinical Toxicologists and Poisons Centres frequently report case series of acute recreational drug and new psychoactive substances (NPS) toxicity; however there is limited systematic data available on this issue in Europe. The European Drug Emergencies Network (Euro-DEN) is a European Commission funded project bring together 16 specialist centres in 10 countries (Denmark, Estonia, France, Germany, Ireland, Norway, Poland, Spain, Switzerland, UK) in Europe to collect data on prevalence of use of recreational drugs/NPS and associated acute harms. Method: The Euro-DEN project has developed a minimum dataset to collect data on all acute recreational drug/NPS toxicity presentations to the Emergency Room using a pre-formatted Euro-DEN Excel sheet. We present here data from the first 4 months (Oct 2013-Jan 2014) of the one year data collection period on the drugs used in these presentations. Results: There were 1290 cases from 13 (81.2%) of the 16 centres in 8 of the 10 participating countries. The median number of cases reported by each centre was 57 (IQR 33 - 64, range 6 - 413). The majority (743, 57.6%) involved the use of one drug; 357 (27.6%) involved two drugs; 133 (10.3%) three; 57 (4.1%) involved four or more drugs. Ethanol was co-ingested in 532 (41.2%) cases, not coingested in 308 (23.9%) and not recorded in 450 (34.9%). The most common drugs were heroin (315, 24.4% of cases), cocaine (228, 17.7%), gamma-hydroxybutyrate (GHB)/gamma-butyrolactone (GBL) (211, 16.4%), cannabis (205, 15.9%), amphetamine (175, 13.6%), MDMA (100, 7.8%), clonazepam (85, 6.6%), mephedrone (60, 4.7%), unspecified benzodiazepine (59, 4.6%) and methadone (56, 4.3%). There were 126 (9.8%) NPS cases (UK: 94, Poland: 18, Germany: 10, Spain: 2, Norway: 1, Switzerland: 1). There were 60 mephedrone cases (59 in the UK and 1 in Germany).All 15 methedrone cases were in the UK and all 5 methylenedioxypyrovalerone (MDPV) cases were in Germany. There were 18 cases involving unknown NPS and 31 cases involving brand-identified NPS (e.g. Spice, Clockwork Orange, Pandora's Box, Kosior, Funky and Mocarz). Conclusion: This initial data from the Euro-DEN project suggests that most presentations with acute recreational drug toxicity to the ER in Europe relate to the use of classical recreational drugs rather than NPS. NPS related presentations were most common in the UK, Poland and Germany. (Table Presented).

Conference Information: 2014 Annual Meeting of the North American Congress of Clinical Toxicology, NACCT 2014 New Orleans, LA United States. Conference Start: 20141017 Conference End: 20141021

Publisher: Informa Healthcare

Publication Type: Journal: Conference Abstract

Subject Headings:
*Europe
*abuse
*epidemiology
*drug intoxication
*toxicology
*drug use
United Kingdom
Germany
Poland

Norway
toxicity
human
Switzerland
prevalence
Spain
Estonia
Denmark
United Nations
France
medical specialist
case study
international cooperation
death
drug dependence
monitoring
information processing
drug toxicity
spice
emergency ward
Ireland
crime
*recreational drug
4' methylmethcathinone
cocaine
cannabis
diamorphine
poison
alcohol
4 hydroxybutyric acid
gamma butyrolactone
amphetamine
methadone
benzodiazepine
clonazepam
3 4 methylenedioxymethamphetamine

Source: EMBASE

Full Text: Available from *Informa Healthcare* in *Clinical Toxicology*

56. Audit on the management of hepatitis C in the genitourinary clinic setting

Citation: International Journal of STD and AIDS, May 2013, vol./is. 24/(23-24), 0956-4624 (May 2013)

Author(s): Kariuki M.; Lau R.

Institution: (Kariuki, Lau) St Georges Hospital, London, United Kingdom

Language: English

Abstract: Background: The Health Protection Agency (HPA) estimate 216,000 individuals in the UK are chronically infected with hepatitis C virus (HCV). Despite availability of antiviral treatment recommended by NICE, recent HPA data show a rising incidence of HCV-related morbidity and mortality. Aims: Audit the management of HCV in a large genitourinary (GU) medicine service based in South London against the BASHH UK national guidance on management of viral hepatitides. Methods: Eighty-seven patients were identified by their coding 'C14' from 2010 to 2012 who attended clinic. Case-notes were reviewed, data recorded and analysed. Results: Patients were predominantly men (98%), with a mean age of 36 years. Seventy-eight percent were prisoners and most patients were heterosexuals (73%). The commonest risk factor for HCV was a history of intravenous drug use. Most frequently noted co-morbidities were drug dependency, mental health problems and HIV infection, respectively. Screening for sexually

transmitted infections was recorded in 70% of attenders leading to three new HIV diagnoses. Seventy-eight percent had HCV RNA, 79% had hepatitis B and 47% had hepatitis A screening. There was a higher prevalence of HCV 1a/b and 3a genotypes. Only 25% of patients eligible for Hepatitis B vaccine were offered vaccination. Of the 26 patients referred, only 16 were actually seen by the hepatologist. Six patients were cured following treatment, nine had spontaneous virological clearance and 61 had unknown outcomes due to extradition/transfer from prison, loss to follow up or released with community follow up. Conclusions: Improvements on examination, screening, vaccination for viral hepatitides and partner notification are needed. Despite availability of treatment for HCV, referral and uptake of treatment is low. Outcomes remain uncertain in this cohort because incarcerated patients are difficult to engage with care and are often lost to follow up for a variety of reasons. Initiatives focused on more rapid assessment and treatments are required to deal with this challenging group of patients.

Conference Information: 11th Spring Meeting of the British Association for Sexual Health and HIV, BASHH 2013 Bristol United Kingdom. Conference Start: 20130515 Conference End: 20130517

Publisher: Royal Society of Medicine Press Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*medical audit
*human
*hepatitis C
*hospital
*sexual health
*Human immunodeficiency virus
patient
follow up
screening
United Kingdom
vaccination
morbidity
male
mortality
hepatitis B
hepatitis A
prisoner
heterosexuality
Hepatitis C virus
diagnosis
sexually transmitted disease
Human immunodeficiency virus infection
community
prevalence
mental health
drug dependence
prophylaxis
prison
drug use
genotype
risk factor
examination
Hepatitis C virus genotype 1
antivirus agent
hepatitis B vaccine
RNA

Source: EMBASE

Full Text: Available from *Highwire Press* in *International Journal of STD and AIDS: Clinical practice in sexual health*

57. Do not ask, sometimes tell. A survey of sexual orientation disclosure in general practice

Citation: International Journal of STD and AIDS, May 2013, vol./is. 24/(1), 0956-4624 (May 2013)

Author(s): Laird G.; Nandwani R.

Institution: (Laird, Nandwani) West of Scotland Sexual Health Managed Clinical Network, Glasgow, United Kingdom

Language: English

Abstract: Aim: Men who have sex with men (MSM) are at higher risk of addictions, suicide, sexual, mental and other ill health. Morbidity can be reduced by providing support, testing and immunization in primary care. There are few UK data on disclosure of sexual orientation in general practice. Method: Questionnaire survey distributed online (Survey monkey) and paper to MSM accessing third sector outreach, groups and National Health services across urban and rural locations. Results: In all, 202 evaluable responses received to date. All ages represented: 19.2% aged 20-24 and 19.7% 35-44 years. One hundred and sixty-nine men selfidentified as gay, 27 bisexual, two heterosexual, four other/not answered. In total, 199 (98%) confirmed being registered with a general practitioner (GP) with 167 (83%) having attended for any reason in previous year. Eighty men stated medical/nursing staff at the practice were aware of their sexual orientation and 55 said they had told a GP during a consultation. Ninety-three of the MSM whose GP was unaware of their orientation stated this was because they had never been asked with 83 answering 'it's never been relevant'. Thirty-six MSM rated support received from practices since disclosing orientation as 'excellent'. Qualitative responses were also generally positive, although several comments on how practices could be more inclusive and a perception their major focus is on groups such as children and young mothers. Discussion: We were surprised that almost all MSM who participated in this study were registered with GPs and the majority had recently attended primary care services. However, almost 40% did not disclose sexual orientation. This was not because of fear of negative impact on their care but because they felt it was irrelevant to their attendance, thereby denying GPs the opportunity to offer sexual health/HIV testing, hepatitis B immunization or other interventions. GPs appear to be reluctant to raise the issue of sexual orientation without prompting. Future campaigns will also consider how to support MSM to 'come out' to GPs.

Conference Information: 11th Spring Meeting of the British Association for Sexual Health and HIV, BASHH 2013 Bristol United Kingdom. Conference Start: 20130515 Conference End: 20130517

Publisher: Royal Society of Medicine Press Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*sexual orientation
*general practice
*sexual health
*Human immunodeficiency virus
human
male
immunization
primary medical care
morbidity
bisexuality
health
homosexual male
suicide
men who have sex with men
questionnaire
United Kingdom
addiction
hepatitis B
Haplorhini
heterosexuality

fear
mother
female
child
consultation
general practitioner
risk
national health service

Source: EMBASE

Full Text: Available from *Highwire Press* in *International Journal of STD and AIDS: Clinical practice in sexual health*

58. A signal near FRMD4A is associated with lower extremity arterial disease in patients with type 2 diabetes

Citation: Diabetes, June 2014, vol./is. 63/(A1), 0012-1797 (June 2014)

Author(s): Van Zuydam N.R.; Hothersall E.; Palmer C.N.; Colhoun H.M.

Institution: (Van Zuydam, Hothersall, Palmer, Colhoun) Oxford, United Kingdom, Dundee, United Kingdom

Language: English

Abstract: Lower extremity arterial disease (LEAD) is a common macrovascular complication of type 2 diabetes (T2D). Patients with T2D and LEAD have a 6 fold increase of suffering fatal cardiovascular events. Twin studies of ankle brachial index (ABI), the main diagnostic criterion of LEAD, estimate the heritability of ABI at ~30%. Only two genetic determinants of LEAD have been identified through genome wide association studies near CDK2NBAS and CHRNA3 but neither of the studies have specifically focused on the genetic determinants of LEAD in patients with T2D. Here we present a 1000G meta-analysis of allelic effects of 5,882,833 SNPs estimated from 1223 LEAD cases and 5638 LEAD free controls. LEAD cases and controls that were identified from patients with T2D in the Genetics of Diabetes and Audit Research in Tayside Scotland (GoDARTS) study. Patients with LEAD were identified as patients with an ABI < 0.9 or ABI>1.3 and or mid-thigh to mid-foot amputations and or corrective procedures related to LEAD and or prescriptions for medication used to treat claudication. Controls were free of LEAD, coronary artery disease and ischaemic stroke. Allelic effects of SNPs were combined in a fixed effects meta-analysis. A signal represented by rs72780858 near FRMD4A reached genome wide significance (p=3.7E-8). SNPs in FRMD4A have been associated with nicotine dependence which may influence smoking status. Smoking is known to increases the risk of LEAD 10 fold. Other suggestive signals are located near genes that contain genome wide significant hits for risk factors related to LEAD: rs271946 (p=8.1E-6) near PCSK1 (T2D); rs34562 (p=8.2E-6) near EFNA5 (Coronary artery disease) and rs75417257 (p=1.2E-6) near CCSER1 (Glomerular filtration rate and albumin excretion rate). This is the first study of the genetic determinants of LEAD in patients with T2D and several signals including one at genome wide significance were identified. This study will be followed up with further investigation of these putative signals.

Conference Information: 74th Scientific Sessions of the American Diabetes Association San Francisco, CA United States. Conference Start: 20140613 Conference End: 20140617

Publisher: American Diabetes Association Inc.

Publication Type: Journal: Conference Abstract

Subject Headings:
*artery disease
*patient
*human
*non insulin dependent diabetes mellitus
*diabetes mellitus
*leg
genome
meta analysis (topic)

coronary artery disease
meta analysis
smoking
foot amputation
United Kingdom
genetic association
medical audit
risk factor
thigh
heritability
risk
diagnosis
tobacco dependence
brain ischemia
genetics
ankle brachial index
claudication
drug therapy
prescription
gene
procedures
glomerulus filtration rate
excretion
twins
albumin

Source: EMBASE

Full Text: Available from *Highwire Press* in *Diabetes*

59. High rates of alcohol misuse in Europe and UK

Citation: Drug and Therapeutics Bulletin, July 2014, vol./is. 52/7(76), 0012-6543;1755-5248 (July 2014)

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

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

Publication Type: Journal: Article

Subject Headings:
*alcohol consumption
*alcohol misuse
alcohol use disorder
alcoholism
article
death
Europe
health care personnel
human
prevalence
public health
United Kingdom
world health organization
*alcohol

Source: EMBASE

Full Text: Available from *Highwire Press* in *DTB - Drug and Therapeutics Bulletin*

60. Nicotine patch preloading for smoking cessation (the preloading trial): Study protocol for a randomized controlled trial

Citation: Trials, July 2014, vol./is. 15/1, 1745-6215 (22 Jul 2014)

Author(s): Lindson-Hawley N.; Coleman T.; Docherty G.; Hajek P.; Lewis S.; Lycett D.; McEwen A.; McRobbie H.; Munafo M.R.; Parrott S.; Aveyard P.

Institution: (Lindson-Hawley, Aveyard) Nuffield Department of Primary Care Health Sciences, University of Oxford, Radcliffe Observatory Quarter, Woodstock Road, OX2 6GG Oxford, United Kingdom; (Coleman) Division of Primary Care, University of Nottingham, Queen's Medical Centre, NG7 2UH Nottingham, United Kingdom; (Docherty, Lewis) Division of Epidemiology and Public Health, University of Nottingham, Nottingham City Hospital, Clinical Sciences Building, Hucknall Road, NG5 1PB Nottingham, United Kingdom; (Hajek, McRobbie) Tobacco Dependence Research Unit, Wolfson Institute of Preventive Medicine, Barts and The London School of Medicine and Dentistry, 55 Philpot Street, Whitechapel, E1 2HJ London, United Kingdom; (Lycett) Faculty of Health and Life Sciences, Richard Crossman Building, Coventry University, Priory Street, CV1 5FB Coventry, United Kingdom; (McEwen) Health Behaviour Research Centre, Department of Epidemiology and Public Health, UCL, Gower Street, WC1E 6BT London, United Kingdom; (Munafo) School of Experimental Psychology, University of Bristol, 12a Priory Road, BS8 1TU Bristol, United Kingdom; (Munafo) MRC Integrative Epidemiology Unit (IEU), University of Bristol, 12a Priory Road, BS8 1TU Bristol, United Kingdom; (Parrott) Department of Health Sciences, University of York, Seebohm Rowntree Building, Heslington, YO10 5DD York, United Kingdom

Language: English

Abstract: Background: The use of nicotine replacement therapy before quitting smoking is called nicotine preloading. Standard smoking cessation protocols suggest commencing nicotine replacement therapy only on the first day of quitting smoking (quit day) aiming to reduce withdrawal symptoms and craving. However, other, more successful smoking cessation pharmacotherapies are used prior to the quit day as well as after. Nicotine preloading could improve quit rates by reducing satisfaction from smoking prior to quitting and breaking the association between smoking and reward. A systematic literature review suggests that evidence for the effectiveness of preloading is inconclusive and further trials are needed.Methods/Design: This is a study protocol for a multicenter, non-blinded, randomized controlled trial based in the United Kingdom, enrolling 1786 smokers who want to quit, funded by the National Institute for Health Research, Health Technology Assessment program, and sponsored by the University of Oxford. Participants will primarily be recruited through general practices and smoking cessation clinics, and randomized (1:1) either to use 21 mg nicotine patches, or not, for four weeks before quitting, whilst smoking as normal. All participants will be referred to receive standard smoking cessation service support.Follow-ups will take place at one week, four weeks, six months and 12 months after quit day. The primary outcome will be prolonged, biochemically verified six-month abstinence. Additional outcomes will include point prevalence abstinence and abstinence of four-week and 12-month duration, side effects, costs of treatment, and markers of potential mediators and moderators of the preloading effect.Discussion: This large trial will add substantially to evidence on the effectiveness of nicotine preloading, but also on its cost effectiveness and potential mediators, which have not been investigated in detail previously. A range of recruitment strategies have been considered to try and compensate for any challenges encountered in recruiting the large sample, and the multicentre design means that knowledge can be shared between recruitment teams. The pragmatic study design means that results will give a realistic estimate of the success of the intervention if it were to be rolled out as part of standard smoking cessation service practice.Trial registration: Current Controlled Trials ISRCTN33031001. Registered 27 April 2012. 2014 Lindson-Hawley et al.; licensee BioMed Central Ltd.

Publication Type: Journal: Article

Subject Headings: article
cost effectiveness analysis
drug safety
follow up

human
major clinical study
multicenter study (topic)
nicotine replacement therapy
randomized controlled trial (topic)
*smoking cessation
"tobacco dependence/dt [Drug Therapy]"
United Kingdom
"*nicotine patch/ct [Clinical Trial]"
"*nicotine patch/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *BioMedCentral* in *Trials*
Available from *National Library of Medicine* in *Trials*

61. Psychometric properties of the Barratt Impulsiveness Scale in patients with gambling disorders, hypersexuality, and methamphetamine dependence

Citation: Addictive Behaviors, November 2014, vol./is. 39/11(1640-1645), 0306-4603;1873-6327 (November 2014)

Author(s): Reid R.C.; Cyders M.A.; Moghaddam J.F.; Fong T.W.

Institution: (Reid, Moghaddam, Fong) Department of Psychiatry and Biobehavioral Sciences, University of California, Los Angeles, United States; (Cyders) Department of Psychology, Indiana University-Purdue University, Indianapolis, United States

Language: English

Abstract: Although the Barratt Impulsiveness Scale (BIS; Patton, Stanford, & Barratt, 1995) is a widely-used self-report measure of impulsivity, there have been numerous questions about the invariance of the factor structure across clinical populations (Haden & Shiva, 2008, 2009; Ireland & Archer, 2008). The goal of this article is to examine the factor structure of the BIS among a sample consisting of three populations exhibiting addictive behaviors and impulsivity: pathological gamblers, hypersexual patients, and individuals seeking treatment for methamphetamine dependence to determine if modification to the existing factors might improve the psychometric properties of the BIS. The current study found that the factor structure of the BIS does not replicate in this sample and instead produces a 12-item three-factor solution consisting of motor-impulsiveness (5 items), non-planning impulsiveness (3 items), and immediacy impulsiveness (4 items). The clinical utility of the BIS in this population is questionable. The authors suggest future studies to investigate comparisons with this modified version of the BIS and other impulsivity scales such as the UPPS-P Impulsive Behavior Scale in clinical populations when assessing disposition toward rash action. 2013.

Country of Publication: United Kingdom

Publisher: Elsevier Ltd

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

Publication Type: Journal: Article

Subject Headings: addiction
adult
article
*Barratt Impulsiveness Scale
behavior modification
controlled study
female
help seeking behavior
human
*hypersexuality
impulsiveness
major clinical study

male
*methamphetamine dependence
*pathological gambling
principal component analysis
psychometry
methamphetamine

Source: EMBASE

Full Text: Available from *Elsevier* in *Addictive Behaviors*

62. Alcohol misuse among university staff: A cross-sectional study

Citation: PLoS ONE, July 2014, vol./is. 9/7, 1932-6203 (29 Jul 2014)

Author(s): Awoliyi S.; Ball D.; Parkinson N.; Preedy V.R.

Institution: (Awoliyi, Parkinson) Department of Primary Care and Public Health Sciences, King's College London, London, United Kingdom; (Awoliyi) Department of Nutrition and Dietetics, King's College London, London, United Kingdom; (Ball) Institute of Psychiatry, King's College London, London, United Kingdom; (Preedy) Diabetes and Nutritional Sciences Division, King's College London, London, United Kingdom

Language: English

Abstract: Objectives: To examine the prevalence of hazardous drinking among staff in a UK university and its association with key socio-demographic features. Design: A cross-sectional study. Setting: A university in the UK. Participants: All employees on the university employee database were eligible to participate. Those who completed and returned the questionnaire were included in the sample. Respondents were 131 university employees. Primary and Secondary Outcome Measures: An AUDIT cut-off score of >8 was used as a measure of hazardous drinking. AUDIT total score as well as a score of >1 in each of the three conceptual domains of alcohol consumption (questions 1-3), dependence symptoms (questions 4-6) and alcohol-related problems (questions 7-10) were used as indicators of levels of drinking and alcohol-related consequences. Secondary outcomes were employees' demographics. Results: Over one third (35%) of respondents were classified as hazardous drinkers. Twenty three per cent reported having blackouts after drinking and 14% had injuries or had injured someone. The odds of being a hazardous drinker for an employee in central departments (Human Resources, Registry etc) is only one third of that of an employee in science and health-related departments (OR = 0.35, 95% CI = 0.14 to 0.91). The proportion of hazardous drinkers was higher in males compared to females (43% and 30% respectively), part-time compared to full-time (46% and 34% respectively), and academic compared to non-academic employees (39% and 32% respectively), although these were not statistically significant (p>0.05). Furthermore, age, religion and ethnic origin were not found to be significantly associated with hazardous drinking, although total scores were significantly lower for ethnic minorities compared to white employees (p = 0.019). Conclusions: In this study, hazardous drinking was highly prevalent among university employees. However, overt recruiting of staff to address sensitive issues such as alcohol misuse is problematic. 2014 Awoliyi et al.

Country of Publication: United States

Publisher: Public Library of Science

Publication Type: Journal: Article

Subject Headings:
adult
African American
African Caribbean
*alcohol abuse
alcohol consumption
alcohol use disorder
alcoholism
article
Asian

Caucasian
cross-sectional study
drinking behavior
ethnic difference
female
health hazard
Hispanic
human
injury
major clinical study
male
middle aged
*nonmedical occupations
scoring system
sex difference
United Kingdom
university
*university staff
young adult

Source: EMBASE

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

63. Children's alcohol use is also a safeguarding issue

Citation: BMJ (Online), July 2014, vol./is. 349/, 1756-1833 (30 Jul 2014)

Author(s): Patton R.

Institution: (Patton) Addictions Department, Institute of Psychiatry, King's College London, London SE5 8BB, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

Publication Type: Journal: Letter

Subject Headings:
adolescent behavior
*alcohol consumption
alcohol use disorder
alcoholism
binge drinking
brain damage
*child safety
disability
disease association
disease predisposition
general practice
human
intervention study
letter
mass screening
motivation
practice guideline
priority journal
responsibility
risk assessment
United Kingdom

Source: EMBASE

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

64. Folate augmentation of treatment - Evaluation for depression (folated): Randomised trial and economic evaluation

Citation: Health Technology Assessment, 2014, vol./is. 18/48(1-159), 1366-5278;2046-4924 (2014)

Author(s): Bedson E.; Bell D.; Carr D.; Carter B.; Hughes D.; Jorgensen A.; Lewis H.; Lloyd K.; Mccaddon A.; Moat S.; Pink J.; Pirmohamed M.; Roberts S.; Russell I.; Sylvestre Y.; Tranter R.; Whitaker R.; Wilkinson C.; Williams N.

Institution: (Bedson) Clinical Trials Research Centre, University of Liverpool, Liverpool, United Kingdom; (Bell) Betsi Cadwalladr University Health Board, Bangor, United Kingdom; (Carr, Pirmohamed) Wolfson Centre for Personalised Medicine, University of Liverpool, Liverpool, United Kingdom; (Carter) School of Medicine, Cardiff University, Cardiff, United Kingdom; (Hughes, Pink) Centre for Economics and Policy in Health, Bangor University, Bangor, United Kingdom; (Jorgensen) Department of Biostatistics, University of Liverpool, Liverpool, United Kingdom; (Lewis) Department of Health Sciences, University of York, York, United Kingdom; (Lloyd, Russell) College of Medicine, Swansea University, Swansea, United Kingdom; (Mccaddon, Wilkinson, Williams) North Wales Centre for Primary Care Research, Bangor University, Bangor, United Kingdom; (Moat) Medical Biochemistry and Immunology, University Hospital of Wales, Cardiff, United Kingdom; (Roberts) Centre for Mental Health and Society, Bangor University, Bangor, United Kingdom; (Sylvestre) Clinical Trials Unit, University College London, London, United Kingdom; (Tranter) Department of Psychological Medicine, University of Otago, Christchurch, New Zealand; (Whitaker) North Wales Organisation for Randomised Trials in Health, Bangor University, Bangor, United Kingdom

Language: English

Abstract: Background: Folate deficiency is associated with depression. Despite the biological plausibility of a causal link, the evidence that adding folate enhances antidepressant treatment is weak. Objectives: (1) Estimate the clinical effectiveness and cost-effectiveness of folic acid as adjunct to antidepressant medication (ADM). (2) Explore whether baseline folate and homocysteine predict response to treatment. (3) Investigate whether response to treatment depends on genetic polymorphisms related to folate metabolism. Design: FolATED (Folate Augmentation of Treatment - Evaluation for Depression) was a double-blind and placebo-controlled, but otherwise pragmatic, randomised trial including cost-utility analysis. To yield 80% power of detecting standardised difference on the Beck Depression Inventory version 2 (BDI-II) of 0.3 between groups (a 'small' effect), FolATED trialists sought to analyse 358 participants. To allow for an estimated loss of 21% of participants over three time points, we planned to randomise 453. Settings: Clinical - Three centres in Wales - North East Wales, North West Wales and Swansea. Trial management - North Wales Organisation for Randomised Trials in Health in Bangor University. Biochemical analysis - University Hospital of Wales, Cardiff. Genetic analysis - University of Liverpool. Participants: Four hundred and seventy-five adult patients presenting to primary or secondary care with confirmed moderate to severe depression for which they were taking or about to start ADM, and able to consent and complete assessments, but not (1) folate deficient, vitamin B₁₂ deficient, or taking folic acid or anticonvulsants; (2) misusing drugs or alcohol, or suffering from psychosis, bipolar disorder, malignancy or other unstable or terminal illness; (3) (planning to become) pregnant; or (4) participating in other clinical research. Interventions: Once a day for 12 weeks experimental participants added 5 mg of folic acid to their ADM, and control participants added an indistinguishable placebo. All participants followed pragmatic management plans initiated by a trial psychiatrist and maintained by their general medical practitioners. Main outcome measures: Assessed at baseline, and 4, 12 and 25 weeks thereafter, and analysed by 'area under curve' (main); by analysis of covariance at each time point (secondary); and by multi-level repeated measures (sensitivity analysis): Mental health - BDI-II (primary), Clinical Global Impression (CGI), Montgomery-A degreesberg Depression Rating Scale (MADRS),

GBRU side effects scale, and Mini International Neuropsychiatric Interview (MINI) suicidality subscale; General health - UK 12-item Short Form Health Survey (SF-12), European Quality of Life scale - 5 Dimensions (EQ-5D); Biochemistry - serum folate, B₁₂, homocysteine; Adherence - Morisky Questionnaire; Economics - resource use. Results: Folic acid did not significantly improve any of these measures. For example it gained a mean of just 2.9 quality-adjusted life-days [95% confidence interval (CI) from -12.7 to 7.0 days] and saved a mean of just 48 (95% CI from -292 to 389). In contrast it significantly reduced mental health scores on the SF-12 by 3.0% (95% CI from -5.2% to -0.8%). Conclusions: The FolATED trial generated no evidence that folic acid was clinically effective or cost-effective in augmenting ADM. This negative finding is consistent with improving understanding of the one-carbon folate pathway suggesting that methylfolate is a better candidate for augmenting ADM. Hence the findings of FolATED undermine treatment guidelines that advocate folic acid for treating depression, and suggest future trials of methylfolate to augment ADM. Trial registration: Current Controlled Trials ISRCTN37558856. Queen's Printer and Controller of HMSO 2014.

Country of Publication: United Kingdom

Publisher: NIHR Journals Library

CAS Registry Number: 59-30-3 (folic acid); 6484-89-5 (folic acid); 454-28-4 (homocysteine); 6027-13-0 (homocysteine)

Publication Type: Journal: Article

Subject Headings:
alcoholism
article
Beck Depression Inventory
biochemistry
bipolar disorder
clinical effectiveness
Clinical Global Impression scale
clinical research
controlled study
*cost effectiveness analysis
cost utility analysis
cyanocobalamin deficiency
"*depression/dm [Disease Management]"
"*depression/dt [Drug Therapy]"
disease severity
double blind procedure
drug misuse
*economic evaluation
exploratory research
family planning
folate metabolism
folic acid blood level
"folic acid deficiency/dt [Drug Therapy]"
general practitioner
genetic polymorphism
human
informed consent
interview
major clinical study
malignant neoplastic disease
mental health
multicenter study
neuropsychological test
outcome assessment
patient assessment
prediction
pregnancy
primary medical care

psychiatrist
psychosis
quality adjusted life year
questionnaire
randomized controlled trial
rating scale
scoring system
secondary health care
sensitivity analysis
Short Form 12
standardization
suicidal behavior
terminal disease
treatment duration
*treatment response
United Kingdom
university hospital
anticonvulsive agent
"*antidepressant agent/ct [Clinical Trial]"
"*antidepressant agent/cb [Drug Combination]"
"*antidepressant agent/dt [Drug Therapy]"
"*folic acid/ct [Clinical Trial]"
"*folic acid/cb [Drug Combination]"
"*folic acid/cr [Drug Concentration]"
"*folic acid/dt [Drug Therapy]"
"*folic acid/pe [Pharmacoeconomics]"
*homocysteine
placebo

Source: EMBASE

65. Use of prescription opioids with abuse-deterrent technology to address opioid abuse

Citation: Current Medical Research and Opinion, August 2014, vol./is. 30/8(1589-1598), 0300-7995;1473-4877 (August 2014)

Author(s): Michna E.; Kirson N.Y.; Shei A.; Birnbaum H.G.; Ben-Joseph R.

Institution: (Michna) Brigham and Women's Hospital, Chestnut Hill, MA, United States; (Kirson, Shei, Birnbaum) Analysis Group Inc., Boston, MA, United States; (Ben-Joseph) Purdue Pharma LP, Stamford, CT, United States

Language: English

Abstract: Objective: The development of new formulations of extended-release (ER) opioids with abuse-deterrent technology attempts to deter prescription opioid abuse while maintaining appropriate access to care for pain patients. This study examined the degree to which some patients may avoid switching to reformulated ER opioids with abuse-deterrent technology and the extent to which those patients are more likely to be abusers. Research design and methods: We analyzed Truven MarketScan pharmacy and medical claims data following the introduction of two reformulated ER opioids with abuse-deterrent technology. Adults aged 18-64 who were continuous users of extended-release oxycodone HCl (ER oxycodone) or extended-release oxymorphone HCl (ER oxymorphone) in a 6 month period prior to the introduction of the respective reformulations of those products were identified and categorized based on whether they switched to the reformulation, switched to other ER/long-acting (LA) opioids (without abuse-deterrent technology), or discontinued ER/LA opioid treatment in a 6 month post-reformulation period. Abusers were identified using ICD-9-CM diagnosis codes for opioid abuse/dependence. Pearson's chi-squared tests and Fisher's exact tests were then used to compare rates of abuse between patients who avoided switching to a reformulated ER opioid. Sensitivity analyses examined several definitions used in this analysis. Main outcome measures: ER/LA opioid utilization; rates of diagnosed opioid abuse. Results: A total of 31%-50% of patients avoided switching to reformulated ER opioids. Rates of diagnosed opioid abuse

were higher among these patients compared to patients who transitioned to the reformulated ER opioids. Limitations: Due to the observational research design, caution is warranted in causal interpretation of the findings. The study was conducted among commercially insured continuous ER oxycodone or ER oxymorphone users; future research should consider additional patient populations, such as non-continuous users and those without commercial insurance (i.e., Medicare, Medicaid, uninsured). Conclusions: Some patients switched to other ER/LA opioids without abuse-deterrent technology or discontinued ER/LA opioid treatment when their existing ER treatment was reformulated. Rates of opioid abuse were higher among patients who switched to other ER/LA opioids or discontinued ER/LA opioid treatment, suggesting that abusers may seek more easily abuseable alternatives such as prescription opioids without abuse-deterrent technology. 2014 Informa UK Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 124-90-3 (oxycodone); 76-42-6 (oxycodone); 357-07-3 (oxymorphone); 76-41-5 (oxymorphone)

Publication Type: Journal: Article

Subject Headings:
*abuse deterrent technology
adult
article
controlled release formulation
*drug formulation
drug utilization
health care access
human
ICD-9-CM
"*opiate addiction/si [Side Effect]"
prescription
technology
"*opiate derivative/ae [Adverse Drug Reaction]"
"*opiate derivative/pr [Pharmaceutics]"
"oxycodone/ae [Adverse Drug Reaction]"
"oxycodone/pr [Pharmaceutics]"
"oxymorphone/ae [Adverse Drug Reaction]"
"oxymorphone/pr [Pharmaceutics]"

Source: EMBASE

Full Text: Available from *Informa Healthcare* in *Current Medical Research and Opinion*

66. Alcoholic ketoacidosis mimicking diabetes ketoacidosis

Citation: Diabetic Medicine, March 2014, vol./is. 31/(81), 0742-3071 (March 2014)

Author(s): Chandrasekara W.M.H.S.; Burton F.J.; Jayawarna C.

Institution: (Chandrasekara, Jayawarna) Acute Medicine, Stepping Hill Hospital, Stockport, United Kingdom; (Burton) Endocrinology and Diabetes, Stepping Hill Hospital, Stockport, United Kingdom

Language: English

Abstract: Introduction: Chronic alcoholism is a frequently unrecognised cause of ketoacidosis. Most patients with alcoholic ketoacidosis present with normal or low glucose, but can present with hyperglycaemia. This can lead to misdiagnosis of diabetes ketoacidosis and inappropriate treatment with insulin. Case: We describe a 37-year-old Caucasian lady with chronic pancreatitis secondary to excess alcohol consumption and depression, admitted with abdominal pain and vomiting. She had abstained from alcohol for a few months but consumed 90 units of alcohol 2 days prior to admission. She was on Creon (pancrelipase) for pancreatic exocrine dysfunction. Her system examination was unremarkable except for generalised abdominal tenderness. Her body mass index was 17kg/m². Arterial blood gas showed pH 7.16, standard bicarbonate

3.0mmol/l. Her random blood glucose was 15.1mmol/l and blood ketones were 7.0mmol/l. Other blood results showed WBC 7.6, sodium 126mmol/l, potassium 3.0mmol/l, eGFR > 60ml/min and amylase 24U/l. Her chest X-ray was normal. She was treated with intravenous fluids and intravenous insulin according to diabetes ketoacidosis protocol. She had a hypoglycaemic attack within an hour and insulin therapy. On review of her old notes she was found to have three similar episodes over the last 12 months. Her HbA1c ranged from 22 to 39mmol/mol over the same period. Conclusions: Alcoholic ketoacidosis can present with hyperglycaemia due to relative deficiency of insulin and relative surplus in counter-regulatory stress hormones including glucagon. Awareness of the syndrome with detailed history helps to differentiate alcohol ketoacidosis from diabetes ketoacidosis and prevent iatrogenic hypoglycaemia.

Conference Information: Diabetes UK Professional Conference 2014 Liverpool United Kingdom. Conference Start: 20140305 Conference End: 20140307

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*alcoholism
*ketoacidosis
*diabetic ketoacidosis
*diabetes mellitus
*United Kingdom
hyperglycemia
blood
alcohol consumption
thorax radiography
abdominal pain
chronic pancreatitis
glucose blood level
arterial gas
Caucasian
body mass
abdominal tenderness
examination
exocrine secretion
human
pH
diagnostic error
patient
hypoglycemia
insulin treatment
vomiting
alcohol
insulin
pancrelipase
amylase
sodium
bicarbonate
glucose
ketone
potassium
infusion fluid
glucagon
stress hormone
hemoglobin A1c

Source: EMBASE

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

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

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

Author(s): Gornall J.

Institution: (Gornall) London.

Language: English

Publication Type: Journal: Note

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

Source: EMBASE

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

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

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

Author(s): Brown K.

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

Language: English

Publication Type: Journal: Article

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

Source: EMBASE

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

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

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

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

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

Language: English

Abstract: Background: Previous research on the effects of plain packaging has largely relied on self-report measures. Here we describe the protocol of a randomized controlled trial

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

Country of Publication: United Kingdom

Publisher: BioMed Central Ltd.

Publication Type: Journal: Article

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

Source: EMBASE

Full Text: Available from *BioMedCentral* in *Trials*
Available from *National Library of Medicine* in *Trials*

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

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

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

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

Language: English

Abstract: Introduction: In a previous study exploring the feasibility of a smoking cessation application (app), we found that about 77% of the respondents from three countries were

ready to quit in the next 30 days without significant differences between countries in terms of age, operating system and number of quitting attempts. However, the efficacy of smartphone apps for smoking cessation has not yet been established. This study tests the efficacy of a smartphone smoking cessation decision-aid app compared with an app that contains only smoking cessation information. Methods and analysis: This is an automated double-blind, randomised controlled trial of a smoking cessation app that contains the eligibility requirements and baseline questionnaire and will randomise the participants into one of the two subapps (the intervention and the control). Participants will be recruited directly from the Apple app stores in Australia, Singapore, the UK and the USA. Daily smokers aged 18 and above will be randomised into one of the subapps after completing the baseline questionnaire. Abstinence rates will be measured at 10 days, 1 month, 3 months and 6 months, with the 1-month follow-up abstinence rate as the primary outcome. Logistic regression mixed models will be used to analyse the primary outcome. Ethics and dissemination: This study was approved by the University of Sydney's Human Ethics Committee. The results of the trial will be published in peer-reviewed journals according to the CONSORT statement. Trial registration number: Australian New Zealand ClinicalTrial RegistryACTRN12613000833763.

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

Publication Type: Journal: Article

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

Source: EMBASE

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

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

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

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

Institution: (Brooks, Chalder, Hatch, Hotopf, Henderson) Institute of Psychiatry - Psychological Medicine, Kings College London, London, United Kingdom; (Busso) Faculty of Health and Social Science, Ostfold University College, Ostfold, Norway; (Harvey) School of

Psychiatry, University of New South Wales, Black Dog Institute Hospital Road Randwick, Sydney, NSW, Australia; (Madan) Occupational Health, St. Thomas Hospital, London, United Kingdom

Language: English

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

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

Publication Type: Journal: Article

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

Source: EMBASE

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

72. New phenethylamines in Europe

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

Author(s): King L.A.

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Language: English

Abstract: Sixteen phenethylamines are now included in Schedules I and II of the United Nations 1971 Convention on Psychotropic Substances. Most of the ring-substituted compounds are in Schedule I, whereas 2C-B, amphetamine, and methamphetamine are listed in Schedule II. Substances in Schedule IV (e.g. benzphetamine) are now regarded as

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

Country of Publication: United Kingdom

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

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

Publication Type: Journal: Review

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

Source: EMBASE

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

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

Author(s): Kelly L.

Language: English

Abstract: Background and Objectives: Opioid use in pregnancy is increasing. Neonatal abstinence syndrome (NAS) is currently managed in hospital with weaning doses of oral morphine. The objective of this study was to evaluate the safety and effectiveness of discharging stabilized neonates to complete their oral morphine wean at home. Methods: This observational cohort included all neonates treated with oral morphine for NAS at two Academic hospitals in London, ON Canada. Results: There were 80 neonates treated with oral morphine in a 4 year period. The majority (52/80) of neonates completed their morphine wean after hospital discharge and were significantly less likely to return to

hospital for further withdrawal treatment (1/52 vs. 4/28, P < 0.05). They remained on morphine for more days (32 vs. 19 days, P < 0.01). There were no increases in specialist referral, emergency room visits or in/out patient appointments between neonates weaned in hospital and those weaned at home. Conclusions: Continued oral morphine weaning past hospital discharge did not appear less safe than weaning in hospital and resulted in fewer returns to hospital for further withdrawal treatment. The estimated cost savings of continued weaning at home was over$500,000.00. A multi-centre randomized clinical trial is recommended before further recommendations can be made.

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

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

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

Source: EMBASE

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

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

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

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

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Language: English

Abstract: Introduction Identifying at-risk migrant groups for Hepatitis B and C (HBV and HCV) is well established. The UK Nepali community has grown rapidly since 2004, when settlement rights were given for ex-Gurkha servicemen and dependants. Given military associations, the Hampshire County now has the second largest Nepali population, with the Nepali now making up close to 10% of the population. Nepal sits between China and India, two countries with higher prevalence rates of HBV and HCV, but relatively little is

known about prevalence in the Nepali community, with no published studies in the UK. Methods To help design a culturally sensitive testing strategy for HBV and HCV (as advocated by NICE) we conducted focus groups sessions in the Nepali community. Nepali moderators guided sessions to study the beliefs, understanding and perceptions towards liver disease. Results 32 Nepali members attended the focus group sessions, with groups divided by sex and age (< 30yrs, or > 30 yrs). A thematic analysis approach was used to analyse results. Perceptions of Liver disease: "It is not a communicable disease" "In Nepal water is the main cause of hepatitis" "Mainly alcoholic and smokers get this disease" "I do not think people hate the person....it would not be considered as bad as leprosy disease" Treatment options: "In Nepal herbal medicine is better for jaundice....necessary to drink lot of water and fruits" Knowledge and outreach: "We need to know the function of liver. Then we understand the issue." "Newspaper for the people who can read but for us who cannot read, radio and TV is better" "What the doctor said, we trust on it" Conclusion NICE guidelines advocate testing at-risk migrant groups for HBV and HCV at an early (asymptomatic) stage. Here, all groups identified liver disease with jaundice or symptoms. Different viewpoints were expressed based on age; younger Nepali members associating a greater stigma to liver disease and hepatitis. All groups expressed a sincere wish to gain greater knowledge about liver disease and to interact with primary care. The study also identified the functional illteracy of many Nepali, and the potential need to modify approaches away from written media.

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

Publisher: BMJ Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings:
*community
*case finding
*liver disease
*migrant
*human
*society
*gastroenterology
*United Kingdom
Hepatitis B virus
Nepal
jaundice
hepatitis
population
risk
prevalence
information processing
fruit
hepatitis B
herbal medicine
leprosy
India
hate
China
smoking
alcoholism
army
communicable disease
thematic analysis
primary medical care
physician
liver
telecommunication
publication
water

Source: EMBASE

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

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

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

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

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

Language: English

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

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

Publisher: BMJ Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings:
*human
*hepatitis C
*serology
*hospital
*society
*gastroenterology
*patient
data base
United Kingdom
medical audit
drug use
obstetrics
drug dependence
medical service
primary medical care
prison

microbiology
Hepatitis C virus

Source: EMBASE

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

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

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

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

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

Language: English

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

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

Publisher: BMJ Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings:
*drug therapy
*abstinence
*patient
*human
*liver disease
*society
*gastroenterology
alcohol consumption
implantable cardioverter defibrillator
drinking
drug dependence

medical audit
side effect
mortality
high risk patient
liver
follow up
relapse
liver function
hospital
United Kingdom
*baclofen
*alcohol

Source: EMBASE

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