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

1. The SNAP trial: A randomised placebo-controlled trial of nicotine replacement therapy in pregnancy - Clinical effectiveness and safety until 2 years after delivery, with economic evaluation

Citation: Health Technology Assessment, 2014, vol./is. 18/54(1-128), 1366-5278;2046-4924 (2014)

Author(s): Cooper S.; Lewis S.; Thornton J.G.; Marlow N.; Watts K.; Britton J.; Grainge M.J.; Taggar J.; Essex H.; Parrott S.; Dickinson A.; Whitemore R.; Coleman T.; Coughtrie M.; Mannion C.; Brocklehurst P.; Coupland C.; Hajek P.; Maguire S.; Murphy M.; Peacock J.; Butler C.; Field D.; Khan K.; Godfrey C.; Brown J.; Davis Y.; Dixon C.; Holloway F.; Lakin J.; Platts J.; Rashid F.; Redford A.; Taylor C.; Allsop J.; Cunningham S.; Glass K.; Hall V.; Ismail K.; Ramsay M.; Thornton J.; Appleby S.; Bailey D.; Gustard L.; Haworth E.; Hopps G.; Lindley A.; Kettle C.; Pearce C.; Sexton-Bradshaw D.; Savage J.; Smith S.; Taylor S.; Whitham A.; Brady B.; Battlemuch M.; Dudley W.; Edwards R.; Frith L.; Hari I.; Holden C.; Hoskyns L.; Jackson P.; Rajaratnam G.; Richardson D.; Wade L.; Whittaker M.; Cook B.; Hodgson S.; Humphries L.; Sanders B.; Simpkins D.; Vaz L.; Kurlak Y.; Randall C.; Taylor J.; Sharp S.

Institution: (Cooper, Taggar, Dickinson, Whitemore, Coleman) Division of Primary Care, University of Nottingham, Nottingham, United Kingdom; (Lewis, Britton, Grainge) Division of Epidemiology and Public Health, University of Nottingham, Nottingham, United Kingdom; (Thornton) Division of Child Health, Obstetrics and Gynaecology, University of Nottingham, Nottingham, United Kingdom; (Thornton) Nottingham Clinical Trials Unit, University of Nottingham, Nottingham, United Kingdom; (Marlow) Institute for Women's Health, University College London, London, United Kingdom; (Watts) Academic Division of Midwifery, University of Nottingham, Nottingham, United Kingdom; (Essex, Parrott) Department of Health Sciences, University of York, York, United Kingdom; (Allsop) Derby Hospitals NHS Foundation Trust, United Kingdom; (Cunningham) Mid Cheshire Hospitals NHS Foundation Trust, United Kingdom; (Glass) Sherwood Forest Hospitals NHS Foundation Trust, United Kingdom; (Hall) East Cheshire NHS Trust, United Kingdom; (Ismail) University Hospital of North Staffordshire NHS Trust, United Kingdom; (Ramsay) Nottingham University Hospitals NHS Trust, QMC campus, United Kingdom; (Thornton) Nottingham University Hospitals NHS Trust - City Campus, United Kingdom; (Cook, Hodgson, Humphries, Sanders) QMC pharmacy, United Kingdom; (Simpkins, Vaz, Kurlak, Randall, Taylor) University of Nottingham, United Kingdom; (Sharp) University of Dundee, United Kingdom

Language: English

Abstract: Background: Smoking during pregnancy causes many adverse pregnancy and birth outcomes. Nicotine replacement therapy (NRT) is effective for cessation outside pregnancy but efficacy and safety in pregnancy are unknown. We hypothesised that NRT would increase smoking cessation in pregnancy without adversely affecting infants. Objectives: To compare (1) at delivery, the clinical effectiveness and cost-effectiveness for achieving biochemically validated smoking cessation of NRT patches with placebo patches in pregnancy and (2) in infants at 2 years of age, the effects of maternal NRT patch use with placebo patch use in pregnancy on behaviour, development and disability. Design: Randomised, placebo-controlled, parallel-group trial and economic evaluation with follow-up at 4 weeks after randomisation, delivery and until infants were 2 years old. Randomisation was stratified by centre and a computer-generated sequence was used to allocate participants using a 1: 1 ratio. Participants, site pharmacies and all study staff were blind to treatment allocation. Setting: Seven antenatal hospitals in the Midlands and north-west England. Participants: Women between 12 and 24 weeks' gestation who smoked > 10 cigarettes a day before and > 5 during pregnancy, with an exhaled carbon monoxide (CO) reading of > 8 parts per million (p.p.m.). Interventions: NRT patches (15 mg per 16 hours) or matched placebo as an 8-week course issued in two equal batches. A second batch was dispensed at 4 weeks to those abstinent from smoking. Main outcome measures: Participants: self-reported, prolonged abstinence from smoking between a quit date and childbirth, validated at delivery by CO measurement and/or salivary cotinine (COT) (primary outcome). Infants, at 2 years: absence of impairment, defined as no disability or problems with behaviour and development. Economic: cost per 'quitter'. Results: One thousand and fifty women enrolled (521 NRT, 529 placebo). There were

1010 live singleton births and 12 participants had live twins, while there were 14 fetal deaths and no birth data for 14 participants. Numbers of adverse pregnancy and birth outcomes were similar in trial groups, except for a greater number of caesarean deliveries in the NRT group. Smoking: all participants were included in the intention-to-treat (ITT) analyses; those lost to follow-up (7% for primary outcome) were assumed to be smoking. At 1 month after randomisation, the validated cessation rate was higher in the NRT group {21.3% vs. 11.7%, odds ratio [OR], [95% confidence interval (CI)] for cessation with NRT, 2.05 [1.46 to 2.88]}. At delivery, there was no difference between groups' smoking cessation rates: 9.4% in the NRT and 7.6% in the placebo group [OR (95% CI), 1.26 (0.82 to 1.96)]. Infants: at 2 years, analyses were based on data from 888 out of 1010 (87.9%) singleton infants (including four postnatal infant deaths) [445/503 (88.5%) NRT, 443/507 (87.4%) placebo] and used multiple imputation. In the NRT group, 72.6% (323/445) had no impairment compared with 65.5% (290/443) in placebo (OR 1.40, 95% CI 1.05 to 1.86). The incremental cost-effectiveness ratio for NRT use was 4156 per quitter (4926 including twins), but there was substantial uncertainty around these estimates. Conclusions: Nicotine replacement therapy patches had no enduring, significant effect on smoking in pregnancy; however, 2-year-olds born to women who used NRT were more likely to have survived without any developmental impairment. Further studies should investigate the clinical effectiveness and safety of higher doses of NRT. Trial registration: Current Controlled Trials ISRCTN07249128. Funding: This project was funded by the NIHR Health Technology Assessment programme and will be published in full in Health Technology Assessment; Vol. 18, No. 54. See the NIHR Journals Library programme website for further project information. Queen's Printer and Controller of HMSO 2014.

Country of Publication: United Kingdom

Publisher: NIHR Journals Library

CAS Registry Number: 630-08-0 (carbon monoxide); 486-56-6 (cotinine)

Publication Type: Journal: Article

Subject Headings:
"abdominal pain/si [Side Effect]"
adult
Apgar score
article
behavior therapy
birth weight
body height
brain hemorrhage
cesarean section
child death
child development
childbirth
clinical effectiveness
communication skill
congenital disorder
controlled study
convulsion
cost effectiveness analysis
cost utility analysis
developmental disorder
"disability/co [Complication]"
double blind procedure
*drug efficacy
*drug safety
"eclampsia/si [Side Effect]"
economic evaluation
female
fetus outcome
general practitioner
gestation period
"headache/si [Side Effect]"

health care cost
health care system
health economics
health status
human
intention to treat analysis
low birth weight
major clinical study
*maternal smoking
midwife
motor performance
"nausea/si [Side Effect]"
necrotizing enterocolitis
newborn death
*nicotine replacement therapy
phase 4 clinical trial
"preeclampsia/si [Side Effect]"
*pregnancy
"pregnancy diabetes mellitus/si [Side Effect]"
pregnancy outcome
pregnant woman
"premature fetus membrane rupture/si [Side Effect]"
premature labor
prenatal period
prevalence
primary medical care
problem solving
quality of life
questionnaire
randomized controlled trial
relapse
"respiratory tract disease/co [Complication]"
scoring system
self report
sensitivity analysis
"skin manifestation/si [Side Effect]"
smoking
smoking cessation
spontaneous abortion
stillbirth
"*tobacco dependence/dm [Disease Management]"
"*tobacco dependence/dt [Drug Therapy]"
"*tobacco dependence/th [Therapy]"
United Kingdom
"uterine cervix disease/si [Side Effect]"
"vagina bleeding/si [Side Effect]"
vaginal delivery
"vomiting/si [Side Effect]"
carbon monoxide
cotinine
"*nicotine patch/ae [Adverse Drug Reaction]"
"*nicotine patch/ct [Clinical Trial]"
"*nicotine patch/dt [Drug Therapy]"
"*nicotine patch/pe [Pharmacoeconomics]"
"*nicotine patch/td [Transdermal Drug Administration]"
placebo

Source: EMBASE

2. Dietary caffeine: "Unnatural" exposure requiring precaution?

Citation: Journal of Substance Use, 2014, vol./is. 19/5(394-397), 1465-9891;1475-9942 (2014)

Author(s): James J.E.

Institution: (James) Department of Psychology, Reykjavik University, Menntavegur 1, 101 Reykjavik, Iceland; (James) School of Psychology, National University of Ireland, Galway, Ireland

Language: English

Abstract: Eminent British epidemiologist, Geoffrey Rose, argued that environmental exposures and patterns of behaviour that have not been part of the historical human condition are "unnatural" and pose a possible threat to population health. In that vein, it follows that population-wide exposure to caffeine could be cause for concern. The ubiquitous presence of caffeine in the human diet is of fairly recent origin, and evidence remains mixed as to whether caffeine is protective, harmful or neither. Rose taught that when scientific consensus regarding benefits and harms is lacking, the retention of an exposure factor in a population entails greater risk of harm than its removal. Although that maxim and the precautionary principle it encapsulates imply that there should be little or no population exposure to caffeine, the exact opposite exists insofar as caffeine is consumed daily by most people worldwide. Caffeine physical dependence could lead consumers to discount cautionary advice about possible harm. On the other hand, concerns about caffeine may grow in the face of increased exposure due to an ever-expanding variety of caffeine products in the marketplace, especially products designed to appeal to children and adolescents.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 58-08-2 (caffeine)

Publication Type: Journal: Review

Subject Headings:
beverage
environmental exposure
human
population exposure
priority journal
review
withdrawal syndrome
*caffeine

Source: EMBASE

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

3. Translation, reliability and validity of Iranian version of the Smoking Consequences Questionnaire (SCQ) among smokers

Citation: Journal of Substance Use, 2014, vol./is. 19/5(382-387), 1465-9891;1475-9942 (2014)

Author(s): Zeidi I.M.; Saffari M.; Chen H.; Pakpour A.H.

Institution: (Zeidi, Pakpour) Department of Public Health, Qazvin University of Medical Sciences, Qazvin, Iran, Islamic Republic of; (Saffari) Department of Health Education, School of Health, Baqiyatallah University of Medical Sciences, Tehran, Iran, Islamic Republic of; (Chen) School of Medical and Molecular Biosciences, Centre for Health Technology, University of Technology, Sydney, NSW, Australia; (Pakpour) Qazvin Research Center for Social Determinants of Health, Qazvin University of Medical Sciences, Qazvin, Iran, Islamic Republic of

Language: English

Abstract: Background: Smoking poses varions adverse effects on human health. Unfortunately, there is still a large population of smokers worldwide. Well understanding the potential consequences of smoking by the general public may prevent the initiation of smoking behavior and help the smokers to quit. Aims: The aim of this study was to cross-culturally

translate and validate the Persian version of Smoking Consequences Questionnaire (SCQ). Design and methods: The backward-forward translation technique was used to setup the scales among 40 smokers. Using a convenient sampling method, 400 smokers were recruited from a smoking cessation department in Qazvin city. Internal consistency and test-retest method was used to assess reliability. Cronbach's Alpha and Intraclass Correlation Coefficients (ICC) were used to assess Internal Consistency and Test-retest reliability. Predictive validity of Nicotine Dependence was measured by correlation between SCQ and Fagerstrom Test. The scale construction was verified by Factor Analysis (explanatory and confirmatory). Data are expressed as mean + SD, which were analyzed by SPSS. Results: The average age of participants was 40 + 0.6 (376 male, 24 female). More than half of the participants smoked between 11 and 20 cigarettes per day. The Cronbach's alpha coefficients test showed an acceptable internal consistency (ranged from 0.70 to 0.93). All items of the SCQ were significantly correlated with each other at two assessments with 2-week interval (r ranged from 0.76 to 0.93). The ICC ranged from 0.73 to 0.89 for all factors ($p < 0.05$). The scale well fitted the data (GFI = 0.97, RMSEA = 0.064). There were 10 factors on the scale which explained ~78% of the variance. Conclusion: Our results suggest that Persian SCQ is a valid and reliable application among Iranian smokers. The scales can nicely recognize the smokers' views on health consequences across different languages and cultures, which is highly recommended in general public education.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

Publication Type: Journal: Article

Subject Headings:
adult
article
correlation coefficient
Cronbach alpha coefficient
English as a second language
Fagerstrom Test for Nicotine Dependence
female
human
internal consistency
language
major clinical study
male
*named inventories questionnaires and rating scales
Persian language
predictive validity
priority journal
*smoking
smoking cessation
*Smoking Consequences Questionnaire
test retest reliability
tobacco dependence
translating (language)

Source: EMBASE

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

4. Legal issues in mandatory drug testing under Malaysia's drug intervention programme

Citation: Journal of Substance Use, 2014, vol./is. 19/5(378-381), 1465-9891;1475-9942 (2014)

Author(s): Bt Mohamed S.

Institution: (Bt Mohamed) Faculty of Law, University of Malaya, 50603 Kuala Lumpur, Malaysia

Language: English

Abstract: The Malaysian government's drug intervention programme has been implemented to combat the nation's drug abuse problem by eliminating drug dependency and preventing

relapse (National Drug Policy, 1983). Drug testing is widely used as a criminal justice tool to coerce drug dependants into compulsory treatment at government-run drug rehabilitation centres. Over the years, a significant number of court cases have challenged the legality of detention of drug dependants at the centres due to procedural errors in mandatory drug testing. This article examines the necessary criteria to determine optimum validity of drug testing results i.e. from the collection of urine specimen, chain of custody, accuracy and reliability of urinalysis to interpretation of test results. Non-compliance with such procedures may result in unlawful detention of individuals at drug rehabilitation centres for a period of 2 years and thereafter supervision within the community for another 2 years.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

Publication Type: Journal: Article

Subject Headings:
article
*custodial care
detention
*drug abuse
drug dependence
*drug screening
human
Malaysia
police
priority journal
relapse
*urinalysis

Source: EMBASE

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

5. A comparative study using Disulfiram and Naltrexone in alcohol-dependent adolescents

Citation: Journal of Substance Use, 2014, vol./is. 19/5(341-345), 1465-9891;1475-9942 (2014)

Author(s): De Sousa A.

Institution: (De Sousa) De Sousa Foundation, 18, St. Francis Avenue, Off SV Road, Santacruz West, Mumbai-400054, Maharashtra, India

Language: English

Abstract: Aims: There are currently three agents approved by US-FDA for the pharmacotherapy of alcohol dependence, namely Naltrexone, Disulfiram and Acamprosate. The present study aimed to clinically compare Disulfiram (DSF) and Naltrexone (NTX) and their efficacy in relapse prevention in adolescents in a routine clinical setting. Design: Fifty-two adolescents with alcohol dependence with supportive family members that would ensure medical compliance and follow up were randomized to 6 months of treatment with DSF or NTX. Weekly group psycho-education was also provided. The psychiatrist, patient and family member were not blind to the treatment prescribed. Measurements: Alcohol consumption, craving and adverse events were recorded weekly for 4 months and then fortnightly. Serum gamma glutamyl transferase (GGT) was measured at the start and end of the study. Results: At the end of the study, 46 patients were still in contact. Relapse occurred at a mean of 93 days with DSF compared to 63 days for NTX. 84.61% patients on DSF remained abstinent compared to 53.85% with NTX. Conclusions: DSF was superior to NTX in promoting abstinence in adolescents with alcohol dependence having good family support.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 97-77-8 (disulfiram); 54910-89-3 (fluoxetine); 56296-78-7 (fluoxetine); 59333-67-4 (fluoxetine); 85876-02-4 (gamma glutamyltransferase); 846-49-1 (lorazepam); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone)

Publication Type: Journal: Article

Subject Headings:
adolescent
alcohol consumption
"*alcoholism/dt [Drug Therapy]"
"*alcoholism/th [Therapy]"
article
comparative study
controlled study
"depression/dt [Drug Therapy]"
drug efficacy
drug withdrawal
family
gamma glutamyl transferase blood level
human
"insomnia/dt [Drug Therapy]"
major clinical study
"neuritis/si [Side Effect]"
prescription
priority journal
psychiatrist
psychoeducation
randomized controlled trial
relapse
"side effect/si [Side Effect]"
survival time
treatment outcome
"*disulfiram/ae [Adverse Drug Reaction]"
"*disulfiram/ct [Clinical Trial]"
"*disulfiram/cm [Drug Comparison]"
"*disulfiram/dt [Drug Therapy]"
"fluoxetine/dt [Drug Therapy]"
"gamma glutamyltransferase/ec [Endogenous Compound]"
"lorazepam/dt [Drug Therapy]"
"*naltrexone/ae [Adverse Drug Reaction]"
"*naltrexone/ct [Clinical Trial]"
"*naltrexone/cm [Drug Comparison]"
"*naltrexone/dt [Drug Therapy]"

Source: EMBASE

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

6. Quetiapine abuse and dependence in psychiatric patients: A systematic review of 25 case reports in the literature

Citation: Journal of Substance Use, 2014, vol./is. 19/5(388-393), 1465-9891;1475-9942 (2014)

Author(s): Cubala W.J.; Springer J.

Institution: (Cubala, Springer) Department of Psychiatry, Medical University of Gdansk, Debinki 7 Street, 80-952 Gdansk, Poland

Language: English

Abstract: Background: Quetiapine is an atypical antipsychotic approved for the treatment of schizophrenia, bipolar disorder and major depressive disorder. There has been a growing amount of quetiapine abuse cases in psychiatric patients. The purpose of this article is to analyse these reports to recognize identifiable patterns of quetiapine misuse. Approach: We searched the PubMed, Scopus, Medline/Ovid and Google Scholar databases for case reports of quetiapine abuse and/or dependence among patients with: bipolar disorder, anxiety disorders, panic disorder, social phobia, generalized anxiety disorder, obsessive-compulsive disorder and substance use/dependence. Findings: The search retrieved 25 cases of quetiapine abuse and/or dependence among psychiatric patients. Higher frequency of abuse/dependence was observed in men and people being in their

mid-thirties. Only half of the cases reported a positive history of substance abuse. The most prominent phenomenon associated with quetiapine abuse/dependence was marked withdrawal symptoms. Conclusions: Our research indicates that quetiapine is likely to be abused by male psychiatric patients in their mid-thirties and less than 50% of them having positive history of substance abuse/dependence. Caution should be taken when considering the prescription of quetiapine to that special patient group and close monitoring for drug misuse is needed in the course of the entire treatment period.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 111974-72-2 (quetiapine)

Publication Type: Journal: Review

Subject Headings:
anxiety disorder
bipolar disorder
data base
*drug abuse
*drug dependence
generalized anxiety disorder
human
mental patient
obsessive compulsive disorder
panic
priority journal
review
social phobia
substance abuse
systematic review
withdrawal syndrome
*quetiapine

Source: EMBASE

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

7. Association between VNTR polymorphism in promoter region of prodynorphin (PDYN) gene and heroin dependence

Citation: Psychiatry Research, November 2014, vol./is. 219/3(690-692), 0165-1781;1872-7123 (30 Nov 2014)

Author(s): Saify K.; Saadat I.; Saadat M.

Institution: (Saify, Saadat, Saadat) Department of Biology, College of Sciences, Shiraz University, Shiraz 71454, Iran, Islamic Republic of; (Saadat, Saadat) Institute of Biotechnology, Shiraz University, Shiraz, Iran, Islamic Republic of

Language: English

Abstract: Within the core promoter region of prodynorphin (PDYN), a 68-bp sequence was found to occur as a polymorphism element, either singular or as tandemly repeated two, three or four times. We report the sequence of a novel allele (5-repeats). Our study revealed the existence of an ancestral nucleotide (A) at 29th position of the VNTR in human. In total, 442 heroin addicts and 799 controls were included in this study. The present findings revealed a male-limited association between VNTR polymorphism and heroin dependence risk.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

CAS Registry Number: 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 88402-55-5 (prodynorphin)

Publication Type: Journal: Article

Subject Headings:
adult
allele
article
controlled study
DNA isolation
female
gene amplification
gene sequence
*genetic association
*genetic polymorphism
genetic risk
genotype
*heroin dependence
human
major clinical study
male
nucleic acid structure
*pdyn gene
polymerase chain reaction
priority journal
*promoter region
sex difference
*VNTR polymorphism
*diamorphine
"genomic DNA/ec [Endogenous Compound]"
"*prodynorphin/ec [Endogenous Compound]"

Source: EMBASE

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

8. To play or not to play: A personal dilemma in pathological gambling

Citation: Psychiatry Research, November 2014, vol./is. 219/3(562-569), 0165-1781;1872-7123 (30 Nov 2014)

Author(s): Giorgetta C.; Grecucci A.; Rattin A.; Guerreschi C.; Sanfey A.G.; Bonini N.

Institution: (Giorgetta) Institute of Cognitive Science and Technology, CNR, Via della Cascata 56/C - Povo, 38123 Trento, Italy; (Giorgetta, Grecucci, Rattin, Sanfey) Department of Psychology and Cognitive Science, University of Trento, Italy; (Guerreschi) Societa Italiana Intervento Patologie Compulsive (SIIPAC), Bolzano, Italy; (Sanfey) Behavioural Science Institute, Radboud University Nijmegen, Netherlands; (Sanfey) Donders Institute for Brain, Cognition and Behaviour, Radboud University Nijmegen, Netherlands; (Bonini) Department of Economics and Management, University of Trento, Italy

Language: English

Abstract: Research has shown that healthy people would rather avoid losses than gamble for even higher gains. On the other hand, research on pathological gamblers (PGs) demonstrates that PGs are more impaired than non-pathological gamblers in choice under risk and uncertainty. Here, we investigate loss aversion by using a rigorous and well-established paradigm from the field of economics, in conjunction with personality traits, by using self-report measures for PGs under clinical treatment. Twenty pathological gamblers, at the earlier and later stages of clinical treatment, were matched to 20 non-gamblers (NG). They played a "flip coin task" by deciding across 256 trials whether to accept or reject a 50-50 bet with a variable amount of gains and losses. They completed questionnaires aimed at assessing impulsivity. Compared to NG, pathological gamblers, specifically those in the later stages of therapy, were more loss averse and accepted a lower number of gambles with a positive expected value, whereas their impulsivity traits were significantly higher. This study shows for the first time that changes in loss aversion, but not in personality traits, are associated with the time course of pathology. These findings can be

usefully employed in the fields of both gambling addiction and decision-making. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
anxiety
article
*aversive behavior
clinical article
compulsion
controlled study
*decision making
depression
disease classification
disease severity
female
human
*impulsiveness
male
"*pathological gambling/di [Diagnosis]"
personality
priority journal
questionnaire
self report
thinking

Source: EMBASE

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

9. Failure to utilize feedback causes decision-making deficits among excessive Internet gamers

Citation: Psychiatry Research, November 2014, vol./is. 219/3(583-588), 0165-1781;1872-7123 (30 Nov 2014)

Author(s): Yao Y.-W.; Chen P.-R.; Chen C.; Wang L.-J.; Zhang J.-T.; Xue G.; Deng L.-Y.; Liu Q.-X.; Yip S.W.; Fang X.-Y.

Institution: (Yao, Chen) School of Psychology, Beijing Normal University, Beijing, China; (Chen) School of Government, Beijing Normal University, Beijing, China; (Wang, Zhang, Xue, Fang) State Key Laboratory of Cognitive Neuroscience and Learning, IDG/McGovern Inst. for Brain Research, Beijing Normal University, Beijing, China; (Zhang, Xue) Center for Collaboration and Innovation in Brain and Learning Sciences, Beijing Normal University, Beijing, China; (Deng) Faculty of Education, Beijing Normal University, Beijing, China; (Liu) Key Laboratory of Adolescent Cyberpsychology and Behavior (CCNU), Ministry of Education, Wuhan, China; (Yip) Department of Psychiatry, Yale University School of Medicine, New Haven, CT, United States; (Fang) Institute of Developmental Psychology, Beijing Normal University, Beijing, China; (Fang) Academy of Psychology and Behavior, Tianjin Normal University, Tianjin, China

Language: English

Abstract: Internet gaming addiction (IGA) is an increasing mental health issue worldwide. Previous studies have revealed decision-making impairments in excessive Internet gamers (EIGs) with high symptoms of IGA. However, the role of feedback processing in decision-making deficits among EIGs remains unknown. The present study aimed to investigate the effect of feedback processing on decision-making deficits under risk among EIGs, using the Game of Dice Task (GDT) and a modified version of the GDT in which no feedback was provided. Twenty-six EIGs and 26 matched occasional Internet gamers (OIGs) were recruited. The results showed: (a) OIGs performed better on the original GDT than on the modified GDT (no feedback condition); however, EIGs

performed similarly on both tasks; (b) EIGs and OIGs performed equally on the modified GDT; however, EIGs chose more disadvantageous options than OIGs on the original GDT; (c) EIGs utilized feedback less frequently on the original GDT relative to OIGs. These results suggest that EIGs are not able to utilize feedback to optimize their decisions, which could underlie their poor decision-making under risk. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
article
causal attribution
controlled study
*decision making
disease association
*game
human
human computer interaction
*internet addiction
*internet gaming addiction
major clinical study
male
mental task
*neurofeedback
priority journal
process optimization
response time
risk factor
task performance
"*thought disorder/co [Complication]"
young adult

Source: EMBASE

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

10. Reward bias and lateralization in gambling behavior: Behavioral activation system and alpha band analysis

Citation: Psychiatry Research, November 2014, vol./is. 219/3(570-576), 0165-1781;1872-7123 (30 Nov 2014)

Author(s): Balconi M.; Finocchiaro R.; Canavesio Y.; Messina R.

Institution: (Balconi, Finocchiaro) Research Unit in Affective and Social Neuroscience, Department of Psychology, Catholic University of the Sacred Heart, Largo Gemelli, 1, 20123 Milan, Italy; (Balconi, Finocchiaro, Canavesio, Messina) Department of Psychology, Catholic University of the Sacred Heart, Milan, Italy

Language: English

Abstract: The present research explored the main factors that can influence subjects' choices in the case of decisions. In order to elucidate the individual differences that influence the decisional processes, making their strategies more or less advantageous, we tested the effect of a reward sensitivity in the behavioral activation system (BAS-Reward) constructed on the ability to distinguish between high- and low-risk decisions. Secondly, the lateralization effect, related to increased activation of the left (BAS-related) hemisphere, was explored. Thirty-one subjects were tested using the Iowa Gambling Task, and the BAS-Reward measure was applied to distinguish between high-BAS and low-BAS groups. Behavioral responses (gain/loss options) and alpha-band modulation were considered. It was found that high-BAS group increased their tendency to opt in favor of the immediate reward (loss strategy) rather than the long-term option (win strategy). Secondly, high-BAS subjects showed an increased left-hemisphere activation in

response to losing (with immediate reward) choices in comparison with low-BAS subjects. A "reward bias" effect was supposed to explain both the bad strategy and the unbalanced hemispheric activation for high-BAS and more risk-taking subjects. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
analysis of variance
article
*Behavioral Activation System
controlled study
*decision making
electroencephalography
event related potential
female
hemisphere
human
human experiment
impulsiveness
male
mismatch negativity
neurobiology
neuromodulation
normal human
*pathological gambling
prefrontal cortex
priority journal
punishment
*reward
young adult

Source: EMBASE

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

11. The severity of Internet addiction risk and its relationship with the severity of borderline personality features, childhood traumas, dissociative experiences, depression and anxiety symptoms among Turkish university students

Citation: Psychiatry Research, November 2014, vol./is. 219/3(577-582), 0165-1781;1872-7123 (30 Nov 2014)

Author(s): Dalbudak E.; Evren C.; Aldemir S.; Evren B.

Institution: (Dalbudak, Aldemir) Department of Psychiatry, Faculty of Medicine, Turgut Ozal University, Ankara, Turkey; (Evren) Bakirkoy Training and Research Hospital for Psychiatry, Neurology and Neurosurgery, Alcohol and Drug Research, Treatment and Training Center (AMATEM), Istanbul, Turkey; (Evren) Department of Psychiatry, Baltalimani State Hospital for Muskuloskeletal Disorders, Istanbul, Turkey

Language: English

Abstract: The aim of this study was to investigate the relationship of Internet addiction (IA) risk with the severity of borderline personality features, childhood traumas, dissociative experiences, depression and anxiety symptoms among Turkish university students. A total of 271 Turkish university students participated in this study. The students were assessed through the Internet Addiction Scale (IAS), the Borderline Personality Inventory (BPI), the Dissociative Experiences Scale (DES), the Childhood Trauma Questionnaire (CTQ-28), the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI). The rates of students were 19.9% (n=54) in the high IA risk group, 38.7% (n=105) in the mild IA risk group and 41.3% (n=112) in the group without IA risk. Correlation analyses revealed that the severity of IA risk was related with BPI, DES, emotional abuse,

CTQ-28, depression and anxiety scores. Univariate covariance analysis (ANCOVA) indicated that the severity of borderline personality features, emotional abuse, depression and anxiety symptoms were the predictors of IAS score, while gender had no effect on IAS score. Among childhood trauma types, emotional abuse seems to be the main predictor of IA risk severity. Borderline personality features predicted the severity of IA risk together with emotional abuse, depression and anxiety symptoms among Turkish university students. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
"*anxiety disorder/di [Diagnosis]"
article
Beck Anxiety Inventory
Beck Depression Inventory
"*borderline state/di [Diagnosis]"
"*childhood injury/di [Diagnosis]"
Childhood Trauma Questionnaire
controlled study
"*depression/di [Diagnosis]"
disease association
disease severity
"*dissociative disorder/di [Diagnosis]"
Dissociative Experiences Scale
emotional abuse
ethnic group
female
high risk population
human
"*internet addiction/co [Complication]"
"*internet addiction/di [Diagnosis]"
major clinical study
male
onset age
priority journal
prognosis
risk assessment
Turkish

Source: EMBASE

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

12. Self-reported attention and mood symptoms in cocaine abusers: Relationship to neurocognitive performance

Citation: Psychiatry Research, November 2014, vol./is. 219/3(598-603), 0165-1781;1872-7123 (30 Nov 2014)

Author(s): Benedict E.S.; Gorman A.; van Gorp W.; Foltin R.W.; Vadhan N.P.

Institution: (Benedict, Gorman, van Gorp, Foltin, Vadhan) Columbia University College of Physicians and Surgeons, New York State Psychiatric Institute, 1051 Riverside Drive #120, New York, NY 10032, United States; (Benedict) Long Island University, Brooklyn Campus, United States

Language: English

Abstract: Objective: This study examined the relationship between subjective measures of inattention/hyperactivity-impulsivity and mood and objective measures of neurocognitive function in cocaine users. Design: Ninety-four active cocaine users not seeking treatment (73 male, 21 female) were administered two self-report psychiatric measures (the ADHD Rating Scale - Fourth Edition; ARS-IV), and the Beck Depression Inventory - Second Edition; (BDI-II), and a battery of tests measuring attention, executive, psychomotor,

visual and verbal learning, visuospatial, and language functions. Correlations between scores on the psychiatric measures (total and subscale) and the neurocognitive measures were examined. Results: While scores on the BDI-II and ARS-IV were correlated with each other ($p<0.01$), scores on both self-report measures were largely uncorrelated with neurocognitive test scores ($p>0.05$). Conclusion: There was a minimal relationship between psychiatric measures that incorporate subjective assessment of cognitive function, and objective neurocognitive measures in nontreatment-seeking cocaine users, consistent with previous findings in other samples of substance users. This suggests that self-report measures may have limited utility as proxies for neurocognitive performance. 2014 Elsevier Ireland Ltd.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

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

Publication Type: Journal: Article

Subject Headings:
ADHD Rating Scale Fourth Edition
adult
article
"*attention deficit disorder/di [Diagnosis]"
Beck Depression Inventory
*cocaine dependence
"*cognitive defect/di [Diagnosis]"
controlled study
executive function
female
functional assessment
help seeking behavior
human
language ability
learning
major clinical study
male
*mental performance
"*mood disorder/di [Diagnosis]"
priority journal
psychological rating scale
psychomotor performance
scoring system
self report
*symptom
vision
visual system function
cocaine

Source: EMBASE

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

13. Acute total sleep deprivation potentiates cocaine-induced hyperlocomotion in mice

Citation: Neuroscience Letters, September 2014, vol./is. 579/(130-133), 0304-3940;1872-7972 (05 Sep 2014)

Author(s): Berro L.F.; Santos R.; Hollais A.W.; Wuo-Silva R.; Fukushiro D.F.; Mari-Kawamoto E.; Costa J.M.; Trombin T.F.; Patti C.L.; Grapiglia S.B.; Tufik S.; Andersen M.L.; Frussa-Filho R.

Institution: (Berro, Tufik, Andersen, Frussa-Filho) Departamento de Psicobiologia, Universidade Federal de Sao Paulo (UNIFESP), Rua Napoleao de Barros 925, 04021-002 Sao Paulo, SP, Brazil; (Santos, Hollais, Wuo-Silva, Fukushiro, Mari-Kawamoto, Costa, Trombin, Patti, Grapiglia, Frussa-Filho) Departamento de Farmacologia, Universidade Federal de Sao Paulo, R. Botucatu 862, Ed. Leal Prado, 1 andar, 04023-062 Sao Paulo, SP, Brazil

Language: English

Abstract: In the social context, late-night parties are frequently associated with higher availability of recreational drugs with abuse potential. Physiologically, all of these drugs induce an increase in dopamine release in the mesolimbic dopaminergic system, which leads to hyperlocomotion in rodents. Sleep deprivation also seems to play an important role in the events related to the neurotransmission of the dopaminergic system by potentiating its behavioral effects. In this scenario, the aim of the present study was to investigate the effects of total sleep deprivation (6. h) on the acute cocaine-induced locomotor stimulation in male mice. Animals were sleep deprived or maintained in their home cages and subsequently treated with an acute i.p. injection of 15. mg/kg cocaine or saline and observed in the open field. Total sleep deprivation for 6. h potentiated the hyperlocomotion induced by acute cocaine administration. In addition, the cocaine sleep deprived group showed a decreased ratio central/total locomotion compared to the cocaine control group, which might be related to an increase in the impulsiveness of mice. Our data indicate that acute periods of sleep loss should be considered risk factors for cocaine abuse. 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); 51-61-6 (dopamine); 62-31-7 (dopamine)

Publication Type: Journal: Article

Subject Headings:
animal experiment
article
*cocaine dependence
controlled study
dopamine release
dopaminergic transmission
*experimental hyperactivity
impulsiveness
locomotion
male
mesolimbic dopaminergic system
mouse
nonhuman
priority journal
REM sleep
*sleep deprivation
*cocaine
dopamine

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

14. Alcohol licensing data: Why is it an underused resource in public health?

Citation: Health and Place, November 2013, vol./is. 24/(110-114), 1353-8292;1873-2054 (November 2013)

Author(s): Humphreys D.K.; Smith D.M.

Institution: (Humphreys) Institute of Public Health, University of Cambridge, Forvie Site, Robinson Way, Cambridge CB20SR, United Kingdom; (Smith) Centre for Primary Care and Public Health, Blizard Institute, Barts and The London School of Medicine and Dentistry, Yvonne Carter Building, 58 Turner Street, London, E1 2AB, United Kingdom

Language: English

Abstract: Alcohol-related harm is related to alcohol availability. Due to complex regulatory and environmental factors, alcohol availability varies spatially. However, the extent of this

variation is largely unknown in the UK, despite its potential influence on patterns of alcohol-related harm. We investigate why administrative data is underused in the study of alcohol-related harm in the UK. We found that local authorities routinely collect a rich supply of licensing data. However, this information is stored in databases that are sometimes difficult to access. With greater coordination between researchers and practitioners, this data can be used to fulfil its primary administrative purpose and also contribute to understanding and prevention of alcohol-related health and social problems. 2013 Elsevier Ltd.

Country of Publication: United Kingdom

Publisher: Elsevier Ltd

Publication Type: Journal: Article

Subject Headings:
access to information
alcohol consumption
"*alcoholism/pc [Prevention]"
article
data base
drinking behavior
government regulation
*harm reduction
human
information processing
*licensing
marketing
policy
priority journal
*social problem
United Kingdom

Source: EMBASE

15. Alcohol-use disorders and multiple sclerosis risk: A national record-linkage study

Citation: Multiple Sclerosis, September 2014, vol./is. 20/1 SUPPL. 1(148-149), 1352-4585 (September 2014)

Author(s): Pakpoor J.; Goldacre R.; Disanto G.; Giovannoni G.; Goldacre M.

Institution: (Pakpoor) University of Oxford, John Radcliffe Hospital, Oxford, United Kingdom; (Goldacre, Goldacre) University of Oxford, Unit of Health-Care Epidemiology, Nuffield Department of Population Health, Oxford, United Kingdom; (Disanto, Giovannoni) Queen Mary University of London, Barts, Blizard Institute, London, United Kingdom

Language: English

Abstract: Background: Few studies have investigated the relationship between alcohol and MS risk, and these have often been limited by small sample sizes and inconsistent results. It has recently been reported that alcohol consumption exhibits a dose-dependent inverse association with MS risk. Objectives: We aimed to determine if individuals with alcoholuse disorders, who may be presumed to consume large quantities of alcohol, have an altered MS risk compared to the general population. Methods: A record-linkage study was conducted using linked datasets of English Hospital Episode Statistics (HES) (records of every episode of hospital admission and day case care in all English National Health Service hospitals) and death registrations for England from January 1999 to December 2011. Three cohorts of people with a record for alcohol use (10156 people), alcohol abuse (255827 people) and alcohol dependence (281305 people) were constructed by identifying the first recorded episode in which either condition was a diagnosis. A reference cohort was constructed of people admitted for various other minor medical and surgical conditions (6.7 million people). We then searched for any subsequent hospital care for, or death from, MS in these cohorts. The rate ratio was then calculated. Results: There was a significantly increased risk of MS following alcohol use ($p=0.003$), alcohol abuse ($p< 0.0001$) and alcohol dependence ($p=0.001$). Considering the possibility of reverse causality we found an elevated risk of MS within one year of first admission for

alcohol abuse only (p< 0.0001), but not for alcohol use or dependence (p=0.81 and p=0.25 respectively). Further, there was a significantly elevated risk of MS following alcohol use, abuse and dependence (p< 0.0001, p=0.003 and p=0.003 respectively) with a time interval of more than one year from first admission with the alcohol-use disorder. The association between alcohol-use disorders and risk of MS was more evident in males than females. Conclusions: This study supports the presence of a significant positive association between alcohol-use disorders and MS risk, particularly in men. The strengths of this study are the prospective design and the enormous size of the HES database. The likely much higher levels of toxicity and alcohol dependency in our study may be associated with MS. Clinical advise with regard to alcohol consumption and MS remains largely speculative, and long-term follow-up studies are required to ascertain the relationship.

Conference Information: 2014 Joint Americas Committee for Treatment and Research in Multiple Sclerosis ACTRIMS - European Committee for Treatment and Research in Multiple Sclerosis ECTRIMS Meeting Boston, MA United States. Conference Start: 20140910 Conference End: 20140913

Publisher: SAGE Publications Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*multiple sclerosis
*risk
*Western Hemisphere
*alcohol use disorder
human
alcohol consumption
alcohol abuse
alcoholism
death
hospital
male
epidemiology
diagnosis
population
United Kingdom
diseases
registration
follow up
national health service
hospital care
abuse
toxicity
hospital admission
data base
female
statistics
sample size
alcohol

Source: EMBASE

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

16. Psychosocial and sexual healthcare needs in men selling sex in Glasgow: a retrospective case note review

Citation: Sexually transmitted infections, September 2014, vol./is. 90/6(504), 1472-3263 (Sep 2014)

Author(s): Fraser G.; McAdams R.; Heng J.; Macpherson A.

Institution: (Fraser) Department of Sexual Health and HIV, Sandyford Initiative, NHS Greater Glasgow and Clyde, Glasgow, UK.; (McAdams) North West Sector Health Improvement Team, NHS Greater Glasgow and Clyde, Gartnavel General Hospital, Glasgow, UK.; (Heng) NHS Greater Glasgow and Clyde, Glasgow, UK.; (Macpherson) Research and Training Department, NHS Greater Glasgow and Clyde, Sandyford Initiative, Glasgow, UK.

Language: English

Publication Type: Journal: Letter

Subject Headings:
"*addiction/ep [Epidemiology]"
adult
"alcoholism/ep [Epidemiology]"
"chlamydiasis/ep [Epidemiology]"
cohort analysis
commercial sex
*condom
"gonorrhea/ep [Epidemiology]"
*health service
"hepatitis B/ep [Epidemiology]"
"hepatitis C/ep [Epidemiology]"
"herpes simplex/ep [Epidemiology]"
homelessness
homosexual male
human
"Human immunodeficiency virus infection/ep [Epidemiology]"
injecting drug use
letter
male
*male homosexuality
"pharyngitis/ep [Epidemiology]"
*prostitution
psychological aspect
rape
"rectum disease/ep [Epidemiology]"
retrospective study
sexual assault
sexual behavior
"*sexually transmitted disease/ep [Epidemiology]"
statistics
"United Kingdom/ep [Epidemiology]"
utilization review

Source: EMBASE

Full Text: Available from *Highwire Press* in *Sexually transmitted infections*

17. Gabapentin: can it be misused?

Citation: Journal of psychosocial nursing and mental health services, January 2014, vol./is. 52/1(12-15), 0279-3695 (Jan 2014)

Author(s): Howland R.H.

Language: English

Abstract: Gabapentin, a gamma-aminobutyric acid analog drug, appears to be safe and efficacious for the treatment of alcohol dependence. Gabapentin is not a controlled drug, but there are anecdotal reports of its misuse and abuse as well as reports of withdrawal symptoms associated with abrupt discontinuation. The risk of gabapentin misuse is inconsistent, the magnitude of the risk is small, and the risk is not comparable to the much higher risks associated with alcohol use; benzodiazepine, opioid, and stimulant drug use; or illicit drug use. Reports of gabapentin misuse are not unique to this drug, as misuse of prescription medications not typically considered "drugs of abuse" can also occur.

CAS Registry Number: 28805-76-7 (4 aminobutyric acid); 56-12-2 (4 aminobutyric acid); 60142-96-3 (gabapentin)

Publication Type: Journal: Note

Subject Headings:
"*addiction/ep [Epidemiology]"
"*addiction/et [Etiology]"
classification
"*drug misuse/ae [Adverse Drug Reaction]"
female
human
incidence
male
"Norway/ep [Epidemiology]"
note
risk assessment
statistics
"United Kingdom/ep [Epidemiology]"
"withdrawal syndrome/ep [Epidemiology]"
"withdrawal syndrome/et [Etiology]"
"withdrawal syndrome/pc [Prevention]"
"*4 aminobutyric acid/ae [Adverse Drug Reaction]"
"*amine/ae [Adverse Drug Reaction]"
controlled substance
"*cyclohexanecarboxylic acid derivative/ae [Adverse Drug Reaction]"
gabapentin

Source: EMBASE

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

18. The potential impact of increased treatment rates for alcohol dependence in the United Kingdom in 2004

Citation: BMC health services research, 2014, vol./is. 14/(53), 1472-6963 (2014)

Author(s): Shield K.D.; Rehm J.; Rehm M.X.; Gmel G.; Drummond C.

Institution: (Shield) Centre for Addiction and Mental Health (CAMH), 33 Russell Street, Toronto, ON M5S 2S1, Canada.

Language: English

Abstract: Alcohol consumption has been linked to a considerable burden of disease in the United Kingdom (UK), with most of this burden due to heavy drinking and Alcohol Dependence (AD). However, AD is undertreated in the UK, with only 8% of those individuals with AD being treated in England and only 6% of those individuals with AD being treated in Scotland. Thus, the objective of this paper is to quantify the deaths that would have been avoided in the UK in 2004 if the treatment rate for AD had been increased. Data on the prevalence of AD, alcohol consumption, and mortality were obtained from the Adult Psychiatric Morbidity Survey, the Global Information System on Alcohol and Health, and the 2004 Global Burden of Disease study respectively. Data on the effectiveness of pharmacological treatment and Motivational Interviewing/Cognitive Behavioural Therapy were obtained from Cochrane reviews and meta-analyses. Simulations were used to model the number of deaths under different treatment scenarios. Sensitivity analyses were performed to model the effects of Brief Interventions and to examine the effect of using AD prevalence data obtained from the National Institute for Health and Clinical Excellence. In the UK, 320 female and 1,385 male deaths would have been avoided if treatment coverage of pharmacological treatment had been increased to 20%. This decrease in the number of deaths represents 7.9% of all alcohol-attributable deaths (7.0% of all alcohol-attributable deaths for women and 8.1% of all alcohol-attributable deaths for men). If we used lower AD prevalence rates obtained from the National Institute for Health and Clinical Excellence, then treatment coverage of pharmacological treatment in hospitals for 20% of the population with AD would have resulted in the avoidance of 529

deaths in 2004 (99 deaths avoided for women and 430 deaths avoided for men). Increasing AD treatment in the UK would have led to a large number of deaths being avoided in 2004. Increased AD treatment rates not only impact mortality but also impact upon the large burden of disability and morbidity attributable to AD, as well as the associated social and economic burdens.

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
"*alcoholism/dt [Drug Therapy]"
"*alcoholism/ep [Epidemiology]"
"*alcoholism/th [Therapy]"
article
cognitive therapy
cost of illness
"drinking behavior/ep [Epidemiology]"
female
human
male
middle aged
mortality
motivational interviewing
prevalence
"United Kingdom/ep [Epidemiology]"
young adult

Source: EMBASE

Full Text: Available from *ProQuest* in *BMC Health Services Research*; 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 *BMC Health Services Research*
Available from *BioMedCentral* in *BMC Health Services Research*
Available from *Springer NHS Pilot 2014 (NESLi2)* in *BMC Health Services Research*; 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.

19. A pilot randomised trial to assess the methods and procedures for evaluating the clinical effectiveness and cost-effectiveness of Exercise Assisted Reduction then Stop (EARS) among disadvantaged smokers

Citation: Health technology assessment (Winchester, England), January 2014, vol./is. 18/4(1-324), 2046-4924 (Jan 2014)

Author(s): Taylor A.H.; Thompson T.P.; Greaves C.J.; Taylor R.S.; Green C.; Warren F.C.; Kandiyali R.; Aveyard P.; Ayres R.; Byng R.; Campbell J.L.; Ussher M.H.; Michie S.; West R.

Institution: (Taylor, Ayres, Byng) Plymouth University Peninsula School of Medicine and Dentistry, Plymouth, UK.; (Thompson) Sport and Health Sciences, University of Exeter, Exeter, UK.; (Greaves, Taylor, Green, Warren, Kandiyali, Campbell) University of Exeter Medical School, University of Exeter, Exeter, UK.; (Aveyard) Department of Primary Care Health Services, University of Oxford, Oxford, UK.; (Ussher) Division of Population Health Sciences and Education, St George's University of London, London, UK.; (Michie) Research Department of Clinical, Educational and Health Psychology, University College London, London, UK.; (West) Health Behaviour Research Centre, Department of Epidemiology and Public Health, University College London, London, UK.

Language: English

Abstract: There have been few rigorous studies on the effects of behavioural support for helping smokers to reduce who do not immediately wish to quit. While reduction may not have the health benefits of quitting, it may lead smokers to want to quit. Physical activity (PA) helps to reduce cravings and withdrawal symptoms, and also reduces weight gain after quitting, but smokers may be less inclined to exercise. There is scope to develop and

determine the effectiveness of interventions to support smoking reduction and increase physical activity, for those not ready to quit. To conduct a pilot randomised controlled trial (RCT) [Exercise Assisted Reduction then Stop (EARS) smoking study] to (1) design and evaluate the feasibility and acceptability of a PA and smoking-reduction counselling intervention [for disadvantaged smokers who do not wish to quit but do want to reduce their smoking (to increase the likelihood of quitting)], and (2) to inform the design of a large RCT to determine the clinical effectiveness and cost-effectiveness of the intervention. A single-centre, pragmatic, pilot trial with follow-up up to 16 weeks. A mixed methods approach assessed the acceptability and feasibility of the intervention and trial methods. Smokers were individually randomised to intervention or control arms. General practices, NHS buildings, community venues, and the Stop Smoking Service (SSS) within Plymouth, UK. Aged > 18 years, smoking > 10 cigarettes per day (for > 2 years) who wished to cut down. We excluded individuals who were contraindicated for moderate PA, posed a safety risk to the research team, wished to quit immediately or use Nicotine Replacement Therapy, not registered with a general practitioner, or did not converse in English. We designed a client-centred, counselling-based intervention designed to support smoking reduction and increases in PA. Support sessions were delivered by trained counsellors either face to face or by telephone. Both intervention and control arms were given information at baseline on specialist SSS support available should they have wished to quit. The primary outcome was 4-week post-quit expired air carbon monoxide (CO)-confirmed abstinence from smoking. Secondary outcomes included validated behavioural, cognitive and emotional/affective and health-related quality of life measures and treatment costs. The study randomised 99 participants, 49 to the intervention arm and 50 to the control arm, with a 62% follow-up rate at 16 weeks. In the intervention and control arms, 14% versus 4%, respectively [relative risk = 3.57; 95% confidence interval (CI) 0.78 to 16.35], had expired CO-confirmed abstinence at least 4 and up to 8 weeks after quit day; 22% versus 6% (relative risk = 3.74; 95% CI 1.11 to 12.60) made a quit attempt; 10% versus 4% (relative risk = 92.55; 95% CI 0.52 to 12.53) achieved point-prevalent abstinence at 16 weeks; and 39% versus 20% (relative risk = 1.94; 95% CI 1.01 to 3.74) achieved at least a 50% reduction in the number of cigarettes smoked daily. The percentage reporting using PA for controlling smoking in the intervention versus control arms was 55% versus 22%, respectively at 8 weeks and 37% versus 16%, respectively, at 16 weeks. The counsellors generally delivered the intervention as planned and participants responded with a variety of smoking reduction strategies, sometimes supported by changes in PA. The intervention costs were approximately 192 per participant. Exploratory cost-effectiveness modelling indicates that the intervention may be cost-effective. The study provided valuable information on the resources needed to improve study recruitment and retention. Offering support for smoking reduction and PA appears to have value in promoting reduction and cessation in disadvantaged smokers not currently motivated to quit. A large RCT is needed to assess the clinical effectiveness and cost-effectiveness of the intervention in this population. ISRCTN 13837944. This project was funded by the NIHR Health Technology Assessment programme and will be published in full in Health Technology Assessment, Vol. 18, No. 4. See the NIHR Journals Library website for further project information.

Publication Type: Journal: Article

Subject Headings:
adult
article
controlled clinical trial
controlled study
cost benefit analysis
*counseling
economics
*exercise
female
health behavior
human
male
methodology
middle aged

motivation
pilot study
*poverty
psychological aspect
quality of life
randomized controlled trial
self concept
*smoking cessation
social support
socioeconomics
"tobacco dependence/th [Therapy]"
vulnerable population

Source: EMBASE

20. The cost-effectiveness and public health benefit of nalmefene added to psychosocial support for the reduction of alcohol consumption in alcohol-dependent patients with high/very high drinking risk levels: A Markov model

Citation: BMJ Open, 2014, vol./is. 4/9, 2044-6055 (2014)

Author(s): Laramee P.; Brodtkorb T.-H.; Rahhali N.; Knight C.; Barbosa C.; Francois C.; Toumi M.; Daeppen J.-B.; Rehm J.

Institution: (Laramee, Toumi) Universite Claude Bernard Lyon I, Villeurbanne, France; (Laramee, Rahhali, Francois) Lundbeck S.A.S, Issy-les-Moulineaux Cedex, France; (Brodtkorb) RTI Health Solutions, Ljungskile, Sweden; (Knight) BresMed Health Solutions, Sheffield, South Yorkshire, United Kingdom; (Barbosa) Behavioral Health Economics Program, RTI International, Chicago, IL, United States; (Daeppen) Alcohol Treatment Centre, Lausanne University Hospital/CHUV, Lausanne, Switzerland; (Rehm) Social and Epidemiological Research Department, Centre for Addiction and Mental Health, Toronto, ON, Canada; (Rehm) Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada; (Rehm) Klinische Psychologie und Psychotherapie, TU Dresden, Dresden, Germany

Language: English

Abstract: Objectives: To determine whether nalmefene combined with psychosocial support is cost-effective compared with psychosocial support alone for reducing alcohol consumption in alcohol-dependent patients with high/very high drinking risk levels (DRLs) as defined by the WHO, and to evaluate the public health benefit of reducing harmful alcohol-attributable diseases, injuries and deaths. Design: Decision modelling using Markov chains compared costs and effects over 5 years. Setting: The analysis was from the perspective of the National Health Service (NHS) in England and Wales. Participants: The model considered the licensed population for nalmefene, specifically adults with both alcohol dependence and high/very high DRLs, who do not require immediate detoxification and who continue to have high/very high DRLs after initial assessment. Data sources: We modelled treatment effect using data from three clinical trials for nalmefene (ESENSE 1 (NCT00811720), ESENSE 2 (NCT00812461) and SENSE (NCT00811941)). Baseline characteristics of the model population, treatment resource utilisation and utilities were from these trials. We estimated the number of alcohol-attributable events occurring at different levels of alcohol consumption based on published epidemiological risk-relation studies. Health-related costs were from UK sources. Main outcome measures: We measured incremental cost per quality-adjusted life year (QALY) gained and number of alcohol-attributable harmful events avoided. Results: Nalmefene in combination with psychosocial support had an incremental cost-effectiveness ratio (ICER) of 5204 per QALY gained, and was therefore cost-effective at the 20 000 per QALY gained decision threshold. Sensitivity analyses showed that the conclusion was robust. Nalmefene plus psychosocial support led to the avoidance of 7179 alcohol-attributable diseases/injuries and 309 deaths per 100 000 patients compared to psychosocial support alone over the course of 5 years. Conclusions: Nalmefene can be seen as a cost-effective treatment for alcohol dependence, with substantial public health benefits.

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

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

Publication Type: Journal: Article

Subject Headings:
adult
*alcohol consumption
"*alcoholism/th [Therapy]"
"*alcoholism/dt [Drug Therapy]"
article
clinical trial
controlled study
*cost effectiveness analysis
detoxification
*drinking behavior
*drug cost
drug effect
female
follow up
health status
human
incidence
intermethod comparison
major clinical study
male
middle aged
morbidity
mortality
national health service
probability
*psychosocial care
*public health insurance
quality adjusted life year
randomized controlled trial
sensitivity analysis
treatment duration
United Kingdom
"*nalmefene/cm [Drug Comparison]"
"*nalmefene/dt [Drug Therapy]"
"*nalmefene/ct [Clinical Trial]"
"*nalmefene/pe [Pharmacoeconomics]"
placebo

Source: EMBASE

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

21. The interface between general and forensic psychiatry: The present day

Citation: Advances in Psychiatric Treatment, September 2014, vol./is. 20/5(359-365), 1355-5146;1472-1481 (01 Sep 2014)

Author(s): Khosla V.; Davison P.; Gordon H.; Joseph V.

Institution: (Khosla, Davison, Gordon) Oxford Clinic, Oxford Health NHS Foundation Trust, Littlemore Mental Health Centre, Oxford OX4 4XN, United Kingdom; (Joseph) Lincolnshire Partnership NHS Foundation Trust, United Kingdom

Language: English

Abstract: With the subspecialisation of psychiatry in the UK, clinicians encounter problems at the interfaces between specialties. These can lead to tension between clinicians, which can be unhelpful to the clinical care of the patient. This article focuses on the interface between general and forensic psychiatry in England and Wales. The pattern of mental health

services in England and Wales differs to an extent from those in Scotland, Northern Ireland and in the Republic of Ireland. Consequently, the interface between general and forensic psychiatry is subject to varying influences. Important interface issues include: the definition of a 'forensic patient'; the remit and organisation of services; resources; clinical responsibility; and care pathways. This article also discusses a general overview of how to improve collaboration between forensic and general adult psychiatric services.

Country of Publication: United Kingdom

Publisher: Royal College of Psychiatrists (17 Belgrave Square, London SW1X 8PG, United Kingdom. E-mail: dtomkins@rcpsych.ac.uk)

Publication Type: Journal: Review

Subject Headings:
addiction
behavior disorder
community
community care
*forensic psychiatry
*general psychiatry
health care facility
homicide
hospital discharge
human
intellectual impairment
mental disease
*mental health service
mental hospital
mental patient
patient care
personality disorder
psychiatrist
*psychiatry
psychotherapy
responsibility
review
risk assessment
schizophrenia
sexual deviation
United Kingdom

Source: EMBASE

22. Alcohol problems among migrants in substance use treatment: The role of drinking patterns in countries of birth

Citation: Australian Journal of Primary Health, 2014, vol./is. 20/3(220-221), 1448-7527;1836-7399 (2014)

Author(s): Savic M.; Barker S.F.; Best D.; Lubman D.I.

Institution: (Savic, Barker, Best, Lubman) Turning Point, Eastern Health, 54-62 Gertrude Street, Fitzroy, VIC 3065, Australia; (Savic, Barker, Best, Lubman) Eastern Health Clinical School, Monash University, 5 Arnold Street, Box Hill, VIC 3128, Australia

Language: English

Abstract: Migrants' beliefs about when to seek help for alcohol problems may differ from host-country norms. We undertook an audit of 393 cases of screening in specialist alcohol and other drug services in Victoria, Australia, to examine whether alcohol problem severity at the time of help-seeking was influenced by drinking norms in countries of birth. Alcohol problem severity was measured using the Alcohol Use Disorders Identification Test, and World Health Organization per capita alcohol consumption data was used to form three categories of clients relative to Australian consumption: (1) Australian born; (2) born in low alcohol consumption countries; and (3) born in high alcohol consumption countries. Clients born in high consumption countries such as those in Europe and the UK had significantly higher levels of alcohol problem severity at intake

compared with Australian-born clients and clients born in low consumption countries. This suggests that clients from high consumption countries might have delayed seeking help in line with the alcohol norms in their country of origin. Screening this group for alcohol problems in primary health care might avoid significant cumulative harm. 2014 La Trobe University.

Publication Type: Journal: Article

Subject Headings:
alcohol consumption
alcohol use disorders identification test
*alcoholism
article
Australia
australian
*birthplace
clinical assessment tool
controlled study
cultural factor
disease severity
*drinking behavior
Europe
health belief
help seeking behavior
human
Kessler psychological distress scale
*migrant
quality of life
scoring system
*substance abuse
United Kingdom
world health organization

Source: EMBASE

23. High dose methadone to buprenorphine/naloxone transfer: A pilot study

Citation: International Journal of Pharmacy Practice, April 2014, vol./is. 22/(34), 0961-7671 (April 2014)

Author(s): Conroy S.; Hill D.

Language: English

Abstract: Methadone and buprenorphine are the treatment options for opiate addiction. Scotland's Drug Policy "Road to Recovery" 2008, Opioid Replacement Treatment Review 2013 and the National Forum on Drug Related Death report 2011 call for increased treatment choice in addictions services. Buprenorphine is a commonly prescribed alternative to methadone. With its increased safety profile, sublingual Suboxone tablets (Buprenorphine/Naloxone combination) is the product prescribed in NHS Lanarkshire. As with all conditions, one medicine will not suit everyone. Many patients do better on buprenorphine in terms of recovery and/or abstinence from illicit opiates. Due to buprenorphine's high affinity for the brain's opiate receptors, if initiation is not conducted correctly it may cause precipitated withdrawal. Currently, guidelines require that transfer from methadone to buprenorphine be done at a maximum daily dose of 30 mg. Many patients are on methadone doses above 30 mg, thus transferring to Suboxone requires dose reduction, which may be impossible for some and restricting access to alternative treatments. This pilot study aimed to determine whether transfers to buprenorphine are feasible from doses of methadone above 30 mg without requirements for prior methadone reduction. A protocol was developed through expert consensus for out-patient transfer from methadone to Suboxone. Inclusion criteria were: Stable on methadone, no known allergies or previous adverse reactions to buprenorphine or naloxone, and desire to transfer with clear reason stated. Patients undergoing the transfer must present in opiate withdrawal before being commenced (Confirmed by Short Opiate Withdrawal Scale (SOWS)). Patients must have taken their last methadone dose at least 36 hours before

commencing transfer. Buprenorphine was administered according to protocol. Outcome measures were side effects experienced and number of patients withdrawing. SOWS assessment and other measurements were taken prior to each increased dose administration. Patients are quickly titrated to an adequate Buprenorphine dose and discharged. As discussed with the West of Scotland Ethics group, this is a service evaluation and ethical approval was not required. 39 patients were transferred over a period of 18 months from methadone doses of 35-120 mg. All 39 patients completed their transfer with no adverse events reported. Success was measured by the completion of the transfer, with the patient experiencing fewer withdrawal symptoms. All patients (n = 39) reported having fewer symptoms at the completion of the transfer. SOWS score did not seem to correlate to the dose of methadone. Patients reported positive experiences since commencing Suboxone, including continuation of recovery journey, return to employment/education and abstinence from illicit drugs: to be confirmed in future study. All patients continue to attend addiction services. Results demonstrated buprenorphine/naloxone rapidly alleviated withdrawal symptoms. The dosing protocol for the transfer of patients from >30 mg daily of methadone to Suboxone was safe, effective and allows rapid stabilisation for patients on their new opiate substitute, without the need to undergo protracted dose reduction and the risks associated with this. A future controlled trial is recommended to formally compare high dose transfer to current practice.

Conference Information: Health Services Research and Pharmacy Practice Conference, HSRPP 2014 Aberdeen United Kingdom. Conference Start: 20140403 Conference End: 20140404

Publisher: Pharmaceutical Press

Publication Type: Journal: Conference Abstract

Subject Headings:

*drug megadose
*pilot study
*health services research
*pharmacy
human
patient
addiction
drug dose reduction
withdrawal syndrome
United Kingdom
abstinence
implantable cardioverter defibrillator
risk
safety
vascular guide wire
death
opiate substitution treatment
side effect
adverse drug reaction
policy
allergy
patient transport
ethics
outpatient
consensus
brain
controlled study
tablet
opiate addiction
*methadone
*buprenorphine plus naloxone
buprenorphine
opiate
naloxone

opiate receptor
illicit drug

Source: EMBASE

Full Text: Available from *Wiley* in *International Journal of Pharmacy Practice*

24. Non-prescription medicine misuse and dependence in the UK: A general population survey

Citation: International Journal of Pharmacy Practice, April 2014, vol./is. 22/(8-9), 0961-7671 (April 2014)

Author(s): Fingleton N.; Matheson C.; Watson M.; Duncan E.

Institution: (Fingleton, Matheson, Watson, Duncan) University of Aberdeen, United Kingdom

Language: English

Abstract: Non-prescription medicines (NPMs) help individuals' self-manage symptoms and are increasingly being used. However, they have the potential to be misused, and some individuals become dependent on them. Misuse is the use of a medicine for a medical reason but in an incorrect manner.^[1] Dependence is the repeated use of an NPM in which the person has a need or desire to use it and has difficulty in voluntarily stopping or altering their use.^[2] The prevalence of NPM misuse and dependence in the United Kingdom (UK) is currently unknown. The aim of the study is to determine the prevalence of NPM misuse and dependence in the general population. The questionnaire was developed by the research team and piloted on a subsample of the general population (n = 100). To assess misuse, participants were asked if they had ever knowingly used a NPM a) at a higher dose than recommended by the manufacturer, b) more often than recommended by the manufacturer and c) for a longer time than recommended by the manufacturer. Participants were provided with the definition of dependence specified above and asked whether they had ever considered themselves to be dependent on or addicted to an NPM. Individuals were identified via the Edited Electoral Register. A pre-notification letter was sent two weeks prior to the questionnaire. Two reminders are being sent to non-responders at two weekly intervals. Ethical approval was received from the University of Aberdeen College Ethics Review Board. A cross-sectional postal survey of the general population (n = 1000) is currently underway. Results of the pilot study are described. The response rate was 47.5% (n = 47). Most respondents were female (63.8%) with a median age of 64 years and 48.7% used NPMs less than monthly. In total, 17% reported knowingly using a NPM at higher dose than recommended, 12.8% using a NPM more often than recommended, and 15.6% for a longer time than recommended. Almost three quarters (74%) agreed with the statement that some NPMs may cause dependence or addiction while 6.5% disagreed. None currently considered themselves to be dependent on a NPM and 4.3% had considered themselves to be dependent on a NPM in the past. There is awareness among the public of the potential for NPMs to cause dependence. The pilot suggests lifetime prevalence of NPM dependence in the UK needs further exploration regarding the potential implications for the pharmacy profession and drug treatment services; confirmation of these findings will be sought from the main study.

Conference Information: Health Services Research and Pharmacy Practice Conference, HSRPP 2014 Aberdeen United Kingdom. Conference Start: 20140403 Conference End: 20140404

Publisher: Pharmaceutical Press

Publication Type: Journal: Conference Abstract

Subject Headings:
*United Kingdom
*population
*health services research
*pharmacy
*prescription
human
prevalence
questionnaire
college

university
register
occupation
lifespan
addiction
pilot study
drug therapy
ethics
female

Source: EMBASE

Full Text: Available from *Wiley* in *International Journal of Pharmacy Practice*

25. HSRPP 2014 Aberdeen - Foreword

Citation: International Journal of Pharmacy Practice, April 2014, vol./is. 22/(1), 0961-7671 (April 2014)

Author(s): Watson M.; Bond C.; Matheson C.

Institution: (Watson, Bond, Matheson) Centre of Academic Primary Care, School of Medicine and Dentistry, University of Aberdeen, United Kingdom

Language: English

Abstract: We are delighted to welcome you to Aberdeen and to HSRPP 2014. The venue will be King's College Conference Centre, University of Aberdeen, situated in Old Aberdeen, a historic area with architecture spanning the 15th to 21st centuries. This is also the 20th anniversary for HSRPP and we hope that together we will celebrate this achievement and make this a memorable conference. The conference theme is "Pharmacy, Medicines and Public Health". This theme highlights two core components of pharmacy practice: medicines use, especially medicine safety, and public health. Both components are of increasing importance particularly in relation to the role of pharmacists and their teams. Our three keynote speakers will, we are sure, inspire us all. Their presentations will focus on behaviour change and issues of addiction. The established role of pharmacists in substance misuse (tobacco and drugs) and their emerging role in managing excessive alcohol consumption, make these presentations particularly relevant to the conference theme and audience. In advance of the conference we would like to thank everyone who has already contributed in various ways, illustrating how successful team working can be! We thank those who have submitted scientific abstracts, the HSRPP steering committee, Pharmacy Research UK, the University of Aberdeen CPD Services Unit, and all our sponsors. Special thanks go to the Society for the Study of Addictions which has sponsored the substance misuse workshop, including a networking lunch, and two prizes for the best substance misuse-related presentation and poster. Finally, we hope these two days will be productive and enjoyable for both new and experienced researchers.

Conference Information: Health Services Research and Pharmacy Practice Conference, HSRPP 2014 Aberdeen United Kingdom. Conference Start: 20140403 Conference End: 20140404

Publisher: Pharmaceutical Press

Publication Type: Journal: Conference Abstract

Subject Headings: *pharmacy
*health services research
human
addiction
public health
university
hope
pharmacist
scientist
workshop
society

United Kingdom
architecture
safety
alcohol consumption
tobacco
behavior change
meal
achievement
college

Source: EMBASE

Full Text: Available from *Wiley* in *International Journal of Pharmacy Practice*

26. Proceedings of the RAMI Intern Section Meeting 2014

Citation: Irish Journal of Medical Science, July 2014, vol./is. 183/4 SUPPL. 1, 0021-1265 (July 2014)

Language: English

Abstract: The proceedings contain 215 papers. The topics discussed include: an audit on tracheostomy need after surgery for oral cancer in a cohort of oral cancer patients in a Dublin hospital in 2012; a case of pancreatic neuroendocrine tumour (NET) metastatic to a spinal haemangioblastoma in a patient with VHL disease; reaudit of overnight blood transfusion in the Mater Misericordiae University hospital (MMUH); the prevalence and treatment of pseudomonas aeruginosa in children with cystic fibrosis in Cork University hospital; an audit to investigate whether patients prescribed with benzodiazepines within the past 2 years (2010 2012/2013) received advice regarding drug dependency; multi-trauma RTA illustrating combined efforts of multiple surgical specialities; descending stent, ascending cholangitis; biliary sepsis secondary to stent migration; and a comparison of performance of a situational judgement test by pre- and post-internship doctors in Ireland.

Conference Information: RAMI Intern Section Meeting 2014 Dublin Ireland. Conference Start: 20140118 Conference End: 20140118

Publisher: Springer London

Publication Type: Journal: Conference Review

Subject Headings: human
university hospital
medical audit
patient
mouth cancer
stent
child
Pseudomonas aeruginosa
hospital
prevalence
cancer patient
decision making
physician
sepsis
blood transfusion
cholangitis
cystic fibrosis
hemangioblastoma
injury
drug dependence
neoplasm
surgery
Ireland

tracheostomy
benzodiazepine derivative

Source: EMBASE

27. Time for a reality check? Misperception of smoking prevalence in Ireland

Citation: Irish Journal of Medical Science, June 2011, vol./is. 180/6 SUPPL. 1(S216), 0021-1265 (June 2011)

Author(s): Howell F.

Institution: (Howell) Health Service Executive, Tobacco Control Framework, Quality and Clinical Care Directorate, Department of Public Health, Railway Street, Navan, Co. Meath, Ireland

Language: English

Abstract: Why people start and continue to smoke is a complex interplay between nicotine addiction and psychosocial factors such as social norms which refer to perceptions and beliefs as to what is "normal" behaviour. These beliefs are influential on behaviour. Overestimations of unhealthy behaviours increases these behaviours, and underestimations discourages them. The aim of this study was to quantify the extent of a misperception, if any, with respect to the perception of smoking prevalence in Ireland. The Office of Tobacco Control (OTC) monitors cigarette smoking prevalence on a monthly basis to gain a detailed picture of smoking patterns in Ireland using a monthly telephone omnibus quota survey of 1,000 individuals conducted by Ipsos MRBI using random digit dialing. As part of the March 2010 survey additional questions on perception of smoking were asked. Data were analysed using Epi-Info 2002. The overall smoking prevalence was 23%, however, 76.4% (175) of smokers and 75.4% (582) of non-smokers thought that more than 25% of the population smoked. Smokers were significantly more likely than non-smokers to say that overall smoking prevalence was >50% (risk ratio 1.3, 95% confidence interval 1.0-1.6, p<0.05). When asked about smoking prevalence in peer age groups smokers (150-65.5%) were significantly more likely than non-smokers (416-53.9%) to overstate smoking prevalence (risk ratio 1.2, 95% confidence interval 1.1-1.4, p<0.05). Opportunities exist to promote the positive message that more than seven out of every ten persons is smoke free and as such change the perception that smoking is normative behaviour.

Conference Information: Faculty of Public Health Medicine, Royal College of Physicians of Ireland - Winter Scientific Meeting 2010 Dublin Ireland. Conference Start: 20101208 Conference End: 20101208

Publisher: Springer London

Publication Type: Journal: Conference Abstract

Subject Headings:
*Ireland
*prevalence
*public health
*winter
*college
*physician
*human
*smoking
smoke
confidence interval
risk
population
random digit dialing
telephone
monitor
tobacco
cardiac resynchronization therapy device
groups by age

social psychology
tobacco dependence

Source: EMBASE

Full Text: Available from *Springer NHS Pilot 2014 (NESLi2)* in *Irish Journal of Medical Science*; 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.

28. Prevalence and predictors of smoking cessation rates in Ireland: A follow-up cross-sectional study

Citation: Irish Journal of Medical Science, November 2010, vol./is. 179/12 SUPPL. 1(S495), 0021-1265 (November 2010)

Author(s): Keogan S.; Kabir Z.; Currie L.; Gunning M.; Campbell P.; Clancy L.

Institution: (Keogan, Kabir, Currie, Gunning, Campbell, Clancy) TobaccoFree Research Institute, Ireland

Language: English

Abstract: We reported that intensive smoking cessation (SC) services are available in Ireland but lacked uniformity or consistency countrywide [1]. Here we estimated successful quit rates at 4 weeks and again at 3- months follow-up relative to baseline after setting up a quit date, and identified significant predictors of quitting at 4-weeks follow-up relative to baseline smoking status. A convenience sample of 1,490 patients was recruited while attending SC service throughout Ireland. An electronic database was created. Intention-to-treat analyses were performed employing stepwise multivariable logistic regression analyses to identify significant predictors from several covariates for which complete data were available. Smoking rates are self-reported. CO monitoring data were patchy. Thirty-seven percentage had quit smoking at 4-weeks after setting up a quit date ($p<0.001$) and a lower proportion (22.4%) quit smoking at 3-months follow-up ($p<0.001$). Only occupation [professionals had 58% increased success rates relative to semi/unskilled] and client sources [outpatients were least likely to succeed relative to staffs] were significant predictors ($p<0.05$) of SC rates at 4-weeks follow-up. This pilot study demonstrated that SC services if availed of could result in quitting when followed-up both at 4-weeks and at 3- months, despite attrition. A cost-effective comprehensive tobacco dependence treatment program can accelerate further declines in smoking rates.

Conference Information: Irish Thoracic Society Annual Scientific Meeting 2010 Cork Ireland. Conference Start: 20101105 Conference End: 20101106

Publisher: Springer London

Publication Type: Journal: Conference Abstract

Subject Headings:
*prevalence
*smoking cessation
*Ireland
*follow up
*cross-sectional study
*society
human
smoking
logistic regression analysis
intention to treat analysis
data base
tobacco dependence
pilot study
patient
occupation
monitoring
convenience sample
outpatient

Source: EMBASE

Full Text: Available from *Springer NHS Pilot 2014 (NESLi2)* in *Irish Journal of Medical Science*; 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.

29. 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 *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*

30. 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.

31. 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

32. 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

33. 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.

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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.

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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

34. 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)

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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*

35. 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
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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.