

Search Results

Table of Contents

Search History	page 2
1. Gang membership, violence, and psychiatric morbidity	page 3
2. Effectiveness of a selective, personality-targeted prevention program for adolescent alcohol use and misuse: A cluster randomized controlled trial	page 4
3. SGCE mutations cause psychiatric disorders: Clinical and genetic characterization	page 5
4. Childhood sexual abuse and psychiatric disorders in middle-aged and older adults: Evidence from the 2007 Adult Psychiatric Morbidity Survey	page 6
5. Tobacco smoking and suicidal thoughts and attempts: Relationships from a general population survey	page 8
6. Has growth in electronic cigarette use by smokers been responsible for the decline in use of licensed nicotine products? Findings from repeated cross-sectional surveys	page 9
7. Lack of attentional retraining effects in cigarette smokers attempting cessation: a proof of concept double-blind randomised controlled trial	page 10
8. Quantifying crime associated with drug use among a large cohort of sanctioned offenders in England and Wales	page 11
9. Estimating the health care burden of prescription opioid abuse in five European countries	page 12
10. Alcohol consumption is falling, but is it enough?	page 13
11. Looking after yourself	page 14
12. Training in addiction medicine should be standardised and scaled up	page 15
13. A review of ethylphenidate in deaths in east and west Scotland	page 15
14. Update in outpatient general internal medicine: Practice-changing evidence published in 2014	page 17
15. International rates of ADHD and substance use disorder symptoms among prison inmates: Individual-data and pooled effects	page 19
16. Informed choice and the nanny state: Learning from the tobacco industry	page 20
17. The real challenge is to make e-cigarettes accessible for poor smokers	page 21
18. 'Nobody really gets it': A qualitative exploration of youth mental health in deprived urban areas	page 22
19. The financial burden of narcotic bowel syndrome: A local experience	page 23
20. Focus on alcohol	page 24
21. Alcohol consumption among the over 50s: international comparisons	page 24
22. Punishing parents: child removal in the context of drug use	page 25
23. Light smoking at base-line predicts a higher mortality risk to women than to men; evidence from a cohort with long follow-up	page 26
24. Into the west: British Association of Psychopharmacology Summer Meeting 2015	page 27
25. A positive view on e-cigarettes	page 28
26. The design of a preoperative educational course for bariatric surgery patients	page 28
27. Prevalence and reasons for drug non-adherence in a European cohort of ulcerative colitis patients: The UC and ME survey	page 29
28. Community pharmacy service for drug misusers in Scotland: Trends in service delivery over two decades	page 31
29. Perspectives of homeless patients on their prescribed medicines	page 32
30. Young people with ADHD in socio-economically disadvantaged urban areas: Young people's and healthcare workers' views	page 34

Search History

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

1. Gang membership, violence, and psychiatric morbidity

- Citation:** American Journal of Psychiatry, September 2013, vol./is. 170/9(985-993), 0002-953X;1535-7228 (01 Sep 2013)
- Author(s):** Coid J.W.; Ullrich S.; Keers R.; Bebbington P.; DeStavola B.L.; Kallis C.; Yang M.; Reiss D.; Jenkins R.; Donnelly P.
- Institution:** (Coid, Ullrich, Keers, Bebbington, DeStavola, Kallis, Yang, Reiss, Jenkins, Donnelly) Forensic Psychiatry Research Unit, Queen Mary University of London, United Kingdom
- Language:** English
- Abstract:** Objective: Gang members engage in many high-risk activities associated with psychiatric morbidity, particularly violence-related ones. The authors investigated associations between gang membership, violent behavior, psychiatric morbidity, and use of mental health services. Method: The authors conducted a cross-sectional survey of 4,664 men 18-34 years of age in Great Britain using random location sampling. The survey oversampled men from areas with high levels of violence and gang activities. Participants completed questionnaires covering gang membership, violence, use of mental health services, and psychiatric diagnoses measured using standardized screening instruments. Results: Violent men and gang members had higher prevalences of mental disorders and use of psychiatric services than nonviolent men, but a lower prevalence of depression. Violent ruminative thinking, violent victimization, and fear of further victimization accounted for the high levels of psychosis and anxiety disorders in gang members, and with service use in gang members and other violent men. Associations with antisocial personality disorder, substance misuse, and suicide attempts were explained by factors other than violence. Conclusions: Gang members show inordinately high levels of psychiatric morbidity, placing a heavy burden on mental health services. Traumatization and fear of further violence, exceptionally prevalent in gang members, are associated with service use. Gang membership should be routinely assessed in individuals presenting to health care services in areas with high levels of violence and gang activity. Health care professionals may have an important role in promoting desistance from gang activity.
- Country of Publication:** United States
- Publisher:** American Psychiatric Association
- Publication Type:** Journal: Article
- Subject Headings:** [adult](#)
[alcoholism](#)
[antisocial personality disorder](#)
[anxiety disorder](#)
[article](#)
[cross-sectional study](#)
[depression](#)
[drug dependence](#)
[*gang](#)
[health survey](#)
[human](#)
[major clinical study](#)
[male](#)
[*mental disease](#)
[mental health service](#)
[morbidity](#)
[priority journal](#)
[psychiatric diagnosis](#)
[psychosis](#)
[substance abuse](#)
[suicide attempt](#)
[United Kingdom](#)
[*violence](#)
- Source:** EMBASE

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

2. Effectiveness of a selective, personality-targeted prevention program for adolescent alcohol use and misuse: A cluster randomized controlled trial

Citation: JAMA Psychiatry, March 2013, vol./is. 70/3(334-342), 2168-622X (March 2013)

Author(s): Conrod P.J.; O'Leary-Barrett M.; Newton N.; Topper L.; Castellanos-Ryan N.; MacKie C.; Girard A.

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Language: English

Abstract: Context: Selective school-based alcohol prevention programs targeting youth with personality risk factors for addiction and mental health problems have been found to reduce substance use and misuse in those with elevated personality profiles. Objectives: To report 24-month outcomes of the Teacher-Delivered Personality-Targeted Interventions for Substance Misuse Trial (Adventure trial) in which school staff were trained to provide interventions to students with 1 of 4 high-risk (HR) profiles: anxiety sensitivity, hopelessness, impulsivity, and sensation seeking and to examine the indirect herd effects of this program on the broader low-risk (LR) population of students who were not selected for intervention. Design: Cluster randomized controlled trial. Setting: Secondary schools in London, United Kingdom. Participants: A total of 1210 HR and 1433 LR students in the ninth grade (mean [SD] age, 13.7 [0.33] years). Intervention: Schools were randomized to provide brief personality-targeted interventions to HR youth or treatment as usual (statutory drug education in class). Main Outcome Measures: Participants were assessed for drinking, binge drinking, and problem drinking before randomization and at 6-monthly intervals for 2 years. Results: Two-part latent growth models indicated longterm effects of the intervention on drinking rates (beta=-0.320, SE=0.145, P=.03) and binge drinking rates (beta=-0.400, SE=0.179, P=.03) and growth in binge drinking (beta=-0.716, SE=0.274, P=.009) and problem drinking (beta=-0.452, SE=0.193, P=.02) for HR youth. The HR youth were also found to benefit from the interventions during the 24-month follow-up on drinking quantity (beta=-0.098, SE=0.047, P=.04), growth in drinking quantity (beta=-0.176, SE=0.073, P=.02), and growth in binge drinking frequency (beta=-0.183, SE=0.092, P=.047). Some herd effects in LR youth were observed, specifically on drinking rates (beta=-0.259, SE=0.132, P=.049) and growth of binge drinking (beta=-0.244, SE=0.073, P=.001), during the 24-month follow-up. Conclusions: Findings further support the personalitytargeted approach to alcohol prevention and its effectiveness when provided by trained school staff. Particularly novel are the findings of some mild herd effects that result from this selective prevention program. © 2013 American Medical Association. All rights reserved.

Country of Publication: United States

Publisher: American Medical Association

Publication Type: Journal: Article

Subject Headings: [adolescent](#)
[*alcohol consumption](#)
[*alcohol use disorder](#)
[anxiety](#)
[article](#)
[*behavior therapy](#)
[binge drinking](#)
[*child behavior](#)

clinical effectiveness
 controlled study
 female
 follow up
 hopelessness
 human
 impulsiveness
 major clinical study
 male
 outcome assessment
 *personality targeted prevention program
 *preventive medicine
 quality control
 randomized controlled trial
 sensation seeking

Source: EMBASE

Full Text: Available from *Silverchair Information Systems* in *JAMA Psychiatry*

3. SGCE mutations cause psychiatric disorders: Clinical and genetic characterization

Citation: Brain, January 2013, vol./is. 136/1(294-303), 0006-8950;1460-2156 (January 2013)

Author(s): Peall K.J.; Smith D.J.; Kurian M.A.; Wardle M.; Waite A.J.; Hedderly T.; Lin J.-P.; Smith M.; Whone A.; Pall H.; White C.; Lux A.; Jardine P.; Bajaj N.; Lynch B.; Kirov G.; O'Riordan S.; Samuel M.; Lynch T.; King M.D.; Chinnery P.F.; Warner T.T.; Blake D.J.; Owen M.J.; Morris H.R.

Institution: (Peall, Smith, Wardle, Waite, Kirov, Blake, Owen, Morris) MRC Centre for Neuropsychiatric Genetics and Genomics, School of Medicine, Cardiff University, Heath Park, Cardiff, CF14 4XN, United Kingdom; (Kurian) ICH-Neurosciences Unit, Great Ormond Street Hospital, London, WC1N 3LU, United Kingdom; (Hedderly, Lin) Paediatric Neurology, Evelina Children's Hospital, St Thomas' Hospital, London, SE1 7EH, United Kingdom; (Smith) Paediatric Neurology, Birmingham Children's Hospital, Birmingham, B4 6NH, United Kingdom; (Whone) Department of Neurology, Frenchay Hospital, Bristol, BS16 1LE, United Kingdom; (Pall) School of Clinical and Experimental Medicine, University of Birmingham, Birmingham, B15 2TT, United Kingdom; (White) Department of Paediatrics, Singleton Hospital, Swansea, SA2 8QA, United Kingdom; (Lux, Jardine) Paediatric Neurology, Bristol Royal Hospital for Children, Bristol, BS2 8BJ, United Kingdom; (Bajaj) Department of Neurology, Nottingham University Hospitals NHS Trust, Nottingham, NG7 2UH, United Kingdom; (Lynch, King) Paediatric Neurology, Children's University Hospital, Dublin 1, Ireland; (O'Riordan) Department of Neurology, St. Vincent's University Hospital, Dublin 4, Ireland; (Samuel) Department of Neurology, East Kent Hospitals NHS Foundation Trust, Ashford, Kent, TN24 0LZ, United Kingdom; (Samuel) Department of Neurology Kent, King's College Hospital, King's Health Partners, London, SE1 9RT, United Kingdom; (Lynch) Department of Neurology, Mater Misericordiae University Hospital, Dublin 7, Ireland; (Chinnery) Institute of Genetic Medicine, Newcastle University, International Centre for Life, Central Parkway, Newcastle upon Tyne, NE1 3BZ, United Kingdom; (Warner) Department of Clinical Neurosciences, UCL Institute of Neurology, London, WC1N 1PJ, United Kingdom

Language: English

Abstract: Myoclonus dystonia syndrome is a childhood onset hyperkinetic movement disorder characterized by predominant alcohol responsive upper body myoclonus and dystonia. A proportion of cases are due to mutations in the maternally imprinted SGCE gene. Previous studies have suggested that patients with SGCE mutations may have an increased rate of psychiatric disorders. We established a cohort of patients with myoclonus dystonia syndrome and SGCE mutations to determine the extent to which psychiatric disorders form part of the disease phenotype. In all, 89 patients with clinically suspected myoclonus dystonia syndrome were recruited from the UK and Ireland. SGCE was analysed using direct sequencing and for copy number variants. In those patients

where no mutation was found TOR1A (GAG deletion), GCH1, THAP1 and NKX2-1 were also sequenced. SGCE mutation positive cases were systematically assessed using standardized psychiatric interviews and questionnaires and compared with a disability-matched control group of patients with alcohol responsive tremor. Nineteen (21%) probands had a SGCE mutation, five of which were novel. Recruitment of family members increased the affected SGCE mutation positive group to 27 of whom 21 (77%) had psychiatric symptoms. Obsessive-compulsive disorder was eight times more likely ($P < 0.001$) in mutation positive cases, compulsivity being the predominant feature ($P < 0.001$). Generalized anxiety disorder ($P = 0.003$) and alcohol dependence ($P = 0.02$) were five times more likely in mutation positive cases than tremor controls. SGCE mutations are associated with a specific psychiatric phenotype consisting of compulsivity, anxiety and alcoholism in addition to the characteristic motor phenotype. SGCE mutations are likely to have a pleiotropic effect in causing both motor and specific psychiatric symptoms. © (2012) The Author.

Country of Publication: United Kingdom

Publisher: Oxford University Press

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

Publication Type: Journal: Article

Subject Headings: [adult](#)
[agoraphobia](#)
[alcoholism](#)
[article](#)
[compulsion](#)
[control group](#)
[disability](#)
[female](#)
[gene deletion](#)
[*gene mutation](#)
[gene sequence](#)
[generalized anxiety disorder](#)
[*genetic analysis](#)
[human](#)
[hypomania](#)
[interview](#)
[Ireland](#)
[major clinical study](#)
[major depression](#)
[male](#)
[mania](#)
[*mental disease](#)
[*myoclonus dystonia](#)
[obsessive compulsive disorder](#)
[phenotype](#)
[priority journal](#)
[questionnaire](#)
[social phobia](#)
[tremor](#)
[United Kingdom](#)
[alcohol](#)
["*epsilon sarcoglycan/ec \[Endogenous Compound\]"](#)

Source: EMBASE

Full Text: Available from *Highwire Press* in *Brain*
Available from *Oxford University Press* in *Brain*

4. Childhood sexual abuse and psychiatric disorders in middle-aged and older adults: Evidence from the 2007 Adult Psychiatric Morbidity Survey

- Citation:** Journal of Clinical Psychiatry, November 2012, vol./is. 73/11(e1365-e1371), 0160-6689 (November 2012)
- Author(s):** Chou K.-L.
- Institution:** (Chou) Department of Social Work and Social Administration, University of Hong Kong, Pokfulam Rd, Hong Kong, Hong Kong
- Language:** English
- Abstract:** Objective: This study aimed (1) to assess the relationship of childhood sexual abuse and revictimization with 6 common mental disorders, alcohol and drug dependence, posttraumatic stress disorder, eating disorders, and suicidal behavior; (2) to test whether gender moderates the relationship between childhood sexual abuse and psychiatric comorbidity; and (3) to assess the association of childhood sexual abuse with health care service use among middle-aged and older adults. Method: The author conducted secondary analyses of data from a population-based, nationally representative sample of 3,493 community-dwelling adults aged 50 years and above who were interviewed in England in 2006 and 2007 as part of the 2007 Adult Psychiatric Morbidity Survey. The survey assessed childhood sexual abuse (sexual touching and sexual intercourse), sexual abuse revictimization (experiencing both childhood and adult sexual abuse), demographics, health care service use, 6 common mental disorders according to ICD-10 diagnostic criteria (depressive episode, mixed anxiety and depression, generalized anxiety disorder, panic disorder, phobia, and obsessive-compulsive disorder), eating disorders, posttraumatic stress disorder, alcohol and drug dependence, and suicidal behavior. Results: After weighting, the prevalence of childhood sexual abuse was 8.0%, and the prevalence of revictimization was 1.9%. Multivariate analyses revealed that childhood sexual abuse was significantly associated with mixed anxiety and depression (adjusted odds ratio [AOR] = 1.69; 95% CI, 1.09-2.63), generalized anxiety disorder (AOR = 1.78; 95% CI, 1.01-3.11), eating disorders (AOR = 2.04; 95% CI, 1.12-3.75), posttraumatic stress disorder (AOR = 2.45; 95% CI, 1.20-4.99), and suicidal ideation (AOR = 2.32; 95% CI, 1.27-4.27). Revictimization was significantly related to mixed anxiety and depression (AOR = 3.21; 95% CI, 1.63-6.32), generalized anxiety disorder (AOR = 2.60; 95% CI, 1.07-6.35), phobia (AOR = 4.07; 95% CI, 1.23-13.46), posttraumatic stress disorder (AOR = 8.88; 95% CI, 3.68-21.40), and suicidal ideation (AOR = 3.03; 95% CI, 1.08-8.51). Gender did not moderate the association of childhood sexual abuse or revictimization with psychiatric disorders. Finally, both childhood sexual abuse (AOR = 3.73; 95% CI, 2.03-6.86) and revictimization (AOR = 7.54; 95% CI, 3.09-17.42) were significantly associated with psychiatric hospitalization. Conclusions: The prevalence of childhood sexual abuse in this sample was comparable to the prevalence rates identified in previous studies. The associations of childhood sexual abuse and revictimization with a wide range of psychiatric disorders raises further questions about the underlying mechanisms in the elderly. This study also supports the notion that childhood sexual abuse and revictimization are associated with a higher rate of utilization of mental health services. © Copyright 2012 Physicians Postgraduate Press, Inc.
- Country of Publication:** United States
- Publisher:** Physicians Postgraduate Press Inc.
- Publication Type:** Journal: Article
- Subject Headings:** [adult](#)
[age distribution](#)
[aged](#)
[alcoholism](#)
[article](#)
[*child sexual abuse](#)
[controlled study](#)
[disease severity](#)
[drug dependence](#)
[drug efficacy](#)
[drug safety](#)
[eating disorder](#)

female
 health care utilization
 health service
 household
 human
 major clinical study
 male
 "*mental disease/di [Diagnosis]"
 "*mental disease/dt [Drug Therapy]"
 morbidity
 personal experience
 population research
 posttraumatic stress disorder
 priority journal
 sex difference
 sexual intercourse
 suicidal behavior
 suicidal ideation
 suicide attempt
 "neuroleptic agent/dt [Drug Therapy]"

Source: EMBASE

5. Tobacco smoking and suicidal thoughts and attempts: Relationships from a general population survey

Citation: Clinical Epidemiology and Global Health, December 2015, vol./is. 3/3(137-143), 2213-3984;2213-3984 (01 Dec 2015)

Author(s): Tempier R.; Guerin E.

Institution: (Tempier) Mental Health Program, Hopital Montfort Hospital, 713 Ch. Montreal Rd, Ottawa, ON K1K 0T2, Canada; (Tempier, Guerin) Institut de Recherche de l'Hopital Montfort, 202-745A Ch. Montreal Rd, Ottawa, ON K1K 0T1, Canada

Language: English

Abstract: Problem: Although there is rising support regarding a link between tobacco use and suicide, additional epidemiological evidence among adult samples is required. Moreover, there is a need to better understand this relationship independently of the influence of comorbid common mental disorders such as anxiety and depression. This paper examined the association of smoker status and nicotine dependence in relation to suicidal thoughts and attempts. Methods: Secondary analyses of data from the 2007 Adult Psychiatric Morbidity Survey in England were conducted. Measures included the Revised Clinical Interview Schedule (CIS-R) and The Fagerstrom Test for Nicotine Dependence (FTND). Logistic regression analyses adjusting for age, gender, and severity of common mental disorders were carried out on a representative sample of 7403 adults from the general British population (48.6% male). Results: After controlling for the influence of current mental disorder symptoms, being a non-regular smoker was associated with significantly lower odds of suicide ideation and suicide attempts in the past year and over the lifetime. Similarly, there was a lower risk for the presence of suicidal characteristics when tobacco users reported being non-dependent on nicotine. Conclusion: The findings corroborate the results of relevant studies in the literature and warrant future investigations of underlying mechanisms to explain the complex inter-relationships between smoking, mental disorders, and suicide. Applied implications as well as recommendations for future longitudinal and directional research are discussed.

Country of Publication: Netherlands

Publisher: Elsevier

Publication Type: Journal: Article

Subject Headings: adult
 age
 article
 controlled study

disease association
disease severity
Fagerstrom Test for Nicotine Dependence
female
gender
human
major clinical study
male
mental disease
mental disease assessment
middle aged
population risk
priority journal
Revised Clinical Interview Schedule
*smoking
*suicidal ideation
*suicide attempt
tobacco dependence
United Kingdom

Source: EMBASE

6. Has growth in electronic cigarette use by smokers been responsible for the decline in use of licensed nicotine products? Findings from repeated cross-sectional surveys

Citation: Thorax, October 2015, vol./is. 70/10(974-978), 0040-6376;1468-3296 (01 Oct 2015)

Author(s): Beard E.; Brown J.; McNeill A.; Michie S.; West R.

Institution: (Beard, Brown, West) Cancer Research UK Health Behaviour Research Centre, University College London, London WC1E 6BP, United Kingdom; (Beard, Brown, Michie) Research Department of Educational, Clinical and Health Psychology, University College London, London, United Kingdom; (McNeill) Addictions Department, Institute of Psychiatry, King's College London, London, United Kingdom

Language: English

Abstract: Background: The rise in electronic cigarette use by smokers may be responsible for the decreased use of licensed nicotine products and/or increased overall use of non-tobacco nicotine-containing products. This paper reports findings from the Smoking Toolkit Study (STS) tracking use of electronic cigarettes and licensed nicotine products to address this issue. Methods: Data were obtained from monthly surveys involving 14 502 cigarette smokers in England between March 2011 and November 2014. Smokers were asked about their use of electronic cigarettes and licensed nicotine products. Results: Prevalence of electronic cigarette use increased rapidly from 2.2% (95% CI 1.4% to 3.2%) in quarter 2 of 2011 to 20.8% (95% CI 18.3% to 23.4%) in quarter 3 of 2013, after which there was no change. Prevalence of licensed nicotine product use in smokers remained stable from quarter 2 of 2011 (17.4%, 95% CI 15.3% to 19.8%) to quarter 3 of 2013 (17.9%, 95% CI 15.62% to 20.5%), and thereafter declined steadily to 7.9% (95% CI 6.0% to 10.4%). Prevalence of use of any product was stable to quarter 1 of 2012, after which it increased from 18.5% (95% CI 16.3% to 21.0%) to 33.3% (95% CI 30.4% to 36.3%) in quarter 3 of 2013, and then decreased to 22.7% (95% CI 19.3% to 26.3%). Conclusions: The shapes of trajectories since 2011 suggest that electronic cigarettes are probably not responsible for the decline in use of licensed nicotine products. Electronic cigarettes appear to have increased the total market for use of non-tobacco nicotine-containing products.

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

CAS Registry Number: 96055-45-7 (nicotine gum)

Publication Type: Journal: Article

Subject Headings: adult
age

article
 cross-sectional study
 *electronic cigarette
 employment status
 female
 health behavior
 human
 *licence
 male
 prevalence
 priority journal
 sex difference
 *smoking
 smoking cessation
 tobacco dependence
 trend study
 United Kingdom
 cigarette smoke
 *nicotine gum
 *nicotine lozenge
 *nicotine patch

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

7. Lack of attentional retraining effects in cigarette smokers attempting cessation: a proof of concept double-blind randomised controlled trial

Citation: Drug and alcohol dependence, April 2015, vol./is. 149/(158-165), 1879-0046 (01 Apr 2015)

Author(s): Begh R.; Munafo M.R.; Shiffman S.; Ferguson S.G.; Nichols L.; Mohammed M.A.; Holder R.L.; Sutton S.; Aveyard P.

Institution: (Begh) UK Centre for Tobacco and Alcohol Studies, Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford OX2 6GG, UK. Electronic address;; (Munafo) UK Centre for Tobacco and Alcohol Studies, School of Experimental Psychology, MRC Integrative Epidemiology Unit (IEU), University of Bristol, Bristol BS8 2BN, UK; (Shiffman) Department of Psychology, University of Pittsburgh, Sennott Square, 3rd Floor, 210 South Bouquet Street, Pittsburgh, PA 15260, USA; (Ferguson) School of Medicine, University of Tasmania, Private Bag 26, Hobart, TAS 7001, Australia; (Nichols) Primary Care Clinical Sciences, University of Birmingham, Birmingham B15 2TT, UK; (Mohammed) School of Health Studies, University of Bradford, Bradford BD7 1DP, UK; (Holder) Primary Care Clinical Sciences, University of Birmingham, Birmingham B15 2TT, UK; (Sutton) Behavioural Science Group, Institute of Public Health, University of Cambridge, Cambridge CB2 1TN, UK; (Aveyard) UK Centre for Tobacco and Alcohol Studies, Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford OX2 6GG, UK

Language: English

Abstract: BACKGROUND: Observational studies have shown that attentional bias for smoking-related cues is associated with increased craving and relapse. Laboratory experiments have shown that manipulating attentional bias may change craving. Interventions to reduce attentional bias could reduce relapse in smokers seeking to quit. We report a clinical trial of attentional retraining in treatment-seeking smokers.METHODS: This was a double-blind randomised controlled trial that took place in UK smoking cessation clinics. Smokers interested in quitting were randomised to five weekly sessions of attentional retraining (N=60) or placebo training (N = 58) using a modified visual probe task from one week prior to quit day. Both groups received 21 mg nicotine patches (from quit day onwards) and behavioural support. Primary outcomes included change in attentional bias reaction times four weeks after quit day on the visual probe task and craving measured weekly using the Mood and Physical Symptoms Scale.

Secondary outcomes were changes in withdrawal symptoms, time to first lapse and prolonged abstinence. RESULTS: No attentional bias towards smoking cues was found in the sample at baseline (mean difference = 3 ms, 95% CI = -2, 9). Post-training bias was not significantly lower in the retraining group compared with the placebo group (mean difference = -9 ms, 95% CI = -20, 2). There was no difference between groups in change in craving ($p = 0.89$) and prolonged abstinence at four weeks (risk ratio = 1.00, 95% CI = 0.70, 1.43). CONCLUSIONS: Taken with one other trial, there appears to be no effect from clinic-based attentional retraining using the visual probe task. Attentional retraining conducted out of clinic may prove more effective. CLINICAL TRIAL REGISTRATION: UK Clinical Trials ISRCTN 54375405.

Country of Publication: Ireland

CAS Registry Number: 96055-45-7 (nicotine gum)

Publication Type: Journal: Article

Subject Headings: [adult](#)
[association](#)
[*attention](#)
[*behavior therapy](#)
[controlled study](#)
[double blind procedure](#)
[female](#)
[human](#)
[male](#)
[middle aged](#)
[multimodality cancer therapy](#)
[*psychology](#)
[randomized controlled trial](#)
[reaction time](#)
[*smoking cessation](#)
[time](#)
["Tobacco Use Disorder/th \[Therapy\]"](#)
[treatment outcome](#)
[withdrawal syndrome](#)
[young adult](#)
[nicotine gum](#)

Source: EMBASE

Full Text: Available from *Elsevier* in [Drug and Alcohol Dependence](#)

8. Quantifying crime associated with drug use among a large cohort of sanctioned offenders in England and Wales

Citation: Drug and Alcohol Dependence, October 2015, vol./is. 155/(52-59), 0376-8716;1879-0046 (01 Oct 2015)

Author(s): Pierce M.; Hayhurst K.; Bird S.M.; Hickman M.; Seddon T.; Dunn G.; Millar T.

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Language: English

Abstract: Aim: To assess the relationship between testing positive for opiates and/or cocaine and prior offending. Methods: 139,925 persons (107,573 men) identified from a saliva test for opiate and cocaine metabolites following arrest in England and Wales, 1 April 2005-31 March 2009, were case-linked with 2-year recorded offending history. The prior offending

rate, accounting for estimated incarceration periods, was calculated by: drug-test outcome; gender; four main crime categories (acquisitive, non-acquisitive, serious acquisitive, and non-serious acquisitive) and 16 sub-categories. Rate ratio (RR) compared opiate and/or cocaine positive to dual-negative testers. Adjusted rate ratio (aRR) controlled for age at drug test. Results: The relationship between testing positive for opiates and cocaine and prior 2-year offending was greater for women than men (aRR men 1.77; 95% CI: 1.75-1.79; women 3.51; 3.45-3.58). The association was weaker for those testing positive for opiates only (aRR: men: 1.66, 1.64-1.68; women 2.73, 2.66-2.80). Men testing positive for cocaine only had a lower rate of prior offending (aRR: 0.93, 0.92-0.94), women had a higher rate (aRR: 1.69, 1.64-1.74). The strongest associations were for non-serious acquisitive crimes (e.g. dually-positive: prostitution (women-only): aRR 24.9, 20.9-29.7; shoplifting: aRR men 4.05, 3.95-4.16; women 6.16, 5.92-6.41). Testing positive for opiates and cocaine was associated with violent offences among women (aRR: 1.54, 1.40-1.69) but not men (aRR: 0.98, 0.93-1.02). Conclusions: Among drug-tested offenders, opiate use is associated with elevated prior offending and the association is stronger for women than men. Cocaine use is associated with prior offending only among women.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd
Publication Type: Journal: Article
Subject Headings: [adult](#)
[article](#)
[cocaine dependence](#)
[cohort analysis](#)
[controlled study](#)
[correlational study](#)
[*crime](#)
[*drug use](#)
[female](#)
[human](#)
[male](#)
[opiate addiction](#)
[priority journal](#)
[prisoner](#)
[saliva analysis](#)
[sex difference](#)
[United Kingdom](#)
[violence](#)

Source: EMBASE

Full Text: Available from *Elsevier* in [Drug and Alcohol Dependence](#)

9. Estimating the health care burden of prescription opioid abuse in five European countries

Citation: ClinicoEconomics and Outcomes Research, September 2015, vol./is. 7/(477-488), 1178-6981 (15 Sep 2015)

Author(s): Shei A.; Hirst M.; Kirson N.Y.; Enloe C.J.; Birnbaum H.G.; Dunlop W.C.N.

Institution: (Shei, Kirson, Enloe, Birnbaum) Analysis Group, Inc, Boston, MA, United States; (Hirst, Dunlop) Mundipharma International Limited, Cambridge, United Kingdom

Language: English

Abstract: Background: Opioid abuse, including abuse of prescription opioids ("RxOs") and illicit substances like heroin, is a serious public health issue in Europe. Currently, there is limited data on the magnitude of RxO abuse in Europe, despite increasing public and scientific interest in the issue. The purpose of this study was to use the best-available data to derive comparable estimates of the health care burden of RxO abuse in France, Germany, Italy, Spain, and the United Kingdom (EU5). Methods: Published data on the prevalence of problem opioid use and the share of opioid abuse patients reporting misuse

of non-heroin opioids were used to estimate the prevalence of RxO abuse in the EU5 countries. The costs of RxO abuse were calculated by applying published estimates of the incremental health care costs of opioid abuse to country-specific estimates of the costs of chronic pain conditions. These estimates were input into an economic model that quantified the health care burden of RxO abuse in each of the EU5 countries. Sensitivity analyses examined key assumptions. Results: Based on best-available current data, prevalence estimates of RxO abuse ranged from 0.7 to 13.7 per 10,000 individuals across the EU5 countries. Estimates of the incremental health care costs of RxO abuse ranged from 900 to 2,551 per patient per year. The annual health care cost burden of RxO abuse ranged from 6,264 to 279,927 per 100,000 individuals across the EU5 countries. Conclusion: This study suggests that RxO abuse imposes a cost burden on health systems in the five largest European countries. The extent of RxO abuse in Europe should be monitored given the potential for change over time. Continued efforts should be made to collect reliable data on the prevalence and costs of RxO abuse in Europe to facilitate an accurate characterization of the extent of this potentially growing problem.

Country of Publication: New Zealand

Publisher: Dove Medical Press Ltd (PO Box 300-008, Albany, 44 Corinthian Drive, Albany, Auckland 0752, New Zealand. E-mail: angela@dovepress.com)

CAS Registry Number: 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings: [adult](#)
[aged](#)
[article](#)
["chronic pain/dm \[Disease Management\]"](#)
["chronic pain/dt \[Drug Therapy\]"](#)
[cost benefit analysis](#)
[drug misuse](#)
[France](#)
[Germany](#)
[health care cost](#)
[human](#)
[Italy](#)
["*opiate addiction/ep \[Epidemiology\]"](#)
[*prescription](#)
[prevalence](#)
[*public health problem](#)
[Spain](#)
[United Kingdom](#)
[diamorphine](#)
["*opiate/pe \[Pharmacoeconomics\]"](#)
["*opiate/dt \[Drug Therapy\]"](#)
[opiate derivative](#)

Source: EMBASE

Full Text: Available from *National Library of Medicine* in [ClinicoEconomics and Outcomes Research: CEOR](#)

10. Alcohol consumption is falling, but is it enough?

Citation: Prescriber, September 2015, vol./is. 26/18(26-28), 0959-6682;1931-2253 (19 Sep 2015)

Author(s): Chaplin S.

Language: English

Abstract: Data from the Health and Social Care Information Centre show a fall in alcohol consumption in England, particularly among younger people. This leaves the UK sitting somewhere in the middle of EU states with the highest consumption figures at 10.6 litres per person.

Country of Publication: United Kingdom
Publisher: Blackwell Publishing Ltd
CAS Registry Number: 64-17-5 (alcohol)
Publication Type: Journal: Article
Subject Headings: *alcohol consumption
alcoholism
article
binge drinking
cardiovascular disease
drinking behavior
European Union
health care cost
hospital admission
human
mortality
national health service
pregnancy
primary medical care
social care
United Kingdom
*alcohol
Source: EMBASE
Full Text: Available from *Wiley* in *Prescriber*

11. Looking after yourself

Citation: Pharmaceutical Journal, August 2015, vol./is. 295/7876-7877(154), 0031-6873 (22 Aug 2015)
Author(s): Storey P.; Tester H.
Language: English
Country of Publication: United Kingdom
Publisher: Pharmaceutical Press
Publication Type: Journal: Note
Subject Headings: alcohol use disorder
anxiety
awareness
body image
conversation
depression
drug misuse
eating disorder
human
note
*pharmacist
pharmacist attitude
*self care
self help
stress
teleconsultation
United Kingdom
wellbeing
workshop
Source: EMBASE

12. Training in addiction medicine should be standardised and scaled up

- Citation:** BMJ (Online), July 2015, vol./is. 351/, 0959-8146;1756-1833 (28 Jul 2015)
- Author(s):** Klimas J.
- Institution:** (Klimas) Urban Health Research Initiative, BC Centre for Excellence in HIV/AIDS, University of British Columbia, Canada; (Klimas) Department of Medicine, University of British Columbia, St Paul's Hospital, 608-1081 Burrard St, Vancouver, BC V6Z 1Y6, Canada; (Klimas) School of Medicine and Medical Science, University College Dublin, Dublin 4, Ireland
- Language:** English
- Country of Publication:** United Kingdom
- Publisher:** BMJ Publishing Group
- Publication Type:** Journal: Review
- Subject Headings:** [accreditation](#)
[Australia](#)
[Canada](#)
[certification](#)
[continuing education](#)
[*drug dependence](#)
[*education program](#)
[Europe](#)
[evidence based practice](#)
[health care delivery](#)
[health care quality](#)
[health care system](#)
[human](#)
[Indonesia](#)
[licensing](#)
[medical education](#)
[Netherlands](#)
[North America](#)
[opiate addiction](#)
[practice guideline](#)
[prescription](#)
[priority journal](#)
[*professional standard](#)
[review](#)
[scale up](#)
[standardization](#)
[United Kingdom](#)
[workshop](#)
- Source:** EMBASE
- Full Text:** Available from *Highwire Press* in *The BMJ*
 Available from *BMJ* in *Newcomb Library & Information Service*

13. A review of ethylphenidate in deaths in east and west Scotland

- Citation:** Forensic Science International, December 2015, vol./is. 257/(203-208), 0379-0738;1872-6283 (December 01, 2015)
- Author(s):** Parks C.; McKeown D.; Torrance H.J.
- Institution:** (Parks, McKeown, Torrance) Forensic Medicine and Science, University of Glasgow, Glasgow G12 8QQ, United Kingdom
- Language:** English

Abstract: Ethylphenidate is a psychostimulant and analogue of methylphenidate. Interestingly it is also produced as a metabolite from the co-ingestion of methylphenidate and alcohol (ethanol). In the UK, between April and June 2015, ethylphenidate and 6 other methylphenidate based novel psychoactive substances (NPS) were subjected to a temporary class drug order under the Misuse of Drugs Act 1971. Ethylphenidate is being abused by both novel and habitual drug users, more prominently in the East of Scotland. What is unknown in the literature is the contribution of ethylphenidate in deaths. A search was conducted for an 18 month period (July 2013 to December 2014) to identify cases where ethylphenidate was detected during post-mortem toxicological analysis. Nineteen cases were identified and these cases were examined with regards to case circumstances, pathology findings, toxicology results and adverse effects. The individuals ranged in age from 20 to 54 (median 37) and the majority were male (n= 14) and from the East of Scotland (n= 16), more specifically Edinburgh and surrounding area. Current or previous heroin abuse was a common theme in these cases (n= 16) and injection was a common route of administration of "legal highs" or "burst". The concentration of ethylphenidate in the cases ranged from 0.008. mg/L to over 2. mg/L in post-mortem femoral blood (median 0.25. mg/L, average 0.39. mg/L). Other drugs commonly detected were benzodiazepines (n= 15), followed by opiates (n= 11, 4 of which were positive for 6-monoacetylmorphine) and then methadone (n= 8). All 19 cases received a full post-mortem examination and there were 10 cases where drug toxicity was the sole or potentially contributory factor to the cause of death. Ethylphenidate was specifically mentioned in the cause of death for 5 cases, chronic intravenous (IV) drug use was named as part of the cause of death for 2 cases and in 6 cases there was evidence of complications and infections through IV drug use. As far as it is known to the authors, this is the first review of post-mortem cases involving the use of ethylphenidate in East and West Scotland. This study can be used as a guide for toxicologists and pathologists when interpreting cases which are positive for ethylphenidate.

Country of Publication: Ireland
Publisher: Elsevier Ireland Ltd
CAS Registry Number: 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 2784-73-8 (morphine 6 acetate)

Publication Type: Journal: Article

Subject Headings: [adult](#)
[article](#)
[*autopsy](#)
[drug abuse](#)
[drug blood level](#)
[*drug fatality](#)
[female](#)
[*forensic toxicology](#)
[heroin dependence](#)
[histopathology](#)
[human](#)
[injection site infection](#)
[injection site reaction](#)
[intravenous drug abuse](#)
[liquid chromatography](#)
[male](#)
[middle aged](#)
[prevalence](#)
[priority journal](#)
[tandem mass spectrometry](#)
[United Kingdom](#)
[young adult](#)
["benzodiazepine derivative/ec \[Endogenous Compound\]"](#)
[diamorphine](#)
["*ethylphenidate/to \[Drug Toxicity\]"](#)

"methadone/ec [Endogenous Compound]"
 "morphine 6 acetate/ec [Endogenous Compound]"
 "opiate derivative/ec [Endogenous Compound]"
 "*psychostimulant agent/to [Drug Toxicity]"
 unclassified drug

Source: EMBASE

Full Text: Available from *Elsevier* in *Forensic Science International*

14. Update in outpatient general internal medicine: Practice-changing evidence published in 2014

Citation: American Journal of Medicine, October 2015, vol./is. 128/10(1065-1069), 0002-9343;1555-7162 (01 Oct 2015)

Author(s): Sundsted K.K.; Wieland M.L.; Szostek J.H.; Post J.A.; Mauck K.F.

Institution: (Sundsted, Szostek, Mauck) Division of General Internal Medicine, Department of Medicine, Mayo Clinic and Mayo Clinic College of Medicine, 200 1st Street SW, Rochester, MN 55905, United States; (Wieland, Post) Division of Primary Care Internal Medicine, Department of Medicine, Mayo Clinic, Mayo Clinic College of Medicine, Rochester, MN, United States

Language: English

Abstract: The practice of outpatient general internal medicine requires a diverse and evolving knowledge base. General internists must identify practice-changing shifts in the literature and reflect on their impact. Accordingly, we conducted a review of practice-changing articles published in outpatient general internal medicine in 2014. To identify high-quality, clinically relevant publications, we reviewed all titles and abstracts published in the following primary data sources in 2014: New England Journal of Medicine, Journal of the American Medical Association (JAMA), Annals of Internal Medicine, JAMA Internal Medicine, and the Cochrane Database of Systematic Reviews. All 2014 primary data summaries from Journal Watch-General Internal Medicine and ACP JournalWise also were reviewed. The authors used a modified Delphi method to reach consensus on inclusion of 8 articles using the following criteria: clinical relevance to outpatient internal medicine, potential for practice change, and strength of evidence. Clusters of important articles around one clinical question were considered as a single-candidate series. The article merits were debated until consensus was reached on the final 8, spanning a variety of topics commonly encountered in outpatient general internal medicine.

Country of Publication: United States

Publisher: Elsevier Inc.

CAS Registry Number: 77337-73-6 (acamprosate); 1406-18-4 (alpha tocopherol); 1406-70-8 (alpha tocopherol); 52225-20-4 (alpha tocopherol); 58-95-7 (alpha tocopherol); 59-02-9 (alpha tocopherol); 9031-66-7 (aminotransferase); 503612-47-3 (apixaban); 97-77-8 (disulfiram); 480449-70-5 (edoxaban); 480449-71-6 (edoxaban); 912273-65-5 (edoxaban); 19982-08-2 (memantine); 41100-52-1 (memantine); 51052-62-1 (memantine); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone); 36791-04-5 (ribavirin); 366789-02-8 (rivaroxaban); 1190307-88-0 (sofosbuvir); 129-06-6 (warfarin); 2610-86-8 (warfarin); 3324-63-8 (warfarin); 5543-58-8 (warfarin); 81-81-2 (warfarin)

Publication Type: Journal: Review

Subject Headings: alcohol use disorder
 "alcoholism/dt [Drug Therapy]"
 "Alzheimer disease/dt [Drug Therapy]"
 Atrial Fibrillation
 "brain hemorrhage/dt [Drug Therapy]"
 cancer risk
 cancer screening
 "cardiovascular disease/dt [Drug Therapy]"
 cardiovascular mortality
 "cerebrovascular accident/pc [Prevention]"

"cerebrovascular accident/dt [Drug Therapy]"
 "cerebrovascular disease/dt [Drug Therapy]"
 colon cancer
 colonoscopy
 Delphi study
 diabetes mellitus
 "diarrhea/si [Side Effect]"
 "diarrhea/si [Side Effect]"
 "dizziness/si [Side Effect]"
 DNA determination
 *evidence based practice
 feces analysis
 "gastrointestinal hemorrhage/si [Side Effect]"
 "hepatitis C/dt [Drug Therapy]"
 high risk patient
 human
 "hypertension/dt [Drug Therapy]"
 *internal medicine
 lung cancer
 meta analysis (topic)
 "nausea/si [Side Effect]"
 *outpatient care
 priority journal
 randomized controlled trial (topic)
 review
 "side effect/si [Side Effect]"
 systematic review (topic)
 "vomiting/si [Side Effect]"
 "acamprosate/ae [Adverse Drug Reaction]"
 "acamprosate/dt [Drug Therapy]"
 "alpha tocopherol/cb [Drug Combination]"
 "alpha tocopherol/dt [Drug Therapy]"
 "alpha tocopherol/ct [Clinical Trial]"
 "aminotransferase/ec [Endogenous Compound]"
 "angiotensin receptor antagonist/dt [Drug Therapy]"
 "angiotensin receptor antagonist/ct [Clinical Trial]"
 "antivitamin K/cm [Drug Comparison]"
 "antivitamin K/dt [Drug Therapy]"
 "antivitamin K/ct [Clinical Trial]"
 "apixaban/ae [Adverse Drug Reaction]"
 "apixaban/cm [Drug Comparison]"
 "apixaban/dt [Drug Therapy]"
 "apixaban/ct [Clinical Trial]"
 "cholinesterase inhibitor/dt [Drug Therapy]"
 "dabigatran/ae [Adverse Drug Reaction]"
 "dabigatran/cm [Drug Comparison]"
 "dabigatran/dt [Drug Therapy]"
 "dabigatran/ct [Clinical Trial]"
 "dasabuvir plus ombitasvir plus paritaprevir plus ritonavir/cb [Drug Combination]"
 "dasabuvir plus ombitasvir plus paritaprevir plus ritonavir/dt [Drug Therapy]"
 "dipeptidyl carboxypeptidase inhibitor/dt [Drug Therapy]"
 "dipeptidyl carboxypeptidase inhibitor/ct [Clinical Trial]"
 "disulfiram/dt [Drug Therapy]"
 "edoxaban/ae [Adverse Drug Reaction]"
 "edoxaban/cm [Drug Comparison]"
 "edoxaban/dt [Drug Therapy]"
 "edoxaban/ct [Clinical Trial]"
 "hydroxymethylglutaryl coenzyme A reductase inhibitor/ae [Adverse Drug Reaction]"
 "hydroxymethylglutaryl coenzyme A reductase inhibitor/dt [Drug Therapy]"
 "hydroxymethylglutaryl coenzyme A reductase inhibitor/ct [Clinical Trial]"

"ledipasvir plus sofosbuvir/dt [Drug Therapy]"
 "memantine/cb [Drug Combination]"
 "memantine/dt [Drug Therapy]"
 "memantine/ct [Clinical Trial]"
 "naltrexone/ae [Adverse Drug Reaction]"
 "naltrexone/dt [Drug Therapy]"
 "naltrexone/po [Oral Drug Administration]"
 placebo
 "ribavirin/cb [Drug Combination]"
 "ribavirin/dt [Drug Therapy]"
 "rivaroxaban/ae [Adverse Drug Reaction]"
 "rivaroxaban/cm [Drug Comparison]"
 "rivaroxaban/dt [Drug Therapy]"
 "rivaroxaban/ct [Clinical Trial]"
 "sofosbuvir/cb [Drug Combination]"
 "sofosbuvir/dt [Drug Therapy]"
 warfarin

Source: EMBASE

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

15. International rates of ADHD and substance use disorder symptoms among prison inmates: Individual-data and pooled effects

Citation: ADHD Attention Deficit and Hyperactivity Disorders, May 2015, vol./is. 7/(S105), 1866-6116 (May 2015)

Author(s): Gonzalez R.; Velez-Pastrana M.; Gudjonsson G.; Ginsberg Y.; Konstenius M.; Alicea A.; Albizu C.; Young S.

Institution: (Gonzalez, Velez-Pastrana, Gudjonsson, Ginsberg, Konstenius, Alicea, Albizu, Young) San JuanPuerto Rico

Language: English

Abstract: Objectives: Prison inmates have increased rates of psychiatric disorders and comorbidity. Substance use disorders (SUD) are considerably high among adults with ADHD, and both disorders often coexist in incarcerated populations. Most studies on ADHD/SUD in prison have been conducted on Europeans. A question remains on whether rates differ internationally and across diverse ethnic groups. This study aims to contrast the prevalence of SUD and intravenous drug use (IDU) associated with ADHD symptoms across international prison inmates' samples. We also tested whether ADHD symptom domains are differentially associated with SUD. Methods: The Composite International Diagnostic Interview (CIDI) SUD module and the WURS, a measure of retrospective ADHD symptoms, were completed by 1330 male inmates: 72 % Latino (PR), 15 % British (UK) and 13 % Nordic (Sweden and Iceland). Scores for 3 symptom domains (cognitive, internalizing and externalizing) were derived through CFA. Logistic regression models tested associations between total ADHD scores, and scores for each symptom domain with lifetime alcohol and drug dependence. We conducted meta-analysis on independent samples' results to test the overall effect size of the association. Results: Nordic, British and Latino alcohol dependence (AD) rates were 54.5, 16.8 and 28.4 %, respectively, and 79.0, 47.5 and 50.5 % for drug dependence (DD). All ADHD symptom domains were significantly associated with drug dependence on all samples, whereas for alcohol dependence there was no association among Nordic offenders. We found a significant pooled effect for lifetime IDU, but only for the internalized ADHD symptoms domain. Conclusions: Associations between ADHD symptoms and SUD seem consistent across samples, with a few exceptions. However, rates of SUD differ substantially. We discuss implications of our findings for treatment of ADHD and SUD within the criminal justice system and address how different international approaches to criminal justice policies for drug offenses may affect rates and outcomes.

Conference Information: 5th World Congress on ADHD: From Child to Adult Disorder Glasgow United Kingdom.
Conference Start: 20150528 Conference End: 20150531

Publisher: SpringerVerlag Wien

Publication Type: Journal: Conference Abstract

Subject Headings: *human
*prisoner
*diseases
*child
*adult
*prison
*attention deficit disorder
*substance abuse
drug dependence
criminal justice
Hispanic
alcoholism
lifespan
prevalence
comorbidity
Iceland
ethnic group
mental disease
policy
logistic regression analysis
model
effect size
Sweden
meta analysis
male
European
interview
diagnosis
offender
drug use
alcohol

Source: EMBASE

16. Informed choice and the nanny state: Learning from the tobacco industry

Citation: Public Health, August 2015, vol./is. 129/8(1038-1045), 0033-3506;1476-5616 (01 Aug 2015)

Author(s): Hoek J.

Institution: (Hoek) Department of Marketing, University of Otago, P O Box 56, Dunedin 9054, New Zealand

Language: English

Abstract: Objectives: To examine the 'nanny state' arguments used by tobacco companies, explore the cognitive biases that impede smokers' ability to make fully informed choices, and analyse the implications for those working to limit the harmful effects of other risk products. Study design: A critical analysis of the practices engaged in by the tobacco industry, the logic on which they relied, and the extent to which their work has informed approaches used by other industries. Results: The tobacco industry's deliberate strategy of challenging scientific evidence undermines smokers' ability to understand the harms smoking poses and questions arguments that smoking is an informed choice. Cognitive biases predispose smokers to discount risk information, particularly when this evidence is disputed and framed as uncertain. Only state intervention has held the tobacco industry to account and begun ameliorating the effects of their sustained duplicity. Evidence other industries are now adopting similar tactics, particularly use of 'nanny state' claims to

oppose proportionate interventions, is concerning. Conclusions: Some marketing strategies have deliberately mis-informed consumers thus directly contributing to many public health problems. Far from removing free choice, government policies that restrain commercial communications and stimuli are prerequisites necessary to promote free choice.

Country of Publication: Netherlands

Publisher: Elsevier

Publication Type: Journal: Article

Subject Headings: [addiction](#)
[article](#)
[Australia](#)
[cardiovascular disease](#)
[cause of death](#)
[chronic obstructive lung disease](#)
[cognitive bias](#)
[consumer health information](#)
[decision making](#)
[defense mechanism](#)
[disease predisposition](#)
[government](#)
[health care personnel](#)
[health care policy](#)
[human](#)
[*informed choice](#)
[intervention study](#)
[law suit](#)
[lung cancer](#)
[*nanny state](#)
[New Zealand](#)
[organization](#)
[risk factor](#)
[smoking](#)
[*social behavior](#)
[social marketing](#)
[*tobacco industry](#)
[United Kingdom](#)
[wellbeing](#)

Source: EMBASE

Full Text: Available from *Elsevier* in [Public Health](#)

17. The real challenge is to make e-cigarettes accessible for poor smokers

Citation: The Lancet Respiratory Medicine, September 2015, vol./is. 3/9(e30), 2213-2600;2213-2619 (01 Sep 2015)

Author(s): Bates C.

Institution: (Bates) 4 Pentney Road, London SW12 0NX, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Lancet Publishing Group

Publication Type: Journal: Letter

Subject Headings: [*electronic cigarette](#)
[health care cost](#)
[health care policy](#)
[health care quality](#)
[human](#)

letter
 *lowest income group
 priority journal
 publication
 risk reduction
 *smoking
 smoking cessation
 social status
 tobacco dependence
 United Kingdom
 wellbeing

Source: EMBASE

Full Text: Available from *Elsevier* in *Lancet Respiratory Medicine, The*

18. 'Nobody really gets it': A qualitative exploration of youth mental health in deprived urban areas

Citation: Early Intervention in Psychiatry, October 2015, vol./is. 9/5(406-411), 1751-7885;1751-7893 (01 Oct 2015)

Author(s): Schaffalitzky E.; Leahy D.; Armstrong C.; Gavin B.; Latham L.; McNicholas F.; Meagher D.; O'Connor R.; O'Toole T.; Smyth B.P.; Cullen W.

Institution: (Schaffalitzky, Leahy, Armstrong, Meagher, O'Connor, Cullen) Graduate-Entry Medical School, University of Limerick, Limerick, Ireland; (Gavin, McNicholas) Lucena Clinic, St John of God Hospitaller Services, Dublin, Ireland; (Latham) Thomas Court Primary Care Centre, Dublin, Ireland; (McNicholas) UCD School of Medicine and Medical Science, Dublin, Ireland; (Smyth) Department of Public Health and Primary Care, Trinity College Dublin, Dublin, Ireland; (O'Toole) Brown Alpert Medical School, Providence, RI, United States

Language: English

Abstract: Aim: To examine the experience of developing and living with mental health and substance use disorders among young people living in urban-deprived areas in Ireland to inform primary care interventions. Method: Semi-structured qualitative interviews with 20 young adults attending health and social care agencies in two deprived urban areas, and analysed using thematic analysis. Results: Five themes were identified: experiencing symptoms, symptom progression, delay accessing help, loss of control/crisis point, and consequences of mental health and substance use disorders. As young people delayed help, symptoms disrupted normal life progression and they found themselves unable to engage in everyday activities, and living with reduced potential. Living in deprived areas influenced the development of problems: many had added stressors, less familial support and early exposure to violence, addiction and bereavement. Conclusion: Young people in urban-deprived areas are especially vulnerable to mental health and substance use disorders. Early identification in primary care appears necessary in halting symptom and illness progression, improving young people's chances of achieving their potential.

Country of Publication: Australia

Publisher: Blackwell Publishing

Publication Type: Journal: Article

Subject Headings: addiction
 adolescent
 adult
 alcohol abuse
 article
 bereavement
 disease course
 drug abuse
 female
 human
 Ireland

life stress
 male
 *mental health
 primary medical care
 priority journal
 qualitative analysis
 semi structured interview
 social care
 *social isolation
 *substance abuse
 thematic analysis
 urban area
 violence

Source: EMBASE

Full Text: Available from *Wiley* in *Early Intervention in Psychiatry*

19. The financial burden of narcotic bowel syndrome: A local experience

Citation: Gut, June 2015, vol./is. 64/(A319), 0017-5749 (June 2015)

Author(s): Johnson M.W.; Prouse T.; Gibbons M.

Institution: (Johnson) Gastroenterology, Luton and Dunstable FT University Hospital, Luton, United Kingdom; (Prouse) Coding, Luton and Dunstable FT University Hospital, Luton, United Kingdom; (Gibbons) Finance, Luton and Dunstable FT University Hospital, Luton, United Kingdom

Language: English

Abstract: Introduction Narcotic drugs are widely prescribed by both GPs and hospital physicians, but little consideration is afforded to the potential longterm issues when starting patients off on these addictive therapies. has escalated throughout UK. Between June- November 2014, 32,956 prescriptions had been provided for strong opioid therapy in the Luton CCG catchment area. Not only is this a costly unchecked market, but much of this is taken for abdominal pain. Narcotic Bowel Syndrome (NBS) is under recognised and believed to be increasing in prevalence worldwide. NBS is a subset of opioid bowel dysfunction, characterised by chronic or frequently recurring abdominal pain that worsens with continued or escalating dosages of narcotics. We attempted to assess some of the financial cost implications of this condition on our local district general hospital in 2014. Method In 2014 we started to collect the names of patients seen in gastroenterology clinics or during hospital admission where the clinician felt the patient was suffering from NBS. This was either thought to be the main cause or contributing factor to their symptomatology. During that year a retrospective analysis was performed reviewing the burden and cost of outpatient appointments and inpatient hospital admissions, using the hospital coding system and financial analysis. Results A database collated the names of 41 patients with NBS. From the 1st of January to the 31st of December 2014, this cohort of patients made 78 hospital admissions (1.9 per patient) with an average length of stay (LOS) of 4.1 days. This was costed at 91,310, or an average of 2,227 per patient per year. In addition to that the same 41 patients made 159 outpatient appointments (3.9 per patient), costing 15,639, or an average of 381 per patient per year. This small group of 41 patients cost a total of 106,949 in 2014 or an average of 2,608 per patient per year, in hospital inpatients admissions and outpatient appointments alone, before adding in their prescription costs. Conclusion NBS is a poorly recognised condition that places a huge demand on the NHS system with regards to time, resources and finances. The prevalence of this condition is thought to be increasing. Early recognition could prevent a costly and potentially fatal pathway of deterioration. On average the annual financial cost of hospital base care for each NBS patients is 2,608.

Conference Information: 2nd Digestive Disorders Federation Conference, DDF 2015 London United Kingdom. Conference Start: 20150622 Conference End: 20150625

Publisher: BMJ Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings: *intestine
 *digestive system function disorder
 human
 patient
 hospital
 outpatient
 hospital admission
 prevalence
 prescription
 therapy
 hospital patient
 abdominal pain
 symptomatology
 gastroenterology
 general hospital
 hospital physician
 United Kingdom
 market
 finance
 catchment
 length of stay
 data base
 deterioration
 *narcotic agent
 opiate

Source: EMBASE

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

20. Focus on alcohol

Citation: Emergency nurse : the journal of the RCN Accident and Emergency Nursing Association, February 2015, vol./is. 22/9(38), 1354-5752 (01 Feb 2015)

Author(s): Parsons W.

Language: English

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: alcoholism
 awards and prizes
 *emergency nursing
 human
 interview
 *nursing
 United Kingdom

Source: EMBASE

21. Alcohol consumption among the over 50s: international comparisons

Citation: Alcohol and alcoholism (Oxford, Oxfordshire), January 2015, vol./is. 50/1(1-10), 1464-3502 (01 Jan 2015)

Author(s): Gell L.; Meier P.S.; Goyder E.

Institution: (Gell) School of Health and Related Research, University of Sheffield, Regent Court, 30 Regent Street, Sheffield S1 4DA, UK l.j.gell@sheffield.ac.uk; (Meier) School of Health and Related Research, University of Sheffield, Regent Court, 30 Regent Street, Sheffield S1 4DA, UK; (Goyder) School of Health and Related Research, University of Sheffield, Regent Court, 30 Regent Street, Sheffield S1 4DA, UK

Language: English

Abstract: AIM: Research exploring alcohol consumption patterns and behaviour change among older adults is relatively scarce, often necessitating reliance on international evidence. To understand the degree to which findings may be generalizable across countries, this review compares recent epidemiological evidence from developed countries on the prevalence of abstinence and potentially problematic alcohol consumption in older adults. METHODS: Medline, EMBASE, Web of Science and PsychInfo were searched for English language publications, identifying 21 peer-reviewed publications and six reports, including data from 17 national surveys and 10 general practice and community samples published since 2000. RESULTS: Of the developed countries for which data are available on adults aged over 50 years, rates of past 12-month abstinence and former drinking are lowest in England and Finland, and highest in Korea and the USA. The prevalence of binge drinking varies widely between studies, whilst rates of alcohol dependence are broadly similar. CONCLUSIONS: Older adults in developed countries report different rates of abstinence and alcohol consumption. This places obvious limitations on the extrapolation of results from specific research findings and policy strategies to other countries.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: [age](#)
[aged](#)
[alcohol abstinence](#)
["alcoholism/ep \[Epidemiology\]"](#)
[binge drinking](#)
[comparative study](#)
[developed country](#)
[drinking behavior](#)
[female](#)
[health](#)
[human](#)
[male](#)
[middle aged](#)
[prevalence](#)
[statistics and numerical data](#)

Source: EMBASE

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

22. Punishing parents: child removal in the context of drug use

Citation: Drug and alcohol review, January 2015, vol./is. 34/1(27-30), 1465-3362 (01 Jan 2015)

Author(s): Olsen A.

Institution: (Olsen) The Kirby Institute, University of New South Wales, Sydney, Australia

Language: English

Abstract: New amendments to child welfare policy in New South Wales turn a spotlight on parents who use drugs and raise concerns about adequate provision of services for families facing issues with alcohol and other drug use. Sections of the new legislation are explicitly focused on parents who use illicit drugs, expanding the reach of child protection services over expectant parents during pregnancy. This targeting of women who are 'addicted' highlights the ambiguous scientific and moral attention to drug use in pregnancy. It also raises practical questions about the potential for the legislation to increase stigma towards drug use and disproportionately affect vulnerable and disadvantaged families.

Country of Publication: Australia

Publication Type: Journal: Article

Subject Headings: Australia
child
child welfare
female
human
*legislation and jurisprudence
*parent
policy
pregnancy
social stigma
"Substance-Related Disorders/ep [Epidemiology]"
vulnerable population
street drug

Source: EMBASE

Full Text: Available from *Wiley* in *Drug and Alcohol Review*

23. Light smoking at base-line predicts a higher mortality risk to women than to men; evidence from a cohort with long follow-up

Citation: BMC public health, 2014, vol./is. 14/(95), 1471-2458 (2014)

Author(s): Hurley M.A.

Institution: (Hurley) School of Health, University of Central Lancashire, Preston, UK.
MAHurley@uclan.ac.uk

Language: English

Abstract: BACKGROUND: There is conflicting evidence as to whether smoking is more harmful to women than to men. The UK Cotton Workers' Cohort was recruited in the 1960s and contained a high proportion of men and women smokers who were well matched in terms of age, job and length of time in job. The cohort has been followed up for 42 years. METHODS: Mortality in the cohort was analysed using an individual relative survival method and Cox regression. Whether smoking, ascertained at baseline in the 1960s, was more hazardous to women than to men was examined by estimating the relative risk ratio women to men, smokers to never smoked, for light (1-14), medium (15-24), heavy (25+ cigarettes per day) and former smoking. RESULTS: For all-cause mortality relative risk ratios were 1.35 for light smoking at baseline (95% CI 1.07-1.70), 1.15 for medium smoking (95% CI 0.89-1.49) and 1.00 for heavy smoking (95% CI 0.63-1.61). Relative risk ratios for light smoking at baseline for circulatory system disease was 1.42 (95% CI 1.01 to 1.98) and for respiratory disease was 1.89 (95% CI 0.99 to 3.63). Heights of participants provided no explanation for the gender difference. CONCLUSIONS: Light smoking at baseline was shown to be significantly more hazardous to women than to men but the effect decreased as consumption increased indicating a dose response relationship. Heavy smoking was equally hazardous to both genders. This result may help explain the conflicting evidence seen elsewhere. However gender differences in smoking cessation may provide an alternative explanation.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: adult
cardiovascular disease
cohort analysis
epidemiology
female
follow up
human
male
middle aged
mortality
proportional hazards model

questionnaire
 risk
 severity of illness index
 sex difference
 sex ratio
 smoking
 smoking cessation
 statistics and numerical data
 survival
 tobacco dependence
 United Kingdom
 very elderly
 women's health

Source: EMBASE

Full Text: Available from *ProQuest* in *BMC Public Health*; 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 Public Health*; 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 *National Library of Medicine* in *BMC Public Health*
 Available from *National Library of Medicine* in *BMC Public Health*
 Available from *BioMed Central* in *BMC Public Health*

24. Into the west: British Association of Psychopharmacology Summer Meeting 2015

Citation: The Lancet Psychiatry, September 2015, vol./is. 2/9(e23-e25), 2215-0366;2215-0374 (01 Sep 2015)

Author(s): Marsh J.

Language: English

Country of Publication: United Kingdom

Publisher: Elsevier Ltd

CAS Registry Number: 42542-10-9 (3,4 methylenedioxyamphetamine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 9035-51-2 (cytochrome P450); 5650-44-2 (methcathinone)

Publication Type: Journal: Note

Subject Headings: allele
 Alzheimer disease
 drug intoxication
 gene locus
 health care personnel
 human
 *medical society
 mental disease
 mental health care
 note
 pathological gambling
 *psychopharmacology
 risk assessment
 single nucleotide polymorphism
 suicide attempt
 *United Kingdom
 3 4 methylenedioxyamphetamine
 cannabis
 "cytochrome P450/ec [Endogenous Compound]"
 "fk 506 binding protein/ec [Endogenous Compound]"
 "glucocorticoid receptor/ec [Endogenous Compound]"
 methcathinone

psychedelic agent
 psychotropic agent
 recreational drug

Source: EMBASE
Full Text: Available from *Elsevier* in *Lancet Psychiatry, The*

25. A positive view on e-cigarettes

Citation: BMJ (Online), July 2015, vol./is. 351/, 0959-8146;1756-1833 (23 Jul 2015)
Author(s): Brown J.
Institution: (Brown) University College London, London WC1E 6BT, United Kingdom
Language: English
Country of Publication: United Kingdom
Publisher: BMJ Publishing Group
Publication Type: Journal: Letter
Subject Headings: clinical decision making
 clinical effectiveness
 Cochrane Library
 device therapy
 *electronic cigarette
 evidence based medicine
 health disparity
 health hazard
 human
 letter
 meta analysis (topic)
 prevalence
 priority journal
 smoking cessation
 "tobacco dependence/th [Therapy]"
 "tobacco dependence/dt [Drug Therapy]"
 United Kingdom
 "nicotine patch/dt [Drug Therapy]"

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

26. The design of a preoperative educational course for bariatric surgery patients

Citation: Obesity Surgery, August 2015, vol./is. 25/1 SUPPL. 1(S216), 0960-8923 (August 2015)
Author(s): Owers C.; Halliday V.; Ackroyd R.
Institution: (Owers, Ackroyd) Department of Upper GI and Bariatric Surgery, Sheffield Teaching Hospitals NHS Foundation Trust, United Kingdom; (Halliday) School of Health and Related Research, University of Sheffield, United Kingdom
Language: English
Abstract: Background: No standardised pre-operative educational course for bariatric surgery patients exists in the UK (British Obesity and Metabolic Surgery Society survey conducted 2014). Pre-operative education is based mainly on clinical experience, with little evidence based research to support its design. We aimed to design an educational course using qualitative research and a structured framework to include information that patients feel are the most important aspects of bariatric surgery and are most keen to be taught about. Methods: Qualitative interviews were performed on 12 previous bariatric surgery patients, asking their opinion of pre-operative bariatric education. An interpretative phenomenological analysis (IPA) was performed to identify master and

subthemes. Once complete, a previously designed educational course was analysed, and content added to include any missing subthemes identified from the IPA. Patient and public involvement (PPI) was then used to assess and evaluate this newly designed educational course. Results: Themes identified from the IPA included: physical health, psychological health, diet and social factors. New topics not previously included within pre-operative education included: side effects (not complications) of surgery, guilt and shame, accessing psychological support, social life/eating out, public perception of bariatric surgery, addiction transference and clothing issues. Patient and public involvement was used to evaluate the course which has been used as the intervention in a pilot randomised controlled study with excellent feedback regarding its usefulness and ability to prepare patients for surgery. Discussion: Although each trust within the UK provides educational material for patients pre-operatively, this is not standardised, and is not always performed in the private sector. In order to give patients equal access to education and preparation around the UK, a standardised educational course would be useful both for research and educational purposes. Using qualitative research and patient and public involvement to design such a course would ensure that it is both useful and of maximum benefit to patients. Further research to evaluate the utility of courses such as this in preparing patients for bariatric surgery is now needed so that education becomes evidence rather than experience based.

Conference Information: 20th International Federation for the Surgery of Obesity and Metabolic Disorders World Congress, IFSO 2015 Vienna Austria. Conference Start: 20150826 Conference End: 20150829

Publisher: Springer New York LLC

Publication Type: Journal: Conference Abstract

Subject Headings: [*surgical patient](#)
[*human](#)
[*surgery](#)
[*obesity](#)
[*metabolic disorder](#)
[*bariatric surgery](#)
[patient](#)
[education](#)
[United Kingdom](#)
[qualitative research](#)
[health](#)
[transference](#)
[addiction](#)
[interview](#)
[shame](#)
[guilt](#)
[side effect](#)
[feedback system](#)
[social aspect](#)
[randomized controlled trial](#)
[clothing](#)
[diet](#)
[evidence based practice](#)
[organization and management](#)
[society](#)

Source: EMBASE

27. Prevalence and reasons for drug non-adherence in a European cohort of ulcerative colitis patients: The UC and ME survey

Citation: Journal of Crohn's and Colitis, February 2015, vol./is. 9/(S327), 1873-9946 (February 2015)

Author(s): Vavricka S.; Hofmann R.; Guillaume X.; Rogler G.; Peyrin-Biroulet L.; Safroneeva E.; Schoepfer A.

- Institution:** (Vavricka, Rogler) University of Zurich, Gastroenterology and Hepatology, Zurich, Switzerland; (Hofmann) Tillotts, Gastroenterology, Rheinfelden, Switzerland; (Guillaume) Kantar Health, Research, Montrouge, France; (Peyrin-Biroulet) CHU de Nancy, Department of Gastroenterology, Vandoeuvre-les-Nancy, France; (Safroneeva) University of Bern, Institute of Social and Preventive Medicine, Bern, Switzerland; (Schoepfer) Centre Hospitalier Universitaire Vaudois, Gastroenterology and Hepatology, Lausanne, Switzerland
- Language:** English
- Abstract:** Background: Non-adherence to medical treatment represents a major issue in patients with inflammatory bowel disease (IBD). Studies assessing the prevalence and associated causes of non-adherence in patients with ulcerative colitis (UC) in Europe remain scarce. We aimed to assess the prevalence and specific reasons for non-adherence in a prospective cohort of mild-to-moderate UC patients. Methods: Five European UC experts developed a questionnaire that was administered to UC patients in 6 European countries (Sweden, Norway, Finland, Denmark, United Kingdom, and Spain). The questionnaire consists of 54 questions, including several questions addressing specifically adherence to UC medication. Patients completed the questionnaire online via a secured website. The Morisky score was calculated to evaluate drug adherence. Results: A total of 372 UC patients completed the survey (mean age 42.3 +/- 13.9 years, 50% females, mean disease duration 10 years). Current disease location was in 24% proctitis, 45% left-sided colitis, 22% pancolitis, and in 9% unknown. At time of questionnaire completion, 47% of patients were on a specific diet, and 31% took alternative medicine to treat their UC. Nine out of 10 of patients were concerned about the preservation of their health, 68% believed in preventive treatments, and 66% thought they "should do more to be healthy". Based on the Morisky scale, 60% of patients were identified to have a low adherence, 33% had medium adherence, and only 7% had high adherence. In the last three months before the survey, 36% had never forgotten to take their medication, 30% forgot it once to two times, 18% forgot it 3-5 times, and 16% forgot it 6 and more times. The following reasons for drug non-adherence were identified: 51% of patients "forgot to take the drugs", 22% of patients "found it inconvenient to take the drugs", 21% stopped the drugs because of feeling better, 20% wanted to prevent drug-related side effects, 19% feared side-effects, 15% feared addiction to drugs for UC treatment, 14% noted that the drugs to treat UC were too expensive, 9% thought they were not in need of the drugs, 5% had doubts that the drugs would work, and 3% indicated not to know how to use the drugs (multiple answers possible). Conclusions: Non-adherence to drugs is frequent in patients with mild to moderate UC, only 7% of them being highly adherent in this European survey. The most frequent reason for non-adherence was "forgetting to take the drug". Interventions to target patient adherence should take into account their specific health beliefs and offer a reminder system for regular drug intake.
- Conference Information:** 10th Congress of the European Crohn's and Colitis Organisation, ECCO 2015 Barcelona Spain. Conference Start: 20150218 Conference End: 20150221
- Publisher:** Elsevier
- Publication Type:** Journal: Conference Abstract
- Subject Headings:** [*European](#)
[*prevalence](#)
[*ulcerative colitis](#)
[*human](#)
[*patient](#)
[*colitis](#)
[*organization](#)
[questionnaire](#)
[drug therapy](#)
[side effect](#)
[medication compliance](#)
[patient compliance](#)
[addiction](#)
[health belief](#)

[reminder system](#)
[Spain](#)
[prophylaxis](#)
[health](#)
[United Kingdom](#)
[Denmark](#)
[Finland](#)
[pancolitis](#)
[Norway](#)
[Sweden](#)
[diet](#)
[alternative medicine](#)
[preservation](#)
[Europe](#)
[proctitis](#)
[inflammatory bowel disease](#)
[disease duration](#)
[therapy](#)
[female](#)

Source: EMBASE

Full Text: Available from *Oxford University Press* in *Journal of Crohn's and Colitis*

28. Community pharmacy service for drug misusers in Scotland: Trends in service delivery over two decades

Citation: International Journal of Pharmacy Practice, October 2015, vol./is. 23/(28-29), 0961-7671 (October 2015)

Author(s): Matheson C.; Robertson H.; Bond C.M.

Institution: (Matheson, Robertson, Bond) University of Aberdeen, Aberdeen, United Kingdom

Language: English

Abstract: Focal points * A fourth national survey of all community pharmacies over two decades aimed to document changes in service delivery and the involvement of pharmacy in managing drug misusers. * Analysis of survey data over time indicated significantly higher attitudes and an increasing trend in provision of needle exchange, and dispensing for drug misuse. * Involvement in naloxone provision and pharmacy prescribing in substance misuse is still in its infancy and could be developed further. Introduction In 1995, 2000 and 2006, surveys were conducted of all community pharmacies in Scotland to chart service provision for drug misusers.[1] Since 2006 there have been several changes that may have influenced the level and nature of pharmacy services. These include 1) a new Drug Strategy emphasising recovery [2] 2) a national 'take home naloxone' programme to reduce Scotland's high incidence of drug-related deaths and 3) pharmacist prescribing. The survey aimed to quantify pharmacy substance misuse service provision and compare with previous surveys. Specific objectives were to describe: 1. pharmacists' attitudes towards drug misusers and pharmacy services for drug misusers; 2. levels of dispensing opiate replacement treatment, needle exchange and naloxone provision; 3. specialist training; 4. pharmacist prescriber activity. Methods The same questionnaire was used as previously with amendments to reflect recent developments, specifically, pharmacists' involvement in naloxone supply and pharmacist prescribing. The updated questionnaire was sent to the 'Pharmacist in charge' in all registered community pharmacies in Scotland (n = 1,246), with a covering letter, postage paid return envelope and an identifiable postcard to allow nonresponders to be followed up. Two reminders were sent to non-responders. A third reminder was made by telephone, additionally offering pharmacists the option of responding to a shorter questionnaire by phone. Descriptive statistics were calculated in SPSS. Comparisons across years were conducted on a population level using chi-square tests for significance for categorical variables and ANOVA for attitude scores. The project was approved by the College Ethical Review Board (CERB/2014/3/1040). Results A 57% (n = 709) response was achieved from postal questionnaires and a further 18.8% (n = 164) by telephone giving a response rate of 70% (n = 873) for core variables. Pharmacists' attitudes towards drug

misusers and services for drug misusers improved as demonstrated through significantly higher attitude scores compared to 2006 ($p < 0.001$). There has been a significant increase in the proportion of pharmacies providing a syringe/needle exchange service; 17.8% ($n = 155$) compared to 12.5% (2006), 9.7% (2000) and 8.6% (1995) ($p < 0.001$). Involvement in dispensing for drug misuse increased significantly to 92.0% ($n = 803$) from 82.6% (2006), 73.3% (2000) and 58.9% (1995) ($p < 0.001$). Methadone was dispensed by 88.5% ($n = 773$), and 83% ($n = 725$) supervised methadone consumption. The number of individuals dispensed methadone increased to 16,406 from 12,400 (2006) and buprenorphine to 1,770 from 190 (2006). Training levels in drug misuse increased to 74.5% ($n = 524$) from 69% (2006), 66.8% (2000) and 31.7% (1995). A third of respondents are involved in the naloxone programme in some capacity, mostly through dispensing naloxone on request (33.9%, $n = 296$), with 7.4% ($n = 66$) providing training on naloxone administration. Eighty-two respondents were qualified supplementary or independent prescribers (11.5%) but only nine prescribed methadone and five prescribed buprenorphine. Discussion Community pharmacy in Scotland has continued with an upward trend of involvement in service provision for drug misusers and attitudes have continued to improve. Involvement in the naloxone programme is currently limited so could be developed further. Prescribing activity in substance misuse is still very low and could be considered as an area of potential development.

Conference Information: Royal Pharmaceutical Society, RPS Annual Conference 2015 Birmingham United Kingdom. Conference Start: 20150913 Conference End: 20150914

Publisher: Wiley-Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: [*United Kingdom](#)
[*health care delivery](#)
[*health care organization](#)
[*pharmacy](#)
[human](#)
[pharmacist](#)
[questionnaire](#)
[drug misuse](#)
[telephone](#)
[hospital department](#)
[needle](#)
[chi square test](#)
[population](#)
[death](#)
[statistics](#)
[infancy](#)
[medical specialist](#)
[opiate substitution treatment](#)
[ethics](#)
[college](#)
[analysis of variance](#)
[data analysis software](#)
[naloxone](#)
[methadone](#)
[buprenorphine](#)
[new drug](#)

Source: EMBASE

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

29. Perspectives of homeless patients on their prescribed medicines

Citation: International Journal of Pharmacy Practice, October 2015, vol./is. 23/(6-7), 0961-7671 (October 2015)

Author(s): Paudyal V.; Stewart D.; MacLure K.; Buchanan C.; MacLeod J.; Wilson L.

- Institution:** (Paudyal, Stewart, MacLure, Wilson) Robert Gordon University, Aberdeen, United Kingdom; (MacLeod) NHS Grampian, Community Health Partnership, Aberdeen, United Kingdom; (Buchanan) Marywell Health Care Centre, NHS Grampian, Aberdeen, United Kingdom
- Language:** English
- Abstract:** Focal points * A qualitative study conducted with homeless patients to explore expectations, beliefs and behaviours relating to their prescribed medicines. * Homelessness was perceived by participants to adversely impact timely collection and retention of prescribed medicines. * Doctors were the preferred source of information for prescribed medicines. * Barriers to pharmacy access included perceived discrimination by some pharmacy staff and difficulties traveling to pharmacies. Introduction Homelessness takes many forms including sleeping rough, living in derelict buildings, living in squats or sofa surfing. Homelessness provides challenges to health care including higher prevalence of long-term illnesses or disabilities and infectious diseases and hazards resulting from unstable living conditions.¹ Health care of the homeless has been under researched. Hence the need for current evidence for the delivery of optimum healthcare to the homeless population has been emphasised by recent UK health policies.² The aim of the study was to explore homeless patients' expectations, beliefs and behaviours towards their medicines. Methods Qualitative semi-structured, face to face, interviews were conducted with patients registered with Marywell homeless healthcare centre in Aberdeen, UK. Patients prescribed at least one medicine prior to the day of consultation and those assessed by their GPs as having good rapport with practice staff were included. Interviews were based on validated topic guide which covered participant expectations, belief and behaviours to prescribed medicines and factors associated with adherence to prescribed medicines. Interviews lasted a maximum of 30 minutes with trained researchers and were audio-recorded, transcribed verbatim and thematically analysed. Quantitative demographic information were also collected from participants. West of Scotland NHS Ethics Service provided ethical approval after proportionate review. NHS Grampian provided R&D permission. Results Twenty-five patients were interviewed, the majority of whom were male (n = 15) with drug (n = 15) or alcohol (n = 9) misuse indicated by participants as key factors leading to their homeless status. Mean age was 40.7 years (range: 28-54 years). Most participants rated their health as either fair (n = 10), bad/very bad (n = 10) and were unemployed and not currently looking for work (n = 19). Participants had been homeless for periods of less than six months (n = 4) to over five years (n = 3). Most participants' were prescribed medicines for the management of mental health or opioid dependence. Several participants emphasised the benefits of methadone when asked about their beliefs and expectations of their medicines. They believed that methadone was helping them lead a 'normal' life, enabling them to feel 'stable', 'confident' and keeping them away from illicit drug addiction and its subsequent consequences including crime. Although most participants were aware of the consequences of suboptimal adherence to prescribed medicines, several challenges were cited in achieving adherence. These included medicines being stolen and the lack of secure storage. A few participants emphasized that obtaining food was a higher priority than medicines while being homeless: 'when you are homeless, you are not thinking about your medication; but your food, shelter or heat for the night' (28 years old female). Doctors were the preferred source for medicines information with pharmacists rarely utilised as a source. While some accounts of positive pharmacy interactions were mentioned, barriers to pharmacy access included lack of means to travel to pharmacies, perceived discrimination by pharmacy staff and other life priorities such as seeking shelter preventing timely attendance at appointments. Discussion Results from this study has provided a unique perspective on this vulnerable and under-researched group of patients. Results suggest that there is scope for greater pharmacy involvement as well as integration between health and social care services to enable homeless patients to retain, manage and derive most benefit from their medicines. Further research needs to be undertaken to explore health outcomes including patient satisfaction amongst homeless patients with pharmacy services.
- Conference Information:** Royal Pharmaceutical Society, RPS Annual Conference 2015 Birmingham United Kingdom. Conference Start: 20150913 Conference End: 20150914
- Publisher:** Wiley-Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *human
 *health care organization
 *patient
 pharmacy
 health care
 health
 United Kingdom
 interview
 homelessness
 physician
 travel
 food
 consultation
 sleep
 qualitative research
 population
 drug dependence
 storage
 drug therapy
 health care policy
 pharmacist
 patient satisfaction
 scientist
 hazard
 infection
 disability
 opiate addiction
 mental health
 diseases
 unemployment
 prevalence
 crime
 hospital department
 ethics
 heat
 night
 social care
 male
 female
 methadone
 nitrogen 15
 alcohol
 illicit drug

Source: EMBASE

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

30. Young people with ADHD in socio-economically disadvantaged urban areas: Young people's and healthcare workers' views

Citation: European Child and Adolescent Psychiatry, June 2015, vol./is. 24/1 SUPPL. 1(S88), 1018-8827 (June 2015)

Author(s): Leahy D.; Schaffalitzky E.; Armstrong C.; Latham L.; McNicholas F.; Meagher D.; Nathan Y.; O'Connor R.; O'Keane V.; Ryan P.; Smyth B.P.; Swan D.; Cullen W.

Institution: (Leahy, Schaffalitzky, Armstrong, Meagher, Nathan, O'Connor, Swan) Graduate Entry Medical School, University of Limerick, Limerick, Ireland; (Latham) Thomas Court Primary Care Centre, Dublin 8, Ireland; (McNicholas, Cullen) UCD School of Medicine and Medical Science, Dublin 4, Ireland; (O'Keane) Trinity Centre for Health Sciences,

Tallaght Hospital, Dublin 24, Ireland; (Ryan) Department of Psychology, University of Limerick, Limerick, Ireland; (Smyth) Department of Public Health and Primary Care, Trinity College, Dublin 2, Ireland

Language:

English

Abstract:

Abstract: Background: In Ireland, evidence to date from clinicians indicates that recognition of persistence of ADHD into young adulthood is mixed and services are very limited. Furthermore, given that ADHD left untreated is often associated with comorbid Substance misuse, often times this diagnosis takes precedence, and ADHD remains untreated and acts to perpetuate the substance misuse. Primary care (with appropriate training and resources) could play a crucial role in identification and management of young people with ADHD. This qualitative study had the overarching aim of examining the role of primary care (with a particular focus on the role of the GP) in providing treatment including early intervention for both ADHD and substance use problems in young people in Ireland. Aim: The aim of this portion of the study was to explore the lived experience of youth with ADHD in disadvantaged urban settings, from the perspective of young people, healthcare workers and clinicians, with recommendations for service improvement. Method: Semi-structured interviews were conducted with young people (n = 20) and healthcare workers (n = 37) from primary care, secondary care and community agencies in two socio-economically disadvantaged areas: Limerick City and Dublin South Inner City. Findings: In socio-economically disadvantaged areas in Ireland, young adults with ADHD struggle to find appropriate services. It appears that adult psychiatry services in the areas studied do not recognise ADHD as an adult mental health problem. In a number of instances, ADHD diagnosis was linked to drug addiction and criminality. Health care workers in socio-economically disadvantaged areas expressed a range of views: some believed that too many young people were receiving ADHD diagnoses with over reliance on medication, arguing for lifestyle changes instead. Others suggested ADHD diagnosis and appropriate treatment can improve outcomes, as it reframes behaviour within the context of the disorder. Healthcare workers highlighted the need for awareness and training in youth mental health problems among teachers to enable early identification and faster referrals to appropriate services. Conclusions: In socio-economically disadvantaged areas in Ireland, service options for young adults with ADHD need to be explored including education and supports for GPs and other healthcare workers.

Conference Information:

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