

# Search Results

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## Search History

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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. The non-medical use of tramadol in the UK: Findings from a large community sample**

<b>Citation:</b>	International Journal of Clinical Practice, 2014, vol./is. 68/9(1147-1151), 1368-5031;1742-1241 (2014)
<b>Author(s):</b>	Winstock A.R.; Borschmann R.; Bell J.
<b>Institution:</b>	(Winstock, Bell) Kings Health Partners, Kings College London, London, United Kingdom; (Winstock, Borschmann, Bell) Insitute of Psychiatry, Kings College London, London, United Kingdom; (Winstock) Global Drug Survey, London, United Kingdom
<b>Language:</b>	English
<b>Abstract:</b>	<p><b>Methods:</b> We conducted anonymous online survey of drug use and related behaviours as part of an ongoing drug trend monitoring initiative. We included questions assessing the patterns of use, source and function of tramadol. <b>Results:</b> UK Survey respondents (n = 7360) were predominantly young (mean age 29), and 90% reported being employed or studying. Less than 1% reported past-year use of heroin or methadone, but about 1/3 reported past-year use of cocaine. 326 (5% of respondents) reported having used tramadol in the preceding year, usually obtained by prescription but in 1/3 of cases from a friend; rarely from a dealer or from the internet. Most used the drug for pain relief, but 163 respondents (44%) reported using tramadol for reasons other than pain relief - particularly, using it to relax, to sleep, to get high or to relieve boredom. Nineteen per cent took doses higher than prescribed, and 10% reported difficulty discontinuing. Twenty-eight per cent combined tramadol with alcohol or other drugs to enhance its effect. <b>Conclusion:</b> Misuse and sharing of tramadol, supplied by prescription, was common. <b>Background:</b> Prescription drug misuse has become a public health problem in several developed countries. In the UK, there has been no increase in people seeking treatment for prescription drug dependence, but there has been a progressive rise in fatal overdoses involving tramadol. <b>Objectives:</b> To explore the source, motivations for use and patterns of use of tramadol in the UK.</p>
<b>Country of Publication:</b>	United Kingdom
<b>Publisher:</b>	Blackwell Publishing Ltd
<b>CAS Registry Number:</b>	64-17-5 (alcohol); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 27203-92-5 (tramadol); 36282-47-0 (tramadol)
<b>Publication Type:</b>	Journal: Article
<b>Subject Headings:</b>	<p>adult analgesia article boredom community "distress syndrome/dt [Drug Therapy]" *drug misuse female human leisure major clinical study male motivation "pain/dt [Drug Therapy]" sleep substance use *United Kingdom work alcohol cocaine diamorphine</p>

methadone  
 "\*tramadol/dt [Drug Therapy]"

**Source:** EMBASE

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

## 2. Anorexia nervosa, best interests, and the patient's human right to 'a wholesale overwhelming of her autonomy'

**Citation:** Medical Law Review, March 2014, vol./is. 22/1(119-130), 0967-0742;1464-3790 (March 2014)

**Author(s):** Coggon J.

**Institution:** (Coggon) Reader in Law, Southampton Law School, University of Southampton, Southampton, United Kingdom

**Language:** English

**Publication Type:** Journal: Note

**Subject Headings:** addiction  
 adult  
 "\*anorexia nervosa/co [Complication]"  
 "\*anorexia nervosa/th [Therapy]"  
 case report  
 child abuse  
 comorbidity  
 enteric feeding  
 female  
 human  
 legal aspect  
 \*living will  
 \*mental capacity  
 \*mental patient  
 note  
 personality disorder  
 psychological aspect  
 \*right to die  
 \*treatment refusal  
 United Kingdom

**Source:** EMBASE

**Full Text:** Available from *Oxford University Press* in *Medical Law Review*

## 3. Older people and alcohol use

**Citation:** British journal of community nursing, August 2014, vol./is. 19/8(370-374), 1462-4753 (Aug 2014)

**Author(s):** Bakhshi S.; While A.E.

**Institution:** (Bakhshi) Research Associate, Florence Nightingale School of Nursing and Midwifery, King's College London.

**Language:** English

**Abstract:** The proportion of older people drinking alcohol above the recommended levels has been increasing in the UK. Alcohol dependency and misuse can lead to various physical and psychological problems for older people. A range of factors can influence alcohol dependency and misuse among older adults, which need careful consideration when interventions are being developed to reduce consumption. Interventions to reduce alcohol consumption among older people can include: home visits, telephone support, mentoring, one-to-one and group programmes, family and community engagement programmes, outreach programmes, and targeted support groups focused on education and social activities. There is a need for the training of community nurses focused on improving the detection (screening and assessment), treatment and service provision for older people.

**CAS Registry Number:** 64-17-5 (alcohol)  
**Publication Type:** Journal: Article  
**Subject Headings:** aged  
 "\*alcoholism/co [Complication]"  
 "\*alcoholism/ep [Epidemiology]"  
 article  
 \*community health nursing  
 dependent personality disorder  
 female  
 health behavior  
 human  
 male  
 misuse  
 nursing  
 older people  
 prevalence  
 risk factor  
 "United Kingdom/ep [Epidemiology]"  
 very elderly  
 alcohol

**Source:** EMBASE

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

#### 4. The national vice

**Citation:** British journal of community nursing, August 2014, vol./is. 19/8(369), 1462-4753 (Aug 2014)

**Author(s):** Dennison R.

**Language:** English

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

**Publication Type:** Journal: Editorial

**Subject Headings:** "\*addiction/ep [Epidemiology]"  
 cost of illness  
 "\*drinking behavior/ep [Epidemiology]"  
 economics  
 editorial  
 human  
 "United Kingdom/ep [Epidemiology]"  
 "\*caffeine/ad [Drug Administration]"

**Source:** EMBASE

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

#### 5. Associations between alcohol, smoking, socioeconomic status and comorbidities: Evidence from the 45 and Up Study

**Citation:** Drug and Alcohol Review, March 2014, vol./is. 33/2(169-176), 0959-5236;1465-3362 (March 2014)

**Author(s):** Bonevski B.; Regan T.; Paul C.; Baker A.L.; Bisquera A.

**Institution:** (Bonevski, Regan, Paul, Baker, Bisquera) Faculty of Health and Medicine, School of Medicine and Public Health, The University of Newcastle, Newcastle, Australia

**Language:** English

**Abstract:** Introduction and Aims.: Understanding how tobacco, alcohol and mental health are related is important for developing population-level policies and individual-level treatments that target comorbidities. The current study aimed to examine

sociodemographic characteristics and mental health comorbidities associated with the odds of using tobacco and harmful levels of alcohol concurrently. Design and Methods.: Data were drawn from the 45 and Up Study, a large cohort study with 267153 adults aged 45 years and over in New South Wales, Australia. Participants completed a survey assessing alcohol, smoking, psychological distress, treatment for depression and anxiety, and a range of socioeconomic status indicators. Univariate analyses and three multiple-logistic regression models were used to determine associations with (i) tobacco but not alcohol use; (ii) alcohol but not tobacco use; and (iii) concurrent tobacco and risky levels of alcohol use. Results.: Being female, younger, lower individual and area-level socioeconomic status (SES) and depression and psychological distress were associated with tobacco use alone. Factors associated with alcohol use alone were older age, male gender, higher SES, and lower psychological distress and no recent depression treatment. Factors associated with concurrent risky alcohol consumption and tobacco use included being 45-64, being male, less education, earning <\$30000, being employed, and living in lower-SES areas, treatment for depression, and high distress on the Kessler-10. Discussion and Conclusions.: Results suggest strong links between SES, treatment for depression, psychological distress, and concurrent tobacco and alcohol use. This has implications for public health policies and clinical treatment for tobacco and alcohol use, suggesting greater emphasis on addressing multiple health and social concerns. 2013 Australasian Professional Society on Alcohol and other Drugs.

**Publication Type:**

Journal: Article

**Subject Headings:**

age  
aged  
alcohol consumption  
article  
Australia  
comorbidity  
"\*drinking behavior/ep [Epidemiology]"  
female  
health survey  
human  
male  
mental health  
"\*mental stress/ep [Epidemiology]"  
middle aged  
sex difference  
"\*smoking/ep [Epidemiology]"  
smoking cessation  
social class  
social status  
"\*tobacco dependence/ep [Epidemiology]"  
very elderly

**Source:**

EMBASE

**Full Text:**

Available from *Wiley* in *Drug and Alcohol Review*

## 6. Prospective cohort study of the effectiveness of smoking cessation treatments used in the "real world"

**Citation:**

Mayo Clinic Proceedings, October 2014, vol./is. 89/10(1360-1367), 0025-6196;1942-5546 (01 Oct 2014)

**Author(s):**

Kotz D.; Brown J.; West R.

**Institution:**

(Kotz) Department of Family Medicine, CAPHRI School for Public Health and Primary Care, Maastricht University Medical Centre, PO Box 616, Maastricht 6200 MD, Netherlands; (Kotz, Brown, West) Cancer Research UK Health Behaviour Research Centre, University College London, London, United Kingdom

**Language:**

English

**Abstract:**

Results: Compared with smokers using none of the cessation aids, the adjusted odds of remaining abstinent up to the time of the 6-month follow-up survey were 2.58 (95% CI,

1.48-4.52) times higher in users of prescription medication in combination with specialist behavioral support and 1.55 (95% CI, 1.11-2.16) times higher in users of prescription medication with brief advice. The use of NRT bought over the counter was associated with a lower odds of abstinence (odds ratio, 0.68; 95% CI, 0.49-0.94). Conclusion: Prescription medication offered with specialist behavioral support and that offered with minimal behavioral support are successful methods of stopping cigarette smoking in England. Patients and Methods: We conducted a prospective cohort study in 1560 adult smokers who participated in an English national household survey in the period from November 2006 to March 2012, responded to a 6-month follow-up survey, and made at least 1 quit attempt between the 2 measurements. The quitting method was classified as follows: (1) prescription medication (nicotine replacement therapy [NRT], bupropion, or varenicline) in combination with specialist behavioral support delivered by a National Health Service Stop Smoking Service; (2) prescription medication with brief advice; (3) NRT bought over the counter; (4) none of these. The primary outcome measure was self-reported abstinence up to the time of the 6-month follow-up survey, adjusted for key potential confounders including cigarette dependence. Objective: To estimate the "real-world" effectiveness of commonly used aids to smoking cessation in England by using longitudinal data.

**Country of Publication:** United Kingdom

**Publisher:** Elsevier Ltd

**CAS Registry Number:** 31677-93-7 (amfebutamone); 34911-55-2 (amfebutamone); 249296-44-4 (varenicline); 375815-87-5 (varenicline)

**Publication Type:** Journal: Article

**Subject Headings:** [adult](#)  
[age distribution](#)  
[article](#)  
[behavior therapy](#)  
[cohort analysis](#)  
[controlled study](#)  
[drug efficacy](#)  
[female](#)  
[human](#)  
[major clinical study](#)  
[male](#)  
[\\*nicotine replacement therapy](#)  
[patient counseling](#)  
[population research](#)  
[prescription](#)  
[prospective study](#)  
[self report](#)  
[\\*smoking cessation](#)  
["\\*tobacco dependence/th \[Therapy\]"](#)  
["\\*tobacco dependence/dt \[Drug Therapy\]"](#)  
[treatment response](#)  
["\\*amfebutamone/dt \[Drug Therapy\]"](#)  
["\\*varenicline/dt \[Drug Therapy\]"](#)

**Source:** EMBASE

**Full Text:** Available from *Elsevier* in [Mayo Clinic Proceedings](#)  
Available from *ProQuest* in [Mayo Clinic Proceedings](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

## 7. Helping smokers quit in the "real world"

**Citation:** Mayo Clinic Proceedings, October 2014, vol./is. 89/10(1328-1330), 0025-6196;1942-5546 (01 Oct 2014)

**Author(s):** Hays J.T.

**Institution:** (Hays) Mayo Clinic Nicotine Dependence Center, Mayo Clinic, 200 First St SW, Rochester, MN 55905, United States

**Language:** English

**Country of Publication:** United Kingdom

**Publisher:** Elsevier Ltd

**Publication Type:** Journal: Editorial

**Subject Headings:** [behavior therapy](#)  
[clinical effectiveness](#)  
[clinical practice](#)  
[cohort analysis](#)  
[cross-sectional study](#)  
[editorial](#)  
[evidence based practice](#)  
[follow up](#)  
[general practitioner](#)  
[human](#)  
[nicotine replacement therapy](#)  
[prescription](#)  
[\\*smoking](#)  
[\\*smoking cessation](#)  
[\\*\\*tobacco dependence/th \[Therapy\]"](#)  
[\\*\\*tobacco dependence/dt \[Drug Therapy\]"](#)  
[translational research](#)  
[United Kingdom](#)  
[\\*\\*nicotine derivative/dt \[Drug Therapy\]"](#)

**Source:** EMBASE

**Full Text:** Available from *Elsevier* in [Mayo Clinic Proceedings](#)  
 Available from *ProQuest* in [Mayo Clinic Proceedings](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

## 8. Pathological adolescent gambling

**Citation:** Archives of Hellenic Medicine, September 2014, vol./is. 31/5(570-582), 1105-3992 (01 Sep 2014)

**Author(s):** Anagnostopoulos D.C.; Palaiologou A.; Lazaratou E.

**Institution:** (Anagnostopoulos, Palaiologou, Lazaratou) Mental Health Service for Children and Adolescents, Community Mental Health Centre Vironas-Kessariani, First Department of Psychiatry, National and Kapodistrian University of Athens, Medical School, Athens, Greece

**Language:** Greek

**Abstract:** Pathological gambling among adolescents is spreading globally. Gambling is a socially acceptable form of entertainment that is easily accessible for adolescents. It is freely advertised by all the available media, while information on the dangers of this activity is lacking. Gambling is very popular among adolescents, increasing numbers of whom are becoming addicted to it. This review is based on bibliographical research by PubMed and Google Scholar search engines for the period 1984-2013. The characteristics, impact, prevalence, risk factors, and means of dealing with the phenomenon are presented. Most of the publications are of quantitative epidemiological studies on student populations in Canada, the US, and Great Britain, which conclude that adolescents are a high-risk group for the development of gambling disorder, being up to four times more likely to develop an addiction to gambling than adults. In Greece, clinical evidence indicates that this phenomenon has been spreading in the last years of the economic crisis, although there is a notable lack of evidence-based epidemiological data. It is imperative that this phenomenon is investigated in order to deal with it early and effectively.

**Country of Publication:** Greece  
**Publisher:** BETA Medical Publishers Ltd  
**Publication Type:** Journal: Review  
**Subject Headings:** [human](#)  
["\\*pathological gambling/ep \[Epidemiology\]"](#)  
[prevalence](#)  
[review](#)  
[risk factor](#)  
**Source:** EMBASE

### 9. An overview of the prison population and the general health status of prisoners

---

**Citation:** Gene Therapy, 2014, vol./is. 21/3(15-19), 0969-7128;1476-5462 (2014)  
**Author(s):** Heidari E.; Dickson C.; Newton T.  
**Institution:** (Heidari, Dickson, Newton) Department of Psychology as Applied to Dentistry, King's College London Dental Institute, Tower Wing, Guy's Hospital, Great Maze Pond, London SE1 9RT, United Kingdom  
**Language:** English  
**Abstract:** This article is the first in a series of four, which explore the oral and dental health of male prisoners in the United Kingdom. The series comprises: an overview of the general and oral health status of male prisoners, a discussion on how multi-disciplinary team working can be used to benefit the care of patients in prison environments and a description of the future planning of dental services for male prisoners. The oral health of prisoners is linked to their general health status, due in part to the presence of common risk factors such as smoking, drinking alcohol and in some cases use of recreational drugs, poor dietary and poor oral hygiene habits. Barriers to healthcare services can all have an effect on oral disease in this group. This paper highlights some of the common medical problems that oral healthcare providers face when treating prisoners in male UK prison establishments.

**Country of Publication:** United Kingdom  
**Publisher:** Nature Publishing Group (Houndmills, Basingstoke, Hampshire RG21 6XS, United Kingdom)  
**Publication Type:** Journal: Review  
**Subject Headings:** [alcohol consumption](#)  
[cardiovascular disease](#)  
[\\*dental health](#)  
[dental procedure](#)  
[depression](#)  
[diabetes mellitus](#)  
[disability](#)  
[drug misuse](#)  
[educational status](#)  
[employment](#)  
[health behavior](#)  
[\\*health status](#)  
[hepatitis B](#)  
[hepatitis C](#)  
[human](#)  
[Human immunodeficiency virus infection](#)  
[hypertension](#)  
[learning disorder](#)  
[male](#)  
[mental health](#)  
[mouth hygiene](#)  
[obesity](#)  
[\\*prisoner](#)

[review](#)  
[risk assessment](#)  
[sexually transmitted disease](#)  
[smoking](#)  
[substance abuse](#)  
[tobacco use](#)  
[tuberculosis](#)  
[United Kingdom](#)

**Source:** EMBASE

**10. A fatal microangiopathic bleed in a young woman after recurrent mild ischaemic stroke within a space of six weeks seen at Medway Hospital, Kent, UK**

**Citation:** Cerebrovascular Diseases, May 2013, vol./is. 35/(533), 1015-9770 (May 2013)

**Author(s):** Mahmood A.; Mamun M.

**Institution:** (Mahmood, Mamun) Medway NHS Foundation Trust, Gillingham, United Kingdom

**Language:** English

**Abstract:** Background Cerebral microangiopathy manifests as leukoaraiosis or lacunar infarcts and responsible for 25-30% of strokes due to infarction or haemorrhage. Aetiologically these changes are associated with older age, hypertension and diabetes mellitus. Case report A 42 year old single mother came in as an emergency in July 2012. She was found confused and unable to speak clearly. She suffered a non-disabling stroke six weeks earlier and was admitted to a nearby hospital with left sided symptoms. A diagnosis of right thalamic infarct was confirmed on MRI brain. She was a smoker, non-alcoholic, and used heroin, but claimed to be clean for two years. On arrival she was awake but mildly confused with reduced speech output (mild aphasia) and mild right facial asymmetry. She was able to stand and walk indoors. NIHSS score was 4. A CT-head and a carotid Doppler were NAD, and toxicology screen was satisfactory. She improved over the next few days, and an MRI (DWI) four days later confirmed a small, acute left parietal infarction. Four hours later a tonic clonic seizure was witnessed, and she collapsed with a dilated left pupil. An emergency CTH revealed a large left intrasubarachnoid bleed with midline shift. She was intubated and transferred to ITU. She was not for neurosurgical intervention, and in due course brain death was confirmed, and organ harvested (liver only used because of Hep C +ve). Discussion A post-mortem was performed and neuro-pathology revealed that in several sections abnormal 1-2 mm conglomerates of thin walled ectatic blood vessels (vascular malformations) were seen within the white matter. Rupture of such a malformation was judged to be the most likely aetiology of the fatal bleed. There was no evidence for vasculitis or medium / large vessel AVM. This patient had none of the usual aetiological factors for microangiopathy. This case highlights that microangiopathic changes can occur in younger patients in the absence of the usual risk factors and can prove fatal.

**Conference Information:** 22nd European Stroke Conference London United Kingdom. Conference Start: 20130528  
Conference End: 20130531

**Publisher:** S. Karger AG

**Publication Type:** Journal: Conference Abstract

**Subject Headings:**

- [\\*human](#)
- [\\*brain ischemia](#)
- [\\*hospital](#)
- [\\*United Kingdom](#)
- [\\*cerebrovascular accident](#)
- [\\*female](#)
- [infarction](#)
- [emergency](#)
- [microangiopathy](#)
- [patient](#)
- [etiology](#)
- [alcoholism](#)

[smoking](#)  
[brain](#)  
[diagnosis](#)  
[toxicology](#)  
[carotid artery](#)  
[intralesional drug administration](#)  
[liver](#)  
[pathology](#)  
[white matter](#)  
[vasculitis](#)  
[mother](#)  
[aphasia](#)  
[case report](#)  
[diabetes mellitus](#)  
[speech](#)  
[hypertension](#)  
[face asymmetry](#)  
[tonic clonic seizure](#)  
[brain death](#)  
[blood vessel](#)  
[congenital blood vessel malformation](#)  
[risk factor](#)  
[rupture](#)  
[congenital malformation](#)  
[bleeding](#)  
[nuclear magnetic resonance imaging](#)  
[National Institutes of Health Stroke Scale](#)  
[diamorphine](#)  
[nicotinamide adenine dinucleotide](#)

**Source:** EMBASE

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

#### 11. New peptide-origin anxiolytics, GB-115 and Selank, as possible tools in treatment of opiate addiction: An experimental study

**Citation:** European Neuropsychopharmacology, October 2014, vol./is. 24/(S676-S677), 0924-977X (October 2014)

**Author(s):** Konstantinopolsky M.; Kolik L.; Gudasheva T.

**Institution:** (Konstantinopolsky, Kolik) V.V. Zakusov Institute of Pharmacology RAMS, Department of Pharmacology of Addiction, Moscow, Russian Federation; (Gudasheva) V.V. Zakusov Institute of Pharmacology RAMS, Department of Medicinal Chemistry, Moscow, Russian Federation

**Language:** English

**Abstract:** Purpose of the study: The contemporary psychotropic drugs (antipsychotics, anxiolytics, antidepressants) are used in clinical practice to eliminate the various features of drug dependence. Most of them give rise the negative side effects. Namely, benzodiazepine derivative anxiolytics are able to provoke psychological and physical dependence. New peptide-origin medicines are devoid of mentioned disadvantages. Previously was shown, that cholecystokinin-4 (CCK-4) L-tryptophan-containing retroanalogs exert anxiolytic-like activity [1], among them, GB- 101 (PhCH<sub>24</sub>-CO-Gly-L-Trp-NH<sub>2</sub>) and GB-115 (PhCH<sub>25</sub>-CO-Gly- L-Trp-NH<sub>2</sub>) were able to reduce the morphine withdrawal syndrome (WS) signs in rats [2]. The present study was devoted to the further investigation of the effects of anxiolytic GB-115 upon withdrawal syndrome (WS), tolerance to and analgetic action of morphine as well as its influence upon conditioned place preference (CPP) in morphine dependent rats. The action of anxiolytic Selank [3] a neuropeptide taftsin analog (Thr-Lys-Pro- Arg-Pro-Gly-Pro) upon WS syndrome was also

studied. Methods used: Incremental doses of morphine were injected i/p to male rats for 5 days followed by naloxone (1 mg/kg) to provoke acute WS or a 'spontaneous' WS was evaluated 24 h after morphine administration. Single doses of peptides (GB-115, 0.1-0.4 mg/kg; Selank, 0.3 mg/kg) have been injected 30 min before the test in the "open field" or daily, 30 min before the morphine injection. Total Index (TI) of WS, the analgesic effect in the water immersive "tail flick" test, the tolerance to morphine analgesia and the acquisition of CPP (days 7, 14 and 21-st) after 5 days of morphine injections were studied. For statistical assessment Mann-Whitney-test, one way ANOVA and t-test were used. Summary of results: It was shown that dipeptide GB-115 in single doses of 0.1-0.4 mg/kg eliminates individual features and decreases TI of morphine WS (by 38-46%,  $p<0.05$ ), significantly increases analgesic action (up to 50%) and attenuate the tolerance to morphine. After chronic (5 days administration) of morphine with GB-115 (0.1-0.4 mg/kg) the TI of WS was decreased dose dependently by 29.8-35.7% ( $p<0.05$ ). In the CPP test GB-115 (0.1 mg/kg, single) failed to eliminate the acquisition of CPP to morphine that was significant on days 7 and 14. Selank decreased the severity of WS, precipitated by naloxone, by 39.6-38.9% ( $p<0.01$ ) after a single or chronic administration. This effect of Selank in relation to WS was confirmed in von Frey test: a peptide significantly reduced (from 5 to 9 times,  $p<0.01$ ) the drop of tactile thresholds that has been demonstrated in morphine dependent animals. Conclusions: The data presented show that the anxiolytic-like peptides, GB-115 and Selank, similarly and effectively decreased the morphine WS individual features and TI of WS. GB-115 significantly enhances morphine analgesic action and attenuate the tolerance to morphine. GB-115 in a single dose has not effect upon the acquisition of CPP. GB-115, evidently, realizes its action by means of central CCK receptors with following modulating influence on central opioid system. The central effects of Selank may be mediated by interaction with BDNF brain system.

**Conference Information:** 27th European College of Neuropsychopharmacology, ECNP Congress Berlin Germany. Conference Start: 20141018 Conference End: 20141021

**Publisher:** Elsevier

**Publication Type:** Journal: Conference Abstract

**Subject Headings:** [\\*opiate addiction](#)  
[\\*experimental study](#)  
[\\*college](#)  
[\\*psychopharmacology](#)  
[single drug dose](#)  
[rat](#)  
[drug dependence](#)  
[injection](#)  
[withdrawal syndrome](#)  
[analgesic activity](#)  
[tail flick test](#)  
[rank sum test](#)  
[Student t test](#)  
[side effect](#)  
[male](#)  
[clinical practice](#)  
[analgesia](#)  
[place preference](#)  
[von Frey test](#)  
[chronic drug administration](#)  
[brain](#)  
[analysis of variance](#)  
[\\*anxiolytic agent](#)  
[\\*peptide](#)  
[morphine](#)  
[analgesic agent](#)  
[naloxone](#)  
[tetragastrin](#)  
[neuroleptic agent](#)

water  
 benzodiazepine derivative  
 tryptophan  
 psychotropic agent  
 tuftsin  
 arginine  
 antidepressant agent  
 neuropeptide  
 dipeptide  
 cholecystokinin receptor  
 opiate receptor  
 brain derived neurotrophic factor  
 cholecystokinin

**Source:** EMBASE

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

## 12. Lay perspectives on hypertension and medication adherence-a qualitative systematic review and narrative synthesis

**Citation:** Cerebrovascular Diseases, May 2012, vol./is. 33/(831-832), 1015-9770 (May 2012)

**Author(s):** Marshall I.J.; McKeivitt C.; Wolfe C.D.A.

**Institution:** (Marshall, McKeivitt, Wolfe) Division of Health and Social Care, King's College London, London, United Kingdom

**Language:** English

**Abstract:** Background: Hypertension is a major preventable cause of stroke, but a large proportion of patients do not take treatment regularly. By reviewing the qualitative research, we aimed to find if patient understanding of hypertension affected medication-taking, if views differ internationally, and whether this research could inform interventions to improve adherence. Methods: Systematic review and narrative synthesis of qualitative studies using the 2006 UK Economic and Social Research Council guidance. We searched Medline, Embase, British Nursing Index, Social Policy and Practice, and PsycInfo from database start to October 2011. Inclusion criteria: qualitative interviews or focus groups of people with uncomplicated hypertension. Exclusion criteria: studies of people with diabetes, established cardiovascular disease, or pregnancy. Results: We included 53 studies (from US, UK, Brazil, Sweden, Canada, New Zealand, Denmark, Finland, Ghana, Iran, Israel, Netherlands, South Korea, Spain, Tanzania, and Thailand). A large proportion of participants felt hypertension was principally caused by stress and produced symptoms, particularly headache, dizziness, and sweating. Many intentionally reduced or stopped medication without consulting their doctor. Many perceived their blood pressure improved when symptoms abated or when not stressed, and that medication was not needed at these times. Participants disliked medication and its side effects, and feared addiction. These findings were consistent across countries and ethnic groups. Conclusions: Non-adherence often resulted from patient understanding of the causes and effects of hypertension. As beliefs about hypertension and medication were similar worldwide, calls for culturally specific education for individual ethnic groups may not be justified. To improve adherence, clinicians and educational interventions must address patients' ideas about causality, experiences of symptoms and concerns about drug side effects.

**Conference Information:** 21st European Stroke Conference Lisbon Portugal. Conference Start: 20120522  
 Conference End: 20120525

**Publisher:** S. Karger AG

**Publication Type:** Journal: Conference Abstract

**Subject Headings:** \*hypertension  
 \*medication compliance  
 \*human  
 \*systematic review

\*narrative  
 \*synthesis  
 \*cerebrovascular accident  
 female  
 drug therapy  
 patient  
 qualitative research  
 United Kingdom  
 ethnic group  
 PsycINFO  
 policy  
 British nursing index  
 South Korea  
 Israel  
 Tanzania  
 dizziness  
 sweating  
 data base  
 Embase  
 Ghana  
 Denmark  
 Medline  
 Canada  
 Sweden  
 Brazil  
 pregnancy  
 New Zealand  
 cardiovascular disease  
 Finland  
 adverse drug reaction  
 Iran  
 diabetes mellitus  
 Netherlands  
 Spain  
 information processing  
 Thailand  
 headache  
 addiction  
 physician  
 blood pressure  
 side effect  
 interview  
 education  
 epidemiology

**Source:** EMBASE

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

### 13. What do temporal profiles tell us about adolescent alcohol use? Results from a large sample in the United Kingdom

**Citation:** Journal of Adolescence, December 2014, vol./is. 37/8(1319-1328), 0140-1971;1095-9254 (December 01, 2014)

**Author(s):** McKay M.T.; Andretta J.R.; Magee J.; Worrell F.C.

**Institution:** (McKay) Center for Public Health, Liverpool John Moores University, United Kingdom; (Andretta) Child Guidance Clinic, Superior Court of the District of Columbia, United States; (Magee) Faculty of Social Sciences, University of Ulster, United Kingdom; (Worrell) Cognition and Development, University of California, Berkeley, United States

**Language:** English

**Abstract:** The psychological construct broadly known as time perspective is potentially useful in understanding a range of adolescent behaviours, including alcohol use. However, the utility of the construct has been hindered by measurement and conceptual problems. To date the vast majority of studies have assessed the relationship between time perspective and other measures in a variable-focussed (correlational) rather than a person-centred way. The present series of studies used a person-centred approach to assess the relationship between temporal profiles and alcohol use in a large sample (. n=1620) of adolescents from High Schools in Northern Ireland. Although a 'Balanced' time perspective has been suggested as optimal, the present study suggests that having a 'Future' temporal profile is associated with less problematic use of alcohol, while having a 'Past Negative' or 'Hedonist' profile is associated with more problematic consumption. Results are discussed in the context of the time perspective and alcohol use literatures.

**Country of Publication:** United Kingdom

**Publisher:** Academic Press

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

**Publication Type:** Journal: Article

**Subject Headings:** adolescent  
\*adolescent behavior  
\*alcohol consumption  
alcoholism  
article  
child  
cluster analysis  
controlled study  
family life  
female  
human  
Likert scale  
major clinical study  
male  
social interaction  
United Kingdom  
alcohol

**Source:** EMBASE

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

#### 14. Doctor who stalked glamour model is reinstated

**Citation:** BMJ (Clinical research ed.), 2014, vol./is. 349/, 1756-1833 (2014)

**Author(s):** Dyer C.

**Institution:** (Dyer) The BMJ.

**Language:** English

**Publication Type:** Journal: Note

**Subject Headings:** "\*alcoholism/rh [Rehabilitation]"  
domestic violence  
human  
legal aspect  
\*malpractice  
\*medical staff  
note  
\*personnel management  
\*stalking  
United Kingdom

**Source:** EMBASE

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

**15. Dissemination of a computer-based psychological treatment in a drug and alcohol clinical service: an observational study**

**Citation:** Addiction science & clinical practice, 2014, vol./is. 9/(15), 1940-0640 (2014)

**Author(s):** Kay-Lambkin F.J.; Simpson A.L.; Bowman J.; Childs S.

**Institution:** (Kay-Lambkin) National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia.

**Language:** English

**Abstract:** There is emerging evidence for the potential of computer-based psychological treatments (CBPT) as an add-on to usual clinical practice in the management of health problems. The study set out to observe if, when, and how clinicians working in a publicly funded alcohol/other drug (AOD) clinical service might utilize SHADE (Self-Help for Alcohol and other drug use and DEpression), a CBPT program for comorbid depression and alcohol or cannabis use, in their clinical practice. Thirteen clinicians working within an AOD service on the Central Coast of New South Wales, Australia, were recruited. At baseline, all 13 clinicians were assessed for their computer anxiety and openness to innovation. Clinicians referred current clients to the study, with consenting and eligible clients (N = 35) completing a baseline and 15-week follow-up clinical assessment. The assessment comprised a range of mental health and AOD measures administered by an independent research assistant. Over the course of the study, clinicians submitted session checklists detailing information about session content, including the context and extent to which SHADE was used for each client. Descriptive statistics showed that clinicians employed the SHADE program in a variety of ways. When SHADE modules were used, they were generally introduced in the early phase of treatment, on average, around session 4 (M = 3.77, SD = 5.26, range 1-36). However, only 12 of the 35 clients whose session checklists were available were exposed to the SHADE modules; this, despite 28/35 clients indicating that they would be willing to use CBPT during their current treatment program. Treatment seekers in the AOD service of the current trial were generally open to receiving CBPT like SHADE; however, clinicians tended to use SHADE with only 34 percent of clients. This indicates the importance of providing ongoing support and encouragement to clinicians, in addition to an initial training session, to encourage the adoption of innovative technologies into clinical practice, and perhaps to engage clients in a discussion about CBPT more routinely. Australian Clinical Trial Registration Number ACTRN12611000382976.

**Publication Type:** Journal: Article

**Subject Headings:** ["\\*addiction/di \[Diagnosis\]"](#)  
["\\*addiction/rh \[Rehabilitation\]"](#)  
[adult](#)  
["\\*alcoholism/di \[Diagnosis\]"](#)  
["\\*alcoholism/rh \[Rehabilitation\]"](#)  
[article](#)  
[Australia](#)  
["cannabis addiction/di \[Diagnosis\]"](#)  
["cannabis addiction/rh \[Rehabilitation\]"](#)  
[checklist](#)  
[comorbidity](#)  
[comparative study](#)  
[\\*computer assisted therapy](#)  
[computer program](#)  
["depression/di \[Diagnosis\]"](#)  
["depression/rh \[Rehabilitation\]"](#)  
[female](#)  
[health personnel attitude](#)

human  
 in service training  
 \*information dissemination  
 male  
 mass communication  
 middle aged  
 multimodality cancer therapy  
 patient satisfaction  
 psychological aspect  
 questionnaire  
 randomized controlled trial (topic)  
 self care  
 \*street drug

**Source:** EMBASE

**Full Text:** Available from *Springer NHS Pilot 2014 (NESLi2)* in *Addiction Science & Clinical Practice*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.  
 Available from *BioMedCentral* in *Addiction Science and Clinical Practice*  
 Available from *National Library of Medicine* in *Addiction Science and Clinical Practice*

#### 16. Indigenous ethnopsychiatry in the north-west of England: The case of Barrow Man

**Citation:** Anthropology and Medicine, September 2014, vol./is. 21/3(302-311), 1364-8470;1469-2910 (01 Sep 2014)

**Author(s):** Page A.

**Institution:** (Page) Dane Garth, Furness General Hospital, Barrow-in-Furness, Cumbria, United Kingdom

**Language:** English

**Abstract:** This paper describes the appearance and subsequent disappearance of Barrow Man and uses anthropological and social psychological theory to examine the socio-cultural, psychological and economic conditions for the existence of the phenomenon. It argues that these conditions were the result of both specific local labour market circumstances and of the effects of global political changes, and argues that to talk about Barrow Man as if it was a psychiatric diagnosis was to identify a moral construct as a mental disorder. It also argues that at the same time the phenomenon was expressive of certain core values that were not readily acknowledged in everyday clinical practice and that it might therefore best be understood as an institutional category.

**Country of Publication:** United Kingdom

**Publisher:** Routledge

**Publication Type:** Journal: Article

**Subject Headings:** adjustment disorder  
 alcoholism  
 article  
 cannabis use  
 clinical practice  
 depression  
 DSM-IV  
 human  
 ICD-10  
 \*indigenous ethnopsychiatry  
 mental disease  
 mental health  
 nursing staff  
 personality disorder  
 psychiatric diagnosis  
 \*psychiatry

psychological theory  
 psychosis  
 social status  
 unemployment  
 United Kingdom  
 war

**Source:** EMBASE

### 17. Teens' smoking, drinking, and drug taking at decade low in England

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**Citation:** BMJ (Clinical research ed.), 2014, vol./is. 349/, 1756-1833 (2014)

**Author(s):** Mooney H.

**Institution:** (Mooney) London.

**Language:** English

**Publication Type:** Journal: Note

**Subject Headings:** "\*addiction/ep [Epidemiology]"  
 adolescent  
 child  
 "drinking behavior/ep [Epidemiology]"  
 human  
 note  
 prevalence  
 "\*smoking/ep [Epidemiology]"  
 "United Kingdom/ep [Epidemiology]"

**Source:** EMBASE

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

### 18. Novel psychoactive substances: Risks and harms

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**Citation:** Community Practitioner, 2014, vol./is. 87/8(45-47), 1462-2815 (2014)

**Author(s):** O'Neill C.

**Institution:** (O'Neill) Research Fellow, Institute of Child Care Research, Queen's University, Belfast, United Kingdom

**Language:** English

**Publication Type:** Journal: Article

**Subject Headings:** "\*addiction/ep [Epidemiology]"  
 "\*addiction/et [Etiology]"  
 adolescent  
 adult  
 article  
 female  
 human  
 incidence  
 male  
 risk factor  
 "United Kingdom/ep [Epidemiology]"  
 young adult  
 "\*non prescription drug/ae [Adverse Drug Reaction]"  
 "\*plant medicinal product/ae [Adverse Drug Reaction]"  
 "\*psychotropic agent/ae [Adverse Drug Reaction]"

**Source:** EMBASE

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

### 19. Talk about alcohol: Impact of a school-based alcohol intervention on early adolescents

**Citation:** International Journal of Health Promotion and Education, September 2014, vol./is. 52/5(283-299), 1463-5240;2164-9545 (01 Sep 2014)

**Author(s):** Lynch S.; Dawson A.; Worth J.

**Institution:** (Lynch, Dawson, Worth) National Foundation for Educational Research, Mere, Upton Park, Slough SL1 2DQ, United Kingdom

**Language:** English

**Abstract:** Despite a downward trend in alcohol consumption among 11-15-year-olds in recent years (Fuller, E, ed. 2013. Smoking, Drinking and Drug Use Among Young People in England in 2012. London: Health and Social Care Information Centre. <http://www.hscic.gov.uk/catalogue/PUB11334>), the proportion of young people seeking support from alcohol-related specialist services, and the societal and monetary costs associated with alcohol consumption, need to be addressed. Education can play an important role in this. The evaluation of the Alcohol Education Trust's Talk About Alcohol school-based intervention was conducted across England between November 2011 and October 2013 by independent evaluators. The aim was to compare the alcohol-related knowledge, awareness, and behaviour of students aged 12-14 in an intervention group with a statistically matched comparison group. Three identical surveys were carried out with approximately 4000 students to explore change over time over a 16-18-month timeframe. Multilevel modelling looked at changes in outcomes over the three time points and control for measured differences between intervention and comparison groups. There was evidence of a statistically significant delay in the age at which teenagers start to drink. There was also a significant association between the intervention and knowledge of alcohol and its effects. Although levels of frequency of drinking and binge drinking were lower than in the comparison schools, there were no statistically significant differences. Students from both groups identified personal, social, and health education lessons as a preferred source of information about alcohol and its effects. The positive impact on alcohol knowledge and the delayed onset of drinking show that the materials may support England's policy priorities around alcohol.

**Country of Publication:** United Kingdom

**Publisher:** Institute of Health Promotion and Education

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

**Publication Type:** Journal: Article

**Subject Headings:** adolescent  
adolescent behavior  
adult  
\*alcohol consumption  
\*alcoholism  
article  
awareness  
child  
controlled study  
drinking behavior  
female  
\*health education  
\*health promotion  
health survey  
human  
human experiment  
intervention study  
knowledge

male  
 medical information  
 multilevel analysis  
 school  
 social aspect  
 trend study  
 \*alcohol

**Source:** EMBASE

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

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

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

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

**Language:** English

**Abstract:** Background: Smoking during pregnancy causes many adverse pregnancy and birth outcomes. Nicotine replacement therapy (NRT) is effective for cessation outside pregnancy but efficacy and safety in pregnancy are unknown. We hypothesised that NRT would increase smoking cessation in pregnancy without adversely affecting infants. Objectives: To compare (1) at delivery, the clinical effectiveness and cost-effectiveness for achieving biochemically validated smoking cessation of NRT patches with placebo patches in pregnancy and (2) in infants at 2 years of age, the effects of maternal NRT patch use with placebo patch use in pregnancy on behaviour, development and disability. Design: Randomised, placebo-controlled, parallel-group trial and economic evaluation with follow-up at 4 weeks after randomisation, delivery and until infants were 2 years old. Randomisation was stratified by centre and a computer-generated sequence was used to allocate participants using a 1: 1 ratio. Participants, site pharmacies and all study staff were blind to treatment allocation. Setting: Seven antenatal hospitals in the Midlands and north-west England. Participants: Women between 12 and 24 weeks' gestation who

smoked > 10 cigarettes a day before and > 5 during pregnancy, with an exhaled carbon monoxide (CO) reading of > 8 parts per million (p.p.m.). Interventions: NRT patches (15 mg per 16 hours) or matched placebo as an 8-week course issued in two equal batches. A second batch was dispensed at 4 weeks to those abstinent from smoking. Main outcome measures: Participants: self-reported, prolonged abstinence from smoking between a quit date and childbirth, validated at delivery by CO measurement and/or salivary cotinine (COT) (primary outcome). Infants, at 2 years: absence of impairment, defined as no disability or problems with behaviour and development. Economic: cost per 'quitter'. Results: One thousand and fifty women enrolled (521 NRT, 529 placebo). There were 1010 live singleton births and 12 participants had live twins, while there were 14 fetal deaths and no birth data for 14 participants. Numbers of adverse pregnancy and birth outcomes were similar in trial groups, except for a greater number of caesarean deliveries in the NRT group. Smoking: all participants were included in the intention-to-treat (ITT) analyses; those lost to follow-up (7% for primary outcome) were assumed to be smoking. At 1 month after randomisation, the validated cessation rate was higher in the NRT group {21.3% vs. 11.7%, odds ratio [OR], [95% confidence interval (CI)] for cessation with NRT, 2.05 [1.46 to 2.88]}. At delivery, there was no difference between groups' smoking cessation rates: 9.4% in the NRT and 7.6% in the placebo group [OR (95% CI), 1.26 (0.82 to 1.96)]. Infants: at 2 years, analyses were based on data from 888 out of 1010 (87.9%) singleton infants (including four postnatal infant deaths) [445/503 (88.5%) NRT, 443/507 (87.4%) placebo] and used multiple imputation. In the NRT group, 72.6% (323/445) had no impairment compared with 65.5% (290/443) in placebo (OR 1.40, 95% CI 1.05 to 1.86). The incremental cost-effectiveness ratio for NRT use was 4156 per quitter (4926 including twins), but there was substantial uncertainty around these estimates. Conclusions: Nicotine replacement therapy patches had no enduring, significant effect on smoking in pregnancy; however, 2-year-olds born to women who used NRT were more likely to have survived without any developmental impairment. Further studies should investigate the clinical effectiveness and safety of higher doses of NRT. Trial registration: Current Controlled Trials ISRCTN07249128. Funding: This project was funded by the NIHR Health Technology Assessment programme and will be published in full in Health Technology Assessment; Vol. 18, No. 54. See the NIHR Journals Library programme website for further project information. Queen's Printer and Controller of HMSO 2014.

**Country of Publication:** United Kingdom

**Publisher:** NIHR Journals Library

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

**Publication Type:** Journal: Article

**Subject Headings:** ["abdominal pain/si \[Side Effect\]"](#)  
[adult](#)  
[Apgar score](#)  
[article](#)  
[behavior therapy](#)  
[birth weight](#)  
[body height](#)  
[brain hemorrhage](#)  
[cesarean section](#)  
[child death](#)  
[child development](#)  
[childbirth](#)  
[clinical effectiveness](#)  
[communication skill](#)  
[congenital disorder](#)  
[controlled study](#)  
[convulsion](#)  
[cost effectiveness analysis](#)  
[cost utility analysis](#)  
[developmental disorder](#)  
["disability/co \[Complication\]"](#)  
[double blind procedure](#)

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

"\*nicotine patch/ct [Clinical Trial]"  
 "\*nicotine patch/dt [Drug Therapy]"  
 "\*nicotine patch/pe [Pharmacoeconomics]"  
 "\*nicotine patch/td [Transdermal Drug Administration]"  
 placebo

**Source:** EMBASE

## 21. Dietary caffeine: "Unnatural" exposure requiring precaution?

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

**Author(s):** James J.E.

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

**Language:** English

**Abstract:** Eminent British epidemiologist, Geoffrey Rose, argued that environmental exposures and patterns of behaviour that have not been part of the historical human condition are "unnatural" and pose a possible threat to population health. In that vein, it follows that population-wide exposure to caffeine could be cause for concern. The ubiquitous presence of caffeine in the human diet is of fairly recent origin, and evidence remains mixed as to whether caffeine is protective, harmful or neither. Rose taught that when scientific consensus regarding benefits and harms is lacking, the retention of an exposure factor in a population entails greater risk of harm than its removal. Although that maxim and the precautionary principle it encapsulates imply that there should be little or no population exposure to caffeine, the exact opposite exists insofar as caffeine is consumed daily by most people worldwide. Caffeine physical dependence could lead consumers to discount cautionary advice about possible harm. On the other hand, concerns about caffeine may grow in the face of increased exposure due to an ever-expanding variety of caffeine products in the marketplace, especially products designed to appeal to children and adolescents. 2014 Informa UK Ltd. All rights reserved.

**Country of Publication:** United Kingdom

**Publisher:** Informa Healthcare

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

**Publication Type:** Journal: Review

**Subject Headings:** [beverage](#)  
[environmental exposure](#)  
[human](#)  
[population exposure](#)  
[priority journal](#)  
[review](#)  
[withdrawal syndrome](#)  
[\\*caffeine](#)

**Source:** EMBASE

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

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

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

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

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

for Social Determinants of Health, Qazvin University of Medical Sciences, Qazvin, Iran, Islamic Republic of

- Language:** English
- Abstract:** Background: Smoking poses various adverse effects on human health. Unfortunately, there is still a large population of smokers worldwide. Well understanding the potential consequences of smoking by the general public may prevent the initiation of smoking behavior and help the smokers to quit. Aims: The aim of this study was to cross-culturally translate and validate the Persian version of Smoking Consequences Questionnaire (SCQ). Design and methods: The backward-forward translation technique was used to setup the scales among 40 smokers. Using a convenient sampling method, 400 smokers were recruited from a smoking cessation department in Qazvin city. Internal consistency and test-retest method was used to assess reliability. Cronbach's Alpha and Intraclass Correlation Coefficients (ICC) were used to assess Internal Consistency and Test-retest reliability. Predictive validity of Nicotine Dependence was measured by correlation between SCQ and Fagerstrom Test. The scale construction was verified by Factor Analysis (explanatory and confirmatory). Data are expressed as mean + SD, which were analyzed by SPSS. Results: The average age of participants was 40 + 0.6 (376 male, 24 female). More than half of the participants smoked between 11 and 20 cigarettes per day. The Cronbach's alpha coefficients test showed an acceptable internal consistency (ranged from 0.70 to 0.93). All items of the SCQ were significantly correlated with each other at two assessments with 2-week interval (r ranged from 0.76 to 0.93). The ICC ranged from 0.73 to 0.89 for all factors ( $p < 0.05$ ). The scale well fitted the data (GFI = 0.97, RMSEA = 0.064). There were 10 factors on the scale which explained ~78% of the variance. Conclusion: Our results suggest that Persian SCQ is a valid and reliable application among Iranian smokers. The scales can nicely recognize the smokers' views on health consequences across different languages and cultures, which is highly recommended in general public education. 2014 Informa UK Ltd. All rights reserved.
- Country of Publication:** United Kingdom
- Publisher:** Informa Healthcare
- Publication Type:** Journal: Article
- Subject Headings:** [adult](#)  
[article](#)  
[correlation coefficient](#)  
[Cronbach alpha coefficient](#)  
[English as a second language](#)  
[Fagerstrom Test for Nicotine Dependence](#)  
[female](#)  
[human](#)  
[internal consistency](#)  
[language](#)  
[major clinical study](#)  
[male](#)  
[\\*named inventories questionnaires and rating scales](#)  
[Persian language](#)  
[predictive validity](#)  
[priority journal](#)  
[\\*smoking](#)  
[smoking cessation](#)  
[\\*Smoking Consequences Questionnaire](#)  
[test retest reliability](#)  
[tobacco dependence](#)  
[translating \(language\)](#)
- Source:** EMBASE
- Full Text:** Available from *Informa Healthcare* in *Journal of Substance Use*

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

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

**Author(s):** Bt Mohamed S.

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

**Language:** English

**Abstract:** The Malaysian government's drug intervention programme has been implemented to combat the nation's drug abuse problem by eliminating drug dependency and preventing relapse (National Drug Policy, 1983). Drug testing is widely used as a criminal justice tool to coerce drug dependants into compulsory treatment at government-run drug rehabilitation centres. Over the years, a significant number of court cases have challenged the legality of detention of drug dependants at the centres due to procedural errors in mandatory drug testing. This article examines the necessary criteria to determine optimum validity of drug testing results i.e. from the collection of urine specimen, chain of custody, accuracy and reliability of urinalysis to interpretation of test results. Non-compliance with such procedures may result in unlawful detention of individuals at drug rehabilitation centres for a period of 2 years and thereafter supervision within the community for another 2 years. 2014 Informa UK Ltd. All rights reserved.

**Country of Publication:** United Kingdom

**Publisher:** Informa Healthcare

**Publication Type:** Journal: Article

**Subject Headings:** [article](#)  
[\\*custodial care](#)  
[detention](#)  
[\\*drug abuse](#)  
[drug dependence](#)  
[\\*drug screening](#)  
[human](#)  
[Malaysia](#)  
[police](#)  
[priority journal](#)  
[relapse](#)  
[\\*urinalysis](#)

**Source:** EMBASE

**Full Text:** Available from *Informa Healthcare* in [Journal of Substance Use](#)

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

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

**Author(s):** De Sousa A.

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

**Language:** English

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

superior to NTX in promoting abstinence in adolescents with alcohol dependence having good family support. 2014 Informa UK Ltd. All rights reserved.

**Country of Publication:** United Kingdom

**Publisher:** Informa Healthcare

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

**Publication Type:** Journal: Article

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

**Source:** EMBASE

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

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

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

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

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

**Language:** English

**Abstract:** Background: Quetiapine is an atypical antipsychotic approved for the treatment of schizophrenia, bipolar disorder and major depressive disorder. There has been a growing

amount of quetiapine abuse cases in psychiatric patients. The purpose of this article is to analyse these reports to recognize identifiable patterns of quetiapine misuse. Approach: We searched the PubMed, Scopus, Medline/Ovid and Google Scholar databases for case reports of quetiapine abuse and/or dependence among patients with: bipolar disorder, anxiety disorders, panic disorder, social phobia, generalized anxiety disorder, obsessive-compulsive disorder and substance use/dependence. Findings: The search retrieved 25 cases of quetiapine abuse and/or dependence among psychiatric patients. Higher frequency of abuse/dependence was observed in men and people being in their mid-thirties. Only half of the cases reported a positive history of substance abuse. The most prominent phenomenon associated with quetiapine abuse/dependence was marked withdrawal symptoms. Conclusions: Our research indicates that quetiapine is likely to be abused by male psychiatric patients in their mid-thirties and less than 50% of them having positive history of substance abuse/dependence. Caution should be taken when considering the prescription of quetiapine to that special patient group and close monitoring for drug misuse is needed in the course of the entire treatment period. 2014 Informa UK Ltd. All rights reserved.

**Country of Publication:** United Kingdom  
**Publisher:** Informa Healthcare  
**CAS Registry Number:** 111974-72-2 (quetiapine)  
**Publication Type:** Journal: Review  
**Subject Headings:** [anxiety disorder](#)  
[bipolar disorder](#)  
[data base](#)  
[\\*drug abuse](#)  
[\\*drug dependence](#)  
[generalized anxiety disorder](#)  
[human](#)  
[mental patient](#)  
[obsessive compulsive disorder](#)  
[panic](#)  
[priority journal](#)  
[review](#)  
[social phobia](#)  
[substance abuse](#)  
[systematic review](#)  
[withdrawal syndrome](#)  
[\\*quetiapine](#)

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

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

**Citation:** Psychiatry Research, November 2014, vol./is. 219/3(690-692), 0165-1781;1872-7123 (30 Nov 2014)  
**Author(s):** Saify K.; Saadat I.; Saadat M.  
**Institution:** (Saify, Saadat, Saadat) Department of Biology, College of Sciences, Shiraz University, Shiraz 71454, Iran, Islamic Republic of; (Saadat, Saadat) Institute of Biotechnology, Shiraz University, Shiraz, Iran, Islamic Republic of  
**Language:** English  
**Abstract:** Within the core promoter region of prodynorphin (PDYN), a 68-bp sequence was found to occur as a polymorphism element, either singular or as tandemly repeated two, three or four times. We report the sequence of a novel allele (5-repeats). Our study revealed the existence of an ancestral nucleotide (A) at 29th position of the VNTR in human. In total, 442 heroin addicts and 799 controls were included in this study. The present findings

revealed a male-limited association between VNTR polymorphism and heroin dependence risk. 2014 Elsevier Ireland Ltd.

**Country of Publication:** Ireland

**Publisher:** Elsevier Ireland Ltd

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

**Publication Type:** Journal: Article

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

**Source:** EMBASE

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

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

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

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

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

**Language:** English

**Abstract:** Research has shown that healthy people would rather avoid losses than gamble for even higher gains. On the other hand, research on pathological gamblers (PGs) demonstrates that PGs are more impaired than non-pathological gamblers in choice under risk and uncertainty. Here, we investigate loss aversion by using a rigorous and well-established paradigm from the field of economics, in conjunction with personality traits, by using self-report measures for PGs under clinical treatment. Twenty pathological gamblers, at the earlier and later stages of clinical treatment, were matched to 20 non-gamblers (NG). They played a "flip coin task" by deciding across 256 trials whether to accept or reject a

50-50 bet with a variable amount of gains and losses. They completed questionnaires aimed at assessing impulsivity. Compared to NG, pathological gamblers, specifically those in the later stages of therapy, were more loss averse and accepted a lower number of gambles with a positive expected value, whereas their impulsivity traits were significantly higher. This study shows for the first time that changes in loss aversion, but not in personality traits, are associated with the time course of pathology. These findings can be usefully employed in the fields of both gambling addiction and decision-making. 2014 Elsevier Ireland Ltd.

**Country of Publication:** Ireland  
**Publisher:** Elsevier Ireland Ltd  
**Publication Type:** Journal: Article  
**Subject Headings:** [adult](#)  
[anxiety](#)  
[article](#)  
[\\*aversive behavior](#)  
[clinical article](#)  
[compulsion](#)  
[controlled study](#)  
[\\*decision making](#)  
[depression](#)  
[disease classification](#)  
[disease severity](#)  
[female](#)  
[human](#)  
[\\*impulsiveness](#)  
[male](#)  
["\\*pathological gambling/di \[Diagnosis\]"](#)  
[personality](#)  
[priority journal](#)  
[questionnaire](#)  
[self report](#)  
[thinking](#)

**Source:** EMBASE  
**Full Text:** Available from *Elsevier* in [Psychiatry Research](#)

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

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

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

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

**Language:** English

**Abstract:** Internet gaming addiction (IGA) is an increasing mental health issue worldwide. Previous studies have revealed decision-making impairments in excessive Internet gamers (EIGs) with high symptoms of IGA. However, the role of feedback processing in

decision-making deficits among EIGs remains unknown. The present study aimed to investigate the effect of feedback processing on decision-making deficits under risk among EIGs, using the Game of Dice Task (GDT) and a modified version of the GDT in which no feedback was provided. Twenty-six EIGs and 26 matched occasional Internet gamers (OIGs) were recruited. The results showed: (a) OIGs performed better on the original GDT than on the modified GDT (no feedback condition); however, EIGs performed similarly on both tasks; (b) EIGs and OIGs performed equally on the modified GDT; however, EIGs chose more disadvantageous options than OIGs on the original GDT; (c) EIGs utilized feedback less frequently on the original GDT relative to OIGs. These results suggest that EIGs are not able to utilize feedback to optimize their decisions, which could underlie their poor decision-making under risk. 2014 Elsevier Ireland Ltd.

**Country of Publication:** Ireland  
**Publisher:** Elsevier Ireland Ltd  
**Publication Type:** Journal: Article  
**Subject Headings:** [adult](#)  
[article](#)  
[causal attribution](#)  
[controlled study](#)  
[\\*decision making](#)  
[disease association](#)  
[\\*game](#)  
[human](#)  
[human computer interaction](#)  
[\\*internet addiction](#)  
[\\*internet gaming addiction](#)  
[major clinical study](#)  
[male](#)  
[mental task](#)  
[\\*neurofeedback](#)  
[priority journal](#)  
[process optimization](#)  
[response time](#)  
[risk factor](#)  
[task performance](#)  
["\\*thought disorder/co \[Complication\]"](#)  
[young adult](#)

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

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

**Citation:** Psychiatry Research, November 2014, vol./is. 219/3(570-576), 0165-1781;1872-7123 (30 Nov 2014)  
**Author(s):** Balconi M.; Finocchiaro R.; Canavesio Y.; Messina R.  
**Institution:** (Balconi, Finocchiaro) Research Unit in Affective and Social Neuroscience, Department of Psychology, Catholic University of the Sacred Heart, Largo Gemelli, 1, 20123 Milan, Italy; (Balconi, Finocchiaro, Canavesio, Messina) Department of Psychology, Catholic University of the Sacred Heart, Milan, Italy  
**Language:** English  
**Abstract:** The present research explored the main factors that can influence subjects' choices in the case of decisions. In order to elucidate the individual differences that influence the decisional processes, making their strategies more or less advantageous, we tested the effect of a reward sensitivity in the behavioral activation system (BAS-Reward) constructed on the ability to distinguish between high- and low-risk decisions. Secondly, the lateralization effect, related to increased activation of the left (BAS-related)

hemisphere, was explored. Thirty-one subjects were tested using the Iowa Gambling Task, and the BAS-Reward measure was applied to distinguish between high-BAS and low-BAS groups. Behavioral responses (gain/loss options) and alpha-band modulation were considered. It was found that high-BAS group increased their tendency to opt in favor of the immediate reward (loss strategy) rather than the long-term option (win strategy). Secondly, high-BAS subjects showed an increased left-hemisphere activation in response to losing (with immediate reward) choices in comparison with low-BAS subjects. A "reward bias" effect was supposed to explain both the bad strategy and the unbalanced hemispheric activation for high-BAS and more risk-taking subjects. 2014 Elsevier Ireland Ltd.

**Country of Publication:** Ireland  
**Publisher:** Elsevier Ireland Ltd  
**Publication Type:** Journal: Article  
**Subject Headings:** [adult](#)  
[analysis of variance](#)  
[article](#)  
[\\*Behavioral Activation System](#)  
[controlled study](#)  
[\\*decision making](#)  
[electroencephalography](#)  
[event related potential](#)  
[female](#)  
[hemisphere](#)  
[human](#)  
[human experiment](#)  
[impulsiveness](#)  
[male](#)  
[mismatch negativity](#)  
[neurobiology](#)  
[neuromodulation](#)  
[normal human](#)  
[\\*pathological gambling](#)  
[prefrontal cortex](#)  
[priority journal](#)  
[punishment](#)  
[\\*reward](#)  
[young adult](#)

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

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

**Citation:** Psychiatry Research, November 2014, vol./is. 219/3(577-582), 0165-1781;1872-7123 (30 Nov 2014)  
**Author(s):** Dalbudak E.; Evren C.; Aldemir S.; Evren B.  
**Institution:** (Dalbudak, Aldemir) Department of Psychiatry, Faculty of Medicine, Turgut Ozal University, Ankara, Turkey; (Evren) Bakirkoy Training and Research Hospital for Psychiatry, Neurology and Neurosurgery, Alcohol and Drug Research, Treatment and Training Center (AMATEM), Istanbul, Turkey; (Evren) Department of Psychiatry, Baltalimani State Hospital for Muskuloskeletal Disorders, Istanbul, Turkey  
**Language:** English  
**Abstract:** The aim of this study was to investigate the relationship of Internet addiction (IA) risk with the severity of borderline personality features, childhood traumas, dissociative experiences, depression and anxiety symptoms among Turkish university students. A total of 271 Turkish university students participated in this study. The students were assessed

through the Internet Addiction Scale (IAS), the Borderline Personality Inventory (BPI), the Dissociative Experiences Scale (DES), the Childhood Trauma Questionnaire (CTQ-28), the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI). The rates of students were 19.9% (n=54) in the high IA risk group, 38.7% (n=105) in the mild IA risk group and 41.3% (n=112) in the group without IA risk. Correlation analyses revealed that the severity of IA risk was related with BPI, DES, emotional abuse, CTQ-28, depression and anxiety scores. Univariate covariance analysis (ANCOVA) indicated that the severity of borderline personality features, emotional abuse, depression and anxiety symptoms were the predictors of IAS score, while gender had no effect on IAS score. Among childhood trauma types, emotional abuse seems to be the main predictor of IA risk severity. Borderline personality features predicted the severity of IA risk together with emotional abuse, depression and anxiety symptoms among Turkish university students. 2014 Elsevier Ireland Ltd.

<b>Country of Publication:</b>	Ireland
<b>Publisher:</b>	Elsevier Ireland Ltd
<b>Publication Type:</b>	Journal: Article
<b>Subject Headings:</b>	<p>"*anxiety disorder/di [Diagnosis]"            article            Beck Anxiety Inventory            Beck Depression Inventory            "*borderline state/di [Diagnosis]"            "*childhood injury/di [Diagnosis]"            Childhood Trauma Questionnaire            controlled study            "*depression/di [Diagnosis]"            disease association            disease severity            "*dissociative disorder/di [Diagnosis]"            Dissociative Experiences Scale            emotional abuse            ethnic group            female            high risk population            human            "*internet addiction/co [Complication]"            "*internet addiction/di [Diagnosis]"            major clinical study            male            onset age            priority journal            prognosis            risk assessment            Turkish</p>
<b>Source:</b>	EMBASE
<b>Full Text:</b>	Available from <i>Elsevier</i> in <a href="#">Psychiatry Research</a>

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

<b>Citation:</b>	Psychiatry Research, November 2014, vol./is. 219/3(598-603), 0165-1781;1872-7123 (30 Nov 2014)
<b>Author(s):</b>	Benedict E.S.; Gorman A.; van Gorp W.; Foltin R.W.; Vadhan N.P.
<b>Institution:</b>	(Benedict, Gorman, van Gorp, Foltin, Vadhan) Columbia University College of Physicians and Surgeons, New York State Psychiatric Institute, 1051 Riverside Drive #120, New York, NY 10032, United States; (Benedict) Long Island University, Brooklyn Campus, United States
<b>Language:</b>	English

- Abstract:** Objective: This study examined the relationship between subjective measures of inattention/hyperactivity-impulsivity and mood and objective measures of neurocognitive function in cocaine users. Design: Ninety-four active cocaine users not seeking treatment (73 male, 21 female) were administered two self-report psychiatric measures (the ADHD Rating Scale - Fourth Edition; ARS-IV), and the Beck Depression Inventory - Second Edition; (BDI-II), and a battery of tests measuring attention, executive, psychomotor, visual and verbal learning, visuospatial, and language functions. Correlations between scores on the psychiatric measures (total and subscale) and the neurocognitive measures were examined. Results: While scores on the BDI-II and ARS-IV were correlated with each other ( $p < 0.01$ ), scores on both self-report measures were largely uncorrelated with neurocognitive test scores ( $p > 0.05$ ). Conclusion: There was a minimal relationship between psychiatric measures that incorporate subjective assessment of cognitive function, and objective neurocognitive measures in nontreatment-seeking cocaine users, consistent with previous findings in other samples of substance users. This suggests that self-report measures may have limited utility as proxies for neurocognitive performance. 2014 Elsevier Ireland Ltd.
- Country of Publication:** Ireland
- Publisher:** Elsevier Ireland Ltd
- CAS Registry Number:** 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine)
- Publication Type:** Journal: Article
- Subject Headings:** [ADHD Rating Scale Fourth Edition](#)  
[adult](#)  
[article](#)  
["\\*attention deficit disorder/di \[Diagnosis\]"](#)  
[Beck Depression Inventory](#)  
[\\*cocaine dependence](#)  
["\\*cognitive defect/di \[Diagnosis\]"](#)  
[controlled study](#)  
[executive function](#)  
[female](#)  
[functional assessment](#)  
[help seeking behavior](#)  
[human](#)  
[language ability](#)  
[learning](#)  
[major clinical study](#)  
[male](#)  
[\\*mental performance](#)  
["\\*mood disorder/di \[Diagnosis\]"](#)  
[priority journal](#)  
[psychological rating scale](#)  
[psychomotor performance](#)  
[scoring system](#)  
[self report](#)  
[\\*symptom](#)  
[vision](#)  
[visual system function](#)  
[cocaine](#)
- Source:** EMBASE
- Full Text:** Available from *Elsevier* in [Psychiatry Research](#)
- 32. Acute total sleep deprivation potentiates cocaine-induced hyperlocomotion in mice**
- Citation:** Neuroscience Letters, September 2014, vol./is. 579/(130-133), 0304-3940;1872-7972 (05 Sep 2014)

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

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

**Language:** English

**Abstract:** In the social context, late-night parties are frequently associated with higher availability of recreational drugs with abuse potential. Physiologically, all of these drugs induce an increase in dopamine release in the mesolimbic dopaminergic system, which leads to hyperlocomotion in rodents. Sleep deprivation also seems to play an important role in the events related to the neurotransmission of the dopaminergic system by potentiating its behavioral effects. In this scenario, the aim of the present study was to investigate the effects of total sleep deprivation (6. h) on the acute cocaine-induced locomotor stimulation in male mice. Animals were sleep deprived or maintained in their home cages and subsequently treated with an acute i.p. injection of 15. mg/kg cocaine or saline and observed in the open field. Total sleep deprivation for 6. h potentiated the hyperlocomotion induced by acute cocaine administration. In addition, the cocaine sleep deprived group showed a decreased ratio central/total locomotion compared to the cocaine control group, which might be related to an increase in the impulsiveness of mice. Our data indicate that acute periods of sleep loss should be considered risk factors for cocaine abuse. 2014 Elsevier Ireland Ltd.

**Country of Publication:** Ireland

**Publisher:** Elsevier Ireland Ltd

**CAS Registry Number:** 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 51-61-6 (dopamine); 62-31-7 (dopamine)

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**Subject Headings:** [animal experiment](#)  
[article](#)  
[\\*cocaine dependence](#)  
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[dopaminergic transmission](#)  
[\\*experimental hyperactivity](#)  
[impulsiveness](#)  
[locomotion](#)  
[male](#)  
[mesolimbic dopaminergic system](#)  
[mouse](#)  
[nonhuman](#)  
[priority journal](#)  
[REM sleep](#)  
[\\*sleep deprivation](#)  
[\\*cocaine](#)  
[dopamine](#)

**Source:** EMBASE

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

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

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

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

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**Language:** English

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

**Country of Publication:** United Kingdom

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[alcohol consumption](#)  
["\\*alcoholism/pc \[Prevention\]"](#)  
[article](#)  
[data base](#)  
[drinking behavior](#)  
[government regulation](#)  
[\\*harm reduction](#)  
[human](#)  
[information processing](#)  
[\\*licensing](#)  
[marketing](#)  
[policy](#)  
[priority journal](#)  
[\\*social problem](#)  
[United Kingdom](#)

**Source:** EMBASE

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

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

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

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**Language:** English

**Abstract:** Background: Few studies have investigated the relationship between alcohol and MS risk, and these have often been limited by small sample sizes and inconsistent results. It has recently been reported that alcohol consumption exhibits a dose-dependent inverse association with MS risk. Objectives: We aimed to determine if individuals with alcohol use disorders, who may be presumed to consume large quantities of alcohol, have an altered MS risk compared to the general population. Methods: A record-linkage study was conducted using linked datasets of English Hospital Episode Statistics (HES) (records of every episode of hospital admission and day case care in all English National

Health Service hospitals) and death registrations for England from January 1999 to December 2011. Three cohorts of people with a record for alcohol use (10156 people), alcohol abuse (255827 people) and alcohol dependence (281305 people) were constructed by identifying the first recorded episode in which either condition was a diagnosis. A reference cohort was constructed of people admitted for various other minor medical and surgical conditions (6.7 million people). We then searched for any subsequent hospital care for, or death from, MS in these cohorts. The rate ratio was then calculated. Results: There was a significantly increased risk of MS following alcohol use ( $p=0.003$ ), alcohol abuse ( $p<0.0001$ ) and alcohol dependence ( $p=0.001$ ). Considering the possibility of reverse causality we found an elevated risk of MS within one year of first admission for alcohol abuse only ( $p<0.0001$ ), but not for alcohol use or dependence ( $p=0.81$  and  $p=0.25$  respectively). Further, there was a significantly elevated risk of MS following alcohol use, abuse and dependence ( $p<0.0001$ ,  $p=0.003$  and  $p=0.003$  respectively) with a time interval of more than one year from first admission with the alcohol-use disorder. The association between alcohol-use disorders and risk of MS was more evident in males than females. Conclusions: This study supports the presence of a significant positive association between alcohol-use disorders and MS risk, particularly in men. The strengths of this study are the prospective design and the enormous size of the HES database. The likely much higher levels of toxicity and alcohol dependency in our study may be associated with MS. Clinical advice with regard to alcohol consumption and MS remains largely speculative, and long-term follow-up studies are required to ascertain the relationship.

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[\\*risk](#)  
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[human](#)  
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[alcoholism](#)  
[death](#)  
[hospital](#)  
[male](#)  
[epidemiology](#)  
[diagnosis](#)  
[population](#)  
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[toxicity](#)  
[hospital admission](#)  
[data base](#)  
[female](#)  
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[sample size](#)  
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