

Search Results

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Search History

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

1. Steroids, psychosis and poly-substance abuse

Citation:	Irish Journal of Psychological Medicine, September 2015, vol./is. 32/2(227-230), 0790-9667;2051-6967 (08 Sep 2015)
Author(s):	Duffy R.M.; Kelly B.D.
Institution:	(Duffy, Kelly) Department of Adult Psychiatry, University College Dublin, Dublin, Ireland
Language:	English
Abstract:	Objective. To review consequences of the changing demographic profile of anabolic-androgenic steroid (AAS) use. Method. Case report and review of key papers. Results. We report here a case of a 19-year-old Irish male presenting with both medical and psychiatric side effects of methandrostenolone use. The man had a long-standing history of harmful cannabis use, but had not experienced previous psychotic symptoms. Following use of methandrostenolone, he developed rhabdomyolysis and a psychotic episode with homicidal ideation. Discussion. Non-medical AAS use is a growing problem associated with medical, psychiatric and forensic risks. The population using these drugs has changed with the result of more frequent poly-substance misuse, potentially exacerbating these risks. Conclusion. A higher index of suspicion is needed for AAS use. Medical personnel need to be aware of the potential side effects of their use, including the risk of violence. Research is needed to establish the magnitude of the problem in Ireland.
Country of Publication:	Ireland
Publisher:	College of Psychiatry of Ireland
CAS Registry Number:	12794-10-4 (benzodiazepine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 9001-15-4 (creatine kinase); 439-14-5 (diazepam); 52-86-8 (haloperidol); 72-63-9 (metandienone); 132539-06-1 (olanzapine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)
Publication Type:	Journal: Article
Subject Headings:	<p>adult anxiety article auditory hallucination cannabis addiction case report fasciculation grandiose delusion homicide human hypomania male mania pain paranoia posttraumatic stress disorder "*psychosis/di [Diagnosis]" "*psychosis/dt [Drug Therapy]" rhabdomyolysis *substance abuse visual hallucination weight lifting young adult benzodiazepine cannabis "creatine kinase/ec [Endogenous Compound]" diazepam "haloperidol/dt [Drug Therapy]" "*metandienone/to [Drug Toxicity]"</p>

"olanzapine/dt [Drug Therapy]"
opiate

Source: EMBASE

2. Overdose risk perceptions and experience of overdose among heroin users in Cork, Ireland. Preliminary results from a pilot overdose prevention study

Citation: Heroin Addiction and Related Clinical Problems, 2015, vol./is. 17/5(19-26), 1592-1638 (2015)

Author(s): Horan J.A.; Deasy C.; Henry K.; O'Brien D.; Van Hout M.C.

Institution: (Horan, O'Brien) Arbour House, HSE Addiction Services, Cork, Ireland; (Deasy) Emergency Medicine, Cork University Hospital, Ireland; (Deasy) National Ambulance Service, Ireland; (Henry) HSE Ambulance Service, Cork, Ireland; (Van Hout) School of Health Sciences, Waterford Institute of Technology, Waterford, Ireland

Language: English

Abstract: Background. Opioid overdose is the primary cause of death among injecting drug users (IDU). Overdose is generally not sudden, occurs over one to three hours, and often in the presence of bystanders. This presents a unique window of opportunity to intervene. Aim. Successful overdose prevention training includes appropriate clinical and non-clinical responses. The study aimed to investigate Irish IDU experience of overdose, and need for education and resuscitation skills programming. We report on pilot findings. Methods. Phase One assessed service user experience of overdose, substances used, setting for overdose, and awareness of appropriate non-clinical responses (n=52). Phase two implemented an educational intervention at two Cork addiction service sites. This involved assessing service user awareness of appropriate non-clinical methods to manage overdose and their interest in receiving resuscitation training (n=26). Phase three piloted a resuscitation skills training intervention for staff, family and IDU consisting of instruction on how to recognise and prevent overdose, appropriate response techniques; rescue breathing, and calling emergency services (n=26). Results. The findings illustrated the majority had experienced overdose, described the main substances involved, the settings, the responses employed, and the perceptions of risk. The need for education equipping IDU with overdose prevention and management skills was identified. Awareness of appropriate responses (correct emergency numbers, recovery and resuscitation skills) improved following the educational and skills training interventions. Conclusions. Continued efforts in Ireland to integrate culturally specific overdose prevention into agonist opioid treatment services, prison discharge, homeless primary health and needle and syringe exchange are warranted.

Country of Publication: Italy

Publisher: Pacini Editore S.p.A. (Via A. Gherardesca 1, Ospedaletto (Pisa) 56121, Italy)

CAS Registry Number: 42542-10-9 (3,4 methylenedioxyamphetamine); 64-17-5 (alcohol); 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 76-57-3 (codeine); 39400-85-6 (dextropropoxyphene plus paracetamol); 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); 357-08-4 (naloxone); 465-65-6 (naloxone); 103-90-2 (paracetamol); 27203-92-5 (tramadol); 36282-47-0 (tramadol)

Publication Type: Journal: Article

Subject Headings: adult
article
artificial ventilation
awareness
competence
"drug dependence/dt [Drug Therapy]"
"*drug overdose/pc [Prevention]"

"*drug overdose/dt [Drug Therapy]"
 *education program
 emergency health service
 family attitude
 fatality
 female
 *health care need
 *health education
 *heroin dependence
 human
 injecting drug user
 Ireland
 major clinical study
 male
 named groups of persons
 patient assessment
 personal experience
 pilot study
 preventive health service
 priority journal
 public health service
 *resuscitation
 *skill
 "3 4 methylenedioxymethamphetamine/to [Drug Toxicity]"
 "alcohol/to [Drug Toxicity]"
 "amphetamine/to [Drug Toxicity]"
 "benzodiazepine derivative/to [Drug Toxicity]"
 "cannabis/to [Drug Toxicity]"
 "cocaine/to [Drug Toxicity]"
 "codeine/to [Drug Toxicity]"
 "dextropropoxyphene plus paracetamol/to [Drug Toxicity]"
 "*diamorphine/to [Drug Toxicity]"
 "illicit drug/to [Drug Toxicity]"
 "methadone/to [Drug Toxicity]"
 "methadone/dt [Drug Therapy]"
 "naloxone/dt [Drug Therapy]"
 "paracetamol/to [Drug Toxicity]"
 "psychotropic agent/to [Drug Toxicity]"
 "tramadol/to [Drug Toxicity]"

Source: EMBASE

3. Optimising service provision for prescribed opioid analgesic dependence

Citation: Heroin Addiction and Related Clinical Problems, 2015, vol./is. 17/5(13-18), 1592-1638 (2015)

Author(s): Marr E.; Hill D.

Institution: (Marr, Hill) NHS Lanarkshire, United Kingdom

Language: English

Abstract: We share our experience of treating a patient with inadvertent co-codamol and tramadol dependency after treatment for dental pain and question the current Substance Misuse Service model that does not distinguish iatrogenic opioid dependency from illicit opioid use disorder. We suggest the appropriateness of a comprehensive primary-care-led treatment service tailored for opioid analgesic dependent (OAD) patients rather than a classic addiction service.

Country of Publication: Italy

Publisher: Pacini Editore S.p.A. (Via A. Gherardesca 1, Ospedaletto (Pisa) 56121, Italy)

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 357-08-4 (naloxone); 465-65-6 (naloxone); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 27203-92-5 (tramadol); 36282-47-0 (tramadol)

Publication Type: Journal: Article

Subject Headings: article
cause of death
community care
community program
constipation
disease severity
drug classification
"drug dependence/dt [Drug Therapy]"
drug misuse
general practitioner
*health care quality
heroin dependence
human
medical history
"*opiate addiction/di [Diagnosis]"
practice guideline
*prescription
primary medical care
priority journal
program development
*public health service
risk benefit analysis
"tooth pain/dt [Drug Therapy]"
United Kingdom
withdrawal syndrome
"buprenorphine/dt [Drug Therapy]"
"cocodamol/dt [Drug Therapy]"
illicit drug
long acting drug
methadone
"naloxone/dt [Drug Therapy]"
"non prescription drug/dt [Drug Therapy]"
*opiate
opiate agonist
short acting analgesic agent
"tramadol/dt [Drug Therapy]"

Source: EMBASE

4. Incidence and types of complications after ablative oral cancer surgery with primary microvascular free flap reconstruction

Citation: Medicina Oral, Patologia Oral y Cirugia Bucal, November 2015, vol./is. 20/6(e744-e750), 1698-4447;1698-6946 (November 2015)

Author(s): Lodders J.N.; Parmar S.; Stienen N.L.; Martin T.J.; Karagozoglu K.H.; Heymans M.W.; Nandra B.; Forouzanfar T.

Institution: (Lodders, Stienen, Karagozoglu, Forouzanfar) Department of Oral and Maxillofacial Surgery/Oral Pathology, Oral and Maxillofacial Surgeon, Netherlands; (Heymans) Department of Epidemiology and Biostatistics, Department of Epidemiology and Biostatistics, VU University Medical Center/Academic Centre for Dentistry Amsterdam (ACTA), University of Amsterdam and VU University Amsterdam, De Boelelaan 1118, P.O. Box 7057, Amsterdam, MB 1007, Netherlands; (Parmar, Martin, Nandra) Oral and Maxillofacial Surgeon, Head and Neck, Reconstructive Surgeon, Department of Oral and

Maxillofacial Surgery, University Hospital Birmingham NHS Trust, Queen Elizabeth Hospital, Edgbaston, Birmingham B15 2TH, United Kingdom

Language:

English

Abstract:

Background: The aims of the study were 1) to evaluate the incidence and types of postoperative complications after ablative oral cancer surgery with primary free flap reconstruction and 2) identify prognostic variables for postoperative complications. **Material and Methods:** Desired data was retrieved from a computer database at the department of Oral and Maxillofacial Department, Queen Elisabeth hospital Birmingham, United Kingdom, between June 2007 and October 2012. Logistic regression was used to study relationships between preoperative variables and postoperative outcomes. **Results:** The study population consisted 184 patients, comprising 189 composite resections with reconstruction. Complications developed in 40.2% of the patients. Three patients (1.6%) died, 11.1% returned to the operating room, 5.3% developed donor site complications and 6.9% flap complications of which 3.2% total flap failure. In the multivariable analysis systemic complications were associated with anaesthesia time and hospital stay with red cell transfusion. **Conclusions:** A significant proportion of the patients with primary free flap reconstructions after oral cancer surgery develops postoperative complications. Prolonged anaesthesia time and red cell transfusion are possible predictors for systemic complications and hospital stay respectively. Preoperative screening for risk factors is advocated for patient selection and to have realistic information and expectations.

Country of Publication:

Spain

Publisher:

Medicina Oral, Patologia Oral y Cirugia Bucal

Publication Type:

Journal: Article

Subject Headings:

[*ablation therapy](#)
[adult](#)
[alcohol abuse](#)
[anaesthesia time](#)
[anesthesia complication](#)
[article](#)
[body mass](#)
[comorbidity](#)
[demography](#)
[erythrocyte transfusion](#)
[female](#)
[histopathology](#)
[human](#)
[human tissue](#)
[length of stay](#)
[major clinical study](#)
[male](#)
[middle aged](#)
["*mouth cancer/su \[Surgery\]"](#)
[operation duration](#)
[physical parameters](#)
[postoperative complication](#)
[retrospective study](#)
[tobacco dependence](#)

Source:

EMBASE

Full Text:

Available from *National Library of Medicine* in [Medicina Oral, Patología Oral y Cirugía Bucal](#)

5. Experience of care for mental health problems in the antenatal or postnatal period for women in the UK: a systematic review and meta-synthesis of qualitative research

Citation:

Archives of Women's Mental Health, July 2015, vol./is. 18/6(745-759), 1434-1816;1435-1102 (17 Jul 2015)

Author(s):

Megnin-Viggars O.; Symington I.; Howard L.M.; Pilling S.

Institution:	(Megnin-Viggars, Symington, Pilling) National Collaborating Centre for Mental Health, Royal College of Psychiatrists, 21 Prescot Street, London E1 8BB, United Kingdom; (Symington, Pilling) Research Department of Clinical, Educational and Health Psychology, University College London, Gower Street, London WC1E 7HB, United Kingdom; (Howard) Section of Women's Mental Health, Health Service and Population Research Department, King's College London, De Crespigny Park, London SE5 8AF, United Kingdom
Language:	English
Abstract:	<p>Purpose: Pregnancy and the first postnatal year can be a difficult and distressing period for women with mental health problems, particularly if they are not able to access appropriate and timely assessment and treatment. The aim of this systematic review was to synthesise qualitative evidence on experiences of care for women with (or at risk of developing) antenatal or postnatal mental health problems across a range of disorders (including non-psychotic mental disorders). Methods: Six electronic databases were searched for papers published from 2000 to April 2014. Thirty-nine studies were identified that met the inclusion criteria. Findings were synthesised using secondary framework and thematic analysis approaches. Results: Seven key themes were identified across mental disorder groups: an unmet need for collaborative and integrated care; stigma and fears about loss of custody; healthcare professionals unable or unwilling to address psychological needs; focus on babies over mothers; importance of non-judgemental and compassionate support; an unmet need for information; importance of service user involvement in treatment decisions. Conclusions: Women's experience of accessing and engaging with care for mental health problems could be improved if given the opportunity to develop trusting relationships with healthcare professionals who acknowledge and reinforce the woman's role in caring for her baby in a non-judgemental and compassionate manner, and foster hope and optimism about treatment. Information for women, their families and healthcare professionals, and the provision of individualised care and treatment, are also crucial to enable full implementation of a person-centred programme of care.</p>
Country of Publication:	Austria
Publisher:	Springer-Verlag Wien
Publication Type:	Journal: Review
Subject Headings:	access to information addiction custodial care depression disease severity eating disorder fear female human interpersonal communication medical decision making *mental disease *mental health care meta analysis patient care *perinatal period personal experience personality disorder personalized medicine posttraumatic stress disorder *prenatal period priority journal psychological aspect psychosis puerperal psychosis

[qualitative research](#)
[review](#)
[stigma](#)
[substance abuse](#)
[systematic review](#)
[thematic analysis](#)
[United Kingdom](#)

Source: EMBASE

6. Smoking dependence in 18 European countries: Hard to maintain the hardening hypothesis

Citation: Preventive Medicine, December 2015, vol./is. 81/(314-319), 0091-7435;1096-0260 (December 01, 2015)

Author(s): Fernandez E.; Lugo A.; Clancy L.; Matsuo K.; La Vecchia C.; Gallus S.

Institution: (Fernandez) Tobacco Control Unit, Institut Catala d'Oncologia, L'Hospitalet de Llobregat, Barcelona, Spain; (Fernandez) Cancer Control and Prevention Group, Institut d'Investigacio Biomedica de Bellvitge-IDIBELL, L'Hospitalet de Llobregat, Barcelona, Spain; (Fernandez) Department of Clinical Sciences, Universitat de Barcelona, Barcelona, Spain; (Lugo, La Vecchia) Department of Clinical Sciences and Community Health, Universita degli Studi di Milano, Milan, Italy; (Clancy) TobaccoFree Research Institute Ireland, Dublin, Ireland; (Matsuo) Division of Epidemiology and Prevention, Aichi Cancer Center Research Institute, Chikusa-ku, Nagoya, Japan; (Gallus) Department of Epidemiology, IRCCS - Istituto di Ricerche Farmacologiche Mario Negri, Milan, Italy

Language: English

Abstract: Objective: When the prevalence of smoking decreases in a population, there is a hypothesis—the so-called "hardening hypothesis"—that the remaining smokers form a subgroup of "hardcore smokers." Our aims were to test the hardening hypothesis and to analyze the determinants of high dependence taking into account both individual and country-level characteristics. Method: Within the Pricing Policies and Control of Tobacco in Europe (PPACTE) project, we conducted a face-to-face survey on smoking between January and July 2010 in 18 European countries, including 2882 male and 2254 female smokers with complete information on smoking dependence. The Heaviness of Smoking Index (HSI) was used as a measure of tobacco dependence. We correlated smoking prevalence and dependence using the country as unit of analysis. Moreover, we fitted multilevel logistic regression models. Results: Country-specific prevalence of smoking was positively, although not significantly, correlated with the proportion of highly tobacco-dependent smokers (overall $r_{\text{sp}}=0.203$, $p=0.419$), both in men ($r_{\text{sp}}=0.235$, $p=0.347$) and women ($r_{\text{sp}}=0.455$, $p=0.058$). Using individual-level analysis, high dependence was positively related to age, and, although not significantly, to smoking prevalence, and inversely related to level of education. The lack of a smoking ban at home was positively related to smoking dependence. Conclusions: Using both ecological and individual-level analyses, the relations between smoking prevalence and HSI were not significant, but in the opposite direction as compared to that assumed by the "hardening hypothesis." Therefore, our data provide empirical evidence against this theory, thus supporting the feasibility of an endgame strategy.

Country of Publication: United States

Publisher: Academic Press Inc.

Publication Type: Journal: Article

Subject Headings:
[adolescent](#)
[adult](#)
[age distribution](#)
[Albania](#)
[article](#)
[Austria](#)
[Bulgaria](#)
[controlled study](#)

Croatia
 Czech Republic
 *Europe
 feasibility study
 female
 Finland
 France
 Greece
 gross national product
 health care policy
 human
 human experiment
 Hungary
 Ireland
 Italy
 Latvia
 logistic regression analysis
 male
 normal human
 Poland
 Portugal
 prevalence
 priority journal
 Romania
 sex difference
 *smoking
 Spain
 Sweden
 *tobacco dependence
 United Kingdom

Source: EMBASE

Full Text: Available from *Elsevier* in *Preventive Medicine*

7. An evaluation of pre-diagnosis emergency department presentations in patients with active tuberculosis

Citation: American Journal of Respiratory and Critical Care Medicine, 2015, vol./is. 191/, 1073-449X (2015)

Author(s): Appleton S.; Connell D.; Singanayagam A.; Bradley P.; Pan D.; Cleaver B.; Rahman A.; Kon O.

Institution: (Appleton, Connell, Singanayagam, Kon) Tuberculosis Service, Imperial College, Healthcare NHS Trust, London, United Kingdom; (Bradley, Pan, Cleaver, Rahman) Department of Emergency Medicine, Imperial College, Healthcare NHS Trust, London, United Kingdom

Language: English

Abstract: RATIONALE: London has a high rate of Tuberculosis (TB) with 2,985 cases reported in 2013[1]. Cases are more common in non-UK born, alcohol dependent or homeless patients. The Emergency Department (ED) presents an opportunity for the diagnosis of TB in these patient groups who may have limited access to healthcare services. This is the first study describing the clinico-radiological characteristics of such attendances in an urban UK hospital. METHODS: We conducted a retrospective cohort study using the London TB register (LTBR) and hospital records to identify patients who presented to a London ED in the six months prior to their ultimate TB diagnosis 2011-2012. Demographics, baseline observations and symptoms reported were recorded along with chest radiographic findings from that visit. RESULTS: 253 TB cases were identified on LTBR for 1/1/11 to 31/12/12. 42% (106/253) of all patients diagnosed had presented to the ED in the 6 months prior to their diagnosis. Of these 106 patients, 68% (72) were male, mean age was 37 years (SD=18.1), and 76% (81) were born outside the UK. 44% (25/57) pulmonary TB cases and 67% (33/49) non-pulmonary cases had no abnormalities

in baseline observations. 21% (12/57) and 57% (28/49) of pulmonary and non-pulmonary respectively did not report any typical TB symptoms. The presence of cough, weight loss and fever had sensitivities for detecting pulmonary TB of 65%, 46% and 37% respectively. A new diagnosis of TB was considered in 35% (37/106) of cases at time of presentation to ED; 26% (28/106) cases re-attended following discharge. The mean time from ED visit to notification date was 46 days (SD=50.1). A chest radiograph was performed in 87% (92/106) of patients, the result of which was abnormal in 72% (41/57) of pulmonary TB cases and 24% (12/49) of non-pulmonary. In those in whom a new diagnosis of TB was suspected in the ED 78% (29/37) had an abnormal radiograph. Of the patients re-attending the ED 36% (10/28) had an abnormal radiograph at initial presentation. CONCLUSION: A large proportion of patients with TB present to ED and this offers an important opportunity for case identification. TB symptoms and observations had a low sensitivity for TB diagnosis in this setting. Diagnosis was more likely in the presence of an abnormal radiograph, suggesting opportunities for earlier diagnosis might be enhanced in the ED.

- Conference Information:** American Thoracic Society International Conference, ATS 2015 Denver, CO United States. Conference Start: 20150515 Conference End: 20150520
- Publisher:** American Thoracic Society
- Publication Type:** Journal: Conference Abstract
- Subject Headings:** *emergency ward
*patient
*human
*tuberculosis
*American
*society
*diagnosis
United Kingdom
X ray film
cohort analysis
weight reduction
thorax radiography
hospital
health service
medical record
thorax
coughing
alcoholism
fever
register
male
- Source:** EMBASE
- Full Text:** Available from *ProQuest* in *American Journal of Respiratory and Critical Care Medicine*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.

8. Lung abscess due to streptococcus anginosus in a healthy 46-year-old man

- Citation:** American Journal of Respiratory and Critical Care Medicine, 2015, vol./is. 191/, 1073-449X (2015)
- Author(s):** Rezayat T.; Wen E.
- Institution:** (Rezayat, Wen) University of California, Los Angeles, CA, United States
- Language:** English
- Abstract:** A 46 year old man without significant medical history presents to his primary care provider with a dry cough of two months duration associated with fatigue, 10-20 lb weight loss and right shoulder pain. His cough is progressive and interferes with his job (Professor of mathematics). He denies hemoptysis, wheezing, symptoms of post-nasal

drainage or acid reflux, chest pain, swelling or new rash. He emigrated from the United Kingdom (UK) approximately 12 months prior to symptom onset. He denies sick contacts or travel outside of the UK or California. He denies recent surgery or dental evaluation in last two years. He has no family history of malignancy. Additionally, he is a lifetime nonsmoker and does not use recreational drugs. On physical examination he had a blood pressure of 90/50mmHg; pulse of 103 bpm; temperature of 99.2 degrees Fahrenheit. He was a cachectic man with decreased breath sounds in the right upper lung (RUL) field and otherwise was unrevealing. A dental exam revealed good dentition and oral hygiene. A Chest Xray was obtained and showed a 9 cm opacity overlying the posterior RUL. A subsequent chest computerized topography (CT) showed a complex solid and cystic mass-like consolidation within the RUL with peribronchial and peribronchiolar thickening of the adjacent airways and surrounding lymphadenopathy. Complete blood cell count showed leukocytosis (15,300/uL); anemia (9.7 g/dL) and thrombocytopenia (568,000/uL). Serological and sputum studies were unrevealing of etiology; therefore a CT guided biopsy of lesion was performed. Initial results showed acute and chronically inflamed granulation and fibrous tissue therefore bronchoscopy with bronchoalveolar lavage was done and was negative for infectious process and malignancy. Four days after his initial CT guided lung biopsy, the culture results became positive for Streptococcus anginosus group (SAG). He was treated with ertapenem per culture sensitivities for 4 weeks. The right upper lung consolidation resolved and was replaced with a cavitory lesion. His symptoms also disappeared. SAG is a S. viridans subgroup that is both microaerophilic and anaerobic. These organisms were first isolated in dental abscesses by Guthof in 1956. It is a part of the normal flora of oral cavity and gastrointestinal tract with the ability to cause abscess and invasive pyogenic infection. Alcoholism and dental carries are risk factors for infection. Infection typically occurs through mucosal damage. The organism has the ability to cause brain abscess, endocarditis, thoracic and abdominal infections. Treatment involves abscess drainage and use of beta-lactam antibiotics. (Figure Presented).

Conference Information: American Thoracic Society International Conference, ATS 2015 Denver, CO United States. Conference Start: 20150515 Conference End: 20150520

Publisher: American Thoracic Society

Publication Type: Journal: Conference Abstract

Subject Headings: [*lung abscess](#)
[*Streptococcus anginosus](#)
[*male](#)
[*human](#)
[*American](#)
[*society](#)
[infection](#)
[United Kingdom](#)
[coughing](#)
[lung](#)
[primary medical care](#)
[medical history](#)
[thorax pain](#)
[work](#)
[shoulder pain](#)
[physical examination](#)
[pulse rate](#)
[mathematics](#)
[hemoptysis](#)
[wheezing](#)
[thorax radiography](#)
[solid](#)
[swelling](#)
[weight reduction](#)
[family history](#)
[tissues](#)
[surgery](#)

lifespan
 tooth abscess
 blood pressure
 abscess
 temperature
 abnormal respiratory sound
 endocarditis
 dentition
 mouth hygiene
 United States
 thorax
 topography
 travel
 airway
 lymphadenopathy
 blood cell count
 thrombocytopenia
 anemia
 leukocytosis
 sputum
 etiology
 biopsy
 bronchoscopy
 lung lavage
 lung biopsy
 rash
 flora
 mouth cavity
 gastrointestinal tract
 fatigue
 alcoholism
 risk factor
 organisms
 brain abscess
 abdominal infection
 abscess drainage
 acid
 recreational drug
 ertapenem
 beta lactam antibiotic

Source: EMBASE

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

9. Incentives for smoking cessation

Citation: The Cochrane database of systematic reviews, 2015, vol./is. 5/(CD004307), 1469-493X (2015)

Author(s): Cahill K.; Hartmann-Boyce J.; Perera R.

Institution: (Cahill, Hartmann-Boyce, Perera) Nuffield Department of Primary Care Health Sciences, University of Oxford, Radcliffe Observatory Quarter, Woodstock Road, Oxford, UK, OX2 6GG

Language: English

Abstract: BACKGROUND: Material or financial incentives are widely used in an attempt to precipitate or reinforce behaviour change, including smoking cessation. They operate in workplaces, in clinics and hospitals, and to a lesser extent within community programmes. In this third update of our review we now include trials conducted in

pregnant women, to reflect the increasing activity and resources now targeting this high-risk group of smokers. **OBJECTIVES:** To determine whether incentives and contingency management programmes lead to higher long-term quit rates. **SEARCH METHODS:** We searched the Cochrane Tobacco Addiction Group Specialised Register, with additional searches of MEDLINE, EMBASE, CINAHL and PsycINFO. The most recent searches were in December 2014, although we also include two trials published in 2015. **SELECTION CRITERIA:** We considered randomised controlled trials, allocating individuals, workplaces, groups within workplaces, or communities to experimental or control conditions. We also considered controlled studies with baseline and post-intervention measures. We include studies in a mixed-population setting (e.g. community-, work-, institution-based), and also, for this update, trials in pregnant smokers. **DATA COLLECTION AND ANALYSIS:** One author (KC) extracted data and a second (JH-B) checked them. We contacted study authors for additional data where necessary. The main outcome measure in the mixed-population studies was abstinence from smoking at longest follow-up, and at least six months from the start of the intervention. In the trials of pregnant smokers abstinence was measured at the longest follow-up, and at least to the end of the pregnancy. **MAIN RESULTS:** Twenty-one mixed-population studies met our inclusion criteria, covering more than 8400 participants. Ten studies were set in clinics or health centres, one in Thai villages served by community health workers, two in academic institutions, and the rest in worksites. All but six of the trials were run in the USA. The incentives included lottery tickets or prize draws, cash payments, vouchers for goods and groceries, and in six trials the recovery of money deposited by those taking part. The odds ratio (OR) for quitting with incentives at longest follow-up (six months or more) compared with controls was 1.42 (95% confidence interval (CI) 1.19 to 1.69; 17 trials, [20 comparisons], 7715 participants). Only three studies demonstrated significantly higher quit rates for the incentives group than for the control group at or beyond the six-month assessment: One five-arm USA trial compared rewards- and deposit-based interventions at individual and group level, with incentives available up to USD 800 per quitter, and demonstrated a quit rate in the rewards groups of 8.1% at 12 months, compared with 4.7% in the deposits groups. A direct comparison between the rewards-based and the deposit-based groups found a benefit for the rewards arms, with an OR at 12 months of 1.76 (95% CI 1.22 to 2.53; 2070 participants). Although more people in this trial accepted the rewards programmes than the deposit programmes, the proportion of quitters in each group favoured the deposit-refund programme. Another USA study rewarded both participation and quitting up to USD 750, and achieved sustained quit rates of 9.4% in the incentives group compared with 3.6% for the controls. A deposit-refund trial in Thailand also achieved significantly higher quit rates in the intervention group (44.2%) compared with the control group (18.8%), but uptake was relatively low, at 10.5%. In the remaining trials, there was no clear evidence that participants who committed their own money to the programme did better than those who did not, or that contingent rewards enhanced success rates over fixed payment schedules. We rated the overall quality of the older studies as low, but with later trials (post-2000) more likely to meet current standards of methodology and reporting. Eight of nine trials with usable data in pregnant smokers (seven conducted in the USA and one in the UK) delivered an adjusted OR at longest follow-up (up to 24 weeks post-partum) of 3.60 (95% CI 2.39 to 5.43; 1295 participants, moderate-quality studies) in favour of incentives. Three of the trials demonstrated a clear benefit for contingent rewards; one delivered monthly vouchers to confirmed quitters and to their designated 'significant other supporter', achieving a quit rate in the intervention group of 21.4% at two months post-partum, compared with 5.9% among the controls. Another trial offered a scaled programme of rewards for the percentage of smoking reduction achieved over the course of the 12-week intervention, and achieved an intervention quit rate of 31% at six weeks post-partum, compared with no quitters in the control group. The largest (UK-based) trial provided intervention quitters with up to GBP 400-worth of vouchers, and achieved a quit rate of 15.4% at longest follow-up, compared to the control quit rate of 4%. Four trials confirmed that payments made to reward a successful quit attempt (i.e. contingent), compared to fixed payments for attending the antenatal appointment (non-contingent), resulted in higher quit rates. Front-loading of rewards to counteract early withdrawal symptoms made little difference to quit rates. **AUTHORS' CONCLUSIONS:** Incentives appear to boost cessation rates while they

are in place. The two trials recruiting from work sites that achieved sustained success rates beyond the reward schedule concentrated their resources into substantial cash payments for abstinence. Such an approach may only be feasible where independently-funded smoking cessation programmes are already available, and within a relatively affluent and educated population. Deposit-refund trials can suffer from relatively low rates of uptake, but those who do sign up and contribute their own money may achieve higher quit rates than reward-only participants. Incentive schemes conducted among pregnant smokers improved the cessation rates, both at the end-of-pregnancy and post-partum assessments. Current and future research might continue to explore the scale, loading and longevity of possible cash or voucher reward schedules, within a variety of smoking populations.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: [female](#)
[health care facility](#)
[health promotion](#)
[human](#)
[male](#)
[meta analysis](#)
[*motivation](#)
[pregnancy](#)
[procedures](#)
[*psychology](#)
[randomized controlled trial\(topic\)](#)
[*reward](#)
[smoking cessation](#)
[workplace](#)

Source: EMBASE

Full Text: Available from *Wiley* in *Cochrane Library, The*

10. Monitoring systems and national surveys on prison health in France and abroad

Citation: European journal of public health, February 2015, vol./is. 25/1(167-172), 1464-360X (01 Feb 2015)

Author(s): Verdot C.; Godin-Blandeau E.; Gremy I.; Develay A.-E.

Institution: (Verdot) Departement des Maladies Chroniques et Traumatismes, Institut de Veille Sanitaire (French Institute for Public Health Surveillance), 94415 Saint-Maurice cedex France c.verdot@invs.sante.fr; (Godin-Blandeau) Departement des Maladies Chroniques et Traumatismes, Institut de Veille Sanitaire (French Institute for Public Health Surveillance), 94415 Saint-Maurice cedex France; (Gremy) Departement des Maladies Chroniques et Traumatismes, Institut de Veille Sanitaire (French Institute for Public Health Surveillance), 94415 Saint-Maurice cedex France; (Develay) Departement des Maladies Chroniques et Traumatismes, Institut de Veille Sanitaire (French Institute for Public Health Surveillance), 94415 Saint-Maurice cedex France

Language: English

Abstract: BACKGROUND: The implementation of a national monitoring system of prisoners' health is under consideration in France. As information available on this topic is quite scarce, particularly in Europe, a study was performed to identify and describe various prison health monitoring approaches implemented worldwide. METHODS: Data were collected for 15 countries in Oceania, North America and western and northern Europe via official state websites, bibliographical searches and interviews with international prison health representatives. RESULTS: The means and methods implemented to monitor prisoners' health in the studied countries are heterogeneous. Although all countries systematically record mortality data, only four have a monitoring system that covers a wide array of health data: Canada and Belgium routinely collect health data using a systematic, standardized and computerized approach, while the USA and Australia have developed regular repeated nationwide surveys. Some countries have set up monitoring

systems restricted to specific health problems, such as infectious diseases (e.g. the UK, Switzerland and Canada) and mental health (e.g. New Zealand and the Netherlands). In other countries, including France, prisoners' health monitoring systems are limited to occasional epidemiological studies covering specific topics, for example, psychiatric disorders, addiction or infectious diseases. However, their one-off nature prevents regular assessment of health prevalence and trends. CONCLUSIONS: This study highlights the diversity of approaches and methods developed to monitor prison health in high-income countries. Analysis of these different situations provides an insight into the feasibility of and requirements for the development of an efficient prison health surveillance system.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: [adult](#)
[Europe](#)
[female](#)
[France](#)
[*health status](#)
[health survey](#)
[human](#)
[male](#)
[North America](#)
[Pacific islands](#)
[prisoner](#)
[*procedures](#)
[*statistics and numerical data](#)

Source: EMBASE

Full Text: Available from *Highwire Press* in [European Journal of Public Health, The](#)
 Available from *Oxford University Press* in [European Journal of Public Health, The](#)

11. Analysis of episodes of involuntary re-admission in ireland (2007-2010)

Citation: Irish Journal of Psychological Medicine, 2012, vol./is. 29/3(180-184), 0790-9667 (2012)

Author(s): Cunningham G.

Institution: (Cunningham) Mental Health Tribunals, Mental Health Commission St Martin's House, Waterloo Road, Dublin 4, Ireland

Language: English

Abstract: Objectives: Initial examination of data held by the Mental Health Commission indicated a number of patients having repeated involuntary readmissions (defined as patients having three or more involuntary episodes in a calendar year). The Commission sought more empirical analysis of the data relating to these patients, to determine if there were any trends or commonality regarding their demographic characteristics, length of episode, and diagnoses. Methods: From 1 November 2006 the Mental Health Commission has been notified of all involuntary admissions in Ireland under the Mental Health Act (2001). From this national database information on patients who have had three or more involuntary admissions per year was analysed. Results: In the period studied there has been an overall reduction in the number of voluntary and involuntary admissions to Irish psychiatric hospitals and units. However, the use of involuntary admission remains constant at around 10% of all admissions. Seven percent (n=569) of involuntary admission orders in this four year period relate to two percent (n=121) of all involuntary patients. Patients who have experienced repeated involuntary admissions are predominantly male (59%), often have a diagnosis of schizophrenia, or schizotypal and delusional disorders (57%), or mania (20%), are in the age band 22-64 (80%) and more often live in rural counties. Conclusions: Potential appears to exist to significantly reduce the number of involuntary admissions by focusing on the care given to patients who are repeatedly re-admitted. More analysis is needed of voluntary and involuntary re-admissions if inpatient facilities are to be effectively configured.

Country of Publication: Ireland

Publisher: College of Psychiatry of Ireland

Publication Type: Journal: Article

Subject Headings: adult
alcoholism
article
controlled study
delusional disorder
depression
eating disorder
female
hospital admission
*hospital readmission
human
intellectual impairment
International Classification of Diseases
Ireland
law
major clinical study
male
mania
medical society
mental hospital
neurosis
risk factor
rural area
schizophrenia
schizotypal personality disorder

Source: EMBASE

12. A qualitative study of gender-based pathways to problem drinking in dublin, ireland

Citation: Irish Journal of Psychological Medicine, 2012, vol./is. 29/3(163-170), 0790-9667 (2012)

Author(s): Cunningham J.

Institution: (Cunningham) Quinnipiac University, Department of Psychology, 275 Mount Carmel Avenue, Hamden, CT 06518, Connecticut, United States

Language: English

Abstract: Objective: High rates of alcohol-related harm have been reported in the European Union, including Ireland, for more than 20 years. This article's goal is to contextualise such rates by examining gender-based pathways to alcohol use disorders from the perspective of those self-identifying as in recovery using data collected midway through this 20-year trend. Methods: Sixteen informants (nine men and seven women) were interviewed between 1998 and 1999 in Dublin, Ireland. Using qualitative methods, informants were asked to reflect upon their experiences of problem drinking and recovery. Results: Drinking expectancies, pub-based socialising, social anxiety and perceived social expectations to drink were cited as common pathways to problem drinking by informants, highlighting contradictions in drinking practices and the symbolic functions of alcohol. Drinking contexts identified by informants were public pub-based drinking for men and home-based drinking for women. Primary barriers to problem acceptance centered on pub-based socialising norms and gender-based shame. Benefits of support group membership included establishing new social networks and learning alternative ways to cope with negative emotions. Conclusion: Consideration of drinking expectancies, the social contexts in which problematic drinking occurs, gender ideologies, the cultural meanings of drinking behaviours, and attention to feelings of isolation or loneliness experienced by those exhibiting problematic consumption behaviours might further understandings of potentially harmful drinking, especially in periods of economic uncertainty.

Country of Publication: Ireland

Publisher: College of Psychiatry of Ireland

Publication Type: Journal: Article

Subject Headings: *alcohol use disorder
*alcoholism
article
controlled study
cultural factor
expectation
female
human
Ireland
lifestyle
male
masculinity
motivation
problem identification
qualitative research
*sex difference
shame
social behavior
social class
social phobia
social problem
stereotypy

Source: EMBASE

13. Methadone treatment in Irish general practice: Voices of service users

Citation: Irish Journal of Psychological Medicine, 2012, vol./is. 29/3(147-156), 0790-9667 (2012)

Author(s): Latham L.

Institution: (Latham) Registered Advanced Nurse Practitioner, Registered Nurse Prescriber Thomas Court Primary Care Centre, 1 St Catherine's Lane West, Dublin, Ireland

Language: English

Abstract: This study sets out to make a meaningful and useful contribution to the discussion surrounding the treatment of heroin addiction in Ireland. The study took place in nine urban general practices in Dublin city. Twenty five service users were interviewed in-depth. A phenomenological approach drawing on the psychological research methods of Colazzi for data analysis informed this study. Four themes emerged from the data: Service users' the significance of methadone for the service user; service users' understanding of the Methadone Treatment Protocol and the experience of addiction and its effect on families. This paper reports on the experiences of service users receiving methadone treatment in urban general practice in Dublin and in so doing highlights the influence of the GP in supporting recovery. It explores the theme - Service User's Experience of attending general practice for methadone treatment. These accounts provide insight into the harm reduction policy of methadone maintenance and highlight how - from the service users' experience - the implementation is falling short.

Country of Publication: Ireland

Publisher: College of Psychiatry of Ireland

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

Publication Type: Journal: Article

Subject Headings: adult
article
clinical article
controlled study

doctor patient relation
 drug megadose
 ethnicity
 female
 *general practice
 health care personnel
 *health care utilization
 "*heroin dependence/dt [Drug Therapy]"
 human
 Ireland
 Irish
 low drug dose
 maintenance drug dose
 male
 personal experience
 phenomenology
 pilot study
 qualitative research
 social support
 statistics
 urban area
 "*methadone/do [Drug Dose]"
 "*methadone/dt [Drug Therapy]"

Source: EMBASE

14. Mental illness among the homeless: Prevalence study in a Dublin homeless hostel

Citation: Irish Journal of Psychological Medicine, July 2012, vol./is. 29/1(22-26), 0790-9667 (July 2012)

Author(s): Prinsloo B.; Parr C.; Fenton J.

Institution: (Prinsloo) Child and Adolescent Psychiatry, Our Lady's Children's Hospital, Crumlin, Dublin 12, Ireland; (Parr) James Connolly Memorial Hospital, Blanchardstown, Dublin 15, Ireland; (Fenton) ACCES Team, Dublin 8, Ireland

Language: English

Abstract: Objective: To determine the prevalence of mental illness among the residents of a homeless hostel in inner city Dublin. Method: A cross-sectional survey was carried out among hostel residents, as previous studies have indicated that homeless hosteldwelling men in Dublin constitute the largest single grouping of homeless Irish people. All agreeable residents were interviewed by the authors over an eight-week period using the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) Clinical Version. For each disorder, the current (30-day) and past prevalence was determined. Results: A total of 38 residents were interviewed, resulting in a response rate of 39.2% for the study. A total of 81.6% of residents had a current Axis I diagnosis; this number increased to 89.5% when combining current and past diagnoses. Only four residents had no diagnosis. There was considerable comorbidity between disorders, with a significant number of residents experiencing both mental illness and substance use problems. When considering lifetime diagnoses, 31.6% had a single diagnosis only; 57.9% had two/more diagnoses. Twelve residents (31.6%) had been admitted to a psychiatric hospital during their lifetime. The most prevalent disorders during the past month were Alcohol Dependence (23.7%), Opioid Dependence and Major Depressive Disorder (both 18.4%), Opioid Abuse and Alcohol-Induced Depression (both 7.9%). Only 23.7% of interviewed residents were attending psychiatric or addiction services. A significant number of residents who did not wish to participate in the study were identified by hostel staff as having a confirmed psychiatric diagnosis. Conclusion: The survey demonstrated a very high prevalence of mental disorders among homeless hostel residents. The high prevalence of dual diagnosis highlights the need for greater collaboration between psychiatric services and addiction services. The outcome also points to the importance of providing mental health training to emergency shelter/hostel staff. Research into the

mental health status of the homeless should be undertaken regularly if services are to be planned to meet the needs of this vulnerable group.

Country of Publication: Ireland
Publisher: College of Psychiatry of Ireland
Publication Type: Journal: Article
Subject Headings: adult
 "alcoholism/di [Diagnosis]"
 article
 clinical article
 comorbidity
 cross-sectional study
 halfway house
 health survey
 *homelessness
 hospital admission
 human
 Ireland
 "major depression/di [Diagnosis]"
 male
 "*mental disease/di [Diagnosis]"
 "*mental disease/ep [Epidemiology]"
 mental health service
 mental hospital
 "opiate addiction/di [Diagnosis]"
 prevalence
 Structured Clinical Interview for DSM Disorders
 substance abuse

Source: EMBASE

15. One-year audit of an Irish specialist psychogastroenterology hepatitis C service

Citation: Irish Journal of Psychological Medicine, September 2011, vol./is. 28/3(153-155), 0790-9667 (September 2011)

Author(s): Whitty M.; Hale S.M.; Murray F.

Institution: (Whitty) Clonard House, Market Square, Navan, Co Meath, Ireland; (Murray) Beaumont Hospital, Dublin, Ireland

Language: English

Abstract: Hepatitis C is a common condition affecting approximately 170 million patient's worldwide.¹ The World Health Organisation (WHO) estimates that 8.9 million people in the European region are infected with hepatitis C.² Untreated chronic hepatitis C infection may result in cirrhosis (20-25%), end-stage liver disease and hepatocellular carcinoma (1-4%). Hepatitis C is the cause of about one half of all cases of primary liver cancer in the developed world.² Patients with HCV infection also have a higher prevalence of psychiatric illness than the general population and individuals with psychiatric illness and drug dependence have higher rates of HCV infection than the general population.³

Country of Publication: Ireland
Publisher: College of Psychiatry of Ireland
CAS Registry Number: 36791-04-5 (ribavirin)
Publication Type: Journal: Article
Subject Headings: adult
 anxiety disorder
 article
 clinical article

depression
disease association
disease course
drug dependence
drug withdrawal
female
genotype
health service
"*hepatitis C/dt [Drug Therapy]"
human
Ireland
male
*medical audit
medical history
medical specialist
*mental disease
patient compliance
psychosis
substance abuse
treatment duration
treatment response
"interferon/cb [Drug Combination]"
"interferon/dt [Drug Therapy]"
"ribavirin/cb [Drug Combination]"
"ribavirin/dt [Drug Therapy]"

Source: EMBASE

16. Mephedrone and 'head/hemp' shop drugs: A clinical and biochemical 'heads up'

Citation: Irish Journal of Psychological Medicine, March 2011, vol./is. 28/1(s2-s3), 0790-9667 (March 2011)

Author(s): Domhnaill S.O.; Chleirigh C.N.

Institution: (Domhnaill) St. Loman's Hospital, Mullingar, Co. Westmeath, Ireland; (Domhnaill) Cuan Mhuire Teoranta, Addiction Treatment Services, Ireland; (Chleirigh) Dublin University Psychiatric Training Rotation, Jonathan Swift Clinic, St. James Hospital, Dublin 8, Ireland

Language: English

Country of Publication: Ireland

Publisher: College of Psychiatry of Ireland

CAS Registry Number: 8001-45-4 (cannabis); 8063-14-7 (cannabis); 5265-18-9 (cathinone); 71031-15-7 (cathinone); 77271-59-1 (cathinone); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine)

Publication Type: Journal: Editorial

Subject Headings: biochemistry
comorbidity
disease association
disease severity
drug dependence
drug effect
drug intoxication
drug use
editorial
human
inappropriate prescribing
Ireland
psychosis
*public health problem

substance abuse
 symptomatology
 toxicology
 *4' methylmethcathinone
 cannabis
 cathinone
 cocaine
 phenethylamine derivative
 psychostimulant agent

Source: EMBASE

17. Anxiety and depression among opiate users who misuse substances during treatment

Citation: Irish Journal of Psychological Medicine, March 2011, vol./is. 28/1(6-12), 0790-9667 (March 2011)

Author(s): Stapleton R.; Comiskey C.

Institution: (Stapleton) Mathematics Department, National University of Ireland, Maynooth, Co. Kildare, Ireland; (Comiskey) School of Nursing and Midwifery, Trinity College Dublin, 24 D'Olier St, Dublin 2, Ireland

Language: English

Abstract: Objectives: While treatment is known to improve drug and crime outcomes for opiate users, there is debate in the literature about the longitudinal effects of substance misuse and the comorbidity of mental health problems. We sought to describe and model anxiety and depression outcomes during opiate substance misuse treatment. Methods: The first national, longitudinal treatment outcome study of 404 opiate users entering a new episode of inpatient or outpatient treatment and followed up at one and three years and assessed using the Maudsley Addiction Profile instrument. Results: A total of 404 opiate users were recruited representing approximately 8.2% of all new treatments and 17% of all new methadone treatments at national level in Ireland in 2003. At three years 97% (n = 392) were followed-up. At one year, analysis revealed the odds of experiencing depression was between five and 15 times the odds for opiate users who also used cocaine than non cocaine using opiate users, but this had decreased at three years. At three years those who were drug free, that is, not in treatment and not using illicit drugs, were less likely to experience feeling hopeless about the future than those in treatment or those not in treatment and using, but they were also more likely to experience feeling tense. Those in treatment were more likely to feel lonely. Conclusion: The concurrent misuse of cocaine and other substances during opiate treatment and the stage of the treatment pathway are associated with anxiety and depression among opiate users in treatment. These client factors need to be considered when implementing individualised treatment care plans.

Country of Publication: Ireland

Publisher: College of Psychiatry of Ireland

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

Publication Type: Journal: Article

Subject Headings: adult
 alcoholism
 *anxiety disorder
 article
 comorbidity
 controlled study
 *depression
 drug misuse
 female
 heroin dependence
 hopelessness

human
loneliness
longitudinal study
major clinical study
male
methadone treatment
"*opiate addiction/dt [Drug Therapy]"
outcome assessment
*substance abuse
suicidal ideation
suicide attempt
benzodiazepine derivative
cocaine
diamorphine
illicit drug
"methadone/dt [Drug Therapy]"

Source: EMBASE

18. Irish adolescents with ADHD and comorbid substance use disorder

Citation: Irish Journal of Psychological Medicine, September 2010, vol./is. 27/3(148-151), 0790-9667 (September 2010)

Author(s): Edokpolo O.; Nkire N.; Smyth B.P.

Institution: (Edokpolo, Smyth) Youth Drug and Alcohol Service, HSE Addiction Services, Tallaght, Dublin 24, Ireland; (Nkire) Drug Treatment Centre Board, Pearse Street, Dublin 2, Ireland; (Smyth) Department of Public Health and Primary Care, Trinity College Dublin, Ireland

Language: English

Abstract: Objectives: To examine the literature for drug treatment of attention deficit hyperactivity disorder (ADHD) in adolescents with co-occurring substance use disorder (SUD), the challenges posed by this, and make recommendations taking into account current trend in Ireland. Methods: Articles published from 1992-2008 were identified using OVID-MEDLINE search using the search terms attention deficit hyperactivity disorder and substance use disorder. Studies cited include review articles, epidemiological studies, experimental researches, open and controlled trials of drugs in ADHD with comorbid SUD and clinical guidelines. No non-English language papers were included. Results: Thirty-six studies were examined. A number of the papers reported on the link between ADHD and SUD, that they frequently co-occur, and there is evidence that treating ADHD can reduce the risk of future SUD. Some of the studies reviewed demonstrated the safety and effectiveness of ADHD medication on the ADHD symptoms but less so on the SUD. Concerns around stimulant abuse and diversion are valid. Although there is no current evidence of frequent diversion of ADHD medications in Ireland, this practice is prevalent in the US. Consequently psychiatrists should remain vigilant to the possibility of such diversions and take measures to address them if identified. Conclusions: The available evidence suggests that medication is not hazardous in ADHD comorbid with SUD. Pharmacological treatment of ADHD, following consideration of potential risks and benefits, is justified in the presence of SUD. Both methylphenidate and atomoxetine can be used. Stabilisation of serious SUD before pharmacotherapy is preferable, and it is advisable to provide psychological treatment to address SUD in these patients.

Country of Publication: Ireland

Publisher: College of Psychiatry of Ireland

CAS Registry Number: 31677-93-7 (amfebutamone); 34911-55-2 (amfebutamone); 82248-59-7 (atomoxetine); 82857-39-4 (atomoxetine); 82857-40-7 (atomoxetine); 83015-26-3 (atomoxetine); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1462-73-3 (dexamphetamine); 51-63-8 (dexamphetamine); 51-64-9 (dexamphetamine); 113-45-1 (methylphenidate); 298-59-9 (methylphenidate); 2152-34-3 (pemoline)

Publication Type: Journal: Review

Subject Headings: adolescent
 *adolescent health
 "*attention deficit disorder/dt [Drug Therapy]"
 clinical practice
 cocaine dependence
 comorbidity
 drug clearance
 drug dosage form comparison
 drug effect
 drug efficacy
 drug safety
 drug tolerability
 drug withdrawal
 evidence based medicine
 human
 Ireland
 "liver toxicity/si [Side Effect]"
 psychopharmacotherapy
 review
 risk benefit analysis
 risk reduction
 *substance abuse
 "amfebutamone/ct [Clinical Trial]"
 "amfebutamone/dt [Drug Therapy]"
 "atomoxetine/dt [Drug Therapy]"
 cocaine
 "dexamphetamine/dt [Drug Therapy]"
 "methylphenidate/dt [Drug Therapy]"
 "methylphenidate/po [Oral Drug Administration]"
 "methylphenidate/pk [Pharmacokinetics]"
 "pemoline/ae [Adverse Drug Reaction]"
 "pemoline/ct [Clinical Trial]"
 "pemoline/dt [Drug Therapy]"
 placebo

Source: EMBASE

19. An audit of incomplete involuntary admissions to an approved Irish centre

Citation: Irish Journal of Psychological Medicine, September 2010, vol./is. 27/3(143-146), 0790-9667 (September 2010)

Author(s): Rafiq A.; O'Hanlon M.

Institution: (Rafiq) Psychiatry of Old Age, St Loman's Hospital, Mullingar, Ireland; (O'Hanlon) Clinical Director, St Loman's Hospital, Mullingar, Ireland

Language: English

Abstract: Objectives: With the implementation of the Mental Health Act 2001(MHA 2001) in November 2006, there was an expectation of reduction in the overall involuntary admission rate, particularly as those with a sole diagnosis of substance misuse were specifically excluded from the definition of mental disorder. The aim of this audit cycle was to ascertain this rate and to audit the process of the referral, transfer, assessment and subsequent management of the patients whose admission orders were not completed by the consultant psychiatrists (CPs) following referral for involuntary admission to an approved centre. In addition, the authors wished to ascertain if the recommendations of Audit 2003 were implemented. Method: The Audit 2003 analysed all Temporary Patient Reception Orders sent to an approved centre in the year 2003 but whose admission orders were not completed by the CP. A protocol was drawn up to elicit information. The Re-Audit in 2008 used the same protocol. The duration of the Re-Audit was 01.11.06-31.10.07. The results were analysed using SPSS 12. Results: There is no change in the involuntary referral rate to the approved centre in Longford/Westmeath since the

new legislation was enacted. The CP continues to refuse to make an order in one in three cases. Patients with a sole diagnosis of alcohol misuse continue to be referred for involuntary admission but are now presenting sober on admission. There also appears to be an increased rate of incorrectly filled forms by GPs. Conclusions: This audit indicates a need for more training for GPs and Gardai in the MHA 2001 and filling of forms.

Country of Publication: Ireland

Publisher: College of Psychiatry of Ireland

Publication Type: Journal: Article

Subject Headings: [adult](#)
[article](#)
[clinical protocol](#)
[controlled study](#)
["delusional disorder/di \[Diagnosis\]"](#)
[drug misuse](#)
[female](#)
[general practitioner](#)
[*hospital admission](#)
[human](#)
[Ireland](#)
[length of stay](#)
[major clinical study](#)
[male](#)
[*medical audit](#)
[medical documentation](#)
[medical education](#)
[medical practice](#)
[*mental health center](#)
[patient assessment](#)
[patient referral](#)
[patient transport](#)
[physician attitude](#)
[psychologic test](#)
["schizophrenia/di \[Diagnosis\]"](#)
["schizotypal personality disorder/di \[Diagnosis\]"](#)

Source: EMBASE

20. Dual diagnosis in a Dublin tertiary addiction centre - a cross-sectional study

Citation: Irish Journal of Psychological Medicine, December 2009, vol./is. 26/4(191-193), 0790-9667 (December 2009)

Author(s): Iro C.; O'Connor J.

Institution: (Iro) Kilkenny East Mental Health Service, Dept of Psychiatry, St Luke's Hospital, Kilkenny, Ireland; (O'Connor) Drug Treatment Centre Board, Trinity Court, 30-32 Pearse St, Dublin 2, Ireland

Language: English

Abstract: Objectives: To address the relative dearth of information relating to the prevalence of psychiatric co-morbidity among attenders of community addiction facilities. Methods: We carried out a cross-sectional study of clients attending a Dublin-based tertiary addiction centre to assess the rates of psychiatric co-morbidity, determine the demographic and clinical variables and evaluate the level of contact with allied medical care especially primary care and community psychiatric services. Information was sourced from available patient records. Results: Forty-three per cent of the clients (n = 59), attending the service were found to have a chart diagnosis of psychiatric disorder. Only 15% of these were in contact with community psychiatric services. Conclusions: This high rate of psychiatric co-morbidity has implications in terms of funding, training and service delivery.

Country of Publication: Ireland

Publisher: College of Psychiatry of Ireland

Publication Type: Journal: Article

Subject Headings: adult
 "anxiety disorder/di [Diagnosis]"
 article
 "bipolar disorder/di [Diagnosis]"
 *comorbidity
 cross-sectional study
 demography
 "depression/di [Diagnosis]"
 "*drug dependence/di [Diagnosis]"
 female
 *health care facility
 human
 Ireland
 major clinical study
 male
 medical care
 medical record
 "*mental disease/di [Diagnosis]"
 mental health service
 obsessive compulsive disorder
 prevalence
 primary medical care
 psychosis
 "schizophrenia/di [Diagnosis]"
 substance abuse
 *tertiary addiction center

Source: EMBASE

21. CBT for adolescent pathological gambling - lessons from adult research

Citation: Irish Journal of Psychological Medicine, September 2009, vol./is. 26/3(140-146), 0790-9667 (September 2009)

Author(s): Clarke C.; Skokauskas N.

Institution: (Clarke) Department of Child and Adolescent Psychiatry, Mater Misericordiae Hospital, Metropolitan Building, James Joyce Street, Dublin 1, Ireland; (Skokauskas) Department of Psychiatry, St James's Hospital, Dublin 8, Ireland

Language: English

Abstract: Objectives: Features of gambling, particularly among young people have changed over the past decade and, while there are no data from Ireland, there are suggestions from those working in the field that pathological gambling is increasing among adolescents. Relatively little is known about the effective treatment of pathological gambling in adolescents. This paper aims to review research in cognitive behavioural treatments with a view to their application in adolescents. Research among adolescence is given prominence when this is available. Methods: The methodology comprised a literature search of Medline, Psycinfo, and EMBASE databases, using the search terms: 'cognitive behavioural therapy'; 'gambling'; 'psychology'; 'epidemiology'; 'adolescent'; 'motivation'; 'effectiveness'; 'outcome'; 'relapse'; and 'internet'. In addition, a hand search of Clinical Psychological Reviews, Journal of Gambling Studies, Addiction, Psychology of Addictive Behaviors, and International Gambling Studies (1997-2007) was performed. Results: A total of 23 studies comprising various cognitive and behavioural approaches were identified, all but three of them confined to adult subjects. Study methodology and quality varied greatly, with many case studies or small case series, and only three randomised control trials. None used an intention-to-treat analysis, and there was little long-term follow-up. Almost all indicated, with more or less evidence, that cognitive

behavioural strategies might be beneficial. Conclusions: Many varieties and modifications of cognitive behavioural therapy have been applied to pathological gambling, though there are few studies of any psychological treatments for adolescent gamblers. Methodological problems surround much of the research. Notwithstanding these reservations cognitive behavioural approaches seem to offer promise in managing this serious problem.

Country of Publication: Ireland
Publisher: College of Psychiatry of Ireland
Publication Type: Journal: Review
Subject Headings: adolescent
adult
arousal
clinical effectiveness
*cognitive therapy
controlled study
disease association
disease severity
family therapy
female
follow up
high risk patient
human
major clinical study
male
meta analysis
motivation
outcome assessment
"*pathological gambling/th [Therapy]"
review
self monitoring
strategic planning
therapy effect
treatment duration
treatment planning

Source: EMBASE

22. Opiate substitution prescribing in belfast - two year follow up study

Citation: Irish Journal of Psychological Medicine, December 2009, vol./is. 26/4(183-186), 0790-9667 (December 2009)

Author(s): Collins R.; Ewing D.; Boggs B.; Taggart N.; Drillingcourt A.; Kelly M.; Patterson D.

Institution: (Collins, Ewing, Boggs, Taggart, Drillingcourt, Kelly, Patterson) Shaftesbury Square Hospital, 116-120 Great Victoria Street, Belfast, BT2 7PG Northern, Ireland

Language: English

Abstract: Objectives: The objectives of the study were to identify the characteristics of the patients who were commenced in a newly developed opiate substitute prescribing (OSP) programme, to determine their rate of retention and to ascertain the patients' opinions of the service. We also wished to determine rates of blood borne viruses in this population. Methods: Data were collected from three sources: the Shaftesbury Square Hospital Substitute Prescribing Database, patient charts and an anonymous user views questionnaire. We also conducted viral screening. Inclusion criteria were opiate dependence according to ICD-101 for at least one year, in individuals who were 18 years of age or older. The sample comprised the first 80 patients who attended the service, who were followed up over two years. Results: A total of 44% of our original cohort remained engaged with the service two years after commencement. Of the remainder, 18% engaged with OSP elsewhere and 13% completed a successful detoxification from all opiate drug use. Factors which were associated with continuation in the programme were prescription

of methadone (as compared with buprenorphine), female sex and higher doses of OSP. Patients reported high levels of satisfaction with the service. Of those who were tested for blood borne viruses, more than half were positive for hepatitis C infection. Conclusions: The response to the development of the opiate substitution programme demonstrated that there was a need in the community which had not been met in the past. Service users who attended the programme reported high levels of satisfaction.

Country of Publication: Ireland

Publisher: College of Psychiatry of Ireland

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

Publication Type: Journal: Article

Subject Headings: [adult](#)
[article](#)
[clinical assessment](#)
[community care](#)
[controlled study](#)
[disease association](#)
[female](#)
[follow up](#)
[health program](#)
["hepatitis B/di \[Diagnosis\]"](#)
["hepatitis C/di \[Diagnosis\]"](#)
[Hepatitis C virus](#)
[human](#)
["Human immunodeficiency virus infection/di \[Diagnosis\]"](#)
[Ireland](#)
[major clinical study](#)
[male](#)
["*opiate addiction/di \[Diagnosis\]"](#)
["*opiate addiction/dt \[Drug Therapy\]"](#)
[*opiate substitution treatment](#)
[outcome assessment](#)
[patient satisfaction](#)
[prescription](#)
[program development](#)
[screening test](#)
[sex difference](#)
[virus identification](#)
["buprenorphine/cm \[Drug Comparison\]"](#)
["buprenorphine/dt \[Drug Therapy\]"](#)
["methadone/cm \[Drug Comparison\]"](#)
["methadone/dt \[Drug Therapy\]"](#)

Source: EMBASE

23. Psychiatric morbidity in male remanded and sentenced committals to Irish prisons

Citation: Irish Journal of Psychological Medicine, December 2009, vol./is. 26/4(169-173), 0790-9667 (December 2009)

Author(s): Curtin K.; Monks S.; Wright B.; Duffy D.; Linehan S.; Kennedy H.G.

Institution: (Curtin, Monks, Wright, Duffy, Linehan, Kennedy) Central Mental Hospital, Dundrum, Dublin 14, Ireland; (Wright, Kennedy) Department of Psychiatry, University of Dublin, Trinity College, Dublin 2, Ireland

Language: English

Abstract: Objectives: To describe the prevalence of psychiatric morbidity and the treatment needs of new committals to Irish prisons. Methods: A population survey of 615 prisoners

representing 7.9% of male committals to Irish prisons in the year of survey, 313 remands (9.6% of total remand committals) and 302 sentenced committals (6.4% of total sentenced committals). The main outcome measures were ICD-10 diagnoses of mental disorder based on interviews using SADS-L and prison medical records. Results: Current prevalence rates of any psychotic illness were 3.8% (remand) and 0.3% (sentenced), six month prevalence rate 5.1% (remand) and 2.6% (sentenced) and lifetime rate 9.3% (remand) and 6.6% (sentenced). Schizophrenia and drug/organic psychoses were the most common psychoses. Major depressive disorder had a current prevalence of 4.5% (remand) and 4.6% (sentenced), a six month prevalence of 4.8% (remand) and 6.0% (sentenced), and a lifetime prevalence of 8.6% (remand) and 15.9% (sentenced). Sixty-point-six per cent of the sample had a current substance misuse problem. Conclusions: There is significant psychiatric morbidity in committal prisoners.

Country of Publication: Ireland

Publisher: College of Psychiatry of Ireland

Publication Type: Journal: Article

Subject Headings: [adult](#)
["alcoholism/di \[Diagnosis\]"](#)
[article](#)
[clinical assessment](#)
[comorbidity](#)
[controlled study](#)
[disease association](#)
["drug dependence/di \[Diagnosis\]"](#)
[health care need](#)
[health survey](#)
[human](#)
[International Classification of Diseases](#)
[Ireland](#)
[major clinical study](#)
["major depression/di \[Diagnosis\]"](#)
[male](#)
[mental health service](#)
["organic psychosyndrome/di \[Diagnosis\]"](#)
["phobia/di \[Diagnosis\]"](#)
[*prison](#)
[psychologic assessment](#)
["*psychosis/di \[Diagnosis\]"](#)
[Schedule for Affective Disorders and Schizophrenia](#)
["schizophrenia/di \[Diagnosis\]"](#)
[substance abuse](#)

Source: EMBASE

24. Psychiatric illness and driving: Irish psychiatrists' documentation practices

Citation: Irish Journal of Psychological Medicine, March 2009, vol./is. 26/1(16-19), 0790-9667 (March 2009)

Author(s): Langan C.

Institution: (Langan) Department of Psychiatry, Clinical Science Institute, NUI Galway, Galway, Ireland

Language: English

Abstract: Objective: Psychiatric illness and the use of psychotropic medication are recognised as factors that may impair driving ability. Clinicians in the UK have a legal duty to advise patients on the effects of illness and prescribed medication on driving ability. Although clinicians in Ireland have no equivalent legal obligations, good medical practice suggests that doctors should be aware of whether patients are active drivers, and issue appropriate advice, supported by adequate documentation in clinical notes. Method: The initial phase of the study analysed 44 outpatient records and 48 discharge records to ascertain the level

of documentation regarding driving status, and advice given to patients regarding the effect of illness or medication on driving ability. The second phase involved distribution of an anonymous questionnaire to 18 psychiatrists employed in the acute psychiatric unit setting. Results: Although there was minimal documentation regarding the potential effect of illness on driving ability, more than 50% of case notes revealed documented advice to patients regarding side-effects of medication and driving ability. Over 50% of case notes contained advice about medication compliance, but none contained cautionary advice about operating machinery. All psychiatrists admitted not being aware of the driving status of every patient they reviewed. Over 50% admitted to advising patients of the effect of illness or medication on driving ability, but fewer reported documenting this advice on every occasion. All psychiatrists reported that they would benefit from training in this area. Conclusion: This study suggests that there is underdocumentation of advice given to patients regarding the effect of their symptoms or medication on driving ability. Clinicians need to improve their awareness of patients' driving status, in addition to receiving training on what their responsibilities are in this regard.

Country of Publication: Ireland

Publisher: College of Psychiatry of Ireland

CAS Registry Number: 7439-93-2 (lithium)

Publication Type: Journal: Review

Subject Headings: adult
alcoholism
anorexia nervosa
bipolar disorder
borderline state
controlled study
depression
*driving ability
drug use
female
generalized anxiety disorder
human
Ireland
major clinical study
male
*medical documentation
medical practice
medical record review
*mental disease
obsessive compulsive disorder
patient counseling
patient safety
physician attitude
psychiatrist
questionnaire
review
schizoaffective psychosis
schizophrenia
anticonvulsive agent
antidepressant agent
cholinergic receptor blocking agent
hypnotic agent
lithium
neuroleptic agent
*psychotropic agent

Source: EMBASE

25. Effectiveness of daily outpatient alcohol detoxification by an Irish public psychiatric hospital - A pilot study

Citation: Irish Journal of Psychological Medicine, March 2007, vol./is. 24/1(23-26), 0790-9667 (March 2007)

Author(s): Agyapong V.; Benbow J.; Browne R.

Institution: (Agyapong) RCSI Rotational Training Scheme in Psychiatry, Connolly Hospital, Blanchardstown, Dublin 15, Ireland; (Benbow) Department of Psychiatry, Connolly Hospital, Blanchardstown, Dublin 15, Ireland; (Browne) General Adult Psychiatry, St. Brendan's Hospital, Dublin 7, Ireland

Language: English

Abstract: Objective: To assess the effectiveness of daily outpatient alcohol detoxification in an Irish public psychiatric hospital. Method: The outpatient records of patients presenting to the Assessment Unit of St Brendan's Hospital in one year (August 2004-July 2005) with symptoms of Alcohol Dependence Syndrome (ADS) and commencing daily outpatient detoxification were examined retrospectively for parameters relevant to the objectives of the study. The results were compiled and analysed using descriptive statistics. Results: Forty patients underwent outpatient alcohol detoxification in one year and complete records were available for 32 patients (80%). Twenty patients had fixed addresses in the hospital catchment areas, eight patients had no fixed addresses and the remaining four patients had addresses outside the catchment areas. Seven patients (22%) presented with a co-morbid psychiatric condition including depression (four patients), anxiety disorder (two patients) and personality disorder (one patient). All seven patients were known to psychiatric sector services. Of the 32 patients commencing detoxification, 28 patients (87.5%) attended on the second day whilst 22 patients (69%) attended their third day's appointment. Only 17 patients (53%) completed the outpatient detoxification. Thirteen patients (40.6%) received at least two outpatient detoxifications during the year; of whom seven patients (58%) received their second detoxification within two months of the first one. The record of 20 patients (62.5%) showed that they had received advice regarding self-referral to counselling services. Conclusion: A high proportion of patients (47%) presenting with symptoms of ADS did not complete daily outpatient detoxifications. A high proportion of all patients (40.6%) also underwent multiple outpatient detoxifications during the year. It is possible that the separation between alcohol detoxification and alcohol counselling services in Ireland contributed to these disappointing results.

Country of Publication: Ireland

Publisher: MedMedia Ltd

Publication Type: Journal: Article

Subject Headings: [adult](#)
["*alcoholism/th \[Therapy\]"](#)
[anxiety disorder](#)
[article](#)
[clinical article](#)
[comorbidity](#)
[depression](#)
[*detoxification](#)
[female](#)
[human](#)
[Ireland](#)
[male](#)
[medical record review](#)
[mental hospital](#)
[patient counseling](#)
[patient referral](#)
[personality disorder](#)
[pilot study](#)
[retrospective study](#)
[statistics](#)

Source: EMBASE

26. The point-prevalence of alcohol use disorders and binge drinking in an Irish general hospital

- Citation:** Irish Journal of Psychological Medicine, March 2006, vol./is. 23/1(17-20), 0790-9667;0790-9667 (March 2006)
- Author(s):** Molyneux G.J.; Cryan E.; Dooley E.
- Institution:** (Molyneux) Department of Old Age Psychiatry, Liscarney House, Pearse Road, Sligo, Co Sligo, Ireland; (Cryan, Dooley) Department of Adult Psychiatry, James Connolly Memorial Hospital, Blanchardstown, Dublin 15, Ireland
- Language:** English
- Abstract:** Objectives: There is a paucity of data concerning the prevalence of alcohol use disorders and binge drinking in the general hospital adult population in Ireland. We therefore examined the point-prevalence of alcohol use disorders and of binge drinking in the adult inpatient population of the acute wards of an Irish university teaching hospital. The secondary aim was to examine gender, age, and patient group (medical/surgical) as risk factors. Method: We administered the Alcohol Use Disorders Identification Test (AUDIT) to all consenting patients (n = 126) on the acute adult medical and surgical wards over one day. Results: 76% of all inpatients on the acute medical and surgical wards were interviewed (n = 126) using the AUDIT. Of the subjects 28% screened positive for an alcohol use disorder. Of these 91% were identified as binge drinkers. A further 8% of the subjects screened positive for binge drinking but were not identified as having an alcohol use disorder. Overall, 36% of the subjects screened positive for either an alcohol use disorder and/or for binge drinking using the AUDIT. Male gender and under 65s were risk factors for both alcohol use disorders and binge drinking. Conclusions: The high point-prevalences of alcohol use disorders and binge drinking in hospital inpatients in particular are a cause for concern as they may have illness complicated by or secondary to undiagnosed alcohol excess. As this population is an easily accessible group for screening, and clinical and economic evidence supports intervention, we recommend screening all acute hospital admissions for alcohol use disorders and binge drinking, followed by appropriate management.
- Country of Publication:** Ireland
- Publisher:** MedMedia Ltd
- Publication Type:** Journal: Article
- Subject Headings:** [adult](#)
[aged](#)
[alcohol consumption](#)
[*alcoholism](#)
[article](#)
[*binge eating disorder](#)
[controlled study](#)
[female](#)
[general hospital](#)
[hospital patient](#)
[human](#)
[interview](#)
[Ireland](#)
[major clinical study](#)
[male](#)
[prevalence](#)
[risk factor](#)
[screening test](#)
[surgical ward](#)
[teaching hospital](#)
- Source:** EMBASE

27. Irish addiction services - Past, present and future

Citation: Irish Journal of Psychological Medicine, December 2005, vol./is. 22/4(118-120), 0790-9667;0790-9667 (December 2005)

Author(s): Keenan E.

Institution: (Keenan) Addiction Services, Bridge House, Cherry Orchard Hospital, South Western Area, Dublin 10, Ireland

Language: English

Country of Publication: Ireland

Publisher: College of Psychiatry of Ireland

CAS Registry Number: 12794-10-4 (benzodiazepine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 36791-04-5 (ribavirin)

Publication Type: Journal: Editorial

Subject Headings: addiction
alcohol abuse
alcohol consumption
*alcoholism
"*drug dependence/dt [Drug Therapy]"
drug use
drunkenness
editorial
health care personnel
health service
human
Ireland
mental health service
prevalence
primary medical care
professional competence
benzodiazepine
cannabis
cocaine
diamorphine
illicit drug
interferon
"methadone/dt [Drug Therapy]"
opiate
ribavirin

Source: EMBASE

28. Service response to benzodiazepine use in opiate addicts: A national postal survey

Citation: Irish Journal of Psychological Medicine, March 2005, vol./is. 22/1(15-18), 0790-9667 (March 2005)

Author(s): Williams H.; Handyside D.; Bashford K.; Oyefeso A.

Institution: (Williams) Substance Misuse Service, South Downs Health NHS Trust, 26 Ditching Road, Brighton, BN1 4SF, United Kingdom; (Williams, Handyside, Bashford, Oyefeso) Dept. Addictive Behav./Psychol. Med., St. George's Hospital Medical School, London SW17 0RE, United Kingdom

Language: English

Abstract: Objectives: The study reports on benzodiazepine use among opiate dependent patients attending National Health Service community prescribing services and examines current practice in the clinical management of benzodiazepine dependence. Method: A postal

questionnaire survey of 174 NHS substance misuse services in England and Wales. Results: A 71% response rate was achieved. Services estimated the prevalence of benzodiazepine use to be 40% and the prevalence of benzodiazepine dependence to be less than 25% among opiate dependent patients in treatment. Illicit supplies (street) and general practitioners were regarded as the most common source of benzodiazepines. The most commonly reported reasons for benzodiazepine use were for the direct intoxicating effects and for the treatment of anxiety/insomnia. The majority of services (93, 75%) reported prescribing benzodiazepines to patients for benzodiazepine detoxification while 43 (35%) reported prescribing for benzodiazepine maintenance treatment. The variations in benzodiazepine prescribing practices across services are described. Conclusions: Benzodiazepine use remains common among opiate addicts in contact with treatment services. The majority of services surveyed reported prescribing benzodiazepines but there was much variation in clinical practice nationally. There is need for further research to identify effective treatment approaches for comorbid benzodiazepine dependence in opiate misusers.

Country of Publication: Ireland

Publisher: MedMedia Ltd

CAS Registry Number: 12794-10-4 (benzodiazepine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Review

Subject Headings: "anxiety disorder/dt [Drug Therapy]"
community care
drug dependence
drug intoxication
health survey
human
"insomnia/dt [Drug Therapy]"
major clinical study
national health service
*opiate addiction
prescription
prevalence
questionnaire
review
United Kingdom
"*benzodiazepine/dt [Drug Therapy]"
"*benzodiazepine/to [Drug Toxicity]"
*opiate

Source: EMBASE

29. Documentation of alcohol, cigarette and cannabis use [3]

Citation: Irish Journal of Psychological Medicine, December 2003, vol./is. 20/4(135-136), 0790-9667 (December 2003)

Author(s): O'Connell H.; Cahill M.; Murphy D.

Institution: (O'Connell) Mercer's Inst. for Res. on Ageing, St. James's Hospital, Dublin 8, Ireland; (Cahill) Department of Psychiatry, Beaumont Hospital, Dublin 9, Ireland; (Murphy) Department of Psychiatry, Adelaide Meath Hosp. Incorporating, National Children's Hospital, Tallaght, Dublin 24, Ireland

Language: English

Country of Publication: Ireland

Publisher: MedMedia Ltd

Publication Type: Journal: Letter

Subject Headings: adult
aged

*alcohol consumption
 anamnesis
 "*cannabis addiction/di [Diagnosis]"
 *cigarette smoking
 competence
 female
 general practitioner
 health program
 health promotion
 hospital admission
 human
 Ireland
 letter
 major clinical study
 male
 medical documentation
 medical education
 psychiatrist

Source: EMBASE

30. Alcohol use in Ireland - Can we hold our drink?

Citation: Irish Journal of Psychological Medicine, December 2003, vol./is. 20/4(109-110), 0790-9667 (December 2003)

Author(s): O'Connell H.; Chin A.-V.; Lawlor B.A.

Institution: (O'Connell, Chin, Lawlor) Dept. of Psychiatry of the Elderly, Mercer's Inst. for Res. on Ageing, St. James's Hospital, Dublin 8, Ireland

Language: English

Country of Publication: Ireland

Publisher: MedMedia Ltd

Publication Type: Journal: Editorial

Subject Headings: *alcohol consumption
 "alcoholism/ep [Epidemiology]"
 drinking behavior
 editorial
 health care policy
 health survey
 human
 Ireland
 medical profession
 sexually transmitted disease
 social problem

Source: EMBASE

31. Documentation of alcohol, cigarette and cannabis use by psychiatric and general practice trainees [1]

Citation: Irish Journal of Psychological Medicine, September 2003, vol./is. 20/3(105), 0790-9667 (September 2003)

Author(s): O'Connell H.; Cahill M.; Murphy D.

Institution: (O'Connell) Mercer's Inst. for Res. on Ageing, St. James's Hospital, Dublin 8, Ireland; (Cahill) Department of Psychiatry, Beaumont Hospital, Dublin 9, Ireland; (Murphy) Department of Psychiatry, Adelaide/Meath Hosp. Incorporating, National Children's Hospital, Taliaght, Dublin 24, Ireland

Language: English

Country of Publication: Ireland

Publisher: MedMedia Ltd

Publication Type: Journal: Letter

Subject Headings: alcohol consumption
*alcoholism
*cannabis addiction
*cigarette smoking
documentation
epidemiological data
*general practitioner
health care personnel
hospital admission
human
Ireland
letter
medical education
medical practice
*medical record
statistical analysis
substance abuse

Source: EMBASE

32. Differences in the quality of life of two groups of drug users

Citation: Irish Journal of Psychological Medicine, June 2002, vol./is. 19/2(55-59), 0790-9667 (June 2002)

Author(s): Rooney S.; Freyne A.; Kelly G.; O'Connor J.

Institution: (Rooney) National Drug Treatment Centre, Pearse St, Dublin 2, Ireland; (Freyne) St. Vincent's Hospital, Elm Park, Dublin 4, Ireland; (Kelly) Department of Statistics, University College Dublin, Belfield, Dublin 4, Ireland; (O'Connor) National Drug Treatment Centre, Pearse Street, Dublin 2, Ireland

Language: English

Abstract: Objectives: The aim of this study was to compare aspects of the quality of life of drug users on a methadone maintenance programme to drug users on a harm minimisation programme. Method: Thirty-six clients attending the harm minimisation programme in the National Drug Treatment Centre, Dublin, were matched for age and sex to 36 clients on the methadone maintenance programme. All were interviewed with the SF-36 Health Survey Questionnaire to measure health related quality of life and with the Hospital Anxiety and Depression Scale (HADs) to measure psychological morbidity. Results: More clients from the harm minimisation programme had previous psychiatric problems than clients on the methadone maintenance programme, with an odds ratio of 4.3 CI(1.2,15.2). On the HADs, clients on the methadone maintenance programme had significantly lower depression scores than clients on the harm minimisation programme. In addition more clients on the harm minimisation programme were severely depressed than clients on the methadone maintenance programme. On the UK SF-36 Scale, clients on the harm minimisation programme perceived a significantly greater deterioration in 'change in health' over the previous year than clients on the methadone maintenance programme. Conclusions: Although clients on a methadone maintenance programme had an improved perception of their quality of life in relation to psychological and overall health function from the previous year, compared to clients on a harm minimisation programme, there still existed varying degrees of psychopathology in both groups which need to be considered when providing future services for drug users.

Country of Publication: Ireland

Publisher: MedMedia Ltd

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

Publication Type: Journal: Article

Subject Headings: adult
anxiety neurosis
article
clinical article
clinical trial
controlled clinical trial
controlled study
depression
drug control
"*drug dependence/dt [Drug Therapy]"
"*drug dependence/th [Therapy]"
*drug use
female
human
male
"mental disease/co [Complication]"
morbidity
*quality of life
questionnaire
"*methadone/dt [Drug Therapy]"
"*methadone/pd [Pharmacology]"

Source: EMBASE

33. Outcome of alcoholism in old age

Citation: Irish Journal of Psychological Medicine, 2001, vol./is. 18/4(125-128), 0790-9667 (2001)

Author(s): Johnson I.

Institution: (Johnson) Foxbrake House, Forston Clinic, Dorchester, Dorset, DT2 9TB, United Kingdom

Language: English

Abstract: Objective: This retrospective study describes the follow-up of a birth cohort of alcohol dependent patients as they enter old age. The aim is to define the global outcome of survivors by combining a measure of current drinking behaviour with ratings for depression and dementia. Methods: A series of 100 referrals to a regional unit for alcohol misuse in Bristol, England, were followed up at a mean of 13 years after first referral for treatment. Survivors were traced when they were aged between 67 and 77 years. At follow-up interview, subjects were screened for current alcohol problems, depression and dementia. Results: The mortality rate in the cohort was raised significantly. Almost one third of survivors had depressive symptoms at follow-up and rates of global dementia were higher than expected in an aged-matched sample of the general population. However, the majority of survivors were classified as having an intermediate global outcome with less than 10% having a poor outcome. Conclusions: The high rates of mortality and psychiatric morbidity observed in this cohort illustrate the importance of detecting alcohol problems in the elderly. Further prospective studies are necessary to validate these findings in a community sample of older people.

Country of Publication: Ireland

Publisher: MedMedia Ltd

Publication Type: Journal: Article

Subject Headings: adult
aged
"*alcoholism/ep [Epidemiology]"
article
"cognitive defect/co [Complication]"
"cognitive defect/ep [Epidemiology]"
cohort analysis

"dementia/co [Complication]"
 "dementia/ep [Epidemiology]"
 "depression/co [Complication]"
 "depression/ep [Epidemiology]"
 drinking behavior
 female
 human
 major clinical study
 male
 mortality
 outcomes research
 retrospective study
 United Kingdom
 validation process

Source: EMBASE

34. Rape and sexual assault of the elderly - An exploratory study of 10 cases referred to the Irish Forensic Psychiatry Service

Citation: Irish Journal of Psychological Medicine, 2000, vol./is. 17/4(128-131), 0790-9667 (2000)

Author(s): Collins P.G.; O'Connor A.

Institution: (Collins, O'Connor) Leverndale Hospital, Glasgow G53 7TU, United Kingdom

Language: English

Abstract: Objectives: This small exploratory study aims to investigate the characteristics of those convicted of rape or serious sexual assault against an elderly person (aged 65 years or over) who were referred to the Irish Forensic Psychiatry Service for assessment. Method: A retrospective examination of the case histories of such individuals both at the Central Mental Hospital, Dundrum, Dublin and at Arbour Hill Prison, Dublin between 1989 and 1995. Results: Ten such cases were found. The most frequent diagnoses were those of schizophrenia and alcohol dependence syndrome. A dual diagnosis of both schizophrenia and alcohol dependence was common. A high percentage of the schizophrenia cases had been previously charged with sexual offenses and most were non-compliant with prescribed psychotropic medication at the time of the offence. Conclusions: A very small number of people with mental illness may be at increased risk of committing a sexual offence against an elderly person. Further study of such offenders is merited.

Country of Publication: Ireland

Publisher: MedMedia Ltd

CAS Registry Number: 50-53-3 (chlorpromazine); 69-09-0 (chlorpromazine)

Publication Type: Journal: Article

Subject Headings: adult
 aged
 alcoholism
 article
 clinical article
 comorbidity
 forensic psychiatry
 human
 Ireland
 mental health service
 mental hospital
 patient compliance
 patient referral
 psychiatric diagnosis
 *rape
 "schizophrenia/dt [Drug Therapy]"
 *sexual crime

"chlorpromazine/dt [Drug Therapy]"
 "neuroleptic agent/dt [Drug Therapy]"
 "psychotropic agent/dt [Drug Therapy]"

Source: EMBASE

35. An audit of violent incidents in a drug treatment centre

Citation: Irish Journal of Psychological Medicine, 2000, vol./is. 17/1(29-33), 0790-9667 (2000)

Author(s): Fahy S.; Browne R.; Sloan D.; Keating S.; O'Connor J.

Institution: (Fahy) Department of Psychiatry, University College Hospital, Galway, Ireland; (Browne) St. Davnet's Hospital, Monaghan, Ireland; (Sloan) St. Ita's Hospital, Co Dublin, Ireland; (Keating, O'Connor) Drug Treatment Centre, Trinity Court, 30/31 Pearse Street, Dublin 2, Ireland

Language: English

Abstract: Objectives: The aim of this study was to examine the prevalence of, and factors associated with violence in a drug treatment centre. Method: This study is a retrospective audit of all incident forms completed at an urban drug treatment centre between December 1991 and July 1996 with reference to case notes for additional clinical information on individuals involved in violent incidents. Participants included all patients attending the centre in the aforementioned time period who were involved in violent incidents. Information was obtained about the prevalence and severity of violent incidents and patient details including main drug of abuse, route of use, reason for attendance, comorbid axis 1 diagnosis, history of previous incidents and HIV status at the time of the incidents. Results: One per cent of all patients were involved in violent incidents. Less than one quarter of incidents involved serious injury or assault. Most perpetrators were male intravenous heroin users on a methadone maintenance programme. Nurses and doctors were most frequently the victims of incidents. Ten per cent of patients had history of previous incidents and almost half the perpetrators were HIV positive. A comorbid axis 1 diagnosis was found in 9% of perpetrators (n = 6), mainly alcohol dependence syndrome. Conclusions: Those on methadone maintenance programmes were most likely to be violent. Almost half the perpetrators involved in violent incidents were HIV positive. Acute psychiatric problems did not account for violence in this setting. The presence of on site security staff probably accounted for the low levels of violence when compared to general psychiatric settings.

Country of Publication: Ireland

Publisher: MedMedia Ltd

CAS Registry Number: 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)

Publication Type: Journal: Article

Subject Headings: [acquired immune deficiency syndrome](#)
[adult](#)
[alcoholism](#)
[antisocial behavior](#)
[article](#)
[disease severity](#)
[document examination](#)
[*drug dependence treatment](#)
[female](#)
["heroin dependence/dt \[Drug Therapy\]"](#)
[human](#)
[incidence](#)
[intravenous drug abuse](#)
[Ireland](#)
[major clinical study](#)
[male](#)
[medical audit](#)

prevalence
 schizophrenia
 sex difference
 "*violence/ep [Epidemiology]"
 "*violence/et [Etiology]"
 "anticonvulsive agent/dt [Drug Therapy]"
 diamorphine
 "methadone/dt [Drug Therapy]"
 "neuroleptic agent/dt [Drug Therapy]"

Source: EMBASE

36. Nalbuphine dependence: A brief report from the UK

Citation: Irish Journal of Psychological Medicine, 2000, vol./is. 17/1(20-21), 0790-9667 (2000)

Author(s): Williams H.; Remedios A.; Rooney J.; Hanstock R.

Institution: (Williams, Hanstock) Substance Misuse Service, South Downs Health NHS Trust, Brighton, BN1 4SF, United Kingdom; (Williams) Dept. of Addictive Behaviour and P., St George's Hospital Medical School, London SW17 ORE, United Kingdom

Language: English

Abstract: Objectives: Nalbuphine (Nubain) is a synthetic opioid analgesic with agonist-antagonist properties. This study describes a characteristic patient profile, pattern of use and treatment outcome for a series of nalbuphine dependent subjects. Method: Retrospective systematic case-note review of uniformly collected clinical data on 11 cases of nalbuphine dependence presenting to a substance misuse service. Results: There were nine males and two females with a mean age of 31 years of whom nine were currently employed. At presentation the mean duration of nalbuphine use was three years, the average daily dosage was 60mg (range 10mg-100mg) and all subjects reported injecting between two and eight times daily (mean five times daily). All subjects met opioid dependence criteria (ICD-10). Drug-related problems were multiple and varied while forensic history was uncommon. Exposure to nalbuphine occurred exclusively within the gymnasium environment and was used by bodybuilders to enhance weight training and bodybuilding. Eight subjects admitted previous anabolic steroid use, and seven current cocaine use. Eleven subjects represented 14 separate treatment episodes of which 11 treatment episodes involved the use of methadone substitution therapy. The mean stabilisation dose of methadone was 29mg (range 15mg-40mg) and in eight episodes (73%) patients were successfully retained in treatment to completion of detoxification. Conclusions: Dependence on nalbuphine, an agonist-antagonist opioid previously believed to have low abuse potential, does occur and may be particularly associated with bodybuilders who use its analgesic properties to facilitate pain free training. Its use appears linked not only with other performance enhancing drugs (viz, anabolic steroids) but may also be associated with other psychoactive drugs such as cocaine. Methadone substitution therapy appears to be a viable treatment option.

Country of Publication: Ireland

Publisher: MedMedia Ltd

CAS Registry Number: 31036-80-3 (lofexidine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 20594-83-6 (nalbuphine); 23277-43-2 (nalbuphine)

Publication Type: Journal: Article

Subject Headings: adult
 analgesic agent abuse
 article
 body building
 clinical article
 dose time effect relation
 drug detoxification
 female

human
 male
 methadone treatment
 "*opiate addiction/dt [Drug Therapy]"
 "*opiate addiction/ep [Epidemiology]"
 United Kingdom
 "*lofexidine/do [Drug Dose]"
 "*lofexidine/dt [Drug Therapy]"
 "*methadone/do [Drug Dose]"
 "*methadone/dt [Drug Therapy]"
 "*nalbuphine/iv [Intravenous Drug Administration]"

Source: EMBASE

37. Survey of symptoms associated with antidepressant discontinuation

Citation: Irish Journal of Psychological Medicine, 1999, vol./is. 16/3(89-92), 0790-9667 (1999)

Author(s): Khan A.; Kelly R.; Gill M.

Institution: (Khan) Mental Health Service, Wellington Hospital, Private Bag 7902, Wellington South, New Zealand; (Kelly) St. Davnet's Hospital, Monaghan, Co Monaghan, Ireland; (Gill) Department of Psychiatry, St. James's Hospital, James's St., Dublin 8, Ireland

Language: English

Abstract: Objectives: Literature reports on SSRI associated discontinuation symptoms are variable. As a result, the prevalence of an antidepressant halo effect can not be ruled out. This survey aims to assess the awareness and experience of these symptoms among doctors in Ireland. Method: Questionnaires were sent to a random sample of 100 GPs, NCHDs and consultants. A questionnaire measured awareness, experience and reported severity, of SSRI discontinuation symptoms as opposed to TCAs, the latter being used as 'controls'. Data was statistically analysed using SPSS (Windows Version 8.0). Results: Response to the questionnaire was as follows: 37% of GPs (n = 37), 35% consultants (n = 35) and 18% NCHDs (n = 18). Comparisons were made between the three groups. There was significant variability in the reported recognition and severity of symptoms specific to the SSRI discontinuation syndrome within and between the groups. Overall NCHDs attribute less discontinuation symptoms to SSRIs (p = 0.038) and GPs attribute more to TCAs (p = 0.03). Conclusions: Doctors tend to generalise discontinuation symptoms to all antidepressants with significant variation in reporting practices. Thus there is a need for randomised control studies to aid the recognition and prevention of the discontinuation syndrome.

Country of Publication: Ireland

Publisher: MedMedia Ltd

CAS Registry Number: 50-67-9 (serotonin)

Publication Type: Journal: Article

Subject Headings: article
 *diagnostic accuracy
 drug withdrawal
 health survey
 human
 Ireland
 physician
 questionnaire
 symptomatology
 "*withdrawal syndrome/di [Diagnosis]"
 "*withdrawal syndrome/ep [Epidemiology]"
 "*serotonin/ec [Endogenous Compound]"
 *serotonin uptake inhibitor
 *tricyclic antidepressant agent

Source: EMBASE

38. The views of professionals on the role of self-help groups in the mental health area

Citation: Irish Journal of Psychological Medicine, 1999, vol./is. 16/3(84-89), 0790-9667 (1999)

Author(s): Dunne E.A.; Fitzpatrick A.C.

Institution: (Dunne, Fitzpatrick) Department of Applied Psychology, University College Cork, Cork, Ireland

Language: English

Abstract: Objectives: Changes in healthcare policy over the last decade emphasise care in the community over residential care. Self-help organisations may play a useful role in these circumstances. Against this background, the objective of this study was to obtain the views of members of the main mental health professions on the place of self-help groups in mental health care. Method: A postal survey of 255 mental health professionals from two health boards was carried out, using a semi-structured questionnaire that contained both open and closed questions. The responses obtained were analysed using descriptive statistics and content analysis as appropriate. Results: The response rate was 35% so results must be interpreted cautiously. Self-help groups are used particularly in the management of addictive behaviours, and are also considered useful in cases of mood disorder. In general, self-help organisations are seen as providing support to patients and their families; information on mental illness/health to the general public; and lobbying for services relevant to the needs of their members. Respondents were concerned that the philosophy and programme of a group should not conflict with established models of mental health. The impact of the organisational structure of the multi-disciplinary team on the referral pattern of the different mental health professions, and the role of group availability and accessibility on the decision to refer a patient to a self-help group is commented upon. Conclusions: While some professionals see a role for self-help organisations in the mental health care system, reservations expressed about a possible clash between self-help groups' approach and professional mental healthcare practice need to be addressed so that the potential of both positions can be realised.

Country of Publication: Ireland

Publisher: MedMedia Ltd

Publication Type: Journal: Article

Subject Headings: "addiction/th [Therapy]"
 "affective neurosis/th [Therapy]"
 article
 "behavior disorder/th [Therapy]"
 group psychology
 health care policy
 health practitioner
 health survey
 human
 Ireland
 medical decision making
 mental health care
 *physician attitude
 "psychosocial disorder/th [Therapy]"
 "schizophrenia/th [Therapy]"
 *self help

Source: EMBASE

39. Alcoholism diagnosis and Celtic names

Citation: Irish Journal of Psychological Medicine, 1995, vol./is. 12/3(95-100), 0790-9667 (1995)

Author(s): Carney M.W.P.; Sheffield B.F.

Institution: (Carney, Sheffield) Mount Park Road, Harrow on the Hill, Middlesex, United Kingdom

Language: English

Abstract: Objective: To investigate assertions that Celts have higher rates of alcoholism and mental illness than non-Celts. Method: The records of 3,000 admissions to Northwick Park Hospital Psychiatric Unit, Harrow (a North West London suburban middle class borough research hospital with a strictly defined catchment area - the London Borough of Harrow: population 200,000), from June 1987 for three years under the clinical care of four consultant psychiatrists, were examined. Results: There were 683 with non-Celtic names and 175 with Celtic names (16.7%) (data on 10 patients incomplete). 306 (35%) of non-Celts and 88 (50%) of Celts were aged under 40 years. Alcohol dependence (ICD 303) was significantly commoner ($p < 0.001$) among the Celts (35.3%) than among the non-Celts (12.9%). There were highly significant excesses ($p < 0.001$) of native-born Celts with ICD 303 (54%) compared with non-Celts 12.9% or with Celts born outside Celtdom (23%). Patients with Norman names tended to follow the Celts in these respects. There were no differences with respect to the prevalence of psychosis or other ICD categories among Celts and non-Celts. Conclusion: Doctors should be aware of the high prevalence of alcoholic dependence among people with Celtic names, whether these were born in Celtic countries or not, entertain a high index of diagnostic suspicion and take preventative measures accordingly. However, we found no excess of other categories of psychiatric disorder among Celts as compared with non-Celts. Patients with Norman-derived names seemed to follow the Celts in these respects.

Country of Publication: Ireland

Publisher: College of Psychiatry of Ireland

Publication Type: Journal: Article

Subject Headings: [adult](#)
["*alcoholism/ep \[Epidemiology\]"](#)
[article](#)
[ethnic group](#)
[female](#)
[human](#)
[major clinical study](#)
[male](#)
[United Kingdom](#)

Source: EMBASE

40. Smoking cessation education and training in U.K. medical schools: A National Survey

Citation: Nicotine and Tobacco Research, 2015, vol./is. 17/3(372-375), 1462-2203;1469-994X (2015)

Author(s): Raupach T.; Al-Harbi G.; McNeill A.; Bobak A.; McEwen A.

Institution: (Raupach, McEwen) Department of Epidemiology and Public Health, Cancer Research UK Health Behaviour Research Centre, University College London, London, United Kingdom; (Raupach) Department of Cardiology and Pneumology, University Medical Centre Gottingen, Gottingen, Germany; (Al-Harbi) Department of Service Development and Health Promotion, Primary Health Care Corporation, Doha, Qatar; (McNeill) National Addiction Centre, Institute of Psychiatry, King's College London, UK Centre for Tobacco and Alcohol Studies, London, United Kingdom; (Bobak) Wandsworth Medical Centre, London, United Kingdom; (McEwen) National Centre for Smoking Cessation and Training, London, United Kingdom

Language: English

Abstract: Introduction: Smoking cessation is one of the most cost-effective of all health interventions. Physicians are in a strong position to encourage smokers to make a quit attempt and to help them achieve long-term abstinence. Formal teaching on tobacco-related disease, the evidence base of smoking cessation, and practical skills training regarding cessation advice and counseling are therefore important parts of undergraduate medical education. A survey of U.K. medical schools conducted 11 years ago revealed substantial deficits in the curricular coverage of these topics. This study

aimed at establishing whether the situation has improved since then. Methods: In 2013, all U.K. medical schools were invited to participate in an online survey of their curricular coverage of tobacco addiction and smoking cessation. Results: Of the 33 medical schools, 22 (67%) schools responded. Health effects of smoking were addressed in more than 90% of curricula, and factual knowledge on nicotine addiction and withdrawal symptoms was covered in 50% of curricula. Only 1 in 3 medical schools offered practical skills training in artificial (i.e., role play) or clinical settings, and 50% of schools did not address smoking in summative assessments. Conclusions: Practical skills training regarding cessation counseling is insufficient at most U.K. medical schools and may have become worse during the last 11 years. Increased curricular coverage-including summative assessments-of these topics would ensure that future physicians are adequately equipped to encourage and support effective evidence-based quit attempts in their patients.

Country of Publication: United Kingdom
Publisher: Oxford University Press
Publication Type: Journal: Article
Subject Headings: [article](#)
[curriculum development](#)
[health survey](#)
[human](#)
[knowledge](#)
[*medical education](#)
[medical school](#)
[online system](#)
[priority journal](#)
[*smoking cessation](#)
[tobacco dependence](#)
[United Kingdom](#)
[withdrawal syndrome](#)

Source: EMBASE

Full Text: Available from *Oxford University Press* in [Nicotine and Tobacco Research](#)

41. Follow-up mortality study of compulsorily treated patients with anorexia nervosa

Citation: International Journal of Eating Disorders, November 2015, vol./is. 48/7(860-865), 0276-3478;1098-108X (November 2015)

Author(s): Ward A.; Ramsay R.; Russell G.; Treasure J.

Institution: (Ward) Southwark and Central IPTT, Mood, Anxiety and Personality Disorders CAG, OPD Maudsley Hospital, Denmark Hill, London SE5 8AZ, United Kingdom; (Ramsay) Psychosis CAG, Maudsley Hospital, Denmark Hill, London SE5 8AZ, United Kingdom; (Russell, Treasure) Kings College London, Institute of Psychiatry, London SE5 8AF, United Kingdom

Language: English

Abstract: Objective In a previous study we found that compulsory inpatient treatment was associated with an increase in the number of deaths over the following 5 years when compared to non-compulsory admission. This study aimed to examine the longer term mortality of patients admitted compulsorily. Method The mortality outcome of patients with a compulsory admission (n=81) and a comparison group (n=81) of patients admitted to the specialized eating disorder unit at the Maudsley Hospital in the period 1983-95 was traced over two decades through the National Register held by the National Health Service (NHS) Central Register. Results Approximately 20 years following admission there were 27 deaths in the series. The standardized mortality rate in the compulsory treatment group no longer differed significantly from that of the non-compulsory group. The suicides were not particularly linked with compulsory admission. Discussion Although the mortality in the 5 years following a compulsory admission is higher than that seen in the non-compulsory patients, this difference is attenuated over time. The overall standardized mortality rate remains elevated.

Country of Publication: United States

Publisher: John Wiley and Sons Inc. (P.O.Box 18667, Newark NJ 07191-8667, United States)

Publication Type: Journal: Article

Subject Headings: adult
age
aged
alcoholism
"*anorexia nervosa/th [Therapy]"
article
body mass
body weight
child sexual abuse
comorbidity
depression
disease duration
drug misuse
employment status
female
follow up
gender
hospital admission
*hospital care
hospital department
human
major clinical study
male
medical history
mental health care
*mortality
national health service
neurosis
obsessive compulsive disorder
outcome assessment
physical abuse
priority journal
suicide
survival rate
United Kingdom
weight change

Source: EMBASE

42. Gambling problems in bipolar disorder in the UK: Prevalence and distribution

Citation: British Journal of Psychiatry, October 2015, vol./is. 207/4(328-333), 0007-1250;1472-1465 (01 Oct 2015)

Author(s): Jones L.; Metcalf A.; Gordon-Smith K.; Forty L.; Perry A.; Lloyd J.; Geddes J.R.; Goodwin G.M.; Jones I.; Craddock N.; Rogers R.D.

Institution: (Jones, Metcalf, Gordon-Smith, Perry) Department of Psychiatry, University of Birmingham, United Kingdom; (Gordon-Smith, Forty, Jones, Craddock) National Centre for Mental Health, Medical Research Council (MRC), Centre for Neuropsychiatric Genetics and Genomics, Cardiff University, United Kingdom; (Lloyd) School of Psychology, Sport and Exercise Health, Staffordshire University, Stoke-on-Trent, United Kingdom; (Geddes, Goodwin, Rogers) Department of Psychiatry, University of Oxford, School of Psychology, Bangor University, Brigantia Building, Gwynedd LL57 2AS, United Kingdom

Language: English

Abstract: Background North American studies show bipolar disorder is associated with elevated rates of problem gambling; however, little is known about rates in the different presentations of bipolar illness. Aims To determine the prevalence and distribution of problem gambling in people with bipolar disorder in the UK. Method The Problem Gambling Severity Index was used to measure gambling problems in 635 participants with bipolar disorder. Results Moderate to severe gambling problems were four times higher in people with bipolar disorder than in the general population, and were associated with type 2 disorder (OR = 1.74, P = 0.036), history of suicidal ideation or attempt (OR = 3.44, P = 0.02) and rapid cycling (OR = 2.63, P = 0.008). Conclusions Approximately 1 in 10 patients with bipolar disorder may be at moderate to severe risk of problem gambling, possibly associated with suicidal behaviour and a rapid cycling course. Elevated rates of gambling problems in type 2 disorder highlight the probable significance of modest but unstable mood disturbance in the development and maintenance of such problems.

Country of Publication: United Kingdom

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

Publication Type: Journal: Article

Subject Headings: [adult](#)
[article](#)
[behavior disorder assessment](#)
["*bipolar II disorder/di \[Diagnosis\]"](#)
[clinical assessment](#)
[clinical practice](#)
[clinical study](#)
[controlled study](#)
[cycling](#)
[disease association](#)
[disease severity](#)
[female](#)
[high risk population](#)
[human](#)
[low risk population](#)
[major clinical study](#)
[major depression](#)
[male](#)
[medical history](#)
[*pathological gambling](#)
[population](#)
[prevalence](#)
[Problem Gambling Severity Index](#)
[risk assessment](#)
[risk factor](#)
[suicidal ideation](#)
[suicide attempt](#)
[United Kingdom](#)

Source: EMBASE

Full Text: Available from *Highwire Press* in *British Journal of Psychiatry, The*

43. On the latent structure of problem gambling: a taxometric analysis

Citation: Addiction (Abingdon, England), October 2014, vol./is. 109/10(1707-1717), 1360-0443 (01 Oct 2014)

Author(s): James R.J.; O'Malley C.; Tunney R.J.

Institution: (James, O'Malley, Tunney) School of Psychology, University of Nottingham, Nottingham, UK

Language: English

Abstract: AIMS: To test whether problem gambling is a categorical or dimensional disorder on the basis of two problem gambling assessments. This distinction discriminates between two different conceptualizations of problem gambling: one that problem gambling is defined by its addictive properties, the other that it is a continuum of harm. METHOD: Using The British Gambling Prevalence Survey 2010, a nationally representative sample of the United Kingdom conducted by the National Centre for Social Research, five different taxometric analyses were carried out on cases from two problem gambling screens: the Problem Gambling Severity Index (PGSI) and a measure derived from the DSM-IV Pathological Gambling criteria. Two further analyses were conducted on the total scores for these measures. RESULTS: There was strong evidence that both scales were measuring a categorical construct. Fit indices consistently supported a categorical interpretation [comparison curve fit index (CCFI)>0.6]. The PGSI analysis indicated the presence of a taxon (CCFIs=0.633, 0.756). The analysis conducted on the adapted DSM-IV criteria indicated stronger quantitative support for a taxon (CCFIs=0.717, 0.811 and 0.756) but items probing a loss of control were inconsistent. The taxometric analyses of both scales support a categorical interpretation (CCFIs=0.628, 0.567), but extreme caution should be used due to high nuisance covariance. CONCLUSIONS: Two problem gambling screens (the Problem Gambling Severity Index and a measure derived from the DSM-IV Pathological Gambling criteria) appear to measure a categorical construct that taps into a categorical, loss of control model of problem gambling. There is some evidence that the two screens measure different aspects of an addiction construct.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: [addiction](#)
[*classification](#)
[cross-sectional study](#)
[Diagnostic and Statistical Manual of Mental Disorders](#)
[gambling](#)
[human](#)
[*procedures](#)
[psychology](#)
[psychometry](#)
[United Kingdom](#)

Source: EMBASE

Full Text: Available from *Wiley* in [Addiction](#)
Available from *EBSCOhost* in [Addiction](#)

44. Factors affecting the outcome of methadone maintenance treatment in opiate dependence

Citation: Irish Medical Journal, 2007, vol./is. 100/3, 0332-3102;0332-3102 (2007)

Author(s): Kamal F.; Flavin S.; Campbell F.; Fagan J.; Behan C.; Smyth R.

Institution: (Kamal) St. Christopher's Hospital, Avalon Centre, St. Christophers Hospital, Wickham Road, Fareham PO16 7JD, United Kingdom; (Kamal) Baytrees Unit, St. James' Hospital, Locksway Road, Portsmouth PO4 8LD, United Kingdom; (Flavin, Campbell, Fagan) DTCB, Pearse Street, Dublin 2, Ireland

Language: English

Abstract: This study aimed to measure the rates of ongoing heroin abuse among patients on methadone maintenance treatment (MMT) and sought to identify patient and treatment characteristics associated with poorer outcome. The study was carried out at an outpatient drug treatment clinic and included all patients who were on the MMT during a three month period in 2004. Treatment response was measured from analysis of opiate positive urine samples. Of the 440 patients, 63% were male and their mean age was 32 years (range 17 to 52 years). 163 patients (37%) had a comorbid psychiatric illness. The average methadone dose was 74mg. On average, 71% of urine samples were opiate negative. Shorter time in treatment (less than 24 months), lower dose of methadone,

cocaine abuse and intermittent benzodiazepine abuse were each found to be significantly associated with lower rates of opiate abstinence. Outcomes were not associated with gender, age and accessing counselling. Dual diagnosed patients tended to have higher rates of abstinence (p=0.08). MMT clients who abuse cocaine and benzodiazepines are at increased risk of continuing opiate abuse. Higher doses of methadone might be necessary to prevent illicit opiate abuse. © Copyright 2004 - 2005 Irish Medical Journal.

Country of Publication: Ireland

Publisher: Irish Medical Association

CAS Registry Number: 12794-10-4 (benzodiazepine); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings: adolescent
adult
alcohol consumption
article
"cocaine dependence/dt [Drug Therapy]"
"cocaine dependence/pc [Prevention]"
"cocaine dependence/th [Therapy]"
comorbidity
drug megadose
"drug misuse/dt [Drug Therapy]"
"drug misuse/pc [Prevention]"
"drug misuse/th [Therapy]"
drug withdrawal
female
human
Ireland
low drug dose
maintenance therapy
major clinical study
male
*methadone treatment
mood disorder
"*opiate addiction/dt [Drug Therapy]"
"*opiate addiction/pc [Prevention]"
"*opiate addiction/th [Therapy]"
patient counseling
psychosis
retrospective study
risk assessment
risk factor
short course therapy
treatment duration
treatment response
urinalysis
benzodiazepine
cocaine
"*methadone/do [Drug Dose]"
"*methadone/dt [Drug Therapy]"
opiate

Source: EMBASE

45. Analysis of the possible components of stigmatised attitudes towards depression and heroin dependence

Citation: Journal of Substance Use, November 2015, vol./is. 20/6(399-406), 1465-9891;1475-9942 (02 Nov 2015)

Author(s): Mushtaq S.; Mendes V.; Nikolaou V.; Luty J.

Institution: (Mushtaq, Luty) Consultant in Addictions Psychiatry, South Essex Partnership NHS Trust, Honorary Consultant in Addictions Psychiatry, Cambridge and Peterborough Mental Health NHS Trust, Taylor Centre, Queensway House, Essex Street, Southend on Sea, Essex SS1 2RB, United Kingdom; (Mendes) Institute of Psychiatry, De Crespigny Park, London, United Kingdom; (Nikolaou) Department of Biostatistics, University of Exeter Medical School, Exeter, United Kingdom

Language: English

Abstract: Aims and methods: Stigmatised attitudes towards people with mental illness are widespread. Researchers have suggested various attributes that may contribute to this. The project aimed to identify how some of these might contribute to stigmatised attitudes towards people with depression, schizophrenia and heroin addiction. Five short self-completion questionnaires were devised to measure public perception of mentally ill people regarding contagion, blameworthiness, dangerousness, treatability, and immorality. These were each posted to 150 participants selected at random from a representative panel of 400 members of the UK general public. Results: About 106 completed questionnaires were returned (response rate 70%). Of the five components, dangerousness was the principle predictor of stigmatised attitudes towards heroin addiction, depression and schizophrenia - contributing almost half of the stigma-scale variance in the case of schizophrenia. Few other components contributed more than 15% of the stigma-scale variance). Treatability contributed relatively little of the stigma-scale variance (typically less than 5% of the variance). Conclusion: The results suggest that challenging dangerous would be the most effective anti-stigma strategy for mental illness. In contrast, treatability contributed little to the variance in stigma scale scores and would not seem a very effective target for anti-stigma campaigns.

Country of Publication: United Kingdom

Publisher: Taylor and Francis Ltd

Publication Type: Journal: Article

Subject Headings: [adult](#)
[article](#)
[*attitude to illness](#)
[attitude toward mental illness questionnaire](#)
[blame worthiness](#)
[contagion](#)
[*depression](#)
[female](#)
[general aspects of disease](#)
[hazard](#)
[*heroin dependence](#)
[human](#)
[major clinical study](#)
[male](#)
[morality](#)
[perception](#)
[priority journal](#)
[questionnaire](#)
[rating scale](#)
[*schizophrenia](#)
[social distance scale](#)
[*stigma](#)
[treatability](#)
[variance](#)

Source: EMBASE

46. Novel insights into the genetics of smoking behaviour, lung function, and chronic obstructive pulmonary disease (UK BiLEVE): A genetic association study in UK Biobank

- Citation:** The Lancet Respiratory Medicine, October 2015, vol./is. 3/10(769-781), 2213-2600;2213-2619 (October 2015)
- Author(s):** Wain L.V.; Shrine N.; Miller S.; Jackson V.E.; Ntalla I.; Artigas M.S.; Billington C.K.; Kheirallah A.K.; Allen R.; Cook J.P.; Probert K.; Obeidat M.; Bosse Y.; Hao K.; Postma D.S.; Pare P.D.; Ramasamy A.; Magi R.; Mihailov E.; Reinmaa E.; Melen E.; O'Connell J.; Frangou E.; Delaneau O.; Freeman C.; Petkova D.; McCarthy M.; Sayers I.; Deloukas P.; Hubbard R.; Pavord I.; Hansell A.L.; Thomson N.C.; Zeggini E.; Morris A.P.; Marchini J.; Strachan D.P.; Tobin M.D.; Hall I.P.; Farrall M.; Barroso I.; Anderson C.A.; Botia J.; Vandrocova J.; Guelfi S.; D'Sa K.; Ryten M.; Trabzuni D.; Matarin M.; Hardy J.A.; Weale M.E.; Varghese V.; Forabosco P.; Farmer A.; McGuffin P.; Zgaga L.; Wilson J.F.; Wild S.H.; Campbell H.; Rudan I.; Smith C.; Walker R.; Liu J.Z.; Tozzi F.; Muglia P.; Waterworth D.M.; Pillai S.G.; Yuan X.; Mooser V.; Middleton L.; Kooner J.; Chambers J.C.; Berrettini W.; Knouff C.W.; Waeber G.; Vollenweider P.; Preisig M.; Wareham N.J.; Zhao J.H.; Loos R.J.F.; Khaw K.-T.; Grundy S.; Barter P.; Mahley R.; Kesaniemi A.; McPherson R.; Vincent J.B.; Strauss J.; Kennedy J.L.; Day R.; Matthews K.; Bakke P.; Gulsvik A.; Lucae S.; Ising M.; Brueckl T.; Horstmann S.; Wichmann H.-E.; Rawal R.; Wichmann H.-E.; Lamina C.; Dahmen N.; Polasek O.; Kolcic I.; Huffman J.; Campbell S.; Vitart V.; Hayward C.; Wright A.F.; Burnett M.S.; Devaney J.M.; Pichard A.D.; Kent K.M.; Satler L.; Lindsay J.M.; Waksman R.; Epstein S.; Reilly M.P.; Li M.; Qu L.; Wilensky R.; Matthai W.; Hakonarson H.H.; Rader D.J.; Ellinghaus D.; Lieb W.; Franke A.; Uda M.; Busonero F.; Terracciano A.; Schlessinger D.; Xiao X.; Scheet P.; St Clair D.; Rujescu D.; Abecasis G.R.; Grabe H.J.; Teumer A.; Volzke H.; Petersmann A.; John U.; Wright B.J.; Thompson J.R.; Balmforth A.J.; Hall A.S.; Samani N.J.; Ahmad T.; Mathew C.G.; Parkes M.; Satsangi J.; Caulfield M.; Munroe P.B.; Dominiczak A.; Worthington J.; Thomson W.; Eyre S.; Barton A.; Francks C.
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Infirmery, Glasgow, United Kingdom; (Worthington, Thomson, Eyre, Barton) Arthritis Research UK Centre for Genetics and Genomics, University of Manchester, Manchester, United Kingdom; (Francks) Max Planck Institute for Psycholinguistics, Nijmegen, Netherlands; (Francks) Radboud University Nijmegen, Nijmegen, Netherlands

Language:

English

Abstract:

Background: Understanding the genetic basis of airflow obstruction and smoking behaviour is key to determining the pathophysiology of chronic obstructive pulmonary disease (COPD). We used UK Biobank data to study the genetic causes of smoking behaviour and lung health. **Methods:** We sampled individuals of European ancestry from UK Biobank, from the middle and extremes of the forced expiratory volume in 1 s (FEV₁) distribution among heavy smokers (mean 35 pack-years) and never smokers. We developed a custom array for UK Biobank to provide optimum genome-wide coverage of common and low-frequency variants, dense coverage of genomic regions already implicated in lung health and disease, and to assay rare coding variants relevant to the UK population. We investigated whether there were shared genetic causes between different phenotypes defined by extremes of FEV₁. We also looked for novel variants associated with extremes of FEV₁ and smoking behaviour and assessed regions of the genome that had already shown evidence for a role in lung health and disease. We set genome-wide significance at $p < 5 \times 10^{-8}$. **Findings:** UK Biobank participants were recruited from March 15, 2006, to July 7, 2010. Sample selection for the UK BiLEVE study started on Nov 22, 2012, and was completed on Dec 20, 2012. We selected 50 008 unique samples: 10 002 individuals with low FEV₁, 10 000 with average FEV₁, and 5002 with high FEV₁ from each of the heavy smoker and never smoker groups. We noted a substantial sharing of genetic causes of low FEV₁ between heavy smokers and never smokers ($p = 229 \times 10^{-16}$) and between individuals with and without doctor-diagnosed asthma ($p = 606 \times 10^{-11}$). We discovered six novel genome-wide significant signals of association with extremes of FEV₁, including signals at four novel loci (KANSL1, TSEN54, TET2, and RBM19/TBX5) and independent signals at two previously reported loci (NPNT and HLA-DQB1/HLA-DQA2). These variants also showed association with COPD, including in individuals with no history of smoking. The number of copies of a 150 kb region containing the 5' end of KANSL1, a gene that is important for epigenetic gene regulation, was associated with extremes of FEV₁. We also discovered five new genome-wide significant signals for smoking behaviour, including a variant in NCAM1 (chromosome 11) and a variant on chromosome 2 (between TEX41 and PABPC1P2) that has a trans effect on expression of NCAM1 in brain tissue. **Interpretation:** By sampling from the extremes of the lung function distribution in UK Biobank, we identified novel genetic causes of lung function and smoking behaviour. These results provide new insight into the specific mechanisms underlying airflow obstruction, COPD, and tobacco addiction, and show substantial shared genetic architecture underlying airflow obstruction across individuals, irrespective of smoking behaviour and other airway disease. **Funding:** Medical Research Council.

Country of Publication:

United Kingdom

Publisher:

Lancet Publishing Group

Publication Type:

Journal: Article

Subject Headings:

[article](#)
[asthma](#)
[case control study](#)
[chromosome 11](#)
[chromosome 2](#)
[*chronic obstructive lung disease](#)
[clinical data repository](#)
[controlled study](#)
[disease course](#)
[forced expiratory volume](#)
[gene](#)
[gene control](#)

gene expression
 *genetic association
 genetic variability
 genotype
 HLA DQB1 gene
 HLA DQB2 gene
 human
 KANSL1 gene
 *lung function
 NPNT gene
 PABPC1P2 gene
 phenotype
 priority journal
 RBM19 gene
 single nucleotide polymorphism
 *smoking habit
 TBX5 gene
 TET2 gene
 TEX41 gene
 TSEN54 gene
 United Kingdom
 "HLA DQB1 antigen/ec [Endogenous Compound]"
 "transcription factor TBX5/ec [Endogenous Compound]"

Source: EMBASE

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

47. Acute alcohol toxicity and withdrawal in the emergency room and medical admissions unit

Citation: Clinical Medicine, Journal of the Royal College of Physicians of London, October 2015, vol./is. 15/5(486-489), 1470-2118;1473-4893 (05 Oct 2015)

Author(s): Morgan M.Y.

Institution: (Morgan) UCL Institute for Liver and Digestive Health, Division of Medicine, Royal Free Campus, Rowland Hill Street, London NW3 2PF, United Kingdom

Language: English

Abstract: Alcohol-related hospital attendances and admissions continue to escalate despite a fall in alcohol consumption levels in the UK population overall. People with alcohol-related problems pose a significant and often disproportionate burden on acute medical services as their management is often complex and challenging. This article focuses on the management of alcohol intoxication, with particular emphasis on aggressive and possibly violent behaviour; alcohol withdrawal; fitting; and the prevention and treatment of Wernicke's encephalopathy.

Country of Publication: United Kingdom

Publisher: Royal College of Physicians

CAS Registry Number: 438-41-5 (chlordiazepoxide); 58-25-3 (chlordiazepoxide); 439-14-5 (diazepam); 50-99-7 (glucose); 84778-64-3 (glucose); 52-86-8 (haloperidol); 846-49-1 (lorazepam); 74536-44-0 (metadoxine); 132539-06-1 (olanzapine); 59-43-8 (thiamine); 67-03-8 (thiamine)

Publication Type: Journal: Article

Subject Headings: *acute alcohol toxicity
 aggression
 alcohol blood level
 alcohol consumption
 *alcohol intoxication
 *alcohol withdrawal
 alcoholism
 article

assisted ventilation
 blood gas
 brain injury
 cerebrovascular disease
 coma
 confusion
 consciousness level
 convulsion
 dehydration
 delirium
 delirium tremens
 electroencephalography
 electrolyte blood level
 epidural hematoma
 glucose blood level
 hallucination
 head injury
 heart arrhythmia
 hemodialysis
 human
 hyperpyrexia
 hypoglycemia
 hypokalemia
 hypotension
 ketoacidosis
 lactic acidosis
 meningitis
 patient safety
 pneumonia
 shock
 traumatic brain injury
 urine volume
 venous thromboembolism
 Wernicke encephalopathy
 benzodiazepine derivative
 chlordiazepoxide
 diazepam
 "electrolyte/ec [Endogenous Compound]"
 "glucose/ec [Endogenous Compound]"
 haloperidol
 infusion fluid
 inotropic agent
 lorazepam
 metadoxine
 narcotic agent
 olanzapine
 plasma substitute
 sedative agent
 thiamine

Source: EMBASE

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

48. Multimorbidity among people with HIV in regional New South Wales, Australia

Citation: Sexual Health, 2015, vol./is. 12/5(425-432), 1448-5028;1449-8987 (2015)

Author(s): Edmiston N.; Passmore E.; Smith D.J.; Petoumenos K.

Institution: (Edmiston, Smith) Lismore Sexual Health Service, North Coast Public Health, 4 Shepherd Lane, Lismore, NSW 2480, Australia; (Passmore) NSW Ministry of Health, 73

Miller Street, North Sydney, NSW 2060, Australia; (Passmore) School of Public Health and Community Medicine, L3 Samuels Building, UNSW Australia, Sydney, NSW 2052, Australia; (Petoumenos) Kirby Institute for Infection and Immunity in Society, UNSW Australia, Sydney, NSW 2052, Australia

Language:

English

Abstract:

Background Multimorbidity is the co-occurrence of more than one chronic health condition in addition to HIV. Higher multimorbidity increases mortality, complexity of care and healthcare costs while decreasing quality of life. The prevalence of and factors associated with multimorbidity among HIV positive patients attending a regional sexual health service are described. Methods: A record review of all HIV positive patients attending the service between 1 July 2011 and 30 June 2012 was conducted. Two medical officers reviewed records for chronic health conditions and to rate multimorbidity using the Cumulative Illness Rating Scale (CIRS). Univariate and multivariate linear regression analyses were used to determine factors associated with a higher CIRS score. Results: One hundred and eighty-nine individuals were included in the study; the mean age was 51.8 years and 92.6% were men. One-quarter (25.4%) had ever been diagnosed with AIDS. Multimorbidity was extremely common, with 54.5% of individuals having two or more chronic health conditions in addition to HIV; the most common being a mental health diagnosis, followed by vascular disease. In multivariate analysis, older age, having ever been diagnosed with AIDS and being on an antiretroviral regimen other than two nucleosides and a non-nucleoside reverse transcriptase inhibitor or protease inhibitor were associated with a higher CIRS score. Conclusion: To the best of our knowledge, this is the first study looking at associations with multimorbidity in the Australian setting. Care models for HIV positive patients should include assessing and managing multimorbidity, particularly in older people and those that have ever been diagnosed with AIDS. Journal compilation

Country of Publication:

Australia

Publisher:

CSIRO

CAS Registry Number:

518048-05-0 (raltegravir); 871038-72-1 (raltegravir); 889131-29-7 (raltegravir)

Publication Type:

Journal: Article

Subject Headings:

"acquired immune deficiency syndrome/ep [Epidemiology]"
 adult
 "alcoholism/ep [Epidemiology]"
 article
 assessment of humans
 Australia
 CD4 lymphocyte count
 "cerebrovascular accident/ep [Epidemiology]"
 Cumulative Illness Rating Scale
 "diabetes mellitus/ep [Epidemiology]"
 "drug dependence/ep [Epidemiology]"
 female
 "heart infarction/ep [Epidemiology]"
 "hepatitis B/ep [Epidemiology]"
 "hepatitis C/ep [Epidemiology]"
 "HIV associated dementia/ep [Epidemiology]"
 human
 Human immunodeficiency virus infected patient
 "*Human immunodeficiency virus infection/dt [Drug Therapy]"
 "hypertension/ep [Epidemiology]"
 "kidney disease/ep [Epidemiology]"
 major clinical study
 male
 medical record review
 "mental disease/ep [Epidemiology]"
 middle aged
 *morbidity

"obesity/ep [Epidemiology]"
 "osteoporosis/ep [Epidemiology]"
 prevalence
 *sexual health
 "Human immunodeficiency virus proteinase inhibitor/cb [Drug Combination]"
 "Human immunodeficiency virus proteinase inhibitor/dt [Drug Therapy]"
 "nucleoside reverse transcriptase inhibitor/cb [Drug Combination]"
 "nucleoside reverse transcriptase inhibitor/dt [Drug Therapy]"
 "raltegravir/cb [Drug Combination]"
 "raltegravir/dt [Drug Therapy]"
 "RNA directed DNA polymerase inhibitor/cb [Drug Combination]"
 "RNA directed DNA polymerase inhibitor/dt [Drug Therapy]"

Source: EMBASE

49. Reasons for rehospitalization in children who had neonatal abstinence syndrome

Citation: Pediatrics, October 2015, vol./is. 136/4(e811-e820), 0031-4005;1098-4275 (01 Oct 2015)

Author(s): Uebel H.; Wright I.M.; Burns L.; Hilder L.; Bajuk B.; Breen C.; Abdel-Latif M.E.; Feller J.M.; Falconer J.; Clews S.; Eastwood J.; Oei J.L.

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Language: English

Abstract: BACKGROUND AND OBJECTIVES: Neonatal abstinence syndrome (NAS) occurs after in utero exposure to opioids, but outcomes after the postnatal period are unclear. Our objectives were to characterize childhood hospitalization after NAS. METHODS: Population-based linkage study of births, hospitalization, and death records of all children registered in New South Wales (NSW), Australia, between 2000 and 2011 to a maximum of 13 years. Infants with an International Statistical Classification of Disease and Related Problems, 10th Edition, Australian Modification, coding of NAS (P96.1, n = 3842) were compared with 1 018 421 live born infants without an NAS diagnosis. RESULTS: Infants with NAS were more likely to be admitted into a nursery (odds ratio 15.6, 95% confidence interval: 14.5-16.8) and be hospitalized longer (10.0 vs 3.0 days). In childhood, they were more likely to be rehospitalized (1.6, 1.5-1.7), die during hospitalization (3.3, 2.1-5.1), and be hospitalized for assaults (15.2, 11.3-20.6), maltreatment (21.0, 14.3-30.9), poisoning (3.6, 2.6-4.8), and mental/behavioral (2.6, 2.1-3.2) and visual (2.9, 2.5-3.5) disorders. Mothers of infants with NAS were more likely to be Indigenous (6.4, 6.0-7.0), have no antenatal care (6.6, 5.9-7.4), and be socioeconomically deprived (1.6, 1.5-1.7). Regression analyses demonstrated that NAS was the most important predictor of admissions for maltreatment (odds ratio 4.5, 95% confidence interval: 3.4-6.1) and mental and behavioral disorders (2.3, 1.9-2.9), even after accounting for prematurity, maternal age, and Indigenous status. CONCLUSIONS: Children with NAS are more likely to be rehospitalized during childhood for maltreatment, trauma, and mental and behavioral disorders even after accounting for prematurity. This continues to adolescence and emphasizes the critical need for continued support of this vulnerable group after resolution of NAS.

Country of Publication: United States

Publisher: American Academy of Pediatrics (141 Northwest Point Blvd, P.O. Box 927, Elk Grove Village IL 60007-1098, United States)

Publication Type: Journal: Article

Subject Headings: "adjustment disorder/co [Complication]"
adult
age
article
assault
"autism/co [Complication]"
"burn/co [Complication]"
child abuse
"conduct disorder/co [Complication]"
controlled study
female
gender
high risk infant
*hospital readmission
human
"impetigo/co [Complication]"
Indigenous Australian
infant
infant mortality
"intoxication/co [Complication]"
major clinical study
male
"nystagmus/co [Complication]"
prenatal care
priority journal
prospective study
"respiratory tract disease/co [Complication]"
smoking
socioeconomics
"strabismus/co [Complication]"
*withdrawal syndrome

Source: EMBASE

Full Text: Available from *Highwire Press* in *Pediatrics*
Available from *American Academy of Pediatrics* in *Pediatrics*

50. Benzodiazepine prescribing guideline adherence and misuse potential in Irish minors

Citation: International Journal of Clinical Pharmacy, June 2015, vol./is. 37/5(749-752), 2210-7703 (04 Jun 2015)

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

Institution: (Murphy, Sahm, McCarthy, Byrne) Pharmaceutical Care Group, School of Pharmacy, University College Cork, Cavanagh Pharmacy Building, College Road, Cork, Ireland

Language: English

Abstract: Background: The Good Prescribing Practice for Clinicians guidelines were published in 2002 in Ireland to guide General Practitioners about prescribing benzodiazepines. There has been no research to-date to measure compliance by General Practitioners. Inappropriate prescribing to minors may result in increased use or misuse of benzodiazepines. Objective: The purpose of this study was to evaluate the prescribing of benzodiazepines to minors in Ireland against the Good Prescribing Practice for Clinicians guidelines. Method: Data for medicines dispensed between January 2009 and December 2012 from the Health Intelligence Ireland database were accessed and analysed. This database contains information about government-subsidised community-pharmacy-dispensed medicines. Results: Benzodiazepine prescribing to minors increased by 10.2 % between 2009 and 2012. Almost 15 % of patients (n = 2193)

were prescribed benzodiazepines for greater than four weeks; which contravenes the guidelines. Approximately half (51.4 %) of prescribers who contravened this guideline, prescribed all their benzodiazepines in quantities of greater than one week, against the recommendations of the guidelines. Conclusion: The consequences of prescribing against National Guidelines can result in patients who become long-term benzodiazepine users and thus place an increased burden upon the healthcare system. The reasons for non-compliance by GPs should be investigated to find solutions.

Country of Publication:	Netherlands
Publisher:	Kluwer Academic Publishers
CAS Registry Number:	28981-97-7 (alprazolam); 12794-10-4 (benzodiazepine); 1812-30-2 (bromazepam); 438-41-5 (chlordiazepoxide); 58-25-3 (chlordiazepoxide); 22316-47-8 (clobazam); 5991-71-9 (clorazepate potassium); 439-14-5 (diazepam); 1622-62-4 (flunitrazepam); 1172-18-5 (flurazepam); 17617-23-1 (flurazepam); 846-49-1 (lorazepam); 848-75-9 (lormetazepam); 59467-70-8 (midazolam); 146-22-5 (nitrazepam); 2955-38-6 (prazepam); 846-50-4 (temazepam); 28911-01-5 (triazolam); 151319-34-5 (zaleplon); 82626-48-0 (zolpidem); 43200-80-2 (zopiclone)
Publication Type:	Journal: Article
Subject Headings:	<ul style="list-style-type: none"> adolescent adult article child *drug misuse drug safety drug utilization female health care system human Ireland Irish (citizen) long term care male *medication compliance *minor (person) *practice guideline priority journal risk factor sex difference treatment duration world health organization alprazolam *benzodiazepine bromazepam chlordiazepoxide clobazam clorazepate potassium diazepam flunitrazepam flurazepam lorazepam lormetazepam midazolam nitrazepam prazepam temazepam triazolam zaleplon zolpidem zopiclone

Source: EMBASE

51. Migraine management

Citation: Clinical Pharmacist, September 2015, vol./is. 7/8, 1758-9061 (01 Sep 2015)

Author(s): Radia C.; Rawlence E.; Jones S.

Institution: (Radia, Rawlence, Jones) NHS Foundation Trust, Kings College Hospital, United Kingdom

Language: English

Abstract: Migraines occur in 15% of the adult population in the UK. The majority of patients are diagnosed with acute migraines, also known as episodic migraines, which are associated with <15 headache days per month and last 4-72 hours. These migraines can occur with variable frequency; on average these attacks occur once or twice a month. Around 3% of patients develop chronic migraines, which are associated with >15 headache days per month for three or more consecutive months. Typical symptoms of migraine attacks include nausea, vomiting, photophobia, phonophobia and can include osmophobia. There are no specific diagnostic tests for migraines and diagnosis is based on patient history. Acute treatment aims to control symptoms and improve quality of life. On first diagnosis, patients should begin with simple analgesia. However, if this fails to control symptoms, then management should progress to 5HT1 receptor agonists. Anti-emetics can be used in patients with nausea and vomiting associated with migraine. Prophylaxis is the preferred management option for patients with chronic migraines and the choice of drug should be based on the patient's comorbidities and the medicine's side-effect profile.

Country of Publication: United Kingdom

Publisher: Royal Pharmaceutical Society

Publication Type: Journal: Article

Subject Headings: [analgesia](#)
[article](#)
[computer assisted tomography](#)
[constipation](#)
[contraception](#)
[depression](#)
[episodic migraine](#)
[euphoria](#)
[evidence based practice](#)
[headache](#)
[human](#)
[lifestyle modification](#)
[menopause](#)
[menstrual migraine](#)
[menstruation](#)
[meta analysis \(topic\)](#)
["*migraine/di \[Diagnosis\]"](#)
["*migraine/et \[Etiology\]"](#)
["*migraine/pc \[Prevention\]"](#)
["*migraine/th \[Therapy\]"](#)
["*migraine/dt \[Drug Therapy\]"](#)
["nausea and vomiting/dt \[Drug Therapy\]"](#)
[neck stiffness](#)
[pregnancy](#)
[rehydration](#)
[rigidity](#)
[withdrawal syndrome](#)
[yawning](#)
["emetic agent/dt \[Drug Therapy\]"](#)
["nonsteroid antiinflammatory agent/dt \[Drug Therapy\]"](#)
["serotonin 1 agonist/dt \[Drug Therapy\]"](#)

Source: EMBASE

52. Mortality risk of opioid substitution therapy with methadone versus buprenorphine: A retrospective cohort study

Citation: The Lancet Psychiatry, October 2015, vol./is. 2/10(901-908), 2215-0366;2215-0374 (01 Oct 2015)

Author(s): Kimber J.; Larney S.; Hickman M.; Randall D.; Degenhardt L.

Institution: (Kimber, Larney, Degenhardt) National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW, Australia; (Randall) Centre for Big Data Research, University of New South Wales, Sydney, NSW, Australia; (Kimber) Addictions Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, United Kingdom; (Larney) Alpert Medical School, Brown University, Providence, RI, United States; (Hickman) School of Social and Community Medicine, University of Bristol, Bristol, United Kingdom; (Degenhardt) School of Population and Global Health, University of Melbourne, Melbourne, VIC, Australia

Language: English

Abstract: Background: Opioid dependence increases risk of premature mortality. Opioid substitution therapy with methadone or buprenorphine reduces mortality risk, especially for drug-related overdose. Clinical guidelines recommend methadone as the first line of opioid substitution therapy. We aimed to test whether buprenorphine treatment has a lower mortality risk than does methadone treatment by comparing all-cause mortality and drug-related overdose mortality at treatment induction, after in-treatment medication switches, and following treatment cessation. Methods: We did a retrospective cohort study of all patients with opioid dependency (n=32033) in New South Wales, Australia, who started a methadone or buprenorphine treatment episode from Aug 1, 2001, to Dec 31, 2010, including 190232.6 person-years of follow-up. We compared crude mortality rates (CMRs) for all-cause and drug-related overdose mortality, and mortality rate ratios (MRRs) according to age, sex, period in or out of treatment, medication type, and in-treatment switching. Findings: Patients who initiated with buprenorphine had reduced all-cause and drug-related mortality during the first 4 weeks of treatment compared with those who initiated with methadone (adjusted all-cause MRR 2.17, 95% CI 1.29-3.67; adjusted drug-related MRR 4.88, 1.73-13.69). For the remaining time on treatment, drug-related mortality risk did not differ (adjusted MRR 1.18, 95% CI 0.89-1.56), but weak evidence suggested that all-cause mortality was lower for buprenorphine than methadone (1.66, 1.40-1.96). In the 4 weeks after treatment cessation, all-cause mortality did not differ, but drug-related mortality was lower for methadone (adjusted all-cause MRR 1.12, 0.79-1.59; adjusted drug-related MRR 0.50, 0.29-0.86). Patients who switched from buprenorphine to methadone during treatment had lower mortality in the first 4 weeks of methadone treatment than matched controls who received methadone only (CMR difference 7.1 per 1000 person-years, 95% CI 0.1-14.0); no mortality difference was noted for switches from buprenorphine to methadone or for switches to either medication beyond the first 4 weeks of treatment. Interpretation: In a setting with high risk of death in the first 4 weeks of opioid substitution therapy, buprenorphine seemed to reduce mortality in this period, but little difference between buprenorphine and methadone was noted thereafter or for in-treatment switching of medications. Cross-cohort corroboration of our findings and further assessment of the stepped treatment model is warranted. Funding: Australian National Health & Medical Research Council.

Country of Publication: United Kingdom

Publisher: Elsevier Ltd

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

Publication Type: Journal: Article

Subject Headings: [adult](#)
[age](#)

article
 cohort analysis
 controlled study
 drug overdose
 drug substitution
 drug withdrawal
 female
 follow up
 human
 major clinical study
 male
 *mortality
 "opiate addiction/dt [Drug Therapy]"
 *opiate substitution treatment
 retrospective study
 sex
 treatment outcome
 treatment withdrawal
 "*buprenorphine/cb [Drug Combination]"
 "*buprenorphine/cm [Drug Comparison]"
 "*buprenorphine/dt [Drug Therapy]"
 "*buprenorphine/to [Drug Toxicity]"
 "*methadone/cb [Drug Combination]"
 "*methadone/cm [Drug Comparison]"
 "*methadone/dt [Drug Therapy]"
 "*methadone/to [Drug Toxicity]"

Source: EMBASE

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

53. Service provision to physicians with mental health and addiction problems

Citation: Current Opinion in Psychiatry, August 2015, vol./is. 28/4(324-329), 0951-7367;1473-6578 (24 Aug 2015)

Author(s): Braquehais M.D.; Tresidder A.; DuPont R.L.

Institution: (Braquehais) Integral Care Program for Sick Doctors, Galatea Clinic, Galatea Foundation, Col·legi de Metges de Barcelona Passeig Bonanova, 47, Barcelona 08017, Spain; (Braquehais) Department of Psychiatry and Legal Medicine, Hospital Universitari Vall d'Hebron, CIBERSAM, Universitat Autònoma de Barcelona, Barcelona, Spain; (Tresidder) GP Patient Safety Lead, NHS Somerset CCG (Clinical Commissioning Group), Somerset, United Kingdom; (DuPont) Institute for Behavior and Health, Inc., Rockville, Maryland, United States

Language: English

Abstract: Purpose of review Physicians are reluctant to ask for help when they suffer from substance use disorders and/or other mental illnesses (i.e. when they become 'sick doctors'). This can result in greater morbidity/mortality and may lead to significant problems in medical practice. This review aims to describe the nature and development of programs that specifically treat sick doctors [Physician Health Programs (PHPs)]. Recent findings PHPs were first developed in the United States in the late 1970s. The purpose was to identify and treat physicians with problems resulting from mental health issues, mainly substance use disorders. Since then, other PHPs have been developed in Canada, Australia, and the United Kingdom, trying to reach sick doctors, offering counseling or other preventive interventions when needed. New models to help sick doctors, such as the Spanish PHP, were also developed. Counseling and support services for sick doctors have been implemented elsewhere in Europe (e.g. Norway and Switzerland). Summary PHPs provide interventions specifically designed for physicians and other medical professionals with substance use and other mental health problems. The balance between guaranteeing safe practice and yet encouraging all physicians to ask for help when in trouble raises questions regarding how these programs should be designed.

Country of Publication: United Kingdom
Publisher: Lippincott Williams and Wilkins
Publication Type: Journal: Review
Subject Headings: *addiction
 Australia
 health care management
 health program
 human
 *mental health
 mental health service
 patient counseling
 *physician
 review
 *substance abuse
 substance use
 United Kingdom

Source: EMBASE

54. Quality of prescribing for schizophrenia: Evidence from a national audit in England and Wales

Citation: European Neuropsychopharmacology, 2014, vol./is. 24/4(499-509), 0924-977X;1873-7862 (2014)

Author(s): Patel M.X.; Bishara D.; Jayakumar S.; Zalewska K.; Shiers D.; Crawford M.J.; Cooper S.J.

Institution: (Patel) Institute of Psychiatry, King's College London, Department of Psychosis Studies, Box 68, 16 De Crespigny Park, London SE5 8AF, United Kingdom; (Bishara) Pharmacy Department, South London and Maudsley NHS Foundation Trust, Denmark Hill, London SE5 8AZ, United Kingdom; (Jayakumar, Zalewska, Shiers, Cooper) College Centre for Quality Improvement, Royal College of Psychiatrists, 21 Prescot Street, London E1 8BB, United Kingdom; (Crawford) Faculty of Medicine, Imperial College London, Centre for Mental Health, Claybrook Centre. 37, Claybrook Road, London W6 8LN, United Kingdom

Language: English

Abstract: The National Audit of Schizophrenia (NAS) examined the quality of care received in England and Wales. Part of the audit set out to determine whether six prescribing standards, set by the national clinical guidelines for schizophrenia, were being implemented and to prompt improvements in care. Mental Health Trusts and Health Boards provided data obtained from case-notes for adult patients living in the community with schizophrenia or schizoaffective disorder. An audit of practice tool was developed for data collection. Most of the 5055 patients reviewed were receiving pharmacological treatment according to national guidelines. However, 15.9% of the total sample (95%CI: 14.9-16.9) were prescribed two or more antipsychotics concurrently and 10.1% of patients (95%CI: 9.3-10.9) were prescribed medication in excess of recommended limits. Overall 23.7% (95%CI: 22.5-24.8) of patients were receiving clozapine. However, there were many with treatment resistance who had no clear reason documented as to why they had not had a trial of clozapine (430/1073, 40.1%). In conclusion, whilst most people were prescribed medication in accordance with nationally agreed standards, there was considerable variation between service providers. Antipsychotic polypharmacy, high dose prescribing and clozapine underutilisation in treatment resistance were all key concerns which need to be further addressed.

Country of Publication: Netherlands
Publisher: Elsevier
CAS Registry Number: 71675-85-9 (amisulpride); 129722-12-9 (aripiprazole); 5786-21-0 (clozapine)
Publication Type: Journal: Article

Subject Headings: adult
aged
article
drug misuse
female
human
major clinical study
male
medical audit
medication compliance
mental health
monotherapy
polypharmacy
*prescription
priority journal
"*schizophrenia/dt [Drug Therapy]"
United Kingdom
"amisulpride/dt [Drug Therapy]"
"aripiprazole/dt [Drug Therapy]"
"clozapine/dt [Drug Therapy]"
"*neuroleptic agent/dt [Drug Therapy]"

Source: EMBASE

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

55. Margaret McCartney: The government's plan to blame and shame people for having disease

Citation: BMJ (Online), August 2015, vol./is. 351/, 0959-8146;1756-1833 (17 Aug 2015)

Author(s): McCartney M.

Institution: (McCartney) GlasgowUnited Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

Publication Type: Journal: Note

Subject Headings: alcoholism
drug dependence
*government regulation
*health care policy
health insurance
human
note
obesity
priority journal
shame
stigma
unemployment
United Kingdom

Source: EMBASE

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

56. Developing a web-based intervention to increase motivation to change and encourage uptake of specialist face-to-face treatment by hospital inpatients: change drinking

Citation: Drug and alcohol review, November 2014, vol./is. 33/6(674-677), 1465-3362 (01 Nov 2014)

Author(s): Bewick B.M.; Rumball K.; Birtwistle J.C.; Shaw J.R.; Johnson O.; Raistrick D.; Tober G.

Institution: (Bewick, Rumball, Birtwistle, Shaw, Johnson, Raistrick, Tober) Leeds Institute of Health Sciences, School of Medicine, University of Leeds, Leeds, UK

Language: English

Abstract: INTRODUCTION AND AIM: Problem drinking is rarely identified unless health-care professionals are specifically instructed to assess alcohol consumption. Individualised web-based alcohol interventions provide opportunities to enhance screening and early identification. We aimed to create a web-based brief personalised feedback intervention to enable client-centred screening and self-referral by problem drinkers recently admitted to hospital. DESIGN AND METHODS: To increase transparency of the development process, this short report describes the theoretical underpinnings and development of ChangeDrinking including identification of needs and matching with resources, screening tool selection, and look and feel. RESULTS: The website structure and content was modelled on motivational dialogue. ChangeDrinking is closely coupled to an independent questionnaire management system; this architecture enables internal logic to allow branching based on dynamic user inputs. The motivational underpinnings led to development of personalised predetermined dialogue with strong theory-practice links. Applying principles of conveying empathy and reflection was challenging within the confines of a predetermined dialogue. Reflective listening in ChangeDrinking does not extend to inviting statements of resistance to be entered. DISCUSSION AND CONCLUSIONS: ChangeDrinking has become an optional component of routine treatment for patients with an alcohol-related admission in two large UK National Health Service general hospitals.

Country of Publication: Australia

Publication Type: Journal: Article

Subject Headings: "alcoholism/pc [Prevention]"
drinking behavior
hospital patient
human
*Internet
*motivation
patient attitude
program development
*psychology

Source: EMBASE

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

57. Pankaj Sharma: Addicted to playing polo

Citation: BMJ (Clinical research ed.), 2015, vol./is. 351/(h3960), 1756-1833 (2015)

Author(s): Sharma P.

Language: English

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: art
decision making
*health personnel attitude
human
interview
male
neurosurgery
*psychology
sport

surgeon
United Kingdom

Source: EMBASE

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

58. New evidence on the tenuous state of evidence-based drug policy

Citation: Addiction (Abingdon, England), August 2014, vol./is. 109/8(1234-1235), 1360-0443 (01 Aug 2014)

Author(s): MacCoun R.J.

Institution: (MacCoun) Goldman School of Public Policy and Berkeley Law School, University of California at Berkeley, Berkeley, CA, 94720-7320, USA. maccoun@berkeley.edu

Language: English

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: [drug approval](#)
[drug misuse](#)
[evidence based medicine](#)
[health care policy](#)
[human](#)
[*legislation and jurisprudence](#)
[*management](#)
[United Kingdom](#)
[United States](#)
[*psychotropic agent](#)

Source: EMBASE

Full Text: Available from *Wiley* in *Addiction*
Available from *EBSCOhost* in *Addiction*

59. Vice ratchets

Citation: Addiction (Abingdon, England), August 2014, vol./is. 109/8(1233-1234), 1360-0443 (01 Aug 2014)

Author(s): Caulkins J.P.

Institution: (Caulkins) Carnegie Mellon University, Heinz Colleges, 5000 Forbes Avenue, Pittsburgh, PA, 15213, USA. caulkins@andrew.cmu.edu

Language: English

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: [drug approval](#)
[drug misuse](#)
[health care policy](#)
[human](#)
[*legislation and jurisprudence](#)
[*management](#)
[United Kingdom](#)
[*psychotropic agent](#)

Source: EMBASE

Full Text: Available from *Wiley* in *Addiction*
Available from *EBSCOhost* in *Addiction*

60. The 'drug policy ratchet': why do sanctions for new psychoactive drugs typically only go up?

- Citation:** Addiction (Abingdon, England), August 2014, vol./is. 109/8(1226-1232), 1360-0443 (01 Aug 2014)
- Author(s):** Stevens A.; Measham F.
- Institution:** (Stevens, Measham) School of Social Policy, Sociology and Social Research, University of Kent, Medway, UK
- Language:** English
- Abstract:** It has been much more common for drugs to be subjected to tighter rather than looser control as drugs and evidence about their effects have emerged. We argue that there is in place a drug policy ratchet which subjects new psychoactive substances (NPS) to increasing control through the continuation of historical patterns that involve the attribution to emerging drugs of guilt by three different kinds of association: guilt by deviant association; guilt by lunatic association; and guilt by molecular association. We use our contemporary ethnographic experience of drug policy-making to show how these processes continue to be applied to policy on NPS, alongside selective, narrative use of evidence and the 'silent silencing' by absorption of the concept of evidence-based policy. We show that the drug policy ratchet cannot be justified as an example of the precautionary principle in action, as this principle is itself not rationally justified. We conclude that recognition of the drug policy ratchet and its mechanisms may help researchers and policy-makers to improve regulation of NPS.
- Country of Publication:** United Kingdom
- Publication Type:** Journal: Review
- Subject Headings:** [drug approval](#)
[drug misuse](#)
[health care policy](#)
[human](#)
[*legislation and jurisprudence](#)
[*management](#)
[United Kingdom](#)
[*psychotropic agent](#)
- Source:** EMBASE
- Full Text:** Available from *Wiley* in [Addiction](#)
Available from *EBSCOhost* in [Addiction](#)

61. Gang membership, violence, and psychiatric morbidity

- Citation:** American Journal of Psychiatry, September 2013, vol./is. 170/9(985-993), 0002-953X;1535-7228 (01 Sep 2013)
- Author(s):** Coid J.W.; Ullrich S.; Keers R.; Bebbington P.; DeStavola B.L.; Kallis C.; Yang M.; Reiss D.; Jenkins R.; Donnelly P.
- Institution:** (Coid, Ullrich, Keers, Bebbington, DeStavola, Kallis, Yang, Reiss, Jenkins, Donnelly) Forensic Psychiatry Research Unit, Queen Mary University of London, United Kingdom
- Language:** English
- Abstract:** Objective: Gang members engage in many high-risk activities associated with psychiatric morbidity, particularly violence-related ones. The authors investigated associations between gang membership, violent behavior, psychiatric morbidity, and use of mental health services. Method: The authors conducted a cross-sectional survey of 4,664 men 18-34 years of age in Great Britain using random location sampling. The survey oversampled men from areas with high levels of violence and gang activities. Participants completed questionnaires covering gang membership, violence, use of mental health services, and psychiatric diagnoses measured using standardized screening instruments. Results: Violent men and gang members had higher prevalences of mental disorders and use of psychiatric services than nonviolent men, but a lower prevalence of

depression. Violent ruminative thinking, violent victimization, and fear of further victimization accounted for the high levels of psychosis and anxiety disorders in gang members, and with service use in gang members and other violent men. Associations with antisocial personality disorder, substance misuse, and suicide attempts were explained by factors other than violence. Conclusions: Gang members show inordinately high levels of psychiatric morbidity, placing a heavy burden on mental health services. Traumatization and fear of further violence, exceptionally prevalent in gang members, are associated with service use. Gang membership should be routinely assessed in individuals presenting to health care services in areas with high levels of violence and gang activity. Health care professionals may have an important role in promoting desistance from gang activity.

Country of Publication: United States
Publisher: American Psychiatric Association
Publication Type: Journal: Article
Subject Headings: [adult](#)
[alcoholism](#)
[antisocial personality disorder](#)
[anxiety disorder](#)
[article](#)
[cross-sectional study](#)
[depression](#)
[drug dependence](#)
[*gang](#)
[health survey](#)
[human](#)
[major clinical study](#)
[male](#)
[*mental disease](#)
[mental health service](#)
[morbidity](#)
[priority journal](#)
[psychiatric diagnosis](#)
[psychosis](#)
[substance abuse](#)
[suicide attempt](#)
[United Kingdom](#)
[*violence](#)

Source: EMBASE

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

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

Citation: JAMA Psychiatry, March 2013, vol./is. 70/3(334-342), 2168-622X (March 2013)
Author(s): Conrod P.J.; O'Leary-Barrett M.; Newton N.; Topper L.; Castellanos-Ryan N.; MacKie C.; Girard A.
Institution: (Conrod, Castellanos-Ryan, Girard) Departments of Psychiatry, Universite de Montreal, Centre Hospitalier et Universitaire Ste Justine, 3175 Chemin de la Croix Sainte-Catherine, Montreal, QC H3T 1C5, Canada; (O'Leary-Barrett) McGill University, Montreal, QC, Canada; (Conrod, Newton, Topper, MacKie) Addictions Department, Institute of Psychiatry, King's College London, United Kingdom; (Newton) National Drug and Alcohol Research Centre, University of New South Wales, NSW, Australia
Language: English
Abstract: Context: Selective school-based alcohol prevention programs targeting youth with personality risk factors for addiction and mental health problems have been found to

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

Country of Publication: United States

Publisher: American Medical Association

Publication Type: Journal: Article

Subject Headings: [adolescent](#)
[*alcohol consumption](#)
[*alcohol use disorder](#)
[anxiety](#)
[article](#)
[*behavior therapy](#)
[binge drinking](#)
[*child behavior](#)
[clinical effectiveness](#)
[controlled study](#)
[female](#)
[follow up](#)
[hopelessness](#)
[human](#)
[impulsiveness](#)
[major clinical study](#)
[male](#)
[outcome assessment](#)
[*personality targeted prevention program](#)
[*preventive medicine](#)
[quality control](#)
[randomized controlled trial](#)
[sensation seeking](#)

Source: EMBASE

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

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

- Citation:** Brain, January 2013, vol./is. 136/1(294-303), 0006-8950;1460-2156 (January 2013)
- Author(s):** Peall K.J.; Smith D.J.; Kurian M.A.; Wardle M.; Waite A.J.; Hedderly T.; Lin J.-P.; Smith M.; Whone A.; Pall H.; White C.; Lux A.; Jardine P.; Bajaj N.; Lynch B.; Kirov G.; O'Riordan S.; Samuel M.; Lynch T.; King M.D.; Chinnery P.F.; Warner T.T.; Blake D.J.; Owen M.J.; Morris H.R.
- Institution:** (Peall, Smith, Wardle, Waite, Kirov, Blake, Owen, Morris) MRC Centre for Neuropsychiatric Genetics and Genomics, School of Medicine, Cardiff University, Heath Park, Cardiff, CF14 4XN, United Kingdom; (Kurian) ICH-Neurosciences Unit, Great Ormond Street Hospital, London, WC1N 3LU, United Kingdom; (Hedderly, Lin) Paediatric Neurology, Evelina Children's Hospital, St Thomas' Hospital, London, SE1 7EH, United Kingdom; (Smith) Paediatric Neurology, Birmingham Children's Hospital, Birmingham, B4 6NH, United Kingdom; (Whone) Department of Neurology, Frenchay Hospital, Bristol, BS16 1LE, United Kingdom; (Pall) School of Clinical and Experimental Medicine, University of Birmingham, Birmingham, B15 2TT, United Kingdom; (White) Department of Paediatrics, Singleton Hospital, Swansea, SA2 8QA, United Kingdom; (Lux, Jardine) Paediatric Neurology, Bristol Royal Hospital for Children, Bristol, BS2 8BJ, United Kingdom; (Bajaj) Department of Neurology, Nottingham University Hospitals NHS Trust, Nottingham, NG7 2UH, United Kingdom; (Lynch, King) Paediatric Neurology, Children's University Hospital, Dublin 1, Ireland; (O'Riordan) Department of Neurology, St. Vincent's University Hospital, Dublin 4, Ireland; (Samuel) Department of Neurology, East Kent Hospitals NHS Foundation Trust, Ashford, Kent, TN24 0LZ, United Kingdom; (Samuel) Department of Neurology Kent, King's College Hospital, King's Health Partners, London, SE1 9RT, United Kingdom; (Lynch) Department of Neurology, Mater Misericordiae University Hospital, Dublin 7, Ireland; (Chinnery) Institute of Genetic Medicine, Newcastle University, International Centre for Life, Central Parkway, Newcastle upon Tyne, NE1 3BZ, United Kingdom; (Warner) Department of Clinical Neurosciences, UCL Institute of Neurology, London, WC1N 1PJ, United Kingdom
- Language:** English
- Abstract:** Myoclonus dystonia syndrome is a childhood onset hyperkinetic movement disorder characterized by predominant alcohol responsive upper body myoclonus and dystonia. A proportion of cases are due to mutations in the maternally imprinted SGCE gene. Previous studies have suggested that patients with SGCE mutations may have an increased rate of psychiatric disorders. We established a cohort of patients with myoclonus dystonia syndrome and SGCE mutations to determine the extent to which psychiatric disorders form part of the disease phenotype. In all, 89 patients with clinically suspected myoclonus dystonia syndrome were recruited from the UK and Ireland. SGCE was analysed using direct sequencing and for copy number variants. In those patients where no mutation was found TOR1A (GAG deletion), GCH1, THAP1 and NKX2-1 were also sequenced. SGCE mutation positive cases were systematically assessed using standardized psychiatric interviews and questionnaires and compared with a disability-matched control group of patients with alcohol responsive tremor. Nineteen (21%) probands had a SGCE mutation, five of which were novel. Recruitment of family members increased the affected SGCE mutation positive group to 27 of whom 21 (77%) had psychiatric symptoms. Obsessive-compulsive disorder was eight times more likely ($P < 0.001$) in mutation positive cases, compulsivity being the predominant feature ($P < 0.001$). Generalized anxiety disorder ($P = 0.003$) and alcohol dependence ($P = 0.02$) were five times more likely in mutation positive cases than tremor controls. SGCE mutations are associated with a specific psychiatric phenotype consisting of compulsivity, anxiety and alcoholism in addition to the characteristic motor phenotype. SGCE mutations are likely to have a pleiotropic effect in causing both motor and specific psychiatric symptoms. © (2012) The Author.
- Country of Publication:** United Kingdom
- Publisher:** Oxford University Press
- CAS Registry Number:** 64-17-5 (alcohol)
- Publication Type:** Journal: Article

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

Source: EMBASE

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

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

Citation: Journal of Clinical Psychiatry, November 2012, vol./is. 73/11(e1365-e1371), 0160-6689 (November 2012)

Author(s): Chou K.-L.

Institution: (Chou) Department of Social Work and Social Administration, University of Hong Kong, Pokfulam Rd, Hong Kong, Hong Kong

Language: English

Abstract: Objective: This study aimed (1) to assess the relationship of childhood sexual abuse and revictimization with 6 common mental disorders, alcohol and drug dependence, posttraumatic stress disorder, eating disorders, and suicidal behavior; (2) to test whether gender moderates the relationship between childhood sexual abuse and psychiatric comorbidity; and (3) to assess the association of childhood sexual abuse with health care service use among middle-aged and older adults. Method: The author conducted secondary analyses of data from a population-based, nationally representative sample of 3,493 community-dwelling adults aged 50 years and above who were interviewed in England in 2006 and 2007 as part of the 2007 Adult Psychiatric Morbidity Survey. The survey assessed childhood sexual abuse (sexual touching and sexual intercourse), sexual abuse revictimization (experiencing both childhood and adult sexual abuse), demographics, health care service use, 6 common mental disorders according to ICD-10

diagnostic criteria (depressive episode, mixed anxiety and depression, generalized anxiety disorder, panic disorder, phobia, and obsessive-compulsive disorder), eating disorders, posttraumatic stress disorder, alcohol and drug dependence, and suicidal behavior. Results: After weighting, the prevalence of childhood sexual abuse was 8.0%, and the prevalence of revictimization was 1.9%. Multivariate analyses revealed that childhood sexual abuse was significantly associated with mixed anxiety and depression (adjusted odds ratio [AOR] = 1.69; 95% CI, 1.09-2.63), generalized anxiety disorder (AOR = 1.78; 95% CI, 1.01-3.11), eating disorders (AOR = 2.04; 95% CI, 1.12-3.75), posttraumatic stress disorder (AOR = 2.45; 95% CI, 1.20-4.99), and suicidal ideation (AOR = 2.32; 95% CI, 1.27-4.27). Revictimization was significantly related to mixed anxiety and depression (AOR = 3.21; 95% CI, 1.63-6.32), generalized anxiety disorder (AOR = 2.60; 95% CI, 1.07-6.35), phobia (AOR = 4.07; 95% CI, 1.23-13.46), posttraumatic stress disorder (AOR = 8.88; 95% CI, 3.68-21.40), and suicidal ideation (AOR = 3.03; 95% CI, 1.08-8.51). Gender did not moderate the association of childhood sexual abuse or revictimization with psychiatric disorders. Finally, both childhood sexual abuse (AOR = 3.73; 95% CI, 2.03-6.86) and revictimization (AOR = 7.54; 95% CI, 3.09-17.42) were significantly associated with psychiatric hospitalization. Conclusions: The prevalence of childhood sexual abuse in this sample was comparable to the prevalence rates identified in previous studies. The associations of childhood sexual abuse and revictimization with a wide range of psychiatric disorders raises further questions about the underlying mechanisms in the elderly. This study also supports the notion that childhood sexual abuse and revictimization are associated with a higher rate of utilization of mental health services. ©; Copyright 2012 Physicians Postgraduate Press, Inc.

Country of Publication: United States

Publisher: Physicians Postgraduate Press Inc.

Publication Type: Journal: Article

Subject Headings: [adult](#)
[age distribution](#)
[aged](#)
[alcoholism](#)
[article](#)
[*child sexual abuse](#)
[controlled study](#)
[disease severity](#)
[drug dependence](#)
[drug efficacy](#)
[drug safety](#)
[eating disorder](#)
[female](#)
[health care utilization](#)
[health service](#)
[household](#)
[human](#)
[major clinical study](#)
[male](#)
["*mental disease/di \[Diagnosis\]"](#)
["*mental disease/dt \[Drug Therapy\]"](#)
[morbidity](#)
[personal experience](#)
[population research](#)
[posttraumatic stress disorder](#)
[priority journal](#)
[sex difference](#)
[sexual intercourse](#)
[suicidal behavior](#)
[suicidal ideation](#)
[suicide attempt](#)
["neuroleptic agent/dt \[Drug Therapy\]"](#)

Source: EMBASE

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

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

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

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Language: English

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

Country of Publication: Netherlands

Publisher: Elsevier

Publication Type: Journal: Article

Subject Headings: [adult](#)
[age](#)
[article](#)
[controlled study](#)
[disease association](#)
[disease severity](#)
[Fagerstrom Test for Nicotine Dependence](#)
[female](#)
[gender](#)
[human](#)
[major clinical study](#)
[male](#)
[mental disease](#)
[mental disease assessment](#)
[middle aged](#)
[population risk](#)
[priority journal](#)
[Revised Clinical Interview Schedule](#)
[*smoking](#)
[*suicidal ideation](#)
[*suicide attempt](#)
[tobacco dependence](#)
[United Kingdom](#)

Source: EMBASE

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

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

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Language: English

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

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

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

Publication Type: Journal: Article

Subject Headings: [adult](#)
[age](#)
[article](#)
[cross-sectional study](#)
[*electronic cigarette](#)
[employment status](#)
[female](#)
[health behavior](#)
[human](#)
[*licence](#)
[male](#)
[prevalence](#)
[priority journal](#)
[sex difference](#)
[*smoking](#)
[smoking cessation](#)
[tobacco dependence](#)
[trend study](#)
[United Kingdom](#)
[cigarette smoke](#)
[*nicotine gum](#)

[*nicotine lozenge](#)[*nicotine patch](#)

Source: EMBASE

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

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

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

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

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Language: English

Abstract: BACKGROUND: Observational studies have shown that attentional bias for smoking-related cues is associated with increased craving and relapse. Laboratory experiments have shown that manipulating attentional bias may change craving. Interventions to reduce attentional bias could reduce relapse in smokers seeking to quit. We report a clinical trial of attentional retraining in treatment-seeking smokers. METHODS: This was a double-blind randomised controlled trial that took place in UK smoking cessation clinics. Smokers interested in quitting were randomised to five weekly sessions of attentional retraining (N=60) or placebo training (N = 58) using a modified visual probe task from one week prior to quit day. Both groups received 21 mg nicotine patches (from quit day onwards) and behavioural support. Primary outcomes included change in attentional bias reaction times four weeks after quit day on the visual probe task and craving measured weekly using the Mood and Physical Symptoms Scale. Secondary outcomes were changes in withdrawal symptoms, time to first lapse and prolonged abstinence. RESULTS: No attentional bias towards smoking cues was found in the sample at baseline (mean difference = 3 ms, 95% CI = -2, 9). Post-training bias was not significantly lower in the retraining group compared with the placebo group (mean difference = -9 ms, 95% CI = -20, 2). There was no difference between groups in change in craving (p = 0.89) and prolonged abstinence at four weeks (risk ratio = 1.00, 95% CI = 0.70, 1.43). CONCLUSIONS: Taken with one other trial, there appears to be no effect from clinic-based attentional retraining using the visual probe task. Attentional retraining conducted out of clinic may prove more effective. CLINICAL TRIAL REGISTRATION: UK Clinical Trials ISRCTN 54375405.

Country of Publication: Ireland

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

Publication Type: Journal: Article

Subject Headings: [adult](#)
[association](#)
[*attention](#)
[*behavior therapy](#)

controlled study
double blind procedure
female
human
male
middle aged
multimodality cancer therapy
*psychology
randomized controlled trial
reaction time
*smoking cessation
time
"Tobacco Use Disorder/th [Therapy]"
treatment outcome
withdrawal syndrome
young adult
nicotine gum

Source:

EMBASE

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