

# Search Results

## Table of Contents

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Search History .....	page 3
1. Ultra high risk of psychosis on committal to a young offender prison: An unrecognised opportunity for early intervention .....	page 4
2. Alcohol related admissions to ICU: An 18 month prospective cohort study .....	page 5
3. Promising strategies for advancement in knowledge of suicide risk factors and prevention .....	page 6
4. Prevalence of NRT use and associated nicotine intake in smokers, recent ex-smokers and longer-term ex- Smokers .....	page 7
5. The preclinical discovery of lofexidine for the treatment of opiate addiction .....	page 8
6. Methadone-maintained patients in primary care have higher rates of chronic disease and multimorbidity, and use health services more intensively than matched controls .....	page 9
7. Detecting alcohol problems in older adults: Can we do better? .....	page 11
8. Disruption of blood-brain barrier integrity in postmortem human alcoholic brain .....	page 12
9. The cost-effectiveness and public health benefit of nalmefene added to psychosocial support for the reduction of alcohol consumption in alcohol-dependent patients with high/very high drinking risk levels: A Markov model .....	page 13
10. Drug use linked to risky behaviors in U.K. MSM .....	page 15
11. Scurvy in an alcoholic patient treated with intravenous vitamins .....	page 15
12. Benzodiazepine use in a methadone maintained opioid dependent cohort in Ireland .....	page 16
13. A survey of patients on methadone programmes in Wheatfield Prison, Dublin, Ireland .....	page 17
14. Asenapine augmentation and treatment-resistant schizophrenia in the high-secure hospital setting .....	page 17
15. Advances in the management of ms spasticity: Recent observational studies .....	page 19
16. Chronic obstructive pulmonary disease (COPD) case-finding and tobacco dependence on long stay psychiatric wards .....	page 20
17. GP who persuaded his wife to try heroin is suspended for nine months .....	page 21
18. Stimulant and other substance use disorders in schizophrenia: Prevalence, correlates and impacts in a population sample .....	page 22
19. Comparative prices of diverted buprenorphine/naloxone and buprenorphine in a UK prison setting: A cross-sectional survey of drug using prisoners .....	page 23
20. Adults hospitalised with acute respiratory illness rarely have detectable bacteria in the absence of COPD or pneumonia; viral infection predominates in a large prospective UK sample .....	page 25
21. Design, implementation and preliminary results of a tobacco cessation program in a private clinic .....	page 26
22. Alcohol dependence in the Naval Service .....	page 27
23. Medication adherence as a value message: A rarity in evaluation assessments submitted to major HTA bodies .....	page 28
24. The patient experience of alcohol use disorder .....	page 29
25. A model to estimate the health system burden of prescription opioid abuse in Europe .....	page 30
26. Are developing countries showing us the way forward? .....	page 31
27. Severity of substance misuse and need for substance misuse interventions among adult emergency department patients .....	page 32
28. Buying methylphenidate online .....	page 33

29. Outcomes for substance misusing women and their infants 2006-2011: Changes over a 5 year time period .....	page 34
30. Can we help patients with chronic pancreatitis to stop smoking? .....	page 35
31. Association of carboxyl-ester lipase variable nucleotide tandem repeat with alcoholic chronic pancreatitis and alcoholic liver disease .....	page 36
32. The non-medical use of tramadol in the UK: Findings from a large community sample .....	page 37
33. Anorexia nervosa, best interests, and the patient's human right to 'a wholesale overwhelming of her autonomy' .....	page 38
34. Older people and alcohol use .....	page 39
35. The national vice .....	page 40
36. Associations between alcohol, smoking, socioeconomic status and comorbidities: Evidence from the 45 and Up Study .....	page 40
37. Prospective cohort study of the effectiveness of smoking cessation treatments used in the "real world" .....	page 41
38. Helping smokers quit in the "real world" .....	page 42
39. Pathological adolescent gambling .....	page 43
40. An overview of the prison population and the general health status of prisoners .....	page 43
41. A fatal microangiopathic bleed in a young woman after recurrent mild ischaemic stroke within a space of six weeks seen at Medway Hospital, Kent, UK .....	page 44
42. New peptide-origin anxiolytics, GB-115 and Selank, as possible tools in treatment of opiate addiction: An experimental study .....	page 46
43. Lay perspectives on hypertension and medication adherence-a qualitative systematic review and narrative synthesis .....	page 48

## Search History

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

## 1. Ultra high risk of psychosis on committal to a young offender prison: An unrecognised opportunity for early intervention

<b>Citation:</b>	BMC Psychiatry, August 2012, vol./is. 12/1, 1471-244X (August 03, 2012)
<b>Author(s):</b>	Flynn D.; Smith D.; Quirke L.; Monks S.; Kennedy H.G.
<b>Institution:</b>	(Flynn, Smith, Quirke, Monks, Kennedy) National Forensic Mental Health Service, Central Mental Hospital, Dundrum, Dublin 14, Ireland; (Kennedy) Department of Psychiatry, Trinity College, Dublin, Ireland
<b>Language:</b>	English
<b>Abstract:</b>	<p>Background: The ultra high risk state for psychosis has not been studied in young offender populations. Prison populations have higher rates of psychiatric morbidity and substance use disorders. Due to the age profile of young offenders one would expect to find a high prevalence of individuals with pre-psychotic or ultra-high risk mental states for psychosis (UHR). Accordingly young offender institutions offer an opportunity for early interventions which could result in improved long term mental health, social and legal outcomes. In the course of establishing a mental health in-reach service into Ireland's only young offender prison, we sought to estimate unmet mental health needs.</p> <p>Methods: Every third new committal to a young offenders prison was interviewed using the Comprehensive Assessment of At-Risk Mental States (CAARMS) to identify the Ultra High Risk (UHR) state and a structured interview for assessing drug and alcohol misuse according to DSM-IV-TR criteria, the Developmental Understanding of Drug Misuse and Dependence - Short Form (DUNDRUM-S). Results: Over a twelve month period 171 young male offenders aged 16 to 20 were assessed. Of these 39 (23%, 95% confidence interval 18% to 30%) met UHR criteria. UHR states peaked at 18 years, were associated with lower SOFAS scores for social and occupational function and were also associated with multiple substance misuse. The relationship with lower SOFAS scores persisted even when co-varying for multiple substance misuse. Conclusions: Although psychotic symptoms are common in community samples of children and adolescents, the prevalence of the UHR state in young offenders was higher than reported for community samples. The association with impaired function also suggests that this may be part of a developing disorder. Much more attention should be paid to the relationship of UHR states to substance misuse and to the health needs of young offenders.</p>
<b>Country of Publication:</b>	United Kingdom
<b>Publisher:</b>	BioMed Central Ltd.
<b>Publication Type:</b>	Journal: Article
<b>Subject Headings:</b>	<ul style="list-style-type: none"> <li>adolescent</li> <li>adult</li> <li>"alcoholism/di [Diagnosis]"</li> <li>article</li> <li>clinical assessment tool</li> <li>Comprehensive assessment of at risk mental states</li> <li>confidence interval</li> <li>correlation analysis</li> <li>"drug dependence/di [Diagnosis]"</li> <li>DSM-IV-TR</li> <li>*early intervention</li> <li>*high risk population</li> <li>human</li> <li>Ireland</li> <li>legal aspect</li> <li>major clinical study</li> <li>male</li> <li>mental health</li> <li>mental health service</li> <li>*offender</li> <li>prevalence</li> </ul>

\*prison  
 "\*psychosis/di [Diagnosis]"  
 semi structured interview  
 Social and Occupational Functioning Assessment Scale  
 social status

**Source:** EMBASE

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

## 2. Alcohol related admissions to ICU: An 18 month prospective cohort study

**Citation:** Critical Care Medicine, December 2014, vol./is. 42/12 SUPPL. 1(A1459), 0090-3493 (December 2014)

**Author(s):** McPeake J.; Shaw M.; O'Neill A.; Puxty A.; Forrest E.; Quasim T.; Kinsella J.

**Institution:** (McPeake, O'Neill, Forrest, Quasim) University of Glasgow, Glasgow, United Kingdom; (Shaw, Puxty, Kinsella) Glasgow Royal Infirmary, Glasgow, United Kingdom

**Language:** English

**Abstract:** Learning Objectives: Alcohol related admissions to critical care are increasing. However, the impact of alcohol on the ICU journey has not been extensively studied. Further, there is limited evidence regarding the impact on long terms outcomes for patients admitted to critical care with a background of alcohol misuse. This study aimed to explore the impact of alcohol use disorders on the ICU stay and on longer term outcomes. Methods: 18 month prospective observational cohort study in a 20 bedded mixed ICU, in a large teaching hospital in Scotland. On admission patients were allocated to one of three alcohol groups: low risk; harmful/hazardous or alcohol dependency. Results: 580 ICU patients were screened for the presence of alcohol use disorders during the study period. 34.4% of patients were admitted with a background of alcohol misuse. Those with an alcohol related admission (either the harmful/hazardous or alcohol dependent) had an almost two fold increased odds of developing septic shock during their ICU admission, compared with the low risk group (OR 1.67; 95% CI 1.13-2.47, p=0.01). When adjusted for the presence of liver cirrhosis, the odds of developing septic shock increased even further in those with an alcohol related admission (OR 1.81; 95% CI 1.19-2.76, p=0.005). After adjustment for all lifestyle factors which were significantly different between the groups, alcohol dependence was associated with more than a twofold increased odds of ICU mortality (OR 2.28; 95% CI 1.2-4.69, p=0.01) and hospital mortality (OR 2.43; 95% CI 1.28-4.621, p=0.004). After adjustment for the presence of septic shock during the ICU admission, age and APACHE II, alcohol dependence was independently associated with mortality at six months post ICU discharge (HR 1.50; 95% CI 1.02-2.22, p= 0.0387). Conclusions: Alcohol related admissions account for a significant proportion of admissions to critical care. Alcohol use disorders are a significant risk factor for the development of septic shock in ICU. Further, alcohol dependency is independently associated with ICU, hospital and 6 month outcomes.

**Conference Information:** Critical Care Congress 2015 Phoenix, AZ United States. Conference Start: 20150117  
 Conference End: 20150121

**Publisher:** Lippincott Williams and Wilkins

**Publication Type:** Journal: Conference Abstract

**Subject Headings:** \*cohort analysis  
 \*intensive care  
 patient  
 septic shock  
 human

mortality  
 alcohol use disorder  
 alcoholism  
 liver cirrhosis  
 low risk population  
 vascular guide wire  
 lifestyle  
 risk  
 risk factor  
 hospital  
 United Kingdom  
 teaching hospital  
 learning  
 APACHE  
 \*alcohol

**Source:** EMBASE

**Full Text:** Available from *Ovid* in *Critical Care Medicine*

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

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

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

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

**Language:** English

**Abstract:** Suicide is an important public health problem. Although there have been advances in our knowledge of suicide, gaps remain in knowledge about suicide risk factors and prevention. Here, we discuss research pathways that have the potential to rapidly advance knowledge in suicide risk assessment and reduction of suicide deaths over the next decade. We provide a concise overview of the methodologic approaches that have the capacity to rapidly increase knowledge and change practice, which have been successful in past work in psychiatry and other areas of medicine. We suggest three specific pathways to advance knowledge of suicide risk factors and prevention. First, analysis of large-scale epidemiologic surveys and administrative data sets can advance the understanding of suicide. Second, given the low base rate of suicide, there is a need for networks/consortia of investigators in the field of suicide prevention. Such consortia have the capacity to analyze existing epidemiologic data sets, create multi-site cohort studies of high-risk groups to increase knowledge of biological and other risk factors, and create a platform for multi-site clinical trials. Third, partnerships with policymakers and researchers would facilitate careful scientific evaluation of policies and programs aimed at reducing suicide. Suicide intervention policies are often multifaceted, expensive, and rarely evaluated. Using quasi-experimental methods or sophisticated analytic strategies such as propensity score-matching techniques, the impact of large-scale interventions on suicide can be evaluated. Furthermore, such partnerships between policymakers and researchers can lead to the design and support of prospective RCTs (e.g., cluster randomized trials, stepped wedge designs, waiting list designs) in high-risk groups (e.g., people with a history of suicide attempts, multi-axial comorbidity, and offspring of people who have died by suicide). These research pathways could lead to rapid knowledge uptake between communities and have the strong potential to reduce suicide. 2014 American Journal of Preventive Medicine.

**Country of Publication:** United States

**Publisher:** Elsevier Inc.

**Publication Type:** Journal: Article

**Subject Headings:**

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

**Source:** EMBASE

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

#### 4. Prevalence of NRT use and associated nicotine intake in smokers, recent ex-smokers and longer-term ex- Smokers

**Citation:** PLoS ONE, November 2014, vol./is. 9/11, 1932-6203 (18 Nov 2014)

**Author(s):** Shahab L.; Beard E.; Brown J.; West R.

**Institution:** (Shahab, Beard, Brown, West) Department of Epidemiology and Public Health, University College London, London, United Kingdom; (Brown) Department of Clinical, Educational and Health Psychology, University College London, London, United Kingdom

**Language:** English

**Abstract:** Background: Nicotine replacement therapy (NRT) is used by smokers wanting to reduce their smoking and to quit. However, there are very little data on nicotine intake associated with NRT use in representative population samples. This study aimed to provide estimates for NRT use and associated nicotine exposure among smokers, recent and longer-term exsmokers in England, a country with a permissive regulatory regime for nicotine substitution. Copyright: © 2014 Shahab et al. Methods: In the Smoking Toolkit Study, a

monthly series of representative household surveys of adults aged 16+ in England, current and recent ex-smokers who agreed to be re-contacted were followed up 6 months later and standard socio-demographic and smoking characteristics assessed (N = 5,467, response rate 25.1%). A random sub-sample (N = 1,614; 29.5%) also provided saliva, analysed for cotinine. Results: The sample followed up was broadly representative of the original sample. At follow-up, 11.8% (95%CI 10.9-12.8, N = 565) of current smokers, 34.8% (95%CI 28.9-41.3, N = 77) of recent (#3 months) ex-smokers, and 7.8% (95%CI 5.6-10.6, N = 36) of longer-term (. 3 months) ex-smokers reported using NRT. Smokers who used NRT had similar saliva cotinine concentrations to smokers who did not use NRT (mean 6 sd = 356.06198.6 ng/ml vs. 313.16178.4 ng/ml). Recent exsmokers who used NRT had levels that were somewhat lower, but not significantly so, than current smokers (216.76179.3 ng/ml). Longer-term ex-smokers using NRT had still lower levels (157.36227.1 ng/ml), which differed significantly from smokers using NRT (p = 0.024). Conclusions: Concurrent use of nicotine replacement therapy while smoking is relatively uncommon and is not associated with higher levels of nicotine intake. Among ex-smokers, NRT use is common in the short but not longer-term and among longer-term users is associated with lower nicotine intake than in smokers.

**Country of Publication:** United States  
**Publisher:** Public Library of Science  
**CAS Registry Number:** 486-56-6 (cotinine); 54-11-5 (nicotine)  
**Publication Type:** Journal: Article  
**Subject Headings:** [adult](#)  
[article](#)  
[behavior](#)  
[controlled study](#)  
[demography](#)  
[female](#)  
[human](#)  
[major clinical study](#)  
[male](#)  
[\\*nicotine replacement therapy](#)  
[prevalence](#)  
[saliva](#)  
[smoking](#)  
[smoking cessation](#)  
[\\*"tobacco dependence/th \[Therapy\]"](#)  
[United Kingdom](#)  
[cotinine](#)  
[nicotine](#)

**Source:** EMBASE

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

## 5. The preclinical discovery of lofexidine for the treatment of opiate addiction

**Citation:** Expert Opinion on Drug Discovery, November 2014, vol./is. 9/11(1371-1377), 1746-0441;1746-045X (01 Nov 2014)

**Author(s):** Vartak A.P.

**Institution:** (Vartak) University of Minnesota, Center for Drug Design, 4-270 NHH 310 Church St. SE, Minneapolis, MN 55455, United States

**Language:** English

**Abstract:** Introduction: Lofexidine is one therapeutic option used for treating the onslaught of sympathetic outflow that typically commences upon induction of opiate withdrawal. It was approved for opiate detoxification in the UK, most of EU, and a select few countries worldwide during the 1980s and the 90s. Within the US and Canada, however, it remains

an experimental drug. Areas covered: The following article highlights lacunae in extant knowledge about the molecular pharmacology of lofexidine. Furthermore, the article provides a brief discussion on the nature and shortcomings of clinical trials for this drug that have been conducted over the past 30 years across the world. It also provides a discussion of the market factors and regulatory considerations responsible for the rather limited use of lofexidine thus far. Expert opinion: Many lessons can be learned from the 40-year-long development of lofexidine. Indeed, unless there is an urgent need to address an unmet and/or immediate health threat, preclinical development is dictated by pharmaco-economic considerations. Lofexidine would likely have been excluded for further development in this day and age given the existence and value of clonidine as well as the lack of insurance coverage for opiate addiction. It should be noted, however, that although there have been many oversights in the past, current experimentation and clinical trials are beginning to address the mistakes made through the exploration of single enantiomers and controlled-release preparations.

**Country of Publication:** United Kingdom

**Publisher:** Informa Healthcare

**CAS Registry Number:** 4205-90-7 (clonidine); 4205-91-8 (clonidine); 57066-25-8 (clonidine); 31036-80-3 (lofexidine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)

**Publication Type:** Journal: Review

**Subject Headings:** [antihypertensive activity](#)  
[controlled clinical trial \(topic\)](#)  
[drug efficacy](#)  
[drug marketing](#)  
[drug synthesis](#)  
[drug withdrawal](#)  
[enantiomer](#)  
[health insurance](#)  
[human](#)  
[intrinsic activity](#)  
[medication compliance](#)  
[nonhuman](#)  
["opiate addiction/dt \[Drug Therapy\]"](#)  
[review](#)  
["alpha 1 adrenergic receptor/ec \[Endogenous Compound\]"](#)  
["alpha 2 adrenergic receptor/ec \[Endogenous Compound\]"](#)  
[clonidine](#)  
["imidazoline II receptor/ec \[Endogenous Compound\]"](#)  
["lofexidine/dt \[Drug Therapy\]"](#)  
["lofexidine/ct \[Clinical Trial\]"](#)  
["lofexidine/do \[Drug Dose\]"](#)  
["lofexidine/pk \[Pharmacokinetics\]"](#)  
["lofexidine/pd \[Pharmacology\]"](#)  
[methadone](#)

**Source:** EMBASE

**Full Text:** Available from *Informa Healthcare* in [Expert Opinion on Drug Discovery](#)

## 6. Methadone-maintained patients in primary care have higher rates of chronic disease and multimorbidity, and use health services more intensively than matched controls

**Citation:** European Journal of General Practice, December 2013, vol./is. 20/4(275-280), 1381-4788;1751-1402 (01 Dec 2014)

**Author(s):** O'Toole J.; Hambly R.; Cox A.-M.; O'Shea B.; Darker C.

**Institution:** (O'Toole, Hambly, Cox, O'Shea) TCD/HSE Specialist Training Programme in General Practice, Department of Public Health and Primary Care, Tallaght Hospital, Tallaght, Dublin 24, Ireland; (Darker) Trinity Centre for Health Sciences, Tallaght Hospital, Tallaght, Dublin 24, Ireland

<b>Language:</b>	English
<b>Abstract:</b>	<p>Background: Methadone maintenance treatment in primary care is cost-effective and improves outcomes for opiate-dependent patients. A more developed understanding of the evolving needs of this important cohort will facilitate further improvements in their integrated care within the community. Objectives: The aim of this study was to compare the burden of chronic disease, multi-morbidity and intensity of health-service use between methadone-maintained patients (MMPs) and matched controls in primary care. Methods: This is a retrospective matched case-control design. Data on chronic disease and health service use was collected in 13 computerized GP surgeries on 414 patients (207 MMPs and 207 controls). Twelve months of records were examined. MMPs were compared with controls matched by gender, age, socio-economic status (SES) and GP surgery. Results: MMPs suffered more chronic disease (OR = 9.1, 95% CI: 5.4-15.1, P &lt; 0.001) and multi-morbidity (OR = 6.6, 95% CI: 4.3-10.2, P &lt; 0.001). They had higher rates of respiratory, psychiatric and infectious disease. MMPs of lower SES had more chronic disease than their peers (OR = 7.2, 95% CI: 2.4-22.0, P &lt; 0.001). MMPs attended the doctor more often with medical problems (OR = 15.4, 95% CI: 8.2-28.7, P &lt; 0.001), with a frequent requirement to have medical issues addressed during methadone-management visits. Their care generated more telephone calls (OR = 4.4, 95% CI: 2.8-6.8, P &lt; 0.001), investigations (OR = 1.8, 95% CI: 1.2-2.7, P = 0.003), referrals (2.6, 95% CI: 1.7-4.0, P &lt; 0.001), emergency department visits (2.1, 95% CI: 1.3-3.6, P = 0.004), outpatient attendances (2.3, 95% CI: 1.51-1.43, P &lt; 0.001) and hospital admissions (3.6, 95% CI: 1.6-8.1, P = 0.001). Conclusion: Correcting for routine methadone care and drug-related illnesses, MMPs had a higher burden of chronic disease and used both primary and secondary health services more intensively than matched controls.</p>
<b>Country of Publication:</b>	United Kingdom
<b>Publisher:</b>	Informa Healthcare
<b>CAS Registry Number:</b>	1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone)
<b>Publication Type:</b>	Journal: Article
<b>Subject Headings:</b>	<p>"addiction/dt [Drug Therapy]"  adult  aged  alcohol abuse  ambulatory care  article  cardiovascular disease  "*chronic disease/dm [Disease Management]"  "*chronic disease/ep [Epidemiology]"  comorbidity  controlled study  emergency ward  endocrine disease  female  *health care cost  health care policy  *health care utilization  hospital admission  human  infection  Ireland  major clinical study  male  medical assessment  mental disease  *methadone treatment  nursing assessment  obesity</p>

outpatient care  
 patient assessment  
 \*primary health care  
 respiratory tract disease  
 retrospective study  
 secondary health care  
 smoking  
 substance use  
 teleconsultation  
 "\*methadone/dt [Drug Therapy]"  
 "\*methadone/pe [Pharmacoeconomics]"

**Source:** EMBASE

**Full Text:** Available from *Informa Healthcare* in *European Journal of General Practice*

### 7. Detecting alcohol problems in older adults: Can we do better?

**Citation:** International Psychogeriatrics, November 2014, vol./is. 26/11(1755-1766), 1041-6102;1741-203X (15 Nov 2014)

**Author(s):** Taylor C.; Jones K.A.; Denning T.

**Institution:** (Taylor) Department of Mental Health Services for Older People, Nottinghamshire Healthcare NHS Foundation Trust, Nottingham, United Kingdom; (Jones) School of Psychology, University of Nottingham, Nottingham, United Kingdom; (Denning) Division of Psychiatry, Institute of Mental Health, University of Nottingham, Nottingham, United Kingdom

**Language:** English

**Abstract:** Alcohol problems in older adults aged 65 years or over, in the United Kingdom and internationally, have risen steadily over the past decade. These are a common but underdiagnosed and underrecognized problem. A UK survey in 2008 found that 21% of men and 10% of women aged 65 years and over reported drinking more than four and three units of alcohol respectively on at least one day per week (National Health Service Information Centre, 2010). A recent Royal College of Psychiatrists Report (2011) cited research that showed there has been a rise in the number drinking over weekly recommended limits by 60% in men and 100% in women between 1990 and 2006 with the number of people aged over 65 years requiring treatment for a substance misuse problem, set to more than double between 2001 and 2020, all of which points to a significant public health problem both now and in the future (National Health Service Information Centre, 2009).

**Country of Publication:** United Kingdom

**Publisher:** Cambridge University Press

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

**Publication Type:** Journal: Review

**Subject Headings:** alcohol abstinence  
 alcohol consumption  
 alcohol use disorder  
 alcoholic beverage  
 "\*alcoholism/di [Diagnosis]"  
 diagnostic test accuracy study  
 DSM-5  
 DSM-IV  
 follow up  
 gold standard  
 human  
 ICD-10  
 review  
 risk factor  
 sensitivity and specificity

social problem  
alcohol

**Source:** EMBASE

### 8. Disruption of blood-brain barrier integrity in postmortem human alcoholic brain

**Citation:** Basic and Clinical Pharmacology and Toxicology, September 2014, vol./is. 115/(42), 1742-7835 (September 2014)

**Author(s):** Rubio-Araiz A.; Garcia-Gutierrez M.S.; Perez-Hernandez M.; Aracil-Fernandez M.A.; Manzanares J.; Colado M.I.

**Institution:** (Rubio-Araiz, Perez-Hernandez, Colado) Departamento De Farmacologia, Facultad De Medicina, Universidad Complutense, Madrid, Spain; (Rubio-Araiz, Garcia-Gutierrez, Perez-Hernandez, Aracil-Fernandez, Manzanares, Colado) Red Tematica De Investigacion Cooperativa En Salud RETICS, Red De Trastornos Adictivos, Instituto De Salud Carlos III, MINECO, Spain; (Garcia-Gutierrez, Aracil-Fernandez, Manzanares) Instituto De Neurociencias, Campus De San Juan, Universidad Miguel Hernandez-CSIC, San Juan De Alicante, Alicante, Spain

**Language:** English

**Abstract:** Alcoholic human brain shows neuroimmune activation reflected by an increase in the expression of proinflammatory cytokines and chemokines, microglial markers and inflammasome proteins. Blood-brain barrier (BBB) integrity is altered by several factors including increased levels of inflammatory cytokines and free radicals which in turn, are involved in the phosphorylation of MAPKs and induction of metalloproteinases (MMPs). MMP-9 can digest several matrix proteins in the cerebrovascular basal lamina and promote the loss of BBB function by cleaving tight junction structural proteins. We have now examined the BBB integrity in the dorsolateral prefrontal cortex (PFC) from postmortem human controls and alcoholics obtained from the New South Wales Tissue Resource Centre at the University of Sydney. Alcoholic patients with a history of chronic (34 + 7 years) alcohol dependence uncomplicated by liver cirrhosis and/or nutritional deficiencies were included. Frozen samples or paraffin sections of Brodmann area were used. MMP-9/2 activity was measured by zymography and expression of MMPs and phosphorylated MAPKs by western blot. Laminin and collagen-IV expression and leukocyte recruitment was evaluated by immunohistochemistry. Human alcoholic prefrontal cortex shows an increase in MMP-9 protein expression and gelatinolytic activity. No change was observed in MMP-2 activity. There was a reduction in the expression of collagen- IV and claudin-5 and a pronounced leukocyte infiltration of cortical parenchyma compared with controls. An increased phosphorylation of the MAPK proteins JNK1/2, ERK1/2 and p-38 was also observed. Together, data indicate that prefrontal cortex of alcoholics shows alterations in BBB morphology that may have implications for disease pathogenesis and progression.

**Conference Information:** 35th Congress of the Spanish Society of Pharmacology Madrid Spain. Conference Start: 20140924 Conference End: 20140926

**Publisher:** Blackwell Publishing Ltd

**Publication Type:** Journal: Conference Abstract

**Subject Headings:** \*human  
\*blood brain barrier  
\*society  
\*alcoholism  
\*brain  
\*pharmacology  
prefrontal cortex  
leukocyte  
phosphorylation  
cardiac resynchronization therapy device  
protein expression  
tight junction  
immunohistochemistry

basement membrane  
 Western blotting  
 zymography  
 nutritional deficiency  
 liver cirrhosis  
 patient  
 university  
 tissues  
 Australia  
 parenchyma  
 morphology  
 pathogenesis  
 collagen type 4  
 cytokine  
 protein  
 marker  
 chemokine  
 structural protein  
 laminin  
 matrix protein  
 paraffin  
 metalloproteinase  
 free radical  
 claudin 5  
 inflammasome  
 gelatinase B  
 gelatinase A

**Source:** EMBASE

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

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

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

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

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

**Language:** English

**Abstract:** Objectives: To determine whether nalmefene combined with psychosocial support is cost-effective compared with psychosocial support alone for reducing alcohol consumption in alcohol-dependent patients with high/very high drinking risk levels (DRLs) as defined by the WHO, and to evaluate the public health benefit of reducing harmful alcohol-attributable diseases, injuries and deaths. Design: Decision modelling using Markov chains compared costs and effects over 5 years. Setting: The analysis was from the perspective of the National Health Service (NHS) in England and Wales. Participants: The model considered the licensed population for nalmefene, specifically adults with both alcohol dependence and high/very high DRLs, who do not require immediate detoxification and who continue to have high/very high DRLs after initial assessment. Data sources: We modelled treatment effect using data from three clinical

trials for nalmefene (ESENSE 1 (NCT00811720), ESENSE 2 (NCT00812461) and SENSE (NCT00811941)). Baseline characteristics of the model population, treatment resource utilisation and utilities were from these trials. We estimated the number of alcohol-attributable events occurring at different levels of alcohol consumption based on published epidemiological risk-relation studies. Health-related costs were from UK sources. Main outcome measures: We measured incremental cost per quality-adjusted life year (QALY) gained and number of alcohol-attributable harmful events avoided. Results: Nalmefene in combination with psychosocial support had an incremental cost-effectiveness ratio (ICER) of 5204 per QALY gained, and was therefore cost-effective at the 20 000 per QALY gained decision threshold. Sensitivity analyses showed that the conclusion was robust. Nalmefene plus psychosocial support led to the avoidance of 7179 alcohol-attributable diseases/injuries and 309 deaths per 100 000 patients compared to psychosocial support alone over the course of 5 years. Conclusions: Nalmefene can be seen as a cost-effective treatment for alcohol dependence, with substantial public health benefits.

**Country of Publication:** United Kingdom

**Publisher:** BMJ Publishing Group

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

**Publication Type:** Journal: Article

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

**Source:** EMBASE

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

#### 10. Drug use linked to risky behaviors in U.K. MSM

**Citation:** AIDS policy & law, October 2014, vol./is. 29/11(3), 0887-1493 (Oct 2014)  
**Language:** English  
**Publication Type:** Journal: Article  
**Subject Headings:** \*addiction  
adolescent  
adult  
article  
\*high risk behavior  
human  
\*Human immunodeficiency virus infection  
male  
\*male homosexuality  
middle aged  
psychological aspect  
United Kingdom  
unsafe sex  
young adult  
**Source:** EMBASE

#### 11. Scurvy in an alcoholic patient treated with intravenous vitamins

**Citation:** BMJ case reports, 2014, vol./is. 2014/, 1757-790X (2014)  
**Author(s):** Ong J.; Randhawa R.  
**Institution:** (Ong) Department of Hepatology, Addenbrooke's Cambridge University Hospital, Cambridge, Cambridgeshire, UK.  
**Language:** English  
**Abstract:** Vitamin C deficiency is rare in developed countries but there is an increased prevalence in chronic alcohol abusers. In the UK, it is common practice to treat patients with chronic alcoholism who are admitted to hospital with intravenous vitamins B1, B2, B3, B6 and C for 2-3 days, followed by oral thiamine and vitamin B-compound tablets. This is a case of a 57-year-old man with a history of chronic alcoholism and chronic obstructive lung disease who was admitted to the intensive care unit for pneumonia requiring ventilatory support. He was given high doses of intravenous vitamins B1, B2, B3, B6 and C for 3 days then oral thiamine and vitamin B compound tablets but developed scurvy 4 days later. He was restarted on oral vitamin C supplementation and showed signs of improvement within 3 days of treatment.  
**CAS Registry Number:** 134-03-2 (ascorbic acid); 15421-15-5 (ascorbic acid); 50-81-7 (ascorbic acid); 11032-50-1 (nicotinamide); 98-92-0 (nicotinamide); 12001-77-3 (pyridoxine); 58-56-0 (pyridoxine); 65-23-6 (pyridoxine); 8059-24-3 (pyridoxine); 83-88-5 (riboflavin); 59-43-8 (thiamine); 67-03-8 (thiamine)  
**Publication Type:** Journal: Article  
**Subject Headings:** "\*alcoholism/co [Complication]"  
article  
"bacterial pneumonia/co [Complication]"  
case report  
human  
male  
middle aged  
"\*scurvy/co [Complication]"  
"\*scurvy/di [Diagnosis]"  
"\*scurvy/dt [Drug Therapy]"

"ascorbic acid/dt [Drug Therapy]"  
 "nicotinamide/dt [Drug Therapy]"  
 "pyridoxine/dt [Drug Therapy]"  
 "riboflavin/dt [Drug Therapy]"  
 "thiamine/dt [Drug Therapy]"  
 "vitamin/dt [Drug Therapy]"  
 "\*vitamin B complex/dt [Drug Therapy]"

**Source:** EMBASE

**Full Text:** Available from *Highwire Press* in *BMJ Case Reports*

## 12. Benzodiazepine use in a methadone maintained opioid dependent cohort in Ireland

**Citation:** Heroin Addiction and Related Clinical Problems, June 2014, vol./is. 16/2(23-30), 1592-1638 (June 2014)

**Author(s):** Gilroy D.; O'Brien S.; Barry J.; Ivers J.-H.; Whiston L.; Keenan E.; Darker C.

**Institution:** (Gilroy, O'Brien, Barry, Ivers, Whiston, Darker) Department of Public Health and Primary Care, Trinity College Dublin, Ireland; (Keenan) HSE Addiction Service, Dublin South West, Dublin, Ireland

**Language:** English

**Abstract:** Background: Benzodiazepines (BZDs) are one of the most widely abused substances by opioid dependent patients. Aim: This research aims to identify patterns of BZD use in methadone maintained opioid dependent patients attending an addiction treatment clinic in Dublin, Ireland. Methods: Patients (n=78) testing positive for BZDs by urinalysis completed a face-to-face survey. Results: Daily BZD use was reported by 70.1% (n=54) with 67.9% (n=53) consuming up to 5 tablets a day. A BZD prescription was provided for 50% (n=39) and 61.5% (n=48) used illicit BZDs. The primary BZD of use was Diazepam reported by 93.6% (n=73) of patients. Analysis showed source of BZDs is related to frequency of consumption [ $\chi^2(2) = 10.98, p < 0.01$ ] and use of others drugs [ $\chi^2(2) = 6.97, p < 0.04$ ]. Conclusion: Source of BZDs is associated with frequency of consumption and use of other drugs. Current patterns of BZD use is between 1 to 5 years which is considerably longer than recommended duration of BZD use.

**Country of Publication:** Italy

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

**CAS Registry Number:** 12794-10-4 (benzodiazepine); 439-14-5 (diazepam); 1622-62-4 (flunitrazepam); 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](#)  
[attitude to change](#)  
[cohort analysis](#)  
[drug abuse](#)  
[drug control](#)  
[female](#)  
[high risk behavior](#)  
[human](#)  
[Ireland](#)  
[major clinical study](#)  
[male](#)  
[\\*methadone treatment](#)  
[\\*opiate addiction/dt \[Drug Therapy\]"](#)  
[prescription](#)  
[prevalence](#)  
[urinalysis](#)  
[\\*benzodiazepine](#)  
[diazepam](#)

flunitrazepam  
 illicit drug  
 "\*methadone/dt [Drug Therapy]"

**Source:** EMBASE

### 13. A survey of patients on methadone programmes in Wheatfield Prison, Dublin, Ireland

**Citation:** Heroin Addiction and Related Clinical Problems, June 2014, vol./is. 16/2(17-22), 1592-1638 (June 2014)

**Author(s):** Galander T.; Rosalim J.; Betts-Symonds G.; Scully M.

**Institution:** (Galander, Scully) Health Service Executive Addiction Services, Dublin Mid Leinster, Ireland; (Rosalim, Betts-Symonds) Wheatfield Prison, Dublin, Ireland

**Language:** English

**Abstract:** We surveyed all prisoner patients in Wheatfield Prison (Dublin, Ireland) on methadone programmes on 3 October 2011. Socio-demographic and medical data were recorded. Basic descriptive statistics were used. 119 out of 664 prisoners were on methadone treatment. Almost two thirds of patients were on 60 mg or less doses of methadone. Half of the patients on methadone were prescribed other psychotropic medications. Over one third of patients had an unknown HIV, HBV and HCV status. Drug treatment and in particular OST are an integral part of healthcare provision in prison settings. More extensive screening of Blood-Borne Virus infections in this population is required. Prisoner patients on methadone treatment appear to have a high level of psychiatric comorbidity.

**Country of Publication:** Italy

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

**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  
 comorbidity  
 "drug dependence/dt [Drug Therapy]"  
 \*drug dependence treatment  
 health survey  
 hepatitis B  
 hepatitis C  
 human  
 Human immunodeficiency virus infection  
 Ireland  
 major clinical study  
 male  
 middle aged  
 "opiate addiction/dt [Drug Therapy]"  
 patient counseling  
 prescription  
 prisoner  
 screening test  
 substance abuse  
 young adult  
 "\*methadone/dt [Drug Therapy]"

**Source:** EMBASE

### 14. Asenapine augmentation and treatment-resistant schizophrenia in the high-secure hospital setting

**Citation:** Therapeutic Advances in Psychopharmacology, October 2014, vol./is. 4/5(193-197), 2045-1253;2045-1261 (13 Oct 2014)

**Author(s):** Smith E.N.; Durge V.; Sengupta S.; Das M.

**Institution:** (Smith) University of Oxford, Warneford Hospital, Oxford OX3 7JX, United Kingdom; (Durge, Sengupta, Das) Broadmoor Hospital, Crowthorne, Berkshire, United Kingdom

**Language:** English

**Abstract:** Introduction: Asenapine is a novel, recently introduced antipsychotic drug. It has a unique receptor profile and it is licensed in the UK for the treatment of bipolar-affective disorder. However, there is some evidence for its effectiveness in schizophrenia and it is licensed for schizophrenia treatment in a number of countries. Significant numbers of patients within the high-secure hospital setting suffer from treatment-resistant schizophrenia. Many patients fail to respond to adequate antipsychotic trials, and require trials of augmentation with other medications. Methods: We report on our experience of using asenapine for augmentation of other antipsychotic medications in two male patients with treatment-resistant schizophrenia and histories of interpersonal violence. The patients provided informed consent to participate in this case series. Data were collected from the patients' clinical records, incident reports and hospital medical centre records. These records were used to derive primary and secondary outcome measures. These included time spent in seclusion, verbal and physical aggression, numbers of incidents and metabolic parameters. Symptoms were rated pre- and postaugmentation using the Positive and Negative Syndrome Scale (PANSS) and Clinical Global Impression rating scales. Results: Both patients showed an improvement after the addition of asenapine. These improvements were characterized by a reduction in global PANSS scores, in the PANSS excitability component, a reduction in scores of violence, overall incidents and reduction in seclusion hours. Conclusions: We found asenapine to be an effective augmentation agent with other antipsychotics in both patients. Clinical improvement was noted within weeks. The caseseries nature and small sample size limited our ability to draw firm conclusions from our data. However, retrospective analysis has allowed us to take a naturalistic approach that this augmentation strategy may be advantageous on an individual patient basis in a high-secure hospital setting.

**Country of Publication:** United Kingdom

**Publisher:** SAGE Publications Ltd

**CAS Registry Number:** 71675-85-9 (amisulpride); 50-48-6 (amitriptyline); 549-18-8 (amitriptyline); 129722-12-9 (aripiprazole); 85650-56-2 (asenapine); 5786-21-0 (clozapine); 52-86-8 (haloperidol); 106266-06-2 (risperidone); 1069-66-5 (valproic acid); 99-66-1 (valproic acid); 53772-83-1 (zuclophenthixol)

**Publication Type:** Journal: Article

**Subject Headings:** [adult](#)  
[aggression](#)  
[article](#)  
[cannabis addiction](#)  
[case report](#)  
[case study](#)  
[Clinical Global Impression scale](#)  
[cocaine dependence](#)  
[comorbidity](#)  
[\\*drug efficacy](#)  
[drug megadose](#)  
[\\*drug use](#)  
[excitability](#)  
[grandiose delusion](#)  
[hostility](#)  
[human](#)  
[informed consent](#)  
[kidney dysfunction](#)  
[male](#)  
[mental health](#)  
[mental health service](#)

metabolic parameters  
 middle aged  
 non insulin dependent diabetes mellitus  
 outcome assessment  
 paranoia  
 persecutory delusion  
 Positive and Negative Syndrome Scale  
 prescription  
 rape  
 sample size  
 "\*schizophrenia/dt [Drug Therapy]"  
 \*treatment resistant schizophrenia  
 "treatment resistant schizophrenia/dt [Drug Therapy]"  
 "treatment resistant schizophrenia/dt [Drug Therapy]"  
 \*violence  
 "amisulpride/dt [Drug Therapy]"  
 "amitriptyline/dt [Drug Therapy]"  
 "aripiprazole/dt [Drug Therapy]"  
 "\*asenapine/dt [Drug Therapy]"  
 "clozapine/dt [Drug Therapy]"  
 "haloperidol/dt [Drug Therapy]"  
 "haloperidol/do [Drug Dose]"  
 "risperidone/dt [Drug Therapy]"  
 "valproic acid/dt [Drug Therapy]"  
 "zuclopenthixol/dt [Drug Therapy]"

**Source:** EMBASE

**Full Text:** Available from *Highwire Press* in *Therapeutic Advances in Psychopharmacology*

#### 15. Advances in the management of ms spasticity: Recent observational studies

**Citation:** European Neurology, November 2014, vol./is. 72/(12-14), 0014-3022;1421-9913 (07 Nov 2014)

**Author(s):** Fernandez O.

**Institution:** (Fernandez) Neurology Department, Institute of Clinical Neurosciences, Regional University Hospital, Malaga, Spain; (Fernandez) Neurology Department, Hospital Regional Universitario de Malaga, Universidad de Malaga, Avda. de Carlos Haya s/n, Malaga ES-29010, Spain

**Language:** English

**Abstract:** Background: Clinical trials demonstrate the efficacy and tolerability of an intervention under experimental conditions, but information on use under daily practice conditions is required to confirm the effectiveness and safety of new management options. Summary: Clinical outcomes for THC:CBD oromucosal spray (Sativex ) in patients with treatment-resistant MS spasticity have been collected in post-marketing safety registries from the UK and Germany, a safety study from Spain and two observational studies from Germany, including one investigating its effects on driving ability. Collectively, findings from daily practice support the long-term effectiveness and safety of THC:CBD oromucosal spray. The proportion of patients with a clinically relevant response (> 30% improvement from baseline on the spasticity 0-10 Numerical Rating Scale) at 3 months was similar to that reported in a large enriched-design pivotal clinical trial (41 vs. 36%). There was no evidence of abuse/misuse or other adverse events of special interest with a cannabis-based medicine and no impairment of driving ability. In actual clinical practice, average daily doses were ~ 25% lower than those used in clinical trials. Key Messages: Observational data and real world experience reinforce the efficacy and safety of THC:CBD oromucosal spray as reported in phase III clinical trials.

**Country of Publication:** Switzerland

**Publisher:** S. Karger AG

**CAS Registry Number:** 56575-23-6 (nabiximols)

**Publication Type:** Journal: Article

**Subject Headings:** article  
 clinical practice  
 disease registry  
 "dizziness/si [Side Effect]"  
 driving ability  
 drug abuse  
 "drug dependence/si [Side Effect]"  
 drug effect  
 drug efficacy  
 "drug misuse/si [Side Effect]"  
 drug safety  
 drug tolerability  
 drug withdrawal  
 falling  
 "fatigue/si [Side Effect]"  
 Germany  
 human  
 "memory disorder/si [Side Effect]"  
 "memory disorder/si [Side Effect]"  
 "mental disease/si [Side Effect]"  
 \*multiple sclerosis  
 observational study  
 postmarketing surveillance  
 "psychosis/si [Side Effect]"  
 "side effect/si [Side Effect]"  
 Spain  
 "\*spasticity/dt [Drug Therapy]"  
 "suicidal ideation/si [Side Effect]"  
 "suicide attempt/si [Side Effect]"  
 treatment duration  
 treatment outcome  
 United Kingdom  
 "unspecified side effect/si [Side Effect]"  
 "\*nabiximols/ae [Adverse Drug Reaction]"  
 "\*nabiximols/dt [Drug Therapy]"

**Source:** EMBASE

**Full Text:** Available from *Karger Medical and Scientific Publishers* in *European Neurology*; Note: ;  
 Collection notes: Academic-License: Only available from an NHS networked computer

#### 16. Chronic obstructive pulmonary disease (COPD) case-finding and tobacco dependence on long stay psychiatric wards

**Citation:** Thorax, December 2014, vol./is. 69/(A197-A198), 0040-6376 (December 2014)

**Author(s):** Hughes D.; Jeanneret M.; Johansson F.; Sherring K.; Restrick L.

**Institution:** (Hughes, Jeanneret, Johansson, Sherring) Camden and Islington NHS Foundation Trust, London, United Kingdom; (Restrick) Whittington Health, London, United Kingdom

**Language:** English

**Abstract:** Introduction and objectives 42% of UK tobacco smoked is consumed by people with mental disorders.1 Smoking prevalence, and the proportion of highly-dependent smokers, are increased in patients with severe mental illness (SMI) and smoking is the main cause of high premature mortality in this group.1 The prevalence of COPD, a disease with >85% smoking-attributable deaths, in psychiatric in-patients is unknown and patients with SMI are less likely to have physical-health-checks and treatment.1 We hypothesised that COPD is under-diagnosed and under-treated in in-patients with SMI. Methods Case notes review and a structured smoking/respiratory assessment, using NICE COPD guidance with spirometry/oximetry,2 were performed for in-patients with SMI over 1 month on

three long-term psychiatric wards in an inner-city mental health trust. Results Patient demographics are shown in the Table. 34/41 (83%) were confirmed current tobacco smokers with mean (SD) 34 (28) pack-years; 5 were non-smokers and 2 ex-smokers. 24/41 (59%) were previous/current cannabis smokers. Quit Smoking Support (QSS) was offered to 25/34 (74%) tobacco smokers with medication prescribed for 9/34 (26%). Median (range) self-assessed MRC-breathlessness score was 1 (1-2); (n = 16 and 18 did not engage). Mean (SD) oxygen saturation was 96.6 (2.4)% (n = 21; 13 did not engage). Three smokers (9%) had an existing diagnosis of COPD. 18/28 eligible patients had spirometry; 10 (36%) did not engage. Mean (SD) FEV1 was 2.41 (1.01) L; 4 /18 (22%) were obstructive. 3/6 (50%) smokers with COPD (1 ex-smoker) were offered QSS and 2 were referred for respiratory input. Conclusions COPD prevalence was 17% in this in-patient group, over half of whom were undiagnosed. A third of patients declined spirometry, reflecting challenges of engagement in SMI. Nevertheless 2 in 9 tests resulted in new COPD diagnoses. Smoking prevalence was high at 83% but 1 in 5 smokers were not offered QSS, including half of those with COPD. These results support the case for respiratory-mental health collaborations during long psychiatric admissions. (Table Presented).

**Conference Information:** British Thoracic Society Winter Meeting 2014 London United Kingdom. Conference Start: 20141203 Conference End: 20141205

**Publisher:** BMJ Publishing Group

**Publication Type:** Journal: Conference Abstract

**Subject Headings:** [\\*chronic obstructive lung disease](#)  
[\\*tobacco dependence](#)  
[\\*case finding](#)  
[\\*psychiatric department](#)  
[\\*society](#)  
[\\*winter](#)  
[smoking](#)  
[human](#)  
[patient](#)  
[prevalence](#)  
[tobacco](#)  
[mental disease](#)  
[mental health](#)  
[spirometry](#)  
[diagnosis](#)  
[implantable cardioverter defibrillator](#)  
[city](#)  
[hospital patient](#)  
[health](#)  
[death](#)  
[premature mortality](#)  
[oxygen saturation](#)  
[dyspnea](#)  
[drug therapy](#)  
[smoking cessation](#)  
[United Kingdom](#)  
[cannabis](#)

**Source:** EMBASE

**Full Text:** Available from *Highwire Press* in [Thorax](#)

#### 17. GP who persuaded his wife to try heroin is suspended for nine months

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

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

**Institution:** (Dyer) BMJ.

**Language:** English

**Publication Type:** Journal: Note

**Subject Headings:** [crime](#)  
[ethics](#)  
[female](#)  
[\\*general practitioner](#)  
["\\*heroin dependence/et \[Etiology\]"](#)  
[human](#)  
[legal aspect](#)  
[male](#)  
[malpractice](#)  
[note](#)  
[spouse](#)  
[United Kingdom](#)

**Source:** EMBASE

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

### 18. Stimulant and other substance use disorders in schizophrenia: Prevalence, correlates and impacts in a population sample

**Citation:** Australian and New Zealand Journal of Psychiatry, November 2014, vol./is. 48/11(1036-1047), 0004-8674;1440-1614 (11 Nov 2014)

**Author(s):** Sara G.E.; Burgess P.M.; Malhi G.S.; Whiteford H.A.; Hall W.C.

**Institution:** (Sara) InforMH, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, North Ryde, Australia; (Sara) Discipline of Psychiatry, Sydney Medical School, University of Sydney, Sydney, Australia; (Sara, Burgess) School of Population Health, University of Queensland, Brisbane, Australia; (Malhi) CADE Clinic, Department of Academic Psychiatry, Royal North Shore Hospital, Sydney, Australia; (Whiteford) Psychiatry and Population Health, Queensland Centre for Mental Health Research, University of Queensland, Brisbane, Australia; (Hall) Centre for Youth Substance Abuse Research, University of Queensland, Brisbane, Australia

**Language:** English

**Abstract:** Objectives: Stimulants may worsen psychotic symptoms but there is limited evidence about the impact of stimulant abuse in people with schizophrenia. This study examined the prevalence and correlates of stimulant and other drug disorders in a population-based sample of people with schizophrenia, examining associations with frequent service use, physical health comorbidities and accommodation instability. Methods: New South Wales (NSW) hospital, community mental health and emergency department data were used to examine health service contact over 5 years in 13,624 people with a diagnosis of schizophrenia. Associations of stimulant disorders were examined with multinomial logistic regression, comparing people with no substance disorders to those with cannabis disorders, stimulant disorders or both. Results: Of people with schizophrenia, 51% had substance disorders, including 14% with stimulant disorders. Stimulant disorders were more common in young adults and in urban areas, less common in migrants, and unrelated to initial social disadvantage. More than 80% of those with stimulant disorders also had cannabis disorders. Service use and harms were most common in this group, including frequent mental health admissions (59%), frequent emergency department presentations (52%), admissions with injury or self-harm (44%), infectious disease diagnoses (22%), multiple changes of residence (61%), movement to more disadvantaged locations (42%) and periods of homelessness (18%). People with stimulant disorders alone had higher rates of self-harm, infectious disease and non-mental health admissions than people with cannabis disorders alone. Conclusions: Stimulant disorders occur in people with schizophrenia and in first-episode psychosis at rates more than 10 times that of the broader population. Stimulant disorders are likely to worsen the burden of psychosis, and strategies are needed to engage and support the highly disadvantaged group of people with schizophrenia who have cannabis and stimulant disorders.

**Country of Publication:** United Kingdom

**Publisher:** SAGE Publications Ltd

**CAS Registry Number:** 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)

**Publication Type:** Journal: Article

**Subject Headings:** adult  
adverse outcome  
alcohol abuse  
article  
automutilation  
cannabis use  
comorbidity  
controlled study  
demography  
\*drug dependence  
emergency ward  
female  
homelessness  
hospital admission  
housing instability  
human  
infection  
major clinical study  
male  
migrant  
prevalence  
rural area  
\*schizophrenia  
sensitivity analysis  
\*substance abuse  
urban area  
alcohol  
amphetamine  
cannabis  
\*central stimulant agent  
cocaine  
illicit drug

**Source:** EMBASE

**Full Text:** Available from *Highwire Press* in *Australian and New Zealand Journal of Psychiatry*

### 19. Comparative prices of diverted buprenorphine/naloxone and buprenorphine in a UK prison setting: A cross-sectional survey of drug using prisoners

**Citation:** Drug and Alcohol Dependence, November 2014, vol./is. 144/(254-258), 0376-8716;1879-0046 (01 Nov 2014)

**Author(s):** Wright N.M.J.; Mohammed Z.; Hughes G.J.

**Institution:** (Wright, Mohammed) HMP Leeds, Healthcare Department, 2 Gloucester Terrace, Armley, Leeds LS12 2TJ, United Kingdom; (Wright, Mohammed, Hughes) Leeds Community Healthcare NHS Trust, Leeds LS6 1PF, United Kingdom; (Hughes) Leeds Institute of Health Sciences, University of Leeds LS2 9LJ, United Kingdom

**Language:** English

**Abstract:** Background: There is evidence regarding the abuse potential of buprenorphine in prison settings. There is also emerging evidence from community settings that buprenorphine/naloxone is less amenable to abuse than the single preparation buprenorphine hydrochloride as evidenced by cost-differentials of diverted medication.

This study sought to explore cost-differentials within a prison setting of diverted buprenorphine/naloxone medication relative to either single preparation buprenorphine hydrochloride or methadone. Methods: Cross-sectional survey in one remand prison. Results: A total of 85 prisoners participated in the survey. Prisoners estimated buprenorphine to have a significantly ( $p < 0.001$ ) higher cost than buprenorphine/naloxone both inside and outside of prison. This finding was supported when the analysis was restricted to both the prisoners with a longer-term experience of taking opioid substitution drugs during their current prison stay and those with a longer-term experience prior to reception. Conclusions: Consideration should be given to the recommendation that buprenorphine/naloxone medication is the prescribed buprenorphine preparation of choice for clinicians offering opiate substitution therapy to prisoners, pending developments of buprenorphine preparations that have less abuse potential than sublingual preparations.

<b>Country of Publication:</b>	Ireland
<b>Publisher:</b>	Elsevier Ireland Ltd
<b>CAS Registry Number:</b>	52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 438-41-5 (chlordiazepoxide); 58-25-3 (chlordiazepoxide); 1622-61-3 (clonazepam); 439-14-5 (diazepam); 125-28-0 (dihydrocodeine); 24204-13-5 (dihydrocodeine); 5965-13-9 (dihydrocodeine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 52-26-6 (morphine); 57-27-2 (morphine); 357-08-4 (naloxone); 465-65-6 (naloxone); 146-22-5 (nitrazepam); 148553-50-8 (pregabalin); 846-50-4 (temazepam); 27203-92-5 (tramadol); 36282-47-0 (tramadol)
<b>Publication Type:</b>	Journal: Article
<b>Subject Headings:</b>	<p>adult  article  community care  controlled study  cross-sectional study  human  long term care  major clinical study  male  middle aged  national health service  opiate addiction  prevalence  prison  prisoner  tablet formulation  United Kingdom  "*buprenorphine/pe [Pharmacoeconomics]"  "*buprenorphine/pr [Pharmaceutics]"  "*buprenorphine/cb [Drug Combination]"  "*buprenorphine/li [Sublingual Drug Administration]"  "*buprenorphine plus naloxone/li [Sublingual Drug Administration]"  "*buprenorphine plus naloxone/pr [Pharmaceutics]"  chlordiazepoxide  clonazepam  diazepam  dihydrocodeine  "*methadone/pr [Pharmaceutics]"  morphine  "*naloxone/pe [Pharmacoeconomics]"  "*naloxone/cb [Drug Combination]"  nitrazepam  pregabalin  temazepam  tramadol</p>

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

**20. Adults hospitalised with acute respiratory illness rarely have detectable bacteria in the absence of COPD or pneumonia; viral infection predominates in a large prospective UK sample**

**Citation:** Journal of Infection, November 2014, vol./is. 69/5(507-515), 0163-4453;1532-2742 (01 Nov 2014)

**Author(s):** Clark T.W.; Medina M.-J.; Batham S.; Curran M.D.; Parmar S.; Nicholson K.G.

**Institution:** (Clark, Nicholson) Department of Clinical and Experimental Sciences and Respiratory Biomedical Research Unit, University of Southampton, United Kingdom; (Clark, Medina, Batham, Nicholson) Department of Infection, Immunity and Inflammation, University of Leicester, Leicester, United Kingdom; (Curran, Parmar) Public Health England Clinical Microbiology and Public Health Laboratory, Addenbrooke's Hospital, Cambridge, United Kingdom

**Language:** English

**Abstract:** Objectives: Many adult patients hospitalised with acute respiratory illness have viruses detected but the overall importance of viral infection compared to bacterial infection is unclear. Methods: Patients were recruited from two acute hospital sites in Leicester (UK) over 3 successive winters. Samples were taken for viral and bacterial testing. Results: Of the 780 patients hospitalised with acute respiratory illness 345 (44%) had a respiratory virus detected. Picornaviruses were the most commonly isolated viruses (detected in 23% of all patients). Virus detection rates exceeded 50% in patients with exacerbation of asthma (58%), acute bronchitis and Influenza-like-illness (64%), and ranged from 30 to 50% in patients with an exacerbation of COPD (38%), community acquired pneumonia (36%) and congestive cardiac failure (31%). Bacterial detection was relatively frequent in patients with exacerbation of COPD and pneumonia (25% and 33% respectively) but was uncommon in all other groups. Antibiotic use was high across all clinical groups (76% overall) and only 21% of all antibiotic use occurred in patients with detectable bacteria. Conclusions: Respiratory viruses are the predominant detectable aetiological agents in most hospitalised adults with acute respiratory illness. Antibiotic usage in hospital remains excessive including in clinical conditions associated with low rates of bacterial detection. Efforts at reducing excess antibiotic use should focus on these groups as a priority. Registered International Standard Controlled Trial Number: 21521552.

**Country of Publication:** United Kingdom

**Publisher:** W.B. Saunders Ltd

**Publication Type:** Journal: Article

**Subject Headings:** [\\*acute respiratory tract disease](#)  
[adult](#)  
[aged](#)  
[antibiotic therapy](#)  
[article](#)  
[asthma](#)  
["bacterial infection/di \[Diagnosis\]"](#)  
[\\*bacterium detection](#)  
[bronchitis](#)  
[\\*chronic obstructive lung disease](#)  
[community acquired pneumonia](#)  
[congestive heart failure](#)  
[disease exacerbation](#)  
[drug misuse](#)  
[Enterovirus](#)  
[female](#)  
[flu like syndrome](#)  
[human](#)  
[Influenza virus A](#)

Influenza virus B  
 major clinical study  
 male  
 middle aged  
 \*pneumonia  
 \*prospective study  
 Rhinovirus  
 Streptococcus pneumoniae  
 United Kingdom  
 "\*viral respiratory tract infection/di [Diagnosis]"  
 virus detection  
 "antibiotic agent/iv [Intravenous Drug Administration]"

**Source:** EMBASE

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

## 21. Design, implementation and preliminary results of a tobacco cessation program in a private clinic

**Citation:** Journal of Thoracic Oncology, September 2014, vol./is. 9/9 SUPPL. 3(S160-S161), 1556-0864 (September 2014)

**Author(s):** Clavero J.M.; Silva-Illanes N.; Itriago L.I.; Gil R.; Seijas D.

**Institution:** (Clavero) Clinica Las Condes, Thoracic Surgery, Santiago, Chile; (Silva-Illanes, Itriago, Gil, Seijas) Clinica Las Condes, Santiago, Chile

**Language:** English

**Abstract:** Background: Chile faces big challenges on tobacco control. According to the Pan American Health Organization, around 40% of adult population declares smoking habits. Tobacco cessation programs have not been implemented as a national health policy. The aim of this study is to describe the design and preliminary results of a tobacco cessation program implemented in one of the largest private clinics in Chile. Methods: During 2013 a task force was established including Oncologist, Pulmonologist, Psychiatrist, Thoracic surgeons and Epidemiologists. Three tobacco clinical guidelines from Spain, New Zealand and United Kingdom were reviewed. Recommendations from each clinical guideline were extracted and discussed by the group of specialists. Protocols and clinical pathways were designed taking into account the local setting. Results: (Table presented) A tobacco cessation program was implemented. Patient's first step on the program consist in an evaluation by a nurse navigator. During this interview clinical information is collected and risk scoring instruments are applied. After nurse interview, all patients are evaluated by a pulmonologist who can start treatment or derive the patient to the Addictions clinic. Standard treatment has three month extension. Treatment during this period includes face-toface cessation smoking support by pulmonologists and nurses, telephone support follow up by nurse navigators and pharmacological treatment (varenicline, bupropion or nicotine replacement therapy). 110 patients have been recruited in 10 month. Preliminary results show 52% on six month success rates. Conditional probability of abstinence on 10 month follow up is 45% using Kaplan Meier statistics. Conclusion: A tobacco cessation program in a chilean private clinic has had good results on quit rates at 10 month of implementation. Different coordinated interventions (pharmacological treatment, face to face support and telephone support) could be good strategies to design programmes in similar settings. Collaborative work between different specialists and committed nurse navigators are key elements. Long term evaluation of this program is required.

**Conference Information:** 6th Latin American Conference on Lung Cancer, IASLC 2014 Lima Peru. Conference Start: 20140821 Conference End: 20140823

**Publisher:** Lippincott Williams and Wilkins

**Publication Type:** Journal: Conference Abstract

**Subject Headings:** \*tobacco  
 \*smoking  
 \*smoking cessation

\*lung cancer  
 \*private hospital  
 \*hospital  
 human  
 nurse  
 patient  
 pulmonologist  
 follow up  
 medical specialist  
 telephone  
 interview  
 Chile  
 drug therapy  
 smoking habit  
 New Zealand  
 Spain  
 United Kingdom  
 abstinence  
 population  
 thorax surgery  
 psychiatrist  
 adult  
 addiction  
 world health organization  
 risk  
 oncologist  
 clinical pathway  
 health care policy  
 nicotine replacement therapy  
 statistics  
 public health  
 amfebutamone  
 varenicline

**Source:** EMBASE

## 22. Alcohol dependence in the Naval Service

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**Citation:** Journal of the Royal Naval Medical Service, 2014, vol./is. 100/2(166-173), 0035-9033 (2014)

**Author(s):** Dickie A.K.; Coetzee R.H.

**Language:** English

**Abstract:** Alcohol misuse is a significant occupational health issue in the United Kingdom Armed Forces. Dependence associated with alcohol misuse represents the severe end of the clinical and occupational consequences of sustained alcohol misuse. This article aims to explore the diagnosis, management and occupational considerations of alcohol dependence in the Naval Service environment.

**Publication Type:** Journal: Article

**Subject Headings:**
 "\*alcoholism/di [Diagnosis]"  
 "\*alcoholism/th [Therapy]"  
 article  
 cognitive therapy  
 "delirium tremens/co [Complication]"  
 "delirium tremens/di [Diagnosis]"  
 "delirium tremens/dt [Drug Therapy]"  
 human  
 motivational interviewing  
 occupation  
 primary health care

psychological aspect  
 questionnaire  
 return to work  
 ship  
 \*soldier  
 United Kingdom  
 "drugs used in the treatment of addiction/dt [Drug Therapy]"

**Source:** EMBASE

### 23. Medication adherence as a value message: A rarity in evaluation assessments submitted to major HTA bodies

**Citation:** Value in Health, November 2014, vol./is. 17/7(A721), 1098-3015 (November 2014)

**Author(s):** Singla S.; Amina B.; Nick M.; Outteridge G.

**Institution:** (Singla) Kinapse Ltd., Gurgaon, India; (Amina, Nick, Outteridge) Kinapse Ltd., Wimbledon, United Kingdom

**Language:** English

**Abstract:** Objectives: Poor or non-adherence causes medical and psychosocial complications for patients and represents a considerable financial burden for health care systems worldwide. Medication adherence problems have not been routinely highly valued by health technology assessment (HTA) bodies in their evaluation assessments. In this study we assess the extent to which leading HTA bodies consider the value of medication adherence in their reimbursement decision making. Methods: Evaluation of published assessments made from 2010 to 2013 in five leading HTA bodies (Canadian Agency for Drugs and Technologies in Health (CADTH), the French National Authority for Health (HAS), England's National Institute of Health and Care Excellence (NICE), the Australian Pharmaceutical Benefits Advisory Committee (PBAC) and the Scottish Medicines Consortium (SMC)) were reviewed for asthma, hypertension, diabetes, multiple sclerosis, psychological disorders and alcohol dependence. The primary outcome measure was to identify the number of assessments in which HTA bodies have considered adherence as a value message. Results: A total of 405 evaluation assessments were submitted to HTA bodies for the above stated indications and timeframe. Out of these assessments, adherence was discussed in 65 (16.1%) of the assessments. However, adherence was not considered valuable for reimbursement decision making by HTA bodies in 19 of these 65 assessments. In the remaining 46 assessments, adherence was considered as a value message while making reimbursement decisions by the HTA bodies but it did not impact the final reimbursement decision in 79% of the instances. Conclusions: Leading HTA bodies have not considered medication adherence as a key metric in their reimbursement decision making.

**Conference Information:** ISPOR 17th Annual European Congress Amsterdam Netherlands. Conference Start: 20141108 Conference End: 20141112

**Publisher:** Elsevier Ltd

**Publication Type:** Journal: Conference Abstract

**Subject Headings:** \*human  
 \*medication compliance  
 reimbursement  
 decision making  
 health  
 technology  
 alcoholism  
 multiple sclerosis  
 diabetes mellitus  
 hypertension  
 asthma  
 advisory committee  
 national health organization  
 mental disease  
 United Kingdom

[health care system](#)  
[patient](#)

**Source:** EMBASE  
**Full Text:** Available from *Elsevier* in [Value in Health](#)

#### 24. The patient experience of alcohol use disorder

**Citation:** Value in Health, November 2014, vol./is. 17/7(A462), 1098-3015 (November 2014)

**Author(s):** Whalley D.; Luquiens A.; Crawford S.R.; Laramée P.; Doward L.; Price M.; Hawken N.A.; Dorey J.; Owens L.; Llorca P.M.; Falissard B.; Aubin H.J.

**Institution:** (Whalley, Crawford, Doward) RTI Health Solutions, Manchester, United Kingdom; (Luquiens, Falissard, Aubin) Hopital Paul Brousse, INSERM 669, Universite Paris-Sud, Villejuif, France; (Laramée) Lundbeck S.A.S., Issy-les-Moulineaux cedex, France; (Price) RTI Health Solutions, Research Triangle Park, NC, United States; (Hawken) Creativ-Ceutical, Luxembourg, Luxembourg; (Dorey) Creativ-Ceutical USA, Chicago, IL, United States; (Owens) Institute of Translational Medicine, University of Liverpool, Liverpool, United Kingdom; (Llorca) Centre Hospitalier Universitaire de Clermont-Ferrand, Clermont-Ferrand, France

**Language:** English

**Abstract:** Objectives: Alcohol consumption carries a risk of adverse personal, social, and health effects. Alcohol use disorder (AUD) is a problematic pattern of alcohol use leading to clinically significant impairment or distress. The aim of this study was to determine the patient-perceived impact of AUD. Methods: Focus groups were conducted with a sample of patients with current or remitted AUD in the UK and France to identify key areas of impact from the patient perspective. The groups were audio-recorded and transcribed. Thematic analysis of the data was undertaken. Results: Ten focus groups were conducted with a total of 38 patients (20 current AUD, 18 remitted AUD; 26 male, 12 female; age range 23-69 years). All patients met the diagnostic criteria (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition) for alcohol dependence. Patients characterised their relationship with alcohol as an ongoing battle for control. The cycle of consumption and dependence permeated most areas of patients' lives, with often devastating consequences. Seven key areas of impact of AUD were identified: social and personal relationships; household, family and social activities; selfcare and personal safeguarding; emotional well-being; control over life, self and alcohol; financial and housing situation; and sleep disturbance. The impact of AUD continued even after patients stopped drinking; remitted patients described the ongoing battle to remain abstinent, and the lasting legacy of damaged relationships and feelings of low self-worth. Conclusions: AUD has considerable impact on many areas of patients' lives, particularly relationships, and feelings of control and self-worth, which can continue even after abstinence has been achieved. From the patient perspective, drinking cessation or reduced consumption may not be the most relevant outcome to determine treatment benefit. There is a clear need for measures that can quantify the humanistic outcomes associated with AUD.

**Conference Information:** ISPOR 17th Annual European Congress Amsterdam Netherlands. Conference Start: 20141108 Conference End: 20141112

**Publisher:** Elsevier Ltd

**Publication Type:** Journal: Conference Abstract

**Subject Headings:** [\\*human](#)  
[\\*alcohol use disorder](#)  
[\\*patient](#)  
[information processing](#)  
[implantable cardioverter defibrillator](#)  
[alcohol consumption](#)  
[drinking](#)  
[alcoholism](#)  
[DSM-IV](#)

diagnosis  
 thematic analysis  
 health  
 France  
 United Kingdom  
 risk  
 abstinence  
 sleep disorder  
 housing  
 wellbeing  
 social behavior  
 household  
 male  
 female  
 alcohol

**Source:** EMBASE

**Full Text:** Available from *Elsevier* in *Value in Health*

## 25. A model to estimate the health system burden of prescription opioid abuse in Europe

**Citation:** Value in Health, November 2014, vol./is. 17/7(A457), 1098-3015 (November 2014)

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

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

**Language:** English

**Abstract:** Objectives: Prescription opioid ("RxO") abuse has not been regarded as a major problem in Europe so far, but a lack of reliable data hinders the assessment of this problem. This study aimed to derive estimates of the prevalence and excess costs of RxO abuse in the five largest European countries (France, Germany, Italy, Spain, and UK; "EU5"). Methods: Data from the European Monitoring Centre for Drugs and Drug Addiction and the UN Office on Drugs and Crime, on the prevalence of problem opioid abuse and the share of opioid abuse patients who report using non-heroin opioids, were used to estimate the prevalence of RxO abuse in the EU5. The costs of RxO abuse were calculated by applying published estimates of the excess health care costs of RxO abuse to country-specific estimates on the costs of chronic pain. Sensitivity analyses varied assumptions surrounding the prevalence of opioid abuse patients in the general population and the estimates of the excess costs of RxO abuse in the EU5. Results: The prevalence of RxO abuse, in the general population, varied between the EU5 countries, ranging from 0.7 per 10,000 to 13.7 per 10,000. In the base case scenario, the total annual health system costs of RxO abuse across all EU5 countries were estimated to be 323 million; results of sensitivity analyses ranged from 98 million to 730 million. These cost estimates included health system costs only; indirect costs were not included. Conclusions: RxO abuse imposes a burden on EU5 health systems. Future research should examine trends in the prevalence and total economic burden of RxO abuse in Europe over time and assess the potential benefits of abuse-deterrent formulations, which published research suggests have been associated with a significant relative reduction in rates of diagnosed opioid abuse.

**Conference Information:** ISPOR 17th Annual European Congress Amsterdam Netherlands. Conference Start: 20141108 Conference End: 20141112

**Publisher:** Elsevier Ltd

**Publication Type:** Journal: Conference Abstract

**Subject Headings:** \*health care  
 \*prescription  
 \*abuse  
 \*Europe  
 \*model

prevalence  
 human  
 patient  
 population  
 sensitivity analysis  
 Italy  
 Germany  
 crime  
 France  
 drug dependence  
 monitoring  
 health care cost  
 chronic pain  
 United Kingdom  
 Spain  
 \*opiate  
 diamorphine

**Source:** EMBASE  
**Full Text:** Available from *Elsevier* in *Value in Health*

## 26. Are developing countries showing us the way forward?

**Citation:** British Journal of Oral and Maxillofacial Surgery, October 2014, vol./is. 52/8(e114), 0266-4356 (October 2014)

**Author(s):** Anwar S.; Rajaram K.; Clark S.; Blackburn T.K.

**Institution:** (Anwar, Rajaram, Clark, Blackburn) Manchester Royal Infirmary, United Kingdom

**Language:** English

**Abstract:** Introduction/Aims: Gutkha is a universally recognised carcinogenic agent and is a common cause of oral cancer. A developing nation like India banned the sale, manufacture and distribution of gutkha and all its variants. Gutkha is banned in most of India under the Food Safety and Regulation (Prohibition) Act. The aim of this study is to raise awareness and highlight the ease of availability with which this detrimental product is obtainable in the UK, with no restrictions on age of the user. Materials/Methods: Gutkha was obtained from as many commercial vendors as possible within a 7 mile radius in Greater Manchester. Results: Gutkha was easily obtained from more than ten vendors all within a 7 mile radius in Greater Manchester. No age restrictions were applied to any of the sales. Conclusions/Clinical Relevance: The addictive nature of gutkha is a widespread issue, with studies showing that over 5 million children under the age of 15 years are addicted to gutkha. A study in Southern India showed that 95% of oral cancer amongst women was due to gutkha use. It is of grave importance therefore that the availability of gutkha in the UK be assessed. The multicultural society in which we live has seen in recent years, an increase in the cases of oral cancer relating to immigrant populations from Asia and Africa. It is high time that we as a Maxillofacial fraternity raise awareness into the ease of availability in obtaining this product in the UK.

**Conference Information:** Annual Scientific Meeting of the British Association of Oral and Maxillofacial Surgeons, BAOMS 2014 Edinburgh United Kingdom. Conference Start: 20140702 Conference End: 20140704

**Publisher:** Churchill Livingstone

**Publication Type:** Journal: Conference Abstract

**Subject Headings:** \*maxillofacial surgery  
 \*developing country  
 mouth cancer  
 India  
 United Kingdom  
 radius  
 human

Africa  
 child  
 food safety  
 immigrant  
 society  
 population  
 Asia  
 female  
 carcinogen

**Source:** EMBASE

**Full Text:** Available from *Elsevier* in *British Journal of Oral and Maxillofacial Surgery*

### 27. Severity of substance misuse and need for substance misuse interventions among adult emergency department patients

**Citation:** Annals of Emergency Medicine, October 2014, vol./is. 64/4 SUPPL. 1(S68), 0196-0644 (October 2014)

**Author(s):** Merchant R.C.; Baird J.R.; Liu T.; Beaudoin F.; Nirenberg T.

**Institution:** (Merchant, Baird, Liu, Beaudoin, Nirenberg) Alpert Medical School of Brown University/Rhode Island Hospital, Providence, RI; Brown University School of Public Health, Providence, RI

**Language:** English

**Abstract:** Study Objectives: We aimed to determine (1) the need for brief interventions (BIs) or more intensive interventions (MIIs) for alcohol, tobacco, and drug misuse among adult emergency department (ED) patients who were presenting for medical care and (2) how the types of interventions needed for alcohol, tobacco, or any drug misuse vary by patient demographic characteristics. Methods: The study population was a random sample of 18-64-year-old patients at two urban, medical school-affiliated EDs in New England from July 2010 to December 2012. Patients were eligible for the study if they were not critically ill or injured and were not presenting for a psychiatric or substance misuse evaluation. Participants completed the World Health Organization (WHO) Alcohol, Smoking, Substance Involvement Screening Test (ASSIST) using an audio computer-assisted self-interviewer. The need for a BI or MII based on WHO criteria was assessed and tabulated by substance. Multivariable logistic regression was used to compare intervention needs by demographic characteristics. Results: Of the 6,432 ED patients completing the ASSIST, the median age was 37 years old (IQR 26-48); 56.4% were female; 61.6% were white, non-Hispanic; and for 24.9% the ED was their usual source of medical care. The need for interventions (BI or MII) among these 6,432 patients per WHO criteria was: alcohol (BI: 11.6%, MII: 4.6%); smoking (BI: 34.8%, MII: 6.0%); marijuana (BI: 19.5%, MII: 3.1%); cocaine or crack (BI: 5.1%, MII: 1.9%); prescription opioid analgesics (BI: 5.0%, MII: 1.8%); benzodiazepines (BI: 2.6%, MII: 1.0%); opioids (BI: 2.3%, MII: 1.1%); methamphetamines (BI: 1.4%, MII: 0.2%); amphetamines (BI: 1.2%, MII: 0.3%); and hallucinogens (BI: 1.1%, MII: 0.2%). Among all participants, 22.5% met WHO criteria for a BI and 6.1% for a MII for any type of drug misuse. The Table provides the results of the multivariable models comparing the need for any intervention by demographic characteristics. Conclusions: A high proportion of these ED patients require a BI or MII for their substance misuse, particularly those who are male, unmarried, have fewer years of formal education, and have less access to regular health care services. (Table presented) .

**Conference Information:** American College of Emergency Physicians, ACEP 2014 Research Forum Chicago, IL United States. Conference Start: 20141027 Conference End: 20141028

**Publisher:** Mosby Inc.

**Publication Type:** Journal: Conference Abstract

**Subject Headings:** \*human  
 \*patient  
 \*emergency physician

\*college  
 \*emergency ward  
 \*adult  
 drug misuse  
 demography  
 world health organization  
 tobacco  
 smoking  
 medical care  
 screening test  
 critically ill patient  
 model  
 education  
 prescription  
 United States  
 medical school  
 random sample  
 population  
 Hispanic  
 logistic regression analysis  
 computer  
 health service  
 male  
 female  
 alcohol  
 psychedelic agent  
 methamphetamine  
 benzodiazepine derivative  
 cocaine  
 cannabis  
 narcotic analgesic agent  
 amphetamine derivative

**Source:** EMBASE

**Full Text:** Available from *Elsevier* in *Annals of Emergency Medicine*  
 Available from *Ovid* in *Annals of Emergency Medicine*

## 28. Buying methylphenidate online

**Citation:** Archives of Disease in Childhood, October 2014, vol./is. 99/(A561), 0003-9888 (October 2014)

**Author(s):** Finlay F.; Marcer H.; Lane J.

**Institution:** (Finlay, Marcer) Child Health, Sirona, Bath, United Kingdom; (Lane) Medical School, Bristol Medical School, Bristol, United Kingdom

**Language:** English

**Abstract:** Background As prescribers of methylphenidate for children with ADHD, we have been interested in following the debate about its use to improve academic performance in healthy students, including medical students. Many are buying psychostimulants online - students should be made aware of potential hazards. Method We performed a literature review and consulted colleagues in the legal profession, police and pharmacy to clarify implications. Results Buying methylphenidate (controlled drug), without a prescription, is illegal in the UK even if purchased abroad and imported. Drugs purchased online may not be what they claim to be. Will not receive recommended medical monitoring or follow-up. General Medical Council has clear guidance on self- prescribing - 'Wherever possible you must avoid prescribing for yourself or anyone with whom you have a close personal relationship. Controlled medicines present particular dangers, occasionally associated with drug misuse, addiction and misconduct. You must not prescribe a controlled medicine for yourself or someone close to you unless: no other person with the legal right to prescribe is available to assess and prescribe without a delay which would

put your, or the patient's, life or health at risk or cause unacceptable pain or distress, and the treatment is immediately necessary to save a life; avoid serious deterioration in health, or alleviate otherwise uncontrollable pain or distress'. Conclusion Students may not be aware of GMC guidance or may not equate it buying medication online. Students need to be made aware of the risks so they do not inadvertently compromise their health or future careers.

**Conference Information:** 5th Congress of the European Academy of Paediatric Societies, EAPS 2014 Barcelona Spain. Conference Start: 20141017 Conference End: 20141021

**Publisher:** BMJ Publishing Group

**Publication Type:** Journal: Conference Abstract

**Subject Headings:** [\\*organization](#)  
[human](#)  
[student](#)  
[health](#)  
[pain](#)  
[risk](#)  
[police](#)  
[occupation](#)  
[addiction](#)  
[pharmacy](#)  
[follow up](#)  
[hazard](#)  
[academic achievement](#)  
[medical student](#)  
[monitoring](#)  
[drug misuse](#)  
[misconduct](#)  
[deterioration](#)  
[United Kingdom](#)  
[patient](#)  
[prescription](#)  
[drug therapy](#)  
[child](#)  
[attention deficit disorder](#)  
[\\*methylphenidate](#)  
[controlled substance](#)  
[contact lens solution](#)

**Source:** EMBASE

**Full Text:** Available from *Highwire Press* in *Archives of disease in childhood*

### 29. Outcomes for substance misusing women and their infants 2006-2011: Changes over a 5 year time period

**Citation:** Archives of Disease in Childhood, October 2014, vol./is. 99/(A459), 0003-9888 (October 2014)

**Author(s):** Johnson K.; Balain M.

**Institution:** (Johnson, Balain) Neonatology D Floor Martin Wing, Leeds Teaching Hospital NHS Trust, Leeds West Yorkshire, United Kingdom

**Language:** English

**Abstract:** Background and aims Substance misuse within the UK population continues to be a public health concern. Many of those using illicit drugs are women of childbearing age. Infants born to such women are at risk of Neonatal Abstinence Syndrome (NAS) and can require a prolonged stay on the neonatal unit.<sup>1</sup> Understanding of the demographics and outcomes of this vulnerable group of infants and their mothers is vital in order to evolve services to meet needs and improve outcome. Methods Retrospective review of substance misusing pregnant women and their offspring, 2006-2011. Basic demographic data and specific outcome measures for the infants was collected over the 5 year period. Changes

over that 5 year time period were explored. Results 442 women and their infants were included in the study. All infants were admitted for treatment/observation of NAS. The majority of women were of white British (85.7%). Opiates were the most commonly misused substances. 18% of the babies were low birth weight. Breastfed babies were more likely to be discharged within first 7 days of life compared to artificially fed babies (47.6% vs 30.6%, OR 1.55, 95% CI 0.95 to 2.53). Conclusion The management of infants with NAS continues to challenge. Breastfeeding leads to reduced intensity of NAS, and should be recommended to shorten length of hospital stay for infants born to substance misusing mothers.

**Conference Information:** 5th Congress of the European Academy of Paediatric Societies, EAPS 2014 Barcelona Spain. Conference Start: 20141017 Conference End: 20141021

**Publisher:** BMJ Publishing Group

**Publication Type:** Journal: Conference Abstract

**Subject Headings:** \*human  
\*infant  
\*organization  
\*female  
baby  
mother  
population  
withdrawal syndrome  
risk  
low birth weight  
hospitalization  
pregnancy  
progeny  
pregnant woman  
public health  
United Kingdom  
opiate  
illicit drug

**Source:** EMBASE

**Full Text:** Available from *Highwire Press* in *Archives of disease in childhood*

### 30. Can we help patients with chronic pancreatitis to stop smoking?

**Citation:** Pancreatology, June 2014, vol./is. 14/3 SUPPL. 1(S76-S77), 1424-3903 (June 2014)

**Author(s):** Ballard L.; Silva A.C.; Abu-Hilal M.; Johnson C.; Shek F.

**Institution:** (Ballard) Solent NHS Trust, United Kingdom; (Silva) Royal Bournemouth and Christchurch Hospitals, NHS Foundation Trust, United Kingdom; (Abu-Hilal, Johnson, Shek) University Hospital Southampton, NHS Foundation Trust, United Kingdom

**Language:** English

**Abstract:** Background: Studies have documented the association of chronic pancreatitis(CP)-related disease and tobacco smoking. Therefore, smoking cessation should be encouraged in these patients. NHS Stop Smoking Services, England(April 2012-March 2013) has shown that 52% of those setting a date to quit successfully quit in 4-weeks however this is reduced to 15% at one year. Aims: In this study, we aim to investigate whether we were able to help patients with Chronic Pancreatitis to stop smoking. Patients & methods: May-November 2013, patients were recruited from the Joint Pancreatitis Clinic in Southampton. A Smoking Cessation Advisor from Southampton Quitters invited patients to engage with the service and pending on their interests, a telephone contact was set up. Both Nicotine Replacement Therapy and Group Therapy were available. The demographics and characteristics of the patients were also collected. The smoking status were checked at week-4, -12 and -24. Results: 16 patients showed interests in engaging with the Quitters. The mean age was 50 (range 21-63). There were 7 male and 9 female. All but 1 of the patients have alcoholic CP(15), the other had recurrent acute pancreatitis(

1). Most of the patients were cigarette smokers(5-30 cigarettes per day,14/16), with 1 pipesmoker and other rolled his own tobacco. At week-4, 4 patients(4/16) had stopped smoking and remained smoke-free at week-12. By week-24, 3 patients(3/16) remain smokefree and 1 was lost to follow-up. Conclusion: Although this was a small study, we demonstrated that some CP patients would engage with Southampton Quitters giving the opportunity however longer term follow-up would be needed.

**Conference Information:** Combined EPC and IAP Meeting 2014 Southampton United Kingdom. Conference Start: 20140624 Conference End: 20140628

**Publisher:** Elsevier

**Publication Type:** Journal: Conference Abstract

**Subject Headings:** \*human  
\*chronic pancreatitis  
\*smoking cessation  
\*patient  
smoking  
follow up  
smoke  
acute pancreatitis  
pancreatitis  
alcoholism  
group therapy  
United Kingdom  
nicotine replacement therapy  
telephone  
hospital  
male  
female

**Source:** EMBASE

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

### 31. Association of carboxyl-ester lipase variable nucleotide tandem repeat with alcoholic chronic pancreatitis and alcoholic liver disease

**Citation:** Pancreatology, June 2014, vol./is. 14/3 SUPPL. 1(S57), 1424-3903 (June 2014)

**Author(s):** Johnstone M.; Miyajima F.; Liloglou T.; Brown L.; Winn S.; Davies K.; Latawiec D.; Pirmohamed M.; Neoptolemos J.; Criddle D.; Greenhalf W.; Sutton R.

**Institution:** (Johnstone, Brown, Winn, Davies, Latawiec, Neoptolemos, Criddle, Greenhalf, Sutton) NIHR Pancreas Biomedical Research Unit, Royal Liverpool and Broadgreen University Trust, United Kingdom; (Miyajima, Pirmohamed) Department of Molecular and Clinical Pharmacology, University of Liverpool, United Kingdom; (Liloglou) Department of Molecular and Clinical Cancer Medicine, Institute of Translational Medicine, University of Liverpool, United Kingdom

**Language:** English

**Abstract:** Background: Carboxyl-ester lipase (CEL) contributes to fatty acid ethyl ester metabolism, implicated in alcoholic pancreatitis. The CEL gene contains a complex variable number tandem repeat (VNTR) of uncertain functional significance. It has been previously associated with alcoholic chronic pancreatitis (ACP) compared to alcoholic controls in a Japanese population, but not replicated in a European study comparing ACP with healthy controls (HC). Aims: To investigate the association of CEL VNTR with ACP and alcoholic liver disease (ALD) compared to HC in a UK population. Patients & methods: Blood was collected from 102 consenting individuals with ACP, 91 with ALD and 91 HC. PCR was performed to isolate the CEL VNTR and the product analysed using capillary electrophoresis; 16-repeats were considered normal. Differences were assessed using  $\chi^2$  or Fisher's exact test as appropriate. Results: The frequency of the normal 16-repeat allele

was significantly lower in ACP than ALD (115 (56%) vs. 124 (67%),  $p=1/40.020$ ) but similar to HC (106 (58%),  $p=1/40.683$ ). Longer VNTRs was observed in 9 (9%) ACP, no ALD ( $p=1/40.004$ ), and 3 (3%) HC ( $p=1/40.141$ ). Homozygous 16-repeat VNTRs were more frequent in ALD than ACP (43 (47%) vs 33 (33%),  $p=1/40.034$ ) and HC (30 (33%),  $p=1/40.049$ ). Conclusion: The higher frequency of long VNTRs in ACP compared to alcoholic controls and lower frequency of homozygous 16-repeat is consistent with the Japanese study, whereas the similar frequency of normal VNTR in ACP and HC is consistent with the European study suggesting CEL polymorphisms may have a more significant contribution to the pathogenesis of ALD than ACP.

- Conference Information:** Combined EPC and IAP Meeting 2014 Southampton United Kingdom. Conference Start: 20140624 Conference End: 20140628
- Publisher:** Elsevier
- Publication Type:** Journal: Conference Abstract
- Subject Headings:** [\\*tandem repeat](#)  
[\\*alcoholism](#)  
[\\*chronic pancreatitis](#)  
[\\*alcohol liver disease](#)  
[human](#)  
[population](#)  
[Japanese \(people\)](#)  
[gene](#)  
[pathogenesis](#)  
[capillary electrophoresis](#)  
[blood](#)  
[allele](#)  
[patient](#)  
[United Kingdom](#)  
[Fisher exact test](#)  
[\\*triacylglycerol lipase](#)  
[\\*nucleotide](#)  
[\\*ester](#)  
[fatty acid](#)
- Source:** EMBASE
- Full Text:** Available from *ProQuest* in [Pancreatology](#); Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions. Available from *Elsevier* in [Pancreatology](#)

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

- Citation:** International Journal of Clinical Practice, 2014, vol./is. 68/9(1147-1151), 1368-5031;1742-1241 (2014)
- Author(s):** Winstock A.R.; Borschmann R.; Bell J.
- Institution:** (Winstock, Bell) Kings Health Partners, Kings College London, London, United Kingdom; (Winstock, Borschmann, Bell) Institute of Psychiatry, Kings College London, London, United Kingdom; (Winstock) Global Drug Survey, London, United Kingdom
- Language:** English
- Abstract:** Methods: We conducted anonymous online survey of drug use and related behaviours as part of an ongoing drug trend monitoring initiative. We included questions assessing the patterns of use, source and function of tramadol. Results: UK Survey respondents ( $n = 7360$ ) were predominantly young (mean age 29), and 90% reported being employed or studying. Less than 1% reported past-year use of heroin or methadone, but about 1/3 reported past-year use of cocaine. 326 (5% of respondents) reported having used tramadol in the preceding year, usually obtained by prescription but in 1/3 of cases from a friend; rarely from a dealer or from the internet. Most used the drug for pain relief, but 163 respondents (44%) reported using tramadol for reasons other than pain relief - particularly, using it to relax, to sleep, to get high or to relieve boredom. Nineteen per cent

took doses higher than prescribed, and 10% reported difficulty discontinuing. Twenty-eight per cent combined tramadol with alcohol or other drugs to enhance its effect. Conclusion: Misuse and sharing of tramadol, supplied by prescription, was common. Background: Prescription drug misuse has become a public health problem in several developed countries. In the UK, there has been no increase in people seeking treatment for prescription drug dependence, but there has been a progressive rise in fatal overdoses involving tramadol. Objectives: To explore the source, motivations for use and patterns of use of tramadol in the UK.

**Country of Publication:** United Kingdom

**Publisher:** Blackwell Publishing Ltd

**CAS Registry Number:** 64-17-5 (alcohol); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 27203-92-5 (tramadol); 36282-47-0 (tramadol)

**Publication Type:** Journal: Article

**Subject Headings:** adult  
analgesia  
article  
boredom  
community  
"distress syndrome/dt [Drug Therapy]"  
\*drug misuse  
female  
human  
leisure  
major clinical study  
male  
motivation  
"pain/dt [Drug Therapy]"  
sleep  
substance use  
\*United Kingdom  
work  
alcohol  
cocaine  
diamorphine  
methadone  
"\*tramadol/dt [Drug Therapy]"

**Source:** EMBASE

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

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

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

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

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

**Language:** English

**Publication Type:** Journal: Note

**Subject Headings:** addiction  
adult  
"\*anorexia nervosa/co [Complication]"  
"\*anorexia nervosa/th [Therapy]"  
case report

child abuse  
 comorbidity  
 enteric feeding  
 female  
 human  
 legal aspect  
 \*living will  
 \*mental capacity  
 \*mental patient  
 note  
 personality disorder  
 psychological aspect  
 \*right to die  
 \*treatment refusal  
 United Kingdom

**Source:** EMBASE

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

### 34. Older people and alcohol use

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

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

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

**Language:** English

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

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

**Publication Type:** Journal: Article

**Subject Headings:** aged  
 "\*alcoholism/co [Complication]"  
 "\*alcoholism/ep [Epidemiology]"  
 article  
 \*community health nursing  
 dependent personality disorder  
 female  
 health behavior  
 human  
 male  
 misuse  
 nursing  
 older people  
 prevalence  
 risk factor  
 "United Kingdom/ep [Epidemiology]"  
 very elderly  
 alcohol

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

### 35. The national vice

**Citation:** British journal of community nursing, August 2014, vol./is. 19/8(369), 1462-4753 (Aug 2014)  
**Author(s):** Dennison R.  
**Language:** English  
**CAS Registry Number:** 58-08-2 (caffeine)  
**Publication Type:** Journal: Editorial  
**Subject Headings:** ["\\*addiction/ep \[Epidemiology\]"](#)  
[cost of illness](#)  
["\\*drinking behavior/ep \[Epidemiology\]"](#)  
[economics](#)  
[editorial](#)  
[human](#)  
["United Kingdom/ep \[Epidemiology\]"](#)  
["\\*caffeine/ad \[Drug Administration\]"](#)

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

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

**Citation:** Drug and Alcohol Review, March 2014, vol./is. 33/2(169-176), 0959-5236;1465-3362 (March 2014)  
**Author(s):** Bonevski B.; Regan T.; Paul C.; Baker A.L.; Bisquera A.  
**Institution:** (Bonevski, Regan, Paul, Baker, Bisquera) Faculty of Health and Medicine, School of Medicine and Public Health, The University of Newcastle, Newcastle, Australia  
**Language:** English  
**Abstract:** Introduction and Aims.: Understanding how tobacco, alcohol and mental health are related is important for developing population-level policies and individual-level treatments that target comorbidities. The current study aimed to examine sociodemographic characteristics and mental health comorbidities associated with the odds of using tobacco and harmful levels of alcohol concurrently. Design and Methods.: Data were drawn from the 45 and Up Study, a large cohort study with 267153 adults aged 45 years and over in New South Wales, Australia. Participants completed a survey assessing alcohol, smoking, psychological distress, treatment for depression and anxiety, and a range of socioeconomic status indicators. Univariate analyses and three multiple-logistic regression models were used to determine associations with (i) tobacco but not alcohol use; (ii) alcohol but not tobacco use; and (iii) concurrent tobacco and risky levels of alcohol use. Results.: Being female, younger, lower individual and area-level socioeconomic status (SES) and depression and psychological distress were associated with tobacco use alone. Factors associated with alcohol use alone were older age, male gender, higher SES, and lower psychological distress and no recent depression treatment. Factors associated with concurrent risky alcohol consumption and tobacco use included being 45-64, being male, less education, earning <\$30000, being employed, and living in lower-SES areas, treatment for depression, and high distress on the Kessler-10. Discussion and Conclusions.: Results suggest strong links between SES, treatment for depression, psychological distress, and concurrent tobacco and alcohol use. This has implications for public health policies and clinical treatment for tobacco and alcohol use, suggesting greater emphasis on addressing multiple health and social concerns. 2013 Australasian Professional Society on Alcohol and other Drugs.  
**Publication Type:** Journal: Article

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

**Source:** EMBASE

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

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

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

**Author(s):** Kotz D.; Brown J.; West R.

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

**Language:** English

**Abstract:** Results: Compared with smokers using none of the cessation aids, the adjusted odds of remaining abstinent up to the time of the 6-month follow-up survey were 2.58 (95% CI, 1.48-4.52) times higher in users of prescription medication in combination with specialist behavioral support and 1.55 (95% CI, 1.11-2.16) times higher in users of prescription medication with brief advice. The use of NRT bought over the counter was associated with a lower odds of abstinence (odds ratio, 0.68; 95% CI, 0.49-0.94). Conclusion: Prescription medication offered with specialist behavioral support and that offered with minimal behavioral support are successful methods of stopping cigarette smoking in England. Patients and Methods: We conducted a prospective cohort study in 1560 adult smokers who participated in an English national household survey in the period from November 2006 to March 2012, responded to a 6-month follow-up survey, and made at least 1 quit attempt between the 2 measurements. The quitting method was classified as follows: (1) prescription medication (nicotine replacement therapy [NRT], bupropion, or varenicline) in combination with specialist behavioral support delivered by a National Health Service Stop Smoking Service; (2) prescription medication with brief advice; (3) NRT bought over the counter; (4) none of these. The primary outcome measure was self-reported abstinence up to the time of the 6-month follow-up survey, adjusted for key potential confounders including cigarette dependence. Objective: To estimate the "real-world" effectiveness of commonly used aids to smoking cessation in England by using longitudinal data.

**Country of Publication:** United Kingdom

**Publisher:** Elsevier Ltd

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

**Publication Type:** Journal: Article

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

**Source:** EMBASE

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

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

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

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

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

**Language:** English

**Country of Publication:** United Kingdom

**Publisher:** Elsevier Ltd

**Publication Type:** Journal: Editorial

**Subject Headings:** behavior therapy  
clinical effectiveness  
clinical practice  
cohort analysis  
cross-sectional study  
editorial  
evidence based practice  
follow up  
general practitioner  
human  
nicotine replacement therapy  
prescription

\*smoking  
 \*smoking cessation  
 "\*tobacco dependence/th [Therapy]"  
 "\*tobacco dependence/dt [Drug Therapy]"  
 translational research  
 United Kingdom  
 "\*nicotine derivative/dt [Drug Therapy]"

**Source:** EMBASE

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

### 39. Pathological adolescent gambling

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

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

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

**Language:** Greek

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

**Country of Publication:** Greece

**Publisher:** BETA Medical Publishers Ltd

**Publication Type:** Journal: Review

**Subject Headings:** human  
 "\*pathological gambling/ep [Epidemiology]"  
 prevalence  
 review  
 risk factor

**Source:** EMBASE

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

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**Citation:** Gene Therapy, 2014, vol./is. 21/3(15-19), 0969-7128;1476-5462 (2014)

**Author(s):** Heidari E.; Dickson C.; Newton T.

**Institution:** (Heidari, Dickson, Newton) Department of Psychology as Applied to Dentistry, King's College London Dental Institute, Tower Wing. Guy's Hospital, Great Maze Pond, London SE1 9RT, United Kingdom

**Language:** English

**Abstract:** This article is the first in a series of four, which explore the oral and dental health of male prisoners in the United Kingdom. The series comprises: an overview of the general and oral health status of male prisoners, a discussion on how multi-disciplinary team working can be used to benefit the care of patients in prison environments and a description of the future planning of dental services for male prisoners. The oral health of prisoners is linked to their general health status, due in part to the presence of common risk factors such as smoking, drinking alcohol and in some cases use of recreational drugs, poor dietary and poor oral hygiene habits. Barriers to healthcare services can all have an effect on oral disease in this group. This paper highlights some of the common medical problems that oral healthcare providers face when treating prisoners in male UK prison establishments.

**Country of Publication:** United Kingdom

**Publisher:** Nature Publishing Group (Houndmills, Basingstoke, Hampshire RG21 6XS, United Kingdom)

**Publication Type:** Journal: Review

**Subject Headings:** alcohol consumption  
cardiovascular disease  
\*dental health  
dental procedure  
depression  
diabetes mellitus  
disability  
drug misuse  
educational status  
employment  
health behavior  
\*health status  
hepatitis B  
hepatitis C  
human  
Human immunodeficiency virus infection  
hypertension  
learning disorder  
male  
mental health  
mouth hygiene  
obesity  
\*prisoner  
review  
risk assessment  
sexually transmitted disease  
smoking  
substance abuse  
tobacco use  
tuberculosis  
United Kingdom

**Source:** EMBASE

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

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

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

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

**Language:** English

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

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

**Publisher:** S. Karger AG

**Publication Type:** Journal: Conference Abstract

**Subject Headings:** \*human  
\*brain ischemia  
\*hospital  
\*United Kingdom  
\*cerebrovascular accident  
\*female  
infarction  
emergency  
microangiopathy  
patient  
etiology  
alcoholism  
smoking  
brain  
diagnosis  
toxicology  
carotid artery  
intrasubarachnoid drug administration  
liver  
pathology  
white matter  
vasculitis  
mother  
aphasia  
case report  
diabetes mellitus  
speech  
hypertension  
face asymmetry  
tonic clonic seizure

brain death  
 blood vessel  
 congenital blood vessel malformation  
 risk factor  
 rupture  
 congenital malformation  
 bleeding  
 nuclear magnetic resonance imaging  
 National Institutes of Health Stroke Scale  
 diamorphine  
 nicotinamide adenine dinucleotide

**Source:** EMBASE

**Full Text:** Available from *ProQuest* in *Cerebrovascular Diseases*; Note: ; Collection notes: If asked to log in click "Athens Login" and then select "NHSEngland" in the drop down list of institutions.  
 Available from *Karger Medical and Scientific Publishers* in *Cerebrovascular Diseases*; Note: ; Collection notes: Academic-License: Only available from an NHS networked computer

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

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

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

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

**Language:** English

**Abstract:** Purpose of the study: The contemporary psychotropic drugs (antipsychotics, anxiolytics, antidepressants) are used in clinical practice to eliminate the various features of drug dependence. Most of them give rise the negative side effects. Namely, benzodiazepine derivative anxiolytics are able to provoke psychological and physical dependence. New peptide-origin medicines are devoid of mentioned disadvantages. Previously was shown, that cholecystokinin-4 (CCK-4) L-tryptophan-containing retroanalogs exert anxiolytic-like activity [1], among them, GB- 101 (PhCH<sub>24</sub>-CO-Gly-L-Trp-NH<sub>2</sub>) and GB-115 (PhCH<sub>25</sub>-CO-Gly- L-Trp-NH<sub>2</sub>) were able to reduce the morphine withdrawal syndrome (WS) signs in rats [2]. The present study was devoted to the further investigation of the effects of anxiolytic GB-115 upon withdrawal syndrome (WS), tolerance to and analgetic action of morphine as well as its influence upon conditioned place preference (CPP) in morphine dependent rats. The action of anxiolytic Selank [3] a neuropeptide taftsin analog (Thr-Lys-Pro- Arg-Pro-Gly-Pro) upon WS syndrome was also studied. Methods used: Incremental doses of morphine were injected i/p to male rats for 5 days followed by naloxone (1 mg/kg) to provoke acute WS or a 'spontaneous' WS was evaluated 24 h after morphine administration. Single doses of peptides (GB- 115, 0.1-0.4 mg/kg; Selank, 0.3 mg/kg) have been injected 30 min before the test in the "open field" or daily, 30 min before the morphine injection. Total Index (TI) of WS, the analgesic effect in the water immersive "tail flick" test, the tolerance to morphine analgesia and the acquisition of CPP (days 7, 14 and 21-st) after 5 days of morphine injections were studied. For statistical assessment Mann-Whitney-test, one way ANOVA and t-test were used. Summary of results: It was shown that dipeptide GB-115 in single doses of 0.1-0.4 mg/kg eliminates individual features and decreases TI of morphine WS (by 38-46%, p<0.05), significantly increases analgesic action (up to 50%) and attenuate the tolerance to morphine. After chronic (5 days administration) of morphine with GB-115 (0.1-0.4 mg/kg) the TI of WS was decreased dose dependently by 29.8-35.7% (p<0.05). In the CPP test GB-115 (0.1 mg/kg, single) failed to eliminate the acquisition of CPP to morphine that was significant on days 7 and 14. Selank decreased the severity of WS,

precipitated by naloxone, by 39.6-38.9% ( $p<0.01$ ) after a single or chronic administration. This effect of Selank in relation to WS was confirmed in von Frey test: a peptide significantly reduced (from 5 to 9 times,  $p<0.01$ ) the drop of tactile thresholds that has been demonstrated in morphine dependent animals. Conclusions: The data presented show that the anxiolytic-like peptides, GB-115 and Selank, similarly and effectively decreased the morphine WS individual features and TI of WS. GB-115 significantly enhances morphine analgesic action and attenuate the tolerance to morphine. GB-115 in a single dose has not effect upon the acquisition of CPP. GB-115, evidently, realizes its action by means of central CCK receptors with following modulating influence on central opioid system. The central effects of Selank may be mediated by interaction with BDNF brain system.

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 tail flick test  
 rank sum test  
 Student t test  
 side effect  
 male  
 clinical practice  
 analgesia  
 place preference  
 von Frey test  
 chronic drug administration  
 brain  
 analysis of variance  
 \*anxiolytic agent  
 \*peptide  
 morphine  
 analgesic agent  
 naloxone  
 tetragastrin  
 neuroleptic agent  
 water  
 benzodiazepine derivative  
 tryptophan  
 psychotropic agent  
 tuftsin  
 arginine  
 antidepressant agent  
 neuropeptide  
 dipeptide  
 cholecystinin receptor  
 opiate receptor  
 brain derived neurotrophic factor  
 cholecystinin

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

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**Language:** English

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

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[\\*medication compliance](#)  
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[\\*synthesis](#)  
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[female](#)  
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