Search Results

Table of Contents

Search History

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

1. The impact of national-level interventions to improve hygiene on the incidence of irritant contact dermatitis in healthcare workers: Changes in incidence from 1996 to 2012 and interrupted times series analysis

Citation: British Journal of Dermatology, July 2015, vol./is. 173/1(165-171), 0007-0963;1365-2133 (July 2015)

Author(s): Stocks S.J.; McNamee R.; Turner S.; Carder M.; Agius R.M.

Institution: (Stocks, Turner, Carder, Agius) Centre for Occupational and Environmental Health, Centre for Epidemiology, Institute of Population Health, University of Manchester, Manchester M13 9PL, United Kingdom; (Stocks) Centre for Primary Care, NIHR Greater Manchester Primary Care Patient Safety Translational Research Centre, University of Manchester, Manchester M13 9PL, United Kingdom; (McNamee) Centre for Biostatistics, Institute of Population Health, University of Manchester, Manchester M13 9PL, United Kingdom

Language: English

Abstract: Background Reducing healthcare-associated infections (HCAI) has been a priority in the U.K. over recent decades and this has been reflected in interventions focusing on improving hygiene procedures. Objectives To evaluate whether these interventions coincided with an increased incidence of work-related irritant contact dermatitis (ICD) attributed to hand hygiene or/and other hygiene measures in healthcare workers (HCWs). Methods A quasi-experimental (interrupted time series) design was used to compare trends in incidence of ICD in HCWs attributed to hygiene before and after interventions to reduce HCAI with trends in the same periods in control groups (ICD in other workers). Cases of ICD reported to a U.K. surveillance scheme from 1996 to 2012 were analysed. The time periods compared were defined objectively based on the dates of the publication of national evidence-based guidelines, the U.K. Health Act 2006 and the Cleanyourhands campaign. Results The reported incidence of ICD in HCWs attributed to hygiene has increased steadily from 1996 to 2012 [annual incidence rate ratio (95% confidence interval): hand hygiene only 110 (107-112); all hygiene 105 (103-107)], whereas the incidence in other workers is declining. An increase in incidence of ICD in HCWs attributed to hand hygiene was observed at the beginning of the Cleanyourhands campaign. Conclusions The increasing incidence of ICD in HCWs combined with the popularity of interventions to reduce HCAI warrants increased efforts towards identifying products and implementing practices posing the least risk of ICD. What's already known about this topic? Addressing healthcare-associated infections (HCAI) through improved hygiene has been a priority for the National Health Service since 2000. Irritant contact dermatitis (ICD) frequently occurs in healthcare workers (HCWs) as a result of hand hygiene measures or wet work. What does this study add? ICD in U.K. HCWs attributed to hand and/or other hygiene has substantially increased since 1996, consistent with interventions to reduce HCAI including the Cleanyourhands campaign.

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Article

Subject Headings:

alcoholism
article
controlled study
evidence based practice
*hand washing
*health care personnel
*health impact assessment
human
*incidence
*irritant dermatitis
normal human
primary prevention
priority journal
skin care

Source: EMBASE

Full Text: Available from *Wiley* in *British Journal of Dermatology*

2. Tackling prescription drug abuse

Citation: Pharmaceutical Journal, June 2015, vol./is. 294/7866(624-626), 0031-6873 (13 Jun 2015)

Author(s): Owens B.

Institution: (Owens) NBCanada

Language: English

Country of Publication: United Kingdom

Publisher: Pharmaceutical Press

CAS Registry Number: 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate); 27203-92-5 (tramadol); 36282-47-0 (tramadol)

Publication Type: Journal: Article

Subject Headings:
article
drug dependence
drug industry
drug intoxication
*drug misuse
drug surveillance program
human
opiate substitution treatment
pharmacy
prescription
prevalence
United Kingdom
United States
diamorphine
opiate
*prescription drug
tramadol

Source: EMBASE

3. A cost-effectiveness analysis of opioid substitution therapy upon release in reducing mortality among prisoners with a history of opioid dependence

Citation: Pharmacoepidemiology and Drug Safety, September 2015, vol./is. 24/(481-482), 1053-8569 (September 2015)

Author(s): Gisev N.; Shanahan M.; Weatherburn D.J.; Mattick R.P.; Larney S.; Burns L.; Degenhardt L.

Institution: (Gisev, Shanahan, Mattick, Larney, Burns, Degenhardt) National Drug and Alcohol Research Centre, UNSW Australia, Sydney, NSW, Australia; (Weatherburn) New South Wales Bureau of Crime Statistics and Research (BOCSAR), Sydney, NSW, Australia; (Larney) Alpert Medical School, Brown University, Providence, RI, United States; (Degenhardt) School of Population and Global Health, University of Melbourne, Melbourne, VIC, Australia

Language: English

Abstract: Background: Although opioid substitution therapy (OST) in the immediate period after prison release has been shown to reduce mortality, the cost-effectiveness has not yet been examined. Objectives: To undertake a cost-effectiveness analysis of the immediate treatment with OST at the time of prison release and prevention of death in the first 6 months post-release. Methods: Population-based, retrospective data linkage study using records of all OST entrants in New South Wales, Australia (1985-2010), court appearances (1993-2011) and prison episodes (2000-2012). The cohort included 16,073

people who were released from prison for the first time between 1 January 2000 and 30 June 2011. At the point of prison release, 7892 people received OST treatment and 8181 did not receive OST treatment. Propensity scores were used to match individuals in the two groups, and mortality and the total costs (treatment, prison, court, penalties and crime) incurred in each group were evaluated at 6 months post-release. Results: During the 6-month observation period, 23 (0.3%) people who were released onto OST died, compared to 58 people (0.7%) who were not released onto OST (p=0.001). The incremental cost-effectiveness ratio was $714, indicating that the group which did not receive OST upon release incurred both higher costs and there were more deaths. Furthermore, the probability that OST post-release is cost-effective per life-year saved is 99.98% at a willingness to pay of $500. Conclusions: Compared to no treatment on release, OST is cost-effective in reducing mortality among prisoners with a history of opioid dependence in the first six months of prison release.

Conference Information: 31st International Conference on Pharmacoepidemiology and Therapeutic Risk Management Boston, MA United States. Conference Start: 20150822 Conference End: 20150826

Publisher: John Wiley and Sons Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*cost effectiveness analysis
*opiate substitution treatment
*mortality
*prisoner
*human
*opiate addiction
*pharmacoepidemiology
*risk management
prison
Australia
death
crime
punishment
propensity score
population
prevention

Source: EMBASE

Full Text: Available from *Wiley* in *Pharmacoepidemiology and Drug Safety*

4. Statin use and risk of primary liver cancer in the UK clinical practice research datalink (CPRD)

Citation: Pharmacoepidemiology and Drug Safety, September 2015, vol./is. 24/(431-432), 1053-8569 (September 2015)

Author(s): McGlynn K.A.; Hagberg K.W.; Chen J.; Graubard B.I.; London W.T.; Jick S.S.; Sahasrabuddhe V.V.

Institution: (McGlynn, Hagberg, Chen, Graubard, Sahasrabuddhe) Division of Cancer Epidemiology and Genetics, National Cancer Institute, Bethesda, MD, United States; (Jick) Boston Collaborative Drug Surveillance Program, Boston University School of Public Health, Lexington, MA, United States; (London) Fox Chase Center, Philadelphia, PA, United States; (London) Hepatitis B Foundation, Doylestown, PA, United States

Language: English

Abstract: Background: Statins (3-hydroxy-3-methylglutaryl coenzyme A reductase inhibitors) are widely prescribed to reduce cholesterol levels. Studies have suggested that statins are associated with reduced risk of liver cancer, but much of the evidence is from regions of the world with high liver cancer incidence rates. Objectives: The objectives of this study were to examine the association between statins and liver cancer and to assess the effects of pre-existing liver disease and diabetes, two strong risk factors for liver cancer. Methods: A nested case-control study was conducted within the United Kingdom's

Clinical Practice Research Datalink (CPRD). Persons diagnosed with incident primary liver cancer between 1988 and 2011 were matched to up to four controls on age (same year of birth), sex, general practice, index date (1year prior to case's diagnosis date), and number of years in the CPRD prior to the index date. We conducted additional analyses, further matching controls to cases on liver disease and, separately, diabetes status, to assess effect modification in persons at elevated risk for liver cancer. Adjusted odds ratios (ORadj) and 95% confidence intervals (95%CI) for associations of statins with liver cancer were estimated using conditional logistic regression adjusted for BMI, smoking, alcohol-related disorders, hepatitis B or C, diabetes, rare metabolic disorders, and use of paracetamol, aspirin, and antidiabetic medications. Results: In total, 1195 persons with primary liver cancer were matched to 4640 controls. Statin use was associated with a significantly reduced risk of liver cancer (ORadj=0.55, 95%CI 0.45-0.69), with a significant dose-response (p<0.0001). This reduction in risk was significant in the presence (ORadj=0.32, 95%CI 0.17-0.57) and absence of liver disease (ORadj=0.65, 95%CI 0.52-0.81) and in the presence (ORadj=0.30, 95%CI 0.21-0.42) and absence of diabetes (ORadj =0.66, 95%CI 0.51-0.85). Conclusions: In this study, statin use was associated with a significantly reduced risk of liver cancer. Risk was particularly reduced among persons with liver disease and persons with diabetes, suggesting that statin use may be especially beneficial in persons at highest risk of liver cancer.

Conference Information: 31st International Conference on Pharmacoepidemiology and Therapeutic Risk Management Boston, MA United States. Conference Start: 20150822 Conference End: 20150826

Publisher: John Wiley and Sons Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:

*risk
*liver cancer
*United Kingdom
*clinical practice
*pharmacoepidemiology
*risk management
human
diabetes mellitus
liver disease
case control study
metabolic disorder
hepatitis B
risk factor
incidence
alcoholism
smoking
logistic regression analysis
cancer incidence
confidence interval
diagnosis
drug therapy
general practice
dose response
*statin (protein)
hydroxymethylglutaryl coenzyme A reductase inhibitor
paracetamol
acetylsalicylic acid
antidiabetic agent
cholesterol
hydroxymethylglutaryl coenzyme A reductase

Source: EMBASE

Full Text: Available from *Wiley* in *Pharmacoepidemiology and Drug Safety*

5. Neonatal drug withdrawal syndrome: Cross-country comparison of recorded hospital admissions in England, USA, Western Australia and Ontario, Canada

Citation: Pharmacoepidemiology and Drug Safety, September 2015, vol./is. 24/(265), 1053-8569 (September 2015)

Author(s): Davies H.R.; Gilbert R.; Petersen I.; Nazareth I.; Arturo Gonzalez-Izquierdo

Institution: (Davies, Gilbert, Petersen, Nazareth, Arturo Gonzalez-Izquierdo) Primary Care and Population Health, UCL, London, United Kingdom

Language: English

Abstract: Background: Misuse of addictive drugs, particularly opiates, during pregnancy is a multifaceted public health problem. Objectives: We determined trends over time in the birth prevalence of neonatal drug withdrawal syndrome (NWS) in England compared with reported trends for USA, Western Australia and Ontario, Canada and variation in birth prevalence in the English NHS by hospital trusts, maternal age and birth weight. Methods: We conducted a retrospective cohort study using national hospital administrative data for babies admitted to NHS hospitals in England in 1997-2011. Published annual prevalence rates for other countries were confirmed with authors. Annual prevalence of NWS per 1000 live births based on ICD diagnostic codes in hospital admission data was as follows: for English NHS in 2011, the proportion of English NHS hospital trusts outside 3 standard deviations (sd) of mean prevalence and unadjusted odds ratios for associations between maternal age and birth weight with NWS. Results: Mean prevalence rates increased in all four countries but stabilised in England and W. Australia and continued to rise in the USA and Ontario. Most recent birth prevalence is 2.73/1000 live births in England (2011; 1544 cases), 3.5/1000 in W. Australia (2005), 3.6/1000 in the USA (2009) and 5.1/1000 in Ontario (2011). In England in 2011, unadjusted birth prevalence was outside 3 sd of the mean in 22% of hospital trusts (12% above, 10% below). Risk of NWS was marginally increased for mothers aged 30-34 years (unadjusted odds 24.6% of NWS) and for babies weighing 1500-2500 g at birth (unadjusted OR 3.49, 95%CI 3.05-3.98, 19% of NWS). Conclusions: Although NWS is stable in England, rising rates in the USA and Ontario highlight the need for national NWS surveillance and for investigation of the wide variation in recording between NHS trusts. Linkages between administrative data for mother and baby, and including health and social care provision, offer an efficient resource for policy makers to monitor who is affected and how management and outcomes vary for mothers and babies.

Conference Information: 31st International Conference on Pharmacoepidemiology and Therapeutic Risk Management Boston, MA United States. Conference Start: 20150822 Conference End: 20150826

Publisher: John Wiley and Sons Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:

*Canada
*withdrawal syndrome
*United Kingdom
*human
*hospital admission
*Australia
*pharmacoepidemiology
*risk management
prevalence
hospital
baby
mother
female
birth weight
maternal age
risk
live birth

cohort analysis
pregnancy
policy
social care
health
recording
diagnosis
public health problem
opiate

Source: EMBASE

Full Text: Available from *Wiley* in *Pharmacoepidemiology and Drug Safety*

6. The effect of treatment and retention with opioid substitution therapy in reducing crime among opioid-dependent people

Citation: Pharmacoepidemiology and Drug Safety, September 2015, vol./is. 24/(28-29), 1053-8569 (September 2015)

Author(s): Gisev N.; Larney S.; Gibson A.; Kimber J.; Burns L.; Butler T.; Mattick R.; Weatherburn D.; Degenhardt L.

Institution: (Gisev, Larney, Kimber, Burns, Mattick, Degenhardt) National Drug and Alcohol Research Centre, UNSW Australia, Sydney, NSW, Australia; (Larney) Alpert Medical School, Brown University, Providence, RI, United States; (Gibson) Centre for Big Data Research in Health, UNSW Australia, Sydney, NSW, Australia; (Butler) Kirby Institute, UNSW Australia, Sydney, NSW, Australia; (Weatherburn) Bureau of Crime Statistics and Research, Sydney, NSW, Australia; (Degenhardt) School of Population and Global Health, University of Melbourne, Melbourne, VIC, Australia

Language: English

Abstract: Background: People with opioid dependence are known to have increased contact with the criminal justice system. Although there is strong evidence for the health and social benefits of opioid substitution therapy (OST), the relationship between OST treatment and crime is less clear. Objectives: The aims of this study were to evaluate the effect of OST on time to first offence and overall crime rates among opioid-dependent people and examine the relationship between retention in OST and crime rates. Methods: We used retrospective data linkage study of 10 744 entrants into OST in New South Wales (2004-2010) to offences, custody episodes and death notifications, up to 31 December 2011. Time-dependent Cox proportional hazards models were used to examine the association between OST exposure and the time to first offence, adjusting for demographic covariates. Crude crime rates (CCRs) in the 4 years prior to treatment entry, and periods in and out of OST were also computed, and the effect of treatment retention was evaluated at 3, 6, 9 and 12 months. Results: In total, 5751 (53.5%) treatment entrants were charged with an offence during the observation period. The unadjusted hazards ratio for the risk of offending for the first time after starting treatment was 0.82 (95%CI 0.78-0.87), and after adjusting for demographic covariates, the hazards ratio was 0.87 (95%CI 0.83-0.92). The CCR per 100 person-years prior to treatment entry was 130.78 (95%CI 129.65- 131.91). The CCR decreased by 32% while individuals were in OST (CCR 88.29, 95%CI 86.96-89.63) and 20% out of OST (CCR 101.67, 95%CI 100.35-102.99). The CCR was further reduced the longer the treatment: 85.72 (95%CI 84.40-87.05) at 3 months, 82.78 (95%CI 81.48-84.10) at 6 months, 79.20 (95% CI 77.91-80.50) at 9 months and 76.50 (95%CI 75.22-77.80) at 12 months. Conclusions: OST treatment was associated with a reduction in the risk of offending for the first time after commencing treatment. Entry into OST was also associated with lower overall crime rates, with the greatest reductions observed among people who were retained longer in treatment.

Conference Information: 31st International Conference on Pharmacoepidemiology and Therapeutic Risk Management Boston, MA United States. Conference Start: 20150822 Conference End: 20150826

Publisher: John Wiley and Sons Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*human
*crime
*opiate substitution treatment
*pharmacoepidemiology
*risk management
risk
criminal justice
hazard
Australia
health
exposure
proportional hazards model
opiate addiction
death
custodial care
*opiate

Source: EMBASE

Full Text: Available from *Wiley* in *Pharmacoepidemiology and Drug Safety*

7. Accuracy of Alcohol Use Disorders Identification Test for detecting problem drinking in 18-35 year-olds in England: method comparison study

Citation: Alcohol and alcoholism (Oxford, Oxfordshire), March 2015, vol./is. 50/2(244-250), 1464-3502 (01 Mar 2015)

Author(s): Foxcroft D.R.; Smith L.A.; Thomas H.; Howcutt S.

Institution: (Foxcroft) Department of Psychology, Social Work and Public Health, Oxford Brookes University, Oxford OX3 0FL, UK david.foxcroft@brookes.ac.uk; (Smith) Department of Psychology, Social Work and Public Health, Oxford Brookes University, Oxford OX3 0FL, UK; (Thomas) Department of Psychology, Social Work and Public Health, Oxford Brookes University, Oxford OX3 0FL, UK; (Howcutt) Department of Psychology, Social Work and Public Health, Oxford Brookes University, Oxford OX3 0FL, UK

Language: English

Abstract: AIMS: To assess the accuracy of Alcohol Use Disorders Identification Test (AUDIT) scores for problem drinking in males and females aged 18-35 in England.METHODS: A method comparison study with 420 primary care patients aged 18-35. Test measures were AUDIT and AUDIT-C. Reference standard measures were (a) Time-Line Follow-Back interview for hazardous drinking; World Mental Health Composite International Diagnostic Interview for (b) DSM-IV alcohol abuse, (c) DSM-IV alcohol dependence, (d) DSM-5 alcohol use disorders.RESULTS: Area under the curve (AUC) was (a) 0.79 (95% CI 0.73-0.85; males) and 0.84 (0.79-0.88; females); (b) 0.62 (0.54-0.72; males) and 0.65 (0.57-0.72; females); (c) 0.77 (0.65-0.87; males) and 0.76 (0.67-0.74; females); (d) 0.70 (0.60-0.78; males) and 0.73 (CI 0.67-0.78; females). Identification of threshold cut-point scores from the AUC was not straightforward. Youden J statistic optimal cut-point scores varied by 4-6 AUDIT scale points for each outcome according to whether sensitivity or specificity were prioritized. Using Bayes' Theorem, the post-test probability of drinking problems changed as AUDIT score increased, according to the slope of the probability curve.CONCLUSION: The full AUDIT scale showed good or very good accuracy for all outcome measures for males and females, except for alcohol abuse which had sufficient accuracy. In a screening scenario where sensitivity might be prioritized, the optimal cut-point is lower than established AUDIT cut-points of 8+ for men and 6+ for women. Bayes' Theorem to calculate individual probabilities for problem drinking offers an alternative to arbitrary cut-point threshold scores in screening and brief intervention programmes.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
"alcoholism/di [Diagnosis]"
area under the curve
Bayes theorem
comparative study
Diagnostic and Statistical Manual of Mental Disorders
female
human
male
*primary health care
questionnaire
sensitivity and specificity
United Kingdom
young adult

Source: EMBASE

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

8. Long-Acting opioids for treating neonatal abstinence syndrome a high price for a short stay?

Citation: JAMA - Journal of the American Medical Association, November 2015, vol./is. 314/19(2023-2024), 0098-7484;1538-3598 (17 Nov 2015)

Author(s): Peltz G.; Anand K.J.S.

Institution: (Peltz) Department of Anesthesia, Stanford University School of Medicine, 300 Pasteur Dr, Stanford, CA 94305, United States; (Anand) Department of Pediatrics and Anesthesia, Stanford University School of Medicine, Stanford, CA, United States

Language: English

Country of Publication: United States

Publisher: American Medical Association

CAS Registry Number: 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); 103639-04-9 (ondansetron); 116002-70-1 (ondansetron); 99614-01-4 (ondansetron)

Publication Type: Journal: Note

Subject Headings:
disease duration
disease severity
drug clearance
drug half life
drug safety
health care cost
high risk infant
hospitalization
human
length of stay
newborn
newborn care
newborn intensive care
note
opiate addiction
opiate substitution treatment
priority journal
randomized controlled trial(topic)
short course therapy
"side effect/si [Side Effect]"
United Kingdom
United States

"*withdrawal syndrome/dm [Disease Management]"
"*withdrawal syndrome/ep [Epidemiology]"
"*withdrawal syndrome/pc [Prevention]"
"*withdrawal syndrome/dt [Drug Therapy]"
"cytochrome P450 3A7/ec [Endogenous Compound]"
"methadone/pk [Pharmacokinetics]"
"methadone/ae [Adverse Drug Reaction]"
"methadone/dt [Drug Therapy]"
"morphine/pk [Pharmacokinetics]"
"morphine/ae [Adverse Drug Reaction]"
"morphine/dt [Drug Therapy]"
"*narcotic analgesic agent/dt [Drug Therapy]"
"ondansetron/ct [Clinical Trial]"
"ondansetron/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *JAMA* in *Newcomb Library & Information Service*

9. Computer-tailored smoking cessation advice matched to reading ability: Perceptions of participants from the ESCAPE trial

Citation: Patient Education and Counseling, December 2015, vol./is. 98/12(1577-1584), 0738-3991;1873-5134 (December 2015)

Author(s): Bennett K.; Gilbert H.; Sutton S.

Institution: (Bennett, Gilbert) Department of Primary Care and Population Health, University College London, London, United Kingdom; (Sutton) Behavioural Science Group, Institute of Public Health, University of Cambridge, Cambridge, United Kingdom

Language: English

Abstract: Objective: To explore perceptions of computer-tailored advice reports for smoking cessation matched to the recipient's reading level. Methods: Current cigarette smokers in the UK aged 18-65 who completed a Smoking Behavior Questionnaire (n = 6911) were randomized to receive standard generic materials or standard materials plus computer-tailored reports adapted to the recipient's reading level. Smoking status and perception of the reports was assessed at a 6-month follow-up. 4677 participants were included in the analysis. Results: 53.3% were categorized into the easy reading group (ERG). The relative benefit of the intervention for prolonged 3-month abstinence was more marked in the ERG (2.6%/1.9%, OR = 1.50) than in the standard reading group (SRG) (4.0%/3.8%, OR = 1.05), although the interaction was not statistically significant. Participants in the Intervention group perceived the standard materials more positively than did those in the Control group, and participants in the ERG perceived both the generic material and the tailored report more positively. Conclusions: The easy reading version of this brief self-help intervention was better perceived than the standard version, and appeared to have a small, but promising effect in smokers with a lower literacy level. Practice implications: An association between reading level and deprivation emphasizes the need to adapt smoking cessation materials to address the needs of smokers with lower literacy.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

Publication Type: Journal: Article

Subject Headings:
adult
aged
article
clinical effectiveness
computer analysis
*computer assisted therapy
controlled study
educational status

exploratory research
female
follow up
human
major clinical study
male
outcome assessment
perception
priority journal
questionnaire
randomized controlled trial
*reading
self help
Smoking Behavior Questionnaire
*smoking cessation
smoking habit
therapy effect
"*tobacco dependence/th [Therapy]"
United Kingdom

Source: EMBASE

Full Text: Available from *Elsevier* in *Patient Education and Counselling*

10. Defining pain for fibromyalgia Criteria: Multi-site or widespread? An analysis of data from four UK population-based studies

Citation: Arthritis and Rheumatology, October 2015, vol./is. 67/(no pagination), 2326-5191 (October 2015)

Author(s): Macfarlane G.J.; Dean L.E.; Bennett R.; Crofford L.J.; Ayorinde A.; Fluess E.; Clauw D.J.; Fitzcharles M.-A.; Goldenberg D.; Paiva E.; Staud R.; Arnold L.

Institution: (Macfarlane, Dean, Ayorinde, Fluess) Musculoskeletal Research Collaboration (Epidemiology Group), University of Aberdeen, Aberdeen, United Kingdom; (Bennett) SN-Office of Research and Development, Oregon Health and Science Univ, Portland, OR, United States; (Crofford) Medicine, Vanderbilt University, Nashville, TN, United States; (Clauw) Anesthesiology, University of Michigan, Ann Arbor, MI, United States; (Fitzcharles) MGH, Montreal, QC, Canada; (Goldenberg) Newton-Wellesley Hospital, Newton, MA, United States; (Paiva) Sociedade Brasileira De Reumatologia, Sao Paulo, Brazil; (Staud) University of Florida, Gainesville, FL, United States; (Arnold) University of Cincinnati, Cincinnati, OH, United States

Language: English

Abstract: Background/Purpose: The 1990 criteria for fibromyalgia (FM) remain the only set approved by the American College of Rheumatology (ACR). They require that pain be both widespread (i.e. occurs in contralateral body quadrants and in the axial skeleton) and have been present for three months. Subsequent preliminary ACR criteria in 2010 and modification for self-report require only that the pain be multi-site. As part of the Analgesic, Anesthetic, and Addiction Clinical Trial Translations, Innovations, Opportunities, and Networks (ACTTION) initiative developing a new taxonomy for pain conditions, we have investigated whether associations with features are stronger in persons with chronic widespread pain (CWP) compared to multi-site pain (MSP). Methods: We have used four population-based studies conducted in the UK: 1958 Birth Cohort study, EpiFunD, SHAMA and WHeSt. In all studies participants were asked "Have you experienced pain in the past month lasting at least a day" - those responding positively shaded the site(s) of pain on 4-view body manikins and indicated if pain had been present for > 3 months. Manikins were coded for pain at 35 individual sites. We determined the number of pain sites indicated and whether subjects met the ACR 1990 criteria definition of CWP. Information was collected across at least two studies on each of: fatigue (Chalder Fatigue or SF-36 vitality scale), Sleep (Sleep Problem Scale or 2010 modified preliminary ACR criteria question) and mood (General Health Questionnaire, Hospital Anxiety and Depression Scale, PROMIS). Relationships with pain reporting

were determined by logistic regression, specifically comparing amongst those with MSP, persons with and without CWP. Results: There were a total of 28,789 subjects across studies (mean age 42-55 years; males 43-52% [WHeSt was conducted only in females]). Prevalence of CWP, across studies was 12-17%, and in each study the equivalent prevalence was obtained by defining multi-site pain (MSP) as >8 sites. Amongst persons with MSP, the proportion also with CWP varied between 62-72%. Those with CWP were more likely to report sleep problems (SHAMA: OR CWP vs. no CWP2.99, 95% CI 1.66-5.38; EpiFunD: 2.26, 1.69-3.02), have depression/high levels of distress (1958 Birth cohort: 1.51, 1.15-1.98; WHeSt 3.00, 95% CI 1.42-6.31; EpiFunD 1.99, 1.32-2.98) and be more likely to report fatigue (SHAMA: OR 2.85, 95% CI 1.54-5.26; WHeSt: 1.23, 0.80-1.88). Conclusion: We have found that a definition of MSP as at least 8 (of 35) pain sites consistently results in a similar population prevalence to that of CWP, and that the defined groups are similar but not the same. The results suggest that amongst persons with MSP, those with CWP are significantly more likely to exhibit features typical of fibromyalgia.

Conference Information: American College of Rheumatology/Association of Rheumatology Health Professionals Annual Scientific Meeting, ACR/ARHP 2015 San Francisco, CA United States. Conference Start: 20151106 Conference End: 20151111

Publisher: John Wiley and Sons Inc.

Publication Type: Journal: Conference Abstract

Subject Headings:
*fibromyalgia
*United Kingdom
*population
*American
*college
*rheumatology
*health practitioner
*human
*pain
prevalence
sleep
fatigue
audiovisual equipment
cohort analysis
self report
male
female
taxonomy
logistic regression analysis
clinical trial
Hospital Anxiety and Depression Scale
General Health Questionnaire
addiction
mood
skeleton
analgesic agent
anesthetic agent

Source: EMBASE

Full Text: Available from *Wiley* in *Arthritis and Rheumatology*

11. Evaluation of decision making, executive functions and impulsivity in smoker and non-smoker pregnant women

Citation: Klinik Psikofarmakoloji Bulteni, 2015, vol./is. 25/(S76), 1017-7833 (2015)

Author(s): Gungor B.B.; Gungor M.; Budak E.; Taymur I.; Zorlu N.; Demirci H.; Akgul A.; Askin R.

Institution: (Gungor, Budak, Taymur, Akgul, Askin) Department of Psychiatry, Sevket Yilmaz Training and Research Hospital, Bursa, Turkey; (Gungor) Department of Gynecology and

Obstetrics, Sevket Yilmaz Training and Research Hospital, Bursa, Turkey; (Zorlu) Department of Psychiatry, Izmir Ataturk Training and Research Hospital, Izmir, Turkey; (Demirci) Department of Family Medicine, Sevket Yilmaz Training and Research Hospital, Bursa, Turkey

Language: English

Abstract: Objective: It is encouraging that approximately 25-40% of pregnant women who smoked prior to pregnancy tend to quit smoking by the first visit. The purpose of this article is to evaluate decision-making, executive functions and impulsivity in pregnant women who cannot stop smoking and compare them with non-smokers. We expected diminished executive functions and decision-making and increased impulsivity in smokers relative to controls. Methods: Twenty-four pregnant who continue to smoke and 15 pregnant who never smoked completed psychometric cognitive tests and psychiatric rating scales. Decision-making and impulsivity were evaluated respectively with Iowa Gambling Test and Barratt Impulsivity Scale. Executive functions included Stroop Test and Tower of London (ToL) Test. Physical addiction to nicotine was assessed with Fagerstrom Test in the smoker group. Exclusion criteria for all groups were prior diagnosis of psychiatric disorders, age less than 18 years. Results: The Mann-Whitney U test is used to compare the groups. There were no differences between decision-making, impulsivity and Stroop scores. The pregnant women who had never smoked showed better performance on ToL. Conclusion: The Tower of London is a task used in the assessment of executive functioning specifically to detect deficits in planning. Performance on the ToL has been shown to be impaired in dependency. We did not determine differences between decision making, impulsivity and Stroop performance in the groups. Our results of decision making, impulsivity and Stroop performance were not consistent with the literature. This can be related to the sample size. It has been stated that impulsivity is a structural risk factor for addiction and decision-making was affected in alcohol and substance addicts.

Conference Information: 7th International Congress on Psychopharmacology Antalya Turkey. Conference Start: 20150415 Conference End: 20150419

Publisher: Cukurova Univ Tip Fakultesi Psikiyatri Anabilim Dali

Publication Type: Journal: Conference Abstract

Subject Headings:
*smoking
*executive function
*decision making
*psychopharmacology
*pregnant woman
*female
*human
*impulsiveness
Stroop test
smoking cessation
addiction
United Kingdom
smoke
pregnancy
drug dependence
risk factor
Barratt Impulsiveness Scale
gambling
manager
United States
rank sum test
psychological rating scale
mental disease
diagnosis
planning
sample size
tower of London test

alcohol
nicotine

Source: EMBASE

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

12. Thalamic and cerebellar gray matter density reduction in synthetic cannabis users

Citation: Klinik Psikofarmakoloji Bulteni, 2015, vol./is. 25/(S18-S20), 1017-7833 (2015)

Author(s): Nurmedov S.; Metin B.; Ekmen S.; Noyan O.; Yilmaz O.; Darcin A.E.; Dilbaz N.

Institution: (Nurmedov, Noyan) NP Istanbul Neuropsychiatry Hospital, Alcohol and Substance Addiction Unit, Istanbul, Turkey; (Yilmaz) Department of Psychiatry, Kasimpasa Military Hospital, Istanbul, Turkey; (Metin, Ekmen, Dilbaz) Department of Psychiatry, Uskudar University, Istanbul, Turkey; (Darcin) Department of Psychiatry, Kanuni Sultan Suleyman State Hospital, Istanbul, Turkey

Language: English

Abstract: INTRODUCTION: In the last five years, substances called "Spice" in Europe, "K2" in the United States, and "Bonzai", "Jamaika", "Jamaika gold" or "Jamaika supreme" in Turkey are available and widely used, especially by young people1. In the present study, we investigated differences in brain regions in a group of synthetic cannabinoid users who had been abstinent for at least 7 days, in comparison healthy controls who had never used cannabis. We hypothesized that SC users would have volume reductions in the areas which have a large number of cannabinoid receptors. METHODS: Participants: We analyzed the medical records of patients that were treated in an addiction clinic in Istanbul between January 2013 and December 2014. The medical records of 35 patients were evaluated, and 15 were excluded due to lack of sufficient data. All participants were diagnosed as having cannabis use disorder, based on DSM-V, by two separate psychiatrists. The data derived from patient records included sociodemographic data, including sex (male/female), age, marital status, duration of education, age at first cannabis and SC use, duration of use (months), duration of problematic use of SCs (month), weekly frequency of SC use in the last year, weekly number of SC uses in the last year, and the presence of criminal records. The study was approved by the Ethics Committee of Uskudar University. All participants in the study were male and right-handed and all had complete biochemical examinations and urine toxicology tests. Twenty healthy males who fulfilled inclusion criteria and were matched in terms of age, level of education, and sociodemographic status with substance users enrolled and were grouped as controls in the study. Participants who had another axis-I psychiatric disorder, a past or current substance use disorder other than nicotine, or neurological disorders were excluded. Patients' depressive symptoms and anxiety symptoms were assessed by the Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI), respectively. The psychological symptom patterns of the patients were assessed by the Symptom Checklist-90 (SCL-90). Structural Magnetic Resonance Image Acquisition: Imaging was performed on a 1.5T MR scanner (Achieva, Philips Healthcare, Best, The Netherlands) with a SENSE-Head-8 coil at NPISTANBUL Neuropsychiatry Hospital, Istanbul. T1-weighted MPRAGE sequence was employed as high resolution anatomical scan (voxel size 1.25/ 1.25/ 1.2 mm; 130 slices; field of view 240 mm). VBM Analyses: We examined the between-group differences in gray matter volume by using VBM. Data were processed and examined using the SPM software (Welcome Department of Imaging Neuroscience Group, London, UK; http://www.fil.ion.ucl.ac.uk/spm) and the VBM8 Toolbox (http://dbm.neuro.uni-jena.de/vbm.html) with default preprocessing parameters. Adaptive Nonlocal Means (SANLM) and a classical Markov Random Field (MRF) model were applied to the images in order to remove inhomogeneities and to improve the signalto- noise ratio. Registration to standard MNI-space consisted of a linear affine transformation and a nonlinear deformation using highdimensional DARTEL normalization. Subsequently, analyses were performed on segmented GM images, which were multiplied by the non-linear components derived from the normalization matrix to preserve actual GM values locally (modulated GM volumes). To check the quality of the

normalization procedure, the normalized unsegmented images were visually inspected. Sample homogeneities were controlled using covariance to identify potential outliers. Lastly, the segmented and modulated images were spatially smoothed with an 8 mm full-width, half-maximum Gaussian kernel. Data Analyses: The two groups were compared using the independent sample t-test, as implemented in the SPM second-level model. To account for differences in brain sizes, total intracranial volumes were entered in the model as covariates. The clusters were deemed significant if they survived FEW correction at p level of 0.05 (cluster forming threshold=20 voxels). Finally, to identify the associations between structural abnormalities and clinical scales, we conducted voxel of interest (VOI) analyses on cerebral tissues where group differences were identified. These areas were extracted using the MarsBaR toolbox and transferred to SPSS statistical software (SPSS Inc., Chicago, IL, USA) for further analysis. Pearson's correlation coefficients were computed between the extracted VOIs of the activated clusters and outcome variables. Descriptive analyses were presented using means and standard deviations for normally-distributed variables. RESULTS: The SCs group consisted of twenty males who claimed SCs as their drug of choice, had used SCs for a minimum period of one year, or currently were using SCs five or more times per week. The MR scans were acquired on day 7 after the last SC usage. The comparison group consisted of 20 healthy males who had no history of psychopathology and use of any psychoactive drug. The sociodemographic characteristics of participants of the two study groups are presented in Table 1, and the clinical characteristics of SC users are presented in Table 2. Participants in the SCs group reported SCs as their drug of choice and did not report current use of other drugs, including alcohol. Comparing the control group with SC users, VOI analysis showed that regional gray matter density in both the left and right thalamus and left cerebellum was significantly decreased in SC users. There was no relationship between age at first cannabis and SC use, duration of use, weekly frequency of SC use in the last year, or the weekly number of SC uses in the last year with gray matter tissue density. DISCUSSION: There is a very limited literature about SCs, and according to Papanti et al., most of the available reports on SCs were limited to retrospective toxicology surveys, case reports /case series, human laboratory studies assessing potential acute toxicological effects of SCs, and interviews/surveys focusing on self-reported harm/side effects identified among SC users3. This is the first volumetric MRI study conducted in SC users that aimed to investigate the structure of the brain. Using VBM, we detected volume reductions in both left and right thalamus and left cerebellum in a sample of SC users, compared with the healthy control group. The thalamus functions as an information-processing and relay station; it is like a bridge for bidirectional signal flow between cortical and subcortical regions, links different cortical regions via trans-thalamic pathways, and is a point of convergence for fronto-striatal and cerebello-thalamo-cortical circuits4. By demonstrating that use of SCs is associated with thalamic volume loss, the current findings raise the possibility that SCs may increase the likelihood of such abnormalities. On the other hand, cannabinoid receptors are highly expressed in the cerebellum, and deficits in cerebellar-dependent functions follow acute or chronic cannabis use in humans. These cerebellar-mediated processes are aberrant in schizophrenia and long-term heavy cannabis use, and lead to cognitive deficits that are similar to those in schizophrenia. The accumulating evidence suggests that cannabis use may lead to cognitive disturbances, psychotic symptoms, and specific regional brain alterations. Nonetheless, the effects of SC use on cerebellar structural integrity in SC users, with or without psychosis, have not been examined yet. Solowij et al. determined that cannabis use may have a relatively greater adverse effect on cerebellar white matter than schizophrenia5; however, we detected volume reduction in the left cerebellum in a sample of SC users, compared to a healthy control group. It is also unclear why no differences were found in other brain regions that are known for CB1 receptor expression. The results of the present study did not clarify if the differences between groups existed prior to the initiation of SC use, or if other variables, either not controlled for or unrecognized, contributed to the volume reduction in thalamus and cerebellum. In conclusion, we observed a gray matter density reduction in the right and left thalamus and lower gray matter density in left cerebellum among SC users, compared to healthy controls. Findings of this study need to be replicated with neuropsychiatric examination among both patients and controls in larger samples.

Conference Information: 7th International Congress on Psychopharmacology Antalya Turkey. Conference Start: 20150415 Conference End: 20150419

Publisher: Cukurova Univ Tip Fakultesi Psikiyatri Anabilim Dali

Publication Type: Journal: Conference Abstract

Subject Headings:

*thalamus
*gray matter
*density
*psychopharmacology
*cerebellum
human
cannabis use
patient
male
control group
model
medical record
United States
imaging
computer program
Turkey (republic)
examination
hospital
education
mental disease
brain
psychosis
schizophrenia
United Kingdom
brain region
nuclear magnetic resonance
toxicology
DSM-5
neuropsychiatry
health care
diseases
spice
Symptom Checklist 90
Beck Depression Inventory
addiction
anxiety
binocular convergence
cognitive defect
Beck Anxiety Inventory
white matter
nuclear magnetic resonance scanner
Europe
information processing
Netherlands
laboratory
depression
neurologic disease
tissues
correlation coefficient
brain tissue
brain size
Student t test
substance abuse
urine
data analysis

university
outcome variable
kernel method
covariance
professional standard
case report
case study
offender
procedures
registration
noise
marriage
parameters
adverse drug reaction
psychiatrist
nuclear magnetic resonance imaging
data analysis software
*cannabinoid
*cannabis
cannabinoid receptor
gold
nicotine
alcohol
psychotropic agent
receptor

Source: EMBASE

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

13. Reducing consumption versus maintaining abstinence: Market access challenges facing a novel treatment pathway for alcohol addiction in the EU5

Citation: Value in Health, November 2015, vol./is. 18/7(A413), 1098-3015 (November 2015)

Author(s): Kiernon B.; Cox J.; Fletcher-Louis M.; Ribeiro A.

Institution: (Kiernon) Decision Resources Group, Burlington, MA, United States; (Cox, Fletcher-Louis) Decision Resources Group, London, United Kingdom; (Ribeiro) Decision Resources Group, Exton, PA, United States

Language: English

Abstract: Objectives: Nalmefene (Lundbeck's Selincro) is the only marketed drug that aims to reduce alcohol consumption rather than maintain abstinence in alcoholdependent patients. By examining reimbursement and uptake of nalmefene in the EU5, we explore market access challenges for the novel treatment pathway this drug represents. Methods: In February 2015, 253 psychiatrists in France, Germany, Italy, Spain, and the UK were surveyed regarding their prescribing of nalmefene. In addition, 15 EU5 payers involved in determining and regulating access to alcohol addiction pharmaceuticals were interviewed. Results: On average, 10% (UK) to 30% (France) of surveyed physicians' drug-treated alcohol-addicted patients receive nalmefene. The most commonly cited reasons for not prescribing nalmefene are unfamiliarity with the drug (especially in the UK), a belief that the treatment goal should be abstinence, and preference for another pharmacotherapy. Furthermore, 20% of all surveyed EU5 psychiatrists cite maintaining abstinence/reducing relapse as the greatest unmet need in the pharmacological treatment of alcohol addiction, while 18% (UK) to 38% (France) identify efficacy for maintaining complete abstinence from alcohol after withdrawal and detoxification as their key driver for prescribing a new therapy. Interviewed payers similarly consider nalmefene's goal of reducing alcohol consumption rather than maintaining abstinence to be a reimbursement challenge, and one that, alongside perceived modest efficacy, has contributed to suboptimal HTA ratings in France and Germany, and to total lack of reimbursement in Italy. Conclusions: Perception

of abstinence as the main aim of treatment for alcohol addiction is a considerable market access hurdle for nalmefene and emerging alcohol consumption-reducing agents. Robust superiority over comparators, persuasive marketing that illustrates the benefits of alcohol reduction versus abstinence, and effective targeting of national, regional and local stakeholders are essential to encourage payers to think beyond the price tag, and to maximize familiarity with and use of this novel treatment pathway among prescribers.

Conference Information: ISPOR 18th Annual European Congress Milan Italy. Conference Start: 20151107 Conference End: 20151111

Publisher: Elsevier Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*market
*alcoholism
*European
*abstinence
human
alcohol consumption
reimbursement
United Kingdom
France
patient
Italy
Germany
psychiatrist
drug therapy
relapse
physician
therapy
detoxification
alcohol abstinence
marketing
Spain
nalmefene
alcohol
reducing agent
lomustine

Source: EMBASE

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

14. Opioid addiction treatment in the EU5: Market access levers for emerging brands entering a generic market

Citation: Value in Health, November 2015, vol./is. 18/7(A413), 1098-3015 (November 2015)

Author(s): Taylor N.; Cox J.; Fletcher-Louis M.; Ribeiro A.

Institution: (Taylor) Decision Resources Group, Burlington, MA, United States; (Cox, Fletcher-Louis) Decision Resources Group, London, United Kingdom; (Ribeiro) Decision Resources Group, Exton, PA, United States

Language: English

Abstract: Objectives: Standard-of-care for opioid addiction is substitution therapy with methadone, buprenorphine, or buprenorphine/naloxone. As EU5 healthcare budgets tighten, this study explored how emerging brands may gain a foothold in this increasingly generic market, as payers and prescribers balance clinical need with limited funds. Methods: In February 2015, 253 EU5 psychiatrists were surveyed regarding their prescribing for opioid addiction. In addition, 15 payers/payer-advising KOLs who influence reimbursement at national/regional level were interviewed. Results: Interviewed EU5 payers emphasize that there are high administrative costs involved with providing opioid substitution products to addicted patients, especially for methadone, which generally requires daily clinic visits to allow patients to receive their medication under direct supervision. A substitution therapy

requiring less-frequent clinic visits would decrease administrative costs and could be preferred as long as efficacy parameters relative to standard-of-care are maintained. Similarly, surveyed EU5 physicians indicate that potential for abuse or diversion and patient compliance are major considerations for prescribing a new therapy (15% [Spain] to 24% [France] and 28% [UK] and 52% [Spain] of respondents cite these factors, respectively, as a top three consideration). The former could be decreased and the latter increased if therapies were dosed less frequently. A long-acting buprenorphine injection, such as Camurus/Braeburn Pharmaceuticals' CAM-2038, could, therefore, appeal to both payers and prescribers. Indeed, 86-96% of surveyed physicians are willing to prescribe CAM-2038 if it establishes a similar efficacy, safety, and tolerability profile to existing buprenorphine products in clinical trials. Conclusions: The opioid addiction market is dominated by generic products. However, while payers and prescribers are constrained by tight healthcare budgets, our primary research indicates that new brands such as long-acting depot CAM-2038 could gain traction via powerful marketing that focuses on their ability to reduce potential for abuse/diversion and increase compliance, provided existing efficacy and safety standards are maintained.

Conference Information: ISPOR 18th Annual European Congress Milan Italy. Conference Start: 20151107 Conference End: 20151111

Publisher: Elsevier Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*market
*addiction
*European
human
physician
hospital
therapy
health care quality
safety
Spain
health care
patient
budget
substitution therapy
reimbursement
psychiatrist
marketing
traction therapy
clinical trial (topic)
injection
France
patient compliance
United Kingdom
abuse
efficacy parameters
drug therapy
*opiate
buprenorphine
methadone
buprenorphine plus naloxone

Source: EMBASE

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

15. A systematic review of model-based economic evaluations of drug substitution therapies in maintenance treatment of non-prescription opioid dependence

Citation: Value in Health, November 2015, vol./is. 18/7(A411), 1098-3015 (November 2015)

Author(s): Langham S.; Kenworthy J.J.; Dunlop W.; Chetty M.

Institution: (Langham, Chetty) PHMR, London, United Kingdom; (Kenworthy, Dunlop) Mundipharma International Ltd, Cambridge, United Kingdom

Language: English

Abstract: Objectives: Opioid dependence is a serious and costly medical condition that can occur with regular opioid use. We conducted a systematic review of published model-based economic evaluations of drug substitution therapy in treating nonmedical opioid dependence. Methods: Literature searches were conducted in March 2015 in 8 electronic databases and supplemented by hand-searching reference lists and searches on 6 health technology assessment (HTA) agency websites. The selection criteria included: A population dependent on opioids and receiving opioid substitution therapy or maintenance therapy. The intervention included any pharmacological maintenance therapy and the comparator included any pharmacological maintenance regimen, including placebo or no treatment. The outcomes and study types included health economic models of any type. Results: After removal of duplicates, 2,163 citations were retrieved, of which 63 progressed to full-text review. Of these, 19 publications of 18 unique models were included in the review. These 18 models used a wide range of modelling approaches, including Markov models (n= 4), decision tree with Monte Carlo simulations (n= 4), decision analysis (n= 3), dynamic transmission models (n= 3), decision tree (n= 1), cohort simulation (n= 1), Bayesian (n= 1), and Monte Carlo simulations for sensitivity analysis (n= 1). Time horizons ranged from 6 months to a lifetime. The most common evaluation was cost-utility analysis reporting cost per quality-adjusted life-year (n= 11), followed by cost-effectiveness analysis (n= 4), budget impact analysis/cost comparison (n= 2) and cost-benefit analysis (n= 1). Countries modelled were the US (n= 11), UK (n= 4), Spain (n= 1), Vietnam (n= 1) and New Zealand (n= 1). A range of perspectives were modelled, including societal and healthcare systems. Conclusions: This review identified 8 different modelling structures with a range of perspectives, time horizons and inputs, illustrating that there is no single preferred approach. Further research is needed into the advantages and disadvantages of the different modelling approaches in this disease area.

Conference Information: ISPOR 18th Annual European Congress Milan Italy. Conference Start: 20151107 Conference End: 20151111

Publisher: Elsevier Ltd

Publication Type: Journal: Conference Abstract

Subject Headings:
*model
*economic evaluation
*drug substitution
*substitution therapy
*maintenance therapy
*prescription
*opiate addiction
*European
*systematic review
Monte Carlo method
health
decision tree
data base
statistical model
cost benefit analysis
opiate substitution treatment
New Zealand
cost effectiveness analysis
cost utility analysis
population
lifespan
sensitivity analysis
quality adjusted life year
technology

simulation
budget
United Kingdom
Spain
Viet Nam
health care system
opiate
placebo

Source: EMBASE

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

16. Alcohol-related mortality following self-harm: A multicentre cohort study

Citation: JRSM Short Reports, 2014, vol./is. 5/8(1-11), 2042-5333 (2014)

Author(s): Bergen H.; Hawton K.; Webb R.; Cooper J.; Steeg S.; Haigh M.; Ness J.; Waters K.; Kapur N.

Institution: (Bergen, Hawton) Department of Psychiatry, Centre for Suicide Research, Warneford Hospital, University of Oxford, Headington, Oxford OX3 7JX, United Kingdom; (Webb, Cooper, Steeg, Haigh, Kapur) Centre for Suicide Prevention in the Centre for Mental Health and Risk, University of Manchester, Jean McFarlane Building Oxford Road, Manchester M13 9PL, United Kingdom; (Haigh) Department of Psychology, Northumbria University, Newcastle upon Tyne NE1 8ST, United Kingdom; (Ness, Waters) Derbyshire Healthcare NHS Foundation Trust, Mental Health Liaison Team, Royal Derby Hospital, Derby DE22 3NE, United Kingdom

Language: English

Abstract: Objectives: To assess alcohol-related premature death in people who self-harm compared to the general population, including variation by socioeconomic deprivation. Design: A retrospective longitudinal cohort analysis from the Multicentre Study of self-harm in England, 1 January 2000 to 31 December 2010, with cause-specific mortality follow-up through to 31 December 2012. Setting: Six emergency departments in Oxford, Manchester and Derby. Participants: All individuals aged 15 years or more who presented with self-harm (n=39,014) to general hospital emergency departments, together with follow-up mortality information from the Data Linkage Service of the Health and Social Care Information Centre. Main outcome measures: Standardised mortality ratios (observed/expected number of deaths: SMRs) and mean number of years of life lost (YLL) were estimated for alcohol- related mortality. Patients' characteristics and clinical management following self-harm were also examined. Results: After 7.5 years' (median) follow-up, 2695 individuals (6.9%) had died, significantly more males (9.5%) than females (5.0%), including 307 (11.4%) from alcohol-related causes. Alcohol-related death was more frequent than expected in both males (SMR8.5, 95% CI 7.3 to 9.8) and females (11.6, 9.8 to 13.7), equating to 33.7 YLL (95% CI 32.4 to 35.0) in males and 38.1 YLL (36.6 to 39.6) in females. It was not associated with area-level socioeconomic deprivation. Alcohol-related death was associated with unemployed/sick/disabled status, alcohol use during self-harm, referral to drug/alcohol services and lack of psychosocial assessment following self-harm. Conclusions: Hospital-presenting self-harm patients should receive assessment following self-ham according to national guidance to enable early identification and treatment of alcohol problems.

Country of Publication: United Kingdom

Publisher: SAGE Publications Ltd

Publication Type: Journal: Article

Subject Headings:
accident
adult
aged
*alcoholism
article
assault

*automutilation
cardiovascular disease
female
follow up
gastrointestinal disease
gender
human
life expectancy
major clinical study
male
mental disease
mental disease assessment
*mortality
multicenter study
patient care
priority journal
retrospective study
social psychology
socioeconomics
suicide

Source: EMBASE

17. Trends in end-stage liver disease among people notified with HBV or HCV in New South Wales, Australia: 2000-2014

Citation: Hepatology, October 2015, vol./is. 62/(1121A) (October 2015)

Author(s): Waziry R.K.; Grebely J.; Amin J.; Alavi M.; Hajarizadeh B.; George J.; Matthews G.; Law M.; Dore G.

Institution: (Waziry, Grebely, Amin, Alavi, Hajarizadeh, Matthews, Law, Dore) Kirby Institute, University of New South Wales, Sydney, NSW, Australia; (George) Westmead Millennium Institute for Medical Research, Westmead Hospital, University of Sydney, Westmead, Sydney, NSW, Australia

Language: English

Abstract: Study aims To assess trends in hospitalizations for end-stage liver disease (ESLD); (decompensated cirrhosis (DC) and hepatocellular carcinoma (HCC)) among people notified with HBV or HCV in New South Wales (NSW), Australia. Methods HBV and HCV cases notified to the NSW Health Department between 1993 and 2012 were linked to data on hospitalizations (2000-2014). Time trends in hospitalizations (incident and total) due to DC (including ascites, esophageal varices with bleeding, hepatic failure, alcoholic hepatic failure, and alcoholic liver cirrhosis) and HCC were evaluated [International Classification of Diseases (ICD 10) coding]. Results Between 1993 and 2012, a total of 151,307 individuals were notified with HBV (n=54,399), HCV (n=93,099), or HBV/ HCV (n=3,809). From 2000 to 2014, there were 24,130 (HBV=2,346; HCV=20,713, HBV/HCV=1,071) and 7,044 (HBV=2,583; HCV=4,180, HBV/HCV =281) hospitalizations for DC and HCC, respectively. Among all hospitalizations for ESLD, the number of incident hospitalizations was 6,031 (HBV=907, HCV=4,848, HBV/HCV=276) for DC and 2,055 (HBV=732, HCV=1,244, HBV/HCV=79) for HCC. Median age at admission with ESLD was 57 (IQR=12) and 58 (IQR=20) for HBV DC, 61 (IQR=16) for HBV HCC, and 51 (IQR=11) for HCV DC and 58 (IQR=13) for HCV HCC .The majority were male (HBV DC 82%, HBV HCC 86%, HCV DC 76%, HCV HCC 81%). The number of incident hospitalizations for HCV DC and HCV HCC has increased over time (Figure). In contrast, incident hospitalizations for HBV DC and HBV HCC have remained stable (Figure). Over the study period, estimated uptake of antiviral therapy has increased for HBV (2% to 5%), but remained low for HCV (1-2% per annum). Conclusion The burden of HCV-related hospitalizations due to ESLD has increased markedly. Planned linkage to individual-level data on HBV and HCV antiviral therapy prescriptions should provide further insights into the contrasting pattern

in ESLD burden. Population level monitoring of HCV ESLD burden will be particularly crucial to evaluate the impact of interferon-free regimens. (Figure Presented).

Conference Information: 66th Annual Meeting of the American Association for the Study of Liver Diseases: The Liver Meeting 2015 San Francisco, CA United States. Conference Start: 20151113 Conference End: 20151117

Publisher: John Wiley and Sons Inc.

Publication Type: Journal: Conference Abstract

Subject Headings:
*Australia
*end stage liver disease
*liver
*human
*liver disease
*American
Hepatitis B virus
hospitalization
liver failure
antiviral therapy
liver cell carcinoma
decompensated liver cirrhosis
alcoholism
bleeding
esophagus varices
Hepatitis C virus genotype 4
alcohol liver cirrhosis
International Classification of Diseases
ascites
prescription
public health service
male
ICD-10
population
monitoring
Hepatitis C virus genotype 1
interferon

Source: EMBASE

Full Text: Available from *Wiley* in *Hepatology*

18. Short term abstinence from alcohol improves insulin resistance and fatty liver phenotype in moderate drinkers

Citation: Hepatology, October 2015, vol./is. 62/(267A) (October 2015)

Author(s): Mehta G.; Macdonald S.; Maurice J.B.; Al-Khatib S.H.; Piao S.; Rosselli M.; Nair D.; Jalan R.; Sumpter C.; Khera-Butler T.; Cronberg A.; Moore K.

Institution: (Mehta, Macdonald, Maurice, Al-Khatib, Piao, Rosselli, Jalan, Moore) UCL Institute of Liver and Digestive Health, London, United Kingdom; (Nair) Department of Biochemistry, UCL, London, United Kingdom; (Sumpter, Khera-Butler, Cronberg) Camden and Islington Public Health, London, United Kingdom

Language: English

Abstract: Background and aims: Alcoholic (ALD) and non-alcoholic (NAFLD) fatty liver disease are amongst the commonest causes of cirrhosis worldwide. Several parallels between ALD and NAFLD exist, with 35-60% of ALD patients having metabolic syndrome and increased risk of NAFLD independent of alcohol consumption (Stepanova et al, 2010). In the UK, the 'Dry January' campaign provides an opportunity to study moderate drinkers, without established liver disease, who are planning abstinence for one month. The aim of this study was to determine the effect of one-month abstinence on insulin resistance and other markers of NAFLD in moderate drinkers. Methods: Inclusion criteria included participation in the 'Dry January' study, and average alcohol intake of greater than

48g/week (males) or 36g/week (females). Exclusion criteria were the presence of alcohol dependence or known liver disease. Participants were assessed at baseline and after one month of abstinence from alcohol. Measurements included body mass index (BMI), Fibroscan (Echosens, UK), and blood tests for HOMA score and routine biochemistry/haematology. Information on diet, exercise, smoking history and stress were obtained using SLIQ lifestyle questionnaire. Normally distributed data were analysed with paired t-test, and non-normally distributed data with Wilcoxon signed rank test. Adjustment for demongraphic/ lifestyle factors was performed by multiple linear regression modelling. Data are reported as mean+/-SEM. Results: One hundred and two participants in the 'Dry January' campaign were recruited into this study (48 male, 56 female). The mean age was 45.9+/-1.1 years, and mean alcohol intake was 251.6+/-12.7g/week (men 270.8+/-23.1, women 234.8+/-12.3). Significant reductions (pre vs post) were found in HOMA-IR score: 1.57+/-0.13IU vs 1.13+/-0.11IU, p<0.001; liver stiffness 4.79+/-0.27kPa vs 4.19+/-0.11kPa, p<0.05; systolic blood pressure 134.8+/-1.8mmHg vs 127.2+/-1.8mmHg, p<0.0001; BMI 26.8+/-0.5kg/m² vs 26.1 +/-0.4kg/m², p<0.05. These findings remained significant following modelling for demographic and lifestyle factors including age, gender, changes in diet, exercise, smoking and stress. No significant change was found in CAP score, 244.3+/-5.6dB/m vs 242.5+/-4.5dB/m. Conclusions: These findings demonstrate that short-term abstinence improves insulin resistance and risk factors for NAFLD in moderate drinkers. This is a novel association between alcohol consumption and insulin resistance in healthy individuals, although prior studies have documented an association between insulin resistance and portal hypertension. These data suggest an increased risk of NAFLD with increased alcohol intake, independent of lifestyle factors.

Conference Information: 66th Annual Meeting of the American Association for the Study of Liver Diseases: The Liver Meeting 2015 San Francisco, CA United States. Conference Start: 20151113 Conference End: 20151117

Publisher: John Wiley and Sons Inc.

Publication Type: Journal: Conference Abstract

Subject Headings:
*insulin resistance
*fatty liver
*phenotype
*American
*liver disease
*liver
*alcohol abstinence
alcohol consumption
human
lifestyle
abstinence
alcoholism
female
male
smoking
risk
exercise
United Kingdom
model
diet
body mass
multiple linear regression analysis
rigidity
metabolic syndrome X
Wilcoxon signed ranks test
planning
patient
Student t test
questionnaire
blood

liver cirrhosis
gender
systolic blood pressure
elastograph
risk factor
portal hypertension
nonalcoholic fatty liver
marker

Source: EMBASE

Full Text: Available from *Wiley* in *Hepatology*

19. Alcohol misuse in the United Kingdom Armed Forces: A longitudinal study

Citation: Drug and Alcohol Dependence, November 2015, vol./is. 156/(78-83), 0376-8716;1879-0046 (01 Nov 2015)

Author(s): Thandi G.; Sundin J.; Ng-Knight T.; Jones M.; Hull L.; Jones N.; Greenberg N.; Rona R.J.; Wessely S.; Fear N.T.

Institution: (Thandi, Sundin, Ng-Knight, Jones, Greenberg) Academic Department of Military Mental Health, King's College London, London, United Kingdom; (Thandi, Jones, Hull, Rona, Wessely, Fear) King's Centre for Military Health Research, King's College London, London, United Kingdom

Language: English

Abstract: Objectives: We assessed changes in Alcohol Use Disorders Identification Test (AUDIT) scores over time. We investigated the impact of life events and changes in mental health status on AUDIT scores over time in UK military personnel. Methods: A random representative sample of regular UK military personnel who had been serving in 2003 were surveyed in 2004-2006 (phase 1) and again in 2007-2009 (phase 2). The impact of changes in symptoms of psychological distress, probable post-traumatic stress disorder (PTSD), marital status, serving status, rank, deployment to Iraq/Afghanistan and smoking was assessed between phases. Results: We found a statistically significant but small decrease in AUDIT scores between phases 1 and 2 (mean change = -1.01, 95% confidence interval = -1.14, -0.88). Participants reported a decrease in AUDIT scores if they experienced remission in psychological distress (adjusted mean -2.21, 95% CI -2.58, -1.84) and probable PTSD (adjusted mean -3.59, 95% CI -4.41, -2.78), if they stopped smoking (adjusted mean -1.41, 95% CI -1.83, -0.98) and were in a new relationship (adjusted mean -2.77, 95% CI -3.15, -2.38). On the other hand, reporting new onset or persistent symptoms of probable PTSD (adjusted mean 1.34, 95% CI 0.71, 1.98) or a relationship breakdown (adjusted mean 0.53, 95% CI 0.07, 0.99) at phase 2 were associated with an increase in AUDIT scores. Conclusions: The overall level of hazardous alcohol consumption remains high in the UK military. Changes in AUDIT scores were linked to mental health and life events but not with deployment to Iraq or Afghanistan.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd

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

Publication Type: Journal: Article

Subject Headings: adult
*alcoholism
army
article
clinical feature
controlled study
disease association
distress syndrome
female
health impact assessment
health status

human
longitudinal study
major clinical study
male
marriage
mental health
military deployment
outcome assessment
posttraumatic stress disorder
priority journal
scoring system
smoking cessation
*social behavior
social change
United Kingdom
young adult
*alcohol

Source: EMBASE

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

20. Intimate partner violence and current mental health needs among female veterans

Citation: Journal of the American Board of Family Medicine, November 2015, vol./is. 28/6(772-776), 1557-2625;1558-7118 (November-December 2015)

Author(s): Iverson K.M.; Vogt D.; Dichter M.E.; Carpenter S.L.; Kimerling R.; Street A.E.; Gerber M.R.

Institution: (Iverson, Vogt, Carpenter, Street) National Center for PTSD, VA Boston Healthcare System, Boston, MA, United States; (Iverson, Vogt, Street) Department of Psychiatry, Boston University School of Medicine, Boston, MA, United States; (Dichter) Center for Health Equity Research and Promotion, Philadelphia VA Medical Center, Philadelphia, PA, United States; (Kimerling) National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, CA, United States; (Kimerling) Center for Innovation to Implementation, VA Palo Alto Health Care System, Menlo Park, CA, United States; (Gerber) Women's Health Center, VA Boston Healthcare System, Boston, MA, United States; (Gerber) Department of Medicine, Boston University School of Medicine, Boston, MA, United States

Language: English

Abstract: Background: The Veterans Health Administration (VHA) recommends screening female patients for intimate partner violence (IPV), yet few studies inform IPV screening efforts among this population. This study examined the proportion of women who experienced IPV within the past year and the associations between IPV and depression, post-traumatic stress disorder (PTSD), alcohol dependence, mental health multimorbidity (ie, 2 or 3 of these conditions), and military sexual trauma (MST) among female veterans. Methods: A cross-sectional mail survey of 160 female VHA patients with an intimate partner within the past year was conducted in 2012 in New England. Self-reported IPV was assessed using the Hurt, Insult, Threaten, Scream screening tool. The survey also included validated screening measures of depression (Center for Epidemiologic Studies Depression Scale), PTSD (PTSD Checklist-Civilian), alcohol misuse (10-item Alcohol Use Disorders Identification Test), and MST. Results: Approximately 37% of women reported IPV within the past year on the Hurt, Insult, Threaten, Scream tool. Odds ratios for the associations between reporting IPV and mental health outcomes ranged between 2.75 and 3.67. With the exception of alcohol dependence, IPV remained strongly associated with mental health conditions when adjusting for MST. Conclusions: These findings can increase provider knowledge of the strong connection between past-year IPV and mental health conditions among female veterans. This may encourage IPV screening and facilitate appropriate referrals, treatment conceptualization, and planning within the VHA and other health care settings.

Country of Publication: United States

Publisher: American Board of Family Medicine

Publication Type: Journal: Article

Subject Headings:
adult
alcohol use disorder
*alcoholism
army
article
checklist
*depression
female
health care
health survey
human
injury
major clinical study
*mental health
*partner violence
patient referral
*posttraumatic stress disorder
screening
screening test
self report
treatment planning
*veteran

Source: EMBASE

Full Text: Available from *Highwire Press* in *Journal of the American Board of Family Medicine, The*

21. The Role of the Working Alliance in Treatment for Alcohol Problems

Citation: Psychology of Addictive Behaviors, June 2015, vol./is. 29/2(371-381), 0893-164X;1939-1501 (June 2015)

Author(s): Cook S.; Heather N.; McCambridge J.

Institution: (Cook) Department of Noncommunicable Disease Epidemiology, Faculty of Epidemiology and Population Health, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E7HT, United Kingdom; (Heather) Department of Psychology, Faculty of Health and Life Sciences, Northumbria University, United Kingdom; (McCambridge) Department of Social and Environmental Health Research, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, United Kingdom; (McCambridge) Department of Health Sciences, University of York, United States

Language: English

Abstract: Little research has been done on the role of the therapeutic working alliance in treatment for alcohol problems. This longitudinal study's objectives were (a) to identify predictors of working alliance and (b) to investigate whether client and/or therapist reports of the working alliance predicted posttreatment motivation and then later treatment outcome. Client and therapist perceptions of the working alliance were assessed after the first treatment session using a short form of the Working Alliance Inventory (WAI) among 173 clients taking part in the United Kingdom Alcohol Treatment Trial (UKATT) and randomized to motivational enhancement therapy (MET) or social behavior and network therapy (SBNT) with complete data on all measures of interest. Structural equation models were fitted to identify predictors of WAI scores and investigate the relationships between WAI and measures of drinking during treatment, posttreatment motivation, and successful treatment outcome (abstinent or nonproblem drinker), and measures of drinks per drinking day and nondrinking days, assessed 9 months after the conclusion of

treatment. Motivation to change drinking when treatment began was a strong predictor of client-adjusted coefficient = 2.21 (95% confidence interval [CI] [0.36, 4.06]-but not therapist WAI. Client WAI predicted successful treatment outcome-adjusted odds ratios (OR) = 1.09 (95% CI [1.02, 1.17])-and had effects on drinking during treatment, and on posttreatment motivation to change. There was evidence for effect modification by treatment, with strong associations between WAI and posttreatment motivation, and evidence of WAI prediction of treatment outcomes in the MET group, but no evidence of associations for SBNT. Therapist WAI was not strongly associated with treatment outcome (adjusted OR = 1.05; 95% CI [0.99, 1.10]). The working alliance is important to treatment outcomes for alcohol problems, with client evaluation of the alliance strongly related to motivation to change drinking throughout treatment for MET. It was also much more important than therapist-rated alliance in this study.

Country of Publication: United States

Publisher: Educational Publishing Foundation

Publication Type: Journal: Article

Subject Headings:
adult
"*alcoholism/th [Therapy]"
article
clinical effectiveness
correlational study
*doctor patient relation
drinking behavior
female
follow up
human
longitudinal study
major clinical study
middle aged
outcome assessment
psychotherapy
randomized controlled trial(topic)
social behavior
treatment response

Source: EMBASE

22. Alcohol reduction starts here

Citation: Nursing standard (Royal College of Nursing (Great Britain) : 1987), July 2014, vol./is. 28/43(24-25), 2047-9018 (01 Jul 2014)

Author(s): Dermody E.

Institution: (Dermody) Royal Preston Hospital and Chorley District Hospital

Language: English

Abstract: Emma Dermody leads a hospital-based specialist nursing team working with patients who have alcohol-related problems. They aim to reduce admissions by early intervention.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings:
"alcoholism/ep [Epidemiology]"
"alcoholism/pc [Prevention]"
*drinking behavior
health promotion
human
*nursing
*patient education
*procedures
United Kingdom

Source: EMBASE

Full Text: Available from *EBSCOhost* in *Nursing Standard*
Available from *Nursing Standard* in *Newcomb Library & Information Service*

23. Assessing the feasibility of screening and providing brief advice for alcohol misuse in general dental practice: A clustered randomised control trial protocol for the DART study

Citation: BMJ Open, 2015, vol./is. 5/10(no pagination), 2044-6055 (2015)

Author(s): Ntouva A.; Porter J.; Crawford M.J.; Britton A.; Gratus C.; Newton T.; Tsakos G.; Heilmann A.; Pikhart H.; Watt R.G.

Institution: (Ntouva, Porter, Britton, Tsakos, Heilmann, Pikhart, Watt) UCL Research Department of Epidemiology and Public Health, University College London, London, United Kingdom; (Crawford) Faculty of Medicine, Department of Medicine, Imperial College London, London, United Kingdom; (Newton) Division of Health and Social Care Research, King's College London, Dental Institute, London, United Kingdom

Language: English

Abstract: Introduction: Alcohol misuse is a significant public health problem with major health, social and economic consequences. Systematic reviews have reported that brief advice interventions delivered in various health service settings can reduce harmful drinking. Although the links between alcohol and oral health are well established and dentists come into contact with large numbers of otherwise healthy patients regularly, no studies have been conducted in the UK to test the feasibility of delivering brief advice about alcohol in general dental settings. Methods and analysis: The Dental Alcohol Reduction Trial (DART) aims to assess the feasibility and acceptability of screening for alcohol misuse and delivering brief advice in patients attending National Health Service (NHS) general dental practices in North London. DART is a cluster randomised control feasibility trial and uses a mixed methods approach throughout the development, design, delivery and evaluation of the intervention. It will be conducted in 12 NHS general dental practices across North London and will include dental patients who drink above the recommended guidance, as measured by the Alcohol Use Disorders Identification Test (AUDIT-C) screening tool. The intervention involves 5 min of tailored brief advice delivered by dental practitioners during the patient's appointment. Feasibility and acceptability measures as well as suitability of proposed primary outcomes of alcohol consumption will be assessed. Initial economic evaluation will be undertaken. Recruitment and retention rates as well as acceptability of the study procedures from screening to follow-up will be measured. Ethics and dissemination: Ethical approval was obtained from the Camden and Islington Research Ethics Committee. Study outputs will be disseminated via scientific publications, newsletters, reports and conference presentations to a range of professional and patient groups and stakeholders. Based on the results of the trial, recommendations will be made on the conduct of a definitive randomised controlled trial.

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

Publication Type: Journal: Article

Subject Headings:
adult
*alcohol consumption
*alcohol misuse
alcohol use disorder
Alcohol Use Disorders Identification Test
alcoholism
article
assessment of humans
controlled study
dental patient
*dental practice
economic evaluation
exercise

feasibility study
follow up
health care personnel
human
national health service
outcome assessment
patient satisfaction
randomized controlled trial
screening

Source: EMBASE

Full Text: Available from *National Library of Medicine* in *BMJ Open*
Available from *Highwire Press* in *BMJ Open*

24. The London exercise and pregnant smokers (LEAP) trial: A randomised controlled trial of physical activity for smoking cessation in pregnancy with an economic evaluation

Citation: Health Technology Assessment, October 2015, vol./is. 19/84(1-135), 1366-5278;2046-4924 (October 2015)

Author(s): Ussher M.; Lewis S.; Aveyard P.; Manyonda I.; West R.; Lewis B.; Marcus B.; Riaz M.; Taylor A.H.; Barton P.; Daley A.; Essex H.; Esliger D.; Coleman T.

Institution: (Ussher, Riaz) Population Health Research Institute, St George's, University of London, London, United Kingdom; (Lewis) Division of Epidemiology and Public Health and UK Centre for Tobacco and Alcohol Studies, University of Nottingham, Nottingham, United Kingdom; (Aveyard) Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom; (Manyonda) Department of Obstetrics and Gynaecology, St George's, University of London, St George's Healthcare NHS Trust, London, United Kingdom; (West) Health Behaviour Research Centre, Department of Epidemiology and Public Health, University College London, London, United Kingdom; (Lewis) School of Kinesiology, University of Minnesota, Minneapolis, MN, United States; (Marcus) Department of Family and Preventive Medicine, University of California San Diego, San Diego, CA, United States; (Taylor) Plymouth University Peninsula Schools of Medicine and Dentistry, Plymouth, United Kingdom; (Barton) Health Economics Unit, School of Health and Population Sciences, University of Birmingham, Birmingham, United Kingdom; (Daley) Primary Care Clinical Sciences, School of Health and Population Sciences, University of Birmingham, Birmingham, United Kingdom; (Essex) Department of Health Sciences, University of York, York, United Kingdom; (Esliger) School of Sport, Exercise and Health Sciences, Loughborough University, Loughborough, United Kingdom; (Coleman) Division of Primary Care and UK Centre for Tobacco and Alcohol Studies, University of Nottingham, Nottingham, United Kingdom

Language: English

Abstract: Background: Smoking during pregnancy is the main preventable cause of poor birth outcomes. Improved methods are needed to help women to stop smoking during pregnancy. Pregnancy provides a compelling rationale for physical activity (PA) interventions as cessation medication is contraindicated or ineffective, and an effective PA intervention could be highly cost-effective. Objective: To examine the effectiveness and cost-effectiveness of a PA intervention plus standard behavioural support for smoking cessation relative to behavioural support alone for achieving smoking cessation at the end of pregnancy. Design: Multicentre, two-group, pragmatic randomised controlled trial and economic evaluation with follow-up at the end of pregnancy and 6 months postnatally. Randomisation was tratified by centre and a computer-generated sequence was used to allocate participants using a 1: 1 ratio. vii Setting: 13 hospitals offering antenatal care in the UK. Participants: Women between 10 and 24 weeks' gestation smoking five or more cigarettes a day before pregnancy and one or more during pregnancy. Interventions: Participants were randomised to behavioural support for smoking cessation (control) or behavioural support plus a PA intervention consisting of supervised treadmill exercise plus PA consultations. Neither participants nor researchers were blinded to treatment allocation. Main outcome measures: The primary outcome was self-reported, continuous smoking abstinence between a quit date and end of pregnancy, validated by expired

carbon monoxide and/or salivary cotinine. Secondary outcomes were maternal weight, depression, birth outcomes, withdrawal symptoms and urges to smoke. The economic evaluation investigated the costs of the PA intervention compared with the control intervention. Results: In total, 789 women were randomised (n = 394 PA, n = 395 control). Four were excluded post randomisation (two had been enrolled twice in sequential pregnancies and two were ineligible and randomised erroneously). The intention-to-treat analysis comprised 785 participants (n = 392 PA, n = 393 control). There was no significant difference in the rate of abstinence at the end of pregnancy between the PA group (7.7%) and the control group (6.4%) [odds ratio for PA group abstinence 1.21, 95% confidence interval (CI) 0.70 to 2.10]. For the PA group compared with the control group, there was a 33% (95% CI 14% to 56%), 28% (95% CI 7% to 52%) and 36% (95% CI 12% to 65%) significantly greater increase in self-reported minutes of moderate- and vigorous-intensity PA from baseline to 1 week, 4 weeks and 6 weeks respectively. Accelerometer data showed that there was no significant difference in PA levels between the groups. There were no significant differences between the groups for change in maternal weight, depression, withdrawal symptoms or urges to smoke. Adverse events and birth outcomes were similar between the groups except for there being significantly more caesarean births in the control group than in the PA group (28.7% vs. 21.3%; p < 0.023). The PA intervention was less costly than the control intervention by 35 per participant. This was mainly attributable to increased health-care usage in the control group. However, there was considerable statistical uncertainty around this estimate. Conclusions: During pregnancy, offering an intervention combining supervised exercise and PA counselling does not add to the effectiveness of behavioural support for smoking cessation. Only 10% of participants had PA levels accessed by accelerometer and it is, therefore, unclear whether or not the lack of an effect on the primary outcome is the result of insufficient increases in PA. Research is needed to identify the smoking populations most suitable for PA interventions and methods for increasing PA adherence. Trial registration: Current Controlled Trials ISRCTN48600346.Funding: This project was funded by the NIHR Health Technology Assessment programme and will be published in full in Health Technology Assessment; Vol. 19, No. 84. See the NIHR Journals Library website for further project information.

Country of Publication: United Kingdom

Publisher: NIHR Journals Library

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

Publication Type: Journal: Article

Subject Headings:
accelerometer
article
behavior therapy
behavioral support
body weight
cesarean section
clinical effectiveness
controlled study
cost effectiveness analysis
cotinine saliva level
female
follow up
gestational age
health care cost
health care utilization
human
intention to treat analysis
intermethod comparison
*kinesiotherapy
*maternal smoking
multicenter study
perinatal period
*physical activity

*pregnancy
pregnancy outcome
prenatal care
puerperal depression
randomized controlled trial
saliva level
self report
*smoking cessation
treadmill exercise
United Kingdom
validation process
withdrawal syndrome
carbon monoxide
"cotinine/ec [Endogenous Compound]"

Source: EMBASE

25. Steroids, psychosis and poly-substance abuse

Citation: Irish Journal of Psychological Medicine, September 2015, vol./is. 32/2(227-230), 0790-9667;2051-6967 (08 Sep 2015)

Author(s): Duffy R.M.; Kelly B.D.

Institution: (Duffy, Kelly) Department of Adult Psychiatry, University College Dublin, Dublin, Ireland

Language: English

Abstract: Objective. To review consequences of the changing demographic profile of anabolic-androgenic steroid (AAS) use. Method. Case report and review of key papers. Results. We report here a case of a 19-year-old Irish male presenting with both medical and psychiatric side effects of methandrostenolone use. The man had a long-standing history of harmful cannabis use, but had not experienced previous psychotic symptoms. Following use of methandrostenolone, he developed rhabdomyolysis and a psychotic episode with homicidal ideation. Discussion. Non-medical AAS use is a growing problem associated with medical, psychiatric and forensic risks. The population using these drugs has changed with the result of more frequent poly-substance misuse, potentially exacerbating these risks. Conclusion. A higher index of suspicion is needed for AAS use. Medical personnel need to be aware of the potential side effects of their use, including the risk of violence. Research is needed to establish the magnitude of the problem in Ireland.

Country of Publication: Ireland

Publisher: College of Psychiatry of Ireland

CAS Registry Number: 12794-10-4 (benzodiazepine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 9001-15-4 (creatine kinase); 439-14-5 (diazepam); 52-86-8 (haloperidol); 72-63-9 (metandienone); 132539-06-1 (olanzapine); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings: adult
anxiety
article
auditory hallucination
cannabis addiction
case report
fasciculation
grandiose delusion
homicide
human
hypomania
male
mania
pain

paranoia
posttraumatic stress disorder
"*psychosis/di [Diagnosis]"
"*psychosis/dt [Drug Therapy]"
rhabdomyolysis
*substance abuse
visual hallucination
weight lifting
young adult
benzodiazepine
cannabis
"creatine kinase/ec [Endogenous Compound]"
diazepam
"haloperidol/dt [Drug Therapy]"
"*metandienone/to [Drug Toxicity]"
"olanzapine/dt [Drug Therapy]"
opiate

Source: EMBASE

26. Incentives for smoking cessation

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

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

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

Language: English

Abstract: BACKGROUND: Material or financial incentives are widely used in an attempt to precipitate or reinforce behaviour change, including smoking cessation. They operate in workplaces, in clinics and hospitals, and to a lesser extent within community programmes. In this third update of our review we now include trials conducted in pregnant women, to reflect the increasing activity and resources now targeting this high-risk group of smokers.OBJECTIVES: To determine whether incentives and contingency management programmes lead to higher long-term quit rates.SEARCH METHODS: We searched the Cochrane Tobacco Addiction Group Specialised Register, with additional searches of MEDLINE, EMBASE, CINAHL and PsycINFO. The most recent searches were in December 2014, although we also include two trials published in 2015.SELECTION CRITERIA: We considered randomised controlled trials, allocating individuals, workplaces, groups within workplaces, or communities to experimental or control conditions. We also considered controlled studies with baseline and post-intervention measures. We include studies in a mixed-population setting (e.g. community-, work-, institution-based), and also, for this update, trials in pregnant smokers.DATA COLLECTION AND ANALYSIS: One author (KC) extracted data and a second (JH-B) checked them. We contacted study authors for additional data where necessary. The main outcome measure in the mixed-population studies was abstinence from smoking at longest follow-up, and at least six months from the start of the intervention. In the trials of pregnant smokers abstinence was measured at the longest follow-up, and at least to the end of the pregnancy.MAIN RESULTS: Twenty-one mixed-population studies met our inclusion criteria, covering more than 8400 participants. Ten studies were set in clinics or health centres, one in Thai villages served by community health workers, two in academic institutions, and the rest in worksites. All but six of the trials were run in the USA. The incentives included lottery tickets or prize draws, cash payments, vouchers for goods and groceries, and in six trials the recovery of money deposited by those taking part. The odds ratio (OR) for quitting with incentives at longest follow-up (six months or more) compared with controls was 1.42 (95% confidence interval (CI) 1.19 to 1.69; 17 trials, [20 comparisons], 7715 participants). Only three studies demonstrated significantly higher quit rates for the incentives group than for

the control group at or beyond the six-month assessment: One five-arm USA trial compared rewards- and deposit-based interventions at individual and group level, with incentives available up to USD 800 per quitter, and demonstrated a quit rate in the rewards groups of 8.1% at 12 months, compared with 4.7% in the deposits groups. A direct comparison between the rewards-based and the deposit-based groups found a benefit for the rewards arms, with an OR at 12 months of 1.76 (95% CI 1.22 to 2.53; 2070 participants). Although more people in this trial accepted the rewards programmes than the deposit programmes, the proportion of quitters in each group favoured the deposit-refund programme. Another USA study rewarded both participation and quitting up to USD 750, and achieved sustained quit rates of 9.4% in the incentives group compared with 3.6% for the controls. A deposit-refund trial in Thailand also achieved significantly higher quit rates in the intervention group (44.2%) compared with the control group (18.8%), but uptake was relatively low, at 10.5%. In the remaining trials, there was no clear evidence that participants who committed their own money to the programme did better than those who did not, or that contingent rewards enhanced success rates over fixed payment schedules. We rated the overall quality of the older studies as low, but with later trials (post-2000) more likely to meet current standards of methodology and reporting.Eight of nine trials with usable data in pregnant smokers (seven conducted in the USA and one in the UK) delivered an adjusted OR at longest follow-up (up to 24 weeks post-partum) of 3.60 (95% CI 2.39 to 5.43; 1295 participants, moderate-quality studies) in favour of incentives. Three of the trials demonstrated a clear benefit for contingent rewards; one delivered monthly vouchers to confirmed quitters and to their designated 'significant other supporter', achieving a quit rate in the intervention group of 21.4% at two months post-partum, compared with 5.9% among the controls. Another trial offered a scaled programme of rewards for the percentage of smoking reduction achieved over the course of the 12-week intervention, and achieved an intervention quit rate of 31% at six weeks post-partum, compared with no quitters in the control group. The largest (UK-based) trial provided intervention quitters with up to GBP 400-worth of vouchers, and achieved a quit rate of 15.4% at longest follow-up, compared to the control quit rate of 4%. Four trials confirmed that payments made to reward a successful quit attempt (i.e. contingent), compared to fixed payments for attending the antenatal appointment (non-contingent), resulted in higher quit rates. Front-loading of rewards to counteract early withdrawal symptoms made little difference to quit rates.AUTHORS' CONCLUSIONS: Incentives appear to boost cessation rates while they are in place. The two trials recruiting from work sites that achieved sustained success rates beyond the reward schedule concentrated their resources into substantial cash payments for abstinence. Such an approach may only be feasible where independently-funded smoking cessation programmes are already available, and within a relatively affluent and educated population. Deposit-refund trials can suffer from relatively low rates of uptake, but those who do sign up and contribute their own money may achieve higher quit rates than reward-only participants. Incentive schemes conducted among pregnant smokers improved the cessation rates, both at the end-of-pregnancy and post-partum assessments. Current and future research might continue to explore the scale, loading and longevity of possible cash or voucher reward schedules, within a variety of smoking populations.

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings:
female
health care facility
health promotion
human
male
meta analysis
*motivation
pregnancy
procedures
*psychology
randomized controlled trial(topic)
*reward

smoking cessation
workplace

Source: EMBASE

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

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

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

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

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

Language: English

Abstract: BACKGROUND: The implementation of a national monitoring system of prisoners' health is under consideration in France. As information available on this topic is quite scarce, particularly in Europe, a study was performed to identify and describe various prison health monitoring approaches implemented worldwide.METHODS: Data were collected for 15 countries in Oceania, North America and western and northern Europe via official state websites, bibliographical searches and interviews with international prison health representatives.RESULTS: The means and methods implemented to monitor prisoners' health in the studied countries are heterogeneous. Although all countries systematically record mortality data, only four have a monitoring system that covers a wide array of health data: Canada and Belgium routinely collect health data using a systematic, standardized and computerized approach, while the USA and Australia have developed regular repeated nationwide surveys. Some countries have set up monitoring systems restricted to specific health problems, such as infectious diseases (e.g. the UK, Switzerland and Canada) and mental health (e.g. New Zealand and the Netherlands). In other countries, including France, prisoners' health monitoring systems are limited to occasional epidemiological studies covering specific topics, for example, psychiatric disorders, addiction or infectious diseases. However, their one-off nature prevents regular assessment of health prevalence and trends.CONCLUSIONS: This study highlights the diversity of approaches and methods developed to monitor prison health in high-income countries. Analysis of these different situations provides an insight into the feasibility of and requirements for the development of an efficient prison health surveillance system.

Country of Publication: United Kingdom

Publication Type: Journal: Article

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

Source: EMBASE

Full Text: Available from *Highwire Press* in *European Journal of Public Health, The*
Available from *Oxford University Press* in *European Journal of Public Health, The*

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

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

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

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

Language: English

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

Country of Publication: Italy

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

CAS Registry Number: 42542-10-9 (3,4 methylenedioxymethamphetamine); 64-17-5 (alcohol); 1200-47-1 (amphetamine); 139-10-6 (amphetamine); 156-34-3 (amphetamine); 2706-50-5 (amphetamine); 300-62-9 (amphetamine); 51-62-7 (amphetamine); 60-13-9 (amphetamine); 60-15-1 (amphetamine); 8001-45-4 (cannabis); 8063-14-7 (cannabis); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 76-57-3 (codeine); 39400-85-6 (dextropropoxyphene plus paracetamol); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 357-08-4 (naloxone); 465-65-6 (naloxone); 103-90-2 (paracetamol); 27203-92-5 (tramadol); 36282-47-0 (tramadol)

Publication Type: Journal: Article

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

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

Source: EMBASE

29. Optimising service provision for prescribed opioid analgesic dependence

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

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

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

Language: English

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

Country of Publication: Italy

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

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

Publication Type: Journal: Article

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

Source: EMBASE

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

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

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

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

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

Language: English

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

Country of Publication: Spain

Publisher: Medicina Oral, Patologia Oral y Cirugia Bucal

Publication Type: Journal: Article

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

Source: EMBASE

Full Text: Available from *National Library of Medicine* in *Medicina Oral, Patología Oral y Cirugía Bucal*

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

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

Author(s): Megnin-Viggars O.; Symington I.; Howard L.M.; Pilling S.

Institution: (Megnin-Viggars, Symington, Pilling) National Collaborating Centre for Mental Health, Royal College of Psychiatrists, 21 Prescot Street, London E1 8BB, United Kingdom; (Symington, Pilling) Research Department of Clinical, Educational and Health Psychology, University College London, Gower Street, London WC1E 7HB, United Kingdom; (Howard) Section of Women's Mental Health, Health Service and Population Research Department, King's College London, De Crespigny Park, London SE5 8AF, United Kingdom

Language: English

Abstract: Purpose: Pregnancy and the first postnatal year can be a difficult and distressing period for women with mental health problems, particularly if they are not able to access appropriate and timely assessment and treatment. The aim of this systematic review was to synthesise qualitative evidence on experiences of care for women with (or at risk of developing) antenatal or postnatal mental health problems across a range of disorders (including non-psychotic mental disorders). Methods: Six electronic databases were searched for papers published from 2000 to April 2014. Thirty-nine studies were identified that met the inclusion criteria. Findings were synthesised using secondary framework and thematic analysis approaches. Results: Seven key themes were identified across mental disorder groups: an unmet need for collaborative and integrated care; stigma and fears about loss of custody; healthcare professionals unable or unwilling to address psychological needs; focus on babies over mothers; importance of non-judgemental and compassionate support; an unmet need for information; importance of service user involvement in treatment decisions. Conclusions: Women's experience of accessing and engaging with care for mental health problems could be improved if given the opportunity to develop trusting relationships with healthcare professionals who acknowledge and reinforce the woman's role in caring for her baby in a non-judgemental and compassionate manner, and foster hope and optimism about treatment. Information for women, their families and healthcare professionals, and the provision of individualised care and treatment, are also crucial to enable full implementation of a person-centred programme of care.

Country of Publication: Austria

Publisher: Springer-Verlag Wien

Publication Type: Journal: Review

Subject Headings:
access to information
addiction
custodial care
depression
disease severity
eating disorder
fear
female
human
interpersonal communication
medical decision making
*mental disease
*mental health care
meta analysis
patient care
*perinatal period
personal experience
personality disorder
personalized medicine
posttraumatic stress disorder
*prenatal period
priority journal
psychological aspect
psychosis
puerperal psychosis

qualitative research
review
stigma
substance abuse
systematic review
thematic analysis
United Kingdom

Source: EMBASE

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

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

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

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

Language: English

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

Country of Publication: United States

Publisher: Academic Press Inc.

Publication Type: Journal: Article

Subject Headings:
adolescent
adult
age distribution
Albania
article
Austria
Bulgaria
controlled study

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

Source: EMBASE

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

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

Citation: American Journal of Respiratory and Critical Care Medicine, 2015, vol./is. 191/(no pagination), 1073-449X (2015)

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

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

Language: English

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

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

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

Publisher: American Thoracic Society

Publication Type: Journal: Conference Abstract

Subject Headings:
*emergency ward
*patient
*human
*tuberculosis
*American
*society
*diagnosis
United Kingdom
X ray film
cohort analysis
weight reduction
thorax radiography
hospital
health service
medical record
thorax
coughing
alcoholism
fever
register
male

Source: EMBASE

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

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

Citation: American Journal of Respiratory and Critical Care Medicine, 2015, vol./is. 191/(no pagination), 1073-449X (2015)

Author(s): Rezayat T.; Wen E.

Institution: (Rezayat, Wen) University of California, Los Angeles, CA, United States

Language: English

Abstract: A 46 year old man without significant medical history presents to his primary care provider with a dry cough of two months duration associated with fatigue, 10-20 lb weight loss and right shoulder pain. His cough is progressive and interferes with his job (Professor of mathematics). He denies hemoptysis, wheezing, symptoms of post-nasal

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

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

Publisher: American Thoracic Society

Publication Type: Journal: Conference Abstract

Subject Headings:

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

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

Source: EMBASE

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