

Search Results

Table of Contents

Search History	page 2
1. "We are people too": Consumer participation and the potential transformation of therapeutic relations within drug treatment	page 3
2. Self-reported prevalence of dependence of MDMA compared to cocaine, mephedrone and ketamine among a sample of recreational poly-drug users	page 3
3. "It's Russian roulette": Adulteration, adverse effects and drug use transitions during the 2010/2011 United Kingdom heroin shortage	page 5
4. Specialist clinicians' practice and views regarding methadone/buprenorphine supervision and contingency management: A national survey	page 6
5. An exploratory qualitative study seeking participant views evaluating group Cognitive Behavioral Therapy preparation for alcohol detoxification	page 7
6. Human MDMA (ecstasy; molly) users have increased cortical excitability	page 8
7. Smoking cessation through reduction: Does it enhance or diminish successful quitting?	page 10
8. Reduced cortical thickness in gambling disorder: A morphometric MRI study	page 11
9. Proponents and opponents of legalization of marijuana: Evidence of benefits and costs in three areas (psychosis, cognition, and motivation)	page 13
10. Normative misperceptions about alcohol use in the general population of drinkers: A cross-sectional survey	page 14
11. Training sports coaches to tackle tobacco: Formative evaluation of the SmokeFree Sports campaign	page 16
12. Considerations on the role of buprenorphine in recovery from heroin addiction from a UK perspective	page 17
13. Drug policy: We need brave politicians and open minds	page 18
14. Gender differences in intimate partner violence and psychiatric disorders in England: Results from the 2007 adult psychiatric morbidity survey	page 18
15. Survival analysis of adult tuberculosis disease	page 20
16. Ultra high risk of psychosis on committal to a young offender prison: An unrecognised opportunity for early intervention	page 21
17. Alcohol related admissions to ICU: An 18 month prospective cohort study	page 22

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. "We are people too": Consumer participation and the potential transformation of therapeutic relations within drug treatment

- Citation:** International Journal of Drug Policy, January 2015, vol./is. 26/1(30-36), 0955-3959;1873-4758 (01 Jan 2015)
- Author(s):** Rance J.; Treloar C.
- Institution:** (Rance, Treloar) Centre for Social Research in Health, UNSW Australia, UNSW, Sydney 2052, Australia
- Language:** English
- Abstract:** Background: While there is growing recognition of the benefits of user involvement within drug treatment there is scant literature documenting the actual implementation of such initiatives. Nonetheless, the extant research is remarkably consistent in identifying poor relationships between service users and staff as a principal barrier to the successful implementation of consumer participation. Focussing on participants' accounts of change within the 'therapeutic alliance', this paper investigates a consumer participation initiative introduced within three Australian drug treatment services. Methods: In 2012, the New South Wales Users and AIDS Association (NUAA), a state-based drug user organisation, introduced a consumer participation initiative within three treatment facilities across the state. This paper draws on 57 semi-structured interviews with staff and service-user project participants. Approximately ten participants from each site were recruited and interviewed at baseline and six months later at evaluation. Results: The enhanced opportunities for interaction enabled by the consumer participation initiative fostered a sense of service users and staff coming to know one another beyond the usual constraints and limitations of their relationship. Both sets of participants described a diminution of adversarial relations: an unsettling of the 'them and us' treatment divide. The routine separation of users and staff was challenged by the emergence of a more collaborative ethos of 'working together'. Participants noted 'seeing' one another - the other - differently; as people rather than simply an identity category. Conclusion: For service users, the opportunity to have 'a voice' began to disrupt the routine objectification or dehumanisation that consistently, if unintentionally, characterise the treatment experience. Having a voice, it seemed, was synonymous with being human, with having ones' 'humanness' recognised. We contend that not only did the introduction of consumer participation appear to empower service users and enhance the therapeutic alliance, it may have also improved service quality and health outcomes.
- Country of Publication:** Netherlands
- Publisher:** Elsevier
- Publication Type:** Journal: Article
- Subject Headings:** [article](#)
[Australia](#)
[*consumer](#)
[*drug dependence](#)
[drug therapy](#)
[health care facility](#)
[health care organization](#)
[*health service](#)
[human](#)
[*human relation](#)
[semi structured interview](#)
[staff](#)
[stigma](#)
- Source:** EMBASE
- Full Text:** Available from *Elsevier* in [International Journal of Drug Policy](#)

2. Self-reported prevalence of dependence of MDMA compared to cocaine, mephedrone and ketamine among a sample of recreational poly-drug users

Citation: International Journal of Drug Policy, January 2015, vol./is. 26/1(78-83), 0955-3959;1873-4758 (01 Jan 2015)

Author(s): Uosukainen H.; Tacke U.; Winstock A.R.

Institution: (Uosukainen) School of Pharmacy, Faculty of Health Sciences, University of Eastern Finland, Kuopio, Finland; (Tacke) School of Medicine, Psychiatry, Faculty of Health Sciences, University of Eastern Finland, Kuopio, Finland; (Tacke) Addiction Psychiatry Unit, Kuopio University Hospital, Kuopio, Finland; (Winstock) South London and Maudsley NHS Trust/King's College London, London, United Kingdom; (Winstock) Global Drug Survey, London, United Kingdom

Language: English

Abstract: Background: Evidence regarding MDMA (ecstasy) dependence and the most suitable criteria for its assessment are controversial. This study aimed to assess the prevalence of last year symptoms of dependence upon MDMA compared to cocaine, mephedrone and ketamine among a large global non-treatment seeking sample. Methods: A cross-sectional anonymous online survey was promoted by a UK-based dance music website between 15 November 2010 and 1 January 2011. Endorsement of DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) dependence criteria was sought from all last year users of MDMA, cocaine, mephedrone and ketamine. Reporting >3 dependence symptoms was indicative of dependence. Logistic regression models with Generalized Estimating Equations were used to compare dependence symptoms between groups. Results: MDMA users were more likely to report >3 DSM-IV dependence symptoms compared to users of cocaine (odds ratio OR 0.81, 95% confidence interval CI 0.71-0.93), mephedrone (OR 0.91, 95%CI 0.78-1.06) and ketamine (OR 0.52, 95%CI 0.44-0.62) (. p<. 0.001). MDMA users were less likely to report desire to use less or get help compared to users of other substances (. p<. 0.001). MDMA got the highest rating of pleasurable high (mean 8.2. +/- 1.7) and lowest rating for risk of harm (mean 2.7. +/- 2.4). Conclusions: Our results highlight the self-reported dependence potential of MDMA but low desire to use less or get help. MDMA's pleasurable effects may compensate for drug-related problems and, therefore, DSM-IV criteria may not be suitable for assessing MDMA dependence. Further research is needed on the ability of DSM-V to assess MDMA dependence.

Country of Publication: Netherlands

Publisher: Elsevier

CAS Registry Number: 42542-10-9 (3,4 methylenedioxyamphetamine); 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1867-66-9 (ketamine); 6740-88-1 (ketamine); 81771-21-3 (ketamine)

Publication Type: Journal: Article

Subject Headings: [adult](#)
[article](#)
[controlled study](#)
[cross-sectional study](#)
[*drug dependence](#)
[drug use](#)
[DSM-IV](#)
[female](#)
[human](#)
[Internet](#)
[male](#)
[prevalence](#)
[self report](#)
[symptom](#)
[United Kingdom](#)
[*3 4 methylenedioxyamphetamine](#)
[*4' methylmethcathinone](#)
[*cocaine](#)
[*ketamine](#)

Source: EMBASE
Full Text: Available from Elsevier in *International Journal of Drug Policy*

3. "It's Russian roulette": Adulteration, adverse effects and drug use transitions during the 2010/2011 United Kingdom heroin shortage

Citation: International Journal of Drug Policy, January 2015, vol./is. 26/1(51-58), 0955-3959;1873-4758 (01 Jan 2015)

Author(s): Harris M.; Forseth K.; Rhodes T.

Institution: (Harris, Forseth, Rhodes) Centre for Research on Drugs and Health Behaviour, London School of Hygiene and Tropical Medicine, 15-17 Tavistock Place, London WC1H 9SH, United Kingdom

Language: English

Abstract: Background: Between late 2010 and mid 2011 there was a significant heroin shortage in the United Kingdom (UK), resulting in a rapid drop in street heroin purity and increase in price. The most well documented event of this kind is the 2000-2001 Australian heroin shortage, with little published research addressing the UK context. In this paper we draw on qualitative data to explore the impact of, and responses to, the 2010/2011 shortage among London-based heroin users. Methods: Data collection comprised longitudinal life history and narrative interviews with 37 PWID in 2010-2011. The average age of participants was 40, with a 20-year average duration of injecting. Heroin was the drug of choice for the majority of participants (25), with 12 preferring to inject a crack-cocaine and heroin mix. Recruitment took place through London drug and alcohol services and peer networks. Results: The majority of participants continued to source and inject heroin despite reported decline in purity and increased adulteration. Transitions to poly-drug use during the heroin shortage were also common, increasing vulnerability to overdose and other drug related harms. Participants enacted indigenous harm reduction strategies in attempting to manage changes in drug purity and availability, with variable success. Conclusion: Epidemiological data gathered during periods of heroin shortage is often drawn on to emphasise the health benefits of reductions in supply. Our findings highlight the importance of understanding the ways in which heroin shortages may increase, as well as reduce, harm. There is a need for enhanced service provision during periods of drug shortage as well as caution in regard to the posited benefits of supply-side drug law enforcement.

Country of Publication: Netherlands

Publisher: Elsevier

CAS Registry Number: 50-36-2 (cocaine); 53-21-4 (cocaine); 5937-29-1 (cocaine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine)

Publication Type: Journal: Article

Subject Headings: [adult](#)
[article](#)
[clinical article](#)
[drug overdose](#)
[*drug purity](#)
[epidemiological data](#)
[female](#)
[harm reduction](#)
[*health hazard](#)
[health service](#)
[*heroin dependence](#)
[human](#)
[interview](#)
[intravenous drug abuse](#)
[longitudinal study](#)
[male](#)
[multiple drug abuse](#)

United Kingdom
cocaine
*diamorphine

Source: EMBASE

Full Text: Available from *Elsevier* in *International Journal of Drug Policy*

4. Specialist clinicians' practice and views regarding methadone/buprenorphine supervision and contingency management: A national survey

Citation: Journal of Substance Use, February 2014, vol./is. 20/1(6-10), 1465-9891;1475-9942 (01 Feb 2015)

Author(s): Fingleton N.A.; Matheson C.I.; Holland R.C.

Institution: (Fingleton, Matheson) Research Assistant, Academic Primary Care, University of Aberdeen, Polwarth Building, Foresterhill, Aberdeen AB25 2ZD, United Kingdom; (Holland) Norwich Medical School, University of East Anglia, Norwich Research Park, Norwich, Norfolk, United Kingdom

Language: English

Abstract: Aims and methods: The aim of the study was to determine the current models of supervised consumption of methadone/buprenorphine practised, and to establish the extent to which contingency management is used, and in what forms. A postal questionnaire was sent to all lead specialist clinicians in the field of substance misuse in England in 2010 (n=194). Results: The response rate was 66% (n=129). Clinicians generally supervised patients for a period of 3 months, although considerable flexibility was used depending on individual circumstances. The majority of patients consumed their methadone/buprenorphine on pharmacy premises 6d per week. Supervised consumption arrangements were believed by respondents to cause a minority of patients to drop out of treatment and prevent a minority from starting treatment. Contingency management is widely used throughout England, with the most common forms relating to changes in supervision or dispensing arrangements. Conclusion: There is marked heterogeneity in clinicians' practice of supervised consumption, suggesting uncertainty regarding the optimal approach. Further research, such as an RCT, is required.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 1502-95-0 (diamorphine); 561-27-3 (diamorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 53663-61-9 (opiate); 8002-76-4 (opiate); 8008-60-4 (opiate)

Publication Type: Journal: Article

Subject Headings: article
*clinical supervision
*contingency management
cross-sectional study
drug misuse
drug overdose
"*heroin dependence/dt [Drug Therapy]"
human
*maintenance therapy
major clinical study
mental health
*methadone treatment
"opiate addiction/dt [Drug Therapy]"
patient care
patient compliance
patient education
pharmacy
questionnaire

training
 United Kingdom
 urinalysis
 "*buprenorphine/dt [Drug Therapy]"
 *diamorphine
 hepatitis B vaccine
 illicit drug
 "*methadone/dt [Drug Therapy]"
 opiate

Source: EMBASE

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

5. An exploratory qualitative study seeking participant views evaluating group Cognitive Behavioral Therapy preparation for alcohol detoxification

Citation: Journal of Substance Use, February 2014, vol./is. 20/1(61-68), 1465-9891;1475-9942 (01 Feb 2015)

Author(s): Croxford A.; Notley C.J.; Maskrey V.; Holland R.; Kouimtsidis C.

Institution: (Croxford) Camden and Islington Mental Health Trust, London, United Kingdom; (Notley, Maskrey, Holland) School of Medicine, Health Policy and Practice, University of East Anglia, Norwich, United Kingdom; (Kouimtsidis) Surrey and Borders Partnership NHS Foundation Trust, IHEAR Pharmacia House, 1 Prince Regent Road, London, TW3 1NE, United Kingdom

Language: English

Abstract: Aims: There is a strong consensus that detoxification from alcohol should be planned. Six sessions of Group Cognitive Behavioral Therapy as structured preparation for detoxification for alcohol dependence have been developed and evaluated. To our knowledge this is the only structured preparation intervention reported in the literature. The aim of this study was to provide a client centered evaluation of this intervention to build upon initial quantitative evidence. Methods: Eleven telephone and two face to face qualitative interviews were conducted in four community alcohol teams in South England. Detailed inductive coding, and coding around CBT concepts, of all transcripts was undertaken. Participants were purposively sampled after completion of the six week group intervention. Results: Key benefits of group attendance from the participant perspective included not feeling "alone", being supported by, and supporting peers. Participants demonstrated self-efficacy and coping strategies for reducing drinking and managing high-risk situations. Some reported pre-group anxiety, or difficult group experiences due to disruptive clients. Conclusions: Although the study has limitations, the intervention appears to be well accepted, and appears to prepare participants for detoxification. These exploratory findings suggest that both generic groups as well as theory specific factors are important. Effectiveness and cost-effectiveness of the intervention need to be further assessed.

Country of Publication: United Kingdom

Publisher: Informa Healthcare

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

Publication Type: Journal: Article

Subject Headings: adult
 aged
 alcohol abstinence
 *alcohol detoxification
 "*alcoholism/th [Therapy]"
 article
 behavior change
 *behavior therapy
 change theory
 clinical article

*cognitive therapy
 *detoxification
 drinking behavior
 exploratory research
 female
 human
 interview
 male
 middle aged
 qualitative research
 young adult
 "*alcohol/to [Drug Toxicity]"

Source: EMBASE

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

6. Human MDMA (ecstasy; molly) users have increased cortical excitability

Citation: Neuropsychopharmacology, December 2014, vol./is. 39/(S539-S540), 0893-133X (December 2014)

Author(s): Cowan R.; Kim J.; Dietrich M.; Zald D.

Institution: (Cowan, Kim, Dietrich, Zald) Vanderbilt University, School of Medicine, Nashville, TN, United States

Language: English

Abstract: Background: MDMA, a drug that has well-demonstrated serotonin (5HT) neurotoxic effects in rodents and nonhuman primates, is widely used by young adults. Recreational MDMA polydrug use is associated with increased risk for depression, anxiety, and suicide attempts. Results from our ongoing MDMA research program have previously demonstrated that MDMA use is associated with chronic and specific shifts in brain neurophysiology and 5HT function. Our prior fMRI studies found that MDMA use is associated with increased activation during motor and visual tasks, results consistent with increased cortical excitability. Nuclear imaging studies of the 5HT reuptake transporter and the 5HT_{2A} receptor suggest that reduced 5HT signaling may underlie the observed shifts in brain activation and neurophysiology. The basic neuroscience of 5HT physiology suggests that reduced 5HT would lead to an increase in cortical excitability and chronic MDMA increases cortical excitability in mice. Multiple reports from our lab group found that MDMA use is associated with increased stimulus-evoked activation—a result strongly suggestive of increased cortical excitability. We used transcranial magnetic stimulation (TMS) of visual and motor cortex to directly assess the cortical excitability threshold in abstinent MDMA users and controls. Methods: We enrolled male and female MDMA (N=12) users and controls (n=8) whose mean age was 22 (+/-3.02) years. MDMA users self-reported abstinence from all drugs for at least 2 weeks. TMS was administered with a Magstim 2T Rapid stimulator (Magstim Company, UK; peak discharge=1.8 kV; 70-mm figure-eight). The TMS coil was stereotactically positioned using each participant's T1-weighted structural MRI acquired prior to the stimulation procedure. We positioned the coil independently for each subject, to allow evocation of the phosphene within 2 degree of the fovea; coil location was about 2 cm above the inion. A binary search paradigm established the TMS intensity threshold at which each observer reported a motor twitch or phosphene on 75% of stimulations. Coil position yielding a phosphene was localized with eyes closed, and the coil was set at 90% intensity. TMS intensity is then set to 54% intensity and adjusted until the individual is able to detect the threshold on 75% of trials of the given intensity. Results: The MDMA user group (N=12) reported median MDMA use of 12.00 (min=5 max=40) episodes, with median consumption of 1000.00 (min=250 max=6000) mg. The average duration of abstinence since last MDMA use was 203.50 (min=31 max=996) days. TMS threshold for both visual and motor regions was significantly lower in the MDMA user group. For visual phosphene generation, the mean threshold was 65.45% (+/-6.50%) for MDMA users and 80.71%+/- (6.73%) in the control group (Independent samples T test; p<0.001). For motor twitch, the mean threshold was 65.83% (+/-7.64%) for the MDMA users and 76.88 (+/-5.30%) for the controls (p=0.002).

In addition to the between groups differences in TMS threshold, within the MDMA group lifetime MDMA exposure and abstinence duration were inversely associated with visual TMS threshold (episodes: $rs=-.86$, $p<0.001$; consumption: $rs=-.77$, $p=0.006$; abstinence duration: $rs=-.77$, $p=0.006$). No statistically significant associations of MDMA exposure or abstinence duration were observed for motor stimulation (largest duration: $rs=-.50$, $p=0.102$). Conclusions: Based on our earlier BOLD fMRI findings of increased activation in visual and motor cortices in MDMA users and upon the primarily inhibitory role for serotonin in cortex, we predicted that MDMA users would have increased cortical excitability (lower TMS threshold) in visual and motor regions as measured with TMS and that lifetime MDMA consumption would be inversely associated with TMS threshold. Our preliminary findings largely support these predictions. In addition, we found no evidence that these differences were reduced with sustained abstinence. These findings are consistent with the predicted consequences of chronic reductions in serotonin signaling and align with a broad range of findings from other modalities in human recreational MDMA users that suggest that MDMA produces long-lasting serotonergic axon toxicity in the cortex.

Conference Information: 53rd Annual Meeting of the American College of Neuropsychopharmacology, ACNP 2014 Phoenix, AZ United States. Conference Start: 20141207 Conference End: 20141211

Publisher: Nature Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings: *human
*excitability
*psychopharmacology
*transcranial magnetic stimulation
*college
abstinence
vision
stimulation
functional magnetic resonance imaging
neurophysiology
exposure
lifespan
motor cortex
brain
primate
female
rodent
nonhuman
toxicity
nerve fiber
prediction
suicide attempt
Student t test
anxiety
control group
eye
risk
procedures
multiple drug abuse
United Kingdom
stimulus
mouse
physiology
young adult
male
imaging
nuclear magnetic resonance imaging
*serotonin

*3 4 methylenedioxyamphetamine
serotonin 2A receptor

Source: EMBASE
Full Text: Available from *Nature Publishing Group NHS Pilot 2014 (NESLi2)* in *Neuropsychopharmacology*; Note: ; Collection notes: Academic-License

7. Smoking cessation through reduction: Does it enhance or diminish successful quitting?

Citation: Neuropsychopharmacology, December 2014, vol./is. 39/(S343-S344), 0893-133X (December 2014)

Author(s): Wilcox C.; Grosz D.; Tong M.-L.; Morrissey J.; De Francisco D.; Guevarra K.; Oskooilar N.

Institution: (Wilcox, Grosz, Tong, Morrissey, De Francisco, Guevarra, Oskooilar) Pharmacology Research Institute, Newport Beach, CA, United States

Language: English

Abstract: Background: A 2007 U.S.-based population survey reported that more than half of those motivated to quit smoking wished to use a Reduce-to-Quit approach. Similarly, U.K. statistics (2009) indicated that only 12% of smokers desiring to stop smoking were willing to do so abruptly. The effectiveness of a Reduce-to-Quit strategy using varenicline had not been previously evaluated in the context of a multicentered placebo-controlled clinical trial. Methods: Our research center, along with more than 70 other study sites, was involved in the enrollment of more than 1,400 subjects into this double-blind study. We are reporting (only) on data generated by, and analyzed at, Pharmacology Research Institute. There was a (3-10 day) screening phase into which 49 adult smokers were entered and five (5) were excluded. Subjects meeting all of the entry criteria were randomly assigned, on a one-to-one ratio (i.e., n=22 per group) to varenicline or placebo for a 24-week, two-stage treatment phase. During the first 12-weeks ("reduction phase"), the smokers made incremental efforts to reduce their smoking. During the subsequent 12-week treatment period ("abstinence phase"), participants were encouraged and counseled to be abstinent from smoking. Active treatment was concluded at Week-24; subjects then entered the 28-week post-treatment "follow-up" phase, eventually completing the study at Week-52. Brief, ten-minute, smoking cessation counseling sessions were integrated into each visit, beginning at baseline (Week-0). Successful cessation was pre-defined as end-exhaled carbon monoxide (CO) measurement <10 ppm, plus subject reports via the Nicotine Use Inventory (NUI). Results: Notwithstanding the very small sample size, clinically and statistically significant results were demonstrated beginning at Week-12 (p<.01) and at numerous time points throughout the 24-week active treatment phase. The Week-28 analysis of time to "first quit" incidence demonstrated a 71% success rate for the varenicline group, compared to 32% for the placebo group (p<.01). The sustained "permanent quit" analysis also demonstrated superior efficacy for varenicline (57%) versus placebo (26%), as defined and demonstrated by a non-relapsing, successfully sustained quit outcome (p<.05). We also statistically analyzed nine baseline variables to investigate their potential impact on subjects' cessation efforts. Three of them were strongly and positively associated with successful and sustained cessation: female gender (p<.05), fewer years of smoking (p<.01) and a higher age when first began smoking (p<.01). Additionally, the older the age of the study participant also demonstrated a statistical trend toward higher success of quitting (p=.08). Conclusions: At our research center we saw strong clinical and robust statistical evidence that a strategy of Smoking Cessation Through Reduction can be very effective. Additionally, the aforementioned results provide compelling evidence that when varenicline is used with brief counseling sessions and a reduce-to-quit approach, it is not only effective, its efficacy may be enhanced.

Conference Information: 53rd Annual Meeting of the American College of Neuropsychopharmacology, ACNP 2014 Phoenix, AZ United States. Conference Start: 20141207 Conference End: 20141211

Publisher: Nature Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings: *smoking cessation
 *college
 *addiction
 *psychopharmacology
 human
 smoking
 counseling
 statistics
 abstinence
 population
 screening
 pharmacology
 United States
 adult
 double blind procedure
 female
 follow up
 gender
 sample size
 controlled clinical trial
 *nicotine
 *varenicline
 placebo
 carbon monoxide

Source: EMBASE

Full Text: Available from *Nature Publishing Group NHS Pilot 2014 (NESLi2)* in *Neuropsychopharmacology*; Note: ; Collection notes: Academic-License

8. Reduced cortical thickness in gambling disorder: A morphometric MRI study

Citation: Neuropsychopharmacology, December 2014, vol./is. 39/(S179-S180), 0893-133X (December 2014)

Author(s): Grant J.; Chamberlain S.

Institution: (Grant, Chamberlain) University of Chicago, Chicago, IL, United States

Language: English

Abstract: Background: In many countries, including the United States and United Kingdom, gambling is now undertaken by the majority of the adult population. In a minority of gamblers, symptoms become repetitive and functionally impairing, leading to a diagnosis of gambling disorder. Gambling disorder can be conceptualized from a neurobiological perspective in terms of diminished top-down control from prefrontal cortical regions, coupled with excessive drive from subcortical regions involved in reward processing, especially the ventral striatum. Whether or not gambling disorder is associated with structural as opposed to functional brain abnormalities has received little research attention to date. Given the relative paucity of structural imaging studies conducted in gambling disorder, the current study compared cortical thickness between individuals with gambling disorder and healthy volunteers; volumes of selected sub-cortical regions were also examined. Our hypothesis was that gambling disorder would be associated with reduced cortical thickness in neural regions germane to top-down executive control especially the right frontal cortex. Methods: Subjects meeting DSM-5 criteria for gambling disorder, free from axis-I comorbidities, were recruited via media advertisements and a psychiatric clinic. Healthy controls were recruited via media advertisements on the basis of no lifetime or current psychiatric disorders. Participants undertook high resolution structural imaging using a 3 Tesla Philips Achieva Quasar Dual 16 Ch system. Three-dimensional MPRAGE scan was obtained with imaging parameters: slab orientation=sagittal, FOV 256x224x176, voxel size 1x1x1 mm³, inversion delay time TI=900 ms, TR/TE=8.9/3.7 ms, flip angle=8 degree. MRI scans for each subject were converted to FreeSurfer format and non-brain tissue was extracted using automated

algorithms; these images were then transformed to standard space, segmented, and normalized. After reconstruction, cortical thickness was compared between the two study groups using permutation cluster analysis with stringent correction for multiple comparisons (cluster-forming threshold of $p < 0.001$, and cluster-wise p value $p < 0.05$, two-tailed). Results: Individuals with gambling disorder had symptoms consistent with moderate disease severity. The groups did not differ significantly in terms of age, gender, or education. Permutation analysis identified eight clusters in which cortical thickness differed significantly between the two study groups; in all cases, this was due to patients showing significant reductions in cortical thickness compared to controls. Gambling disorder was associated with reduced cortical thickness in predominantly right frontal regions, but also - to a lesser degree - in the right supra-marginal gyrus, right post-central gyrus, and left inferior-parietal cortex. The mean cortical thickness reduction in gambling disorder compared to controls was of the order 15.8-19.9%. Cortical thickness in these identified clusters did not correlate significantly with symptom severity in gambling disorder, nor did it differ as a function of gender. Individuals with gambling disorder and controls did not differ significantly in terms of subcortical volumes of left caudate, left putamen, left accumbens, right caudate, right putamen, or right accumbens. Conclusions: This study investigated cortical thickness in individuals with gambling disorder and healthy control subjects. Consistent with our a priori hypotheses, gambling disorder subjects showed relatively reduced cortical thickness in neural regions implicated in top-down executive control, particularly the right frontal cortex. In addition, the mean cortical thickness reduction in gambling disorder compared to controls was of the order 15.8-19.9%, which is significantly larger than the findings for many other mental health problems. Individuals with gambling disorder report being unable to control their behavior despite the financial, health, and personal ruin that often ensues. In addition, they exhibit deficits in aspects of inhibition, working memory, planning, and cognitive flexibility, and these clinical and cognitive characteristics are consistent with abnormalities of the frontal cortex. These data support neurobiological models of the disorder emphasizing deficiency of cortical regions governing top-down control and executive function.

Conference Information: 53rd Annual Meeting of the American College of Neuropsychopharmacology, ACNP 2014 Phoenix, AZ United States. Conference Start: 20141207 Conference End: 20141211

Publisher: Nature Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings: [*diseases](#)
[*addiction](#)
[*morphology](#)
[*imaging](#)
[*college](#)
[*psychopharmacology](#)
[*gambling](#)
[*nuclear magnetic resonance imaging](#)
[cortical thickness \(brain\)](#)
[cortical thickness \(bone\)](#)
[human](#)
[frontal cortex](#)
[executive function](#)
[implantable cardioverter defibrillator](#)
[gender](#)
[hypothesis](#)
[advertising](#)
[putamen](#)
[reward](#)
[normal human](#)
[diagnosis](#)
[parietal cortex](#)
[education](#)
[mental health](#)
[health](#)

working memory
 model
 disease severity
 population
 cluster analysis
 adult
 algorithm
 brain tissue
 United Kingdom
 parameters
 mental disease
 statistical significance
 lifespan
 brain
 United States
 patient
 mental hospital
 corpus striatum
 DSM-5
 planning
 processing

Source: EMBASE

Full Text: Available from *Nature Publishing Group NHS Pilot 2014 (NESLi2)* in *Neuropsychopharmacology*; Note: ; Collection notes: Academic-License

9. Proponents and opponents of legalization of marijuana: Evidence of benefits and costs in three areas (psychosis, cognition, and motivation)

Citation: Neuropsychopharmacology, December 2014, vol./is. 39/(S24-S25), 0893-133X (December 2014)

Author(s): Weiss S.; Swanson J.; Evins A.; DeLisi L.; Meier M.; Gonzalez R.; Bloomfield M.; Curran H.V.

Institution: (Weiss, Swanson, Evins, DeLisi, Meier, Gonzalez, Bloomfield, Curran) National Institute on Drug Abuse, Bethesda, MD, United States

Language: English

Abstract: A political debate about benefits and costs of exposure to marijuana has accompanied initiatives by many states to legalize its use. In 2012, two states (Colorado and Washington) passed laws to legalize marijuana for recreational use, and 20 others currently have medical marijuana laws - making a scientific debate on its risks vs. benefits both relevant and timely. We propose a Study Group to engage in a scientific debate on the effects of marijuana on the human brain, including the impact of varying cannabis constituents. To narrow the scope, we define three critical areas where differences of opinion exist in the scientific community (and in the ACNP membership): Psychosis, Cognition, and Motivation. We identified scientists who have contributed to the scientific literature and who will serve as proponents or opponents to these propositions: 1. Exposure to marijuana increases risk for psychosis (schizophrenia). 2. Exposure to marijuana decreases cognitive capacity (lower IQ). 3. Exposure to marijuana decreases motivation (apathy). Psychosis: Proponent will be Anne Eden Evins from Harvard Medical School, who is a lead author on this subject (Evins et al, 2012). She concluded that marijuana is one of the many causes of schizophrenia (even though psychosis does not occur in most marijuana users). Opponent will be Lynn DeLisi from the Brockton VA (VA Boston Healthcare System)(Proal et al, 2014) who proposes that increased familial risk underlies the increased risk for schizophrenia in cannabis users and not cannabis use by itself. Cognition: Proponent will be Madeline Meier from Arizona State University, who reported that chronic marijuana use initiated in adolescence reduces IQ significantly in adulthood (Meier et al, 2012). Opponent will be Raul Gonzalez from Florida International University, who has shown that deficits associated with marijuana use are not general, but specific to some areas of cognition, and that at least a subset of

persistent neurocognitive impairments likely stem from a pre-existing vulnerability to cannabis addiction rather than a consequence of use (Gonzales et al, 2012). Motivation: Proponent will be Michael Bloomfield from Imperial College London, who conducted a PET study (Bloomfield et al, 2014) and found that the reduction in striatal dopamine synthesis capacity associated with chronic cannabis use may underlie reduced reward sensitivity and amotivation. Opponent will be Valerie Curran (University College, London), who has suggested marijuana increases divergent thinking (Shafer et al, 2012) and hyper-priming (Morgan et al, 2010). We anticipate a lively debate on these issues that are highly relevant to psychiatry and to society more broadly as policy changes are occurring rapidly and often without sufficient attention to the potential public health impacts.

Conference Information: 53rd Annual Meeting of the American College of Neuropsychopharmacology, ACNP 2014 Phoenix, AZ United States. Conference Start: 20141207 Conference End: 20141211

Publisher: Nature Publishing Group

Publication Type: Journal: Conference Abstract

Subject Headings: [*psychosis](#)
[*cognition](#)
[*motivation](#)
[*college](#)
[*psychopharmacology](#)
[United States](#)
[cannabis use](#)
[risk](#)
[exposure](#)
[university](#)
[human](#)
[schizophrenia](#)
[intelligence quotient](#)
[United Kingdom](#)
[scientist](#)
[adolescence](#)
[community](#)
[health care system](#)
[brain](#)
[scientific literature](#)
[adulthood](#)
[medical school](#)
[public health](#)
[policy](#)
[society](#)
[psychiatry](#)
[reward](#)
[dopamine metabolism](#)
[cannabis addiction](#)
[apathy](#)
[*cannabis](#)
[medical cannabis](#)

Source: EMBASE

Full Text: Available from *Nature Publishing Group NHS Pilot 2014 (NESLi2)* in *Neuropsychopharmacology*; Note: ; Collection notes: Academic-License

10. Normative misperceptions about alcohol use in the general population of drinkers: A cross-sectional survey

Citation: Addictive Behaviors, March 2015, vol./is. 42/(203-206), 0306-4603;1873-6327 (March 01, 2015)

Author(s): Garnett C.; Crane D.; West R.; Michie S.; Brown J.; Winstock A.

Institution: (Garnett, Crane, Michie, Brown) Research Department of Clinical, Educational and Health Psychology, University College London, London, United Kingdom; (West, Brown) Cancer Research UK Health Behaviour Research Centre, University College London, London, United Kingdom; (Winstock) Institute of Psychiatry, National Addiction Centre, King's College London, London, United Kingdom; (Winstock) South London and Maudsley NHS Foundation Trust, King's College London, London, United Kingdom

Language: English

Abstract: Introduction: Underestimating one's own alcohol consumption relative to others ('normative misperception') has been documented in some college student and heavy-alcohol using samples, and may contribute to excessive drinking. This study aimed to assess how far this phenomenon extends to alcohol users more generally in four English-speaking countries and if associations with socio-demographic and drinking variables exist. Methods: A cross-sectional online global survey (Global Drugs Survey-2012) was completed by 9820 people aged 18. + from Australia, Canada, the UK and US who had consumed alcohol in the last year. The survey included the AUDIT questionnaire (which assessed alcohol consumption, harmful drinking and alcohol dependence), socio-demographic assessment and a question assessing beliefs about how one's drinking compares with others. Associations were analysed by linear regression models. Results: Underestimation of own alcohol use relative to others occurred in 46.9% (95% CI: 45.9%, 47.9%) of respondents. 25.4% of participants at risk of alcohol dependence and 36.6% of harmful alcohol users believed their drinking to be average or less. Underestimation was more likely among those who were: younger (16-24; $p < .0003$), male ($p < .0001$), from the UK (versus US; $p < .0001$), less well educated ($p = .0003$), white ($p = .035$), and unemployed (versus employed; $p < .0001$). Conclusions: Underestimating one's own alcohol consumption relative to other drinkers is common in Australia, Canada, the UK and US, with a substantial minority of harmful drinkers believing their consumption to be at or below average. This normative misperception is greater in those who are younger, male, less well educated, unemployed, white, from the UK and high-risk drinkers.

Country of Publication: United Kingdom

Publisher: Elsevier Ltd

Publication Type: Journal: Article

Subject Headings: [adult](#)
[*alcohol consumption](#)
[alcoholism](#)
[article](#)
[Australia](#)
[Canada](#)
[controlled study](#)
[cross-sectional study](#)
[drinking behavior](#)
[female](#)
[human](#)
[human experiment](#)
[male](#)
[medical audit](#)
[normal human](#)
[*perception](#)
[*population](#)
[prevalence](#)
[United Kingdom](#)
[United States](#)

Source: EMBASE

Full Text: Available from *Elsevier* in *Addictive Behaviors*

11. Training sports coaches to tackle tobacco: Formative evaluation of the SmokeFree Sports campaign

- Citation:** International Journal of Health Promotion and Education, January 2015, vol./is. 53/1(12-16), 1463-5240;2164-9545 (02 Jan 2015)
- Author(s):** Hilland T.A.; Beynon C.M.; Mcgee C.E.; Murphy R.C.; Parnell D.; Romeo-Velilla M.; Stratton G.; Foweather L.
- Institution:** (Hilland) Faculty of Education, Monash University, Melbourne 3199, Australia; (Beynon) Centre for Public Health Research, Faculty of Health and Applied Social Sciences, Liverpool John Moores University, 15-21 Webster Street, Liverpool L3 2ET, United Kingdom; (Hilland, Mcgee, Murphy, Parnell, Romeo-Velilla, Stratton, Foweather) Physical Activity Exchange, Research Institute for Sport and Exercise Sciences, Liverpool John Moores University, Byrom Street, Liverpool L3 3AF, United Kingdom; (Parnell) Centre for Active Lifestyles, Institute of Sport, Physical Activity and Leisure, Leeds Metropolitan University, Leeds LS6 3QS, United Kingdom; (Romeo-Velilla) Centre for Sport Health and Exercise Research, Staffordshire University, Leek Road, Stoke-on-Trent, Staffordshire ST4 2DF, United Kingdom; (Stratton) Applied Sports, Technology, Exercise and Medicine Research Centre, College of Engineering, Swansea University, Singleton Park, Swansea SA2 BPP, United Kingdom
- Language:** English
- Abstract:** Smoking is one of the leading causes of preventable morbidity and death in England, and is an addiction largely taken up in youth. Given the need for early prevention strategies, this formative study evaluated sports coaches' perceptions of a preliminary SmokeFree Sports (SFS) campaign. The research was conducted in five youth clubs with eight coaches who attended a Level 1 Brief Intervention Training workshop. Semi-structured interviews were conducted, and a questionnaire assessed the impact of the Brief Intervention Training on coaches' self-efficacy to deliver smoke-free messages at pre, post and follow-up. Interviews were transcribed verbatim, and pen profiles were constructed to provide an overview of coaches' perspectives of SFS with regard to: (a) Brief Intervention Training, (b) SFS implementation and (c) suggestions for improvements. One-way repeated measures ANOVA revealed a significant increase in coaches' self-efficacy towards knowledge and delivery of smoke-free messages from pre- to post-Brief Intervention Training that was maintained at follow-up. This formative work suggests that there is potential in educating coaches and using sports to deliver health education around smoking. Recommendations to improve the Brief Intervention Training included making it more interactive and specific with respect to sport and particular age groups. SFS could also be trialled in structured setting and with other sports. These findings will be used to inform and tailor the design and development of a larger, definitive SFS intervention.
- Country of Publication:** United Kingdom
- Publisher:** Institute of Health Promotion and Education
- Publication Type:** Journal: Article
- Subject Headings:** [article](#)
[athletic performance](#)
[*athletic trainer](#)
[attitude to health](#)
[behavior change](#)
[controlled study](#)
[evaluation study](#)
[female](#)
[follow up](#)
[health education](#)
[human](#)
[male](#)
[normal human](#)
[perception](#)
[physical activity](#)
[self concept](#)

semi structured interview
 *smoking
 smoking cessation
 sport
 tobacco
 United Kingdom
 workshop

Source: EMBASE

12. Considerations on the role of buprenorphine in recovery from heroin addiction from a UK perspective

Citation: Journal of Psychopharmacology, January 2014, vol./is. 29/1(43-49), 0269-8811;1461-7285 (January 2015)

Author(s): Nutt D.J.

Institution: (Nutt) Centre for Neuropsychopharmacology, Faculty of Medicine, Imperial College London, London W12 0NN, United Kingdom

Language: English

Abstract: The United Kingdom Drug Strategy emphasises recovery as a key focus in the treatment of drug dependence. A framework for recovery is defined in the Recovery-Orientated Drug Treatment report, written by an expert working group, and comprises four key phases: engagement and stabilisation, including the establishment of treatment goals; preparation for change, involving engagement in psychosocial and pharmacological interventions; active change, including detoxification and medical withdrawal; and completion, including interventions that strengthen community integration. A body of evidence supports the benefits of buprenorphine, a partial agonist at mu opioid receptors, in supporting individualised recovery based on this framework, specifically in relation to the potential for rapid stabilisation, flexibility to transition to other treatment options or achieve abstinence, effective blocking of on-top use of illicit drugs, the treatment of comorbidities through the minimisation of drug-drug interactions, and a good safety profile. In addition, the newer abuse-deterrent formulation of buprenorphine combined with the opioid antagonist naloxone is likely to strengthen recovery-orientated systems of care due to its potential to reduce misuse and diversion. Progress through the recovery journey and the ability to sustain recovery will depend on individual needs and goals and on the amount of recovery capital that individuals have developed.

Country of Publication: United Kingdom

Publisher: SAGE Publications Ltd

CAS Registry Number: 52485-79-7 (buprenorphine); 53152-21-9 (buprenorphine); 1095-90-5 (methadone); 125-56-4 (methadone); 23142-53-2 (methadone); 297-88-1 (methadone); 76-99-3 (methadone); 55096-26-9 (nalmefene); 357-08-4 (naloxone); 465-65-6 (naloxone); 16590-41-3 (naltrexone); 16676-29-2 (naltrexone)

Publication Type: Journal: Article

Subject Headings: article
 behavior change
 clinical handover
 community integration
 comorbidity
 drug dependence treatment
 drug detoxification
 drug dose titration
 drug mechanism
 drug misuse
 drug safety
 goal attainment
 health care planning
 "*heroin dependence/rh [Rehabilitation]"
 "*heroin dependence/dt [Drug Therapy]"

human
 patient compliance
 patient participation
 rehabilitation care
 social interaction
 United Kingdom
 "*buprenorphine/pd [Pharmacology]"
 "*buprenorphine/cb [Drug Combination]"
 "*buprenorphine/dt [Drug Therapy]"
 "methadone/pd [Pharmacology]"
 "methadone/dt [Drug Therapy]"
 "nalmefene/pd [Pharmacology]"
 "nalmefene/dt [Drug Therapy]"
 "naloxone/pd [Pharmacology]"
 "naloxone/cb [Drug Combination]"
 "naloxone/dt [Drug Therapy]"
 "naltrexone/pd [Pharmacology]"
 "naltrexone/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from *Highwire Press* in *Journal of Psychopharmacology*

13. Drug policy: We need brave politicians and open minds

Citation: BMJ (Online), December 2014, vol./is. 349/, 0959-8146;1756-1833 (10 Dec 2014)

Author(s): Godlee F.

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

Publication Type: Journal: Editorial

Subject Headings: criminal justice
 drug dependence
 *drug legislation
 drug misuse
 drug research
 editorial
 evidence based medicine
 government regulation
 human
 *policy
 *political participation
 *public figure
 social support
 United Kingdom

Source: EMBASE

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

14. Gender differences in intimate partner violence and psychiatric disorders in England: Results from the 2007 adult psychiatric morbidity survey

Citation: Epidemiology and Psychiatric Sciences, 2014, vol./is. 23/2(189-199), 2045-7960;2045-7979 (2014)

Author(s): Jonas S.; Khalifeh H.; Bebbington P.E.; McManus S.; Brugha T.; Meltzer H.; Howard L.M.

Institution: (Jonas, Khalifeh, Bebbington) Department of Mental Health Sciences, University College London, London, United Kingdom; (McManus) National Centre for Social Research, London, United Kingdom; (Brugha, Meltzer) Department of Health Sciences College of Medicine, Biological Sciences and Psychology, University of Leicester, Leicester, United Kingdom; (Howard) Section of Women's Mental Health, Institute of Psychiatry, King's College London, De Crespigny Park, London SE5 8AF, United Kingdom

Language: English

Abstract: Aims. To assess the extent to which being a victim of intimate partner violence (IPV) is associated with psychiatric disorders in men and women. Methods. A stratified multistage random sample was used in the third English psychiatric morbidity survey. Psychiatric disorders were measured by the Clinical Interview Schedule (Revised) and screening questionnaires. IPV was measured using British Crime Survey questions. Results. 18.7% (95% CI 17.1-20.4; nA =A 595 of 3197) of men had experienced some form of IPV compared with 27.8% of women (95% CI 26.2-29.4; nA =A 1227 of 4206; pA <A 0.001). IPV was associated with all disorders measured (except eating disorders in men). Physical IPV was significantly linked to psychosis and with substance and alcohol disorders in men and women, but significant associations with common mental disorders (CMDs), post-traumatic stress disorder (PTSD) and eating disorders were restricted to women. Emotional IPV was associated with CMDs in men and women. Conclusions. The high prevalence of experiences of partner violence, and strength of the association with every disorder assessed, suggests enquiry about partner violence is important in identifying a potential risk and maintenance factor for psychiatric disorders, and to ascertain safety, particularly in women as they are at greatest risk of being victims of violence.

Country of Publication: United Kingdom

Publisher: Cambridge University Press

Publication Type: Journal: Article

Subject Headings: adolescent
adult
"alcoholism/di [Diagnosis]"
article
controlled study
"depression/di [Diagnosis]"
"drug dependence/di [Diagnosis]"
eating disorder
female
"generalized anxiety disorder/di [Diagnosis]"
human
major clinical study
male
"*mental disease/di [Diagnosis]"
"mixed anxiety and depression/di [Diagnosis]"
morbidity
"obsessive compulsive disorder/di [Diagnosis]"
"panic/di [Diagnosis]"
*partner violence
"phobia/di [Diagnosis]"
posttraumatic stress disorder
questionnaire
random sample
*sex difference
United Kingdom

Source: EMBASE

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

15. Survival analysis of adult tuberculosis disease

Citation:	PLoS ONE, November 2014, vol./is. 9/11, 1932-6203 (19 Nov 2014)
Author(s):	Ajagbe O.B.; Kabair Z.; O'Connor T.
Institution:	(Ajagbe, Kabair) Department of Public Health and Epidemiology, University College Cork, Cork, Ireland; (O'Connor) Mercy University Hospital, Cork, Ireland
Language:	English
Abstract:	<p>Background: We conducted a survival analysis of all the confirmed cases of Adult Tuberculosis (TB) patients treated in Cork-City, Ireland. The aim of this study was to estimate Survival time (ST), including median time of survival and to assess the association and impact of covariates (TB risk factors) to event status and ST. The outcome of the survival analysis is reported in this paper. Methods: We used a retrospective cohort study research design to review data of 647 bacteriologically confirmed TB patients from the medical record of two teaching hospitals. Mean age 49 years (Range 18-112). We collected information on potential risk factors of all confirmed cases of TB treated between 2008-2012. For the survival analysis, the outcome of interest was 'treatment failure' or 'death' (whichever came first). A univariate descriptive statistics analysis was conducted using a non-parametric procedure, Kaplan-Meier (KM) method to estimate overall survival (OS), while the Cox proportional hazard model was used for the multivariate analysis to determine possible association of predictor variables and to obtain adjusted hazard ratio. P value was set at <0.05, log likelihood ratio test at >0.10. Data were analysed using SPSS version 15.0. Results: There was no significant difference in the survival curves of male and female patients. (Log rank statistic = 0.194, df = 1, p = 0.66) and among different age group (Log rank statistic = 1.337, df = 3, p = 0.72). The mean overall survival (OS) was 209 days (95%CI: 92-346) while the median was 51 days (95% CI: 35.7-66). The mean ST for women was 385 days (95%CI: 76.6-694) and for men was 69 days (95%CI: 48.8-88.5). Multivariate Cox regression showed that patient who had history of drug misuse had 2.2 times hazard than those who do not have drug misuse. Smokers and alcohol drinkers had hazard of 1.8 while patients born in country of high endemicity (BICHE) had hazard of 6.3 and HIV co-infection hazard was 1.2. Conclusion: There was no significant difference in survival curves of male and female and among age group. Women had a higher ST compared to men. But men had a higher hazard rate compared to women. Anti-TNF, immunosuppressive medication and diabetes were found to be associated with longer ST, while alcohol, smoking, RICHE, BICHE was associated with shorter ST.</p>
Country of Publication:	United States
Publisher:	Public Library of Science
Publication Type:	Journal: Article
Subject Headings:	adult age aged alcohol consumption article cohort analysis diabetes mellitus disease association drug misuse endemic disease ethnicity female hazard ratio human Human immunodeficiency virus infection Ireland Kaplan Meier method major clinical study

male
 medical history
 medical record review
 middle aged
 mixed infection
 mortality
 multivariate analysis
 overall survival
 prediction
 proportional hazards model
 retrospective study
 risk factor
 sex difference
 smoking
 *survival rate
 survival time
 teaching hospital
 treatment failure
 "*tuberculosis/pc [Prevention]"
 "*tuberculosis/dt [Drug Therapy]"
 very elderly
 "BCG vaccine/dt [Drug Therapy]"
 immunosuppressive agent
 "tuberculostatic agent/dt [Drug Therapy]"
 tumor necrosis factor inhibitor

Source: EMBASE

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

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

Citation: BMC Psychiatry, August 2012, vol./is. 12/1, 1471-244X (August 03, 2012)

Author(s): Flynn D.; Smith D.; Quirke L.; Monks S.; Kennedy H.G.

Institution: (Flynn, Smith, Quirke, Monks, Kennedy) National Forensic Mental Health Service, Central Mental Hospital, Dundrum, Dublin 14, Ireland; (Kennedy) Department of Psychiatry, Trinity College, Dublin, Ireland

Language: English

Abstract: Background: The ultra high risk state for psychosis has not been studied in young offender populations. Prison populations have higher rates of psychiatric morbidity and substance use disorders. Due to the age profile of young offenders one would expect to find a high prevalence of individuals with pre-psychotic or ultra-high risk mental states for psychosis (UHR). Accordingly young offender institutions offer an opportunity for early interventions which could result in improved long term mental health, social and legal outcomes. In the course of establishing a mental health in-reach service into Ireland's only young offender prison, we sought to estimate unmet mental health needs. Methods: Every third new committal to a young offenders prison was interviewed using the Comprehensive Assessment of At-Risk Mental States (CAARMS) to identify the Ultra High Risk (UHR) state and a structured interview for assessing drug and alcohol misuse according to DSM-IV-TR criteria, the Developmental Understanding of Drug Misuse and Dependence - Short Form (DUNDRUM-S). Results: Over a twelve month period 171 young male offenders aged 16 to 20 were assessed. Of these 39 (23%, 95% confidence interval 18% to 30%) met UHR criteria. UHR states peaked at 18 years, were associated with lower SOFAS scores for social and occupational function and were also associated with multiple substance misuse. The relationship with lower SOFAS scores persisted even when co-varying for multiple substance misuse. Conclusions: Although psychotic symptoms are common in community samples of children and adolescents, the

prevalence of the UHR state in young offenders was higher than reported for community samples. The association with impaired function also suggests that this may be part of a developing disorder. Much more attention should be paid to the relationship of UHR states to substance misuse and to the health needs of young offenders.

Country of Publication: United Kingdom

Publisher: BioMed Central Ltd.

Publication Type: Journal: Article

Subject Headings: adolescent
adult
"alcoholism/di [Diagnosis]"
article
clinical assessment tool
Comprehensive assessment of at risk mental states
confidence interval
correlation analysis
"drug dependence/di [Diagnosis]"
DSM-IV-TR
*early intervention
*high risk population
human
Ireland
legal aspect
major clinical study
male
mental health
mental health service
*offender
prevalence
*prison
"*psychosis/di [Diagnosis]"
semi structured interview
Social and Occupational Functioning Assessment Scale
social status

Source: EMBASE

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

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

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

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

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

Language: English

Abstract: Learning Objectives: Alcohol related admissions to critical care are increasing. However, the impact of alcohol on the ICU journey has not been extensively studied. Further, there is limited evidence regarding the impact on long terms outcomes for patients admitted to critical care with a background of alcohol misuse. This study aimed to explore the impact of alcohol use disorders on the ICU stay and on longer term outcomes. Methods: 18 month prospective observational cohort study in a 20 bedded mixed ICU, in a large

teaching hospital in Scotland. On admission patients were allocated to one of three alcohol groups: low risk; harmful/hazardous or alcohol dependency. Results: 580 ICU patients were screened for the presence of alcohol use disorders during the study period. 34.4% of patients were admitted with a background of alcohol misuse. Those with an alcohol related admission (either the harmful/hazardous or alcohol dependent) had an almost two fold increased odds of developing septic shock during their ICU admission, compared with the low risk group (OR 1.67; 95% CI 1.13-2.47, p=0.01). When adjusted for the presence of liver cirrhosis, the odds of developing septic shock increased even further in those with an alcohol related admission (OR 1.81; 95% CI 1.19-2.76, p=0.005). After adjustment for all lifestyle factors which were significantly different between the groups, alcohol dependence was associated with more than a twofold increased odds of ICU mortality (OR 2.28; 95% CI 1.2-4.69, p=0.01) and hospital mortality (OR 2.43; 95% CI 1.28-4.621, p=0.004). After adjustment for the presence of septic shock during the ICU admission, age and APACHE II, alcohol dependence was independently associated with mortality at six months post ICU discharge (HR 1.50; 95% CI 1.02-2.22, p= 0.0387). Conclusions: Alcohol related admissions account for a significant proportion of admissions to critical care. Alcohol use disorders are a significant risk factor for the development of septic shock in ICU. Further, alcohol dependency is independently associated with ICU, hospital and 6 month outcomes.

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

Publisher: Lippincott Williams and Wilkins

Publication Type: Journal: Conference Abstract

Subject Headings: [*cohort analysis](#)
[*intensive care](#)
[patient](#)
[septic shock](#)
[human](#)
[mortality](#)
[alcohol use disorder](#)
[alcoholism](#)
[liver cirrhosis](#)
[low risk population](#)
[vascular guide wire](#)
[lifestyle](#)
[risk](#)
[risk factor](#)
[hospital](#)
[United Kingdom](#)
[teaching hospital](#)
[learning](#)
[APACHE](#)
[*alcohol](#)

Source: EMBASE

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