

# Search Results

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## Search History

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1. PsycInfo; exp ADDICTION/ OR DRUG ABUSE [+NT]/ OR DRUG USAGE; 39753 results.
2. PsycInfo; addict\*.ti,ab; 37548 results.
3. PsycInfo; 1 OR 2; 67864 results.

## 1. Comorbid depression and alcohol use disorders and prospective risk for suicide attempt in the year following inpatient hospitalization.

- Citation:** Journal of Affective Disorders, Nov 2015, vol. 187, p. 151-155, 0165-0327 (Nov 15, 2015)
- Author(s):** Britton, Peter C.; Stephens, Brady; Wu, Jing; Kane, Cathleen; Gallegos, Autumn; Ashrafioun, Lisham; Tu, Xin; Conner, Kenneth R.
- Abstract:** Objective: The purpose of this study is to identify predictors of nonfatal suicide attempts in veterans discharged from acute hospitalization with depression and/or alcohol use disorder (AUD) diagnoses. We hypothesized that primary depression confers similar risk for attempt whether or not it is accompanied by secondary AUD, and that a suicide attempt in the prior year would confer greatest risk of the variables studied. Method: Veteran Health Administration (VHA) patients discharged from acute inpatient hospitalization in 2011 with AUD and/or non-bipolar depression diagnoses (N = 22,319) were analyzed using information from the computerized record system and national database on suicidal behavior. Proportional hazard regression models estimated unadjusted and adjusted hazard ratios (AHR) and confidence intervals (95% CI) for risk of a nonfatal attempt within one year following discharge. Results: As hypothesized, primary depression with secondary AUD [AHR (95% CI) = 1.41 (1.04, 1.92)] and without secondary AUD [AHR (95% CI) = 1.30 (1.00, 1.71)] conferred similar prospective risk for attempt (AUD without depression, reference). Although prior suicide attempt was associated with increased risk, acute care in “general psychiatry” during hospitalization [AHR (95% CI) = 6.35 (3.48, 13.00)] conferred the greatest risk among the variables studied. Transfer to another inpatient setting reduced risk [AHR (95% CI) = 0.53 (0.34, 0.79)]. Limitations: Analyses were based on administrative data and did not include information on mortality. Conclusion: When primary depression is severe enough to warrant inpatient hospitalization, a secondary diagnosis of AUD may not contribute additional prospective risk for nonfatal attempt. Within VHA, acute psychiatric care during hospitalization is a potential marker for increased risk for nonfatal attempt. Transfer to an additional inpatient setting may reduce risk for nonfatal attempt. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)
- Subject Headings:** [Hospitalization](#)  
[Comorbidity](#)  
[Military Veterans](#)  
[Major Depression](#)  
[Attempted Suicide](#)  
[Alcoholism](#)
- Source:** PsycInfo
- Full Text:** Available from *Elsevier* in [Journal of Affective Disorders](#)

## 2. Reference periods in retrospective behavioral self-report: A qualitative investigation.

- Citation:** The American Journal on Addictions, Nov 2015, (Nov 6, 2015), 1055-0496 (Nov 6, 2015)
- Author(s):** Gryczynski, Jan; Nordeck, Courtney; Mitchell, Shannon Gwin; O'Grady, Kevin E.; McNeely, Jennifer; Wu, Li; Tzy; Schwartz, Robert P.
- Abstract:** Background Self-report questions in substance use research and clinical screening often ask individuals to reflect on behaviors, symptoms, or events over a specified time period. However, there are different ways of phrasing conceptually similar time frames (eg, past year vs. past 12 months). Methods We conducted focused, abbreviated cognitive interviews with a sample of community health center patients (N = 50) to learn how they perceived and interpreted questions with alternative phrasing of similar time frames (past year vs. past 12 months; past month vs. past 30 days; past week vs. past 7 days). Results Most participants perceived the alternative time frames as identical. However, 28% suggested that the “past year” and “past 12 months” phrasings would elicit different responses by evoking distinct time periods and/or calling for different levels of recall precision. Different start and end dates for “past year” and “past 12 months” were

reported by 20% of the sample. There were fewer discrepancies for shorter time frames. Conclusions Use of “past 12 months” rather than “past year” as a time frame in self-report questions could yield more precise responses for a substantial minority of adult respondents. Scientific Significance Subtle differences in wording of conceptually similar time frames can affect the interpretation of self-report questions and the precision of responses. (Am J Addict 2015;XX:1–4) (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

**Subject Headings:** No terms assigned  
**Source:** PsycInfo  
**Full Text:** Available from Wiley in *American Journal on Addictions, The*

### 3. Self-reported cue-induced physical symptoms of craving as an indicator of cocaine dependence.

**Citation:** The American Journal on Addictions, Nov 2015, (Nov 6, 2015), 1055-0496 (Nov 6, 2015)

**Author(s):** Vorspan, Florence; Fortias, Maeva; Zerdazi, El-hadi; Karsinti, Emily; Bloch, Vanessa; Lépine, Jean-Pierre; Bellivier, Frank; Brousse, Georges; van den Brink, Wim; Derks, Eske M.

**Abstract:** Background The presence of cocaine dependence is under-recognized by cocaine users and requires a careful standardized interview to be ascertained by clinicians. Objective To test if past experiences of cue-induced physical symptoms of craving (nausea, vomiting, sweating, shaking, nervousness) before cocaine use could be a useful way to boost the diagnosis of cocaine dependence. Methods A cross-sectional study of 221 cocaine users from several outpatient addiction treatment services in France, addressing the most severe period of cocaine use. DSM-IV cocaine dependence was determined with the MINI International Neuropsychiatric Interview (MINI). Physical symptoms before using cocaine were retrospectively assessed with a single item rated on a 0–5 scale. Results The prevalence of DSM-IV cocaine dependence was 84.6%. The mean score on the physical symptoms item was 1.3 (SD 1.3). A cut-off score of  $\geq 1$  on this item alone resulted in a sensitivity of 62%, a specificity of 88.2%, a positive predictive value of 96.6% and a negative predictive value of 29.7% to detect DSM-IV cocaine dependence in this sample. Adding this item to a model with the frequency of cocaine use significantly increased the predictive power: Nagelkerke's  $R^2$  increased from .149 to .326 ( $p < .001$ ). Discussion and Conclusion Recalling past experiences of cue-induced physical signs of cocaine craving is associated with a clinical diagnosis of lifetime cocaine dependence and could be a simple way to improve its detection in clinical settings. (Am J Addict 2015;XX:1–4) (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

**Subject Headings:** No terms assigned  
**Source:** PsycInfo  
**Full Text:** Available from Wiley in *American Journal on Addictions, The*

### 4. Prevalence and differential profile of patients with drug addiction problems who commit intimate partner violence.

**Citation:** The American Journal on Addictions, Nov 2015, (Nov 6, 2015), 1055-0496 (Nov 6, 2015)

**Author(s):** Arteaga, Alfonso; Fernández-Montalvo, Javier; López-Goñi, José J.

**Abstract:** Background and Objectives The objectives of this study were, first, to explore the prevalence of aggressors with lifetime intimate partner violence (IPV) among patients in the Proyecto Hombre of Navarra (Spain) addiction treatment programme; and second, to know the specific and differential characteristics of patients presenting IPV as aggressors. Methods A sample of 162 patients (119 men and 43 women) was assessed. Data on socio-demographic and substance consumption characteristics, IPV variables, psychopathological symptoms, and personality variables were obtained. The profiles of patients in addiction treatment with and without a history of violence towards their partners were compared. Results The results showed that 33.6% of people in treatment for addiction had committed violence against their partners. This prevalence was significantly

higher ( $\chi^2 = 15.6, p < .001$ ) in women (63.3%) than in men (24.2%). In the 98.4% of the cases the IPV was bidirectional. Patients with a history of IPV perpetration showed greater severity in substance consumption variables, psychopathological symptoms, and personality traits. Gender, the family scale on the European version of the Addiction Severity Index (EuropASI), and the aggressive-sadistic scale on the Millon Clinical Multiaxial Inventory (MCMI-III) were the main variables related to the presence of IPV as aggressors. Conclusions and Scientific Significance There was a differential profile in patients with IPV perpetration, showing more psychopathological and personality symptoms. Moreover, in this study being a woman was one of the main predictors of committing IPV. (Am J Addict 2015;XX:1-9) (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

**Subject Headings:** No terms assigned  
**Source:** PsycInfo  
**Full Text:** Available from Wiley in *American Journal on Addictions, The*

#### 5. Outcome expectations and associated treatment outcomes in motivational enhancement therapy delivered in english and spanish.

**Citation:** The American Journal on Addictions, Nov 2015, (Nov 6, 2015), 1055-0496 (Nov 6, 2015)  
**Author(s):** Serafini, Kelly; Decker, Suzanne; Kiluk, Brian D.; Añez, Luis; Paris, Manuel; Frankforter, Tami; Carroll, Kathleen M.  
**Abstract:** Background and Objectives The relationship between patients' baseline expectations regarding treatment outcome and actual outcomes has not been widely studied within the field of substance use disorders. We hypothesized that outcome expectations would be unrelated to outcomes in a study investigating motivational enhancement therapy delivered in English (MET-E) consistent with our earlier work, and conducted exploratory analyses in a separate study that investigated the same treatment delivered in Spanish (MET-S). Methods These secondary analyses compared patient outcome expectations and substance use treatment outcomes in two large, multisite randomized controlled clinical trials that evaluated three sessions of MET-E or MET-S. The MET-E sample included 461 participants and the MET-S sample included 405 participants. Outcome expectations were measured by a single item regarding expectations about abstinence prior to initiating treatment. Results Outcome expectations were strongly associated with most substance use outcomes in the MET-S trial (but not in MET-E), even after controlling for severity of substance use at baseline. In MET-S, those who indicated that they were "unsure" that they would achieve abstinence during treatment submitted a greater percentage of drug-positive urine toxicology screens during the treatment period than those who were 'sure' they would achieve abstinence ( $F = 18.83, p < .001$ ). Discussion and Conclusions Patients' outcome expectations regarding the likelihood of abstinence may be an important predictor of drug use treatment outcomes among Spanish-speakers, but not necessarily for English-speakers. Scientific Significance Individual differences and cultural factors may play a role in the association between outcome expectations and treatment outcomes. (Am J Addict 2015;XX:1-8) (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

**Subject Headings:** No terms assigned  
**Source:** PsycInfo  
**Full Text:** Available from Wiley in *American Journal on Addictions, The*

#### 6. Cognitive-behavioural therapy for heroin and cocaine use: Ecological momentary assessment of homework simplification and compliance.

**Citation:** Psychology and Psychotherapy: Theory, Research and Practice, Nov 2015, (Nov 4, 2015), 1476-0835 (Nov 4, 2015)  
**Author(s):** Willner-Reid, Jessica; Whitaker, Damiya; Epstein, David H.; Phillips, Karran A.; Pulaski, Amber R.; Preston, Kenzie L.; Willner, Paul

- Abstract:** Objectives The purpose of this study was to evaluate the effects of homework task difficulty and electronic diary reminders on written homework completion during cognitive behavioural therapy (CBT) for addiction. Completion of homework is an important element in CBT that may affect outcome. Design All participants received all combinations of our two interventions in a factorial  $2 \times 2$  counterbalanced Latin square design. Methods Methadone-maintained cocaine and heroin users were given homework between each of 12 weekly CBT sessions and carried electronic diaries that collected ecological momentary assessment (EMA) data on craving and exposure to drug use triggers in four 3-week blocks assessing two levels of homework difficulty and prompted and unprompted homework. Results Neither simplified (picture-based) homework nor electronic reminders increased homework completion. In EMA reports, standard but not simplified homework seemed to buffer the craving that followed environmental exposure to drug cues. EMA recordings before and after the CBT intervention confirmed a decrease over time in craving for cocaine and heroin. Conclusions These findings demonstrate the utility of EMA to assess treatment effects. However, the hypothesis that simplified homework would increase compliance was not supported. Practitioner points Our simplifications of homework assignments for cognitive behavioural therapy were mostly ineffective, or even counterproductive, perhaps because they did not engage sufficient depth of processing or because they were perceived as too simplistic. Our reminder beeps for homework were mostly ineffective, or even counterproductive, suggesting that mobile electronic interventions for substance use disorders may need to be more interactive. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)
- Subject Headings:** [No terms assigned](#)
- Source:** PsycInfo
- Full Text:** Available from *Wiley* in *Psychology and Psychotherapy: Theory, Research and Practice*