

# Search Results

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## Search History

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1. MEDLINE; exp SUBSTANCE-RELATED DISORDERS/; 190082 results.
2. MEDLINE; addict\*.ti,ab; 30846 results.
3. MEDLINE; 1 OR 2; 200293 results.
4. MEDLINE; exp GREAT BRITAIN/; 259597 results.
5. MEDLINE; "United Kingdom".ti,ab; 19970 results.
6. MEDLINE; "Great Britain".ti,ab; 5453 results.
7. MEDLINE; "England".ti,ab; 25898 results.
8. MEDLINE; "Scotland".ti,ab; 9718 results.
9. MEDLINE; "Wales".ti,ab; 13517 results.
10. MEDLINE; UK.ti,ab; 48994 results.
11. MEDLINE; GB.ti,ab; 5203 results.
12. MEDLINE; ireland.ti,ab; 18758 results.
13. MEDLINE; IRELAND/; 10223 results.
14. MEDLINE; "British Isles".ti,ab; 627 results.
15. MEDLINE; "Channel islands".ti,ab; 78 results.
16. MEDLINE; 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15; 334744 results.
17. MEDLINE; 3 AND 16; 6079 results.

**1. Deprivation (im)mobility and cause-specific premature mortality in Scotland.**

- Citation:** Social Science & Medicine, February 2011, vol./is. 72/3(389-97), 0277-9536;1873-5347 (2011 Feb)
- Author(s):** Exeter DJ; Boyle PJ; Norman P
- Institution:** Section of Epidemiology & Biostatistics, School of Population Health, The University of Auckland, Private Bag 92019, Auckland, New Zealand. d.exeter@auckland.ac.nz
- Language:** English
- Abstract:** A common approach for measuring geographical inequalities in health has been to calculate deprivation scores for small areas and then to aggregate these into quintiles. Mortality rates may then be compared for the highest and lowest deprivation quintiles at two points in time and the change in the difference between the rates determines the extent to which inequalities have widened or narrowed. This 'period-specific' approach to measuring inequalities is problematic both because deprivation calculated at different points in time is not directly comparable, and because the boundaries of the areas used for such analyses often change during the study period. Using 10,058 small areas for Scotland whose boundaries do not change between 1981 and 2001 we examine the deprivation (im)mobility of areas, identifying those that are persistently well-off, stable or deprived and those that improved or worsened during the period. We focus particularly on the 638 persistently most deprived areas. We demonstrate, first and importantly, that premature mortality rates increased significantly over this twenty year period in these areas. Second, we examine which causes of death are mainly responsible for this increase; the risk of death from chronic liver disease, mental disorders due to alcohol, suicide and 'other' causes increased considerably. The geographical approach we describe here is novel and provides new insights into the relationship between deprivation and premature mortality. We suggest that these persistently most deprived Scottish areas deserve special attention and may be particularly appropriate sites for public health interventions related to these causes of premature death. Copyright Copyright 2010 Elsevier Ltd. All rights reserved.
- Country of Publication:** England
- Publication Type:** Journal Article; Research Support, Non-U.S. Gov't
- Subject Headings:** [Alcohol-Related Disorders/mo \[Mortality\]](#)  
[\\*Cause of Death/td \[Trends\]](#)  
[Chronic Disease](#)  
[Female](#)  
[\\*Health Status Disparities](#)  
[Humans](#)  
[Liver Diseases/mo \[Mortality\]](#)  
[Male](#)  
[Mental Disorders/mo \[Mortality\]](#)  
[Middle Aged](#)  
[\\*Poverty Areas](#)  
[Scotland/ep \[Epidemiology\]](#)  
[Small-Area Analysis](#)  
[Suicide/td \[Trends\]](#)
- Source:** MEDLINE

**2. The microstructural integrity of the corpus callosum and associated impulsivity in alcohol dependence: a tractography-based segmentation study using diffusion spectrum imaging.**

- Citation:** Psychiatry Research, November 2010, vol./is. 184/2(128-34), 0165-1781;0165-1781 (2010 Nov 30)
- Author(s):** Liu IC; Chiu CH; Chen CJ; Kuo LW; Lo YC; Tseng WY
- Institution:** Department of Psychiatry, Fu Jen Catholic University, Taipei County, Taiwan.
- Language:** English

**Abstract:** Previous post-mortem and structural magnetic resonance imaging (MRI) studies in patients with alcohol dependence have demonstrated abnormalities of brain white matter. The present study investigated the microstructural integrity in the corpus callosum and the associations of this integrity with neurobehavioral assessments. Twenty-five male cases fulfilling the DSM-IV diagnosis of alcohol dependence and 15 male control subjects were scanned using a 3T MRI system. Callosal fiber tracts were reconstructed by diffusion spectrum imaging tractography and were subdivided into seven functionally distinct segments. The microstructural integrity was quantified in terms of generalized fractional anisotropy (GFA). Compared with normal subjects, men with alcohol dependence showed lower GFA values on all segments of the corpus callosum. The segment interconnecting the bilateral orbitofrontal cortices was the most affected. The score on the Barratt Impulsivity Scale showed an inverse relationship with GFA on the callosal fiber tracts connecting the bilateral orbitofrontal cortices. Furthermore, the duration of regular use was negatively associated with GFA on the callosal fiber tracts connecting the bilateral temporal and parietal cortices. Our findings suggest that a high self-rated impulsivity level was associated with low anisotropy in white matter of corpus callosum sectors extending to the orbitofrontal cortex. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't

**Subject Headings:** [Adult](#)  
[\\*Alcoholism/pa \[Pathology\]](#)  
[Alcoholism/pp \[Physiopathology\]](#)  
[Anisotropy](#)  
[Brain Mapping/mt \[Methods\]](#)  
[\\*Corpus Callosum/pa \[Pathology\]](#)  
[Corpus Callosum/pp \[Physiopathology\]](#)  
[\\*Diffusion Tensor Imaging](#)  
[Humans](#)  
[Image Processing, Computer-Assisted](#)  
[\\*Impulsive Behavior/pa \[Pathology\]](#)  
[Impulsive Behavior/pp \[Physiopathology\]](#)  
[Male](#)  
[Middle Aged](#)  
[Questionnaires](#)

**Source:** MEDLINE

### 3. Helping someone with problem drug use: a Delphi consensus study of consumers, carers, and clinicians.

**Citation:** BMC Psychiatry, 2011, vol./is. 11/(3), 1471-244X;1471-244X (2011)

**Author(s):** Kingston AH; Morgan AJ; Jorm AF; Hall K; Hart LM; Kelly CM; Lubman DI

**Institution:** Orygen Youth Health Research Centre, Centre for Youth Mental Health, University of Melbourne, Victoria, Australia.

**Language:** English

**Abstract:** BACKGROUND: Problem use of illicit drugs (i.e. drug abuse or dependence) is associated with considerable health and social harms, highlighting the need for early intervention and engagement with health services. Family members, friends and colleagues play an important role in supporting and assisting individuals with problem drug use to seek professional help, however there are conflicting views about how and when such support should be offered. This paper reports on the development of mental health first aid guidelines for problem drug use in adults, to help inform community members on how to assist someone developing problem drug use or experiencing a drug-related crisis. METHODS: A systematic review of the scientific and lay literature was conducted to develop a 228-item survey containing potential first-aid strategies to help someone developing a drug problem or experiencing a drug-related crisis. Three panels of experts (29 consumers, 31 carers and 27 clinicians) were recruited from Australia, Canada, New Zealand, the United Kingdom, and the United States. Panel

members independently rated the items over three rounds, with strategies reaching consensus on importance written into the guidelines. RESULTS: The overall response rate across three rounds was 80% (86% consumers, 81% carers, 74% clinicians). 140 first aid strategies were endorsed as essential or important by 80% or more of panel members. The endorsed strategies provide information and advice on what is problem drug use and its consequences, how to approach a person about their problem drug use, tips for effective communication, what to do if the person is unwilling to change their drug use, what to do if the person does (or does not) want professional help, what are drug-affected states and how to deal with them, how to deal with adverse reactions leading to a medical emergency, and what to do if the person is aggressive. CONCLUSIONS: The guidelines provide a consensus-based resource for community members who want to help someone with a drug problem. It is hoped that the guidelines will lead to better support and understanding for those with problem drug use and facilitate engagement with professional help.

**Country of Publication:** England

**Publication Type:** Comparative Study; Journal Article; Research Support, Non-U.S. Gov't

**Subject Headings:** [Adult](#)  
[Attitude of Health Personnel](#)  
[\\*Attitude to Health](#)  
[\\*Caregivers/px \[Psychology\]](#)  
[Consensus](#)  
[\\*Delphi Technique](#)  
[\\*Drug Users/px \[Psychology\]](#)  
[Family/px \[Psychology\]](#)  
[Female](#)  
[\\*First Aid/mt \[Methods\]](#)  
[\\*Friends/px \[Psychology\]](#)  
[Guidelines as Topic](#)  
[\\*Helping Behavior](#)  
[Humans](#)  
[Male](#)  
[Middle Aged](#)  
[Patient Acceptance of Health Care](#)  
[Questionnaires](#)  
[Social Support](#)  
[\\*Substance-Related Disorders/pc \[Prevention & Control\]](#)  
[Substance-Related Disorders/px \[Psychology\]](#)  
[Substance-Related Disorders/th \[Therapy\]](#)

**Source:** MEDLINE

**Full Text:** Available in *fulltext* at [BioMedCentral](#)  
Available in *fulltext* at [National Library of Medicine](#)

#### 4. Opioids, chronic pain, and addiction in primary care.

**Citation:** Journal of Pain, December 2010, vol./is. 11/12(1442-50), 1526-5900;1528-8447 (2010 Dec)

**Author(s):** Barry DT; Irwin KS; Jones ES; Becker WC; Tetrault JM; Sullivan LE; Hansen H; O'Connor PG; Schottenfeld RS; Fiellin DA

**Institution:** Department of Psychiatry, Yale University School of Medicine, New Haven, Connecticut, USA. declan.barry@yale.edu

**Language:** English

**Abstract:** Research has largely ignored the systematic examination of physicians' attitudes towards providing care for patients with chronic noncancer pain. The objective of this study was to identify barriers and facilitators to opioid treatment of chronic noncancer pain patients by office-based medical providers. We used a qualitative study design using individual and group interviews. Participants were 23 office-based physicians in New England. Interviews were audiotaped, transcribed, and systematically coded by a multidisciplinary

team using the constant comparative method. Physician barriers included absence of objective or physiological measures of pain; lack of expertise in the treatment of chronic pain and coexisting disorders, including addiction; lack of interest in pain management; patients' aberrant behaviors; and physicians' attitudes toward prescribing opioid analgesics. Physician facilitators included promoting continuity of patient care and the use of opioid agreements. Physicians' perceptions of patient-related barriers included lack of physician responsiveness to patients' pain reports, negative attitudes toward opioid analgesics, concerns about cost, and patients' low motivation for pain treatment. Perceived logistical barriers included lack of appropriate pain management and addiction referral options, limited information regarding diagnostic workup, limited insurance coverage for pain management services, limited ancillary support for physicians, and insufficient time. Addressing these barriers to pain treatment will be crucial to improving pain management service delivery. PERSPECTIVE: This article demonstrates that perceived barriers to treating patients with chronic noncancer pain are common among office-based physicians. Addressing these barriers in physician training and in existing office-based programs might benefit both noncancer chronic pain patients and their medical providers. Copyright Copyright 2010 American Pain Society. Published by Elsevier Inc. All rights reserved.

<b>Country of Publication:</b>	United States
<b>CAS Registry Number:</b>	0 (Analgesics, Opioid)
<b>Publication Type:</b>	Journal Article; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't
<b>Subject Headings:</b>	<a href="#">*Analgesics, Opioid/tu [Therapeutic Use]</a> <a href="#">*Attitude to Health</a> <a href="#">Chronic Disease</a> <a href="#">Female</a> <a href="#">Humans</a> <a href="#">Male</a> <a href="#">*Opioid-Related Disorders</a> <a href="#">*Pain/dt [Drug Therapy]</a> <a href="#">*Physician's Practice Patterns/sn [Statistics &amp; Numerical Data]</a>
<b>Source:</b>	MEDLINE

##### 5. Developmental trajectories of psychotic-like experiences across adolescence: impact of victimization and substance use.

<b>Citation:</b>	Psychological Medicine, January 2011, vol./is. 41/1(47-58), 0033-2917;1469-8978 (2011 Jan)
<b>Author(s):</b>	Mackie CJ; Castellanos-Ryan N; Conrod PJ
<b>Institution:</b>	Addictions Department, Division of Psychological Medicine and Psychiatry, Institute of Psychiatry, King's College London, UK. clare.mackie@kcl.ac.uk
<b>Language:</b>	English
<b>Abstract:</b>	<p>BACKGROUND: Research suggests that psychotic-like experiences (PLEs) in the general population are common, but can reflect either transitory or persistent developmental phenomena. Using a general adolescent population it was examined whether different developmental subtypes of PLEs exist and whether different trajectories of PLEs are associated with certain environmental risk factors, such as victimization and substance use. METHOD: Self-reported PLEs were collected from 409 adolescents (mean age 14 years 7 months) at four time points, each 6 months apart. General growth mixture modelling was utilized to identify classes of adolescents who followed distinct trajectories of PLEs across this period. Predictors of class membership included demographics, personality, victimization, depression, anxiety and substance use. RESULTS: We identified the following three developmental subgroups of PLEs: (1) persistent; (2) increasing; (3) low. Adolescents on the persistent trajectory reported frequent victimization and consistent elevated scores in depression and anxiety. Adolescents on the increasing trajectory were engaging in cigarette use prior to any increases in PLEs and were engaging in cocaine, cannabis and other drug use as PLEs increased at later time points. CONCLUSIONS: The findings suggest that different developmental subgroups of</p>

PLEs exist in adolescence and are differentially related to victimization and substance use.

**Country of Publication:** England

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't

**Subject Headings:** Adolescent  
 \*Adolescent Development  
 Alcohol Drinking/px [Psychology]  
 Anxiety/et [Etiology]  
 Anxiety/px [Psychology]  
 Cocaine-Related Disorders/co [Complications]  
 Cocaine-Related Disorders/px [Psychology]  
 \*Crime Victims/px [Psychology]  
 Delusions/px [Psychology]  
 Depression/et [Etiology]  
 Depression/px [Psychology]  
 Female  
 Humans  
 Logistic Models  
 London  
 Longitudinal Studies  
 Male  
 Marijuana Abuse/co [Complications]  
 Marijuana Abuse/px [Psychology]  
 Psychiatric Status Rating Scales  
 Psychological Tests  
 \*Psychotic Disorders/et [Etiology]  
 Psychotic Disorders/px [Psychology]  
 Risk Factors  
 Smoking/px [Psychology]  
 \*Substance-Related Disorders/co [Complications]  
 Substance-Related Disorders/px [Psychology]

**Source:** MEDLINE

**6. An audit to identify factors affecting response to treatment among depressed patients who have documented suicidal ideation/attempts in a Bedfordshire Community Mental Health Team.**

**Citation:** Psychiatria Danubina, November 2010, vol./is. 22 Suppl 1/(S63-7), 0353-5053;0353-5053 (2010 Nov)

**Author(s):** Holt C; Agius M; Butler S; Zaman R

**Institution:** Foundation Programme East Anglian Deanery, UK.

**Language:** English

**Abstract:** INTRODUCTION: in recent years there has been a general move towards treating depressed patients in the community if at all possible. One factor that may reduce the likelihood of discharge from secondary care is suicidality (Butler et al. 2010). The aim of this audit was to identify factors associated with continued suicidality among patients in a CMHT.SUBJECTS AND METHODS: we searched an anonymised database of patients and identified all those with previously documented suicidal thoughts or attempts. We also noted the presence of factors such as alcohol problems, drug problems, augmentation therapy and 'other risk' factors (e.g. financial problems or homelessness). We then looked at clinical notes to find out whether or not, according to the latest clinic letter, patients were still reporting suicidality. This facilitated comparison of the aforementioned factors between the group of patients in which suicidality was still present (group N) and the group of patients in which suicidality was no longer a feature (group Y).RESULTS: of the 56 patients with suicidal thoughts or attempts there were 44 in group N (79%) and 12 in group Y (21%). Overall, alcohol problems, drug problems and 'other' risk factors were proportionally more common among group Y than group N, although sometimes the difference was marginal. Conversely, the percentage of patients on augmentation therapy

was greater in group N than group Y. When considering individual diagnostic categories the above trends generally stood for the F32 category, although not necessarily for the F33 category. **DISCUSSION:** the audit provides an insight into the sorts of factors that might influence outcomes among depressed patients. However, there are limitations to the audit such as small sample size and lack of a fixed follow-up period. **CONCLUSIONS:** Although the results are suggestive, it is difficult to make firm conclusions about patient outcomes on the basis of this data. The audit provides a useful starting point, especially in considering the treatment of patients within the BECMHT. However, further research on a wider scale is required before more general conclusions can be made about factors influencing response to treatment among depressed patients.

**Country of Publication:** Croatia  
**CAS Registry Number:** 0 (Antidepressive Agents)  
**Publication Type:** Journal Article  
**Subject Headings:** Alcoholism/ep [Epidemiology]  
 Alcoholism/px [Psychology]  
 Antidepressive Agents/tu [Therapeutic Use]  
 \*Community Mental Health Services  
 Comorbidity  
 \*Depressive Disorder/dt [Drug Therapy]  
 Depressive Disorder/ep [Epidemiology]  
 Depressive Disorder/px [Psychology]  
 Drug Therapy, Combination  
 England  
 Humans  
 \*Medical Audit  
 Recurrence/pc [Prevention & Control]  
 Substance-Related Disorders/ep [Epidemiology]  
 Substance-Related Disorders/px [Psychology]  
 \*Suicidal Ideation  
 \*Suicide, Attempted/pc [Prevention & Control]  
 Suicide, Attempted/px [Psychology]

**Source:** MEDLINE

#### 7. Assessment of self harm in an accident and emergency service - the development of a proforma to assess suicide intent and mental state in those presenting to the emergency department with self harm.

**Citation:** Psychiatria Danubina, November 2010, vol./is. 22 Suppl 1/(S26-32), 0353-5053;0353-5053 (2010 Nov)

**Author(s):** Haq SU; Subramanyam D; Agius M

**Institution:** South Essex University Partnership NHS Trust, UK.

**Language:** English

**Abstract:** **INTRODUCTION:** the UK has one of the highest rates of self harm in Europe, around 400 per 100,000 people (Horrocks et al. 2002). It accounts for 150,000 attendances to the Emergency department each year and is one of the top five causes of acute medical admissions in the UK (NICE 2002). **AIMS:** objectives included to explore the method of self harm and the demographic factors of those presenting to the Emergency department with self harm. In addition we wanted to review the exploration of suicide risk factors and suicide intent by the Emergency department doctor and ascertain whether a psychiatric assessment with full mental state examination had been conducted with referral to psychiatric services if deemed necessary. We wanted to explore the current practice around self harm presentations in the Emergency department accordance with NICE guidelines. **METHODS:** data was collected retrospectively from February to August 2009. Twenty-five sets of medical notes were collated at random for patients who had presented with self harm to the Emergency department. Notes were reviewed for evidence of exploration of the event, psychiatric assessment, risk factors for suicide and further referral. **RESULTS:** 14 of the 25 patients presented having taken an overdose. 9 had inflicted some other form of self injury, namely lacerations to self. In 2 cases a mixed

presentation was found. Previous psychiatric history was documented in 16 cases. 11 had a previous history of depression or anxiety disorder; 1 was known to have bipolar affective disorder; 1 was diagnosed in the past with borderline personality disorder; and 3 patients had no previous history. In 9 cases previous history was not documented. DISCUSSION: twenty-five sets of medical notes were reviewed from February to August 2009 for individuals presenting to the Emergency department with self harm. Of those, 12 fell into the over 25 age group. 17 were female and 8 were male. The majority of patients were of white British ethnicity. 14 had taken an overdose; 9 had inflicted some other form of self injury; and 2 had a mixed presentation. Suicide risk factors and suicidal intent was poorly documented with mental state examination found not to be documented in all 25 cases reviewed. 18 were deemed medically fit in the Emergency department and were referred for psychiatric review. These unfortunate findings may be a reflection on the time pressures faced by Emergency department doctors, namely the four hour targets, and perhaps lack of adequate training in psychosocial risk assessment. With such poor documentation made by the Emergency department doctors, a proforma was produced which incorporates suicide risk factors and assessment of suicide intent in addition to a brief version of the mental state examination. CONCLUSION: concerns have been raised by the recent Royal College of Psychiatrists report on self harm, that current level of care provided to service users fall short of the standards set out in policies and guidelines, with poor assessments, unskilled staff and insufficient care pathways (Royal College of Psychiatrists. Report CR 158. 2010). Indeed evidence suggest that appropriate training and intervention given to A&E staff can lead to improvements in the quality of psychosocial assessment of patients with deliberate self harm (Crawford et al. 1998).

**Country of Publication:** Croatia

**Publication Type:** Journal Article

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Cross-Sectional Studies](#)  
[\\*Emergency Service, Hospital](#)  
[England](#)  
[Female](#)  
[Humans](#)  
[Male](#)  
[\\*Mental Disorders/di \[Diagnosis\]](#)  
[Mental Disorders/ep \[Epidemiology\]](#)  
[\\*Mental Disorders/px \[Psychology\]](#)  
[\\*Mental Status Schedule](#)  
[Middle Aged](#)  
[Overdose/di \[Diagnosis\]](#)  
[Overdose/ep \[Epidemiology\]](#)  
[Overdose/px \[Psychology\]](#)  
[\\*Patient Care Team/ut \[Utilization\]](#)  
[\\*Referral and Consultation/ut \[Utilization\]](#)  
[Retrospective Studies](#)  
[Risk Assessment](#)  
[\\*Self-Injurious Behavior/di \[Diagnosis\]](#)  
[Self-Injurious Behavior/ep \[Epidemiology\]](#)  
[\\*Self-Injurious Behavior/px \[Psychology\]](#)  
[\\*Suicidal Ideation](#)  
[Suicide/pc \[Prevention & Control\]](#)  
[Suicide/px \[Psychology\]](#)  
[Young Adult](#)

**Source:** MEDLINE

#### **8. Introduction to the special issue: the changing use and misuse of khat (*Catha edulis*)--tradition, trade and tragedy.**

**Citation:** Journal of Ethnopharmacology, December 2010, vol./is. 132/3(537-9), 0378-8741;1872-7573 (2010 Dec 1)

**Author(s):** Odenwald M; Klein A; Warfa N

**Language:** English

**Abstract:** Within the last decade the hitherto little known psychoactive substance of khat has emerged as a regional and international issue. In the Horn of Africa khat production has spurred an economic boom, but dramatic increases in consumption have raised public health concerns. Given the complexity of the topic spanning multiple academic disciplines and fields of professional practice, the need for a systematic overview is urgent. To facilitate the exchange of information, prompt interdisciplinary research and alert international organisations and governments, the authors organised an international and interdisciplinary khat conference in 2009. This special issue of the Journal of Ethnopharmacology contains articles written by different conference speakers that present the current state of knowledge and the challenges for future research and politics. Copyright Copyright 2010. Published by Elsevier Ireland Ltd.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Psychotropic Drugs)

**Publication Type:** Editorial; Introductory Journal Article; Research Support, Non-U.S. Gov't

**Subject Headings:** [Africa](#)  
[\\*Catha](#)  
[Humans](#)  
[\\*Psychotropic Drugs/ec \[Economics\]](#)  
[\\*Public Health](#)  
[Substance-Related Disorders](#)

**Source:** MEDLINE

#### 9. Validity and reliability of a Severity of Dependence Scale for khat (SDS-khat).

**Citation:** Journal of Ethnopharmacology, December 2010, vol./is. 132/3(570-7), 0378-8741;1872-7573 (2010 Dec 1)

**Author(s):** Kassim S; Islam S; Croucher R

**Institution:** Queen Mary University of London, Barts and The London School of Medicine and Dentistry, Institute of Dentistry, 4 Newark Street, London E14AT, UK. s.salam@qmul.ac.uk

**Language:** English

**Abstract:** AIMS OF THE STUDY: (1) To assess psychological khat dependence and (2) to assess the validity and reliability of the Severity Dependence Scale (Gossop et al., 1995) amended for khat use (SDS-khat), in a sample of UK-resident male adult Yemeni khat chewers. MATERIALS AND METHODS: A cross-sectional study using a face to face structured interview schedule was conducted amongst purposively sampled UK-resident adult Yemeni male khat chewers, aged 18 years and above, selected during random visits to places of khat sale. A factor analysis with principal components extraction was conducted to explore the construct validity of the proposed SDS-khat. Reliability of the proposed scale was assessed using test-retest and internal reliability tests. The concurrent validity of the proposed SDS-khat was assessed in relation to individual measures and a composite index of khat chewing behaviours using univariate analyses. RESULTS: Two hundred and four Yemeni male adult khat chewers were interviewed. The mean score of the proposed SDS-khat was 5.52 (SD +/-4.03). Forty nine percent of respondents (95% CI=43-55%) with <=5 scores were more likely not psychologically dependent. A single factor, uni-dimensional solution identifying the five items making up the scale accounted for 52.33% of variance. The internal reliability was good (Cronbach's alpha coefficient=0.76) and the test retest intraclass correlation coefficient (ICC) was 0.93 (95% CI=0.80-0.97). Many individual aspects of the khat chewing were significantly related to the scale. Assessment of the proposed SDS-khat's concurrent validity with individual items of khat chewing identified several significant relationships (p<=0.05) whilst the composite index of khat behaviour also identified a significant relationship (OR=14.40, 95% CI=6.71-30.89). The proposed SDS-khat also correlated with self-reported reasons

for khat chewing ( $p \leq 0.001$ ,  $OR = 3.54$ ; 95%  $CI = 1.80-6.96$ ). **CONCLUSIONS:** In this sample of Yemeni khat chewers the SDS-khat is recommended as a valid and reliable research tool for measuring psychological dependence upon khat. Further validation in other samples is indicated. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland  
**CAS Registry Number:** 0 (Psychotropic Drugs)  
**Publication Type:** Journal Article; Validation Studies  
**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Aged](#)  
[Aged, 80 and over](#)  
[\\*Behavior, Addictive](#)  
[\\*Catha/ae \[Adverse Effects\]](#)  
[Great Britain/ep \[Epidemiology\]](#)  
[Humans](#)  
[Interviews as Topic](#)  
[Male](#)  
[Middle Aged](#)  
[Motivation](#)  
[Prevalence](#)  
[\\*Psychotropic Drugs/ae \[Adverse Effects\]](#)  
[Reproducibility of Results](#)  
[Self Report](#)  
[\\*Severity of Illness Index](#)  
[\\*Substance-Related Disorders/cl \[Classification\]](#)  
[Yemen/eh \[Ethnology\]](#)  
[Young Adult](#)

**Source:** MEDLINE

#### 10. A good chew or good riddance--how to move forward in the regulation of khat consumption.

**Citation:** Journal of Ethnopharmacology, December 2010, vol./is. 132/3(584-9), 0378-8741;1872-7573 (2010 Dec 1)

**Author(s):** Klein A; Metaal P

**Institution:** Centre for Health Services Studies, University of Kent, Canterbury, Kent CT27PD, United Kingdom. A.Klein@kent.ac.uk

**Language:** English

**Abstract:** AIMS: To review the status of khat, the most recent plant based psychoactive substance to reach a global market, and consider policy making processes in general and the framework of drug control in particular. **MATERIALS AND METHODS:** Desk review of literature on khat and wider drug policy processes. **RESULTS:** The risk assessment and classification of psychoactive drugs is a contested arena where political, economic and moral agendas collide, leaving countries that have banned khat, with significant social costs. To best manage the risks arising from the increasing availability of khat it is therefore suggested to draft a regulatory framework with clear objectives and guiding principles. **CONCLUSIONS:** Given that medical risks of khat use are modest, the objective of the regulatory framework should be the protection of consumers and community. This is best achieved by establishing processes for the quality control of khat imports, and by regulating access and availability. It should therefore not be considered as a drug to be controlled but as a licit substance that needs to be regulated. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland  
**CAS Registry Number:** 0 (Psychotropic Drugs); 0 (Street Drugs)  
**Publication Type:** Historical Article; Journal Article; Review

**Subject Headings:** Catha/ae [Adverse Effects]  
 \*Catha  
 Drug and Narcotic Control/hi [History]  
 \*Drug and Narcotic Control  
 Government Regulation  
 \*Health Policy/lj [Legislation & Jurisprudence]  
 History, 20th Century  
 Humans  
 Psychotropic Drugs/ae [Adverse Effects]  
 \*Psychotropic Drugs  
 Street Drugs  
 Substance-Related Disorders

**Source:** MEDLINE

### 11. Trauma, khat and common psychotic symptoms among Somali immigrants: a quantitative study.

**Citation:** Journal of Ethnopharmacology, December 2010, vol./is. 132/3(549-53), 0378-8741;1872-7573 (2010 Dec 1)

**Author(s):** Bhui K; Warfa N

**Institution:** Queen Mary University of London, Centre for Psychiatry, Old Anatomy Building, Charterhouse Square, London EC1M6BQ, United Kingdom. k.s.bhui@qmul.ac.uk

**Language:** English

**Abstract:** AIM OF THE STUDY: To investigate the relationship between (i) khat use and (ii) traumatic events, with measures of common psychotic symptoms and symptoms of anxiety and depression. To undertake this work in a Somali population of emigrants who have sought asylum in a non-conflict zone country. MATERIALS AND METHODS: A secondary analysis of data on a population sample of 180 Somali men and women. RESULTS: Frequency of khat use was not associated with common psychotic symptoms or with symptoms of anxiety and depression, nor with traumatic events in this population. Traumatic events were related to low levels of psychotic symptoms and high levels of symptoms of anxiety and depression. CONCLUSIONS: Khat use is not inevitably linked to psychotic symptoms in population samples of Somali men and women. The contrasts between these findings and those from studies in conflict zones and studies of people with mental health problems using khat suggest further investigations are necessary. These should take into account environmental and physiological interactions. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Psychotropic Drugs)

**Publication Type:** Journal Article

**Subject Headings:** Adult  
 Aged  
 Aged, 80 and over  
 Anxiety/ci [Chemically Induced]  
 \*Behavioral Symptoms  
 \*Catha/ae [Adverse Effects]  
 Depression/ci [Chemically Induced]  
 Emigrants and Immigrants  
 Female  
 Humans  
 London  
 Male  
 \*Mental Disorders/ci [Chemically Induced]  
 Middle Aged  
 Plant Leaves  
 Psychoses, Substance-Induced  
 \*Psychotropic Drugs/ae [Adverse Effects]

\*Refugees/px [Psychology]  
 Somalia/eh [Ethnology]  
 Stress Disorders, Traumatic/et [Etiology]  
 Stress, Psychological  
 War  
 Young Adult

**Source:** MEDLINE

### 12. Khat use and neurobehavioral functions: suggestions for future studies.

**Citation:** Journal of Ethnopharmacology, December 2010, vol./is. 132/3(554-63), 0378-8741;1872-7573 (2010 Dec 1)

**Author(s):** Hoffman R; Al'Absi M

**Institution:** Department of Behavioral Sciences, University of Minnesota Medical School Duluth, 1035 University Avenue, Duluth, MN 55812-3031, USA. rhoffman@d.umn.edu

**Language:** English

**Abstract:** Although there is a rich body of research available regarding the effect of acute and chronic khat dosing in animal models, research on the behavioral and cognitive effects of khat in human subjects is not extensive and several of the available studies have been done only in the context of observational and single-case studies. In light of the absence of a substantial literature on the neurobehavioral deficits associated with khat use and to provide a context that could be used to identify themes for future research we review previous research that has focused on other stimulant drugs. This review highlights multiple areas of neurocognitive deficit that have been identified in previous studies of individuals who have been chronic users of stimulants, such as amphetamines and methamphetamines. The review highlights a substantial body of evidence demonstrating a wide range of learning and memory impairments including deficits that persist during abstinence from active drug use. This review does not imply a similar khat effect, but due to some similarities pharmacologically between the active components of khat (cathinone and cathine) and amphetamines, future studies examining these same domains of cognitive functioning in chronic khat users and abstinent khat users appears to be warranted, if possible using some of the same or similar laboratory measures. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Alkaloids); 0 (Amphetamines); 0 (Central Nervous System Stimulants); 0 (Psychotropic Drugs); 14838-15-4 (Phenylpropanolamine); 36393-56-3 (norpseudoephedrine); 5265-18-9 (cathinone)

**Publication Type:** Journal Article; Review

**Subject Headings:** Alkaloids/ae [Adverse Effects]  
 \*Amphetamines/ae [Adverse Effects]  
 \*Catha/ch [Chemistry]  
 \*Central Nervous System Stimulants/ae [Adverse Effects]  
 \*Cognition/de [Drug Effects]  
 Humans  
 Phenylpropanolamine/ae [Adverse Effects]  
 Plant Leaves  
 \*Psychotropic Drugs/ae [Adverse Effects]  
 Substance Withdrawal Syndrome  
 \*Substance-Related Disorders/et [Etiology]

**Source:** MEDLINE

### 13. Khat use and monitoring drug use in Europe: the current situation and issues for the future.

**Citation:** Journal of Ethnopharmacology, December 2010, vol./is. 132/3(578-83), 0378-8741;1872-7573 (2010 Dec 1)

**Author(s):** Griffiths P; Lopez D; Sedefov R; Gallegos A; Hughes B; Noor A; Royuela L

**Institution:** European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Cais do Sodre, 1249-289 Lisbon, Portugal. paul.griffiths@emcdda.europa.eu

**Language:** English

**Abstract:** AIM OF THE STUDY: To review the information available on the use of khat (*Catha edulis*) in the EU, and to assess the future use of this drug and related substances. MATERIAL AND METHODS: Khat is not controlled by international law and it has not been systematically included in the list of illicit drugs monitored in the EU. The current principal source of information on khat use in Europe is the early-warning system set up to monitor new and emerging drugs. Further information was obtained from official national reports to the EMCDDA and from the scientific literature. RESULTS: Across Europe, the use of khat is low. Khat use is limited to countries with immigrant communities from countries where khat use is common (such as Ethiopia, Somalia and Kenya). Information on the prevalence of khat use in the general population is scarce. Data on seizures provide an insight on the situation, though these may be difficult to interpret. The most recent estimates suggest that Europe accounts for about 40% of the khat seized worldwide. CONCLUSION: The shortage of data on the use and patterns of use of khat in Europe does not allow an evaluation of the needs for health and social interventions in communities in which the drug is used. But seizures of the plant are increasing in the EU, and more synthetic derivatives of the pharmacologically active ingredients of the plant (cathine and cathinone) are appearing on the market. Some of these, like mephedrone, have significant potential for future diffusion, and are likely to play a greater role on the European drug scene of the future. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Psychotropic Drugs); 0 (Street Drugs)

**Publication Type:** Journal Article; Review

**Subject Headings:** [Africa/eh \[Ethnology\]](#)  
[Catha/ch \[Chemistry\]](#)  
[\\*Catha](#)  
[Emigrants and Immigrants](#)  
[Europe/ep \[Epidemiology\]](#)  
[Humans](#)  
[\\*Population Surveillance](#)  
[Prevalence](#)  
[\\*Psychotropic Drugs](#)  
[Public Health/mt \[Methods\]](#)  
[Street Drugs](#)  
[\\*Substance-Related Disorders/ep \[Epidemiology\]](#)

**Source:** MEDLINE

#### 14. Khat in the Horn of Africa: historical perspectives and current trends.

**Citation:** Journal of Ethnopharmacology, December 2010, vol./is. 132/3(607-14), 0378-8741;1872-7573 (2010 Dec 1)

**Author(s):** Gebissa E

**Institution:** Kettering University, Liberal Studies, 1700 University Ave, Flint, MI 48504, USA. egebissa@kettering.edu

**Language:** English

**Abstract:** AIM OF THE STUDY: This article looks at the history of the expansion of khat consumption from the traditional chew regions to Western countries and assesses the implication of possible international control for its use and trade in the Horn of Africa. MATERIALS AND METHODS: Ten months of initial field work in Ethiopia, three follow up field work, archival work in Ethiopia and Europe, as well as study of available relevant literature. RESULTS: The debut of khat in the West in the 1980s was initially greeted with disdain and indifference. Authorities dismissed it on grounds that

the mode of consumption, chewing the leaves for an extended period of time to extract a miniscule amount of the active ingredient, would not be appealing to Western users. Following the Mogadishu debacle of 1993, as depicted in the movie *Black Hawk Down*, authorities in the West began to express concern that khat was a new drug of abuse. Its trade was increasingly linked with terrorism because of its association with immigrants from the traditional khat use countries in the Horn of Africa and the Arabian Peninsula. Amid hysteria and moral panic, many Western countries classified khat as a highly potent controlled substance, rendering its possession, cultivation, and trade illegal. CONCLUSION: This article argues that more and more Western governments, out of panic rather than definitive evidence of harm, will be instituting national laws banning the leaves, but khat will not be placed under international control because the scientific evidence of harm is unlikely to rise to a critical mass that would justify its illegalization. States in the source countries would continue to tolerate khat because banning it would be disastrous from an economic and social welfare standpoint. Because of its ambiguous legal position and the unstable nature of its active ingredient, cathinone, khat would not be successfully commoditized as a global commodity or transformed into a highly concentrated illicit drug. In this situation, khat would continue to be chewed in the traditional-use areas of the Red Sea littoral marketed by local syndicates who work with a large network of petty commodity traders. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

<b>Country of Publication:</b>	Ireland
<b>CAS Registry Number:</b>	0 (Alkaloids); 0 (Psychotropic Drugs); 0 (Street Drugs); 5265-18-9 (cathinone)
<b>Publication Type:</b>	Historical Article; Journal Article
<b>Subject Headings:</b>	<a href="#">Alkaloids/ec [Economics]</a> <a href="#">Alkaloids/hi [History]</a> <a href="#">Catha/ch [Chemistry]</a> *Catha Ethiopia Europe History, 15th Century History, 19th Century History, 20th Century History, 21st Century History, Medieval Humans Plant Leaves Psychotropic Drugs/ec [Economics] *Psychotropic Drugs/hi [History] Street Drugs/ec [Economics] *Street Drugs/hi [History] Street Drugs/lj [Legislation & Jurisprudence] Substance-Related Disorders/ec [Economics] *Substance-Related Disorders/hi [History]
<b>Source:</b>	MEDLINE

#### 15. The ambiguity of khat in Somaliland.

<b>Citation:</b>	Journal of Ethnopharmacology, December 2010, vol./is. 132/3(590-9), 0378-8741;1872-7573 (2010 Dec 1)
<b>Author(s):</b>	Hansen P
<b>Institution:</b>	Danish Institute for International Studies, Migration, Strandgade 56, 1401 Copenhagen, Denmark. pha@diis.dk
<b>Language:</b>	English
<b>Abstract:</b>	AIM OF THE STUDY: This article presents an analysis of the economic, political and socio-cultural significance of khat in Somaliland, highlighting both its positive and negative effects. MATERIALS AND METHODS: Thirteen months of anthropological fieldwork in Somaliland, two months of anthropological fieldwork among Somalis in

London, four months experience from the Somalia Joint Needs Assessment working as a development specialist on khat, as well as available and relevant literature. RESULTS: The recent growth in khat consumption in Somaliland is linked to dispersal, unemployment, socio-cultural changes caused by the civil war, and the massive inflow of remittances. Consumption takes place because of an encouraging socio-cultural environment, few opportunities for education and employment, lack of care and support from parents, as well as widespread availability. Khat represents a significant economic drain on the Somaliland economy, but is also an important source of income for the state and an employment opportunity for thousands. The consumption of khat among government employees challenges the efficiency of state institutions, but also provides a participatory and peaceful political environment that is vital to the democratic transformation of Somaliland. Khat causes the breakdown of families and seriously challenges Somali socio-cultural identities, values and practices. However, khat also strengthens male networks, communities and senses of belonging to Somaliland. CONCLUSION: The article argues that khat has both negative and positive effects on Somaliland society. Comparing the role of khat in Somaliland with khat in Puntland and South-central Somalia it is clear that khat in itself does not determine if it contributes to state building and peace, or state failure and violence. Rather, it is the socio-cultural, political and historical context in which it is consumed that determines its larger societal effects. A nuanced analysis of the positive and negative aspects of khat that builds on local perceptions and practices is necessary in order to work with khat from a regulatory and developmental perspective. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland  
**CAS Registry Number:** 0 (Psychotropic Drugs)  
**Publication Type:** Journal Article  
**Subject Headings:** [Catha/ae \[Adverse Effects\]](#)  
[\\*Catha](#)  
[Humans](#)  
[Male](#)  
[Plant Leaves](#)  
[Psychotropic Drugs/ae \[Adverse Effects\]](#)  
[Psychotropic Drugs/ec \[Economics\]](#)  
[\\*Psychotropic Drugs](#)  
[Socioeconomic Factors](#)  
[Somalia](#)  
[Substance-Related Disorders/ec \[Economics\]](#)  
[War](#)

**Source:** MEDLINE

#### 16. The stimulant khat--another door in the wall? A call for overcoming the barriers.

**Citation:** Journal of Ethnopharmacology, December 2010, vol./is. 132/3(615-9), 0378-8741;1872-7573 (2010 Dec 1)

**Author(s):** Odenwald M; Warfa N; Bhui K; Elbert T

**Institution:** University of Konstanz, Germany.

**Language:** English

**Abstract:** AIM: In this article, we comment on the current international discourse on khat, we highlight pitfalls and and suggest balanced national international regulatory actions.METHOD: A brief an focussed review of the available literature on khat and health and examples from our own research are provided.RESULTS: The use patterns of catha edulis (khat) have changed throughout the last decades. During this period khat has had a remarkable economic boom and developed from a niche crop to the backbone of the regional economy. Now it contributes to the livelihoods of millions of people. Today, khat use is often the proverbial "Door in the wall" for large parts of the populations in African and Arab countries beyond the traditional user groups. Its use is often excessive and not restricted by social regulation mechanisms. Under such conditions, problematic khat use

patterns develop rapidly, exemplified by the growing group of binge users, and it gets even prevalent among especially vulnerable groups such as children, people with mental disorders or pregnant women. The currently existing scientific evidence suggests that problematic use patterns not the use per se can be linked to numerous health consequences. CONCLUSION: This paper argues that changed patterns of khat use are a burden for some of the most underdeveloped countries in the world. But the debate around khat is stuck between extreme poles arguing for prohibition or for de-regulation. Here, we call for a balanced action of governments and international organizations leaving behind the decades of debilitating debate pro vs. contra scheduling and banning khat leaves. Instead, regulation and harm-reduction measures are urgently needed. We suggest a number of steps that should be taken immediately to better understand current khat use patterns, to address noxious excesses and to relieve suffering. Copyright Copyright 2009 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Psychotropic Drugs)

**Publication Type:** Journal Article; Review

**Subject Headings:** [Africa](#)  
[\\*Catha](#)  
[Developing Countries](#)  
[Drug and Narcotic Control](#)  
[Health Policy/ec \[Economics\]](#)  
[\\*Health Policy/lj \[Legislation & Jurisprudence\]](#)  
[Humans](#)  
[Plant Leaves](#)  
[\\*Psychotropic Drugs](#)  
[Substance-Related Disorders/ec \[Economics\]](#)  
[\\*Substance-Related Disorders](#)

**Source:** MEDLINE

#### 17. Uptake and delivery of hepatitis C treatment in opiate substitution treatment: perceptions of clients and health professionals.

**Citation:** Journal of Viral Hepatitis, December 2010, vol./is. 17/12(839-44), 1352-0504;1365-2893 (2010 Dec)

**Author(s):** Treloar C; Newland J; Rance J; Hopwood M

**Institution:** National Centre in HIV Social Research, The University of New South Wales, Sydney, NSW, Australia. c.treloar@unsw.edu.au

**Language:** English

**Abstract:** Uptake of treatment for hepatitis C virus (HCV) infection is very low particularly among people who have injected drugs. Opiate substitution treatment (OST) programs, with a high prevalence of people living with HCV, have been a site of growing interest in the delivery of hepatitis C treatment. There has been no exploration of OST clients' and health professionals' perceptions of the barriers and facilitators to uptake and delivery of HCV treatment in OST clinics from personal and organizational perspectives. This qualitative study involved interviews with 27 OST clients in New South Wales and a focus group and interviews with 22 Australian OST health professionals. Clients and health professionals viewed hepatitis C treatment in OST as a 'one-stop-shop' model which could increase access to and uptake of treatment and build on existing relationships of trust between OST client and health professional. Elements of the organizational culture were also noted as barriers to HCV treatment delivery including concerns about confidentiality, lack of discussion of HCV treatment and that HCV treatment was not perceived by clinicians as a legitimate activity of OST clinics. OST client participants also reported a number of personal barriers to engaging with HCV treatment including family responsibilities (and concerns about treatment side effects), unstable housing, comorbidities and perceptions of the unsatisfactory level of treatment efficacy. These findings emphasize the need for future research and delivery of services which addresses

the complexity of care and treatment for people in marginalized social circumstances.  
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**Country of Publication:** England

**CAS Registry Number:** 76-99-3 (Methadone)

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[\\*Attitude of Health Personnel](#)  
[\\*Delivery of Health Care/og \[Organization & Administration\]](#)  
[Delivery of Health Care/ut \[Utilization\]](#)  
[Female](#)  
[Health Knowledge, Attitudes, Practice](#)  
[Hepacivirus/de \[Drug Effects\]](#)  
[Hepatitis C/co \[Complications\]](#)  
[\\*Hepatitis C/dt \[Drug Therapy\]](#)  
[Hepatitis C/vi \[Virology\]](#)  
[Humans](#)  
[Interviews as Topic](#)  
[Male](#)  
[Methadone/tu \[Therapeutic Use\]](#)  
[Middle Aged](#)  
[New South Wales](#)  
[\\*Opiate Substitution Treatment](#)  
[\\*Patient Acceptance of Health Care](#)  
[Substance Abuse Treatment Centers](#)  
[Substance Abuse, Intravenous/co \[Complications\]](#)  
[\\*Substance Abuse, Intravenous/dt \[Drug Therapy\]](#)  
[Young Adult](#)

**Source:** MEDLINE

#### 18. Long-term smoking relapse: a study using the british household panel survey.

**Citation:** Nicotine & Tobacco Research, December 2010, vol./is. 12/12(1228-35), 1462-2203;1469-994X (2010 Dec)

**Author(s):** Hawkins J; Hollingworth W; Campbell R

**Institution:** Department of Social Medicine, University of Bristol, Bristol, United Kingdom. james.hawkins@bristol.ac.uk

**Language:** English

**Abstract:** BACKGROUND: There is limited population-based evidence on long-term smoking relapse rates after 1 year of abstinence. We estimate the incidence of relapse and evaluate demographic, health, socioeconomic characteristics, and episodic events associated with an increased probability of relapse. METHODS: Smoking relapse is studied using a subsample of individuals in the annual British Household Panel Survey, between 1991 and 2006, who reported not being a smoker for at least 1 year (two consecutive surveys) after previously reporting smoking (n = 1,578). A random-effects panel logit regression was used to examine the association between smoking relapse and length of abstinence, demographic, socioeconomic, and health variables. RESULTS: Data were available on individuals for a mean of 5.2 years after the initial 1-year smoking abstinence. We estimated that 37.1% (34.0%-40.5%; 95% CI) of the sample would relapse within 10 years. Increased length of abstinence, increased age, being married, being educated to degree level, and a high frequency of General Practitioner (GP) visits were significantly associated with a lower risk of relapse. Conversely, higher relapse rates were significantly associated with mental health problems and having a partner who started smoking. CONCLUSIONS: A significant proportion of smokers relapse after more than 1 year of abstinence. This study sheds light on factors associated with long-term relapse. This can form the basis for designing public health interventions to prolong abstinence and targeting interventions at former smokers at the highest risk of relapse.

**Country of Publication:** England

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't

**Subject Headings:** [Adult](#)  
[\\*Attitude to Health](#)  
[\\*Behavior, Addictive/ep \[Epidemiology\]](#)  
[Behavior, Addictive/px \[Psychology\]](#)  
[Female](#)  
[Follow-Up Studies](#)  
[Great Britain/ep \[Epidemiology\]](#)  
[\\*Health Behavior](#)  
[Humans](#)  
[Incidence](#)  
[Male](#)  
[Middle Aged](#)  
[Motivation](#)  
[Prognosis](#)  
[Recurrence](#)  
[\\*Smoking/ep \[Epidemiology\]](#)  
[Smoking/px \[Psychology\]](#)  
[\\*Smoking Cessation/px \[Psychology\]](#)  
[Smoking Cessation/sn \[Statistics & Numerical Data\]](#)  
[Socioeconomic Factors](#)  
[\\*Tobacco Use Disorder/ep \[Epidemiology\]](#)  
[Tobacco Use Disorder/px \[Psychology\]](#)  
[Young Adult](#)

**Source:** MEDLINE

**19. Indocyanine green clearance varies as a function of N-acetylcysteine treatment in a murine model of acetaminophen toxicity.**

**Citation:** Chemico-Biological Interactions, February 2011, vol./is. 189/3(222-9), 0009-2797;1872-7786 (2011 Feb 1)

**Author(s):** Milesi-Halle A; Abdel-Rahman SM; Brown A; McCullough SS; Letzig L; Hinson JA; James LP

**Institution:** Department of Pediatrics, Little Rock, AR, United States.

**Language:** English

**Abstract:** Standard assays to assess acetaminophen (APAP) toxicity in animal models include determination of ALT (alanine aminotransferase) levels and examination of histopathology of liver sections. However, these assays do not reflect the functional capacity of the injured liver. To examine a functional marker of liver injury, the pharmacokinetics of indocyanine green (ICG) were examined in mice treated with APAP, saline, or APAP followed by N-acetylcysteine (NAC) treatment. Male B6C3F1 mice were administered APAP (200 mg/kg IP) or saline. Two additional groups of mice received APAP followed by NAC at 1 or 4 h after APAP. At 24 h, mice were injected with ICG (10 mg/kg IV) and serial blood samples (0, 2, 10, 30, 50 and 75 min) were obtained for determination of serum ICG concentrations and ALT. Mouse livers were removed for measurement of APAP protein adducts and examination of histopathology. Toxicity (ALT values and histology) was significantly increased above saline treated mice in the APAP and APAP/NAC 4 h mice. Mice treated with APAP/NAC 1 h had complete protection from toxicity. APAP protein adducts were increased in all APAP treated groups and were highest in the APAP/NAC 1 h group. Pharmacokinetic analysis of ICG demonstrated that the total body clearance (Cl(T)) of ICG was significantly decreased and the mean residence time (MRT) was significantly increased in the APAP mice compared to the saline mice. Mice treated with NAC at 1 h had Cl(T) and MRT values similar to those of saline treated mice. Conversely, mice that received NAC at 4 h had a similar ICG pharmacokinetic profile to that of the APAP only mice. Prompt treatment with NAC prevented loss of functional activity while late treatment with NAC offered no

improvement in ICG clearance at 24 h. ICG clearance in mice with APAP toxicity can be utilized in future studies testing the effects of novel treatments for APAP toxicity. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Antidotes); 0 (Coloring Agents); 103-90-2 (Acetaminophen); 3599-32-4 (Indocyanine Green); 616-91-1 (Acetylcysteine); EC 2-6-1-2 (Alanine Transaminase)

**Publication Type:** Journal Article; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't

**Subject Headings:** [Acetaminophen/ad \[Administration & Dosage\]](#)  
[Acetaminophen/pk \[Pharmacokinetics\]](#)  
[\\*Acetaminophen/to \[Toxicity\]](#)  
[Acetylcysteine/pk \[Pharmacokinetics\]](#)  
[\\*Acetylcysteine/tu \[Therapeutic Use\]](#)  
[Alanine Transaminase/bl \[Blood\]](#)  
[Alanine Transaminase/me \[Metabolism\]](#)  
[Animals](#)  
[Antidotes/pk \[Pharmacokinetics\]](#)  
[Antidotes/tu \[Therapeutic Use\]](#)  
[Coloring Agents/du \[Diagnostic Use\]](#)  
[Coloring Agents/pk \[Pharmacokinetics\]](#)  
[\\*Disease Models, Animal](#)  
[\\*Drug-Induced Liver Injury/dt \[Drug Therapy\]](#)  
[\\*Indocyanine Green/du \[Diagnostic Use\]](#)  
[Indocyanine Green/pk \[Pharmacokinetics\]](#)  
[Injections, Intravenous](#)  
[\\*Liver/de \[Drug Effects\]](#)  
[Liver/me \[Metabolism\]](#)  
[Liver/pa \[Pathology\]](#)  
[Male](#)  
[Mice](#)  
[Mice, Inbred Strains](#)  
[Time Factors](#)

**Source:** MEDLINE

## 20. Factors predicting completion in a cohort of opiate users entering a detoxification programme.

**Citation:** Irish Journal of Medical Science, December 2010, vol./is. 179/4(569-73), 0021-1265;1863-4362 (2010 Dec)

**Author(s):** Mullen L; Keenan E; Barry J; Long J; Mulholland D; Grogan L; Delargy I

**Institution:** Strategic Health Planning, Population Health Directorate, Dr. Steeven's Hospital, HSE, Dublin 8, Ireland. Louise.mullen@hse.ie

**Language:** English

**Abstract:** AIM: To determine the outcome and factors influencing outcome among a cohort of drug users commencing detoxification from opiate use.METHODS: National cohort study of randomly selected opiate users commencing methadone detoxification treatment in 1999, 2001 and 2003 (n=327).RESULTS: One quarter 62 (25.6%) of opiate users had a successful detoxification within the 3-month study criteria. Receiving some inpatient treatment as part of detoxification programme resulted in completion by 56.3% drug users compared to outpatient only treatment (21%). The factors independently influencing detoxification are as follows: having some inpatient treatment AOR 5.9 (2.63-13.64) and never having injected AOR 2.25 (1.20-4.25). An additional 31 (9%) opiate users had a detoxification between 3months and 1year and 27 (8%) moved into methadone maintenance.CONCLUSIONS: This study finds that having some inpatient treatment increases the likelihood of a detoxification within 3months. Offering a detoxification early in a drug using career pre-injecting drug use should be considered for suitable and motivated patients.

**Country of Publication:** Ireland

**Publication Type:** Journal Article

**Subject Headings:** [Adult](#)  
[Ambulatory Care](#)  
[Female](#)  
[Heroin Dependence/rh \[Rehabilitation\]](#)  
[Hospitalization](#)  
[Humans](#)  
[Ireland](#)  
[Logistic Models](#)  
[Male](#)  
[\\*Opioid-Related Disorders/rh \[Rehabilitation\]](#)  
[Treatment Outcome](#)  
[Young Adult](#)

**Source:** MEDLINE

### 21. Drugs and harm to society.

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**Citation:** Lancet, February 2011, vol./is. 377/9765(554; author reply 555), 0140-6736;1474-547X (2011 Feb 12)

**Author(s):** Hawkey C; Rhodes J; Gilmore I; Sheron N

**Language:** English

**Country of Publication:** England

**Publication Type:** Comment; Letter

**Subject Headings:** [\\*Alcohol-Related Disorders/ep \[Epidemiology\]](#)  
[Alcohol-Related Disorders/mo \[Mortality\]](#)  
[Great Britain/ep \[Epidemiology\]](#)  
[Harm Reduction](#)  
[Health Policy](#)  
[Humans](#)  
[Liver Diseases, Alcoholic/ep \[Epidemiology\]](#)

**Source:** MEDLINE

**Full Text:** Available in *print* at [Newcomb Library & Information Service](#)

### 22. Drugs and harm to society.

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**Citation:** Lancet, February 2011, vol./is. 377/9765(554; author reply 555), 0140-6736;1474-547X (2011 Feb 12)

**Author(s):** Hewstone M

**Language:** English

**Country of Publication:** England

**Publication Type:** Comment; Letter

**Subject Headings:** [\\*Alcohol-Related Disorders/ep \[Epidemiology\]](#)  
[Great Britain/ep \[Epidemiology\]](#)  
[\\*Group Processes](#)  
[Humans](#)  
[Research Design](#)

**Source:** MEDLINE

**Full Text:** Available in *print* at [Newcomb Library & Information Service](#)

### 23. Drugs and harm to society.

---

**Citation:** Lancet, February 2011, vol./is. 377/9765(553-4; author reply 555), 0140-6736;1474-547X (2011 Feb 12)

**Author(s):** Viskaduraki M; Mamuneas D  
**Language:** English  
**Country of Publication:** England  
**Publication Type:** Comment; Letter  
**Subject Headings:** [Data Interpretation, Statistical](#)  
[\\*Decision Support Techniques](#)  
[Epidemiologic Research Design](#)  
[Great Britain/ep \[Epidemiology\]](#)  
[Humans](#)  
[\\*Substance-Related Disorders/ep \[Epidemiology\]](#)

**Source:** MEDLINE  
**Full Text:** Available in *print* at [Newcomb Library & Information Service](#)

#### 24. Drugs and harm to society.

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**Citation:** Lancet, February 2011, vol./is. 377/9765(552-3; author reply 555), 0140-6736;1474-547X (2011 Feb 12)

**Author(s):** Bird SM  
**Language:** English  
**Country of Publication:** England  
**Publication Type:** Comment; Letter  
**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Age Factors](#)  
[\\*Alcohol-Related Disorders/ep \[Epidemiology\]](#)  
[Data Interpretation, Statistical](#)  
[Female](#)  
[Great Britain/ep \[Epidemiology\]](#)  
[\\*Harm Reduction](#)  
[Humans](#)  
[Sex Factors](#)  
[Substance-Related Disorders/mo \[Mortality\]](#)  
[Young Adult](#)

**Source:** MEDLINE  
**Full Text:** Available in *print* at [Newcomb Library & Information Service](#)

#### 25. Drugs and harm to society.

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**Citation:** Lancet, February 2011, vol./is. 377/9765(552; author reply 555), 0140-6736;1474-547X (2011 Feb 12)

**Author(s):** Claridge LC  
**Language:** English  
**Country of Publication:** England  
**Publication Type:** Comment; Letter  
**Subject Headings:** [\\*Alcohol-Related Disorders/ep \[Epidemiology\]](#)  
[Data Interpretation, Statistical](#)  
[Great Britain/ep \[Epidemiology\]](#)  
[Humans](#)  
[Research Design](#)  
[Risk Assessment](#)  
[\\*Smoking/ep \[Epidemiology\]](#)  
[\\*Substance-Related Disorders/ep \[Epidemiology\]](#)

**Source:** MEDLINE  
**Full Text:** Available in *print* at [Newcomb Library & Information Service](#)

#### 26. Drugs and harm to society.

---

**Citation:** Lancet, February 2011, vol./is. 377/9765(551; author reply 555), 0140-6736;1474-547X (2011 Feb 12)  
**Author(s):** Britton J; McNeill A; Arnott D; West R; Godfrey C  
**Language:** English  
**Country of Publication:** England  
**Publication Type:** Comment; Letter  
**Subject Headings:** [\\*Alcohol-Related Disorders/ep \[Epidemiology\]](#)  
[Great Britain/ep \[Epidemiology\]](#)  
[Humans](#)  
[\\*Risk Assessment/mt \[Methods\]](#)  
[\\*Smoking/ae \[Adverse Effects\]](#)  
[\\*Smoking/ep \[Epidemiology\]](#)  
[Social Control, Formal](#)  
[\\*Substance-Related Disorders/ep \[Epidemiology\]](#)

**Source:** MEDLINE  
**Full Text:** Available in *print* at [Newcomb Library & Information Service](#)

#### 27. Drugs and harm to society.

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**Citation:** Lancet, February 2011, vol./is. 377/9765(551-2; author reply 555), 0140-6736;1474-547X (2011 Feb 12)  
**Author(s):** Peto R; Boreham J  
**Language:** English  
**Country of Publication:** England  
**Publication Type:** Comment; Letter  
**Subject Headings:** [Great Britain/ep \[Epidemiology\]](#)  
[Humans](#)  
[\\*Risk Assessment/cl \[Classification\]](#)  
[Smoking/ae \[Adverse Effects\]](#)  
[\\*Smoking/mo \[Mortality\]](#)  
[Substance-Related Disorders/mo \[Mortality\]](#)

**Source:** MEDLINE  
**Full Text:** Available in *print* at [Newcomb Library & Information Service](#)

#### 28. Payment by results may undermine services for drug users, warn specialists.

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**Citation:** BMJ, 2011, vol./is. 342/(d900), 0959-535X;1468-5833 (2011)  
**Author(s):** Mayor S  
**Language:** English  
**Country of Publication:** England  
**Publication Type:** News  
**Subject Headings:** [Great Britain](#)  
[Humans](#)  
[\\*Reimbursement, Incentive](#)  
[Substance-Related Disorders/ec \[Economics\]](#)

[\\*Substance-Related Disorders/rh \[Rehabilitation\]](#)  
[Treatment Outcome](#)

**Source:** MEDLINE  
**Full Text:** Available in *print* at [Newcomb Library & Information Service](#)  
 Available in *fulltext* at [Highwire Press](#)

## 29. Smoking cessation-recent advances.

**Citation:** Cardiovascular Drugs & Therapy, August 2010, vol./is. 24/4(359-67), 0920-3206;1573-7241 (2010 Aug)

**Author(s):** McNeil JJ; Piccenna L; Ioannides-Demos LL

**Institution:** Department of Epidemiology & Preventive Medicine, School of Public Health & Preventive Medicine, Alfred Hospital, Monash University, Melbourne, Victoria, 3004, Australia. [john.mcneil@med.monash.edu.au](mailto:john.mcneil@med.monash.edu.au)

**Language:** English

**Abstract:** BACKGROUND: Smoking continues to be a major contributor to the burden of disease across the world although there has been a decrease in some developed countries such as USA and Australia. In countries of South-East Asia with a high prevalence of smoking, the incidence of tobacco-related diseases will continue to increase.METHODS: We reviewed the literature in relation to the pharmacology of nicotine, the measures used to determine the efficacy of anti-smoking therapies, and the randomised controlled trials and systematic reviews of pharmacotherapies published between 2004 and 2010. We focused primarily on the three first line therapies that are currently available: nicotine replacement therapy (NRT), bupropion and varenicline.RESULTS: Randomised controlled trials and meta-analyses have demonstrated that single therapy with either NRT, bupropion or varenicline are all more effective than placebo for smoking cessation. Abstinence rates for monotherapies varies from 13.3% to 19% for NRT compared to 7.5% to 14% for placebo, 19% to 19.7% for bupropion versus 10.9% to 11% for placebo and 25.5% to 25.6% for varenicline versus 11.2% to 14.8% for placebo. Of current therapies varenicline appears to be more effective at achieving abstinence. Some combination therapies with one or two formulations of NRT or NRT plus bupropion have demonstrated superior results to monotherapy. To date there are no randomised controlled trials of varenicline in combination with NRT or bupropion.CONCLUSION: Further studies are required to address the uncertainty that exists on the most appropriate duration of therapy as well as the effectiveness and safety of combination pharmacotherapy. Post-marketing surveillance continues to play an important role in monitoring the adverse effects events associated with these therapies.

**Country of Publication:** United States

**CAS Registry Number:** 0 (Benzazepines); 0 (Dopamine Uptake Inhibitors); 0 (Nicotinic Agonists); 0 (Quinoxalines); 0 (varenicline); 34841-39-9 (Bupropion); 54-11-5 (Nicotine)

**Publication Type:** Journal Article; Review

**Subject Headings:** [Australia](#)  
[Benzazepines/ad \[Administration & Dosage\]](#)  
[Benzazepines/ae \[Adverse Effects\]](#)  
[Benzazepines/pk \[Pharmacokinetics\]](#)  
[Bupropion/ad \[Administration & Dosage\]](#)  
[Bupropion/ae \[Adverse Effects\]](#)  
[Bupropion/pk \[Pharmacokinetics\]](#)  
[Cardiovascular Diseases/ep \[Epidemiology\]](#)  
[Dopamine Uptake Inhibitors/ad \[Administration & Dosage\]](#)  
[Dopamine Uptake Inhibitors/ae \[Adverse Effects\]](#)  
[Dopamine Uptake Inhibitors/pk \[Pharmacokinetics\]](#)  
[Drug Therapy, Combination](#)  
[Great Britain](#)  
[Humans](#)  
[Immunotherapy, Active](#)

\*Nicotine/aa [Analogues & Derivatives]  
 Nicotine/bl [Blood]  
 Nicotine/pd [Pharmacology]  
 Nicotinic Agonists/ad [Administration & Dosage]  
 Nicotinic Agonists/ae [Adverse Effects]  
 Nicotinic Agonists/pk [Pharmacokinetics]  
 Quinoxalines/ad [Administration & Dosage]  
 Quinoxalines/ae [Adverse Effects]  
 Quinoxalines/pk [Pharmacokinetics]  
 Randomized Controlled Trials as Topic  
 Smoking/ae [Adverse Effects]  
 Smoking/im [Immunology]  
 \*Smoking/th [Therapy]  
 \*Smoking Cessation/mt [Methods]  
 Substance Withdrawal Syndrome/pp [Physiopathology]  
 Substance Withdrawal Syndrome/th [Therapy]  
 \*Substance Withdrawal Syndrome  
 Transdermal Patch  
 Treatment Outcome  
 United States

**Source:** MEDLINE

### 30. "We don't have no drugs education": The myth of universal drugs education in English secondary schools?.

**Citation:** International Journal of Drug Policy, November 2010, vol./is. 21/6(452-8), 0955-3959;1873-4758 (2010 Nov)

**Author(s):** Fletcher A; Bonell C; Sorhaindo A

**Institution:** The Centre for Research on Drugs and Health Behaviour, London School of Hygiene & Tropical Medicine, Keppel Street, London WC1E 7HT, UK. adam.fletcher@lshtm.ac.uk

**Language:** English

**Abstract:** BACKGROUND: Despite concerns regarding youth drug use and 'standards' of drugs education in British schools, little is known about young people's routine experiences of drugs education at school, or schools' other priorities, policies and practices relating to drugs. METHODS: Qualitative data were collected through semi-structured interviews with students aged 14-15 (N=50) and teachers (N=10) at four schools in England. We used thematic content analysis to explore: young people's accounts of drugs education at secondary school and what they have learnt from this; and students' and teachers' accounts of schools' wider policies and practices relating to drugs. RESULTS: A recurring theme was that students reported having received little or no drugs education; the majority could not remember having had any at their secondary school. These students were not the 'drugwise' youth described in the normalisation thesis and young people wanted their school to provide them with more information. Teachers recognised that schools' drugs policies were rarely implemented in practice and that drugs education was not a priority. Schools also appear to be adopting new strategies based on surveillance and targeting to control students' drug use. In some cases referrals to a drugs counsellor were coercive and appeared to merely replace classroom-based drugs education. CONCLUSION: This study provides further evidence of the gap between drug policies and practice. It may be possible to increase the priority given to comprehensive drugs education and supportive drugs policies by modifying the incentive structures that schools work within. New targeted responses are unlikely to be effective at reducing drug-related harm at a population level because of the small number of students reached, and can be stigmatising. Further research is needed to explore schools' focus on surveillance and targeted control rather than universal education, and to examine interventions that might ensure schools implement adequate drugs education. Copyright Copyright 2010 Elsevier B.V. All rights reserved.

**Country of Publication:** Netherlands

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't

**Subject Headings:** Adolescent  
Data Collection  
Education  
England  
Female  
Health Promotion/mt [Methods]  
Humans  
Male  
Organizational Policy  
Schools/og [Organization & Administration]  
\*Schools/sn [Statistics & Numerical Data]  
\*Students/px [Psychology]  
Students/sn [Statistics & Numerical Data]  
Substance-Related Disorders/ep [Epidemiology]  
\*Substance-Related Disorders/pc [Prevention & Control]

**Source:** MEDLINE

**31. Turn on, tune in, but don't drop out: The impact of neo-liberalism on magic mushroom users' (in)ability to imagine collectivist social worlds.**

**Citation:** International Journal of Drug Policy, November 2010, vol./is. 21/6(445-51), 0955-3959;1873-4758 (2010 Nov)

**Author(s):** Riley S; Thompson J; Griffin C

**Institution:** University of Bath, Bath BA2 7AY, UK. S.Riley@bath.ac.uk

**Language:** English

**Abstract:** BACKGROUND: Between 2002 and 2005 fresh or unprepared psilocin-based 'magic' mushrooms were legal to possess and traffic in the UK, and commercial sales demonstrated a significant market for this hallucinogenic drug. During and after this time there has been relatively little analysis concerning how magic mushroom users accounted for their drug use, nor on the wider political and cultural discourses that might have shaped this sense making.METHOD: In this paper we present a critical analysis of contemporary discourses around magic mushroom use in the UK through a multi-level discourse analysis of focus group data from 20 magic mushroom users (13 male and 7 female, mean age 25 years), taken at a time when magic mushrooms were being legally sold in the UK.RESULTS: Locating participants' use of magic mushrooms within the context of a culture of intoxication, neo-liberalism and the legacy of 1960s psychedelic philosophy, we identify six interpretative repertoires in their talk, which were subsumed within two overarching discourses. The first discourse drew on neo-liberal rhetoric, constructing participants as rational risk managing subjects engaged in a form of calculated hedonism that was legitimated as an act of personal freedom and consumer choice. The second discourse, identified as 'post-psychedelic', both celebrated and problematised a collective, connected 'hippy' form of spirituality.CONCLUSION: The paper analyses the relationships between identity, consumption and citizenship by arguing that people's ability to imagine collectivist, spiritual or interconnected social worlds has been contained within neo-liberalism rhetoric. Copyright Copyright 2010 Elsevier B.V. All rights reserved.

**Country of Publication:** Netherlands

**CAS Registry Number:** 0 (Hallucinogens); 520-52-5 (Psilocybine); 520-53-6 (psilocin)

**Publication Type:** Journal Article

**Subject Headings:** Adolescent  
Adult  
Female  
Focus Groups  
Great Britain  
\*Hallucinogens/ad [Administration & Dosage]  
Humans

Male  
 Philosophy  
 Politics  
 Psilocybe/ch [Chemistry]  
 Psilocybine/ad [Administration & Dosage]  
 \*Psilocybine/aa [Analogues & Derivatives]  
 \*Spirituality  
 \*Substance-Related Disorders/px [Psychology]  
 Young Adult

**Source:** MEDLINE

**32. Triply troubled: criminal behaviour and mental health in a cohort of teenage pregnant substance misusers in treatment.**

**Citation:** Criminal Behaviour & Mental Health, December 2010, vol./is. 20/5(335-48), 0957-9664;1471-2857 (2010 Dec)

**Author(s):** Barnes W; Ismail KM; Crome IB

**Institution:** Academic Psychiatric Unit, Keele University Medical School (St George's Hospital Campus), Keele, UK.

**Language:** English

**Abstract:** BACKGROUND: Teenage substance misuse and pregnancy are major public health problems in the UK, where the most recent figures on maternal deaths suggest that they have doubled among young substance misusers. In general, little is known about their pregnancy outcomes. AIMS: The aims of this study were to describe the characteristics of a sample of teenage pregnant drug users in the UK, to examine their psychosocial risk and complicating factors at presentation, to evaluate adherence to current national guidelines and to assess the adequacy of guidelines in relation to identified characteristics. METHODS: A six-year records survey of young people attending a specialist adolescent drug misuse service in the west midlands of the UK. RESULTS: Ten pregnant adolescents were identified from records. These girls have had unstable or abusive experiences through childhood, half having other substance misusers in the family. All were with substantially older partners, who were also substance misusers. All had required a mental health assessment and 90% had a history of self-harm. There were no maternal or neonatal deaths, and only one girl had a miscarriage, but in four cases, the child had to be fostered. CONCLUSIONS: To our knowledge, this is the first analysis of this kind in the UK. Available guidelines were followed, but our findings suggest that more detailed and comprehensive guidelines are required. Preventive measures through education are likely to be hampered by the early age at which these girls cease attending school. Copyright Copyright 2010 John Wiley & Sons, Ltd.

**Country of Publication:** England

**Publication Type:** Journal Article

**Subject Headings:** Adolescent  
 \*Adolescent Behavior/px [Psychology]  
 \*Criminals/px [Psychology]  
 \*Drug Users/px [Psychology]  
 England  
 Female  
 Humans  
 Mental Health  
 Pregnancy  
 \*Pregnancy in Adolescence/px [Psychology]  
 Questionnaires  
 Retrospective Studies  
 \*Substance-Related Disorders/px [Psychology]

**Source:** MEDLINE

**33. [Investigation of anti-HTLV I/II seroprevalence in healthy blood donors in Izmir region, Turkey]. [Turkish] Izmir bölgesinde saglikli kan vericilerinde anti-HTLV-I/II seroprevalansinin arastirilmesi**

<b>Original Title:</b>	Izmir bölgesinde saglikli kan vericilerinde anti-HTLV-I/II seroprevalansinin arastirilmesi
<b>Citation:</b>	Mikrobiyoloji Bulteni, October 2010, vol./is. 44/4(579-84), 0374-9096;0374-9096 (2010 Oct)
<b>Author(s):</b>	Sertoç R; Turhan A; Bozkurt H; Samlioglu P; Degirmenci A; Aydinok Y; Erensoy S
<b>Institution:</b>	Ege Universitesi Tip Fakultesi, Mikrobiyoloji ve Klinik Mikrobiyoloji Anabilim Dalı, Izmir, Turkiye. ruchan.sertoç@ege.edu.tr
<b>Language:</b>	Turkish
<b>Abstract:</b>	<p>Almost 10-20 million people in the world are thought to be infected by human deltaretroviruses, namely human T-cell lymphotropic virus (HTLV) type I and II, recently. HTLV-I is endemic in southwestern Japan, the Caribbean and sub-Saharan Africa, whereas HTLV-II is more prevalent in intravenous drug addicts, and in American indian populations, endemically. HTLV-I is mainly responsible for adult T-cell leukemia (ATL) and HTLV-I-associated myelopathy/tropical spastic paraparesis (HAM/TSP), however, HTLV-II is not clearly associated with a known clinical disease. Both viruses may be transmitted by sexual contact, parenteral route, whole blood transfusion and breast-feeding. In most of the countries [USA, Canada, South America, Caribbean, Japan, Taiwan and some Europe countries (France, UK, Ireland, Sweden, Denmark, The Netherlands, Portugal, Romania, Greece)] routine screening of anti-HTLV-I/II in blood donors is mandatory, however, there is no such practice in Turkey since seroepidemiologic data on HTLV-I/II infections is insufficient. In this study, the seroprevalence of HTLV-I/II in healthy blood donors admitted to the blood bank of Ege University Medical Faculty Hospital, Izmir (located at Aegean region), was investigated to support data on the decision making process on routine screening of anti-HTLV-I/II in blood centers. Serum samples from 10.000 healthy blood donors (mean age: 32.6 years; 87.8% were male), who succeeded the donor history questionnaire, were included to the study, and HTLV-I/II antibodies were screened by a commercial enzyme immunoassay (ELISA) (Murex HTLV-I/II, Murex Diagnostics, UK) method. Serum samples which were yielded reactive and borderline results were retested by ELISA, and repeated reactive/borderline results were then confirmed by HTLV-I/II confirmation test (INNO-LIA HTLV-I/II, Innogenetics, Belgium). Seven samples yielded reactive/borderline reactive results by both ELISA lots, however, all of them were found negative by confirmatory test. According to our data HTLV-I/II infections are not endemic in Izmir region, and anti-HTLV-I/II screening of blood donors is not required in our blood center currently. Nevertheless, screening HIV which is very rare in prevalence among the donor population, is mandatory for blood donors in our country. Thus, even its prevalence is very low, much more comprehensive and multi-centered studies are necessary for making the decision of integrating HTLV-I/II in routine blood bank screening tests in Turkey.</p>
<b>Country of Publication:</b>	Turkey
<b>CAS Registry Number:</b>	0 (HTLV-I Antibodies); 0 (HTLV-II Antibodies)
<b>Publication Type:</b>	English Abstract; Journal Article
<b>Subject Headings:</b>	<p><a href="#">Adult</a>  <a href="#">*Blood Donors/sn [Statistics &amp; Numerical Data]</a>  <a href="#">Enzyme-Linked Immunosorbent Assay</a>  <a href="#">Female</a>  <a href="#">*HTLV-I Antibodies/bl [Blood]</a>  <a href="#">*HTLV-I Infections/ep [Epidemiology]</a>  <a href="#">*HTLV-II Antibodies/bl [Blood]</a>  <a href="#">*HTLV-II Infections/ep [Epidemiology]</a>  <a href="#">Humans</a>  <a href="#">Male</a>  <a href="#">Mandatory Testing</a></p>

[Seroepidemiologic Studies](#)  
[Turkey/ep \[Epidemiology\]](#)

**Source:** MEDLINE

#### 34. Adolescent pregnancy outcomes and risk factors in Malaysia.

**Citation:** International Journal of Gynaecology & Obstetrics, December 2010, vol./is. 111/3(220-3), 0020-7292;1879-3479 (2010 Dec)

**Author(s):** Omar K; Hasim S; Muhammad NA; Jaffar A; Hashim SM; Siraj HH

**Institution:** Family Medicine Department, Faculty of Medicine, Universiti Kebangsaan Malaysia (UKM) Medical Centre, Kuala Lumpur, Malaysia. khairanio@gmail.com

**Language:** English

**Abstract:** OBJECTIVE: To assess the outcomes and risk factors of adolescent pregnancies in 2 major hospitals in Malaysia. METHODS: We conducted a case-control study of pregnant girls aged 10 through 19 years. The controls were women aged 20 through 35 years who did not become pregnant in their adolescence. Cases and controls were matched for parity and place of delivery. Data were collected from questionnaires and the hospitals' medical records. RESULTS: The study included 102 cases and 102 controls. There were significant associations between adolescent pregnancy and low education level, low socioeconomic status, being raised by a single parent, not engaging in extracurricular school activities, engaging in unsupervised activities with peers after school, and substance abuse ( $P < 0.05$  for all); being anemic, being unsure of the expected delivery date, and having few antenatal visits and a late delivery booking; and low Apgar scores and perinatal complications. CONCLUSION: Adolescent pregnancies are high-risk pregnancies. Better sexual health strategies are required to address the associated complications. Copyright Copyright 2010 International Federation of Gynecology and Obstetrics. Published by Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Case-Control Studies](#)  
[Child](#)  
[Educational Status](#)  
[Female](#)  
[Humans](#)  
[Malaysia/ep \[Epidemiology\]](#)  
[Pregnancy](#)  
[Pregnancy Complications/ep \[Epidemiology\]](#)  
[\\*Pregnancy Outcome/ep \[Epidemiology\]](#)  
[Pregnancy in Adolescence/pc \[Prevention & Control\]](#)  
[\\*Pregnancy in Adolescence/sn \[Statistics & Numerical Data\]](#)  
[Pregnancy, High-Risk](#)  
[Prenatal Care](#)  
[Risk Factors](#)  
[Sex Education](#)  
[Single-Parent Family/sn \[Statistics & Numerical Data\]](#)  
[Social Class](#)  
[Substance-Related Disorders/ep \[Epidemiology\]](#)  
[Young Adult](#)

**Source:** MEDLINE

#### 35. Dangerous Dogs Act and the problem of 'status' dogs.

**Citation:** Veterinary Record, October 2010, vol./is. 167/16(628-9), 0042-4900;0042-4900 (2010 Oct 16)

**Author(s):** Shepherd K  
**Language:** English  
**Country of Publication:** England  
**Publication Type:** Comment; Letter  
**Subject Headings:** [Aggression](#)  
[Animal Welfare](#)  
[Animals](#)  
[\\*Bites and Stings/ve \[Veterinary\]](#)  
[\\*Dogs](#)  
[Great Britain](#)  
[Humans](#)  
[Legislation as Topic](#)  
[\\*Ownership/lj \[Legislation & Jurisprudence\]](#)

**Source:** MEDLINE

**36. Presence of co-morbid substance use disorder in bipolar patients worsens their social functioning to the level observed in patients with schizophrenia.**

**Citation:** Psychiatry Research, January 2011, vol./is. 185/1-2(129-34), 0165-1781;0165-1781 (2011 Jan 30)

**Author(s):** Jaworski F; Dubertret C; Ades J; Gorwood P

**Institution:** AP-HP, Department of Psychiatry, Louis Mourier Hospital, Colombes, France.

**Language:** English

**Abstract:** Bipolar disorder has been considered to have a better prognosis than schizophrenia at the very beginning of its definition. However, psychosocial functioning may vary not only because of the characteristics of the disorder, but also of co-morbid conditions, especially regarding substance use disorder (SUD). The purpose of this study was to compare the social adjustment level of patients with bipolar disorder with that observed in patients with schizophrenia, taking into account substance use disorder (SUD). Forty subjects with schizophrenia and 40 subjects with bipolar disorder, in the stable phase of the disorder, were matched for age, gender and presence of SUD (DSM-IV criteria). The social adjustment scale was completed with socio-demographic and clinical characteristics of illness. The global adaptation score of bipolar patients with SUD was poorer than bipolar patients without SUD, but was not observed as being significantly different from that of patients with schizophrenia, with or without associated SUD. Suicide attempts, poor compliance, longer hospitalisation, shorter remissions and criminal activity were also more frequently observed in the group of patients with bipolar disorder and SUD. Presence of substance use disorder seems to have a greater weight than the main diagnostic (schizophrenia versus bipolar disorder) to predict worse social adjustment and poorer outcome. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**Publication Type:** Journal Article

**Subject Headings:** [Analysis of Variance](#)  
[Bipolar Disorder/co \[Complications\]](#)  
[Bipolar Disorder/ep \[Epidemiology\]](#)  
[Bipolar Disorder/px \[Psychology\]](#)  
[\\*Bipolar Disorder](#)  
[Chi-Square Distribution](#)  
[Comorbidity](#)  
[Female](#)  
[Humans](#)  
[Male](#)  
[Psychiatric Status Rating Scales](#)  
[Retrospective Studies](#)  
[\\*Schizophrenia/ep \[Epidemiology\]](#)

[\\*Schizophrenic Psychology](#)  
[Severity of Illness Index](#)  
[\\*Social Adjustment](#)  
[Substance-Related Disorders/ep \[Epidemiology\]](#)  
[\\*Substance-Related Disorders/px \[Psychology\]](#)  
[Suicide, Attempted/px \[Psychology\]](#)

**Source:** MEDLINE

**37. Features and prevalence of patients with probable adult attention deficit hyperactivity disorder who request treatment for cocaine use disorders.**

**Citation:** Psychiatry Research, January 2011, vol./is. 185/1-2(205-10), 0165-1781;0165-1781 (2011 Jan 30)

**Author(s):** Perez de Los Cobos J; Sinol N; Puerta C; Cantillano V; Lopez Zurita C; Trujols J

**Institution:** Addictive Behaviors Unit (Psychiatry Department), Hospital de la Santa Creu i Sant Pau, Barcelona, Spain. jperezc@santpau.cat

**Language:** English

**Abstract:** To characterize those patients with probable adult attention deficit hyperactivity disorder (ADHD) who ask for treatment of cocaine use disorders; to estimate the prevalence of probable adult ADHD among these patients. This is a cross-sectional and multi-center study performed at outpatient resources of 12 addiction treatment centers in Spain. Participants were treatment-seeking primary cocaine abusers recruited consecutively at one center and through convenience sampling at the other centers. Assessments included semi-structured clinical interview focused on Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) ADHD criteria adapted to adulthood, and the Wender-Utah Rating Scale (WURS) for screening childhood history of ADHD according to patients. Probable adult ADHD was diagnosed when patients met DSM-IV criteria of ADHD in adulthood and scored WURS>32. All participants were diagnosed with current cocaine dependence (n=190) or abuse (n=15). Patients with probable adult ADHD, compared with patients having no lifetime ADHD, were more frequently male, reported higher impulsivity, and began to use nicotine, alcohol, cannabis, or cocaine earlier. Before starting the current treatment, patients with probable adult ADHD also showed higher cocaine craving for the previous day, less frequent cocaine abstinence throughout the previous week, and higher use of cocaine and tobacco during the previous month. Impulsivity and male gender were the only independent risk factors of probable adult ADHD in a logistic regression analysis. The prevalence of probable adult ADHD was 20.5% in the sub-sample of patients consecutively recruited (n=78). A diagnosis of probable adult ADHD strongly distinguishes among treatment-seeking cocaine primary abusers regarding past and current key aspects of their addictive disorder; one-fifth of these patients present with probable adult ADHD. Copyright Copyright 2009 Elsevier Ireland Ltd. All rights reserved.

**Country of Publication:** Ireland

**Publication Type:** Journal Article; Multicenter Study; Research Support, Non-U.S. Gov't

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Analysis of Variance](#)  
[\\*Attention Deficit Disorder with Hyperactivity/di \[Diagnosis\]](#)  
[\\*Attention Deficit Disorder with Hyperactivity/ep \[Epidemiology\]](#)  
[Chi-Square Distribution](#)  
[Cocaine-Related Disorders/di \[Diagnosis\]](#)  
[\\*Cocaine-Related Disorders/ep \[Epidemiology\]](#)  
[Cross-Sectional Studies](#)  
[Female](#)  
[Humans](#)  
[Male](#)  
[Middle Aged](#)  
[Prevalence](#)

Psychiatric Status Rating Scales  
 Risk Factors  
 Spain/ep [Epidemiology]  
 Statistics, Nonparametric  
 Young Adult

**Source:** MEDLINE

### 38. Self-poisoning suicide deaths in England: could improved medical management contribute to suicide prevention?.

**Citation:** Qjm, October 2010, vol./is. 103/10(765-75), 1460-2393;1460-2393 (2010 Oct)

**Author(s):** Kapur N; Clements C; Bateman N; Foex B; Mackway-Jones K; Hawton K; Gunnell D

**Institution:** Centre for Suicide Prevention, School of Community Based Medicine, University of Manchester, Manchester M13 9PL, UK. nav.kapur@manchester.ac.uk

**Language:** English

**Abstract:** BACKGROUND: Suicide by self-poisoning is a major cause of death worldwide. Few studies have investigated the medical management of fatal self-poisoning. AIM: To describe the characteristics and management of a national sample of individuals who died by intentional self-poisoning in hospital and assess the quality of care that they received. DESIGN: National population-based descriptive study and confidential inquiry. METHODS: Adults (aged  $\geq 16$  years) who had died by self-poisoning in English hospitals in 2005 and received a coroner's verdict of suicide or undetermined death at inquest were included. Socio-demographic and clinical data were collected through detailed questionnaires sent to clinicians at the treating hospitals. A panel of three expert assessors rated each case with respect to quality of care and likely contribution to the fatal outcome. RESULTS: We obtained information on 121 cases (response rate for questionnaires 77%). Expert assessors rated 41/104 cases [39% (95% CI 30-49%)] as having received inadequate care; in the majority (38/41-93%) of these, this poor care was felt to have potentially contributed to the patient's death. The most common reason for a rating of inadequate care was poor airway management (recorded in over half of inadequate care cases). In three cases, the receipt of inadequate care was associated with the presence of some form of advance directive. CONCLUSION: In as many as 39% of in-hospital self-poisoning fatalities, the care received may be in some way sub-optimal. The challenge for clinical services is to ensure that optimal management strategies are implemented in practice.

**Country of Publication:** England

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't

**Subject Headings:** Adolescent  
 Adult  
 Aged  
 \*Airway Management/st [Standards]  
 England  
 Epidemiologic Methods  
 Female  
 Humans  
 Male  
 Middle Aged  
 Poisoning/mo [Mortality]  
 \*Poisoning/pc [Prevention & Control]  
 \*Quality of Health Care/st [Standards]  
 Socioeconomic Factors  
 \*Suicide/pc [Prevention & Control]  
 Young Adult

**Source:** MEDLINE

### 39. Withdrawal from methylphenidate increases neural reactivity of dorsal midbrain.

**Citation:** Neuroscience Research, December 2010, vol./is. 68/4(290-300), 0168-0102;1872-8111 (2010 Dec)

**Author(s):** Ferreira R; Bassi GS; Cabral A; Nobre MJ

**Institution:** Instituto de Neurociencias & Comportamento, University of Sao Paulo, Campus Ribeirao Preto, SP, Brazil.

**Language:** English

**Abstract:** Ritalin (methylphenidate hydrochloride, MP) is a non-amphetamine psychostimulant and is the drug of choice to treat children and adults diagnosed with the attention deficit hyperactivity disorder (ADHD). Several studies have demonstrated that rats treated with MP during early developmental stage exhibit alterations in anxiety-related processes such as an increased response to stressful stimuli and elevated plasma levels of corticosterone. Accordingly, the present study was designed to further characterize the neural and behavioral consequences of withdrawal from MP in adult rats and its influence on the neural reactivity of the dorsal midbrain. After initial exposure to an elevated plus-maze (EPM), brainstem neural activation, elicited by exposure to EPM aversive cues, was analyzed using a Fos-protein immunolabeling technique. Additional independent groups of animals were submitted to electrical stimulation of the dorsal column (DPAG) or the startle response procedure, in order to verify the influence of withdrawal from MP on the expression of unconditioned fear induced by DPAG activation and the effects of or withdrawal from MP on motor response, respectively. Our results provide new findings about the influence of MP treatment in adult rats, showing that, after a sudden MP treatment-break, increased anxiety, associated with the neural sensitization of anxiety-related regions, ensues. Copyright Copyright 2010 Elsevier Ireland Ltd and the Japan Neuroscience Society. All rights reserved.

**Country of Publication:** Ireland

**CAS Registry Number:** 0 (Central Nervous System Stimulants); 113-45-1 (Methylphenidate)

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't

**Subject Headings:** [Animals](#)  
[\\*Anxiety/et \[Etiology\]](#)  
[Behavior, Animal/de \[Drug Effects\]](#)  
[Behavior, Animal/ph \[Physiology\]](#)  
[\\*Central Nervous System Stimulants/ae \[Adverse Effects\]](#)  
[Male](#)  
[Maze Learning/de \[Drug Effects\]](#)  
[Maze Learning/ph \[Physiology\]](#)  
[\\*Mesencephalon/de \[Drug Effects\]](#)  
[Mesencephalon/me \[Metabolism\]](#)  
[Mesencephalon/pp \[Physiopathology\]](#)  
[\\*Methylphenidate/ae \[Adverse Effects\]](#)  
[Neurons/de \[Drug Effects\]](#)  
[Neurons/me \[Metabolism\]](#)  
[Rats](#)  
[Rats, Wistar](#)  
[Substance Withdrawal Syndrome/me \[Metabolism\]](#)  
[\\*Substance Withdrawal Syndrome/pp \[Physiopathology\]](#)

**Source:** MEDLINE

#### 40. Oxidative stress in anxiety and comorbid disorders.

**Citation:** Neuroscience Research, December 2010, vol./is. 68/4(261-75), 0168-0102;1872-8111 (2010 Dec)

**Author(s):** Hovatta I; Juhila J; Donner J

**Institution:** Research Program of Molecular Neurology, Faculty of Medicine, University of Helsinki, Finland. iiris.hovatta@helsinki.fi

**Language:** English

**Abstract:** Anxiety disorders, depression, and alcohol use disorder are common neuropsychiatric diseases that often occur together. Oxidative stress has been suggested to contribute to their etiology. Oxidative stress is a consequence of either increased generation of reactive oxygen species or impaired enzymatic or non-enzymatic defense against it. When excessive it leads to damage of all major classes of macromolecules, and therefore affects several fundamentally important cellular functions. Consequences that are especially detrimental to the proper functioning of the brain include mitochondrial dysfunction, altered neuronal signaling, and inhibition of neurogenesis. Each of these can further contribute to increased oxidative stress, leading to additional burden to the brain. In this review, we will provide an overview of recent work on oxidative stress markers in human patients with anxiety, depressive, or alcohol use disorders, and in relevant animal models. In addition, putative oxidative stress-related mechanisms important for neuropsychiatric diseases are discussed. Despite the considerable interest this field has obtained, the detailed mechanisms that link oxidative stress to the pathogenesis of neuropsychiatric diseases remain largely unknown. Since this pathway may be amenable to pharmacological intervention, further studies are warranted. Copyright Copyright 2010 Elsevier Ireland Ltd and the Japan Neuroscience Society. All rights reserved.

**Country of Publication:** Ireland

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't; Review

**Subject Headings:** [Alcoholism/ep \[Epidemiology\]](#)  
[Alcoholism/me \[Metabolism\]](#)  
[\\*Alcoholism/pp \[Physiopathology\]](#)  
 Animals  
[Anxiety/ep \[Epidemiology\]](#)  
[Anxiety/me \[Metabolism\]](#)  
[\\*Anxiety/pp \[Physiopathology\]](#)  
[Brain/me \[Metabolism\]](#)  
[\\*Brain/pp \[Physiopathology\]](#)  
 Comorbidity  
[Depression/ep \[Epidemiology\]](#)  
[Depression/me \[Metabolism\]](#)  
[\\*Depression/pp \[Physiopathology\]](#)  
 Humans  
[\\*Oxidative Stress/ph \[Physiology\]](#)

**Source:** MEDLINE

#### 41. Quantifying the psychological effects of ketamine: from euphoria to the k-Hole.

**Citation:** Substance Use & Misuse, December 2010, vol./is. 45/14(2428-43), 1082-6084;1532-2491 (2010 Dec)

**Author(s):** Stirling J; McCoy L

**Institution:** Department of Psychology, Manchester Metropolitan University, Manchester, UK. j.stirling@mmu.ac.uk

**Language:** English

**Abstract:** 52 ketamine users were "opportunistically" recruited to take part in a survey of the psychological effects of the drug, in Manchester, United Kingdom in 2008. Twenty-seven ketamine-naïve respondents were also recruited for comparison in respect of "other" recreational drug use and level of schizotypy. Ketamine users attributed a wide range of appetitive, aversive, after-effect, and dissociative experiences to the drug. They also reported using a much wider range of other recreational drugs than ketamine non-users. Former users reported significantly fewer positive or dissociative experiences than current users.

**Country of Publication:** England

**CAS Registry Number:** 0 (Analgesics); 0 (Street Drugs); 6740-88-1 (Ketamine)

**Publication Type:** Journal Article

**Subject Headings:** [\\*Analgesics/ae \[Adverse Effects\]](#)  
[Analgesics/pd \[Pharmacology\]](#)  
[England](#)  
[Female](#)  
[Health Surveys](#)  
[Humans](#)  
[\\*Ketamine/ae \[Adverse Effects\]](#)  
[Ketamine/pd \[Pharmacology\]](#)  
[Male](#)  
[\\*Schizotypal Personality Disorder/ci \[Chemically Induced\]](#)  
[Street Drugs](#)  
[Substance-Related Disorders](#)  
[Young Adult](#)

**Source:** MEDLINE

#### 42. Personality pathology recorded by severity: national survey.

**Citation:** British Journal of Psychiatry, September 2010, vol./is. 197/3(193-9), 0007-1250;1472-1465 (2010 Sep)

**Author(s):** Yang M; Coid J; Tyrer P

**Institution:** University of Nottingham, UK.

**Language:** English

**Abstract:** BACKGROUND: Current classifications of personality disorders do not classify severity despite clinical practice favouring such descriptions. AIMS: To assess whether an existing measure of severity of personality disorder predicted clinical pathology and societal dysfunction in a community sample. METHOD: UK national epidemiological study in which personality status was measured using the screening version of the Structured Clinical Interview for DSM-IV Personality Disorders (SCID-II) and reclassified to five levels using a modified severity index. Associations between levels of severity of personality pathology and social, demographic and clinical variables were measured. RESULTS: Of 8391 individuals interviewed and their personality status assessed, only a minority (n = 1933, 23%) had no personality pathology. The results supported the hypothesis. More severe personality pathology was associated incrementally with younger age, childhood institutional care, expulsion from school, contacts with the criminal justice system, economic inactivity, more Axis I pathology and greater service contact (primary care and secondary care, all P<0.001). Significant handicap was noted among people with even low levels of personality pathology. No differences contradicted the main hypothesis. CONCLUSIONS: A simple reconstruction of the existing classification of personality disorder is a good predictor of social dysfunction and supports the development of severity measures as a critical requirement in both DSM-V and ICD-11 classifications.

**Country of Publication:** England

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Aged](#)  
[Criminals/px \[Psychology\]](#)  
[Criminals/sn \[Statistics & Numerical Data\]](#)  
[Diagnostic and Statistical Manual of Mental Disorders](#)  
[Employment/sn \[Statistics & Numerical Data\]](#)  
[Epidemiologic Methods](#)  
[Female](#)  
[Great Britain/ep \[Epidemiology\]](#)  
[Health Services/ut \[Utilization\]](#)  
[Humans](#)  
[International Classification of Diseases](#)  
[Interview, Psychological](#)

[Male](#)  
[Middle Aged](#)  
[\\*Personality Disorders/cl \[Classification\]](#)  
[\\*Personality Disorders/ep \[Epidemiology\]](#)  
[Psychotic Disorders/ep \[Epidemiology\]](#)  
[\\*Social Behavior Disorders/ep \[Epidemiology\]](#)  
[Social Behavior Disorders/px \[Psychology\]](#)  
[Substance-Related Disorders/ep \[Epidemiology\]](#)  
[Young Adult](#)

**Source:** MEDLINE

**Full Text:** Available in *fulltext* at [The Royal College of Psychiatrists](#)  
 Available in *fulltext* at [Highwire Press](#)  
 Available in *print* at [Newcomb Library & Information Service](#)

#### 43. Psychosocial assessment and repetition of self-harm: the significance of single and multiple repeat episode analyses.

**Citation:** Journal of Affective Disorders, December 2010, vol./is. 127/1-3(257-65), 0165-0327;1573-2517 (2010 Dec)

**Author(s):** Bergen H; Hawton K; Waters K; Cooper J; Kapur N

**Institution:** Centre for Suicide Research, University of Oxford, United Kingdom.

**Language:** English

**Abstract:** BACKGROUND: Self-harm is a common reason for presentation to the Emergency Department. An important question is whether psychosocial assessment reduces risk of repeated self-harm. Repetition has been investigated with survival analysis using various models, though many are not appropriate for recurrent events. METHODS: Survival analysis was used to investigate associations between psychosocial assessment following an episode of self-harm and subsequent repetition, including (i) one repeat, and (ii) recurrent repetition ( $\leq 5$  repeats) using (a) an independent episodes model, and (b) a stratified episodes model based on a conditional risk set. Data were from the Multicentre Study on Self-harm in England, 2000 to 2007. RESULTS: Psychosocial assessment following an index episode of self-harm was associated with a 51% (95% CI 42%-58%) decreased risk of a repeat episode in persons with no psychiatric treatment history, and 26% (95% CI 8%-34%) decreased risk in those with a treatment history. For recurrent repetition, assessment was associated with a 57% (95% CI 51%-63%) decreased risk of repetition assuming independent episodes, and 13% (95% CI 1%-24%) decreased risk accounting for ordering and correlation of episodes by the same person (stratified episodes model). All models controlled for age, gender, method, history of self-harm, and centre differences. LIMITATIONS: Some missing data on psychiatric treatment for non-assessed patients. CONCLUSIONS: Psychosocial assessment appeared to be beneficial in reducing the risk of repetition, especially in the short-term. Findings for recurrent repetition were highly dependent on model assumptions. Analyses should fully account for ordering and correlation of episodes by the same person. Copyright Copyright 2010 Elsevier B.V. All rights reserved.

**Country of Publication:** Netherlands

**Publication Type:** Journal Article; Multicenter Study; Research Support, Non-U.S. Gov't

**Subject Headings:** [Adolescent](#)  
[Adult](#)  
[Child](#)  
[Cross-Sectional Studies](#)  
[England](#)  
[Female](#)  
[Humans](#)  
[Male](#)  
[Mental Disorders/ep \[Epidemiology\]](#)  
[Mental Disorders/px \[Psychology\]](#)  
[Middle Aged](#)

[\\*Personality Assessment](#)  
[Poisoning/ep \[Epidemiology\]](#)  
[Poisoning/px \[Psychology\]](#)  
[Proportional Hazards Models](#)  
[Recurrence/pc \[Prevention & Control\]](#)  
[Risk Factors](#)  
[\\*Self-Injurious Behavior/ep \[Epidemiology\]](#)  
[\\*Self-Injurious Behavior/px \[Psychology\]](#)  
[Statistics as Topic](#)  
[Survival Analysis](#)  
[Young Adult](#)

**Source:** MEDLINE

#### 44. Alcohol and unnatural deaths in the West of Ireland: a 5-year review.

**Citation:** Journal of Clinical Pathology, October 2010, vol./is. 63/10(900-3), 0021-9746;1472-4146 (2010 Oct)

**Author(s):** Ingoldsby H; Callagy G

**Institution:** Discipline of Pathology, NUI Galway, Clinical Science Institute and Department of Pathology, University Hospital Galway, Galway, Ireland.

**Language:** English

**Abstract:** AIM: To investigate the prevalence of alcohol in unnatural deaths in the West of Ireland between 2003 and 2007. METHODS: The reports of 1669 postmortem examinations carried out at Galway University Hospitals were reviewed; 379 non-homicidal unnatural deaths were eligible for the study. Alcohol levels were measured in blood and/or urine in 311 cases. For each case, gender, age, cause of death and toxicology results were recorded. RESULTS: Alcohol was detected in 162 out of 311 cases (52%); 133 (82%) cases were men and 29 (18%) were women. Alcohol levels >150mg/100ml were found in 99 cases (61%), most commonly in 18-49-year-olds (n=74; 75%). Road traffic crashes (RTCs) (n=38; 23%), drownings (n=38; 23%) and hangings (n=25; 15%) were common unnatural deaths associated with alcohol. The majority of RTC deaths involved the driver (n=27; 71%). The alcohol level was higher than the legal driving limit of 80mg/100ml in 82% (n=22) and >150mg/100ml in 59% (n=16) of these. Mortality of passengers (n=6; 16%) and pedestrians (n=5; 13%) was less common. CONCLUSIONS: Alcohol remains a major contributor to unnatural deaths in the West of Ireland, particularly with respect to mortality in young people. Young men are especially vulnerable. Deaths in RTCs and by drowning and hanging are commonly associated with alcohol. Many driver fatalities involve alcohol levels far above legal limits. Alcohol measurement in all unnatural deaths would facilitate more accurate determination of its role.

**Country of Publication:** England

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

**Publication Type:** Journal Article

**Subject Headings:**
[Accidents, Traffic/mo \[Mortality\]](#)  
[Adolescent](#)  
[Adult](#)  
[Age Distribution](#)  
[Aged](#)  
[Aged, 80 and over](#)  
[Alcohol-Related Disorders/bl \[Blood\]](#)  
[\\*Alcohol-Related Disorders/mo \[Mortality\]](#)  
[Alcohol-Related Disorders/ur \[Urine\]](#)  
[Cause of Death](#)  
[Drowning/et \[Etiology\]](#)  
[Drowning/mo \[Mortality\]](#)  
[Ethanol/bl \[Blood\]](#)  
[Ethanol/ur \[Urine\]](#)  
[Female](#)

Humans  
Ireland/ep [Epidemiology]  
Male  
Middle Aged  
Suicide/sn [Statistics & Numerical Data]  
Young Adult

**Source:** MEDLINE

**Full Text:** Available in *fulltext* at [Highwire Press](#)