CHIEF EDITOR DR. SYED MUBIN AKHTAR

KARACHI PSYCHIATRIC HOSPITAL

Regd. No. SS-237 BULLETIN JUNE 2012

C.M.E. Monthly programme organized by Karachi Psychiatric Hospital being addressed by Dr. Syed Mubin Akhtar.

Dr. Syed Mubin Akhtar presenting certificates to participants doctors.

Free Medical Camp arrange by Karachi Psychiatric Hospital at Rehari Goth, Bin Qasim Town.

Regular Monthly Sham-e-Urdu gathering organized by Tehreek-e-Nifaz-e-Urdu at Karachi Psychiatric Hospital speakers are Ifaz Rehmani, Dr. Syed Mubin Akhtar, Mujhaid Mehmood Barkati, Dr. Waqar Zubari, Nazar Ahmed Fatmi, Saif Ullah Safi.

KARACHI PSYCHIATRIC HOSPITAL

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MONTHLY BULLETIN (Psychiatric Research Articles)

Addiction Special Issue

غیر اسلامی رسم ورواج

''اگر کوئی شخص یہ کہتا ہے کہ خدا اور رسول ﷺ کا حکم کچھ بھی ہو، مگر فلاں بات تو باپ دادا سے ہوتی چلی آرہی ہے، اس کو کیسے چھوڑا جاسکتا ہے! یا فلاں قاعدہ تو میرے خاندان یا برادری میں مقرر ہے، اسے کیونکر توڑا جاسکتا ہے! تو ایسے شخص کا شمار بھی منافقوں میں ہوگا، خواہ نمازیں پڑھتے پڑھتے اس کی پیشانی پر کتنا ہی بڑا گٹا پڑ گیا ہو اور ظاہر میں اس نے کتنی ہی متشرع صورت بنا رکھی ہو''۔

(خطبات۔ سید ابوالاعلیٰ مودودیؒ)

Readers are requested to send their articles, comments & suggestions.

Doctors who desire to get the bulletin should send their address, contact number and email to:

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Phone:111-760-760
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OBJECTIVELY ASSESSED SECONDHAND SMOKE EXPOSURE AND MENTAL HEALTH IN ADULTS

Hamer M, et al _ Arch Gen Psychiatry

Healthy adults exposed to secondhand smoke appear to be at higher risk of suffering psychological distress and future psychiatric illness requiring hospitalization.

The study, which tracked more than 8,000 adults over six years found that nonsmokers exposed to high levels of secondhand smoke, as measured by salivary levels of the nicotine breakdown product cotinine, were at a 49% higher adjusted risk of psychological distress (OR 1.49; 95% CI 1.13 to 1.97) compared with nonsmokers who had undetectable salivary levels of cotinine.

High exposure to secondhand smoke (a salivary cotinine level of greater than 0.70 ?g/L and less than 15.00 ?g/L) raised the risk of future hospitalization for psychiatric treatment nearly threefold for nonsmokers exposed to high levels of secondhand smoke (HR 2.84; 95% CI 1.07 to 7.59) and nearly four-fold for smokers (HR 3.74; 95% CI 1.55 to 8.98), after adjustment for multiple variables.

Among the entire study cohort, 14.5% of smokers and nonsmokers reported psychological distress. A robust dose-response association between objectively assessed nicotine exposure and psychological distress, which was apparent at low levels of secondhand smoke exposure and was strongest in current smokers, was found. This association was replicated in prospective analyses that demonstrated an association between secondhand smoke exposure, active smoking, and risk of psychiatric episodes over six years of follow-up.

A growing body of research has linked secondhand smoke with adverse effects on physical health, but much of this evidence is based on crude, self-report measures, such as exposure in the workplace or through family members who smoke.

Recent studies using valid objective biochemical markers of secondhand smoke have reported associations with various health outcomes, including markers of inflammation, glucose control, and cardiovascular disease risk. There is, however, very limited information on the association between objectively assessed secondhand smoke exposure and mental health in humans. Animal data suggest that tobacco may induce negative mood, and some human studies have identified a potential association between smoking and depression.

To provide more evidence based on more objective measures, 5,560 nonsmoking adults and 2,595 smokers who had participated in the Scottish Health Survey in 1998 or 2003 were studied. At the time of enrollment, participants did not have a history of mental illness. Smoke-free legislation was also not in effect in Scotland at that time.

Nonsmokers with higher cotinine levels were significantly younger, had lower socioeconomic status, higher BMI, more chronic illness, less physical activity, and higher alcohol consumption than those with undetectable continine levels.

The participants initially completed the General Health Questionnaire in 1998 as part of the health survey, which included questions to evaluate psychological distress and mental illness. At that time, participants' exposure to secondhand smoke was assessed using saliva levels of cotinine, the main product formed when nicotine is broken down by the body. In 2003, the participants completed the survey again, which allowed the researchers to evaluate changes in their mental health, including levels of psychological distress and admissions to psychiatric hospitals.

The prospective nature of our study adds considerably to the current evidence base. In our analyses, the association between nicotine exposure and risk of psychiatric events persisted despite adjustment for psychological distress at baseline, which was in itself strongly associated with psychiatric admissions.

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SMOKING AND ERECTILE DYSFUNCTION: FINDINGS FROM A REPRESENTATIVE SAMPLE OF AUSTRALIAN MEN

Millett C et al. - Tobacco Control

The rise of erectile dysfunction correlates nicely with an increase in cigarette smoking.

Men who smoke at least a pack of cigarettes daily are 40% more likely to be impotent than nonsmokers. The finding was based on a survey of 8,367 Australian men ages 16 to 59 who answered survey questions from the Australia Study of Health and Relationships.

More than one in four men who responded to the survey (27.2%) said they were current smokers and 6.3% of those smokers said they smoked more than a pack a day, while 20.9% said they smoked fewer than 20 cigarettes a day.

Erectile dysfunction lasting a month or more was reported by 9.1% of men surveyed, the.

Compared with non-smokers, the odds ratio for erectile dysfunction was 1.24 for men who smoked less than a pack a day (95% CI, 1.01 to 1.52, P=0.04), they wrote. But for men who smoked more than a pack-a-day the odds ratio for erectile dysfunction jumped to 1.39 (95% CI 1.05 to 1.83, P=0.02).

Other factors that were associated with erectile dysfunction were older age, lower education and use of cardiovascular medications.

Moderate alcohol consumption (one to four drinks a day) was a significant independent factor reducing the odds ratio for erectile dysfunction in multivariate analysis (adjusted odds ratio 0.36, 95% CI 0.28 to 0.45).

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http://www.medpagetoday.com/2919

BRAIN METABOLITE CONCENTRATIONS AND NEUROCOGNITION DURING SHORT-TERM RECOVERY FROM ALCOHOL DEPENDENCE: PRELIMINARY EVIDENCE OF THE EFFECTS OF CONCURRENT CHRONIC CIGARETTE SMOKING

Durazzo TC et al.. Alcoholism: Clinical and Experimental Research

They evaluated 25 recovering alcoholics-14 smokers and 11 non-smokers. Using MRI, the investigators examined participants' brains for N-acetylaspartate, a marker of neuronal viability, and choline, a marker of cell membrane health. Measurements were made after seven and 35 days of abstinence.

Concentrations of N-acetylaspartate in the parietal white matter of the non-smokers increased from an average of about 28 institutional units on day seven to 29 units on day 35, but concentrations significantly decreased in smokers from 28 to 26.5 units ($P<.05$).

Similarly, choline concentrations in the non-smokers increased from an average of about 4.5 to 5.2 units ($P<.05$), but in non-smokers the average concentration stayed put at 4.7 units.

The increases in N-acetylaspartate and choline concentrations were positively correlated with improvement in various cognitive domains including executive function, visuospatial learning/skills, fine motor skills, auditory verbal learning and general intelligence.

At one month of abstinence, the investigators also found "huge" differences between the smokers and non-smokers in performance on cognitive tests that measured such things as visual-spatial learning and memory. However, these data are in another paper which has been submitted to a peer-reviewed journal,.

Cigarette smoke contains many toxic compounds, such as carbon monoxide and free radicals, that may directly or indirectly compromise the central nervous system tissue.

The study's results suggest that for faster brain recovery, it may be beneficial for alcoholics in early abstinence to stop smoking as well.

This may be a lot to ask from an alcoholic individual going through drastic brain chemical imbalances in early recovery.

On the other hand, cigarettes and alcohol tend to go together. One may elicit cravings for the other. So if you are able to give up both at the same time, it may increase your chances of staying sober, because you don't have one substance serving as a trigger for use of the other.

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http://www.medpagetoday.com/2877

NEUROPSYCHOLOGICAL DEFICITS IN LONG-TERM FREQUENT CANNABIS USERS

Messinis L et al .- Neurology

Heavy marijuana use for five years or more may impair memory and slow cognitive function.

The study assessed neuropsychological status in three groups: 20 current, long-term frequent cannabis users; 20 current, short-term cannabis users, and 24 controls who had used cannabis at least once but no more than 20 times in their lives and who had not used the drug in the previous two years.

Current users were tested after they were abstinent for at least 24 hours, which was confirmed by urinary toxicology screening.

The subjects were evaluated using the Rey Auditory Verbal Learning Test (RAVLT), the Boston Naming Test, a verbal fluency test, Trail Making Test A, Trail Making Test B, and the Beck Depression Inventory-Fast Screen.

The authors found "a steady increase in the proportion of participants classified as impaired, with the lowest rates in the control group and the highest in the long-term group."

By requiring at least a day of abstinence before testing, the authors attempted to simulate the sober cognitive state in marijuana users.

They found:

- Long term users performed significantly poorer on verbal memory than short term users and controls.
- Long term and short term users performed worse on tests of phonemic (P=0.002 for long term and P<0.001 for short term) and semantic fluency (P<0.001 for long term users, P=0.004 for short term) than controls.
- Compared to controls long and short term users had impaired psychomotor speed, attention and executive function compared to controls.
- Among long term users "deficits were seen on almost every trial of the RAVLT, indicating a generalized verbal memory deficit."

Their findings support other studies that have linked long term marijuana use to "subtle deficits in specific neuropsychological domains."

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http://www.medpagetoday.com/2851

BLIND DRUNK: THE EFFECTS OF ALCOHOL ON INATTENTIONAL BLINDNESS

Clifasefi SL et al. - Appl Cognit Psychol

Blind drunk is much more than a vivid description of big-time intoxication. It is also a state of visual inattention while driving that may not take much alcohol to attain.

Merely one stiff drink can make people blind drunk, in the sense that they can miss an important visual cue when driving even when it's staring them in the face.

It is relied on the ability to perceive a multitude of information when we drive (speed limit, road signs, other cars, etc.). If even a mild dose of alcohol compromises the ability to take in some of this information, in other words, limits the attention span, then it seems likely that the driving ability may also be compromised.

In a study comparing sober and mildly intoxicated volunteers it was found that those who had downed an alcoholic beverage were twice as likely as those who had drunk a non-alcoholic beverage to miss an obvious, incongruous image while focusing on a specific task during the viewing of a 25-second video clip.

The phenomenon, known as **"inattentional blindness"** can occur both in people who are stone-cold sober and in those whose judgment and faculties are impaired by alcohol or other mind-altering substances. This research suggests that drinking makes "inattentional blindness" worse.

In a classic 1999 study demonstrating the phenomenon, published by another group, participants were instructed to watch a video clip of two teams passing basketballs back and forth, and to tally them.

During the game, a woman dressed in a gorilla suit walked into the middle of the screen, stopped and beat her chest, then walked away. When later questioned about the incident, roughly half of the individuals did not report noticing the gorilla. So it is common for sober individuals to fail to detect unexpected objects-even salient ones-that appear in their visual fields.

In the current experiment, Dr. Clifaseti showed a 25-second clip from that original video to 47 adults between the ages of 21 and 35 years old. The volunteers were screened for drinking problems or other contraindications to alcohol use.

The participants were then divided into one of four groups, depending on whether they were told they were getting alcohol and got it or got a placebo instead, or whether they told that they were being given a placebo and got the placebo or

alcohol instead.

In the school's Behavioral Alcohol Research Lab, which is designed to look a cocktail lounge, the volunteers randomly selected envelopes that they thought matched the type of drink they would be getting.

The volunteers who got alcohol were given vodka and tonic, while those who got placebo got tonic alone. The alcohol was titrated by weight and sex with the volunteers being given enough to achieve a blood alcohol level of half the legal limit in most states. 0.04%.

The participants were given 10 minutes to finish their drinks and were asked to make them last that long.

After an additional five minute wait, the volunteers were shown the video clip and asked to count the number of times one of the teams passed the ball to one another. The participants were interviewed afterward to determine whether they had seen the woman in the gorilla suit, and they were asked to rate on a scale of one to five cognitive and physiologic effects they might have felt, and to report how intoxicated they felt.

The investigators found that the participants believed what they were told about the drink they were getting, and those who were told they were being served alcohol reporting feeling more intoxicated than those who were told they were getting placebo, regardless of what they actually drank.

Secondly, they found that only 33% of all volunteers, regardless of their sobriety, reported seeing the gorilla. In all, 18% of those who got alcohol-both the volunteers who were told they were getting alcohol and those who were told they were getting placebo-saw the gorilla, compared with 42% of those were told they were getting alcohol but got tonic, and 50% of those who were told they were getting tonic and got it ($P<0.05$).

Their findings suggest that drunk-driving statutes may need to be toughened.

Even at only half the legal driving limit in the U.S., the subjects were at a significantly increased risk of failing to notice an unexpected object compared to their sober counterparts. In light of this result, perhaps lawmakers should reconsider the level of intoxication deemed legal to operate a vehicle.

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http://www.medpagetoday.com/3660

WORKSHOPS FOR DOCTORS

Venue: Karachi Psychiatric Hospital
Nazimabad # 3, Phone: 111-760-760
E-mail: rashid.hassan@kph.org.pk

Schedule for 2012 (First Monday of every month)

4th June	**Phobia**
2nd July	**Mental Retardation**
6th August	**Children Education & Training Problems**
3rd September	**Depression**
1st October	**Addiction**
5th November	**Sexual Problems**
3rd December	**Schizophrenia**

Features

- All doctors cordially invited to participate.
- Pre-registration or bring your CNIC, Visiting card or PMDC card.
- Workshops will be free.
- We will invite professionals for workshops.
- We will provide certificates to all participants.
- Lunch will be provided.
- The timing will be 2 pm to 3 pm.

NUCLEUS ACCUMBENS CORTICOTROPIN-RELEASING FACTOR INCREASES CUE-TRIGGERED MOTIVATION FOR SUCROSE REWARD: PARADOXICAL POSITIVE INCENTIVE EFFECTS IN STRESS?

Susana Peciña et al. "" BMC Biology

In their experiments the researchers first trained rats to get sucrose drops by pushing a lever. Next they trained the rats to expect sucrose drops at a special sound -- the CS+ signal -- but not at another, dubbed CS-.

The training combination meant that when the rats heard the CS+ signal, they began pressing the sucrose lever more often, but when they heard the CS- signal there was no effect. The rats were also equipped with devices that gave them micro-injections of corticotropin-releasing factor, amphetamine, or sterile saline to the nucleus accumbens. Amphetamine is known to produce what's called "cue-triggered incentive motivation" and served as the "gold standard -- the question was whether corticotropin-releasing factor would produce the same effect.

In half-hour sessions, each rat was given one of the three injections and then given the CS+ signal and the CS- signal twice each. Each signal lasted 30 seconds.

Every time a rat injected with corticotropin-releasing factor heard the CS+ signal, its lever pressing doubled for about a minute, compared to its behavior both before and after the signal, and tripled compared to its behavior when injected with saline. The signal/drug interaction was similar for amphetamine and in both cases there was no effect when the CS- signal was given.

Corticotropin-releasing factor triples the potency of this cue-triggered desire, but only when the cue is given. It isn't a sort of constant desire. A common explanation of why humans fall off the wagon is that stress -- with its associated release of corticotropin-releasing factor -- causes them to feel bad, so they "self-medicate" by resuming dangerous habits that are associated with pleasure. But this experiment undermines that idea, he said, because the researchers carefully limited the exposure to corticotropin-releasing factor to one part of the rat brain.

In other words, the rats didn't feel bad, but they still increased their addictive behavior in response to corticotropin-releasing factor and the cues.

The finding also supports the widely held idea that if people want to shake an addiction they should stay away from the people and circumstances associated with the bad habit.

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http://www.medpagetoday.com/3087

IMPACT OF ALCOHOL EXPOSURE AFTER PREGNANCY RECOGNITION ON ULTRASONOGRAPHIC FETAL GROWTH MEASURES

Handmaker NS et al. - Alcoholism: Clinical and Experimental Research

Handmaker and her colleagues devised a study to determine whether using biometric measures obtained through fetal ultrasound could detect alcohol-related impairment of fetal growth. They took fetal ultrasound measures from routine ultrasound examinations of 167 pregnant women who were enrolled in an alcohol intervention study. They compared the images and measures taken on the fetuses of women who stopped drinking when they learned of their pregnancies with those from women who continued to drink.

The investigators conducted a separate analysis for 97 heavy drinkers, defined as those who consumed five or more drinks per day, and compared fetal measures from these women with those of fetuses from non-drinking controls who had normal, uncomplicated pregnancies.

They also conducted covariate analyses to see whether there might be differences between groups after they controlled for gestational age and drug abuse.

They found that nearly half of the women (47.9%) reported abstaining from drinking after learning they were pregnant, while 52.1% continued to drink at least some alcohol.

When they looked at all drinkers (including light, moderate and heavy imbibers), they found on average no significant differences between the fetuses of early abstainers or those who continued to drink after learning they were pregnant for measures of head circumference, abdominal circumference, head circumference-to-abdominal circumference ratios, femur length, biparietal diameter or cephalic index.

Nor did the authors find any significant differences among the fetuses of all drinkers for the measures of brain anatomy transcerebellar diameter, lateral ventricular atrial diameter, or diameter of the cisterna magnum.

They did, however, find that amphetamine abuse had a significant effect on the ratio of head circumference-to-abdominal circumference (P=0.009).

That is, among the entire sample, women who reported any amphetamine use at the intake time period had fetuses with larger mean head circumference-to-abdominal circumference ratios, regardless of the gestational age. The larger mean head circumference-to-abdominal circumference growth ratios among the amphetamine-exposed fetuses would suggest that their abdominal circumference growth measurements were smaller relative to head circumference growth than for the other fetuses.

When they looked at the subgroup of heavy drinkers, they found no difference between the fetuses of new teetotalers and the continuing drinkers in head or abdominal circumference or fetal length, or in the skull growth measures of biparietal diameter or cephalic index.

They did, however find a significant difference in the head circumference-to-abdominal circumference ratio between the continued drinkers and the early abstainers (P=0.020) after adjusting for gestational age.

"Whereas the fetal head circumference-to-abdominal circumference ratio tended to decline across gestation for both groups, the mean fetal head circumference-to-abdominal circumference ratio was significantly lower among the continued drinkers in comparison with the early abstainers. These findings suggested that the growth of the brain was disproportionately smaller relative to the abdominal measure among the heavier drinkers.

Additionally, while they did not find an effect of alcohol on measures of brain anatomy such as lateral ventricular atrial diameter, or diameter of the cisterna magnum, there was a significant interaction between continued drinking and gestational age for cerebellar growth (P=0.008).

A significant decrease was found in cerebellar growth over gestation among the fetuses of heavy drinkers who continued drinking.

Finally, when they compared fetal growth measures from heavy drinkers who quit as soon as they learned they were pregnant, they found that "surprisingly, no significant effects of alcohol were observed between the early abstainers and the nondrinkers. However, the head circumference-to-abdominal circumference ratios were again lower for the heavy drinkers who continued drinking after pregnancy awareness relative to the nondrinkers (P= 0.006)."

Additionally, among heavy drinkers who didn't change their habits during pregnancy, transcerebellar growth of their fetuses was significantly lower than among those who stopped or who never drank.

Alterations in fetal biometric measurements were observed among the heavy drinkers only when they continued drinking after becoming aware of their pregnancies.

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http://www.medpagetoday.com/3188

ALCOHOL USE IN MOTION PICTURES AND ITS RELATION WITH EARLY-ONSET TEEN DRINKING

Sargent et al, - Journal of Studies on Alcohol

A cross-sectional survey of 4,655 fifth-, sixth-, seventh- and eighth-graders in New Hampshire and Vermont found that children were exposed to a median of 8.6 hours of alcohol use from watching movies, a level that does not seem trivial.

The study also found movie alcohol exposure increased with age. Fifth-graders watched a mean of 7.32 hours of movie alcohol use; sixth-graders, 8.37 hours; seventh-graders, 9.70 and eighth-graders, 11.29 hours.

The prevalence of experimental drinking for these 4,655 youngsters was 23.1% at baseline. Two years later, during a longitudinal follow-up of 2,406 participants who had reported never having had a drink, 14.1% said they had since experimented with alcohol.

The findings suggest movie watching is an independent risk factor for early experimentation with alcohol use. The ubiquity of actors drinking in movies may give youngsters the impression that alcohol consumption is a social norm.

In the follow-up of the longitudinal sample, the likelihood of alcohol use was 26.2% among the eighth-graders compared with 3.6% among the fifth graders.

This association between higher exposure at the movies and youthful drinking held even after accounting for a number of other personal and social risk factors, such as school performance and parents' education levels, the investigators wrote. We believe the results have implications for alcohol policy and prevention research.

Ninety-two percent of the 601 films studied depicted actors consuming alcohol; the median screen time for drinking was 2.5 minutes.

Not surprisingly, R-rated films had the highest alcohol use at 95% followed by PG-13 movies (93%), PG (89%) and then G-rated films (52%). The results indicated that even when parents believe their children are watching harmless G-rated movies, they're still being exposed to alcohol use.

The findings were based on confidential surveys sent to the more than four thousand students from 15 middles schools in Vermont and New Hampshire in September 1999. The population was predominantly white and most parents had graduated from high school.

During the baseline survey, the students were asked questions like 'Have you ever

had beer, wine, or other drink with alcohol that your parents didn't know about?'

Through this question were identified 2,406 students who said they had never had a drink. These students were surveyed two years later by telephone to measure whether they had since experimented with alcohol use.

Baseline exposure to movie alcohol use was significantly lower ($p<.0001$) for the longitudinal sample of baseline never-drinkers (median=7.2 hours). This finding, is a reflection of the fact that movie exposure was related to alcohol use in the prevalent sample. For example, those adolescents, who had already tried alcohol at baseline had viewed more alcohol use in movies.

The results also showed that among both the initial cross-sectional survey and the longitudinal follow-up, exposure to movie alcohol-use was significantly associated among the older students, males, lower parent education, lower maternal control or maternal responsiveness, lower self-esteem, and higher levels of sensation-seeking and rebelliousness.

This study appeared two months after other research, also found that exposure to smoking in movies was associated with cigarette smoking among adolescents. Reporting in the November issue of Pediatrics, Dr. Sargent and colleagues found that for 38% of adolescents who lit a cigarette for the first time, smoking depicted in the movies was an independent and primary risk factor.

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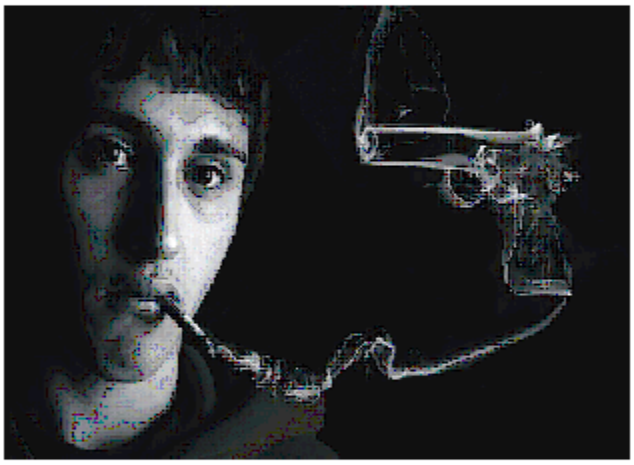
http://www.medpagetoday.com/2484

IMPACT OF SMOKING CESSATION AIDS AND MASS MEDIA AMONG RECENT QUITTERS

Biener L et al "" Am J Prev Med

Lois Biener, Ph.D and colleagues identified 787 former smokers in a random digit-dial survey of 6,739 Massachusetts residents.

The former smokers were asked to rate the helpfulness of a variety of smoking-cessation aids, including nicotine-replacement therapy, telephone quit lines, Internet smoking-cessation programs, and televised anti-tobacco advertising.



The analysis was based on 785 responses from former smokers. Fifty-seven percent were women, 66% were younger than 45, and more than a third had been at least pack-a-day smokers. Sixty percent had more than 12 years of education and 86% were non-Hispanic whites.

Eighty-five percent of the former smokers were abstinent for more than a month and 52% were abstinent for more than six months.

Television ads, followed by nicotine replacement, topped the list of helpful aids, followed by professional help, which was cited by 11.1% of the former smokers. Self-help programs helped 7.8% of the former smokers, while 3.6% said they were helped by Web-based smoking-cessation programs.

Less than 1% were helped by telephone quit lines, which is significantly lower than the 3% to 5% rate reported by other researchers.

The findings relied on retrospective recall of cessation assistants, which may bias the results. Moreover, it is likely that a number of factors also contribute to quitters' success, including the increasing cost of cigarettes, the proliferation of smoking bans, and changing social norms about smoking.

Nonetheless, the authors concluded that this study reinforced the recommendation of the National Action Plan for Tobacco Cessation that a mass-media campaign be part of the initiative.

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http://www.medpagetoday.com/2742

COMBINED PHARMACOTHERAPIES AND BEHAVIORAL INTERVENTIONS FOR ALCOHOL DEPENDENCE: THE COMBINE STUDY: A RANDOMIZED CONTROLLED TRIAL

Raymond F. Anton, et al " JAMA

Revia (naltrexone) with behavioral counseling in a primary care setting has emerged at the top of the heap for alcoholism treatment, according to a large clinical trial. **Acamprostate (acamprosate) was of no value.**

The randomized controlled COMBINE study used a complex design with nine different treatment groups to help sort out what worked best for alcohol dependence.

The study, conducted from 2001 to 2004, included 1,383 recently alcohol-abstinent volunteers (median age 44; 428 women, 955 men). Participants, evaluated for up to one year, came from 11 U.S. academic sites with a DSM IV diagnosis of primary alcohol dependence.

The two drugs studied were Naltrexone, a narcotic antagonist, and Acamprostate, a putative glutamate modulator. The two treatment choices were medical management by a health care professional and combined behavioral intervention.

Medical management included enhancing medication adherence and alcohol abstinence, as well as other medical management such as initiating insulin therapy for a diabetic patient, managing HIV medications, or treating congestive heart failure.

Combined behavioral intervention provided up to 20 50-minute sessions using a variety of techniques, including aspects of cognitive behavioral therapy, 12-step programs, and the use of support-systems.

Biological verification of self-reported drinking used the % CDT, an abnormal serum transferrin protein altered by alcohol consumption, the researchers said.

Overall, patients receiving medical management along with Revia, combined behavioral intervention with medical management, or Revia, medical management, and combined behavioral intervention remained abstinent longer, whereas Acamprostate showed no evidence of

efficacy with or without counseling.

Placebo pills and meeting with a health care professional for medical management had a greater positive effect than combined behavioral intervention counseling.

All treatment groups showed a substantial reduction in drinking, going from 25 days abstinent prior to the study to 73 during treatment. Overall, the percent of days abstinent from baseline to the end of the study tripled from 25.2 to 73.1 (P<.001) and drinks per drinking day declined from 12.6 to 7.1. The net effect was that alcohol consumption declined from 66 to 13 drinks per week.

Individuals receiving medical management along with Revia, combined behavioral intervention with medical management, or combined behavioral intervention with medical management plus Revia fared best. Percent days abstinent was 80.6 for patients receiving Revia plus medical management; 79.2 for combined behavioral intervention plus medical management and placebo; and 77.1 for both Revia and combined behavioral intervention plus medical management.

By comparison, the percent of days abstinent was 75.1 for those receiving placebo and medical management only.

There was a significant interaction between Naltrexone and behavioral intervention (P=.009). The main effects of Naltrexone and combined behavioral intervention should therefore be interpreted with caution.

Naltrexone also reduced heavy drinking days (hazard ratio, 0.72; 97.5% CI, 0.53-0.98; P=.02) over time and was most evident in those receiving medical management but not combined behavioral intervention.

There was more relapse to heavy drinking among those receiving combined behavioral intervention alone (79%) compared with those receiving placebo pills and medical management plus combined behavioral intervention (71.2%). The relapse rate for the placebo pills and medical management group was intermediary at 75.2%.

Acamprostate drew a blank. The drug had no significant effect on drinking versus placebo, either by itself or with any combination of Revia, combined behavioral intervention, or both..

In this study, medical management played a significant role. During treatment, those receiving combined behavioral intervention without pills or medical management had a lower percent of days abstinent (66.6) than those receiving placebo plus medical management, or placebo plus medical management and combined behavioral intervention (73.8 and 79.8, respectively; P<.001).

One year after treatment, these between-group effects were similar but no longer significant. Overall, percent days abstinent declined across group during the year after treatment ended.

Altogether there were 70 serious adverse events during treatment, one

possibly related to Naltrexone and one to Acamprostate. The most common serious adverse event was hospitalization for detoxification for 38 subjects. Twelve participants, primarily those taking Naltrexone, had treatment-emergent levels of liver enzymes greater than five times the upper limit of normal (P=.02). These resolved after discontinuation of treatment.

Somewhat unexpectedly, we found a positive effect of placebo medication and medical management over and above that seen with specialist behavioral therapy (combined behavioral intervention). There was no evidence of benefit from Acamprostate and warned that current data do not support the combined use of Naltrexone and Acamprostate.

Medical management of alcohol dependence with Naltrexone appears feasible, the researchers concluded, and "could be delivered in health care settings, thus serving alcohol-dependent patients who might otherwise not receive treatment."

The COMBINE trial an "important study" that provides evidence of the efficacy of certain treatments. However, he noted that he was puzzled by the lack of efficacy for Acamprostate, considering its positive track record in Europe.

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http://www.medpagetoday.com/3217

ESTIMATE OF THE COMMERCIAL VALUE OF UNDERAGE DRINKING AND ADULT ABUSIVE AND DEPENDENT DRINKING TO THE ALCOHOL INDUSTRY

Susan Foster et al.- Archives of Pediatric & Adolescent Medicine

American Underage drinkers spent $22.5 billion on alcohol in 2001, which amounted to 17.5% of total U.S. consumer spending on beer, wine and liquor that year

U.S. public health officials should be concerned about this amount of underage drinking because those who start drinking young are more likely to become alcohol abusers later in life.

Also troubling is the finding that adult alcohol abusers spent nearly $26 billion on drinks in 2001 (about 20% of total consumer spending), so that underage drinkers and adult problem drinkers together account for more than $48 billion, or 37.5%, of the alcohol industry's revenue.

The study analyzed data from several national surveys, including the 2001 National Household Survey on Drug Abuse, the 2001 Youth Risk Behavior Survey, the 2001 Behavioral Risk Factor Surveillance Survey, the 2000 U.S. Census, and the 2000 to 2001 National Epidemiological Survey on Alcohol and Related Conditions.

Together, children and adolescents ages 12 to 20 and adults 21 and older spent a total of more than $128 billion on alcohol in 2001.

Less than half of individuals ages 12 to 20 (47%) reported drinking alcohol in the previous 30 days, compared with a little more than half (53%) of the adults. However, the proportion of problem drinkers in the younger group was much higher. Nearly 26% of the younger drinkers met the standard DSM IV diagnostic criteria for alcohol abuse or dependence, compared with less than 10% of the adult drinkers.

Almost all (97%) of the problem adult drinkers began drinking before the age of 21.

Projected into the future, this present pattern of illegal underage drinking and adult abusive and dependent drinking will realize at least one-half trillion dollars in cash revenues for the alcohol industry over the next decade-an extraordinary commercial motive to insure that such consumer behavior continues unabated.Individuals ages 12 to 20 are targeted especially hard by advertisements for alcohol. For example, this group is exposed to 45% more magazine advertisements for beer and 27% more magazine ads for distilled spirits than adults of legal drinking age. A similar pattern is found for radio and television ads.The financial interests of the alcohol industry appear to be antithetic to the public health interests of the nation in preventing and limiting pathological drinking.

The public health implications of this research are two-fold. First, because of this apparent conflict of interest, the alcohol industry is not a good candidate to regulate its own marketing and sales practices, particularly as they relate to underage drinking.

Second, the fact that more than one-quarter of underage drinkers already met the standard DSM IV diagnostic criteria for abusive and dependent drinking underscores the critical importance of comprehensive prevention strategies and treatment options tailored to the needs of teens.

http://www.medpagetoday.com/3207

NEW CLINICIAN'S GUIDE ON ALCOHOL DISORDERS SEEKS TO SIMPLIFY SCREENING

By Katrina Woznicki, Reviewed by Zalman S. Agus, MD

A single non-threatening question about alcohol use in the past year is an effective screening tool for identifying patients at risk for alcohol abuse and alcoholism.

Ask men how many times in the past year they have had five or more drinks in a single day. If the answer is at least once, that's a red flag that means more evaluation is needed. For women the critical threshold is four or more drinks in a day.

The one-question approach to screening streamlines the process and may help physicians identify more patients at risk for alcohol dependence. Identifying heavy drinkers early may help prevent the development of alcoholic abuse and dependence.

It's a lot like getting your cholesterol checked. A heavy drinker with no dependence is like someone who has high cholesterol, but no heart attack.

Even patients who answer no to the threshold question can benefit because it gives physicians or mental health providers an opening to discuss healthy drinking -- meaning consumption that stays within age-based recommendations.

For patients who answer yes, the next step is confirming the average weekly consumption. Ask the patient how many days they drink in an average week, and how many drinks they typically consume.

Using this information, plus information on alcohol-related behavior such as disruptions in work, home or social life linked to drinking, a physician can determine whether a patient meets criteria for alcohol abuse or dependence.

The next step is an intervention that can be as simple as telling a patient that he or she is drinking more than is medically safe, he said. He noted that NIAAA studies suggests that "a brief intervention by a doctor can lead to significantly reduced drinking for at least four years, so it's a very significant intervention."

About 18 million Americans have alcohol-use disorders.

20% to 40% of all general hospital admissions are related to alcohol use, and the bill for alcohol-related medical care is roughly $185 billion a year.

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http://www.medpagetoday.com/1411

SYMPTOMS OF ANXIETY AND DEPRESSION IN CHILDHOOD AND USE OF MDMA: PROSPECTIVE, POPULATION BASED STUDY

Huizink, Anja C, et al

In a longitudinal study of 1,580 individuals followed from childhood (mean age nine) to young adulthood, the first assessment took place in 1983 before MDMA (3,4-methylenidioxymethamphetamine) appeared as a recreational drug.

The participants in this study probably had not used the drug at the first assessment, offering a unique opportunity to determine whether there is a pathway starting with behavioral and emotional problems that leads to MDMA use.

Of the possible eight syndrome scales on the Childhood Behavior Check List, the researchers found a more than twofold increased risk of later MDMA use for the "anxious or depressed" syndrome (hazard ratio 2.22, 95% CI 1.20 to 4.11, P= 0.01).

Cox regression analysis stratified by age and adjusted for socioeconomic status and sex, found that other syndromes on the list, such as social problems, attention problems, delinquent or aggressive behavior, were not significant.

The mean age of the participants in 1983 was 9.9 years and 24.7 in 1997. Both sexes were represented in the sample, with slightly more female participants. In 1997, data were available for 76% of the 1,580 participants in the original 1983 sample. In 1997, 98 participants reported using MDMA (4.7% of the total sample; 64 male and 34 female) on at least five occasions

The drug's effects are supposed to include enhanced feelings of bonding, euphoria, or relaxation, the researchers said. Alleviation of depression, desire for an altered state of mind, and self-medication are often mentioned as reasons for using MDMA. The active compound in MDMA affects the serotonin system, important in the regulation of mood.

Although this study found that depression preceded drug use, it is possible that using MDMA to alleviate symptoms of childhood depression may affect the serotonin system negatively, possibly increasing the risk that these early drug users will develop a mood disorder at a later age after using MDMA. This may explain part of the association that has been found between MDMA use and later depression in other studies.

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http://www.medpagetoday.com/2739

ASSOCIATIONS BETWEEN THE AGE AT DIAGNOSIS AND LOCATION OF COLORECTAL CANCER AND THE USE OF ALCOHOL AND TOBACCO: IMPLICATIONS FOR SCREENING

Zisman AL et al. - Arch Intern Med

To determine how risk factors such as lifestyle choice and gender could affect the incidence of colorectal cancer, the authors used data from a commercial cancer database (IMPAC Medical Registry Services Cancer Information Resource File).

They gathered data on people diagnosed with colorectal cancer diagnosed from June 1, 1993, to December 31, 2003, and classified them into current, past, or never-users of alcohol and tobacco.

They used logistic regression modeling for location of tumors (proximal or distal), and linear regression modeling for age at diagnosis and the variables that included gender, race insurance status.

Looking at data on a total of 161,172 patients with colorectal cancer, the authors found that current drinking and current smoking were each associated with 5.2 years younger age at onset, and the two combined were associated with a 7.8-year head start for disease onset (P<0.001 for all). Men also tended to develop cancer 1.9 years earlier than women (P<0.001).

Drinkers were about 20% more likely than non-drinkers to have distal cancers (odds ratio, 1.192, 95% confidence interval, 1.15-1.23), and smokers were about 16% more likely than non-smokers to have distal tumors (odds ratio, 1.164; 95% CI, 1.12-1.21). Men were also significantly more likely than women to have tumors in a distal location (odds ratio, 1.42, P<0.001).

The effects of smoking but not drinking on age of onset were greater among women than among men (adjusted age difference, 2.6 years; P<0.001).

This is the first report to demonstrate that alcohol and tobacco use is associated with a younger age at colorectal cancer presentation. The magnitude of effect suggests clinical applicability for the timing of screening initiation. Furthermore, alcohol and tobacco use along with male gender increased the probability of distal cancers, possibly having relevance to the choice of screening modality.

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http://www.medpagetoday.com/2941

MODERATE ALCOHOL USE AND REDUCED MORTALITY RISK: SYSTEMATIC ERROR IN PROSPECTIVE STUDIES

Kaye Fillmore et al. - Addiction Research and Theory

All those health benefits of moderate drinking may be based on nothing but a common methodological error in the studies, a meta-analysis suggested.

Of 54 studies reviewed, 47 included in the "abstainer" category individuals who were not long-term abstainers but had only recently stopped drinking or cut down to once per month or less. Because many older people abstain from or cut down on drinking for health reasons such as disability, frailty, or medication use, the abstemious group in these studies likely included many people in poorer health than those who continued to drink moderately. In fact, when the investigators pooled the results of only the seven studies that did not commit this so-called "abstainer error," they found no significant protective effect against all-cause mortality associated with light or moderate alcohol use.

Focusing on a subset of 35 studies that also examined mortality from coronary heart disease, the significant results favoring alcohol consumption again disappeared when only the two studies not committing the abstainer error were considered.

Furthermore, introducing the abstainer error into the formerly error-free studies produced data that appeared to indicate a significant protective effect of moderate drinking on all-cause and coronary heart disease mortality. Because of lack of access to original data, the review team could not go back and "fix" the abstainer error in the other studies to see if that changed the results. Of interest, even the error-free studies still showed the familiar "J-shaped" association indicating reduced mortality among light and moderate drinkers, heightened mortality among heavy drinkers, and no effect on abstainers. However, the results were not statistically significant, with all 95% confidence intervals crossing unity. This finding may support the idea that many of the abstainers quit drinking relatively recently because of poor or failing heath.

"In other words, regular light drinking may be a marker for good health among middle aged and older people, not a cause of it," they explained. "As a consequence, estimates of the extent of the impact of cardiac benefits from light alcohol consumption on mortality risk may have been greatly over-estimated in previous meta-analyses."

The analysis may have implications for other recent studies claiming to find protective effects of moderate drinking against dementia, type 2 diabetes, active Helicobacter pylori infection, and the common cold, the authors said. And clinicians who have been recommending moderate drinking for its health benefits should rethink their position, Dr. Fillmore said. Her own physician recommended moderate drinking to her, and anecdotal evidence suggested the recommendation is common-"at least in California where we love our wine," she added.

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http://www.medpagetoday.com/2959

NALTREXONE IMPLANT FOR THE TREATMENT OF POLYDRUG DEPENDENCE: A RANDOMIZED CONTROLLED TRIAL

Tiihonen J et al.. Am J Psychiatry

Patients with polydrug dependence are notoriously difficult to treat in real-world settings. Studies have shown that implants of naltrexone, an opioid receptor antagonist, successfully reduced drug use in heroin-dependent patients with no other coexisting drug dependence. In this government-funded study, investigators in Russia extended this work by randomizing 100 outpatients with concurrent amphetamine and heroin dependence to naltrexone or placebo implants. The naltrexone implants, which contain 1000 mg of naltrexone, block opioid effects for 8 to 10 weeks. Patients with significant comorbid psychiatric or medical conditions were excluded.

In an intent-to-treat analysis, at trial's end (10 weeks), naltrexone compared with placebo was associated with higher rates of study retention (52% vs. 28%), clinical global improvement (56% vs. 14%), drug-free urines (38% vs. 16%), and heroin-free urines (52% vs. 20%; naltrexone marginally improved amphetamine-free urines). Patients on naltrexone reported greater reductions in the euphoriant effects of amphetamine. Both groups reported statistically similar, reduced cravings for opioids or amphetamine. No significant adverse events were reported, and no significant changes were seen in alanine aminotransferase or aspartate aminotransferase levels.

Comment: Elsewhere, oral naltrexone treatment has proved ineffective for opioid dependence due to poor treatment adherence and has been associated with accidental overdose and death. Thus, these findings for naltrexone implants are encouraging, and this approach merits further testing for safety and effectiveness and for longer-term impact and effectiveness. Other areas for future study are the effect of naltrexone implants on the concurrent use of other substances commonly seen in polydrug dependence (e.g., alcohol, cannabis, and benzodiazepines). Testing of intramuscular depot naltrexone, recently approved by the FDA, would also be of interest for polydrug dependence.

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http://psychiatry.jwatch.org/cgi/content/full/2012/402/2?q=etoc_jwpsych&eaf

THE KILLER DRUGS TOBACCO AND ALCOHOL

Dr.George Lundberg MedPage Today

Ethyl alcohol kills large numbers of Americans every day (about 200), almost all legally.

Tobacco kills large numbers of Americans every day (about 1,200), almost all legally.

Americans also use many illegal psychoactive drugs and some of these also kill, but the numbers are much smaller. We don't know what the effect on American mortality figures would be if these illegal psychoactive drugs were legalized or decriminalized, but it is a topic worth discussing.

Over the last 40 years, we have had major success at cutting down on tobacco use but the percentage of Americans who smoke now seems stuck around 20.

Our success with prevention of alcohol deaths has been mostly confined to limiting drunk driving.

Both the nicotine in tobacco and the alcohol itself are addicting agents. The key to improving our public health success with both alcohol and tobacco lies in preventing the initiation of its use by really young people.

There are good data that demonstrate that for every year of age from young teens up into the 20s that we delay the first use of either drug, we can substantially decrease the likelihood of addiction.

For tobacco, lifelong addiction is a risk for almost anyone beginning at successful inhalation. Very much like with shooting heroin, I say "don't even try it once."

With alcohol, for every 10 who drink, one becomes an alcoholic or problem drinker. And for every 10 who become addicted to alcohol, one becomes an alcoholic the first time they ever get drunk.

But we don't yet know who that one in 100 may be.

I like it that the Department of Health and Human Services and FDA have decided to use scare tactics to prevent tobacco use. The same should be done for alcohol.

Scare tactics DO WORK when they are obviously, provably true, like telling a child to not sit on the railroad tracks when a train is coming.

Scare tactics DON'T WORK when they are patently false (think "Reefer Madness").

Let's do it. Let's use actual images to scare the kids and the teenagers as much as possible to try to prevent them from beginning to use addicting agents.

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http://www.youtube.com/watch?v=yBNgtgNW-Ys

Editor's notes: No wonder Islam has completely prohibited alcohol and other intoxicants as well other substances which are harmful to health like tobacco.

AN INTERNATIONAL CONSENSUS FOR MEDICAL LEADERSHIP ON ALCOHOL: DOCS URGED TO LEAD FIGHT AGAINST ALCOHOL ABUSE

Coltart C, et al "Lancet"

Doctors should take the lead on tackling alcohol misuse, both by counseling patients and by urging governments to take wider action, according to a group of international medical organizations.

"We are calling on clinicians to be better advocates for evidence-based policies (to reduce harms caused by alcohol), which include price, marketing and availability," said Ian Gilmore, MD, of the Royal Liverpool University Hospital in Liverpool, England, and past president of the Royal College of Physicians of London.

Gilmore told MedPage Today in an email that the 15 physicians' colleges -- including the American College of Physicians -- are making the statement now to coincide with a United Nations summit on non-communicable disease.

The summit has shown a "woeful lack of recognition of alcohol as one of the most important risk factors," Gilmore said.

And in general, according to the consensus statement online in The Lancet, there has been "a lamentable lack" of any global remedial action, although alcohol is the third leading risk factor in preventable and premature disease worldwide.

Gilmore said the Royal College of Physicians of London organized the statement and "approached sister colleges with whom we often work together globally," ranging from others in the United Kingdom to those in Slovakia, Mexico, and Thailand, and they agreed to sign on.

The organizers did not approach the American and British medical associations, Gilmore said.

The medical groups argue that 76.3 million people around the world have "alcohol misuse problems, with substantial morbidity, mortality, and social harm."

There is good evidence that policy changes could do something about that, they argue, but such changes would not be "politically attractive."

"There is, therefore, an urgent need to put pressure on governments to recognize, adopt, and scale up appropriate health policies," they argue.

Doctors are uniquely poised to make a difference: "The voice of doctors is valued and trusted within societies, and therefore we call on all doctors to show effective leadership by holding ministries of health accountable for their lack of action in the face of such robust evidence," the colleges said.

VITAL SIGNS: BINGE DRINKING PREVALENCE, FREQUENCY, AND INTENSITY AMONG ADULTS -- UNITED STATES, 2010

Kanny D, et al " MMWR

About one in every six U.S. adults binges on alcohol, according to the CDC.

And among those who do, the binges occur roughly once a week on average and include an average of eight drinks each time.

It's a widespread problem across the entire population. And the problem is even larger than these self-reported data indicate. Previous studies have shown that, based on alcohol sales, asking people to self-report drinking behavior captures less than one-third of presumed consumption.

Binge drinking -- defined as at least four drinks in one sitting for women and five drinks for men -- carries substantial risks and high costs. It accounts for more than half of the estimated 80,000 annual deaths and three-quarters of the $223.5 billion in economic costs tied to excessive alcohol use. In addition, it is associated with a greater risk of a multitude of problems, including car crashes, violence, suicide, hypertension, acute MI, sexually transmitted diseases, unintended pregnancy, fetal alcohol syndrome, and sudden infant death syndrome (SIDS).

According to the authors, the Community Preventive Services Task Force in 2005 recommended several strategies to reduce the burden of binge drinking, which included the following:

- Limit the density of stores that sell alcohol
- Hold those who sell alcohol responsible for harms related to selling to minors and to intoxicated patrons
- Maintain limits on when alcohol can be sold
- Increase the price of alcohol
- Avoid further privatization of alcohol sales in states with government-operated or contracted liquor stores

The CDC researchers examined 2010 data from the Behavioral Risk Factor Surveillance System. The analysis included responses from 457,677 adults in 48 states (minus South Dakota and Tennessee) and the District of Columbia who were surveyed by landline or cell phone. Overall, 17.1% said they binge drank within the past 30 days. The rate was twice as high in men as in women (23.2% versus 11.4%). The rate of binge drinking was highest among 18-to-24-year-olds (28.2%), as was the intensity (9.3 drinks per occasion). Both figures decreased with age.

The frequency of binge drinking, however, was highest among respondents 65 and older (5.5 episodes per month). The prevalence of binge drinking increased with household income, reaching 20.2% among those earning $75,000 or more. Households with the lowest incomes (less than $25,000) had the highest frequency (5.0 episodes per month) and intensity (8.5 drinks per episode). There was state-to-state variation in the rate of binge drinking, ranging from 10.9% in Utah to 25.6% in Wisconsin.

NEW TREATMENT OKAYED FOR OPIOID ADDICTION

Kristina Fiore - MedPage Today

The FDA has added opioid dependence as an indication for long-acting naltrexone (Vivitrol), a once-monthly injectable.

The drug, already approved to treat alcohol dependence, joins the short list of pharmacologic treatments for opioid addiction, including methadone and buprenorphine.

Naltrexone is an opioid antagonist, blocking any of the feelings patients expect when they take heroin, morphine and other opioids.

That action differs from those seen with methadone, an opioid agonist used as replacement therapy, and buprenorphine, a partial agonist that blocks most opioid receptors while giving the patient just a taste of opioid effects.

Vivitrol, like short-acting naltrexone and buprenorphine, can be prescribed by a primary care physician.

Earlier data reported at the American Psychiatric Association meeting last May found that 90% of patients on extended-release naltrexone had opioid-free urine screens over a six-month period, compared with 35% of those on a placebo injection.

The FDA said it relied on data from other studies, which found that 36% of patients stayed on treatment for six months, compared with 23% of placebo patients.

The agency said serious side effects include injection site reaction that requires surgical intervention and liver damage.

Other side effects could include depression, suicide, and suicidal thoughts and behaviors, although the treatment will not include any boxed warnings.

About 10,000 patients a year currently use extended-release naltrexone to treat alcohol dependence, a treatment strategy approved in April 2006.

The drug has not had widespread uptake for that indication for a number of reasons. Many physicians are wary of treating patients with abuse disorders, and patients more often reach out for psychosocial counseling such as 12-step programs to beat their habits.

Last month, an FDA advisory committee voted 12-1 to approve Vivitrol to treat opioid abuse.

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http://www.medpagetoday.com/22713

MOOD AND ANXIETY DISORDERS AND THEIR ASSOCIATION WITH NON-MEDICAL PRESCRIPTION OPIOID USE AND PRESCRIPTION OPIOID-USE DISORDER

Martins SS, et al "Psychological Med"

Patients may use prescription opioids to self-medicate mood disorders, but use of the drugs can also induce those conditions.

In a longitudinal study, non-medical use of prescription opioids was associated with the development of various mood and anxiety disorders, while at the same time, baseline disorders were associated with future non-medical use of the drugs.

It is important for clinicians to investigate substance-induced mood/anxiety disorders when treating patients who use prescription opioids non-medically or have a prescription opioid disorder, as well as to ask patients with mood/anxiety disorders about their drug-using behavior.

The researchers assessed data from two waves of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) on 34,653 adults. Individuals were interviewed in person by specially trained census workers in 2001 to 2002, and again in 2004 to 2005.

In the second wave of the study, 2.3% of patients had incident non-medical prescription opioid use, 0.6% had an opioid use disorder (abuse and/or dependence), 7% had incident mood disorders, and 6.7% had incident anxiety disorders.

They found that baseline non-medical use of prescription opioids was associated with the development of any mood disorder, major depressive disorder, bipolar disorder, and all anxiety disorders.

Having an opioid use disorder at baseline, however, wasn't associated with any incident mood or anxiety disorder in multivariate models.

They also found that the association worked the other way around; all baseline mood disorders and generalized anxiety disorder were associated with subsequent non-medical prescription opioid use at follow up.

Several disorders were also associated, even after adjustment, with incident abuse/dependence secondary to non-medical use at follow up:

- Any mood disorders (OR 2.1, 95% CI 1.5 to 3, P<0.001).
- Major depressive disorder (OR 1.7, 95% CI 1.2 to 2.5, P<0.01).
- Dysthymia (OR 2.2, 95% CI 1.1 to 4.2, P<0.05).
- Panic disorder (OR 2.3, 95% CI 1.3 to 4.2, P<0.01).

INCIDENCE OF HEROIN USE IN ZURICH, SWITZERLAND: A TREATMENT CASE REGISTER ANALYSIS

Carlos Nordt, Rudolf Stohler- The Lancet 2006

The Swiss drug-treatment policy of offering heroin addicts substitution treatment with methadone or buprenorphine has led to fewer new users.

To assess the incidence, prevalence, and duration of heroin dependence over previous decades and the change in heroin use, the researchers analyzed 13 years of data from more than 7,250 heroin addicts in Zurich. The patients, from 21 institutions and 309 physicians in private practice, enrolled for substitution treatment with methadone or buprenorphine from 1991 to 2002. **The incidence of heroin use, which started with about 80 new users in 1975, increased to 850 in 1990, and declined to 150 in 2002.**

The high incidence in 1990 was similar to the high levels reported in New South Wales, Australia, Italy, and England, on the other hand in Zurich a decline by a factor of four in the number of new users was observed within a decade.

As intended by the Swiss drug policy, the period of untreated heroin use was short. Whereas every second heroin user entered a substitution program within two years, it took four years in Italy.

Two-thirds of those who left substitution treatment programs re-entered within the next 10 years. They also reported a low quit rate of 4% a year, which resulted in a slow decline in prevalence. The cessation rate could result from factors such as mortality, abstinence, inclusion in a long-lasting heroin-maintenance, or emigration.

The harm-reduction policy of Switzerland and its emphasis on the medicalization of the heroin problem, rather than seeing it as a rebellious act, appears to have contributed to the image of heroin as unattractive for young people, the researchers said. Heroin seems to have become a "loser drug," with its attractiveness fading for young people.

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http://www.medpagetoday.com/3445

INCREASES IN TYPICAL QUANTITIES CONSUMED AND ALCOHOL-RELATED PROBLEMS DURING A DECADE OF LIBERALIZING ALCOHOL POLICY

Huckle T et al. J Stud Alcohol Drugs

Huckle and colleagues conducted annual telephone interviews in Auckland, New Zealand, over 11 years when alcohol regulations were being relaxed (e.g., lower drinking age; less-stringent licensing requirements; wine sales in grocery stores; alcohol advertising in broadcast media; and customs policies leading to imports of "alcopops," popular with young people). From baseline to study end, males and females aged 14 to 19 showed the greatest changes - imbibing more on each drinking occasion and experiencing more alcohol-related problems (e.g., being kicked out of a place, fighting, and hangovers).

Abar and colleagues repeatedly surveyed 585 college students about drinking behavior and communication with their parents (mean age, 20; 98% living away from home); each semester, 1 long survey was followed by 14 consecutive daily short surveys. Among sophomores, 59% had at least one drink on the previous weekends, and 46% reported heavy drinking on at least one weekend day (mean drinks/weekend drinking day, 6.53). Most students communicated regularly with their parents.

Compared with students who did not perceive any message about drinking from their parents, those whose parents were opposed to any alcohol use had 43% fewer drinks, and those whose parents encouraged moderation and careful drinking (i.e., harm reduction) drank 154% more.

Comment: These studies imply that stricter societal and parental attitudes toward drinking are associated with less drinking and fewer alcohol-related problems in young adults. The findings raise political and philosophical issues about society's role in protecting people from themselves. Regardless of one's position on such issues, conveying to one's children a negative attitude toward drinking reduces drinking, even among students who live away from home. Although institutional emphasis on harm reduction seems to help, the same message from parents seems to increase drinking. Society's attitudes are not likely to change readily, but parents may wish to know these facts.

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http://psychiatry.jwatch.org/cgi/content/full/2012/206/4?

EFFECT OF PATHOLOGICAL USE OF THE INTERNET ON ADOLESCENT MENTAL HEALTH: A PROSPECTIVE STUDY

Lam L, et al - Arch Pediatr Adolesc Med

Teenagers judged to be Internet addicts appear to have more than double the risk of developing depression over time, Chinese researchers said.

In a prospective study of more than 1,100 big-city high school students in China, the adjusted incidence rate ratio for depression was 2.5 (95% CI 1.2 to 4.3) among teens who engaged in "pathologic Internet use" -- teens with no reported depression just nine months earlier.

Internet addiction among teens could predispose them to developing depression. On the other hand, the study could not rule out the possibility that Internet addiction was a prodromal sign of incipient depression.

The idea that excessive Internet use is akin to other addictions has been around since the mid-1990s

Pathological (defined as "uncontrolled" and "unreasonable") Internet use has not only been associated with psychiatric symptoms, but also with aggressive behavior, relationship problems, and even physical health problems.

In an effort to determine a possible association between pathological Internet use and depression and anxiety, Lam and Pang distributed a questionnaire to high school students in Guangzhou, a city of about 10 million in southeastern China, with "usable" responses from 1,618 (response rate not reported). It was repeated nine months later among those completing the baseline survey.

The questionnaire included the Zung self-rating scales for anxiety and depression, as well as Young's Internet Addiction Scale. Each of these included 20 questions.

The 100-point Internet instrument is patterned after a test for gambling addiction and includes such questions as, "How often do you feel depressed, moody, or nervous when you are off-line, which goes away once you are back online?"

Scores of 50 to 79 were classed as "moderate" addiction and scores of 80 or more were considered "severe."

Lam and Pang excluded 496 participants whose baseline responses met criteria for anxiety or depression. These were scores of at least 50 on the 80-point Zung scales. Of the 1,122 remaining, follow-up was completed in 1,041.

The baseline responses indicated that 6.2% of the sample had moderate

Internet addiction, and 0.2% were severely addicted. These respondents were more likely to indicate that they used the Internet for entertainment as opposed to communication or information-seeking.

At follow-up, 0.2% of the sample had significant anxiety symptoms, and 8.4% scored at least 50 on the depression scale.

Before adjusting for potential confounders, Lam and Pang calculated an unadjusted incidence rate ratio of 2.3 (95% CI 1.2 to 4.1) for depression at follow-up among those with moderate or severe Internet addiction at baseline.

The magnitude of this risk did not change much when the researchers controlled for age, sex, urban or rural school, family location, serious illness, involvement in physical activities, family dissatisfaction, and the burden of study.

Most of these factors, as well as others such as paternal and maternal education, parental expectations, and family financial status, were not significantly associated with depression in the unadjusted data, although some (such as study burden) did affect anxiety risk.

The raw data suggested that anxiety might also be increased with Internet addiction, with an unadjusted incidence rate ratio of 2.0, but it failed to reach statistical significance (95% CI 0.3 to 12.7). Moreover, the hint of a relationship disappeared in the adjusted analysis (IRR 1.0, 95% CI 0.2 to 6.8).

The unhealthy Internet use may cause or worsen depression.

Because this is a cohort study, results provide further information on the effect of pathological use of the Internet on adolescent mental health, particularly depression, not just an association between the two. This study has demonstrated a chronological sequence between pathological use of the Internet and depression in a sample of healthy adolescents.

The results of the study indicated that young people who use the Internet pathologically are most at risk for mental problems and would develop depression if they continued the behavior.

A screening program for pathological use of the Internet could also be considered in all high schools to identify individuals at risk for early counseling and treatment.

On the other hand, Lam and Pang did not report baseline depression or anxiety scores for individuals with Internet addiction versus those with normal Internet habits.

They also did not address the effectiveness of interventions targeting unhealthy Internet habits in reducing those habits or the subsequent risk of depression or other psychiatric conditions.

They did point to an earlier study that also found an association between various psychiatric symptoms and Internet addiction, though the investigators in that work suggested the causal arrow may point in the other direction -- that Internet addiction could be a result of other psychiatric conditions.

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http://www.medpagetoday.com/21494

THE ACUTE EFFECTS OF EXERCISE ON CIGARETTE CRAVINGS, WITHDRAWAL SYMPTOMS, AFFECT AND SMOKING BEHAVIOUR: A SYSTEMATIC REVIEW

Taylor AH, et al - Addiction

Most of the studies were small, and all but one involved current smokers temporarily abstaining for the experiment. The 1,369 total participants typically had an inactive or low-activity lifestyle.

The results were:

- All 12 studies comparing exercise with a control found a positive effect on at least one key outcome measure of cravings, withdrawal symptoms and smoking behavior.
- Nine of 10 studies comparing exercise with a control found a significant reduction on cravings with an effect size ranging from 0.29 for five minutes of seated isometric exercise to 4.6 for a brisk one-mile walk (mean overall effect size 1.1 at 10 minutes after exercise).
- Eight of the nine studies looking at withdrawal symptoms found a fairly consistent, significant reduction in at least two measures such as stress, anxiety, tension, poor concentration, irritability, and restlessness.
- Three of four studies looking at mood found improvements with exercise.
- Four studies reported a significant increase in net time to next cigarette by 24 (effect size 1.0), 8, 57 (effect size 1.2) and 35 minutes (effect size 0.85), respectively.

The one study to include actual quitters during an 11-week cessation intervention found that exercise reduced negative mood, nicotine withdrawal and cigarette cravings in all weeks after the quit date.

While temporary abstinence among smokers is commonly used for these experiments, the severity of symptoms among these individuals may not be the same as those experienced by quitters.

Among three studies looking at exercise intensity, one found significantly lower cravings with high-intensity cycling for five minutes versus low-intensity cycling but the others were underpowered or found no difference in outcomes.

Given the relatively small number of studies and the heterogeneous doses of exercise across those studies, it is

probably premature to consider the impact of methodology on the findings.

However, it would appear that the effects of exercise are similar following brief or longer periods of abstinence, and for moderate or higher levels of baseline cravings.

The reduction in strength of desire to smoke ranged from 0.7 points on the seven-point scale for five minutes of isometric exercise to 4.6 for a one-mile walk whereas a previous study of glucose versus placebo reported a 1.0 reduction. Also, exercise showed an effect on cravings during and after activity whereas a rigorous study showed a 10-minute delay in the effects of nicotine gum.

The magnitude of the reduction in cravings is encouraging and comparable with, or in many cases exceeding, the acute response to glucose and oral nicotine replacement therapy.

A previous systematic review found evidence from only one trial that exercise assists smokers quit long term compared to smoking cessation support alone.

Exercise is often recommended as an aid to smoking cessation has been predominately to limit weight gain and the fear of weight gain.

The exercise may also be important in managing withdrawal symptoms as well.

Distraction was unlikely a primary mechanism since the effects lasted for up to 50 minutes, they said. Stress reduction and psychobiological mechanisms may be more likely explanations.

Further research into the mechanisms involved and in the setting of actual quit attempts will be needed since "this line of research is in its infancy.

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http://www.medpagetoday.com/5248

INJECTABLE EXTENDED-RELEASE NALTREXONE FOR OPIOID DEPENDENCE: A DOUBLE-BLIND, PLACEBO-CONTROLLED, MULTICENTER RANDOMIZED TRIAL

Krupitsky E, et al - Lancet

An injectable long-acting form of the opioid antagonist naltrexone (Vivitrol) kept more addicts off opioids than placebo did.

The six-month study of 250 patients found that 90% of those who received a monthly injection of naltrexone stayed off opioids, compared with 35% of those in the placebo group (P=0.0002).

The abstinence of the opioid-dependent patients -- many of whom were long-term heroin addicts -- with naltrexone treatment was confirmed by a urine screen.

The once-a-month treatment, initially approved in the U.S. in 2006 for alcohol dependence, won FDA approval in October for treating opioid addiction as well.

Though opioid dependence is commonly treated with agonist replacement therapy such as methadone or buprenorphine, these options are restricted or unavailable in some countries -- such as in Russia, where the current study was done.

Also, these treatments may be less appropriate for subgroups like young people, or those whose employment might prohibit opioid use, the researchers said.

Naltrexone, on the other hand, is an antagonist to the mu-opioid receptor. The long-acting formulation uses a polymer coating on microsphere beads of naltrexone that dissolves during the course of the month.

To assess its safety and efficacy, the researchers conducted a double-blind, placebo-controlled, randomized, 24-week trial in 250 Russian patients with opioid dependence at 13 centers in that country between July 3, 2008 and Oct. 5, 2009.

All of the patients were at least 18 years old, had up to 30 days of inpatient detoxification, and had been off opioids for at least seven days.

Most were young white men who had been addicted to heroin for about 10 years.

Patients received either 380 mg of long-acting naltrexone, injected once a month for six months, or placebo. They

also received 12 biweekly counseling sessions.

The primary endpoint was confirmed opioid abstinence during weeks five to 24, assessed by both self-report and urine drug tests.

Secondary endpoints included self-reported opioid-free days, craving scores, number of days of retention, and relapse to physiological opioid dependence.

A total of 47% of naltrexone patients and 62% of placebo patients did not complete the trial, but analyses were done by intention-to-treat.

The researchers found that significantly more patients in the naltrexone group had urine-screen-confirmed abstinence by the end of the study -- 90% versus 35%, respectively (P=0.0002).

Patients on naltrexone also self-reported more opioid-free days -- a median of 99.2% compared with 60.4% for those on placebo (P=0.0004).

Naltrexone patients also had significantly greater reductions in cravings, with scores falling a median of more than 10 points compared with less than one point in placebo patients (P<0.0001).

Median retention was also greater among those who got the monthly injection (168 days versus 96 days, P=0.0042).

And fewer patients on naltrexone had a relapse to dependence confirmed by a naloxone challenge -- 17 in the placebo group compared with one on naltrexone, who had missed two injections, the researchers said (P<0.0001).

Overall, the drug was well tolerated, although half of patients on naltrexone had adverse events compared with a third of those in placebo group.

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MORE TO ADDICTION THAN SUBSTANCE ABUSE

By Kristina Fiore, MedPage Today

Addiction is a chronic brain disorder that should be treated like any other chronic disease.

The neurological mechanisms -- disruptions in neurotransmission, interruptions in the reward system, failure of inhibitory control -- are the key drivers of addiction.

At its core, addiction isn't just a social problem or a moral problem or a criminal problem. It's a brain problem whose behaviors manifest in all these other areas.

The statement describes addiction as a primary disease and not the result of other emotional or psychiatric problems. Addiction hijacks the brain's reward system, which involves areas of memory and emotion, and stifles areas of executive functioning, such as impulse control, the statement says.

And genetic factors account for half of the likelihood that a patient will develop addiction.

Given the physiology, addiction should be monitored and managed over time to diminish the risk of relapse, sustain remission, and optimize patient functioning.

Many chronic diseases require behavioral choices, such as people with heart disease choosing to eat healthier or begin exercising, in addition to medical or surgical interventions. Stop moralizing, blaming, controlling, or smirking at the person with the disease of addiction, and start creating opportunities for

individuals and families to get help and providing assistance in choosing proper treatment.

Treatment should involve not only pharmacological management, but psychosocial rehabilitation as well.

Focus on the neurological underpinnings of behavioral disorders has increased in recent years, the result of advances in brain imaging and neuroscience.

Some dietitians suggest emphasizing the neurology of obesity in order to help patients lose weight more effectively, instead of telling them simply to eat less.

The new definition marks the first time ASAM has taken an official position that addiction is not solely related to substance use.

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http://www.medpagetoday.com/28070

APA: CANNABIS WITHDRAWAL SYNDROME NO POT DREAM

By Michael Smith, MedPage Today - Reviewed by Rubeen K. Israni, M.D.

The so-called "cannabis withdrawal syndrome" is real and should be added to diagnostic manuals.

Dr. Hasin based her conclusion on data gleaned from the landmark National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a national longitudinal study of more than 43,000 Americans with respect to their alcohol and drug use, conducted in 2001 and 2002.

Among the questions asked in structured interviews were a number about after-effects of drug use, and Dr. Hasin and colleagues examined the answers from 2,6113 participants who identified themselves as having used marijuana three or more times a week during their period of heaviest drug use.

The most common side-effects after stopping marijuana use were feeling weak or tired, yawning, hypersomnia, psychomotor retardation, and anxiety and depression.

Many of those participants also used other drugs, so to avoid confounding, the researchers restricted their analysis to 1,119 people who used marijuana heavily-more than three times a week-but didn't indulge in binge drinking or use other drugs heavily.

The sub-population included some very heavy users-two-thirds smoked the drug between five and seven days a week, and a similar proportion smoked at least one joint a day.

The same set of symptoms appeared indicating that other drugs were not causing them.

Using factor analysis, the researchers classed the major symptoms into two clusters-slowness, which included sleeping more, feeling weak or tired, and yawning, and depression/anxiety, which included sweating/heart beating, anxiety, restlessness, insomnia, depression, muscle aches, and shaking.

Two key questions are whether the symptoms cause distress or impairment and whether the participants turned to other drugs or returned to marijuana to avoid the distress. A negative binomial regression analysis showed that:

- Both symptom clusters were associated with distress or impairment. The association was significant at $P<0.01$.
- And both were associated with using drugs to avoid the distress, again at $P<0.01$.

Both symptom clusters were associated with heavy use, at $P<0.05$, but not with the age at which participants started using the drug. The duration of the period of heaviest use was associated with the anxiety cluster but not with slowness.

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http://www.medpagetoday.com/3404

ROLE OF SELF-MEDICATION IN THE DEVELOPMENT OF COMORBID ANXIETY AND SUBSTANCE USE DISORDERS: A LONGITUDINAL INVESTIGATION

Jennifer Robinson, MA and colleagues - Arch Gen Psychiatry

CONTEXT:
Self-medication of anxiety symptoms with alcohol, other drugs, or both has been a plausible mechanism for the co-occurrence of anxiety disorders and substance use disorders. However, owing to the cross-sectional nature of previous studies, it has remained unknown whether self-medication of anxiety symptoms is a risk factor for the development of incident substance use disorder or is a correlate of substance use.

OBJECTIVE:
To examine whether self-medication confers risk of comorbidity.

DESIGN:
A longitudinal, nationally representative survey was conducted by the National Institute on Alcohol Abuse and Alcoholism. The National Epidemiologic Survey on Alcohol and Related Conditions assessed DSM-IV psychiatric disorders, self-medication, and sociodemographic variables at 2 time points.

SETTING:
The United States.

PARTICIPANTS:
A total of 34 653 US adults completed both waves of the survey. Wave 1 was conducted in 2001-2002, and wave 2 interviews occurred 3 years later (2004-2005).

MAIN OUTCOME MEASURES:
Incident substance use disorders in participants with baseline anxiety disorders and incident anxiety disorders in those with baseline substance use disorders.

RESULTS:
Logistic regression analyses revealed that self-medication conferred a heightened risk of new-onset substance use disorders in those with baseline anxiety disorders (adjusted odds ratios [AORs], 2.50-4.99 [P < .01]). Self-medication was associated with an increased risk of social phobia (AOR in baseline alcohol use disorders, 2.13 [P = .004]; AOR in baseline drug use disorders, 3.17 [P = .001]).

CONCLUSIONS:
Self-medication in anxiety disorders confers substantial risk of incident substance use disorders. Conversely, self-medication in substance use disorders is associated with incident social phobia. These results not only clarify several pathways that may lead to the development of comorbidity but also indicate at-risk populations and suggest potential points of intervention in the treatment of comorbidity.

Question on addiction, sex, psychiatry or the possession syndromes

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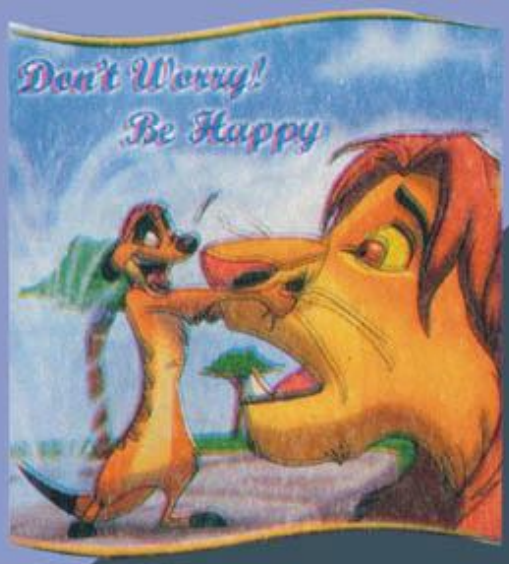
Dr. Syed Mubin Akhtar speaking on the ocassion of Hamdard Thinker's Forum (Hamdard Shoora) at Avari Tower.



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