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### Policy and Guidelines

**National Institute for Health and Clinical Excellence (NICE)**

- **Sofosbuvir for treating chronic hepatitis C**
  NICE technology appraisal guidance [TA330] Published date: February 2015

- **Simeprevir in combination with peginterferon alfa and ribavirin for treating genotypes 1 and 4 chronic hepatitis C**
  NICE technology appraisal guidance [TA331] Published date: February 2015

- **Alcohol: preventing harmful alcohol use in the community**
  NICE quality standard [QS83] Published date: March 2015

### New and Updated Cochrane Systematic Reviews

**New Reviews - January 2015**

- Pharmacotherapy for anxiety and comorbid alcohol use disorders

**Updated Reviews - January 2015**

- Social norms information for alcohol misuse in university and college students

**Updated Reviews – April 2015**

- Baclofen for alcohol withdrawal

### Journal Articles

Please click on the blue link at the end of the abstract (where available) to access full text. You may need an OpenAthens username and password.
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1. Alcohol consumption and loneliness in mid and late-life

Citation: Drug and Alcohol Dependence, January 2015, vol./is. 146/(e238), 0376-8716 (01 Jan 2015)

Author(s): Canham S.L., Mauro P.M., Kaufmann C.N.

Language: English

Abstract: Aims: Loneliness, which has been associated with a range of negative health outcomes in later life, has been implicated as a risk factor for alcohol abuse. However, the relationship between loneliness and alcohol use is less clear. We sought to examine the association between loneliness and alcohol use in a sample of middle aged and older adults. Methods: We studied participants aged 50 and older (n = 957) from the 2002 wave of the Health and Retirement Study who reported the number of days per week they had consumed alcohol. Number of drinking days per week was categorized into tertiles (0, 1-3, and 4-7 days/week). Participants also responded to a 3- item questionnaire adapted from the Revised UCLA Loneliness Scale and were classified as "lonely" or "not lonely". Multinomial logistic regression analyses assessed the association between weekly alcohol consumption and
loneliness. Results: Overall, 7.7% of participants reported being lonely. After adjusting for demographic variables, medical conditions, smoking, and elevated depressive symptoms, loneliness was associated with a reduction in odds of more frequent alcohol consumption for both 1-3 days/week (aOR = 0.44, 95% CI = 0.20-0.99, p-value = 0.046) and 4-7 days/week (aOR = 0.41, 95% CI = 0.17-0.98, p-value = 0.044), compared to the 0 drinking days/week group.

Conclusions: Our results suggest that alcohol use may be a factor that reduces loneliness in a sample of adults aged 50 and older. This could suggest that socialization opportunities involve alcohol use; however, alcohol use could reduce feelings of loneliness regardless of social interaction. Caution in our findings is warranted given the host of negative physical and cognitive outcomes linked to overuse of alcohol in later life. Future research should explore how middle aged and older adults relate to alcohol both in social settings and while alone.

**Publication type:** Journal: Conference Abstract  
**Source:** EMBASE

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**2. Title:** Alcoholic liver disease: Mechanisms of injury and targeted treatment  
**Citation:** Nature Reviews Gastroenterology and Hepatology, April 2015, vol./is. 12/4(231-242), 1759-5045;1759-5053 (04 Apr 2015)  
**Author(s):** Louvet A., Mathurin P.  
**Language:** English

**Abstract:** Alcoholic liver disease (ALD) is a complex process that includes a wide spectrum of hepatic lesions, from steatosis to cirrhosis. Cell injury, inflammation, oxidative stress, regeneration and bacterial translocation are key drivers of alcohol-induced liver injury. Alcoholic hepatitis is the most severe form of all the alcohol-induced liver lesions. Animal models of ALD mainly involve mild liver damage (that is, steatosis and moderate inflammation), whereas severe alcoholic hepatitis in humans occurs in the setting of cirrhosis and is associated with severe liver failure. For this reason, translational studies using humans and human samples are crucial for the development of new therapeutic strategies. Although multiple attempts have been made to improve patient outcome, the treatment of alcoholic hepatitis is still based on abstinence from alcohol and brief exposure to corticosteroids. However, nearly 40% of patients with the most severe forms of alcoholic hepatitis will not benefit from treatment. We suggest that future clinical trials need to focus on end points other than mortality. This Review discusses the main pathways associated with the progression of liver disease, as well as potential therapeutic strategies targeting these pathways.

**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available Nature Publishing Group NHS Pilot 2014 (NESPi2) at Nature Reviews Gastroenterology and Hepatology

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**3. Title:** All cause mortality and the case for age specific alcohol consumption guidelines: Pooled analyses of up to 10 population based cohorts  
**Citation:** BMJ (Online), February 2015, vol./is. 350/, 0959-8146;1756-1833 (10 Feb 2015)  
**Author(s):** Knott C.S., Coombs N., Stamatakis E., Biddulph J.P.  
**Language:** English

**Abstract:** Objectives To examine the suitability of age specific limits for alcohol consumption and to explore the association between alcohol consumption and mortality in different age groups. Design Population based data from Health Survey for England 1998-2008, linked to national mortality registration data and pooled for analysis using proportional hazards regression. Analyses were stratified by sex and age group (50-64 and = 65 years). Setting Up to 10 waves of the Health Survey for England, which samples the non-institutionalised general population resident in England. Participants The derivation of two analytical samples was based on the availability of comparable alcohol consumption data, covariate data, and linked mortality data among adults aged 50 years or more. Two samples were used, each utilising a different variable for alcohol usage: self reported average weekly consumption over the past year and self reported consumption on the heaviest day in the past week. In fully adjusted analyses, the former sample comprised Health Survey for England years 1998-2002, 18 368 participants, and 4102 deaths over a median follow-up of 9.7 years, whereas the latter comprised Health Survey for England years 1999-2008, 34 523 participants, and 4220 deaths over a median follow-up of 6.5 years. Main outcome measure All cause mortality, defined as any death recorded between the date of interview and the end of data linkage on 31 March 2011. Results In unadjusted models, protective effects were identified across a broad range of alcohol usage in all age-sex groups. These effects were attenuated across most use categories on adjustment for a range of personal, socioeconomic, and lifestyle factors. After the exclusion of former drinkers, these effects were further attenuated. Compared with self reported never drinkers, significant protective associations were limited to younger men (50-64 years) and older women (= 65 years). Among younger men, the range of protective effects was minimal, with a significant reduction in hazards present only among those who reported consuming 15.1-20.0 units/average week (hazard ratio 0.49, 95%
confidence interval 0.26 to 0.91) or 0.1-1.5 units on the heaviest day (0.43, 0.21 to 0.87). The range of protective effects was broader but lower among older women, with significant reductions in hazards present = 10.0 units/average week and across all levels of heaviest day use. Supplementary analyses found that most protective effects disappeared where calculated in comparison with various definitions of occasional drinkers. Conclusions: Beneficial associations between low intensity alcohol consumption and all cause mortality may in part be attributable to inappropriate selection of a referent group and weak adjustment for confounders. Compared with never drinkers, age stratified analyses suggest that beneficial dose-response relations between alcohol consumption and all cause mortality may be largely specific to women drinkers aged 65 years or more, with little to no protection present in other age-sex groups. These protective associations may, however, be explained by the effect of selection biases across age-sex strata.

**Publication type:** Journal: Article

**Source:** EMBASE

**Full text:** Available *BMJ (Clinical research ed.)* at The BMJ

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4. **Title:** An exploratory qualitative study seeking participant views evaluating group Cognitive Behavioral Therapy preparation for alcohol detoxification

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

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

**Language:** English

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

**Publication type:** Journal: Article

**Source:** EMBASE

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5. **Title:** Assessment and management of alcohol use disorders

**Citation:** BMJ (Online), February 2015, vol./is. 350/, 0959-8146;1756-1833 (19 Feb 2015)

**Author(s):** Day E., Copello A., Hull M.

**Language:** English

**Publication type:** Journal: Review

**Source:** EMBASE

**Full text:** Available *BMJ (Clinical research ed.)* at The BMJ

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6. **Title:** Attitudes of healthcare professionals in a general hospital to patients with substance misuse disorders.

**Citation:** Journal of Substance Use, 01 February 2015, vol./is. 20/1(56-60), 14659891

**Author(s):** Raistrick, Duncan S., Tober, Gillian W., Unsworth, Sally L.

**Language:** English

**Abstract:** Aims and method: To repeat a survey (reported 2007) of the attitudes of staff in a general hospital setting towards working with people who have substance misuse problems. Therapeutic attitude and the frequency of undertaking tasks related to dealing with substance misuse problems were measured using a modified version of the Alcohol and Alcohol Problems Perception Questionnaire (AAPPQ). The questionnaire was given to staff on wards in general hospitals where people with substance misuse problems are commonly admitted. Results: The questionnaire return rate of 24% was lower than 2007 and the possible reasons are discussed. Doctors, nurses and healthcare assistants all reported low levels of therapeutic commitment and lower than 2007. Older doctors scored the lowest and younger doctors highest. Brief training seemed to have a positive effect. Implications: The authors conclude that there should be a policy shift away from trying to 'piggy back' care of people with substance misuse problems onto
practitioners in other clinical specialties. Although addiction problems are found in most areas of health and social care, the role of staff in treating addiction is limited - effective substance misuse treatment is best delivered by trained addiction practitioners.

**Publication type:** journal article  
**Source:** CINAHL

### 7. Title: Brief alcohol interventions for adolescents and young adults: A systematic review and meta-analysis  
**Citation:** Journal of Substance Abuse Treatment, April 2015, vol./is. 51/(1-18), 0740-5472;1873-6483 (01 Apr 2015)  
**Author(s):** Tanner-Smith E.E., Lipsey M.W.  
**Language:** English  
**Abstract:** This study reports findings from a meta-analysis summarizing the effectiveness of brief alcohol interventions for adolescents (age 11-18) and young adults (age 19-30). We identified 185 eligible study samples using a comprehensive literature search and synthesized findings using random-effects meta-analyses with robust standard errors. Overall, brief alcohol interventions led to significant reductions in alcohol consumption and alcohol-related problems among adolescents (g = 0.27 and g = 0.19) and young adults (g = 0.17 and g = 0.11). These effects persisted for up to 1 year after intervention and did not vary across participant demographics, intervention length, or intervention format. However, certain intervention modalities (e.g., motivational interviewing) and components (e.g., decisional balance, goal-setting exercises) were associated with larger effects. We conclude that brief alcohol interventions yield beneficial effects on alcohol-related outcomes for adolescents and young adults that are modest but potentially worthwhile given their brevity and low cost.

**Publication type:** Journal: Article  
**Source:** EMBASE

### 8. Title: Clinical characteristics of patients with severe alcoholic hepatitis  
**Citation:** HPB, March 2015, vol./is. 17/(113), 1365-182X (March 2015)  
**Author(s):** Tanaka H., Sasaki H., Arita M.  
**Language:** English  
**Abstract:** Objectives: The patients with alcoholic hepatitis develop by one repeats drinking a great deal of alcohol continuously. Among them, patients with severe alcoholic hepatitis (SAH) with the complications such as hepatic encephalopathy, pneumonia, acute renal failure, and gastrointestinal bleeding may die within 1 month without the improvement of hepatic enlargement, even if one abstains from drinking. Although this disease is a bad prognosis like a fulminant hepatitis, the knowledge of this disease is only little. We report the clinical characteristics of SAH.  
Methods: The subjects were eight patients (mean ages 43.3 +/- 10.2 year) who were diagnosed based on the criteria by Takada, et al. in Japan. The control were six patients (mean ages 59.3 +/- 7.0 year) with acute viral hepatitis (AH) who were hospitalized at the same period. The expected formula of mortality rate which was reported by Horia Y, et al was used. Results: On admission, the age of SAH was significantly lower than that of AH. The serum value of ALT, albumin and PT% of SAH were also significantly lower than those of AH. On the contrary, the serum value of total bilirubin and WBC of SAH significantly increased. Although the expectation of mortality rate which was formulated was 78.3 +/- 49.3%, the actual mortality rate was 25%. The analysis of period of hospitalization between SAH and AH (44.4 +/- 17.5 days vs. 29.7 +/- 10.2 days) was no significance. Conclusion: For 7 years, we experienced 8 patients with SAH and recognized the improved outcomes of treatment.

**Publication type:** Journal: Conference Abstract  
**Source:** EMBASE

### 9. Title: Clinical exercise interventions in alcohol use disorders: A systematic review  
**Citation:** Journal of Substance Abuse Treatment, May 2015, vol./is. 52/(1-9), 0740-5472;1873-6483 (01 May 2015)  
**Author(s):** Giesen E.S., Deimel H., Bloch W.  
**Language:** English  
**Abstract:** The therapeutic impact of exercise interventions in psychiatric diseases such as depression, anxiety and schizophrenia has already been proven through several reviews whereas substance use disorders such as alcohol use disorders (AUD) have so far less frequently been a matter of investigation. Although several publications have summarized studies focusing on physical activities in substance use disorders, no systematic review exists summarizing the evidence of exercise interventions in AUD. A total of 14 studies using the Medline Database, CCMed, Cochrane Library and PsychINFO were identified and met the inclusion criteria. In order to evaluate the evidence, we used the evaluation system of the Oxford Centre for Evidence-Based Medicine (2011). Due to methodological flaws the overall evidence of the studies is rated level "3" but primarily findings confirm that exercise interventions as a complementary treatment component in AUD are feasible and safe. No adverse events were
reported. This systematic review indicates that exercise may have beneficial effects on certain domains of physical functioning including VO$_2$\textsubscript{max}, basal heart rate, physical activity level and strength. Inconsistent effects with a slight trend towards a positive effect on anxiety, mood management, craving, and drinking behavior have been shown and need to be verified. Results must be interpreted cautiously due to the numerous methodological flaws and the heterogeneity of the interventions and measures. However, according to preclinical studies several mechanisms of action are conceivable, especially as to alcohol-related outcomes and additionally seem to be promising. RCTs with high methodological quality are urgently needed in future research to establish evidence-based exercise recommendations for the treatment of AUD.

**Publication type:** Journal: Article

**Source:** EMBASE

10. **Title:** Cost-effectiveness of non-invasive methods for assessment and monitoring of liver fibrosis and cirrhosis in patients with chronic liver disease: Systematic review and economic evaluation

**Citation:** Health Technology Assessment, 2015, vol./is. 19/9(1-458), 1366-5278;2046-4924 (2015)

**Author(s):** Crossan C., Tschochatzis E.A., Longworth L., Gurusamy K., Davidson B., Rodriguez-Peralvarez M., Mantzoukis K., O’Brien J., Thalassinos E., Papastergiou V., Burroughs A.

**Language:** English

**Abstract:** Background: Liver biopsy is the reference standard for diagnosing the extent of fibrosis in chronic liver disease; however, it is invasive, with the potential for serious complications. Alternatives to biopsy include non-invasive liver tests (NILTs); however, the cost-effectiveness of these needs to be established. Objective: To assess the diagnostic accuracy and cost-effectiveness of NILTs in patients with chronic liver disease. Data sources: We searched various databases from 1998 to April 2012, recent conference proceedings and reference lists. Methods: We included studies that assessed the diagnostic accuracy of NILTs using liver biopsy as the reference standard. Diagnostic studies were assessed using the Quality Assessment of Diagnostic Accuracy Studies (QUADAS-2) tool. Meta-analysis was conducted using the bivariate random-effects model with correlation between sensitivity and specificity (whenever possible). Decision models were used to evaluate the cost-effectiveness of the NILTs. Expected costs were estimated using a NHS perspective and health outcomes were measured as quality-adjusted life-years (QALYs). Markov models were developed to estimate long-term costs and QALYs following testing, and antiviral treatment where indicated, for chronic hepatitis B (HBV) and chronic hepatitis C (HCV). NILTs were compared with each other, sequential testing strategies, biopsy and strategies including no testing. For alcoholic liver disease (ALD), we assessed the cost-effectiveness of NILTs in the context of potentially increasing abstinence from alcohol. Owing to a lack of data and treatments specifically for fibrosis in patients with non-alcoholic fatty liver disease (NAFLD), the analysis was limited to an incremental cost per correct diagnosis. An analysis of NILTs to identify patients with cirrhosis for increased monitoring was also conducted. Results: Given a cost-effectiveness threshold of 20,000 per QALY, treating everyone with HCV without prior testing was cost-effective with an incremental cost-effectiveness ratio (ICER) of 9204. This was robust in most sensitivity analyses but sensitive to the extent of treatment benefit for patients with mild fibrosis. For HBV [hepatitis B e antigen (HBeAg)-negative]] this strategy had an ICER of 28,137, which was cost-effective only if the upper bound of the standard UK cost-effectiveness threshold range (30,000) is acceptable. For HBeAg-positive disease, two NILTs applied sequentially (hyaluronic acid and magnetic resonance elastography) were cost-effective at a 20,000 threshold (ICER: 19,612); however, the results were highly uncertain, with several test strategies having similar expected outcomes and costs. For patients with ALD, liver biopsy was the cost-effective strategy, with an ICER of 822. Limitations: A substantial number of tests had only one study from which diagnostic accuracy was derived; therefore, there is a high risk of bias. Most NILTs did not have validated cut-offs for diagnosis of specific fibrosis stages. The findings of the ALD model were dependent on assumptions about abstinence rates assumptions and the modelling approach for NAFLD was hindered by the lack of evidence on clinically effective treatments. Conclusions: Treating everyone without NILTs is cost-effective for patients with HCV, but only for HBeAg-negative if the higher cost-effectiveness threshold is appropriate. For HBeAg-positive, two NILTs applied sequentially were cost-effective but highly uncertain. Further evidence for treatment effectiveness is required for ALD and NAFLD.

**Publication type:** Journal: Article

**Source:** EMBASE

11. **Title:** Development and Implementation of a Structured Intervention for Alcohol Use Disorders for Telephone Helpline Services

**Citation:** Alcoholism Treatment Quarterly, January 2015, vol./is. 33/1(118-131), 0734-7324;1544-4538 (02 Jan 2015)

**Author(s):** Best D., Hall K., Guthrie A., Abbatangelo M., Hunter B., Lubman D.

**Language:** English
12. Title: Economic analysis of costs for patients with end stage liver disease over the last year of life.

Citation: BMJ supportive & palliative care, Mar 2015, vol. 5, no. 1, p. 110. (March 2015)

Author(s): Gola, A, Davis, S, Greenslade, L, Hopkins, K, Low, J, Marshall, A, Thorburn, D, Vickerstaff, V, Jones, L

Abstract: Liver disease is the third largest cause of death in the UK in people under the age of 65. With predicted increases in alcohol consumption, viral hepatitis and obesity, it is anticipated that the economic burden on the healthcare system will continue to rise. To evaluate costs of hospital admissions for patients with end-stage liver disease over the 12 months prior to death obtained from hospital records and case-note audit. The analysis includes all costs incurred during the admission, such as bed and board, nursing, specialist consultations, medications, investigations and surgery. We also compared costs of care for a cohort with terminal hospital admission and costs of care for those who spent the last days at a hospice. The mean cost per patient in the twelve months prior to death was £18,458, (SD=15,267), the mean total cost per hospital admission was £6,863 (SD=£6,631), the mean cost for individual admissions that ended in the patient’s death i.e. the terminal admission, was £9,615 (SD=£8,443). Comparatively, for the patients who had a terminal admission at a hospice, the mean cost per terminal admission was £4,598 (SD=£5,818). There was no statistically significant difference in costs between patients with and without alcohol-related liver disease. Our analysis underlines the significant economic burden placed on the healthcare system by patients with end stage liver disease. On average, compared to costs associated with hospice death, costs for hospital deaths were double. With rates of liver disease set to increase, government policy needs to address challenges for future funding of care. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://group.bmj.com/group/rights-licensing/permissions.

Source: Medline

13. Title: Efficacy of supplementation with vitamin B6 vitamin B12 and folate in patients with alcoholic liver disease

Citation: Hepatology International, March 2015, vol./is. 9/1 SUPPL. 1(S127), 1936-0533 (March 2015)


Abstract: Background and aims: Although three essential B-vitamins (vitamin B6, vitamin B12, and folate) play a critical role in the methionine metabolic cycle related to the pathogenesis of experimental alcoholic liver disease (ALD), the effectiveness of B-vitamin supplementation is not known in clinical situation. The aims of this study were to identify changes between serum levels of methionine metabolites after 4 weeks of B-vitamin supplementation and determine the relationship between aberrant methionine metabolic cycle and B-vitamin supplementation in patients with ALD. Methods: At baseline, serum levels of liver function biochemical parameters, B-vitamins (vitamin B6, vitamin B12, and folate), and methionine metabolites (homocysteine, S-adenosylhomocysteine) were measured in 20 ALD patients and 20 healthy subjects. Among these 20 ALD patients, 10 patients (Group A) received 4-week B-vitamin supplementation, which included vitamin B6, vitamin B12, and folate. The other 10 patients (Group B) received 4-week B-vitamin supplementation without folate. Methionine metabolite levels, homocysteine and S-adenosylhomocysteine, were measured using stable isotope dilution liquid mass spectrometry. Results: Two groups of ALD patients showed an overall improvement in liver function biochemical parameters and B-vitamin levels after 4 weeks of B-vitamin supplementation. Serum homocysteine and S-adenosylhomocysteine levels tended to show reduction in the Group A patients after 4 weeks of B-vitamin supplementation, which included folate (P = 0.209 for HCY and P = 0.038 for SAH). Conclusions: Short-term abstinence and B-vitamin supplementation including folate may help improve nutritional status and methionine metabolite levels related to the aberrant methionine metabolic pathway. Efficacy of B-vitamin supplementation may require the regimen including folate supplementation.

Publication type: Journal: Conference Abstract

Source: EMBASE

14. Title: Explaining reactions to normative information about alcohol consumption: A test of an extended social
**15. Title: How to prevent alcoholic liver disease**

**Citation:** Experimental and Molecular Pathology, April 2015, vol./is. 98/2(304-307), 0014-4800;1096-0945 (April 01, 2015)

**Author(s):** French S.W.

**Language:** English

**Abstract:** Betaine supplements of alcoholic beverages are proposed to prevent the development of alcoholic liver disease in patients that abuse alcohol. This recommendation is based on the observation of studies where it has been shown in binge drinking and chronic ethanol feeding animal models that betaine prevents liver injury resulting from high blood alcohol levels. The basic observation is that betaine added to ethanol being ingested increases the elimination rate of blood alcohol, which prevents the blood alcohol levels (BALs) from reaching high levels. The mechanism of how betaine does this is postulated to be that betaine causes the increase in the elimination rate by donating cofactor of alcohol oxidation by ADH. Betaine does this most likely by supporting the methylation of norepinephrine to form epinephrine by phenylethanolamine N-methyltransferase. Epinephrine is 5 to 10-fold more active than norepinephrine in increasing the metabolic rate.

**Publication type:** Journal: Article

**Source:** EMBASE

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**16. Title: Is local alcohol outlet density related to alcohol-related morbidity and mortality in Scottish cities?**

**Citation:** Health and Place, May 2015, vol./is. 33/(172-180), 1353-8292;1873-2054 (May 01, 2015)

**Author(s):** Richardson E.A., Hill S.E., Mitchell R., Pearce J., Shortt N.K.

**Language:** English

**Abstract:** Alcohol consumption may be influenced by the local alcohol retailing environment. This study is the first to examine neighbourhood alcohol outlet availability (on- and off-sales outlets) and alcohol-related health outcomes in Scotland. Alcohol-related hospitalisations and deaths were significantly higher in neighbourhoods with higher outlet densities, and off-sales outlets were more important than on-sales outlets. The relationships held for most age groups, including those under the legal minimum drinking age, although were not significant for the youngest legal drinkers (18–25 years). Alcohol-related deaths and hospitalisations were higher in more income-deprived neighbourhoods, and the gradient in deaths (but not hospitalisations) was marginally larger in neighbourhoods with higher off-sales outlet densities. Efforts to reduce alcohol-related harm should consider the potentially important role of the alcohol retail environment.

**Publication type:** Journal: Article

**Source:** EMBASE
17. Title: Kiosk versus In-person screening for alcohol and drug use in the emergency department: Patient preferences and disclosure
Citation: Western Journal of Emergency Medicine, March 2015, vol./is. 16/2(220-228), 1936-900X,1936-9018 (01 Mar 2015)
Author(s): Hankin A., Haley L., Baugher A., Colbert K., Houry D.
Language: English
Abstract: Introduction: Annually eight million emergency department (ED) visits are attributable to alcohol use. Screening ED patients for at-risk alcohol and substance use is an integral component of screening, brief intervention, and referral to treatment programs, shown to be effective at reducing substance use. The objective is to evaluate ED patients' acceptance of and willingness to disclose alcohol/substance use via a computer kiosk versus an in-person interview. Methods: This was a cross-sectional, survey-based study. Eligible participants included those who presented to walk-in triage, were English-speaking, >18 years, were clinically stable and able to consent. Patients had the opportunity to access the kiosk in the ED waiting room, and were approached for an in-person survey by a research assistant (9am-5pm weekdays). Both surveys used validated assessment tools to assess drug and alcohol use. Disclosure statistics and preferences were calculated using chi-square tests and McNemar's test. Results: A total of 1,207 patients were screened: 229 in person only, 824 by kiosk, and 154 by both in person and kiosk. Single-modality participants were more likely to disclose hazardous drinking (p=0.003) and high-risk drug use (OR=22.3 [12.3-42.2]; p<0.0001) via kiosk. Participants who had participated in screening via both modalities were more likely to reveal high-risk drug use on the kiosk (p=0.003). When asked about screening preferences, 73.6% reported a preference for an in-person survey, which patients rated higher on privacy and comfort. Conclusion: ED patients were significantly more likely to disclose at-risk alcohol and substance use to a computer kiosk than an interviewer. Paradoxically patients stated a preference for in-person screening, despite reduced disclosure to a human screener.
Publication type: Journal: Article
Source: EMBASE
Full text: Available Western Journal of Emergency Medicine at Western Journal of Emergency Medicine

18. Title: Online health check for reducing alcohol intake among employees: A feasibility study in six workplaces across England
Citation: PLoS ONE, March 2015, vol./is. 10/3, 1932-6203 (23 Mar 2015)
Author(s): Khadjesari Z., Newbury-Birch D., Murray E., Shenker D., Marston L., Kaner E.
Language: English
Abstract: Background Most hazardous and harmful drinkers are of working age and do not seek help with their drinking. Occupational health services are uniquely placed to universally screen employees across the range of socioeconomic and ethnic groups. The aim was to explore the feasibility and acceptability of offering electronic screening and brief intervention for alcohol misuse in the context of a health check in six different workplace settings. Methods and Findings Employees were recruited from six workplaces across England, including three local authorities, one university, one hospital and one petro-chemical company. A total of 1,254 (8%) employees completed the health check and received personalised feedback on their alcohol intake, alongside feedback on smoking, fruit and vegetable consumption and physical activity. Most participants were female (65%) and of White British ethnicity (94%), with a mean age of 43 years (SD 11). Participants were mostly in Intermediate occupations (58%), followed by Higher managerial/professional (39%) and Routine and manual occupations (2%). A quarter of participants (25%) were drinking at hazardous levels (33% male, 21% female), which decreased with age. Sixty-four percent (n=797) of participants completed online follow-up at three months. Most participants were supportive of workplaces offering employees an online health check (95%), their preferred format was online (91%) and many were confident of the confidentiality of their responses (60%). Whilst the feedback reminded most participants of things they already knew (75%), some were reportedly motivated to change their behaviour (13%). Conclusions Online health screening and personalised feedback appears feasible and acceptable, but challenges include low participation rates, potentially attracting ‘worried well’ employees rather than those at greatest health risk, and less acceptance of the approach among older employees and those from ethnic minority backgrounds and routine or manual occupations.
Publication type: Journal: Article
Source: EMBASE
Full text: Available ProQuest at PLoS ONE
Full text: Available ProQuest at PLoS One

19. Title: Oral Care in Hepatology Nursing: Nurses’ Knowledge and Education.
Citation: Gastroenterology Nursing, 01 January 2015, vol./is. 38/1(22-30), 1042895X
This study aimed, for the first time, to explore hepatology nurses’ knowledge and education in the oral care and oral health assessments of patients with liver cirrhosis. Liver cirrhosis can be associated with lifestyles and behaviors that contribute to oral neglect and untreated oral inflammation. This inflammation can represent foci for systemic infections, with increases in morbidity and mortality rates. A questionnaire consisting of 26 closed- and open-ended questions was used to determine among hepatology nurses the extent of knowledge, education, and current practices in oral healthcare among hepatology nurses. The study involved a sample of 94 nurses employed in different gastroenterology and hepatology units, with a response rate of 73%. The results indicated that respondents lacked substantial oral care education, both in connection with their initial training and after qualifying as nurses. The respondents had inadequate knowledge of basic oral health, the equipment used for oral care, and medications’ adverse effects on oral health. These results indicate a need for educational updates in cooperation with dentists and for the promotion of specific oral assessment guides in patients with liver cirrhosis.

Publication type: journal article
Source: CINAHL

20. Title: Personalized Feedback Based on a Drink-Pouring Exercise May Improve Knowledge of, and Adherence to, Government Guidelines for Alcohol Consumption
Citation: Alcoholism: Clinical and Experimental Research, February 2015, vol./is. 39/2(317-323), 0145-6008;1530-0277 (01 Feb 2015)
Author(s): De Visser R.O.
Language: English
Abstract: Background: Although most people are aware of government guidelines for alcohol consumption, few have accurate knowledge of these and fewer still use these guidelines to monitor their drinking. Most people also lack accurate knowledge of the alcohol content of the drinks they consume. The aim of the study reported here was to examine whether or not personalized feedback on alcohol consumption based on performance in a drink-pouring task and self-reported alcohol intake would improve university students' knowledge of alcohol consumption guidelines and reduce their alcohol intake. Methods: A quasi-randomized control trial with a 2-month follow-up was conducted with 200 students aged 18 to 37 in the south of England. Participants were allocated to a "pour + feedback" group that completed a drink-pouring task and received personalized feedback, a "pour only" group that completed the drink-pouring task but did not receive feedback, and a control group. Results: At follow-up, participants in the "pour + feedback" group had significantly better knowledge of government guidelines, and significantly lower weekly alcohol intake when compared to the "control" and "pour only" groups. Conclusions: Further refinement of the drink-pouring intervention and feedback is reported in this paper, and assessment of their impact in various populations may lead to better understanding of which elements of personalized feedback have the greatest influence on young people’s alcohol use.
Publication type: Journal: Article
Source: EMBASE

21. Title: Pharmacotherapy for alcohol use disorder: Current and emerging therapies
Citation: Harvard Review of Psychiatry, March 2015, vol./is. 23/2(122-133), 1067-3229;1465-7309 (18 Mar 2015)
Author(s): Swift R.M., Aston E.R.
Language: English
Abstract: Alcohol use disorder is a heterogeneous illness with a complex biology that is controlled by many genes and gene-by-environment interactions. Several efficacious, evidence-based treatments currently exist for treating and managing alcohol use disorder, including a number of pharmacotherapies that target specific aspects of biology that initiate and maintain dangerous alcohol misuse. This article reviews the neurobiological and neurobehavioral foundation of alcohol use disorder, the mechanisms of action and evidence for the efficacy of currently approved medications for treatment, and the literature on other emerging pharmacotherapies.
Publication type: Journal: Review
Source: EMBASE

22. Title: Population pharmacokinetics of oxazepam in patients with alcohol use disorder
Citation: Fundamental and Clinical Pharmacology, April 2015, vol./is. 29/(62), 0767-3981 (April 2015)
Author(s): Imbert B., Marsot A., Liachenko N., Bazin M., Simon N.
Language: English
Abstract: Introduction: According to the guidelines, benzodiazepines are the reference medication to treat alcohol
withdrawal syndrome. The doses of oxazepam used in this population may reach up to 300 mg per day, significantly higher than usual doses. Its optimal use in these patients requires further pharmacokinetic informations. The objective of this study was to investigate the pharmacokinetics of high doses of oxazepam in alcohol dependent patients treated for alcohol withdrawal syndrome. Material and methods: 63 outpatients (weight: 71.1 kg [45.0-118.0]; Age: 47.6 years [31-67]) were studied. Total mean dose of 96.0 mg (20-300) per day was administered by oral route. Therapeutic drug monitoring allowed the measurement of 96 plasma concentrations. The following covariates were evaluated: demographic data (age, body weight, height, sex) and biological data (creatinine, AST, ALT, PAL, GGT). Pharmacokinetic analysis was performed by using a non-linear mixed-effect population model. Results: Data were modelled with a one-compartment pharmacokinetic model. The population typical mean (95% Confidence interval (90% CI)) values for clearance (CL), apparent volume of distribution (V) and resorption time (D1) were 6.8 L/h (3.9-8.0 L/h), 159 L (98.0-282 L) and 2 h (Fixed), respectively. The interindividual variability of CL and V, and residual variability (90% CI) were 74% (44-96%), 69% (40-89%) and 32% (20-41%), respectively. The elimination half-life was 16 h (range 3-42). Discussion/Conclusion: Oxazepam exhibited a linear pharmacokinetic with a proportional relationship from 20 to 300 mg per day, the dose range currently used in alcohol dependent patients treated for alcohol withdrawal syndrome. We did not find any evidence of drug accumulation with these doses [1-4].

**Publication type:** Journal: Conference Abstract  
**Source:** EMBASE

**23. Title:** Portrayal of alcohol intoxication on youtube  
**Citation:** Alcoholism: Clinical and Experimental Research, March 2015, vol./is. 39/3(496-503), 0145-6008;1530-0277 (01 Mar 2015)  
**Author(s):** Primack B.A., Colditz J.B., Pang K.C., Jackson K.M.  
**Language:** English  
**Abstract:** Background: We aimed to characterize the content of leading YouTube videos related to alcohol intoxication and to examine factors associated with alcohol intoxication in videos that were assessed positively by viewers. Methods: We systematically captured the 70 most relevant and popular videos on YouTube related to alcohol intoxication. We employed an iterative process to codebook development which resulted in 42 codes in 6 categories: video characteristics, character socio demographics, alcohol depiction, degree of alcohol use, characteristics associated with alcohol, and consequences of alcohol. Results: There were a total of 333,246,875 views for all videos combined. While 89% of videos involved males, only 49% involved females. The videos had a median of 1,646 (interquartile range [IQR] 300 to 22,969) "like" designations and 33 (IQR 14 to 1,261) "dislike" designations each. Liquor was most frequently represented, followed by beer and then wine/champagne. Nearly one-half (44%) of videos contained a brand reference. Humor was juxtaposed with alcohol use in 79% of videos, and motor vehicle use was present in 24%. There were significantly more likes per dislike, indicating more positive sentiment, when there was representation of liquor (29.1 vs. 11.4, p = 0.008), brand references (32.1 vs. 19.2, p = 0.04), and/or physical attractiveness (67.5 vs. 17.8, p < 0.001). Conclusions: Internet videos depicting alcohol intoxication are heavily viewed. Nearly, half of these videos involve a brand-name reference. While these videos commonly juxtapose alcohol intoxication with characteristics such as humor and attractiveness, they infrequently depict negative clinical outcomes. The popularity of this site may provide an opportunity for public health intervention.  
**Publication type:** Journal: Article  
**Source:** EMBASE

**24. Title:** Reasons why people change their alcohol consumption in later life: Findings from the Whitehall II Cohort Study  
**Citation:** PLoS ONE, March 2015, vol./is. 10/3, 1932-6203 (10 Mar 2015)  
**Author(s):** Britton A., Bell S.  
**Language:** English  
**Abstract:** Purpose Harmful alcohol consumption among the ageing population is an important public health issue. Very few studies ask drinkers why they change their consumption in later life. The aim of this paper was to determine whether a group of people aged over 60 years increased or decreased their alcohol consumption over the past decade and to determine the reasons for their change. We also examined whether the responses varied by age, sex and socioeconomic position (SEP). Subjects and Methods Data were taken from 6,011 participants (4,310 men, 1,701 women, age range 61 to 85 years) who completed questionnaires at phase 11 (2012-2013) of the Whitehall II Cohort Study. Results Over half the study members reported a change in alcohol consumption over the past decade (40% decreased, 11% increased). The most common reasons given for decreases were as a health precaution and fewer social occasions. Common reasons for increases were more social occasions and fewer responsibilities. The
lowest SEP group was less likely to increase consumption compared to high SEP (RR 0.57, 95% CI 0.40 to 0.81). Women were more likely to increase consumption in response to stress/depression than men (RR1.53, 95% CI 1.04 to 2.25). Compared to high SEP, the lowest SEP group was less likely to reduce as a health precaution (RR 0.61, 95% CI 0.38 to 0.76). Conclusions Alcohol consumption in late life is not fixed. Reasons for change vary by age, sex and SEP. Such information could be used to tailor intervention strategies to reduce harmful consumption.

**Publication type:** Journal: Article

**Source:** EMBASE

**Full text:** Available ProQuest at PLoS ONE

**Full text:** Available ProQuest at PLoS One

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**25.** Title: Relations of negative and positive work experiences to employee alcohol use: Testing the intervening role of negative and positive work rumination

**Citation:** Journal of Occupational Health Psychology, April 2015, vol./is. 20/2(148-160), 1076-8998;1939-1307 (01 Apr 2015)

**Author(s):** Frone M.R.

**Language:** English

**Abstract:** This study tested a model linking work experiences to employee alcohol use. The model extended past research in 3 ways. First, it incorporated both negative and positive work experiences. Second, it incorporated a previously unexplored cognitive intervening process involving negative and positive work rumination. Third, it incorporated several important dimensions of alcohol use (heavy use, workday use, and after-work use). Data were collected from a national probability sample of 2,831 U.S. workers. Structural equation modeling revealed that the conceptual model provided an excellent fit to the data. Negative work experiences were positively related to negative work rumination, which was positively related to heavy alcohol use, workday alcohol use, and after work alcohol use. Positive work experiences were positively related to positive work rumination, which was negatively related to heavy alcohol use and after work alcohol use, but was unrelated to workday alcohol use. The study also provided initial support for the psychometric properties and construct validity of the newly developed Negative and Positive Work Rummation Scale (NAPWRS).

**Publication type:** Journal: Article

**Source:** EMBASE

**Full text:** Available Journal of occupational health psychology at Journal of Occupational Health Psychology

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**26.** Title: Screening and brief intervention delivery in the workplace to reduce alcohol-related harm: A pilot randomized controlled trial.

**Citation:** International Journal of Nursing Studies, 01 January 2015, vol./is. 52/1(39-48), 00207489

**Author(s):** Watson, Hazel, Godfrey, Christine, McFadyen, Angus, McArthur, Katherine, Stevenson, Marisa, Holloway, Aisha

**Language:** English

**Abstract:** Aim: To explore the feasibility and cost effectiveness of screening and delivery of a brief intervention for hazardous drinking employees. Methods: A pilot randomised controlled trial of a brief intervention delivered by an Occupational Health nurse versus no delivery of brief intervention (control group) conducted in a Local Authority Council (LCA) in the United Kingdom. Changes in quality of life and economic indicators were measured by the EQ-5D. Results: 627 employees were screened of whom 163 (26.01%) fulfilled the inclusion criteria with a total of 57 (35%) agreeing to participate. No significant differences were found between the groups for baseline demographics or levels/patterns of alcohol consumption. A statistically significant effect was found in the mean AUDIT scores over time (F = 8.96, p = 0.004) but not for group (F = 0.017, p = 0.896), and no significant interaction was found (F = 0.148, p = 0.702). The cost of each intervention was calculated at £12.48, the difference in service costs was calculated at £344.50 per person; that is there was a net saving of health and other care costs in the intervention group compared to the control group. The QALYs fell in both intervention and control groups, the difference -0.002 - (-0.010) yields a net advantage of the intervention of 0.008 QALYs. Conclusion: The main results from this pilot study suggest that alcohol brief interventions delivered in the workplace may offer the potential to reduce alcohol-related harm and save public sector resources. A fully powered multi-centre trial is warranted to contribute to the current evidence base and explore further the potential of alcohol brief interventions in the workplace. In a full trial the recruitment method may need to be re-considered.

**Publication type:** journal article

**Source:** CINAHL

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**27.** Title: The pharmacogenetics of alcohol use disorder
Abstract: Background: Annually, the use and abuse of alcohol contributes to millions of deaths and billions of dollars in societal costs. To determine the impact of genetic variation on the susceptibility to the disorder and its response to treatment, studies have been conducted to assess the contribution of a variety of candidate genetic variants. These variants, which we review here, were chosen based upon their observed or hypothesized functional relevance to alcohol use disorder (AUD) risk or to the mechanism by which medications used to treat the disorder exert their effects. Methods: This qualitative review examines studies in which candidate polymorphisms were tested as moderator variables to identify pharmacogenetic effects on either the subjective response to alcohol or the outcomes of pharmacotherapy. Results: Although findings from these studies provide evidence of a number of clinically relevant pharmacogenetic effects, the literature is limited and there are conflicting findings that require resolution. Conclusions: Pharmacogenetic studies of AUD treatment that use greater methodological rigor and better statistical controls, such as corrections for multiple testing, may help to resolve inconsistent findings. These procedures could also lead to the discovery of more robust and clinically meaningful moderator effects. As the field evolves through methodological standardization and the use of larger study samples, pharmacogenetic research has the potential to inform clinical care by enhancing therapeutic effects and personalizing treatments. These efforts may also provide insights into the mechanisms by which medications reduce heavy drinking or promote abstinence in patients with an AUD.

Publication type: Journal: Review
Source: EMBASE

28. Title: Violence, self-harm and drug or alcohol misuse in adolescents admitted to hospitals in England for injury: A retrospective cohort study
Citation: BMJ Open, 2015, vol./is. 5/2, 2044-6055 (2015)
Author(s): Herbert A., Gilbert R., Gonzalez-Izquierdo A., Li L.
Language: English
Abstract: Objectives: Of adolescents in the general population in England, we aimed to determine (1) the proportion that has an emergency admission to hospital for injury related to adversity (violence, self-harm or drug or alcohol misuse) and (2) the risk of recurrent emergency admissions for injury in adolescents admitted with adversity-related injury compared with those admitted with accident-related injury only. Design: We used longitudinally linked administrative hospital data (Hospital Episode Statistics) to identify participants aged 10-19 years with emergency admissions for injury (including day cases lasting more than 4 h) in England in 1998-2011. We used the Office for National Statistics mid-year estimates for population denominators. Results: Approximately 4.3% (n=141 248) of adolescents in the general population (n=3 254 046) had one or more emergency admissions for adversity-related injury (girls 4.6%, boys 4.1%), accounting for 50% of all emergency admissions for injury in girls and 29.1% in boys. Admissions for self-harm or drug or alcohol misuse commonly occurred in the same girls and boys. Recurrent emergency admissions for injury were more common in adolescents with adversity-related injury (girls 17.3%, boys 16.5%) than in those with accident-related injury only (girls 4.7%, boys 7.4%), particularly for adolescents with adversity-related injury related to multiple types of adversity (girls 21.1%, boys 24.2%). Conclusions: Hospital-based interventions should be developed to reduce the risk of future injury in adolescents admitted for adversity-related injury.

Publication type: Journal: Article
Source: EMBASE
Full text: Available Highwire Press at BMJ Open

29. Title: Violence, self-harm and drug or alcohol misuse in adolescents admitted to hospitals in England for injury: a retrospective cohort study.
Author(s): Herbert, Annie, Gilbert, Ruth, González-Izquierdo, Arturo, Li, Leah
Abstract: Of adolescents in the general population in England, we aimed to determine (1) the proportion that has an emergency admission to hospital for injury related to adversity (violence, self-harm or drug or alcohol misuse) and (2) the risk of recurrent emergency admissions for injury in adolescents admitted with adversity-related injury compared with those admitted with accident-related injury only. We used longitudinally linked administrative hospital data (Hospital Episode Statistics) to identify participants aged 10-19 years with emergency admissions for injury (including day cases lasting more than 4 h) in England in 1998-2011. We used the Office for National Statistics
mid-year estimates for population denominators. Approximately 4.3% (n=141,248) of adolescents in the general population (n=3,254,046) had one or more emergency admissions for adversity-related injury (girls 4.6%, boys 4.1%), accounting for 50% of all emergency admissions for injury in girls and 29.1% in boys. Admissions for self-harm or drug or alcohol misuse commonly occurred in the same girls and boys. Recurrent emergency admissions for injury were more common in adolescents with adversity-related injury (girls 17.3%, boys 16.5%) than in those with accident-related injury only (girls 4.7%, boys 7.4%), particularly for adolescents with adversity-related injury related to multiple types of adversity (girls 21.1%, boys 24.2%). Hospital-based interventions should be developed to reduce the risk of future injury in adolescents admitted for adversity-related injury. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://group.bmj.com/group/rights-licensing/permissions.

Source: Medline

Full text: Available Highwire Press at BMJ Open

30. Title: Worsening of Health and a Cessation or Reduction in Alcohol Consumption to Special Occasion Drinking Across Three Decades of the Life Course

Citation: Alcoholism: Clinical and Experimental Research, January 2015, vol./is. 39/1(166-174), 0145-6008;1530-0277 (01 Jan 2015)

Author(s): Ng Fat L., Cable N., Shelton N.

Language: English

Abstract: Background: Ex-drinkers suffer from worse health than drinkers; however, whether a worsening of health is associated with a change in drinking status from early adulthood has not been previously investigated. We assess whether a worsening of health is associated with a cessation in consumption or reduction to special occasion drinking from early adulthood to middle age. Methods: Multinomial logistic regression assessing whether a change in self-reported limiting longstanding illness (LLI) was associated with ceasing alcohol consumption, or a reduction to special occasion drinking compared with being a persistent drinker from age 23 in separate models at ages 33, 42, and 50. All models adjusted for sex, poor psychosocial health, education, marital status, and children in the household. Sample included participants from Great Britain followed longitudinally in the National Child Development Study from ages 23 to 33 (N = 5,529), 42 (N = 4,787), and 50 (N = 4,476). Results: Developing an LLI from the previous wave was associated with ceasing alcohol consumption at ages 33 (odds ratio [ORs] = 2.71, 95% confidence interval [CI] = 1.16-4.93), 42 (OR = 2.44, 95%CI = 1.24-4.81), and 50 (OR = 3.33, 95%CI = 1.56-7.12) and a reduction to special occasion drinking at ages 42 (OR = 2.04, 95%CI = 1.40-2.99) and 50 (OR = 2.04, 95%CI = 1.18-3.53). Having a persistent LLI across 2 waves increased the odds of ceasing consumption at ages 42 (OR = 3.22, 95%CI = 1.06-9.77) and 50 (OR = 4.03, 95%CI = 1.72-9.44) and reducing consumption to special occasion drinking at ages 33 (OR = 3.27, 95%CI = 1.34-8.01) and 42 (OR = 2.25, 95%CI = 1.23-4.50). Persistent drinkers at older ages had the best overall health suffering less from previous poor health compared with those who reduced or ceased consumption at an earlier time point. Conclusions: Developing an LLI was associated with a cessation in alcohol consumption and a reduction in consumption to special occasion drinking from early adulthood. Persistent drinkers who drank at least till 50 were the healthiest overall. Health selection is likely to influence nondrinking across the life course.

Publication type: Journal: Article

Source: EMBASE

31. Title: Zonisamide, topiramate, and levetiracetam efficacy and neuropsychological effects in alcohol use disorders

Citation: Journal of Clinical Psychopharmacology, February 2015, vol./is. 35/1(34-42), 0271-0749;1533-712X (01 Feb 2015)

Author(s): Knapp C.M., Ciraulo D.A., Sarid-Segal O., Richardson M.A., Devine E., Streeter C.C., Oscar-Berman M., Surprice C., Colaneri L., Putnam M., Waters M., Richambault C.

Language: English

Abstract: The anticonvulsant topiramate not only decreases ethanol consumption in alcohol dependence (AD) but also may produce several adverse events including cognitive impairment. Zonisamide is a structurally related anticonvulsant that is a promising agent for the treatment of AD and may have greater tolerability than topiramate. This study evaluated the effects of zonisamide (400 mg/d) on alcohol consumption and its neurotoxic effects in subjects with AD. A double-blind placebo-controlled clinical trial was conducted using 2 comparator anticonvulsant drugs, topiramate (300 mg/d) and levetiracetam (2000 mg/d), which does not impair cognition. Study medications were administered for 14 weeks, including a 2-week taper period. Medication adherence was facilitated using Brief Behavioral Compliance Enhancement Treatment. The neurotoxicity of the study drugs was assessed using neuropsychological tests and the AB-Neurotoxicity Scale. Compared with placebo, both zonisamide and topiramate
produced significant reductions in the drinks consumed per day, percent days drinking, and percent days heavy drinking. Only the percent days heavy drinking was significantly decreased in the levetiracetam group. The topiramate cell was the only group that had a significant increase on the mental slowing subscale of the Neurotoxicity Scale compared with placebo at study weeks 11 and 12. Topiramate and zonisamide both produced modest reductions in verbal fluency and working memory. These findings indicate that zonisamide may have efficacy in the treatment of AD, with effect sizes similar to topiramate. Both of these drugs produced similar patterns of cognitive impairment, although only the topiramate group reported significant increases in mental slowing.

**Publication type:** Journal: Article  
**Source:** EMBASE  
**Full text:** Available Ovid at Journal of Clinical Psychopharmacology

### Publications

**British Heart Foundation**  
**Health at work guide to alcohol**  
A booklet to promote alcohol awareness in work places

### News

**Alcohol Horizon Scanning**  
[http://alcoholnwpctl.wordpress.com/](http://alcoholnwpctl.wordpress.com/)

**NHS Choices**  
[How alcohol intake can change over a lifetime](http://nhschoices.nhs.uk/health/articles/how_alcohol_intake_can_change_over_a_lifetime)  
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