

Interventions for promoting smoking cessation during pregnancy.

Cochrane Pregnancy and Childbirth Group; Lumley J; Oliver S; Waters E. IN: *Cochrane Library*, Volume 1. Software Update: Oxford, 2003. (127 refs.)

Background: Smoking remains one of the few potentially preventable factors associated with low birthweight, very preterm birth and perinatal death. Objectives: The objective of this review was to assess the effects of smoking cessation programs implemented during pregnancy on the health of the fetus and infant, on the mother and on the family. Search strategy: We searched the Cochrane Pregnancy and Childbirth Group trials register and the Cochrane Tobacco Addiction Group trials register. Selection criteria: Randomised and quasi-randomised trials of smoking cessation programs implemented during pregnancy. Data collection and analysis: Trial quality was assessed and data were extracted independently by two reviewers. Main results: Forty-four trials were identified: 37 trials including 16,916 women provided data on smoking cessation and/or perinatal outcomes, as did one cluster-randomised trial including 3000 women. Over 800 women were included in trials of smoking relapse prevention. There was substantial variation in the intensity of the intervention and the extent of reminders and reinforcement through pregnancy. Based on 34 trials there was a significant reduction in smoking in the intervention groups (odds ratio 0.53, 95% confidence interval 0.47 to 0.60), an absolute difference of 6.4% women continuing to smoke. The eight trials with validated smoking cessation, a high intensity intervention and a high quality score had an odds ratio of 0.53, 95% confidence interval 0.44 to 0.63 and an absolute difference in continued smoking of 8.1%. The subset of trials with information on fetal outcome revealed a reduction in low birthweight (odds ratio 0.80, 95% confidence interval 0.67 to 0.95), a reduction in preterm birth (odds ratio 0.83, 95% confidence interval 0.69 to 0.99) and an increase in mean birthweight of 28g (95% confidence interval 9 to 49). There were no differences in very low birthweight or perinatal mortality. Five trials of smoking relapse prevention showed no significant difference. The single large cluster-randomised trial showed no evidence of a decrease in continued smoking or adjusted mean birthweight. Conclusions: Smoking cessation programs in pregnancy appear to reduce smoking, low birthweight and preterm birth, but no effect was detected for very low birthweight or perinatal mortality. Copyright 2003, British Medical Publishing.

Alcohol use as predictor for infertility in a representative population of Danish women.

Tolstrup JS; Kjaer SK; Holst C; Sharif H; Munk C; Osler M et al. *Acta Obstetrica et Gynecologica Scandinavica* 82(8): 744-749, 2003. (28 refs.)

Background. Our aim was to examine the association between use of alcohol and subsequent incidence of primary infertility. Methods. The study subjects were chosen from a population-based cohort of Danish women aged 20-29 years. Eligible women were nulliparous and not pregnant (n = 7760). Information on alcohol intake and potential confounders (age, education, marital status, diseases in the reproductive organs, and cigarette smoking) was assessed at enrollment. The incidence of fertility problems during follow-up was obtained by record linkage with the Danish Hospital Discharge Register and the Danish Infertility Cohort Register. Main outcome measures were hazard ratios of infertility according to alcohol intake at baseline estimated in a multivariate Cox proportional hazards model. Results. During a mean follow-up of 4.9 years, 368 women had experienced infertility. Alcohol intake at baseline was unassociated with infertility among younger women, but was a significant predictor for infertility among women above age 30. In this age group, the adjusted hazard ratio for consuming seven or more drinks per week was 2.26 (95% confidence interval: 1.19-4.32) compared with women consuming less than one drink per week. Conclusions. These findings suggest that alcohol intake is a predictor for infertility problems among women in the later reproductive age group. Copyright 2003, Munksgaard Int. Publ, Ltd.

Alcohol, estrogen replacement therapy, and visuospatial processes in postmenopausal women.

Tivis LJ; Green MD; Nixon SJ; Tivis RD. *Alcoholism: Clinical and Experimental Research* 27(7): 1055-1063, 2003. (72 refs.)

Background: Studies suggest that moderate drinking may benefit cognition and the effect may favor women. This study investigated effects of moderate drinking on visuospatial functioning in postmenopausal women. Visuospatial processes are sensitive to alcohol abuse and are thought to be sensitive to hormonal fluctuations. Three questions were posed in order to: explore visuospatial processes in moderate-drinking and abstaining postmenopausal women, assess visuospatial

differences in women using no estrogen replacement therapy (No-ERT), ERT alone (ERT-only), and ERT with progestin (ERT+Pro), and identify alcohol/ERT interactions associated with, visuospatial performance. Methods: Two hundred fourteen postmenopausal women participated (75 No-ERT; 63 ERT-only; 76 ERT+Pro). All were moderate drinkers or teetotalers and all received the Block Design test from the Wechsler Adult Intelligence Scale-Revised. A raw score was calculated and progress at 30-sec intervals was assessed. Results: ANOVA revealed an alcohol main effect [$F(3,202) = 4.74; p < 0.004$] on 60- to 120-sec change scores. Teetotalers had significantly smaller change scores (less improvement) compared with all levels of drinkers. ANOVA on design 9 (the most difficult trial) revealed an ERT main effect [$F(3,202) = 4.37; p < 0.02$]. ERT nonusers scored significantly lower than ERT-only and ERT+Pro groups. A design 9 trend toward an alcohol X ERT interaction was noted [$F(6,202) = 1.93; p < 0.08$], and a design 9 time X alcohol interaction was revealed [$F(6,404) = 2.65; p < 0.02$]. Conclusions: These data suggest that moderate drinking may be positively associated with, visuospatial processes in postmenopausal women. They also suggest that ERT, alone and with progestin, is positively associated with visuospatial processes, but only when the task is difficult. These findings support Kaplan's assertion that subtle performance deficits may not be detectible with traditional endpoint measures. A provocative alcohol X ERT trend suggests that alcohol consumption should be considered in studies of ERT effects on cognitive ability. Copyright 2003, Research Society on Alcoholism. Used with permission.

Alcohol drinking patterns and risk of type 2 diabetes mellitus among younger women.

Wannamethee SG; Camargo CA; Manson JAE; Willett WC; Rimm EB. *Archives of Internal Medicine* 163(11): 1329-1336, 2003. (33 refs.)

Objective: To examine the relationship between alcohol consumption and the incidence of type 2 diabetes mellitus among relatively young and middle-aged women. Methods: In a prospective study, 109 690 women, aged 25 to 42 years, without a history of coronary heart disease, stroke, cancer, or diabetes mellitus completed a detailed lifestyle and medical history questionnaire in 1989. During 10 years of follow-up, we documented 935 incident cases of type 2 diabetes mellitus. Results: We found a nonlinear relationship between alcohol consumption and risk of type 2 diabetes mellitus after adjustment for multiple confounders, including body mass index, smoking, physical activity, and family history of diabetes mellitus (quadratic trend $P=.003$). Compared with lifelong abstainers, the adjusted relative risks (95% confidence intervals) were 0.80 (0.66-0.96) for those consuming 0.1 to 4.9 g/d, 0.67 (0.50-0.89) for those consuming 5.0 to 14.9 g/d, 0.42 (0.20-0.90) for those

consuming 15.0 to 29.9 g/d, and 0.78 (0.34-1.78) for those consuming 30.0 g/d or more. Further adjustment for dietary factors, including glycemic load, trans-fatty acid, polyunsaturated fat, and total fiber intake, did not appreciably alter these findings. The inverse association with light to moderate drinking was most apparent in women who reported wine or beer drinking. Women who reported 30.0 g/d or more of liquor intake showed a significantly increased risk of diabetes mellitus compared with those who did not report liquor intake (adjusted relative risk, 2.50; 95% confidence interval, 1:00-6.23). Conclusion: Light to moderate alcoholic beverage consumption may be associated with a lower risk of type 2 diabetes mellitus among women aged 25 to 42 years, although this benefit may not persist at higher levels. Copyright 2003, American Medical Association.

Gender differences in drug use behavior in people with serious mental illnesses.

Gearon JS; Nidecker M; Bellack A; Bennett M.

American Journal on Addictions 12(3): 229-241, 2003. (67 refs.)

The gender-specific aspects of drug use in women with serious mental illness (SMI) remains under-investigated. To improve our understanding of substance use in this population, gender differences in how drugs are initially accessed, how habits are financed and maintained, and reasons for drug use were examined in 28 women and 24 men with SMI. Women were found more likely than men to report being victimized, having drugs given to them by significant others, using money given to them by family members to support their habits, and using drugs to test their ability to control their use. Copyright 2003, American Academy of Psychiatrists in Alcoholism and Addictions.

Stopping smoking during pregnancy: Are we on the right track?

Paterson JM; Neimanis IM; Bain E. *Canadian Journal of Public Health* 94(4): 297-299, 2003. (17 refs.)

Background: Recent data suggest that although smoking during pregnancy has declined in North America, this has more to do with falling rates of smoking initiation among women of childbearing age than with increased rates of pregnancy-related smoking cessation. One possible explanation is poor exposure to effective stop-smoking strategies. Better information about women who smoke during pregnancy may help target these interventions more effectively. Methods: The study was a cross-sectional, self-administered survey of a consecutive sample of 916 (40.4% of eligible) women who delivered healthy babies in 1997-98 at a tertiary teaching hospital in Hamilton, Ontario. Our main focus

was on health behaviours (smoking, drinking, eating, and exercise habits) before and during pregnancy; but we also included questions about the presence of (other) children and (other) smokers in the household, perceived health status, the subject's age and level of education, and whether or not the present pregnancy was planned. Factors associated with pregnancy-related smoking cessation were identified using multiple logistic regression. Results: Respondents were better educated and healthier, but smoked at rates similar to women of childbearing age in Hamilton at the time of the survey. Two thirds of prior smokers or 20% of respondents overall continued to smoke during pregnancy. After adjustment for other factors, three factors were associated with ongoing smoking during pregnancy: having other smokers in the household; having other children in the household; and not having post-secondary education. Conclusions: Many pregnant smokers are not being reached by current stop-smoking strategies. New ways to help these women and their partners are needed. Copyright 2003, Canadian Public Health Association.

Co-existing problems of mental health and substance misuse (dual diagnosis): A literature review. (review).

Crawford V; Crome IB; Clancy C. *Drugs: Education, Prevention & Policy* 10(Supplement): S1-S74, 2003. (138 refs.)

This review looks at ten years of literature relating to substance use and psychiatric disorders. The aim is to introduce the reader to the themes within the literature. These range from assessment and screening, substance-specific research, specific common psychiatric conditions, childhood, women, violence and suicide through to treatment. Copyright 2003, Carfax Publishing Co.

Extrinsic barriers to substance abuse treatment among pregnant drug dependent women.

Jessup MA; Humphreys JC; Brindis CD; Lee KA. *Journal of Drug Issues* 33(2): 285-304, 2003. (56 refs.)

The objective of this qualitative study was to examine extrinsic barriers to substance abuse treatment among pregnant and parenting women enrolled in residential perinatal substance abuse treatment programs in Northern California. Life history interviews were conducted with 36 women to examine help-seeking behaviors before treatment enrollment. Data analysis used the analytic framework of Mandelbaum (1973) to describe dimensions, turnings, and adaptations of participants. Results indicated that the majority (n = 34) of participants sought prenatal care but identified fear of punitive actions from helping institutions and individuals as a major barrier. Other extrinsic barriers included substance abuse treatment program barriers, partners, the status of opiate dependency, and the status of pregnancy. Biological, socio-cultural, and psychosocial

dimensions of participants' care-seeking experiences were identified. The turning was pregnancy and adaptations included preserving the family, managing fear and manifesting faith. Findings describe the transformation of the therapeutic alliance and the gendered impact of two decades of the War on Drugs in the United States. Participants' coping strategies suggest that the desire for child custody and concern for fetal and child well-being was a priority and motivated care seeking despite extrinsic barriers perceived to be threatening to the woman's safety and autonomy. Copyright 2003, Journal of Drug Issues, Inc. Used with permission.

Where are the children? An examination of children's living arrangements when mothers enter residential drug treatment.

Knight DK; Wallace G. *Journal of Drug Issues* 33(2): 305-324, 2003. (18 refs.)

Although providing child care and family residency options has become central to substance abuse treatment for women with dependent children, research documenting status of child coresidence prior to, during, and following treatment is currently unavailable. The purpose of this study is to examine the degree to which mothers are successful in maintaining or reestablishing their role as parents during the course of treatment. The sample included 152 female clients admitted to a residential drug treatment program for women with dependent children. Findings document an increase in child coresidence from admission to follow-up. Women who entered treatment with all children or who were reunited with children previously in others' care at admission were over five times more likely to coreside with all children at follow-up. At follow-up, mothers who reported complete coresidence were more likely to be 30 years old or younger, live independently, and have fewer than two parenting challenges. Copyright 2003, Journal of Drug Issues, Inc.

Gender differences in outcomes from prison-based residential treatment.

Pelissier BMM; Camp SD; Gaes GG; Saylor WG; Rhodes W. *Journal of Substance Abuse Treatment* 24(2): 149-160, 2003. (91 refs.)

This study examines gender similarities and differences in background characteristics, the effectiveness of treatment, and the predictors of post-release outcomes among incarcerated drug-using offenders. The sample of 1,842 male and 473 female treatment and comparison subjects came from a multi-site evaluation of prison-based substance abuse treatment programs. Three-year follow-up data for recidivism and post-release drug use

were analyzed using survival analysis methods. Despite the greater number of life problems among women than men, women had lower three-year recidivism rates and rates of post-release drug use than did men. For both men and women, treated subjects had longer survival times than those who were not treated. There were both similarities and differences with respect to gender and the other predictors of the two post-release outcomes. Differences in background characteristics and in factors related to post-release outcomes for men and women suggest the plausibility of gender-specific paths in the recovery process. Copyright 2003, Elsevier Inc.

Invited review series: Tobacco and lung health. Women and tobacco. (review).

Mackay J; Amos A. *Respirology* 8(2): 123-130, 2003. (37 refs.)

Smoking prevalence is lower among women than men in most countries, yet there are about 200 million women in the world who smoke, and in addition, there are millions more who chew tobacco. Approximately 22% of women in developed countries and 9% of women in developing countries smoke, but because most women live in developing countries, there are numerically more women smokers in developing countries. Unless effective, comprehensive and sustained initiatives are implemented to reduce smoking uptake among young women and increase cessation rates among women, the prevalence of female smoking in developed and developing countries is likely to rise to 20% by 2025. This would mean that by 2025 there could be 532 million women smokers. Even if prevalence levels do not rise, the number of women who smoke will increase because the population of women in the world is predicted to rise from the current 3.1 billion to 4.2 billion by 2025. Thus, while the epidemic of tobacco use among men is in slow decline, the epidemic among women will not reach its peak until well into the 21st century. This will have enormous consequences not only for women's health and economic wellbeing but also for that of their families. The health effects of smoking for women are more serious than for men. In addition to the general health problems common to both genders, women face additional hazards in pregnancy, female-specific cancers such as cancer of the cervix, and exposure to passive smoking. In Asia, although there are currently lower levels of tobacco use among

women, smoking among girls is already on the rise in some areas. The spending power of girls and women is increasing so that cigarettes are becoming more affordable. The social and cultural constraints that previously prevented many women from smoking are weakening; and women-specific health education and quitting programmes are rare. Furthermore, evidence suggests that women find it harder to quit smoking. The tobacco companies are targeting women by marketing light, mild, and menthol cigarettes, and introducing advertising directed at women. The greatest challenge and opportunity in primary preventive health in Asia and in other developing areas is to avert the predicted rise in smoking among women. Copyright 2003, Blackwell Publishing Asia.

Teratology in the 20th century. Environmental causes of congenital malformations in humans and how they were established.

Kalter H. *Neurotoxicology and Teratology* 25(2): 131-282, 2003. (1464 refs.)

This comprehensive review of teratology in the 20th century, begins with the chance findings at the beginning of the 20th century, the "rediscovery of Mendel's laws of inheritance" and Roentgen ray's ability to induce malformations. This review covers early human studies, early experiments, and then in the wake of abnormalities associated with thalidomide, the advent of drug testing for teratogenic effects, surveillance efforts, and epidemiological studies. The focus of the concluding chapters address congenital malformations associated with human disease, environmental hazards, medications, and the concluding chapter deals with alcohol. As part of this review, there is discussion of alcohol. This discussion covers the early Seattle study, the description of fetal alcohol syndrome and the subsequent expansion to include fetal alcohol effects. Attention then turns to diagnosis, both epidemiological studies and retrospective and prospective studies. The major and minor malformations are outlined, as well as the long term effects on growth, orofacial defects, limb defects, neurodevelopmental studies. There is also discussion of the role of drinking patterns, including moderate drinking, and the relationship of alcohol use to spontaneous abortion. Copyright 2003, Project Cork.