

A history of depression and smoking cessation outcomes among women concerned about post-cessation weight gain.

Levine MD; Marcus MD; Perkins KA. *Nicotine & Tobacco Research* 5(1): 69-76, 2003. (47 refs.)

Because a history of depression has been hypothesized to affect cessation efforts and may be particularly problematic for women concerned about weight gain, we sought to document the prevalence of depression history among weight-concerned women smokers and evaluate its effect on treatment outcome. We also evaluated the impact of baseline depressive symptoms and cessation-related changes in symptoms. Women (N=219) were classified as depression history positive (Major Depressive Disorder [MDD]) (MDD+) or negative (MDD-) according to responses on the Inventory to Diagnose Depression-Lifetime Version. All women received a group-based smoking cessation treatment. Women provided expired-air carbon monoxide samples, completed measures of depressive symptoms, and were weighed at pretreatment and 1, 3, 6, and 12 months after quitting. Fifty-two per cent (n=115) reported a lifetime history of major depressive disorder. Although MDD+ women were significantly more nicotine dependent, rates of continuous abstinence did not differ between MDD+ and MDD- women. However, MDD+ women were more likely to drop out of treatment prior to quitting. Additionally, depressive symptoms were associated with abstinence irrespective of depression history. Women who reported an increase in depressive symptoms from pre- to posttreatment were significantly less likely to be abstinent post-treatment, suggesting that depressive symptoms are more predictive of outcome than is previous disorder. Moreover, because of the prevalence of depression history among this subgroup of women smokers and its impact on early attrition, additional engagement and retention strategies may be useful. Copyright 2003, Carfax Publishing.

Joint association of alcohol and folate intake with risk of major chronic disease in women.

Jiang R; Hu FB; Giovannucci EL; Rimm EB; Stampfer MJ; Spiegelman D et al. *American Journal of Epidemiology* 158(8): 760-771, 2003. (33 refs.)

Alcohol interferes with folate metabolism and has opposing effects on the risks of cardiovascular disease and cancer. The authors examined the joint association of alcohol and folate intake with risk of major chronic disease, defined as fatal or nonfatal cardiovascular disease or cancer, or other nontraumatic death. This study included 83,929 women aged

34-59 years with no previous history of cardiovascular disease or cancer who provided dietary data in 1980. During 16 years of follow-up, the authors documented 10,666 new cases of major chronic disease. Overall, heavy drinkers (>30 g/day) with a lower total folate intake (<180 mug/day) had the highest risk; in comparison with abstainers with a folate intake of 400-599 mug/day, the multivariate relative risk was 1.36 (95% confidence interval: 1.10, 1.70). However, the increased risk of major chronic disease associated with heavy drinking was largely diminished among women with a higher folate intake (p for interaction = 0.02). The positive association between heavy alcohol/low folate intake and risk of major chronic disease was most apparent among women younger than age 60 years. Adequate folate intake may be important in the primary prevention of overall major chronic disease in women, especially among younger women consuming more than two alcoholic drinks per day. Copyright 2003, Oxford University Press, Inc.

Response to alcohol in females with a paternal history of alcoholism.

Evans SM; Levin FR. *Psychopharmacology* 169(1): 10-20, 2003. (67 refs.)

Rationale. Several studies have demonstrated that males with a family history of alcoholism (FHP) show less of a response to alcohol (e.g. lower ratings of intoxication) than males without a family history of alcoholism (FHN). The purpose of this pilot study was to determine if FHP females also showed a reduced sensitivity to alcohol compared to FHN females. Objectives. To determine if FHP females (n=16) were less sensitive to the subjective effects and performance-impairing effects of alcohol compared to FHN females (n=16). Methods. The effects of placebo and alcohol (0.25, 0.50, 0.75 g/kg, based on total body water) were evaluated using a double-blind, placebo-controlled outpatient design. Drug effects were assessed using performance tasks, observer ratings of drug effect and subjective ratings of drug effect. Results. There were no differences in breath alcohol levels between FHN and FHP women. FHP women were less impaired by alcohol than FHN women, as shown by DSST scores and observer-ratings. However, FHP women were more impaired on the Digit Recall task after alcohol than FHN women and they tended to have higher ratings of "Good Drug Effect," "Drug Liking" and "Willingness to Take Again." Of

note, FHP women reported more dysphoric mood than FHN women in the absence of alcohol administration. Conclusions. The results of the present study suggest that FHP women may have a reduced response to alcohol on some measures, but FHP women report greater positive effects on other measures. Overall, the differences between FHP and FHN women are subtle compared to the previous studies demonstrating a reduced response to alcohol in FHP men. Copyright 2003, Springer-Verlag.

Rural and small-town attitudes about alcohol use during pregnancy: A community and provider sample.

Logan TK; Walker R; Nagle L; Lewis J; Wiesenhahn D. *Journal of Rural Health* 19(4): 497-505, 2003. (43 refs.)

Context: While there has been considerable research on prenatal alcohol use, there have been limited studies focused on women in rural and small-town environments. Purpose: This 2-part study examines gender differences in attitudes and perceived barriers to intervention in a large community sample of persons living in rural and small-town environments in Kentucky (n = 3,346). The study also examines rural/small-town prenatal service providers' perceptions of barriers to assessment and intervention with pregnant substance abusers (n = 138). Methods: Surveys were administered to a convenience sample of employees and customers from 16 rural and small-town community outlets. There were 1503 males (45%) and 1843 females (55%) ranging in age from under 18 years old to over 66 years old. Surveys also were mailed to prenatal providers in county health departments of the 13-county study area, with 138 of 149 responding. Findings: Overall results of the community sample suggest that neither males nor females were knowledgeable about the harmful effects of alcohol use during pregnancy. Results also indicate substantial gender differences in alcohol attitudes, knowledge, and perceived barriers. Further, prenatal care providers identified several barriers in assessment and treatment of pregnant women with alcohol use problems in rural and small-town communities, including lack of knowledge and comfort with assessment as well as a lack of available and accessible treatment for referrals. Copyright 2003, National Rural Health Association.

Treatment of substance abuse during pregnancy and infant outcome.

Little BB; Snell LM; Van Beveren TT; Crowell RB; Trayler S; Johnston WL. *American Journal of Perinatology* 20(5): 255-262, 2003. (25 refs.)

The objective of this study is to analyze the effects of residential substance abuse treatment on pregnancy outcome among gravidas in a gender-specific program. All clients (cases) who entered a residential substance abuse program for pregnant and postpartum women were eligible for

inclusion in the study (n = 95). Only those who were in treatment at the time of delivery were included in the present analysis (n = 57). Two comparison groups were used: (1) substance abusers who received no treatment during pregnancy (positive control group) and (2) pregnant women who were not substance abusers (negative control group). Cases were matched to controls on ethnicity (negative and positive controls) and drug of choice (positive controls only). Medical records were reviewed and abstracted for cases and controls. The primary drug of choice was cocaine for 56% of clients in the study, heroin 15.8%, and alcohol 10.8%. Average length of time in treatment before delivery was 11.7 weeks. The frequency of pregnancy complications allowing treatment and position controls was significantly higher than the negative control group (p < 0.0001). The frequency of perinatal infant complications was increased among treatment group infants (p < 0.0001). Two infants in the treatment group were positive for a substance of abuse at birth. In the treatment versus positive control group, mean birth weight (BW) was 3227 versus 2800 g (p < 0.01), estimated gestational age (EGA) was 38.9 versus 39 weeks, average head circumference (FOC) was 33.8 versus 32.5 cm (P < 0.05), and mean birth length (BLT) was 48.7 cm versus 46.9 (p < 0.05). No significant differences were found between treatment and negative control groups. Maternal syphilis was increased in frequency in the positive control group compared with the negative control group (p < 0.07). Thirty-percent of mothers had sexually transmitted diseases (STDs) for which infants were at risk and treated prophylactically; no infant in the treatment group contracted a vertically transmitted STD. For every 10 weeks in treatment, BW was increased 340 g, EGA 1 week, FOC 0.8 cm, and BIT 1.8 cm. Thus, substance abuse treatment for pregnant women in the program increased fetal growth, which significantly decreased the risk for poor neonatal outcomes. Importantly, maternal and infant perinatal complications in the treatment group were increased in frequency compared with the two control groups. This may possibly have occurred because healthcare providers were not blinded to maternal treatment status. Copyright 2003, Thieme Medical Publishers, Inc.

Substance use and separation of homeless mothers from their children.

Zlotnick C; Robertson MJ; Tam T. *Addictive Behaviors* 28(8): 1373-1383, 2003. (30 refs.)

Objectives. This study examined whether homeless mothers with substance use problems were more likely to experience separations from their children and whether recent substance use had an impact on the

family's ability to receive public entitlement income consistently over the 15-month study period. **Methods:** This study used an existing longitudinal data set consisting of a county-wide probability sample of 104 homeless women who had children under 18 years old. **Results:** Only 29.1% of women had all their children with them throughout the 15-month study period. Mothers who had been separated from their children were more likely to have a current substance use disorder and to have been homeless for at least a year compared to other homeless mothers. **Conclusions:** Because many women with recent substance use had already had lost custody of their children, substance use contributed to loss of child custody among mothers who did not have substance use disorders. Copyright 2003, Elsevier Science Ltd.

Effectiveness of substance abuse treatment programming for women: A review.

Ashley OS; Marsden ME; Brady TM. *American Journal of Drug and Alcohol Abuse* 29(1): 19-53, 2003. (102 refs.)

Relatively few substance abuse treatment programs offer specialized services for women, and effectiveness has not been fully evaluated. This article reviews the literature on the extent and effectiveness of substance abuse treatment programming for women and provides an overview of what is known about the components of successful treatment programs for women. Thirty-eight studies of the effect on treatment outcomes of substance abuse treatment programming for women were reviewed. Seven were randomized, controlled trials, and 31 were nonrandomized studies. Six components of substance abuse treatment programming for women were examined in the review: child care, prenatal care, women-only programs, supplemental services and workshops that address women-focused topics, mental health programming, and comprehensive programming. The studies found positive associations between these six components and treatment completion, length of stay, decreased use of substances, reduced mental health symptoms, improved birth outcomes, employment, self-reported health status, and human immunodeficiency virus (HIV) risk reduction. These findings suggest that to improve the future health and well being of women and their children, there is a continued need for well-designed studies of substance abuse treatment programming for women. Copyright 2003, Marcel Dekker, Inc.

Cardiovascular responses to physical and psychological stress in female alcoholics with transitory hypertension after early abstinence.

Bernardy NC; King AC; Lovallo WR. *Alcoholism: Clinical and Experimental Research* 27(9): 1489-1498, 2003. (56 refs.)

Background: Male alcoholic patients with acute withdrawal hypertension have shown exaggerated cardiovascular

reactivity to stress after 3 to 4 weeks of abstinence, although resting blood pressures (BP) had returned to normal. Studies of this nature, however, have not been extended to women. **Methods:** In this study, 32 alcohol-dependent women, abstinent for 4 weeks, were compared with 16 healthy controls on cardiovascular hemodynamics during rest and in response to 2 moderately aversive stressors: isometric handgrip and a speech task. The alcoholics were placed according to withdrawal BP into transitory hypertensive (tHT; n = 16; BP greater than or equal to 140/90 mm Hg) and normotensive (NT; n = 16; BP <140/90 mm Hg) subgroups. **Results:** During stress testing, the transitory hypertensive women had increased diastolic BP (p < 0.01), a higher peripheral resistance index (p < 0.05), and a reduced cardiac efficiency index (p < 0.03) relative to the normotensive and control subjects. **Conclusions:** This cardiovascular pattern suggests that both cardiac and vascular functions were altered adversely in the transitory hypertensives. In contrast to men examined in previous studies, the transitory hypertensive women had no exaggeration of BP reactivity, but instead showed sustained alterations of resting cardiovascular function in relation to chronic alcohol consumption. Although the pattern of cardiovascular dysregulation seems to be different in female alcoholics than in males, it is consistent with studies showing that cardiovascular effects in women are more severe than in men and emerge at a lower threshold level of chronic drinking. Copyright 2003, Research Society on Alcoholism.

Breastfeeding practices in a cohort of inner-city women: the role of contraindications.

England L; Brenner R; Bhaskar B; Simons-Morton B; Das A; Revenis M et al. *BMC Public Health* 3: article No. 28, 2003. (35 refs.)

Background: Little is known about the role of breastfeeding contraindications in breastfeeding practices. Our objectives were to 1) identify predictors of breastfeeding initiation and duration among a cohort of predominately low-income, inner-city women, and 2) evaluate the contribution of breastfeeding contraindications to breastfeeding practices. **Methods:** Mother-infant dyads were systematically selected from 3 District of Columbia hospitals between 1995 and 1996. Breastfeeding contraindications and potential predictors of breastfeeding practices were identified through medical record reviews and interviews conducted after delivery (baseline). Interviews were conducted at 3 - 7 months postpartum and again at 7 - 12 months postpartum to determine breastfeeding initiation rates and duration. Multivariable logistic regression analysis was used to identify baseline factors associated with

initiation of breastfeeding. Cox proportional hazards models were generated to identify baseline factors associated with duration of breastfeeding. Results: Of 393 study participants, 201 (51%) initiated breastfeeding. A total of 61 women (16%) had at least one documented contraindication to breastfeeding; 94% of these had a history of HIV infection and/or cocaine use. Of the 332 women with no documented contraindications, 58% initiated breastfeeding, vs. 13% of women with a contraindication. In adjusted analysis, factors most strongly associated with breastfeeding initiation were presence of a contraindication (adjusted odds ratio [AOR], 0.19; 95% confidence interval [CI], 0.08 - 0.47), and mother foreign-born (AOR, 4.90; 95% CI, 2.38 - 10.10). Twenty-five percent of study participants who did not initiate breastfeeding cited concern about passing dangerous things to their infants through breast milk. Factors associated with discontinuation of breastfeeding (all protective) included mother foreign-born (hazard ratio [HR], 0.55; 95% CI 0.39 - 0.77) increasing maternal age (HR for 5-year increments, 0.80; 95% CI, 0.69 - 0.92), and infant birth weight greater than or equal to 2500 grams (HR, 0.45; 95% CI, 0.26 - 0.80).Conclusions: Breastfeeding initiation rates and duration were suboptimal in this inner-city population. Many women who did not breastfeed had contraindications and/or were concerned about passing dangerous things to their infants through breast milk. It is important to consider the prevalence of contraindications to breastfeeding when evaluating breastfeeding practices in high-risk communities. Copyright 2003, Biomed Central.

Alcohol use and risk of non-Hodgkin's lymphoma among Connecticut women (United States).

Morton LM; Holford TR; Leaderer B; Zhang YW; Zahm SH; Boyle P; Flynn S; Tallini G; Owens PH; Zhang B; Zheng TZ. *Cancer Causes and Control* 14(7): 687-694, 2003. (22 refs.)

Objective: Incidence rates of non-Hodgkin's lymphoma (NHL) have risen dramatically over the past several decades; however, the etiology of NHL remains largely unknown. Previous studies of the relationship between alcohol consumption and NHL have yielded conflicting results. Data from a population-based case - control study among women in Connecticut were analyzed to determine the potential impact of alcohol consumption on risk of NHL. Methods: The study included 601 histologically confirmed, incident cases of NHL and 718 population-based controls. In-person interviews were administered using standardized, structured questionnaires to collect data on history of consumption for beer, wine, and liquor. Results: When compared to non-drinkers, women who reported consumption of at least 12 drinks per year of any type of alcohol experienced slightly reduced risk of NHL (OR: 0.82; 95% CI: 0.65 - 1.04). Further stratification by alcohol type revealed that the

inverse association was mainly limited to wine consumption (OR: 0.75; 95% CI: 0.59 - 0.96), with no clear association for beer or liquor consumption. Risk of NHL was further reduced with increasing duration of wine consumption (p for linear trend = 0.02). Consumption of wine for greater than 40 years was associated with approximately 40% reduction in risk (OR: 0.63; 95% CI: 0.44 - 0.91).Conclusion: Our results are consistent with several recent epidemiologic studies that have also suggested an inverse association between wine consumption and risk of NHL. The reduction in risk of NHL associated with increased duration of wine consumption warrants further investigation in other populations. Copyright 2003, Rapid Communications Oxford

Alcohol misuse by women. (review).

Redgrave GW; Swartz KL; Romanoski AJ. *International Review of Psychiatry* 15(3): 256-268, 2003. (146 refs.)

Alcohol misuse among women is an important and growing problem. There is epidemiological and metabolic evidence that risk factors for and consequences of alcohol misuse are significantly different for women than for men. Understanding these differences is imperative if effective preventative and treatment interventions are to be undertaken. This article reviews the epidemiology of alcohol misuse by women, effects of alcohol misuse on women, fetuses, and relationships, and assessment and treatment strategies. We then suggest directions for future research in this field. Copyright 2003, Carfax Publishing Co.

Labor analgesia for the drug abusing parturient: Is there cause for concern? (review).

Kuczkowski KM. *Obstetrical & Gynecological Survey* 58(9): 599-608, 2003. (130 refs.)

Drug abuse has crossed geographic, economic and social borders, and it remains one of the major problems facing our society today. The prevalence of recreational drug abuse among young adults (including women) has increased markedly over the past two decades. Nearly 90% of drug abusing women are of childbearing age. Obstetricians and obstetric anesthesiologists become involved in the care of drug abusing patients either in emergency situations, such as placental abruption, uterine rupture or fetal distress, or in more controlled situations, such as request for labor analgesia. The diverse clinical manifestations of maternal substance abuse may result in life-threatening complications and significantly impact the peripartum care of these patients.

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