11.4 Naltrexone helps GPs and practice nurses manage alcohol dependence

Findings A US trial has added to the evidence that naltrexone can help GPs and practice nurses manage dependent 'binge' drinkers.

As a first stage the study randomly allocated 197 alcohol-dependent patients to 10 weeks of daily naltrexone, plus either weekly cognitive-behavioural therapy by experienced psychologists and social workers, or briefer (and three fewer) primary care-type consultations. During these, medical assistants and nurses reviewed the patient's history and progress and dealt with medical and treatment adherence issues. In this relatively low-severity population (eg, over three-quarters were employed) for whom frequent heavy rather than continuous drinking seemed the norm, two-thirds completed treatment and most did well, regardless of treatment assignment. By the end, 85% drank heavily on no more than two days out of 28, the study's criterion for a good response. However, cognitive-behavioural patients were more able to sustain abstinence – over the last four weeks, 61% versus 46% of the 'primary care' patients. Overall, this stage of the study established that, allied with naltrexone, a primary care approach could produce short-term results matching those from more specialist therapy.

The next stage aimed to test whether continuing with naltrexone was required to sustain the initial benefits. Broadly, the answer was 'yes' for primary care, 'no' for cognitive-behavioural patients. In this stage, 'good responders' from the earlier stage continued for 24 weeks with less intensive forms of their original therapies, but were randomly allocated to either continue with naltrexone or to switch to a placebo. Naltrexone did help the cognitive-behavioural patients, but not by very much. Even without the drug, they avoided drink on over 9 out of 10 days, 70% maintained a good treatment response, and when they did 'lapse', they drank only about two UK units. In contrast, outcomes this good were sustained by the primary care group only when still being prescribed naltrexone. Without this, outcomes tended to fall off over the 24 weeks until by the end placebo patients were drinking on 17% more days than those still on naltrexone and drank twice as much when they did drink.

In context The study reinforces earlier work indicating that primary care can provide a platform for effective naltrexone-based treatment of dependent patients of the kind (non-continuous drinkers not requiring intensive social and psychiatric inputs or detoxification) seen and potentially managed in primary care. It also confirms that cognitive-behavioural anti-relapse training plus naltrexone is a more powerful therapeutic combination whose benefits persist more fully beyond the medication period. The caveats relate mainly to a possibly atypical set of patients, the setting (consultations all took place in a research clinic), and the fact that both therapies aimed at abstinence, yet naltrexone's strength is promoting controlled drinking.

Practice implications Naltrexone has a particular role in controlled drinking programmes for drinkers who regularly drink to excess once they start, patients of the kind often seen in primary care. Most such patients do not require referral for specialist detoxification. Suitable patients include those with a strong desire to drink in order to achieve what they experience as a pleasurable state of intoxication, and who have sufficient social stability and support to comply with medication. Naltrexone seems best combined with skills-based therapies, which in Britain specialist GP practices may themselves be able to mount, but is also effective allied with a straightforward primary care approach. In the USA where (unlike in the UK) the drug is licensed for alcoholism treatment, take-up has been poor. Its suitability for controlled drinking programmes should make it more acceptable in Britain, where major studies have provided greater support for naltrexone than for acamprosate. However, its unlicensed status in Britain has probably limited naltrexone's usage and with it how comfortable doctors feel prescribing the drug.

LINKS
Nuggets 9.8 7.2 5.1
Interesting times in the pharmacotherapy of alcohol dependence, issue 8

Featured studies O'Malley S.S. *et al*. "Initial and maintenance naltrexone treatment for alcohol dependence using primary care vs specialty care." *Archives of Internal Medicine*: 2003, 163, p. 1695–1704. AC

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