

## 5.1 Naltrexone prevents return to heavy drinking

**Findings** In conditions typical of NHS alcohol treatment centres, the largest test of naltrexone in the treatment of alcohol dependence has confirmed that taken as directed it reduces alcohol consumption.

At six centres, 175 patients recently abstinent from alcohol were randomly allocated to normal outpatient treatment supplemented by either 50mg daily of naltrexone for 12 weeks or an identical placebo pill. All but 11 started taking the pills and were included in the analysis. Typically men in their late 30s and early 40s, most were not in stable relationships or full time work. On average they had been drinking over 16 units of alcohol a day.

Naltrexone did not delay a return to drinking or to heavy drinking but did tend to reduce the amount drunk in the last month of the study. Patients on naltrexone also felt significantly less craving for alcohol and their doctors judged nearly two-thirds to have improved, a fifth more than in the placebo group. These results assumed that the nearly 60% of patients lost to the study had relapsed. When analysis was confined to the 70 who completed the study and largely complied with treatment, the reduction in the amount drunk (on average down to half that in the placebo group) was statistically significant.

Possible side-effects seen more often in the naltrexone group included nausea and pain but these did not result in noticeably greater drop-out. However, the study excluded patients with serious physical or psychiatric illness or who abused other drugs.

**In context** The study's importance is that it enables an estimate of the added value of naltrexone as a supplement to routine NHS practice. It confirmed earlier work recording no delay in a return to drinking but a worthwhile reduction in the amount subsequently drunk among patients who take the drug. Previous studies have also recorded that fewer patients relapsed to heavy drinking.

A different regime might have improved outcomes. Naltrexone was started only after abstinence for on average 10-11 days. However, it seems to work mainly by reducing the experienced rewards of drinking, a mechanism which can only be activated if drinking occurs – presumably why the study no delay in starting drinking but that less was then drunk. In other studies patients receiving coping skills therapy (which allows for lapses and controlled drinking) benefited from naltrexone while those in abstinence support groups did not. It has been argued that naltrexone should be administered to patients still drinking (rather than to maintain abstinence), continue indefinitely accompanied by coping skills therapy, and be taken only when drinking is anticipated [Additional reading](#).

Side-effects trouble up to 15% of patients and threaten compliance, but at recommended doses these have not been found to be dangerous. Naltrexone is contraindicated for opiate dependent drinkers because it precipitates opiate withdrawal.

**LINKS** [Nuggets 5.2 3.9](#)

**Practice implications** The study's authors judged naltrexone effective in treating alcohol dependence/abuse in conjunction with psychosocial therapy, but only in patients who comply with treatment. It is likely to have its greatest role in people continuing to drink after treatment. Cost-effectiveness is greatest when it is taken only in anticipation of or during drinking periods. For daily regimes the main problem is getting patients to take the drug. Suggestions include bedtime dosing and conveying a positive attitude to the drug and to non-abstinence treatment goals. Interventions specifically designed to improve compliance can work: in a US study this replaced weekly counselling sessions, raising naltrexone compliance to 80%.

Though readily available to prescribers, in the UK naltrexone is not licensed for treating alcohol dependence. Some centres are using it on the basis of the physician's own responsibility.

**Featured studies** Chick J., *et al.* "A multicentre, randomized, double-blind, placebo-controlled trial of naltrexone in the treatment of alcohol dependence or abuse." *Alcohol and Alcoholism*. 2000, 35(6), p. 587–593. Copies: apply Alcohol Concern.

**Additional reading** Sinclair J.D. "Evidence about the use of naltrexone and for different ways of using it in the treatment of alcoholism." *Alcohol and Alcoholism*. 2001, 36(1), p. 2–10. Copies: apply Alcohol Concern.

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