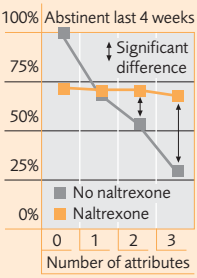
# 13.5 Naltrexone specially helps poor prognosis patients avoid relapse to heavy drinking

**Findings** Two European studies have confirmed that the opiate-blocking drug naltrexone particularly helps alcohol-dependent patients who respond least well to therapy, elevating in-treatment outcomes to those of more promising clients. In both studies, after completing detoxification patients were randomly allocated to group therapy and clinical care with or without naltrexone.

Study ❶ conducted in Madrid involved 336 patients treated for three months. Mimicking normal practice, there were no placebos, patients and doctors were aware whether or not naltrexone was prescribed and free to supplement the treatments. Patients prescribed naltrexone drank heavily on significantly fewer days and more (71% v. 59%) sustained abstinence during the last four weeks of the trial. Subdividing the sample revealed that naltrexone only boosted abstinence among patients aged under 25 when they started problem drinking, with an alcoholic near blood relative, or who abused other substances. Without naltrexone, each of these attributes was linked to poorer outcomes and when all three were present, just 30% of patients sustained abstinence. With naltrexone, around 70% of patients stopped drinking whether or not they shared these attributes ◤ *chart*.




Patients who did well on naltrexone in Madrid (early onset, family history, other drug use) also typify 'type 2' alcoholics in Cloninger's schema. In Hamburg (study ❷) they were identified by alcoholism onset before age 25. Given just placebo pills, on average these patients relapsed to heavy drinking within about a week. Given naltrexone, they lasted over five weeks, near the seven managed by patients with a later onset of alcoholism.

**In context** Unusually, the Madrid study included patients dependent on other drugs, exposing the relevance of this indicator. The main limitation was that all the patients were men; naltrexone may be less effective for women. While partially confirming study ❶, study ❷ also raised a question over whether it is naltrexone which suits early onset alcoholics, or relapse prevention medication in general, since similar results were found with acamprosate.

As in the featured studies, in US studies naltrexone has improved the drinking outcomes of patients who would otherwise have done worst, but those with a better prognosis have been unaffected. The effect is to even out response to treatment. In one study (echoing study ❶) the medication countered poor outcomes associated with a family history of alcoholism. In this study and in two others, it also countered poor outcomes associated with a high craving for alcohol at the start of treatment and in another it helped patients still drinking when they started treatment reduce to about the same level as other patients.

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**Practice implications** Based on these and other studies, naltrexone seems particularly worth trying for patients with one or more of the following attributes: early onset (pre-25) alcohol problems; family history of alcoholism; abuse of other drugs; strong urge to drink even in the absence of withdrawal symptoms; unable to initiate abstinence at the start of treatment or sustain it during treatment. The effect is to counter an otherwise poor prognosis, but this can only happen if these patients stay in treatment and take the pills. It may help that naltrexone is particularly suited to programmes which do not demand abstinence, since its main effect is to prevent lapses becoming relapses. Adherence to treatment can be improved by motivational counselling, advice on minimising side effects, and engaging relatives or friends to monitor consumption of the pills. Side effects are more troubling (though rarely severe) than from acamprosate, the main alternative, and naltrexone is contraindicated in patients with certain liver problems or dependent on opiates.

**Featured studies** ❶ Rubio G. *et al*. "Clinical predictors of response to naltrexone in alcoholic patients: who benefits most from treatment with naltrexone?" *Alcohol & Alcoholism*: 2005, 40(3), p. 227–233 AC ❷ Kiefer F. *et al*. "Pharmacological relapse prevention of alcoholism: clinical predictors of outcome." *European Addiction Research*: 2005, 11, p. 83–91 AC

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