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15.2 Naltrexone aids primary care alcohol treatment

Findings Evidence is building that naltrexone is a valuable supplement for the kind of dependent drinkers and the kind of therapies suited to primary care settings.

Latest findings come from the large-scale US COMBINE study. Eleven clinics screened nearly 5000 applicants. 1383 were alcohol dependent, achieved at least an initial four days without drinking, agreed to join the study, and were randomly allocated to one of nine combinations of abstinence-oriented pharmacological and psychosocial treatments. Though more socially integrated and less severely dependent than some UK caseloads, they were heavy drinkers, most days averaging 21 UK units.

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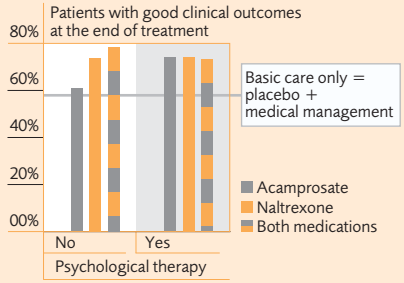
Over 16 weeks most were offered nine appointments intended to represent a management programme deliverable by non-specialist primary care staff given adequate training and supervision. In typically under 20 minutes, sessions focused on assessing, monitoring and feeding back the medical consequences of the patient's drinking, and promoting adherence to pharmacotherapy. For half these patients medical care was supplemented by specialist psychological therapy incorporating motivational interviewing, cognitive behavioural and 12-step elements. For both sets of patients, pharmacotherapy consisted of placebo pills, acamprosate, naltrexone, or both medications.

The key question was how far the extras improved on the most basic intervention – medical management with inactive pills. Adding psychological therapy improved drinking outcomes to the point where medication created no further improvements. But roughly the same gains resulted from adding naltrexone, even without therapy. Only these supplements led to significant gains. Combining them and also adding acamprosate did not further improve outcomes, and acamprosate alone did not improve on the basic intervention. Across the 16 weeks, given basic care, 58% of patients achieved a "good clinical outcome" – drinking at most moderately with few adverse consequences – compared to 71–78% when either naltrexone or psychological therapy were added ◤ *chart*. Abstinence and relapse outcomes followed the same pattern as did outcomes a year after treatment.

In context For these relatively stable and compliant patients, well structured but straightforward medical care plus naltrexone (in this case, 100mg a day) seems at least as likely to achieve a good outcome as specialist psychological therapy. A similar message emerged from another US study which used the more typical 50mg a day dose. Other studies have also found naltrexone effective for caseloads who might be treated in primary care, including one in which non-specialist nurses (main therapists in the featured study) delivered both medication and counselling. The featured study also confirms that acamprosate plus naltrexone at best only marginally betters naltrexone alone, which is generally more effective than acamprosate.



Practice implications Naltrexone can be a valuable supplement to the medical counselling (by GPs or nurses) of dependent drinkers of the kind who might be treated in primary care, particularly when specialist alcohol therapy is refused or unavailable. It is likely to be more effective than acamprosate, though more limited in its application due to contraindications and side-effects. The researchers stress the importance of the content (motivational support, compliance management, and education) and extent of the medical consultations. Though manageable in primary care, these were both more structured and more extensive than is typical in this setting. In terms of which patients are suitable, level of consumption seems less important than whether they have sufficient stability to comply with treatment and are not so multiply problematic that more intensive care is required.

Featured studies Anton R.F. *et al*. "Combined pharmacotherapies and behavioral interventions for alcohol dependence. The COMBINE study: a randomized controlled trial." *Journal of the American Medical Association*: 2006, 295, p. 2003–2017 AC
Order manuals at http://pubs.niaaa.nih.gov/publications/COMBINE.htm.

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