

## 7.2 Convincing evidence that acamprosate and naltrexone prevent relapse to heavy drinking

**Findings** Two meta-analyses which combined findings from the most rigorous trials have confirmed that acamprosate and naltrexone help prevent relapse after alcohol detoxification. The analyses included only trials in which alcoholics had been randomised to a placebo or to one of the drugs. [Study 1](#) covered naltrexone, [study 2](#) both. Typically, the pills supplemented psychosocial therapy. Results were analysed only for the duration of the treatments.

For naltrexone the conclusions were similar: compared to placebo, a statistically significant 14% or 16% fewer patients relapsed to heavy drinking and 10% or 12% more did not drink at all. Naltrexone's impact on drinking frequency was less consistent. In [study 1](#) the percentage of days on which patients drank was slightly (3%) less on naltrexone, in [study 2](#) much less (19%) but with significant variation across trials. The reduction in the amount consumed on a drinking day was very small ([1](#)) or insignificant ([2](#)). Both studies found no evidence that naltrexone's side-effects prompted excess treatment drop-out, though effects such as gastrointestinal complaints were more common than on placebo.

**LINKS** Nuggets  
5.1 5.2 3.9

In [study 2](#) acamprosate could be assessed only on the proportion of patients who completed treatment and measures of abstinence. Compared to placebo, the drug improved outcomes by a statistically significant margin of around 10%. When acamprosate and naltrexone were compared, neither in terms of retention nor abstinence rates did one have a statistically significant advantage over the other.

**In context** Studies to date have shown that both drugs consistently if modestly reduce relapse rates among detoxified alcoholics in psychosocial therapy. Benefits from acamprosate outlast the prescribing but naltrexone studies have found the effects fade.

[Study 2](#) could compare the drugs only on abstinence outcomes, but naltrexone's strength is reducing the frequency and severity of relapse after a return to drinking. By the end of a year-long Spanish trial which directly compared the drugs, 24% fewer naltrexone patients (59% v 83%) had relapsed to heavy drinking. Coping skills therapy aimed at relapse prevention maximises the benefits of naltrexone and vice versa. Allied with such therapy, in Finland naltrexone has been safely and effectively prescribed to currently drinking alcoholics. Abstinence-based therapies tend not to benefit from naltrexone, which has been found most effective among patients with a high craving for alcohol after detoxification or who drink to avoid negative emotional states, including alcohol withdrawal.

**Practice implications** Naltrexone and acamprosate give a modest but worthwhile boost to abstinence-oriented treatments but naltrexone is preferable when the aim is to prevent relapse to heavy drinking, especially for patients whose craving outlasts physical withdrawal. For this purpose it should be used with skills-based therapies aimed at teaching patients strategies for preventing lapses becoming relapses. After initial regular dosing it can be taken 'as needed'. Once-daily dosing with naltrexone is more convenient than the three times a day acamprosate schedule and presents fewer opportunities for patients to skip doses. Both drugs may need to be prescribed for at least a year. They share a good safety record, though side-effects are more common and more severe with naltrexone, which is also unsuitable for patients with liver disease or who are dependent on opiates. For these reasons acamprosate will be preferred for a significant minority. Medication should be started during detoxification or immediately afterwards. Naltrexone plus relapse prevention training should also be considered for alcoholics who are continuing to drink. Compliance can be improved by targeted therapies ([NUGGETTE](#) opposite) and by enrolling family or friends to monitor pill-taking.

**Featured studies** [1](#) Streeton C. *et al.* "Naltrexone, a relapse prevention maintenance treatment of alcohol dependence: a meta-analysis of randomized controlled trials." *Alcohol & Alcoholism*: 2001, 36(6), p. 544–552 [2](#) Kranzler H.R. *et al.* "Efficacy of naltrexone and acamprosate for alcoholism treatment: a meta-analysis." *Alcoholism: Clinical and Experimental Research*: 2001, 25(9), p. 1335–1341. Copies: for both apply Alcohol Concern.

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