

Trials of the drug **acamprosate in the treatment of alcohol dependence** generally pair it with psychosocial therapies. Whether that is really necessary was addressed by a **Swedish study** of 70 patients seeking treatment at a hospital clinic **1**. All were prescribed the drug by a psychiatrist they saw just four times over 24 weeks. A randomly selected half also attended at least ten cognitive-behavioural therapy sessions with a psychiatric nurse. Around 60% of both groups completed treatment. Neither among these patients nor among the groups as a whole did the extra sessions significantly improve outcomes, though several non-significant differences did favour the nurses' patients. For example, 44% (versus 31%) not just completed treatment, but also halved their drinking or heavy drinking days. These trends, and the nature of the patients (all had to be able to stay dry for at least one week before treatment) and the therapists (nurses were not experienced in the therapy; the psychiatrist also used cognitive-behavioural techniques) make the study far from conclusive. However, it is in line with an earlier **Dutch acamprosate study** which found that adding motivational enhancement or cognitive-behavioural therapy to basic medical management did not improve outcomes **2**.

Negative results could be due to the supplementary therapies being insufficiently extensive/intensive or of the wrong kind. Therapies focused on improving compliance with treatment have proved effective among alcoholics treated with disulfiram and naltrexone and in a small, as yet unpublished Australian trial using acamprosate, and one trial of much more extensive extra support (up to 30 nurse visits) did record improved acamprosate outcomes.

LINKS Nugget **10.2**
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- 1** Hammarberg A. *et al.* "A comparison of two intensities of psychosocial intervention for alcohol dependent patients treated with acamprosate." *Alcohol and Alcoholism*: 2004, 39(3), p. 251–255. **AC**
- 2** De Wildt W.A.J.M. *et al.* "Does psychosocial treatment enhance the efficacy of acamprosate in patients with alcohol problems?" *Alcohol & Alcoholism*: 2002, 37(4), p. 375–382. **AC**