

# Prescribed Meds is Still Best Path to Alcoholism Recovery

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Some drugs can reduce withdrawal symptoms and the urge to drink alcohol, but they will not work if patients stop taking them. A study by Columbia researchers found that while behavioral treatments can help people remain on their medication, different combinations have different effects on different people.

An examination of two medications for treating alcohol dependence, used in combination with two behavioral treatments, has found that following the prescribed dose is still best for success. Results will be published in the September issue of *Alcoholism: Clinical & Experimental Research* and are currently available at OnlineEarly.

“We examined data derived from the National Institute on Alcohol Abuse and Alcoholism’s COMBINE Study, a large-scale and multisite

combined medication and behavioral treatment study,” explained Allen Zweben, associate dean for academic affairs and research in Columbia’s School of Social Work and corresponding author of the study. “This study tested combinations of two medications, naltrexone and acamprosate, and two behavioral treatments, low intensity medical management (MM) and moderately intensive combined behavioral intervention (CBI).”

A total of 1,226 patients (846 males, 380 females) were randomly assigned to one of eight different combination treatments involving four drugs—naltrexone, acamprosate, MM and CBI—and a placebo. After treatment completion at 16 weeks, primary outcomes—including percent days abstinent and time to first heavy drinking day—were analyzed.

“First, high medication adherents fared better than low medication adherents across all combinations of behavioral and pharmacological treatment conditions,” said Zweben.

“Second, CBI—a specialty alcohol treatment—surprisingly had a beneficial impact on nonadherents receiving the placebo.

“This raises the issue of whether or not CBI may serve as a cushion or have a protective function for these patients. Conversely, CBI did not provide similar benefits for naltrexone-treated patients; their relapse rates appeared to be more a function of inadequate exposure to naltrexone and less influenced by CBI.”

The other finding worthy of mention was that, overall, specialized CBI did not perform better than the more primary-care MM. “Both of these behavioral treatments performed equally as well with regard to treatment attendance and medication adherence rates,” said Zweben.

Zweben said current findings further strengthen conclusions drawn from the study, namely, that combining MM and naltrexone could benefit a

sizable proportion of alcohol-dependent patients.

Source: Columbia University

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