Oral naltrexone can reduce health care costs

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Alcohol-use disorders (AUDs), referring to both alcohol abuse and alcohol dependence, affect nearly 8.5 percent of the American population, are associated with numerous medical, psychiatric, family, legal, and work-related problems, and cost an estimated $185 billion in 1998. A new study has found that oral naltrexone can reduce both alcohol- and non-alcohol-related healthcare costs for patients with AUDs.

Results will be published in the June 2010 issue of *Alcoholism: Clinical & Experimental Research* and are currently available at Early View.

"Oral naltrexone was approved by the Food and Drug Administration in 1994," explained Henry R. Kranzler, a professor in the department of psychiatry at the University of Connecticut Health Center and corresponding author for the study. "It was the first medication approved to treat alcohol dependence since disulfiram was approved in 1949, and its approval was based on a demonstration of efficacy using a randomized, controlled trial design. The FDA has since approved acamprosate and long-acting naltrexone." Kranzler believes that oral naltrexone is covered by most health plans as a generic drug.

For this study, Kranzler and his colleagues used data from the MarketScan Commercial Claims and Encounters Database for 2000 to 2004 to create three groups: a naltrexone group (n=1,138) with an alcohol-related diagnosis and at least one pharmacy claim for oral naltrexone; an alcohol control group (n=3,411) with an alcohol-related diagnosis but no prescription for alcoholism-treatment medication; and a

non-alcohol control group (n=3,410) with no alcohol-related diagnosis and no prescription for alcoholism-treatment medication. The two groups with an alcohol-related diagnosis were matched to each other on a variety of demographic and clinical dimensions. Healthcare expenditures were calculated for the six-month periods before and after naltrexone drug claims, and dates were matched for the two control groups.

"We found that, prior to the start of the study period, individuals treated with naltrexone had higher healthcare costs than the group with an alcohol-related diagnosis but no naltrexone treatment," said Kranzler. "However, during the period after receiving the medication, the naltrexone group showed a significantly smaller increase in healthcare expenditures (both alcohol-related and non-alcohol-related) than the group with an alcohol-related diagnosis but no naltrexone treatment." In other words, oral naltrexone seemed to reduce healthcare costs for patients with an alcohol-related diagnosis.

Kranzler said these findings have implications for two groups. "I think that the greatest applications of these results are for healthcare policy makers, treatment-program managers, insurance companies, and health-benefits managers," he said. "They also show researchers that developments in treatment can pay dividends in cost savings."

Furthermore, he added, this study shows there is a common ground between effective treatment measures and cost-savings. "As a physician, I am interested in all treatments that can alleviate suffering and improve people's lives, however, I am also cognizant of the need to contain healthcare costs. This study suggests that an alcoholism treatment medication can help to contain healthcare costs and that wider consideration of the economic value of such approaches is warranted."

Provided by Alcoholism: Clinical & Experimental Research

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