

Acamprosate prevents relapse to drinking in alcoholism

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Acamprosate reduces the number of patients being treated for alcoholism who return to drinking, according to a new *Cochrane Systematic Review*. The drug showed moderate benefits in trials when used in addition to non-drug treatments.

Drinking too much alcohol increases the risk of ill health. According to the [World Health Organization](#), [alcohol misuse](#) is at the root of around a quarter of all cases of oesophageal cancer, [liver disease](#) and epilepsy, as well as road accidents and homicides. Acamprosate and [naltrexone](#) are drugs used alongside psychosocial methods to help prevent relapse in alcoholics who are trying to stop [drinking](#).

The researchers reviewed data from 24 randomised controlled trials, considered the gold standard for clinical studies. Altogether these trials involved 6,915 alcohol dependent patients who were also undergoing psychosocial therapies. Acamprosate prevented relapse in one in every nine patients who had stopped drinking and increased the number of days patients spent not drinking by an average of three days a month. The researchers showed that the risk of a patient on acamprosate returning to drinking was 86% of that of a patient who took a placebo instead. [Diarrhoea](#) was the only side effect that was more frequently reported under acamprosate than placebo.

"Acamprosate is certainly no magic bullet, but it is a safe and effective treatment for patients who are trying to stop drinking," said lead researcher Susanne Rösner of the Psychiatric Hospital at the University

of Munich, Germany. "The benefits we have seen in these trials are small. However, we must remember that these are additional benefits on top of those from other non-drug therapies."

The researchers stress the need to respect a patient's right to choose by providing all the necessary information about the benefits and drawbacks of the drugs when recommending a therapeutic strategy. "Patients' doubts and reservations against a strategy that uses one substance to treat dependency on another should be taken seriously, while interventions that have been shown to work should not be kept back from patients," said Rösner.

Provided by Wiley

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