

# Alcoholics can curb drinking with use of a pill

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A little-used medication can help treat alcoholism, an updated review of studies confirms.

At any given time, about 5 percent of the population suffers from an addiction to [alcohol](#), often with devastating consequences to work, family, friends and health. Twelve-step programs have been the mainstay for helping alcoholics to quit drinking, but a significant number of people who try these programs do not find them helpful or suffer relapses.

The [Cochrane review](#) finds that the medication naltrexone — brand names are Depade and ReVia — when combined with counseling or interventions like Alcoholics Anonymous, can help cut the risk of heavy

drinking in patients who are dependent on alcohol.

Naltrexone works by blocking the pleasurable feelings, or “high,” a person gets from drinking alcohol, thereby reducing motivation to drink. Naltrexone can be taken daily as a pill and is available as a long-acting injection.

The review was published by the *Cochrane Collaboration*, an international organization that evaluates [medical](#) research. Systematic reviews draw evidence-based conclusions about medical practice after considering both the content and quality of existing medical trials on a topic.

“Hundreds of drugs have been tried for relapse prevention [in alcoholism] and basically all others have failed,” said Michael Soyka, M.D., senior author of the review. “From a clinical point of view, there are few pharmacologic options for the treatment of alcohol dependence, so it is important to study those options that look promising.” Soyka and lead review author Suanne Roesner are associated with the psychiatric hospital at the University of Munich.

Alcohol dependence is different from alcohol abuse or misuse. The symptoms of alcohol dependence include craving for alcohol, an inability to control drinking, the presence of withdrawal symptoms if one tries to quit and tolerance — the need to increase alcohol amounts to feel the same effect. People who only abuse alcohol and are not dependent on it have no trouble controlling their drinking, once they decide to do so.

Soyka and colleagues examined the results of 50 previously published high-quality studies on naltrexone and alcohol dependence. Overall, the studies enrolled nearly 7,800 patients diagnosed with alcohol dependence. Of these, about 4,200 patients took naltrexone or a similar

drug called nalmefene. The rest of the patients took a placebo or had some other type of treatment. Treatment with naltrexone ranged from four weeks to a year, with most patients receiving about 12 weeks of treatment. Most patients also received counseling.

Researchers found that patients who received naltrexone were 17 percent less likely to return to heavy drinking than were patients who received a placebo treatment. “That would mean that naltrexone can be expected to prevent heavy drinking in one out of eight patients who would otherwise have returned to a heavy drinking pattern,” Soyka said.

Naltrexone also increased the number of people who were able to stay abstinent by 4 percent.

While at first glance that might not seem like a miracle cure for alcoholism, Soyka said that the effectiveness of naltrexone is on par with medications used for other psychiatric conditions.

“Naltrexone is moderately effective in reducing alcohol intake. It’s about as effective as antidepressants in depressive disorders,” he said. “From a safety point of view, there are few safety concerns. Nausea is the most frequent side effect.”

Carlton Erickson, Ph.D., director of the Addiction Science Research and Education Center at the University of Texas in Austin, says naltrexone can help a person with [alcohol dependence](#) move toward the goal of abstinence.

“Anytime you reduce the severity of drinking, the individual is more open to treatment for abstinence,” he said. “It’s almost like putting them through a series of steps if you can get them to cut down; once they start to cut down they are more likely to become abstinent with continued treatment and continued exposure to 12-step programs.” Erickson is not

associated with the review or any of its authors.

Despite its possible benefits in treating alcohol dependency, naltrexone is not widely used in the United States or elsewhere, Erickson said. Some addiction specialists fear that the widespread use of naltrexone or other medications will result in patients not receiving the counseling or psychological interventions they need.

There is also a lingering attitude that the treatment of alcohol dependency must rely solely on psychological or spiritual methods.

“People in 12-step programs typically don’t believe in medications for the treatment of alcoholism,” Erickson said. “Therefore they are unlikely to accept anyone into their 12-step meetings who is on a medication like naltrexone. Secondly, they would not want to accept it for themselves, unless a physician talked them into it as part of their treatment plan.”

In addition, most large [alcohol](#) treatment centers, with the exception of Hazelden, do not advocate for the use of medications in the management of [addiction](#), he said.

However, Erickson said that naltrexone is FDA-approved only as an adjunct to abstinence-based therapies, like Alcoholics Anonymous. “Naltrexone is not something you give to someone who says ‘I want to stop drinking, give me a pill.’ [Naltrexone](#) is only a helper to that process. The medication itself is not a magic bullet.”

The review discloses that two authors received speaker/consultancy/advisory board honoraria from pharmaceutical companies.

**More information:** Roesner S, et al. Opioid antagonists for alcohol dependence. *Cochrane Database of Systematic Reviews* 2010, Issue 12.

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