Medications can help adults with alcohol use disorders reduce drinking

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Credit: Kevin Casper/public domain

Several medications can help people with alcohol use disorders maintain abstinence or reduce drinking, according to research from the University of North Carolina at Chapel Hill.

The work, published today in the *Journal of the American Medical*

Association (*JAMA*) and funded by the Agency for Healthcare Research and Quality (AHRQ), provides additional options for clinicians to effectively address this global concern.

Although alcohol use disorders are associated with many health problems, including cancers, stroke and depression, fewer than one-third of people with the disorders receive any treatment and less than 10 percent receive medications to help reduce alcohol consumption.

"There are many studies that have tried to show whether certain medications can help with alcohol use disorders, but it is a lot of information to digest and many providers do not know what works or doesn't work," said Daniel Jonas, lead author of the study and professor in the department of medicine and the Cecil G. Sheps Center for Health Services Research. "When you synthesize all the evidence, it shows pretty clearly that some medications do work."

Jonas led a team from the RTI-UNC Evidence-based Practice Center to review published studies examining the use of drugs to treat alcohol use disorders. The researchers conducted a systematic review of 122 randomized controlled trials and one cohort study. They then graded the strength of the evidence on the impact of drugs on alcohol consumption.

They found that two drugs, acamprosate (brand name Campral) and oral naltrexone (brand name Revia), have the best evidence supporting their benefits. Both drugs reduced return to drinking and improved other drinking outcomes. Among medications used off-label (i.e., those not FDA approved for alcohol use disorders), moderate evidence showed improvement in some drinking outcomes for topiramate and nalmefene.

"The health implications of preventing return to drinking and reducing alcohol consumption are substantial," said Jonas. "Modeling studies have shown that such improvements would result in significant reductions in

alcohol-attributable mortality, costs from health care, arrests and motor vehicle accidents."

"This work expands upon the growing evidence that medications can play a valuable role in the treatment of alcohol use disorders," said James Garbutt, professor of psychiatry and scientist at UNC's Bowles Center for Alcohol Studies and senior author on the paper. "We are hopeful that this information will encourage clinicians to strongly consider these medications and that individuals will gain awareness that there are medications that can help them to stop or significantly reduce their alcohol use."

The study was developed by the AHRQ-funded RTI-UNC Evidence-based Practice Center is a collaboration between RTI International and the University of North Carolina at Chapel Hill. Jonas co-directs the center with Meera Viswanathan at RTI. The review is an update of the first product of the center, which was published in 1999 in *JAMA*. Since 1999, there has been more than a tenfold increase in the number of individuals studied in controlled clinical trials of naltrexone and acamprosate, and many trials of medications that are not FDA-approved.

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