

Symptoms of alcoholism make taking medication to treat the disease more difficult

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Symptoms of alcoholism make it more difficult for some people to regularly take the prescription drug naltrexone, which could help treat their disease, a researcher at Oregon State University has found.

The finding helps researchers better understand how to intervene with patients to improve the effectiveness of the medication, said Sarah Dermody, an assistant professor in the School of Psychological Science in OSU's College of Liberal Arts.

"The assumption is the medication is prescribed, so it's going to work, but the patient has to take the medication in order for it to work," Dermody said. "This tells us we need to do more than write a prescription. Having some sort of reoccurring contact with the patient is really important."

The findings were published today in the *Annals of Behavioral Medicine*.

Dermody studies risky behaviors such as alcohol and nicotine use with the goal of better understanding factors that contribute to alcohol and nicotine use and how best to intervene with problematic use of these substances.

Naltrexone, which works at the receptor level in the brain to reduce a patient's desire to drink, is one of just three medications that is approved by the Food and Drug Administration to treat alcohol use disorder.

The drug is believed to be effective, but only if it is taken as prescribed. Studies show that adherence to the daily medication regimen is poor. The researchers' goal with the new study was to better understand medication usage and factors that influence it.

They followed a group of 58 people who were prescribed to take naltrexone daily for eight weeks to either reduce or stop drinking. The researchers also studied the effectiveness of a mobile health intervention designed to help people adhere to the medication. In response to daily text messages, patients reported their previous day's alcohol use, cravings and any side effects from using naltrexone.

The researchers found that adherence to the drug decreased over time, with a drop from approximately eight in 10 patients taking the medication at week one to approximately four in 10 [patients](#) by week eight. On days when participants completed daily text message assessments, their odds of taking the medication increased by more than two-fold compared to days when the assessments were not completed.

They also found that they could predict who would stick with the medication and who wouldn't, and the factors that influence adherence to the drug included symptoms of the underlying disease. Patients were less likely to take their medication on days they after they drank heavily; on weekends; or when cravings were strong.

"Weekends are a huge part of people's drinking life. That is often when people drink more heavily and when their cravings are strongest," Dermody said. "But they also tend not to be taking naltrexone on the days when the medication is particularly needed."

More research is needed to understand how best to address symptoms that influence [medication adherence](#), Dermody said. Promoting [medication](#) adherence after heavy drinking episodes or strong cravings is

critical, Dermody said. Ongoing daily contact with the patient could also help.

"We found that some sort of daily contact with the patient is important. It does not have to be human to human," she said. "It could be a mobile phone app that tracks a patient's symptoms and tailors feedback to their needs."

More information: Sarah S Dermody et al, Predictors of Daily Adherence to Naltrexone for Alcohol Use Disorder Treatment During a Mobile Health Intervention, *Annals of Behavioral Medicine* (2018). [DOI: 10.1093/abm/kax053](https://doi.org/10.1093/abm/kax053)

Provided by Oregon State University

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