

The feasibility of injectable versus oral naltrexone

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Medications can help people who drink excessive amounts of alcohol. One medication that can reduce alcohol craving and help promote recovery is naltrexone, which is approved for treatment of alcohol dependence by the Food and Drug Administration. It is available in two forms – injectable and oral. This pilot study evaluated the feasibility of injectable versus oral naltrexone, administered in a hospital setting to enhance treatment compliance when patients leave the hospital.

Fifty-four veterans diagnosed with alcohol use disorder were recruited from a larger population of 113 veterans hospitalized for an acute medical or psychiatric illness. Participants were randomly divided into two groups: one received either 50-mg oral naltrexone for daily use plus a 30-day prescription; the other received a 380-mg intramuscular 30-day sustained release naltrexone injection prior to discharge, with a second injection one month later. Researchers followed up with both groups at 14 and 45 days following discharge.

Both naltrexone groups had significant reductions in drinking over time, and high levels of treatment engagement. There were no significant differences in the percentage of patients who were medication adherent over the study period: 62% of patients in the oral group took their medications as recommended and 61% in the injection group received a second injection. The study authors concluded that it was feasible for both oral and injectable naltrexone to be initiated prior to discharge for those hospital inpatients diagnosed with an [alcohol use disorder](#). They also call for larger, more definitive research to build upon this [pilot study](#).

More information: Angela Christina Busch et al. PredischARGE Injectable Versus Oral Naltrexone to Improve Postdischarge Treatment Engagement Among Hospitalized Veterans with Alcohol Use Disorder: A Randomized Pilot Proof-of-Concept

Study, *Alcoholism: Clinical and Experimental Research* (2017). [DOI: 10.1111/acer.13410](https://doi.org/10.1111/acer.13410)

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