Category: Alcohol

Title: Naltrexone and Cognitive Behavioral Therapy for the Treatment of Outpatient Alcoholics: Results of a Placebo-Controlled Trial

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Background: Naltrexone (an opiate antagonist) has been shown to be an efficacious adjunctive medication in the treatment of alcoholism. Naltrexone is reported to decrease the “high” after alcohol consumption and thereby decrease the craving or “incentive to drink.” Compliance with the drug is required to have the maximum effect. In prior studies, naltrexone has been combined with “multimodal standard rehabilitation treatment” (Volpicelli et. al. Arch Gen Psych 1992; 49:876-880), “coping skills therapy or a therapy supportive of abstinence” (O’Malley et. al. Arch Gen Psych 1992; 49:881-887) and been found to have some synergistic effect in decreased relapse rates. Cognitive behavioral therapy has been utilized in related alcoholism treatment studies. Project MATCH, which the authors were involved with, used a manual driven CBT with alcoholics in a large multi-site study. They found a marked reduction in both drinking days and drinks per occasion for up to 15 months after initiation of treatment (J Stud Alcohol 1997; 58:517-540.)

Objective: To study the effect of a well-defined psychosocial intervention (manual driven CBT) combined with naltrexone or placebo in the treatment of alcohol-dependent outpatients.

Type of Article:

Study:

Design: Randomized double-blind placebo controlled clinical trial

Setting: Outpatient treatment center

Patients: 131 outpatients, sober for at least 5 days prior to admission to the study, in treatment for alcohol dependence (DSM-III R). 70% men, >80% caucasian, >65% married, 80% full-time employed, average education was 14 years (SD 3 years)

Intervention: 12 weekly sessions of individual manual-guided CBT, combined with either naltrexone 50mg or placebo (100mg of riboflavin was added to ascertain weekly urinary riboflavin levels.)

Outcomes measured: Time to first relapse (5 drinks in male patients and 4 drinks in female patients); percentage days abstinent; drinks per drinking days over the 84 days of the study. Note these measures were selected prospectively and because they have been used in previous studies. Secondary analysis preformed as well.
Main results or findings:

1) At the end of the study 62% (N=42) of naltrexone patients had not relapsed as compared to 40% (N=25) of the placebo group. P=0.01

2) Time to first day of any drinking was 60 days in the naltrexone group and 22 days in the placebo group. This change is not statistically significant.

3) There were more side effects in naltrexone group but only one dropout due to ADR from each group. Side effects as follows: nausea/vomiting 14 v 34%; abdominal pain 11 v 31%; daytime sleepiness 27 v 46%; and nasal congestion 24 v 46%. Note that no differences in sexual side effects.

4) The percentage days abstinent were high in both groups 90 v 82% and significantly higher in the naltrexone group. P=0.03

5) Number of drinks per drinking day 2.4 (naltrexone) v 4.2 (placebo). P=0.01

Conclusion:

In this patient population of fairly motivated and high functioning alcohol dependent outpatients, naltrexone increases the effectiveness of a CBT-based treatment.

Commentary (Impact on Internal Medicine and limitations):

This large study with high internal validity adds to the growing body of literature that structured psychosocial alcohol treatment programs are effective. It also demonstrates the potential role of naltrexone in the decrease of major relapses. Both the CBT used in this study and naltrexone target improved control over alcohol usage when a slip occurs and resistance to continued usage. The biological theory for this is that the naltrexone reduces the high associated with alcohol, thereby reducing the positive reinforcement for usage. This dovetails with CBT that is designed to provide alternative cognitions and behaviors for alcohol usage.

This study’s generalizability may be limited for the clinicians who treat patients who are abusing multiple substances, have comorbid psychiatric disease or have failed prior inpatient treatment. However, for internists in the primary care setting, this study may have selected patients that more closely represent their practices. This study should encourage internists to aggressively screen for alcohol dependence and recommend treatment that includes a structured psychosocial intervention and naltrexone.

References:

Volpicelli et. al. Arch Gen Psych 1992; 49:876-880
O’Malley et. al. Arch Gen Psych 1992; 49:881-887
Project MATCH posttreatment drinking outcomes. J Stud Alcohol 1997; 58:517-540