A new paradigm for treating alcoholism?

By ACSH Staff — April 17, 2013

Alcoholism, an extremely widespread disease with devastating consequences, takes a huge toll on individuals, families and society at large. But, despite this, alcoholics have one real option: quitting outright (AA) with or without the help of drugs. But the drugs available are woefully inadequate Antibuse, which has its own problems with toxicity, makes people violently ill after they consume even one sip of alcohol. Not surprisingly, patient compliance is poor.

Naltrexone, a drug designed to treat opiate addiction and overdose, is also used to minimize the craving for alcohol, although its effectiveness is limited. This leaves many alcoholics with no good options to control their addiction.

But, a new study in Biological Psychiatry reports that nalmefene, a drug invented in the 1970s, can actually enable alcoholics to drink occasionally without falling back into the addiction cycle. If this holds up, it will radically change the management of this very serious condition.

Lead author Dr. Karl Mann at Central Institute of Mental Health in Germany, wrote "Our new findings may mark a true paradigm shift in the treatment of men and women who suffer from alcohol related disorders. While abstinence should be the best bet, a reduction in consumption may be a valuable alternative for the many patients who cannot attain abstinence or are not (yet) capable of doing so."

Six hundred four alcoholics were divided into two groups half received nalmefene, while the other half received visually-identical placebo pills. It was a double blinded study, meaning that neither patients nor their doctors knew which treatment they were receiving.

The results were promising. Nalmefene was significantly better than the placebo in reducing alcohol consumption and even showed evidence of increased liver function Side effects were almost non-existent.

"With nalmefene, we seem to be able to 'block the buzz' which makes people continue to drink larger amounts. With such a harm reduction approach, a new chapter in treating alcoholism could be opened," said Mann.

Dr. John Krystal, Editor of Biological Psychiatry commented "This study also provides support for 'as-needed' treatment, an approach that may be attractive to many patients. However, it flies in the face of the notion that daily treatment may protect people who are either ambivalent about treatment or unaware when they are particularly at risk for relapse."

ACSH's Dr. Josh Bloom says, "Interrupting the cycle of the brain's response to alcohol (wanting more of it) by blocking the pleasure response triggered by the alcohol is probably the ideal approach to treating addiction. This could be a huge development, especially considering the poor
options now available for the millions of people with an alcohol dependence problem. If these results are reproducible in subsequent trials, we could have a very effective solution to an age-old problem."

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