

Naltrexone and Primary Care Alcoholism Treatment

VISN 1 MIRECC researchers have shown that primary care treatment for alcoholism is a viable alternative to specialty treatment when combined with naltrexone, an anti-craving medicine. Naltrexone was introduced as a treatment for alcoholism in 1995 for use in specialized substance abuse treatment units. Naltrexone has been shown to reduce relapse and heavy drinking days by removing the rewarding effects of alcohol and reducing the tendency to binge drink. The current study is the first to evaluate naltrexone combined with primary care treatment. Alcohol dependent patients treated with 10 weeks of naltrexone and primary care counseling had high success rates (84%) that were almost identical to those shown for patients treated with cognitive behavioral therapy and naltrexone (86%). After 10 weeks of naltrexone and counseling, treatment responders were treated for an additional 6 months with either continued naltrexone or an inactive pill. Primary care patients who continued naltrexone were more likely to maintain their gains (81%) compared with those switched to inactive pills (52%). In contrast, patients who received specialty cognitive behavioral treatment were equally likely to maintain their gains whether or not they continued naltrexone. Overall, these results show that primary care clinicians can use naltrexone and brief counseling to obtain alcoholism treatment success rates comparable to those seen when naltrexone is used in specialty substance abuse clinics. Since only around 25% of people with alcoholism seek treatment in specialty clinics, primary care clinicians can play a major role in making treatment available to a wider patient group. The research team, led by Yale researcher Stephanie O'Malley, included MIRECC researcher Bruce Rounsaville and Yale researchers Conor Farren, Kee Namkoong, Ran Wu, Jane Robinson and Patrick O'Connor.