

## Clinical Experiences of Alcohol Use Disorder Treatment with Naltrexone and Acamprosate

Nan-Ying Chiu 1,2,3 \*, Guo-Zhen Huang 4, Wen-Yu Hsu 2, Yu-Ling Hsiao 4

1. Department of Psychiatry, Evergreen Campus, Lukang Christian Hospital, Lukang Town, Changhua County, Taiwan
2. Department of Psychiatry, Changhua Christian Hospital, Changhua City, Taiwan
3. Department of Post-Baccalaureate Medicine, College of Medicine, national Chung Hsing University, Taichung, Taiwan
4. Department of Mental Health, Evergreen Campus, Lukang Christian Hospital, Lukang Town, Changhua County, Taiwan

**Background** The putative glutamate antagonist acamprosate and opioid antagonist naltrexone have repeatedly been shown to be efficacious for relapse prevention in alcohol use disorder (AUD). Acamprosate primarily for abstinence maintenance has been demonstrated, researches with naltrexone have mostly emphasized the prevention of heavy drinking. The remaining effects of both drugs are not always reported; accordingly the corresponding database is fragmentary.

**Aims & Objectives** Our aims is to ascertain the efficacy and safety of naltrexone and acamprosate in the treatment of alcohol dependence.

**Methods** We screened the patients who met the diagnostic criteria of AUD by DSM-5 of APA, introduced this two drugs to them. After they signed the informed consent, we arranged various examinations for them, some rating scales were used, and prescribed naltrexone or acamprosate for them. The treatment period was designed for 3 to 6 months, pharmacological therapy accompanied with education and psychosocial interventions.

**Results** Totally 90 AUD patients (77 males) were screened within 1 year, 67 patients (59 males ) were enrolled, 58 persons (50 males) ended the therapy. Forty-six patients received pharmacotherapy for AUD, including 43 males, age from 23 year-old to 74 year-old, average age was 46.3 year-old, their ethanol drinking period from 2 years to 40 years, the duration of treatment from 1 week to 51 weeks, average duration was 10.5 weeks. Nineteen patients treated with acamprosate, 27 patients used naltrexone. 63.0% completed the treatment, 21.7% discontinued, 15.2% maintains the treatment in clinic. 8.7% kept in sober, 43.5% decreased drinking amount or drinking days, 8.7% kept the same alcohol drinking condition, and 2.2% got deteriorated at the end of the treatment, 21.7% discontinued. The quit rate of acamprosate and naltrexone was 10.5%, 7.4%, respectively, the reducing rate of acamprosate and naltrexone was 42.1%, 44.4%, respectively. Compared the successful groups (in sober state and reducing dose of alcohol drinking amount) and unsuccessful group (the same wine drinking amount and increased alcohol drinking), the former had higher on job rate, other demographic data showed no significant different. The discontinued participants were all male, and the much shorter treatment period. The most common daily dosage of naltrexone, acamprosate was 50mg, 1998 mg, respectively.

**Discussion & Conclusion** we do not have conclusion of acamprosate to be especially useful in therapeutic approach targeted at achieving abstinence, whereas naltrexone more indicated in programmes geared to controlled consumption. Both drugs are safe and acceptably tolerated.