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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

MY PATIENT FAILED NALTREXONE. WHICH MEDICATION SHOULD I TRY NEXT FOR ALCOHOL USE DISORDERS

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SPEAKER DISCLOSURES

- ✓ Any conflicts of interest-none

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OBJECTIVES

1. To be able to evaluate if a medication is working for alcohol use disorders
2. Develop competence around choosing a medication for alcohol use disorders
3. Understand how to prescribe medications for alcohol use disorders

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CASE

41yo M with a severe alcohol use disorder. He has been on oral Naltrexone for the past 3 months and desires sobriety, but continues to relapse. He has been in and out of various programs with limited success. He reports taking the naltrexone on "most days."

- PMH: none
- NKDA
- Meds: Naltrexone 50mg qday

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CASE: RELAPSING ON NALTREXONE

Question: should you switch him from his Naltrexone to something else?

- What else would you like to know?
  - I am going to give you 30 sec-ish to think of something.

IS THIS A REAL TREATMENT FAILURE?

- Adherence?
- The 1/3 rule for Naltrexone
  - many people do NOT respond
- Adequate dose
  - Increase to 75mg
  - Increase to 100mg
  - Beyond?
- Psychosocial support?

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WHEN IS IT A TREATMENT FAILURE?

- It depends on the goals
  - Abstinence
  - Harm Reduction

- If a patient is not meeting their goals despite taking Naltrexone with appropriate titration for 1 month or more→treatment failure

41YO M RELAPSING ON ALCOHOL WHILE ON NALTREXONE

- Took Naltrexone daily x 1 month. Didn't know if it was helping-drank less back then. Now he is drinking at previous levels.
- Last extended sober time x 2 months was when he had an ankle monitor on and he was forced to stop drinking or he would go to jail

- Patient Goal: he would like to stop drinking

CASE: 41YO M DRINKING EXCESSIVELY ON NALTREXONE, WOULD LIKE TO BE SOBER. WHAT SHOULD WE DO NEXT?

a) Increase the dose of Naltrexone
b) Switch him to Vivitrol
c) Switch him to Acamprosate
d) Switch him to Disulfiram
e) Refer to inpatient treatment

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NALTREXONE DOSE INCREASE

- NNT for no drinking: 20
- NNT for return to heavy drinking: 12
- Max dose of 150mg qday
  - Increase in 25mg increments
  - No clear evidence that an increase in dose is any better

- When to Consider:
  - if partial response
  - if abstinence is not the goal

Anton et al, 2006; Jonas et al, 2014

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SWITCH TO EX RELEASE IM NALTREXONE

- Reduced heavy drinking days (25% reduction)
- Lower quality studies: lower mortality and fewer detoxification episodes

- 380mg is the only dose available
  - Steady state dose is lower then oral naltrexone
  - Stop oral when you give first injection

- When to Consider:
  - Poor adherence
  - If abstinence is not the goal

Anton et al, 2006; Jonas et al, 2014; Garbutt et al, 2005; Harris et al 2015

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SWITCH TO ACAMPROSATE

- NNT for no drinking: 12 (the best)
- NNT for return to heavy drinking: no improvement
- Dosing
  - 666mg tid
  - Best to start when abstinent
  - No cross taper is needed

- When to Consider:
  - If abstinence is the goal
  - Liver problems
  - Protracted withdrawal symptoms-anxiety, severe w/d, late onset, no FH, women

Jonas et al, 2014

SHOULD I COMBINE BOTH NALTREXONE AND ACAMPROSATE?

- No

Anton et al, 2006

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AJ Psych 2011

But...

Article

Gabapentin Combined With Naltrexone for the Treatment of Alcohol Dependence

- Anton, FA, et al
- Naltrexone 50mg + Gabapentin (up to 1200mg) x 6 weeks + weekly sessions for 1 month and then q2 wk sessions
- Conclusions
  - Longer time to relapse, decreased heavy drinking days, decreased cravings, better sleep

SWITCH TO DISULFIRAM

- Effective when taken under supervision (family/friend)
  - Time to first Heavy Drinking
    - Disulfiram: 46 days VS Naltrexone: 22 days VS Acamprosate: 17 days
  - Time to first Drinking Day
    - Disulfiram: 30 days VS Naltrexone: 16 days VS Acamprosate: 11 days

- Dose
  - 125mg to 500mg qday
  - No clear evidence that an increase in dose is any better
  - Counsel on exposure to hidden forms of alcohol
- No cross taper is needed, but will need to stop drinking!

- When to Consider:
  - If abstinence is the goal
  - If someone will be able to help supervise taking medication
  - Useful for high risk situations
  - Risk averse patient?

Laaksonen et al, 2008

EXTEND TREATMENT WITH ALL MEDS AS LONG AS THE PATIENT FINDS IT HELPFUL (THIS COULD BE YEARS)

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REFER TO INPATIENT TREATMENT

- Instability and chaos
  - Physical
  - Mental
- Patient preference
- Do they need to stop drinking to switch the medication
- To consider
  - Past treatment experiences
  - Long-term follow-up needs
  - Acuity

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CLINICAL ANECDOTE

- 63yo M with severe AUD and multiple inpt treatment admissions and detox stays. Desires sobriety.
  - Poor adherence to oral naltrexone
  - Did great with ankle monitor→kept it on longer then needed. Extremely fearful of jail.
  - Vivitrol offered, but he refused to pay for it
  - On Disulfiram currently. Fearful of effect and will wait days to relapse.
    - Has supportive sister who he is going to try to have as accountability partner by using video chat feature on phone to watch him take his Disulfiram...to be continued.
  - Continue to promote engagement in additional psychosocial support