



UW PACC

Psychiatry and Addictions Case Conference

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MEDICATION MANAGEMENT TO SUPPORT CONTROLLED DRINKING

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SPEAKER DISCLOSURES

- ✓ Any conflicts of interest-none

OBJECTIVES

1. Review evidence of what medications have been found to help with controlled drinking
2. Identify how controlled drinking is most impactful
3. Discuss the need for broader assessment of controlled drinking treatments

CASE

- 43yo M with no PMH presents after having problems in his relationship and work due to alcohol use. You diagnosis him with a moderate alcohol use disorder. He is not interested in stopping his alcohol use, but he would like to reduce his drinking from 1 bottle of wine a night (which is what he currently drinks) to a ½ bottle of wine a night. LFTs are normal.
- What would you do next?

**CASE: 43YO AUD-MODERATE.
HE WOULD LIKE TO REDUCE HIS ALCOHOL
USE, BUT NOT STOP DRINKING.**

- A. Advise him that moderate drinking is not clinically meaningful so he should just stop
- B. Start him on Naltrexone 50mg qday prn
- C. Start him on Topiramate 50mg qday
- D. Recommend he buy mini bottles of wine
- E. Other

CAN MEDICATIONS HELP PEOPLE REDUCE THEIR ALCOHOL CONSUMPTION?

CAN MEDICATIONS HELP PEOPLE REDUCE THEIR ALCOHOL CONSUMPTION?

- 2018 Meta-analysis, Palpacuer C., Addiction
- **Nalmefene (1693) vs Naltrexone (850) vs Acamprosate (258) vs Baclofen (106) vs Topiramate (349) vs Placebo**
- **32 RCTs (1994-2015), N=6036**
- **Primary outcome**
 - **Total alcohol consumption**

CAN MEDICATIONS HELP PEOPLE REDUCE THEIR ALCOHOL CONSUMPTION?

- 2018 Meta-analysis, Palpacuer C., Addiction

Results

- 26/32 RCTs at high risk of bias mostly due to incomplete outcome data

Total Alcohol Consumption & Heavy Drinking Days

- Nalmefene, Topiramate, Baclofen > Placebo

Increased # Non-drinking days

- Topiramate

Indirect Comparison between drugs

- Topiramate was superior on all outcomes

- No difference between drugs on mortality or serious adverse effects
- More withdrawals and adverse effects for Nalmefene

TOPIRAMATE AND CONTROLLED DRINKING

Topiramate vs Zonisamide vs Levetiracetam vs Placebo

- Knapp C, 2015, J Clin Psychopharm
-

- Double-blind, 14 weeks, N=85, actively drinking
- Design: Topiramate 300mg qday with 7-week taper, weekly clinic visits, weekly 15min Med Adherence enhancement counseling
- Outcomes
 - Alcohol Consumption per day
 - Cognitive Impairment
 - Depression and anxiety symptoms

TOPIRAMATE AND CONTROLLED DRINKING

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Outcomes:

Topiramate and Zonisamide reduced alcohol intake

- Percent days drinking/week (90% vs 50%)
- Drinks consumed per day (10 vs 4)
- Percent heavy drinking days/week (80% vs 30%)
- Reduced cravings
- Topiramate group had a lower GGT at the end of the study

Neurotoxicity (Topiramate and Zonisamide)

- Reduced verbal fluency, Verbal working memory, Visual memory (Topiramate)
- No effect on executive function
- Most notable the last 2 weeks of the study

NALTREXONE AND CONTROLLED DRINKING

- Daily + Target dosing
 - N=128 Young Adults 18-25yo with > 4 heavy drinking days in prior 4 weeks.
 - Intervention-8 weeks
 - Naltrexone 25mg qday + 25mg targeted in anticipation of drinking vs Placebo
 - Personalized feedback and brief counseling every other week

Did not look at reduced harms in life.

- Reduced drinks per drinking day (1 drink) & percentage of days with estimated BAC > 0.08% (23% fewer days or 1 day a week)
- No effect on frequency of drinking or heavy drinking days
- Consequences of high BACs reduced in naltrexone group
- Adherence to daily dosing better

NALTREXONE AND CONTROLLED DRINKING

- Naltrexone + 4 possible psychosocial interventions
 - N=240, double blind placebo controlled
 - Only 3 days of abstinence lead in
 - Intervention-24 weeks
 - Naltrexone 100mg qday
 - CBT, Med Adherence therapy, med clinic only
 - Results:
 - **50% med adherence (AE's not that high)**
 - No Naltrexone effect-relapse preceded non-adherence in 64% of participants
 - Better adherence did show longer time to first drink
 - CBT showed some small effect on heavy drinking and rates of abstinence

WHAT ABOUT EXTENDED-RELEASE NALTREXONE?

(BETTER ADHERENCE RIGHT?)

- Garbutt J.C., et al, 2005
 - 6 month, RCT, double-blind, placebo-controlled
 - Lead in of at least 2 episodes of heavy drinking per week in month prior to study
 - N=627 patients with alcohol dependence
 - Injection + 12 supportive therapy sessions

Results

- 64% received all 6 injections, 74% received at least 4
- 25% relative reduction in event rate of heavy drinking
- No change in risky drinking or rate of any drinking
- Lead in abstinence, male sex had significant treatment effect

IS ALCOHOL REDUCTION CLINICALLY MEANINGFUL?

- Heavy drinking → negative life consequences
(Heavy drinking: 4+ in F; 5+ in M)
 - Impaired driving
 - Interpersonal problems
 - Injuries
- People with no heavy drinking days have less alcohol related consequences
 - May be more significant indicator than percent days abstinent, drinks per day
- Functional problems in life may be related to other things as well

CASE: 43YO AUD-MODERATE. HE WOULD LIKE TO REDUCE HIS ALCOHOL USE, BUT NOT STOP DRINKING.

Follow-up:

- A. Responded well to Naltrexone and he cut his drinking to just on the weekend. About to have a kid.
- B. Responded ok to Naltrexone but his harm reduction counseling kicked in and his new 3 beer a night routine did not impact his life. No kids on the way. Lost job during a 2 week binge episode.
- C. Poor response to Naltrexone, lost relationship with accompanying DV charge and time in jail for parole violation, lost job.
- D. Kicked out of his home and lost his job. He is now managing an apartment complex with his supportive mother.

CASE: 43YO AUD-MODERATE. HE WOULD LIKE TO REDUCE HIS ALCOHOL USE, BUT NOT STOP DRINKING.

Follow-up:

- Started on oral Naltrexone 50mg qday and harm reduction counseling.
- Continued to drink near daily.
- Relationship problems worsened. Lost job. Legal problems with enforced sobriety due to DV charge.
- Frustrated with outcomes but still wants/likes to drink.
- He is drinking less.

**CASE: 43YO AUD-MODERATE.
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USE, BUT NOT STOP DRINKING.**

*Is there anything I should have
done differently?*

CASE: 43YO AUD-MODERATE. HE WOULD LIKE TO REDUCE HIS ALCOHOL USE, BUT NOT STOP DRINKING.

Case Critique?

- Tried Topiramate
- Tried Extended Release Naltrexone
- Talk with therapist about shifting approach to more MI around sobriety?
(however, sobriety was never his goal)
- Present the case at PACC sooner!

TAKEAWAYS

- Effects of medications for controlled drinking are modest
 - Topiramate > Naltrexone
- Benefits of controlled drinking mostly found in reduction of heavy drinking days
- Harms may persist
- Harms often multifactorial

QUESTIONS?