

## 5.2 In UK acamprosate fails to prevent relapse to drinking but European evidence remains positive

- **Findings** A large UK trial found no evidence that acamprosate helps prevent relapse among detoxified alcoholics but international evidence to the contrary was confirmed in Italy. Differences in patients, regimes and measures might explain the apparent conflict.
- A week or more after their detoxification at 20 British alcohol clinics, study ① randomised 581 alcohol dependent outpatients either to acamprosate (three times a day for six months) or to placebo tablets. Drop-out and non-compliance were high: just a third of the sample completed the study and by the end under 30% were taking at least 90% of their tablets. During the medication period acamprosate did not prevent relapse nor improve abstinence rates among patients as a whole, in those expected to respond well to the drug, or among those who took the tablets at least for the first two weeks. On acamprosate or placebo, patients drank on most days and over 80% relapsed. The drug did, however, reduce craving and anxiety. About a month after medication findings remained similar. A special follow up of patients from the two main centres revealed that a fifth had died.
- In a similar study in Italy (②) three-quarters of the 330 patients completed the six months of treatment. On every measure acamprosate improved outcomes including abstinence (61% of days compared to 49%) and frequency and severity of relapse. Added benefits declined over the three months after medication ended.
- **In context** Though most patients return to drinking, acamprosate roughly halves the number of days on which they drink, probably because it ameliorates negative feelings when alcoholics stop drinking which tempt them to resume. The featured studies confirmed acamprosate's good safety and side-effect record and the lack of rebound drinking. Computer simulations suggest that its impact on abstinence rates creates worthwhile net cost-savings to European health care systems.

**LINKS** Nuggets 5.1 3.9

- There may be several reasons why the UK study did not confirm other studies. The patients had more severe problems but less social support, and more were episodic rather than continuous drinkers. Rather than the high quality care typical of academic centres, patients received 'treatment as usual'. This was insufficient to prevent a high rate of pre-medication relapse and subsequent drop-out, making it much harder for acamprosate to demonstrate its worth. Unlike the Italian study, outcomes in the British study may have suffered from not starting the drug immediately after detoxification, when its effectiveness should have been at its height. Had the study measured use levels, it might (as in the Italian study) have found relapses less frequent and less severe on acamprosate than on placebo.
- **Practice implications** European research supports the effectiveness of acamprosate for relapse amelioration/prevention following alcohol detoxification. Poor retention among the more unstable and irregular drinkers seen at UK clinics may decrease the drug's impact, making ways to improve retention a key task. US research shows that interventions designed to achieve this objective can work. Acamprosate should be initiated immediately after detoxification or during the last stages. There is no evidence that it interacts with alcohol or with medications used in alcohol detoxification and its anti-relapse effects may be greatest in the immediate post-withdrawal period. There seems no medical reason why patients who also wish to take disulfiram should not do so. Such a regime has been found to improve on abstinence rates from acamprosate alone. Unless and until evidence suggests this is unnecessary, the drug should supplement psychosocial therapy rather than replace it.

- **Featured studies** ① Chick J., *et al.* "United Kingdom Multicentre Acamprosate Study (UKMAS): a 6-month prospective study of acamprosate versus placebo in preventing relapse after withdrawal from alcohol." *Alcohol and Alcoholism*: 2000, 35(2), p. 176–187 ② Tempesta E., *et al.* "Acamprosate and relapse prevention in the treatment of alcohol dependence: a placebo-controlled study." *Alcohol and Alcoholism*: 2000, 35(2), p. 202–209. Copies: for both apply Alcohol Concern.

- **Additional reading** West S.L., *et al.* *Pharmacotherapy for alcohol dependence*. Agency for Health Care Policy and Research, US Department of Health and Human Services, 1999.

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