



## COMPARATIVE EFFICACY OF NALTREXONE AND ACAMPROSATE IN DUAL DIAGNOSED SCHIZOPHRENIA AND ALCOHOL-DEPENDENT PATIENTS

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### Objectives

The primary objective was to evaluate the efficacy of pharmacological management of alcohol dependence in chronic schizophrenia treated with naltrexone or acamprosate in addition to an atypical antipsychotic as compared to addiction behavior focused counseling plus antipsychotic treatment.

### Materials and Methods

A number of thirty-six patients (24 male, 12 female) mean age 35.7 evaluated in our department were diagnosed with schizophrenia and comorbid alcohol dependence, according to DSM IV TR criteria. These patients were randomly distributed in 3 equal groups : (1) patients receiving naltrexone 50 mg daily, (2) acamprosate 999 mg daily, (3) counseling focused on addictive behavior. All thirty-six patients were stabilized with oral atypical antipsychotics and they received treatment for alcohol withdrawal prior to the inclusion in this trial. The subjects were monitored every 4 weeks on a period of 24 weeks for psychotic symptoms severity using Positive and Negative Syndrome Scale (PANSS), for the severity of alcohol dependence using Inventory of Drug Taking Situations (IDTS) and for daily functioning using the Global Assessment of Functioning (GAF).

**Inclusion criteria:** age between 18 and 65, ability to sign informed consent, at least one caregiver involved in patient's behavior monitoring, IDTS score over 100.

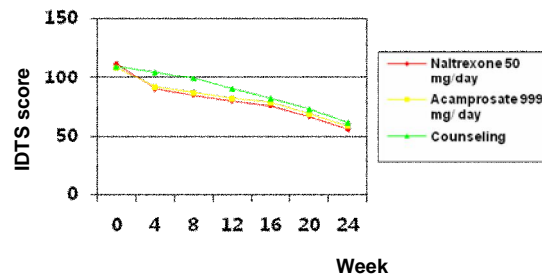
**Exclusion criteria:** patients with active suicidal ideation or recent suicidal attempt, other comorbid axis I disorder or axis II pathology, arterial hypertension, positive pregnancy test.

The data analysis was realized using intent-to-treat (ITT) population and last observation carried forward (LOCF) method.

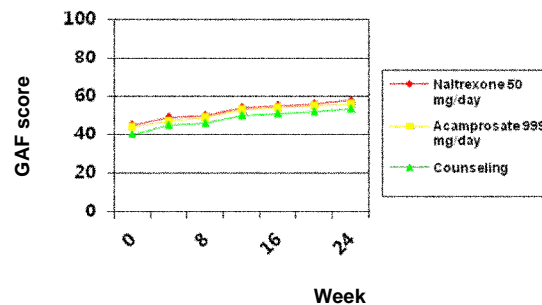
### Results

At week 24, both naltrexone and acamprosate were well tolerated, acamprosate had a significantly larger effect size than naltrexone on the maintenance of abstinence (+23.6 days without alcohol use,  $p < 0.01$ ), and naltrexone was associated with only a modestly superior effect size than acamprosate on the reduction of heavy drinking days (-5.7 days,  $p = 0.043$ ). A number of 3 patients discontinued treatment due to lack of adherence. Acamprosate had a significantly larger effect size than naltrexone on the maintenance of abstinence, and naltrexone only a modestly superior effect size than acamprosate on the reduction of heavy drinking days. PANSS Negative subscale scores decreased more in the naltrexone treated patients but didn't reach the significance level, while the GAF scores improved in all three groups compared to baseline ( $10.5 \pm 2.3$ ). The IDTS scores improved most in the naltrexone group, but without statistical significance comparative to the other groups ( $p = 0.122$ ).

### Evolution of the IDTS score during the study



### Evolution of the GAF score during the study



### Conclusions

**Naltrexone was slightly superior to acamprosate because it is better for reducing the global alcohol dependence symptomatology and also helps in the treatment of negative symptoms when added to an atypical antipsychotic.**

**Naltrexone and acamprosate are well-tolerated strategies for the treatment of alcohol dependence in schizophrenia-diagnosed patients.**

### References

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### Disclaimer

The authors have no conflict of interest to declare.