

Preliminary results of this strategy will be presented. In addition we will discuss methodological problems of measuring pain and introduce our Erlangen pain model which includes both, subjective and objective parameters of pain processing.

S19. Integrating pharmacotherapy and psychosocial interventions in alcoholism

Chairs: K Mann (D), M Berglund (S)

S19-1

PHARMACOTHERAPY IN ALCOHOL DEPENDENCE: THE NEED FOR CONSENSUS ON THE QUALITY OF CLINICAL TRIALS

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There has been a rapid proliferation of new drug therapies aimed at attenuating drinking behaviour and/or preventing relapse in alcohol use disorders. A review of the literature reveals that many of the published trials of these pharmacological agents contain methodological flaws that limit the conclusions that can be made concerning their efficacy, and the generalisability of the results. The history of psychiatry cautions against the widespread adoption of new drug therapies in advance of appropriate evidence of safety and efficacy. Many new drug treatments hailed as breakthroughs often later are found to be lacking in efficacy or safety after more carefully controlled research is carried out. There is therefore a need for the field to reach consensus on what constitutes adequate research quality. We have applied criteria from the general controlled trial research literature and previous reviews of the alcohol literature to develop a new system for rating methodological quality of controlled trials in the alcohol field. Examples of contemporary research including a recent controlled trial of naltrexone in alcohol misuse and dependence will be used to illustrate the application of the rating scale. We anticipate that quality rating systems will find increased application in development, interpretation, and peer review of clinical trials of pharmacotherapies (as well as research on other types of treatment) in the alcohol field. This should result in improved research quality and ultimately in benefits to those suffering from alcohol use disorders.

S19-2

THE SWEDISH NALTREXONE STUDY, PRESENT RESULTS

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Naltrexone combined with psychosocial methods has been successful in the treatment of alcoholism. In the present study randomization was performed on Naltrexone/Placebo and Coping skills educational programme (CBT)/treatment as usual.

Sample: 120 alcoholics, 102 men and 18 women, gave informed consent to attend the study. The alcoholics were recruited from 10 treatment centers in Sweden.

Results: The randomization procedure was successful and different groups did not differ on the initial variables. The completion rate was 77%. The percentage of heavy drinking days was lower in the CBT group versus treatment as usual group ($21 \pm 21\%$ versus $30 \pm 27\%$, $p < .05$). The percentage of days with heavy

drinking in the placebo/CBT group was $25 \pm 22\%$ and in the Naltrexone/CBT group $16 \pm 20\%$ ($p < .05$). In the treatment as usual group there was no difference between Naltrexone and placebo. Reported craving was significantly lower in the Naltrexone CBT group compared with the other groups. ASAT and ALAT were lower in the Naltrexone group compared with the placebo group while CDT did not differ.

Conclusion: The results of this study support the combined influence of Naltrexone and cognitive-behaviour treatment in the outpatient services of patients with alcohol dependence.

S19-3

EVALUATION OF THE EFFICACY OF ACAMPROSATE AND PSYCHOTHERAPY

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In recent years neurobiological alcohol research has focused on excitatory amino acids such as glutamate in mediating some of the acute reinforcing effects of alcohol and on a dysfunction of certain glutamate receptor subtypes in alcoholics (specifically the NMDA-receptor). Changes in the glutamatergic neurotransmission are suspected to be responsible for alcohol craving, relapse and a number of alcohol-related neuropsychiatric disorders such as seizures or Wernicke-Korsakoff syndrome. Alcohol itself was found to inhibit the activity of the NMDA receptor subtype. In abstinent alcoholics, a dysfunction in the glutamatergic neurotransmission and NMDA-receptor function with increased activity of voltage-gated Ca^{2+} -channels are suggested to be the basis of hyperexcitability of alcoholics.

The only glutamatergic drug clinically used for treatment of alcoholism so far is the homotaurinate derivative calcium acetylhomotaurinate (acamprosate). More recent findings suggest acamprosate to have mixed agonistic/antagonistic effects and to bind at the spermazine binding site of the NMDA receptor.

Acamprosate proved to be efficient in the reduction of alcohol intake both in animal models and a number of large placebo-controlled double-blind studies in Europe. In the German PRAMA study after treatment for 1 year abstinence rates in the acamprosate group were significantly higher compared to the placebo group (42% vs 21%, Sass et al 1996, for review see Soyka 1997).

More recent findings of a large ($N > 700$) 6-month multi-centre (phase IV) study also suggest that acamprosate and various kinds of psychotherapy result (individual psychotherapy, group psychotherapy, supportive therapy etc.) in favorable clinical abstinence rates. Preliminary data of this clinical trial are demonstrated.

- (1) Sass H., Soyka M., Mann K., Ziegler W. (1996). Relapse prevention by acamprosate: results from a placebo controlled study in alcohol dependence. *Arch Gen Psychiatry* 53: 673-680
- (2) Soyka M. (1997). Relapse Prevention in Alcoholism: Recent Advances and Future Possibilities. *CNS Drugs* 7: 313-327

S19-4

ACAMPROSATE, TIAPRIDE AND PSYCHOTHERAPY IN ALCOHOLISM: A POST HOC COMPARISON OF MATCHED PATIENTS FROM 3 PROSPECTIVE STUDIES

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After several anticraving drugs were introduced into the drug treatment of alcoholism, comparisons of outcome data with psy-