

SOA01-01 - TOWARDS A PERSONALISED TREATMENT OF ALCOHOLISM IN EUROPE

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Treatment for alcohol dependent patients represents a largely unmet challenge in psychiatry and psychotherapy. Less than 10% of individuals in need are actually receiving treatment, fewer than in any other field of psychiatry (Kohn et al., 2004). Evidence-based psychotherapy and pharmacotherapy is available and will be reviewed (incl. the United Kingdom Alcohol Treatment Trial UKATT and the COMBINE Study). In general, effect sizes are low and lag behind success rates in fields such as smoking cessation. The main reason is the heterogeneity of patients being offered rather specific treatments in conventional RCTs. While some patients may clearly benefit others may not and some even get worse, making means of results rather meaningless.

Early attempts to introduce “personalised” treatment into the psychotherapy of alcoholism failed (Project MATCH). Current approaches use several domains for the sub-classification of patients such as psychopathology, genetics, neuroimaging, neuropsychology etc. (Mann et al., 2009). A new RCT (PREDICT Study) did not show a significant difference between naltrexone, acamprosate and placebo. However, by using f-MRI cue reactivity, genetics and psychopathology more homogeneous subgroups of patients could be defined. In these subgroups significant differences for naltrexone over placebo were found.

Personalized treatment seems to be a promising approach in alcoholism therapy. It may help to improve results considerable and thus create more motivation and hope in patients as well as in psychiatrists.