

THE CONTROL OF ABSTINENCE IN THE TREATMENT OF ALCOHOL DEPENDENCE: THE USE OF ACAMPROSATE IN RELAPSE PREVENTION.

Fabio Venturella^a, Asaro Anna^a, Guido Faillace^b, Gianpaolo Spinnato^c, Danila Di Majo^e; Maurizio La Guardia^e, Marco Giammanco^e, Stefania Aiello^d

^a Dipartimento di Scienze per la Promozione della Salute G. D' Alessandro, Università di Palermo

^b Ser.T Alcamo;

^c Servizio di Psichiatria ASL Palermo 2.

^d Dipartimento di Scienze e Tecnologie Molecolari e Biomolecolari, Università di Palermo

^e Dipartimento DISMOT, U.O. di Fisiologia e Farmacologia, Università di Palermo

Corresponding author: Dott. Fabio Venturella, Dipartimento di Scienze per la promozione della salute G. D' Alessandro, Via Del Vespro 127 Università degli Studi di Palermo, Tel. 3203354997, Email: fabio.venturella@unipa.it

"The alcoholism can also deal with drug treatments."

This is the message that emerges from the press conference of presentation of Campral, trade name of acamprosate, a neuromodulator specifically indicated in the maintenance of abstinence in alcohol-dependent patients. Alcoholism is a disease characterized by: craving, loss of control, tolerance and physical dependence. For many years the prevention of relapse in use of alcohol after detoxification was supported almost exclusively by psychosocial procedures and techniques with modest success. Treatment with acamprosate is a valid tool to complement psychotherapy as it does not cause addiction, abuse or withdrawal of its suspension and does not interfere with other medications that patients often alcoholics must take. To evaluate the effectiveness, our study evaluated the effects of Acamprosate compared to GHB in clinical-physiological and social health in a way indicators of a possible therapeutic success in terms of abstinence from alcohol and social reintegration. The hypothesis of the project is that pharmacotherapy anticraving with acamprosate integrated with psycho-social support, can reduce relapse in alcohol together with the reduction of the risk of abuse arising from the use of GHB. This work purports to be an account of 11 months of observation of patients treated with acamprosate.

Results: A total of 36 patients were observed, of which 5, 4 men and 1 woman at the Ser.T Alcamo and 31, 21 men and 10 women at the Ser.T of Palermo. In the fight against alcoholism, this therapy with acamprosate offers significant potential: decreases, in fact, the incidence, severity and frequency of relapses (Fig. 1). As regards the craving, during the period of treatment with acamprosate, there has been a change, in the sense of reduction, of craving for alcohol: if before therapy was in 68% of cases, medium-high, becomes after 3-4 months after therapy in low-nil in 89% of patients observed.

It has been recorded that, after 3-4 months after receiving acamprosate, the clinical picture of the patient is greatly improved by referring to biological markers (Fig. 2).

Conclusions: The study shows that treatment with acamprosate is an exciting opportunity within a project of integrated care for the treatment of alcohol addiction. The acamprosate may also be used early in the pharmacological treatment of dependence on alcohol to prevent the appearance of excitability neuronal associated abstinence. On the other hand, its use must have a duration sufficient to allow neuronal excitability to normalize in the most enduring possible: the treatment, in fact, is recommended for one year. In any case, the use can be continued even in the face of relapses, with the aim to reduce the frequency or severity. In particular, the strong point seems to be the ability for the user to experience a new sense of normalcy and to remove the desire for significant periods of alcohol.

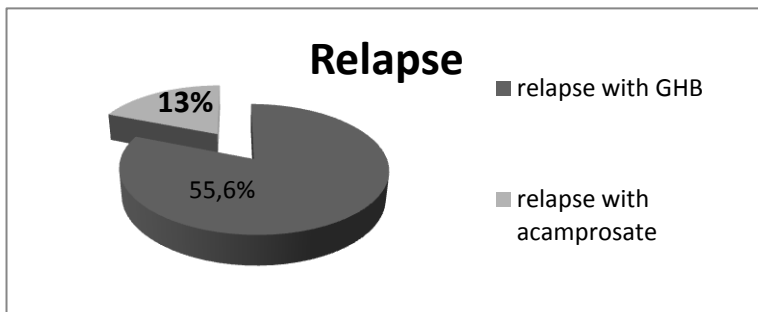


Fig.1: Percentage of relapse during treatment withacamprosate.

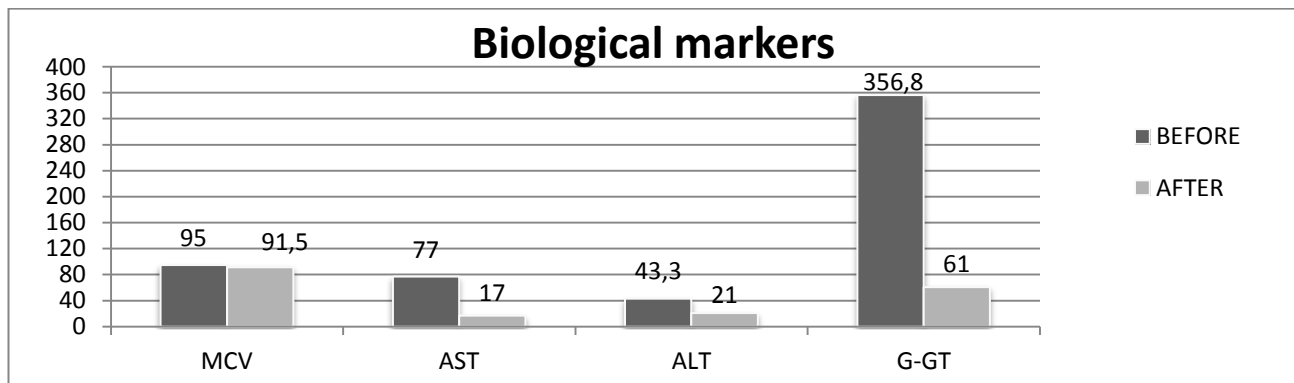


Fig.2: Laboratory findings on biological markers before and after treatment withacamprosate.

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