



Effective Health Care

Pharmacotherapy for Alcohol Dependence

Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Pharmacotherapy for alcohol dependence will go forward for refinement as a systematic review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>.

Topic Description

Nominator: Individual

Nomination Summary: The nominator is interested in examining the effectiveness of Food and Drug Administration (FDA)-approved pharmacological interventions in the treatment of adults (18+) with alcohol use disorders in primary care settings. In addition to comparing the drugs with one another, the nominator expressed an interest in comparing behavioral interventions alone with behavioral interventions plus pharmacotherapy.

Staff-Generated PICO

Population(s): Adults (age 18 years or older) with a diagnosis of alcohol dependence

Intervention(s): Pharmacotherapy for relapse prevention, including medication combined with behavioral counseling (including both FDA-approved drugs and those being used "off-label")

- FDA-approved medications are acamprosate (Campral®), disulfiram (Antabuse®), and naltrexone (ReVia®, Vivitrol®)

- Unapproved medications, or those under investigation, include selective serotonin reuptake inhibitors (SSRIs), topiramate, baclofen, aripiprazole, olanzapine, quetiapine, rimonabant, varenicline, prazosin, gabapentin, nalmefene, ondansetron.

This nomination does not include pharmacotherapy to treat alcohol withdrawal

Comparator(s): Placebo; another drug

Outcome(s): Abstinence/any drinking (including rates of continuous abstinence and percentage days abstinent); reduction in alcohol consumption (including number of heavy drinking days, number of drinking days, drinks per drinking day, and drinks per week); accidents; injuries; quality of life; mortality; harms of medications, including but not limited to, withdrawals due to adverse events, nausea, vomiting, diarrhea, anorexia, palpitations, headache, dizziness, cognitive dysfunction, taste abnormalities,

paresthesias (numbness, tingling), metabolic acidosis, glaucoma, vision changes, suicidal ideation, insomnia, anxiety, rash

Setting(s): Studies in any outpatient/ambulatory health care setting, highlighting those conducted in primary care settings

**Key Questions
from Nominator:**

1. What is the effectiveness of the use of pharmacological interventions (FDA approved) in treating alcohol use disorders in primary care settings?

Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Alcohol dependence is a large public health problem that affects many families in the United States and has very significant health consequences. There is uncertainty in clinical care communities about overall treatment approaches to alcohol dependence. This uncertainty, including lack of knowledge of the appropriate use of medications, likely is a key element in the low rates of treatment for alcohol dependence and the very low rates of medication utilization for this common problem. This clinical uncertainty is particularly acute in primary care settings, and there is a need to inform primary care physicians about what medications are available, when to use them, and how to appropriately prescribe them. A review on this topic may help to guide primary care physicians in the proper use of these treatments.