

**SES01.4**

Combining acamprosate and naltrexone in the treatment of alcoholism, results from a randomized placebo controlled trial

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The anti-craving compounds naltrexone and acamprosate have been shown to be effective in the prevention of relapse of recently detoxified alcohol addicts. Since it remains to be elucidated whether both substances are equally potent, and whether a combination of both drugs leads to an enhanced efficacy, we conducted a controlled study comparing and combining both compounds. After detoxification, 160 alcohol addicts participated in a randomized, double-blind, placebo-controlled protocol. Patients received either naltrexone, acamprosate, naltrexone plus acamprosate, or placebo for 12 weeks. Patients were assessed weekly by interview, self-report, questionnaires, and thorough laboratory screening. Time to first drink and time to relapse were the primary outcome measures.

Naltrexone as well as acamprosate and the combined medication were significantly more effective than placebo (survival analysis;  $p < 0.05$ ). Comparing the course of nonrelapse rates between both single compounds, there was a trend showing a better outcome in the naltrexone group (time to first drink, time to relapse). However, the combined medication was most effective with significantly lower relapse rates than placebo and acamprosate ( $p < 0.05$ ), but not than naltrexone. The results of this study highlight the importance of pharmacotherapeutic strategies in the relapse prevention in alcoholism.

**SES01.5**

Galanthamine – a cholinergic patch to treat alcoholics? Results of a RCT

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Galanthamine, an acetylcholinesterase-inhibitor, is the first cholinergic drug to be tested in the relapse prevention of alcoholics. It reduces alcohol intake in ethanol preferring rats (Opitz, 1989, unpublished). The drug is delivered through a transdermal patch, a novel approach in alcohol treatment research.

We conducted a double-blind, randomized, placebo-controlled trial in 7 sites in Germany. 151 patients were randomized. 149 entered the ITT analysis, 75 received galanthamine and 74 placebo. 63 underwent an additional per protocol analysis. All patients were alcohol dependent (DSM IV). Treatment lasted for 12 weeks with a second 12-week period for aftercare. Mean age was 43.4 years, 30% of patients were female. Undesired effects did not differ between groups and were benign, 73 % being restricted to skin reactions to the patch. Survival analyses showed earlier relapses into heavy drinking in the galanthamine group. On the other hand cumulative alcohol consumption and drinks per drinking day were significantly lower in the galanthamine group.

We conclude, that the cholinergic system, which has never been studied in the field of relapse prevention, seems to have distinct effects on alcohol consumption.

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## SES02. AEP Section Psychopharmacology – Modern clinical psychopharmacology – focus on patient–treatment concordance

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**SES02.1**

Patient treatment concordance in schizophrenia

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The effectiveness of drug treatment in clinical practice is considerably lower than the efficacy shown in controlled studies. Improved effectiveness would be of considerable advantage in the treatment of schizophrenia. A major cause of decreased treatment effectiveness in schizophrenia is non-concordance, which can be very common in this patient group. Non-concordance in schizophrenia treatment is often detected by indirect means such as non-remitting symptoms, relapse, or recurring or fluctuating adverse effects.

The most widely used models of concordance in health care include the health belief model, the theory of reasoned action, and the theory of planned behaviour. According to existing studies there are several groups of factors influencing concordance, including drug type and formulation, patient factors, physician factors, health care system, community care, and family factors.

There have been few conclusive studies of concordance improvement strategies in schizophrenia or, indeed, in medicine in general. The evidence is strongest for psychoeducative methods, changing drug or using a depot formulation. However, considerably more research is needed on strategies for better concordance with treatment in schizophrenia.

**SES02.2**

Old versus new antipsychotic drugs in relation to treatment concordance

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No abstract was available at the time of printing.

**SES02.3**

Compliance training programs

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Up to 50% of patients with schizophrenia fail to comply with their treatment. Dropout from prophylactic treatment is one major reason for relapse. The risk factors for noncompliance include for example misconceptions regarding treatment, poor doctor-patient relationship, adverse effects of medication, denial of illness, low treatment expectations. Patients with cognitive impairment is more often nonadherent (i.e., taking  $\pm 5\%$ – $20\%$  of prescribed pills). Better results are achieved when patients take an active role in monitoring their illness and decisions about treatment in agreement with clinician and family.

Methods to improve concordance include cognitive behavioral interventions individual, in group and with the family.

Compliance therapy, psychoeducational intervention, family intervention may decrease rehospitalization and encourage compliance with medication.