

P01-78

USE OF ANTICONVULSANT AGENTS IN THE MANAGEMENT OF ALCOHOL DEPENDENCE

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Background: Alcoholism is a chronic relapsing disorder characterized by compulsive drinking, alcohol seeking, loss of control over alcohol consumption, and impaired social and occupational functioning. Treatment of Alcohol Dependence (AD) comprises two steps, detoxification and relapse prevention (RP). Traditionally, long half-life benzodiazepines have been the most widely used agents for alcohol detoxification. On the other hand, disulfiram, naltrexone and acamprosate are the three drugs that have been approved for relapse prevention. In the last decades, nevertheless, there is a growing interest in the use of anticonvulsant drugs in the management of both, detoxification and relapse prevention of alcohol.

Aims: To review the different pharmacological strategies in which an anticonvulsant was used in the management of AD.

Method: We searched in MEDLINE and in the Cochrane Database System Review, selecting all studies from 1980 until present, in which a pharmacological intervention with anticonvulsant agents was made for alcohol detoxification or RP.

Results: The most tested anticonvulsant drugs are the classical Carbamazepine and Valproate. Both have demonstrated to be efficacious in Alcohol Withdrawal Syndrome and RP. However, the use of these agents has been limited by their hepatic and hematologic toxicity. Novel anticonvulsants such as Gabapentin, Pregabalin, Topiramate, Oxcarbazepine and Zonisamide have also been found to be effective, with the advantage of rapid onset of action, lower toxicity and fewer side effects.

Conclusions: Anticonvulsants are efficacious and safe agents in the management of AD. Further randomized, double-blind, placebo-controlled trials are warranted to increase the evidence of the use of these agents.