

Naltrexone use decreases the risk of hospitalization in persons with alcohol use disorder

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Alcohol use disorder is a significant public health concern. Credit: MostPhotos/ Andrey Popov

Naltrexone, used either alone or together with disulfiram or acamprosate, is associated with a decreased risk of hospitalization due to alcohol use disorder (AUD) when compared with non-use of AUD drugs, a new register-based study shows. The same associations were noticed for hospitalization due to any cause. Disulfiram use and polytherapy with two or more drugs indicated for AUD was associated with a decreased risk of hospitalization due to alcohol-related somatic causes. None of the studied medications were associated with mortality or work disability (sickness absence or disability pension). The study was published in *Addiction*.

Benzodiazepine use linked to harmful effects

As benzodiazepine use is common among persons with AUD, the impact of this controversial medication class was also investigated. Benzodiazepine use was associated with an increased risk of mortality and hospitalization due

to AUD. These results on [harmful effects](#) of benzodiazepines in persons with AUD are in line with previous findings.

The study was based on over 125,000 working aged persons living in Sweden, with treatment contact due to AUD identified from nationwide registers. The main analysis method in this pharmacoepidemiological study was a so called within-individual design, where each individual acts as their own control. Non-use periods are compared with time periods when a [medication](#) was used within the same person, by adjusting for time-varying factors such as time since first diagnosis, temporal order of treatments and concomitant use of other medications. The medications examined in this study were disulfiram, acamprosate, naltrexone and nalmefene, and their use as mono- and polytherapy.

Drugs are under-used

The results of this study show that drugs for AUD are under-used, as only about a fourth of persons diagnosed with AUD used any of the medications. Previous knowledge on comparative effectiveness of these medications in real-world circumstances has been scarce, which may have reduced prescribing.

"AUD drugs are under-utilized despite AUD being a significant public health concern," Forensic Psychiatry Specialist and lead author Milja Heikkinen, MD, says.

However, the study showed that especially naltrexone use is associated with favorable treatment outcomes and should be utilized as a part of treatment protocol for AUD. On the contrary, benzodiazepines should be avoided and should not be administered other than in alcohol withdrawal

symptoms.

More information: Milja Heikkinen et al.
Real-world effectiveness of pharmacological
treatments of alcohol use disorders in a Swedish
nation-wide cohort of 125 556 patients, *Addiction*
(2021). DOI: [10.1111/add.15384](https://doi.org/10.1111/add.15384)

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