

S14-04 - NEW PHARMACOLOGICAL STRATEGIES IN THE TREATMENT OF ALCOHOL DEPENDENCE: RESULTS FROM RECENT CLINICAL TRIALS

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In the last few years aripiprazole and pregabalin showed to be promising medication in alcohol use disorders, due to their action on the mesolimbic dopaminergic reward pathway (aripiprazole) and as a presynaptic modulator of the excessive release, in hyperexcited neurons, of excitatory neurotransmitters (pregabalin).

In a recent trial run by our group (Martinotti et al., 2009a) aripiprazole at low dosage (5-10 mg) was compared with naltrexone, one of the approved drugs used in alcohol relapse prevention. The study showed that the number of subjects remained alcohol free for the entire study period and the number of subjects relapsed was not significantly different in the two groups, whereas the survival function showed that patients treated with aripiprazole remained abstinent from any alcohol amount for a longer time with respect to those treated with naltrexone. In another randomized, double blind, placebo controlled study (Anton, 2008), there was no difference between aripiprazole (at high dosage, up to 30 mg) and placebo on the primary end point possibly because of dose-related attrition. In a recent trial the combination of aripiprazole and topiramate has proposed with positive results (Kenna, 2009).

As to pregabalin, a recent clinical trial of comparison versus naltrexone (Martinotti et al., 2009b) showed, in favour of pregabalin, an improvement of specific symptoms in the areas of anxiety, hostility and psychoticism. Pregabalin also resulted in better outcome in patients reporting a comorbid psychiatric disorder. In another study (Martinotti 2009c) pregabalin was also efficacious in the treatment of withdrawal symptoms.