Introduction

Pharmacologic Treatment of Alcohol Abuse and Addiction

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Alcoholism is a devastating and costly illness for affected individuals, their families, and society. While there is still no cure for alcohol dependence, our basic understanding of the disorder and our ability to manage it have improved substantially over the past 2 decades. As reviewed by Dr. Anton, great progress has been made toward untangling the neurochemical networks involved in ethanol intoxication, craving, and dependence. This growing body of knowledge has been used to develop several effective pharmacotherapies, including naltrexone and acamprosate (see articles by Drs. Volpicelli and Mason). New treatment protocols designed to improve treatment compliance and increase the effectiveness of therapy have also been devised in recent years (see article by Dr. Volpicelli). Finally, several groups (see articles by Dr. Naranjo and Dr. Pettinati and Ms. Knoke) have identified, and continue to refine, typologies of alcohol addiction that may prove useful for predicting which patients will most likely respond to a given drug or treatment modality.

We convened this roundtable symposium to discuss the state of the art of alcoholism research and treatment. The articles developed from these discussions review the epidemiology, neuropathology, and clinical typology of alcohol abuse, as well as the efficacy of various pharmacologic therapies and treatment protocols.

The research described in this supplement underscores the great complexity of alcohol dependence. Like other disorders that involve a complicated and variable interplay of biological, psychological, and sociological factors, alcoholism may not be amenable to any single therapeutic approach. Thus, there is not likely to ever be a singular "cure" for alcohol dependence. However, this should not discourage clinicians from using available treatments to their best advantage any more than the limitations of antidepressant pharmacotherapy should discourage the treatment of patients with depressive disorders, which are also notoriously complex and variable. As discussed by Dr. Pettinati and Dr. Naranjo and Ms. Knoke, our ability to match individual patients to the most appropriate therapies quite likely will improve in the coming years as we refine our understanding of the influence of baseline characteristics such as age at onset and comorbidity on response to various treatments. We have made some progress toward this goal already. As reviewed by Dr. Thase and colleagues, limited data suggest that selective serotonin reuptake inhibitors (SSRIs), given alone or in combination with other agents such as naltrexone, may be beneficial for alcohol-dependent patients with concurrent depression. Among nondepressed alcoholics, the degree of apparent serotonergic dysfunction may determine which patients will benefit from SSRIs. While further research is clearly needed, it is hoped that the following reviews will lead to a more widespread and effective use of available agents and programs.

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The closed roundtable symposium "Pharmacological Treatment of Alcohol Abuse and Addiction" was held on February 28, 2000, in Philadelphia, Pa., and supported by an unrestricted educational grant from Forest Laboratories, Inc.

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