Risperdal May Help
Meth Addiction

Proven Cocaine Dependence Tx Also May Work for Meth

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San Diego Bureau

Coronado, Calif. — Mounting evidence suggests that behavioral and psychosocial interventions prove successful for cocaine dependence—such as cognitive behavioral therapy and contingency management—may work equally well for methamphetamine dependence.

“We haven’t looked at community reinforcement or 12-step facilitation with methamphetamine users, but I would argue that the treatments that we have evidence for cocaine efficacy should be considered very promising if not effective for the treatment of methamphetamine dependence,” Richard Rawson, Ph.D., said at the annual meeting of the American Academy of Addiction Psychiatry. “I don’t think we need to redo all the studies we did during the 1980s and 1990s with cocaine treatment again for methamphetamine.”

In a 16-week study led by Dr. Rawson, a psychologist who is associate director of the integrated substance abuse programs at the University of California, Los Angeles, 171 stimulant-dependent patients were randomized to receive either contingency management, cognitive behavioral therapy (CBT), or combined contingency management and CBT. Contingency management condition participants received vouchers for stimulant-free urine samples, while CBT condition participants attended three 90-minute group sessions each week (Addiction 2006;101:267-74).

Self-reported stimulant use was reduced from a mean level at all follow-up points for all groups, and urinalysis data did not differ between groups at follow-up. Contingency management produced better retention for all groups, and urinalysis data did not differ for all groups. Dr. Rawson said: “These are medications that I expect are either being studied or will be studied in controlled trials.”

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treatment (Mayo Clin. Proc. 2007;82:1170-8). “These are medications that I expect are either being studied or will be studied in controlled trials,” Dr. Saxon said at the annual meeting of the American Academy of Addiction Psychiatry. “We may have some information on these in a year or two.”

In a 20-week randomized study of aripiprazole (15 mg/day) versus slow-release methylphenidate (34 mg/day) for amphetamine or methamphetamine users, the incidence of positive drug or amphetamine use was 22% in aripiprazole and 67% of those who received methylphenidate (Am J. Psychiatry 2007;164:160-2).

“None of those was a very good percentage,” Dr. Saxon said. “However, the aripiprazole did much worse than placebo, and methylphenidate did a little better than placebo. Any day we can get someone not to use methamphetamine is a victory, so there is some evidence that methylphenidate might be a useful treatment if we have the fortune to give a stimulant-dependent person another medication.”

Abstinence from methamphetamine is not the only outcome desired by researchers. In a small study Dr. Saxon and his associates conducted at the Kitsap Recovery Center in Bremerton, Wash., they found that verbal memory impairments in methamphetamine users worsen during short-term abstinence.

“A lot of the behavioral, psychosocial treatments that we are delivering rely on verbal content we’re asking people to absorb and remember, he said “If their verbal memory is impaired, how can we expect them to respond well to these interventions?”

Patients in the study were administered a neuropsychological test battery during treatment and again 3 weeks later. The researchers found that on average, patients performed in the impaired range on tests of verbal memory and verbal ability, “and they do not improve according to the treatment condition,” Dr. Saxon said.

“That led to my thought that if we’re going to be delivering psychotherapies, maybe our pharmacotherapies should be an attempt to improve [the patients’] cognition so they can respond better to their psychotherapies. That’s what led me to risperidone.”

Dr. Saxon chose risperidone (Risperdal) because it works on areas of the brain “that would be expected to attenuate the effects of methamphetamine. It blocks dopamine D1, D2, receptors, the 5-hydroxytryptamine-2C, receptors, and it has activity at 5′, and 5′-adrenergic receptors.” He chose long-acting, injectable risperidone to minimize concerns about medication adherence in this unstable patient population.

In an open-label study, 34 patients began a 7-day run with oral risperidone before the first injection. Of the 34 patients, 22 received one or more injections of long-acting risperidone, reported Dr. Saxon, who is also professor of psychiatry and behavioral sciences at the University of Washington, Seattle. Neuropsychological assessments were conducted twice at baseline to minimize practice effects, then repeated at 4 and 8 weeks after the initial injection. The 22 subjects receiving injections had a mean age of 38, and 86% were male. The mean number of days they used methamphetamine in the past 30 days was 17, and they had been taking the drug for a mean of 12 years.

The researchers observed a significant increase between baseline and week 4 in mean scores on the Hopkins Verbal Learning Test delayed-recall component. In this test, patients are given a list of 10 items; 30 minutes later, they are asked to repeat as many items as they can from that list.

“At baseline, they averaged just fewer than seven items, and at week 4, they averaged almost nine, so they were remembering almost two more items,” he said. “That was a statistically significant effect. There’s a little trail off to week 8, when they averaged slightly over seven items, but this shows some promise. Risperidone might help their memory and help them respond to psychotherapy.”

Scores on other measures of neuropsychological function, including the Brief Visual Memory Test delayed-recall component, the symbol search, letter-number sequencing, and simple reaction time, did not significantly change from baseline.

Dr. Saxon disclosed that he has received research support from the Alcohol and Drug Abuse Institute at the University of Washington, Seattle, and from Ortho-McNeil Jansen Scientific Affairs LLC. The symposium was sponsored by the National Institute on Drug Abuse.

A manual about the Matrix Model program can be downloaded for free at the Substance Abuse and Mental Health Services Administration Web site, www.samhsa.gov.