Naltrexone Is Less Effective In Women Than It Is in Men

**BY MICHÉLE G. SULLIVAN**
Mid-Atlantic Bureau

CHICAGO — Naltrexone may have little positive effect either on drinking behavior in older women with alcoholism comorbid with depression or on drug-using behavior in women with alcoholism and comorbid cocaine dependence.

Data presented at the annual meeting of the Research Society for Alcoholism—a subanalysis of a 2005 drug trial and a preview of a trial in press—hint that naltrexone may have very different effects in women than men, according to William Dundon, Ph.D., of the University of Pennsylvania, Philadelphia.

“Women metabolize alcohol differently than men, and respond to naltrexone differently as well,” he said in an interview. Naltrexone blocks the mu-opiate receptors, moderating the sense of euphoria that alcohol provides, said Dr. Dundon, a researcher at the university’s Center for the Studies of Addiction. Genetic makeup may also play a significant part in a given patient’s response to the drug, Dr. David Oslin, also of the university, has recently identified a genetic variant—a polymorphism of the mu-receptor gene—that seems to predict naltrexone response (Addict. Biol. 2006;11:397-403).

Dr. Dundon presented a recent gender subanalysis of a 2005 study by Dr. Oslin, demonstrating a poor naltrexone response in older women with comorbid alcoholism and depression (Am. J. Geriatr. Psychiatry 2005;13:491-500).

This study comprised 74 older adults (mean age 63 years) with alcohol dependence and depressive disorder. Most subjects (95%) were male; there were only 15 female subjects.

All patients received sertraline (Zoloft) 100 mg/day for their depression, as well as 10 sessions of therapy focused on both alcohol use and depression. They were also randomized to either placebo or naltrexone (90 mg/day). At the end of the 12-week trial, 42% of the patients were considered well, with no relapse to heavy drinking and with remission of depressive symptoms. An additional 24% remained depressed, but did not have a drinking relapse.

There were no significant differences between the placebo-sertraline group and the naltrexone-sertraline groups in terms of outcome measures: relapse to heavy drinking, abstinence, remission of depression, or overall improvement.

However, the gender subanalysis showed a slightly different picture. Men with positive outcomes did equally well on either regimen, with 49% of the placebo-sertraline and 45% of the naltrexone-sertraline groups considered well by week 16. In women, only about 25% of those in the naltrexone-sertraline group were considered well by the trial’s end, compared with 70% of those in the placebo-sertraline group.

Because so few women were in the trial, Dr. Dundon said it’s too small to make any clinical recommendations about naltrexone’s suitability for older women with comorbid depression and alcoholism.

Paroxetine Doesn’t Help Reduce Drinking in Anxious Patients

**BY MICHÉLE G. SULLIVAN**
Mid-Atlantic Bureau

CHICAGO — Paroxetine can take the anxiety out of the drinker, but it can’t take the drinking out of the anxious person.

The drug did uncouple anxiety and drinking in patients who use alcohol to cope with severe generalized social anxiety. Dr. Sarah Book said at the annual meeting of the Research Society on Alcoholism. But compared with placebo, paroxetine (Paxil) had no effect on overall alcohol consumption.

Her 16-week randomized controlled trial pitted paroxetine (60 mg) against placebo in 42 patients with severe generalized anxiety and comorbid alcohol use disorders. The patients had no previous alcohol detoxification treatment. We wanted to see if we could intervene in the progression and prevent worsening of alcohol use, said Dr. Book, a psychiatrist at the Medical University of South Carolina, Charleston.

The patients’ average age was 29 years; 50% were male. At baseline, their mean score on the Liebowitz Social Anxiety Scale (LSAS) was about 90, indicating severe social anxiety. Anxiety had its onset at age 12 years in these patients. The use of alcohol to cope with symptoms followed about a decade later. They were moderately dependent on alcohol, consuming an average of 15 drinks a week.

By week 16, the patients in the treatment group had a significantly greater decrease in their LSAS scores than did those in the placebo group (53% vs. 32%). All of the patients completed a study-specific questionnaire on how often they drank to cope before and during social situations, and how often they would avoid such situations if they could not drink to cope. At week 16, those in the paroxetine group had significantly lower scores than those in the placebo group, with 20% (vs. 40%) saying they still drank to cope with social situations, and 30% (vs. 70%) saying they would avoid such situations if they couldn’t drink.

But when Dr. Book examined the total overall drinking, she found no differences between the groups:

- 87% of those in the paroxetine group and 84% of those in the placebo group had a drop in overall drinking, with no relapse to heavy drinking. (Am. J. Geriatr. Psychiatry 2005;13:491-500)
- Naltrexone may have little positive effect either on drinking behavior in older women with alcoholism comorbid with depression or on drug-using behavior in women with alcoholism and comorbid cocaine dependence.
- A study comprised 74 older adults with alcohol dependence and depressive disorder. The patients were randomized to either placebo or naltrexone (90 mg/day). At the end of the 12-week trial, 42% of the patients were considered well, with no relapse to heavy drinking and remission of depressive symptoms. An additional 24% remained depressed, but did not have a drinking relapse.
- There were no significant differences between the placebo-sertraline group and the naltrexone-sertraline groups in terms of outcome measures: relapse to heavy drinking, abstinence, remission of depression, or overall improvement.
- However, the gender subanalysis showed a slightly different picture. Men with positive outcomes did equally well on either regimen, with 49% of the placebo-sertraline and 45% of the naltrexone-sertraline groups considered well by week 16. In women, only about 25% of those in the naltrexone-sertraline group were considered well by the trial’s end, compared with 70% of those in the placebo-sertraline group.
- Because so few women were in the trial, Dr. Dundon said it’s too small to make any clinical recommendations about naltrexone’s suitability for older women with comorbid depression and alcoholism.
- Paroxetine can take the anxiety out of the drinker, but it can’t take the drinking out of the anxious person. The drug did uncouple anxiety and drinking in patients who use alcohol to cope with severe generalized social anxiety. But compared with placebo, paroxetine (Paxil) had no effect on overall alcohol consumption.
- The patients’ average age was 29 years; 50% were male. At baseline, their mean score on the Liebowitz Social Anxiety Scale (LSAS) was about 90, indicating severe social anxiety. Anxiety had its onset at age 12 years in these patients. The use of alcohol to cope with symptoms followed about a decade later. They were moderately dependent on alcohol, consuming an average of 15 drinks a week.
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