Many Physicians Doubt Effectiveness of Alcohol Medications

BY DAMIAN McNAMARA
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Primary care physicians are not very confident that medications to treat people with alcoholism will be effective: Only 26% of 300 general practitioners and internists taking an online survey thought medication would be effective or very effective.

The survey results also showed that many physicians do not address risk with patients: “Exactly half of doctors do not ask their patients about alcohol use,” Al- lan Rivlin said during a teleconference on alcoholism sponsored by the Community Anti-Drug Coalitions of America.

The 50% of physicians who inquire about alcohol consumption only do so half of the time or less. Reasons for this include a lack of resources (48%), patient denial (41%), and a belief that alcoholics are not their area of expertise (24%).

“The big clinical picture is there is a large population in this country with alcohol use disorders—18 million—and the majority never receive any help,” said David Kessler, M.D., dean of the school of medicine at the University of California, San Francisco, and former commissioner of the Food and Drug Administration.

Physicians can make a difference by asking patients directly about drinking. They can also help if they delay alcohol use in children and adolescents.

Primary care physicians who lack awareness and experience with medications for alcohol treatment are limiting pa- tients’ ability to recover, said Mr. Rivlin, se- nior vice president of Peter D. Hart Research Associates, the firm that con- ducted the online survey.

“People are preoccupied, anxious, over- whelmed, desperate. These medications give you a chance to bring them back into the fray,” said Drew Pinsky, M.D., medical director of the department of chemical de- pendency services at Los Encinas Hospital in Pasadena, Calif.

Despite the availability of medications, only 139,000 people in the United States are prescribed a drug to treat alcohol de- pendence or abuse, according to Alan Lesnher, Ph.D., chief executive officer of the American Association for the Ad- vancement of Science, Washington.

Just over half of physicians, 51%, re- ported prescribing disulfiram (Antabuse) at some point, and 26% said they currently prescribe the agent. A total of 26% have experience with naltrexone (Revia), and 15% have experience with the newest medication, acamprosate (Campral).

“Those who do have experience pre- scripting newer medications are much more likely to believe they are effective,” Mr. Rivlin said. For example, of physicians who have prescribed acamprosate, 45% believe it will lead to recovery, compared with 25% of nonprescribers.

I use Campral a lot, almost exclusively at this point,” Dr. Pinsky said. Although it does not work in all patients, when it does work, it works fast—in the first 24-48 hours—and the “effect is rather startling.”

“I do not have a lot of use for Antabuse,” Dr. Pinsky said. “My patients, if they want to use, do not take their Antabuse.”

Most primary care physicians indicated that they refer patients with drinking habits. Specifically, 49% refer such patients to a treatment facility, coun- selor, another doctor, or an addiction spe- cialist. In addition, 20% refer to support groups. Only 13% recommend a combi- nation of medication and counseling.

Attitudes and perceptions about alco- holism and its treatment were also gauged in similar online surveys of 1,000 members of the general public and 503 people in re- covery. The surveys were supported by a grant from Forest Laboratories.

The surveys found that the general pub- lic might be more accepting of medications for alcohol treatment than would physicians. A total of 54% said they would be very likely to recommend that a fami- ly member try a medication if it was avail- able and recommended by a doctor or treatment advisor, for example.

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