



## SMMGP May newsletter

Welcome to all our new SMMGP and FDAP members.

Below is an item extracted as a taster from our May Clinical Update, edited for SMMGP by Thomas Jones: *Senior Addictions Liaison Nurse, South London & Maudsley NHS Foundation Trust*. To read the full Clinical Update with more papers (1.5 hours CPD), upgrade to SMMGP [Premium Membership](#). SMMGP Premium Members are provided with a signed CPD certificate at the end of each 12-month period with a list of all webinars and Clinical Updates provided.

### Clinical Update (May 2018)

#### **Baclofen: its effectiveness in reducing harmful drinking, craving, and negative mood. A meta-analysis.**

Rose A. K. & Jones A. (2018) *Addiction*. doi: 10.1111/add.14191

#### **What does the evidence really say about baclofen for the treatment of alcohol use disorders (AUD)?**

This meta-analysis of 12 double-blind randomized controlled trials (RCTs) aimed to determine whether or not baclofen is efficacious at reducing drinking behaviour and treating craving, depression and anxiety compared to placebo. The study found that baclofen is associated with higher rates of abstinence than placebo, but there was no superior effect of baclofen on increasing the number of abstinent days or decreasing heavy drinking, craving, anxiety or depression.

**Commentary:** The virtues of baclofen for treating AUD were initially extolled by Dr. Olivier Ameisen in his 2008 book 'The End of My Addiction'. Prescribing of baclofen has since been driven by mainstream press, internet forums, social media and anecdote. However, the increasing off-label use of baclofen is concerning given the lack of robust scientific evidence for its efficacy.

While this meta-analysis found that baclofen was associated with higher rates of abstinence compared to placebo, only six of the 12 RCTs reported on abstinence rates. This outcome is therefore based on a small number of trials, and the authors note that it is likely driven by large positive effects in two trials by Addolorato et al. To apply this clinically, the number needed to treat (NNT) analysis showed that for every eight people treated with baclofen, one would achieve abstinence. This is comparable to acamprosate and better than naltrexone. No other superior effects were found compared to placebo. These tentative results indicate that baclofen may be a more useful treatment for those looking to abstain from drinking rather than just cut down.

The RCTs included studied a wide variety of daily doses (30-270mg per day). There is some suggestion that baclofen effectiveness is dose-dependent, so many of the included studies may not have dosed adequately, which might account for the variable outcomes. Furthermore, significant interindividual variability was found in baclofen clearance and volume of distribution, so the pharmacokinetics of baclofen require further study so that a clear therapeutic range can be determined.

Of note is that baclofen has a withdrawal state comparable to that of alcohol and benzodiazepines. It has been well-described in the literature but there is no mention

of it in this meta-analysis. The risk of withdrawal with abrupt cessation, and the risk of adverse effects with concurrent use of alcohol and other CNS-depressants, also deserves further study so that clinicians and patients can make well-informed collaborative treatment decisions.

Baclofen still holds some promise of being a useful pharmacological tool for AUD, particularly in specific patient subpopulations. Current evidence-based treatments (naltrexone, disulfiram, acamprosate) are contraindicated in those with severe hepatic and renal impairment, and as baclofen is extensively excreted by the kidneys it may be a candidate for use in those most high-need patients with alcohol-related liver disease. But until we have a robust evidence base comprising of adequately powered RCTs, its use remains somewhat premature.

## Webinars for CPD (Premium Members) in May and June

Experts in the field of alcohol and drug treatment discuss and educate on relevant topics. Each webinar provides 1 hour CPD and a certificate is issued at the end of the year. Here are our webinars in May and June:

### Responding to the misuse of fentanyl

**Speaker:** Dr Prun Bijral  
**Friday 25.05.18**

Dr Bijral Medical Director CGL will discuss the issues relating to the worrying trend of fentanyl use, and outline how services can respond. [Register your interest.](#)

### Hepatitis C care pathways

**Speaker:** Dr Carola Sander-Hess  
**Monday 11.06.18**

Dr Sander-Hess, Medical Lead Inclusion will discuss hepatitis C care pathways and how to make them work including how to engage clients into treatment. 1 hour CPD. [Register your interest.](#)

SMMGP Premium Members also have access to our [library](#) of previous webinars. Not yet a Premium Member? [Sign up today.](#)

## News

### Life in Recovery (Survey)

The Life in Recovery Survey (LiR), is the first part of a wider research study, called Recovery Pathways or REC-PATH.

The study will enable researchers in four countries (Belgium, the Netherlands, Scotland and England) to identify different successful recovery pathways. To be eligible to take the study, you must consider yourself to be in recovery for at least three months and be over 18. Please [complete the survey](#) if you are eligible and please share it in your teams.

### Book review: Chase the Rainbow by Poorna Bell

We [review](#) the book by journalist and author Poorna Bell reflecting on the life of her late husband Rob Bell's struggle with mental health and addiction, and their life together.

## Conference news

**SMMGP/RCGP Conference – Save the Date 29 & 30 November 2018.**

Our popular annual conference this year will again be held in London at 30 Euston Square (the RCGP building). See you there!

**From the SMMGP / FDAP Team**



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