

The efficacy of Baclofen in the treatment of alcohol dependence in the Hastings/Macleay Drug and Alcohol Service: An Observational Cohort Study

BACKGROUND

Alcohol use disorder is a major public health issue and contributes to many physical and mental health issues. Alcohol Use Disorder (AUD) is defined as problematic alcohol consumption, accompanied by significant impairment or substantial lifetime psychiatric comorbidity. (Antonelli, 2018, p169). The World Health Organisation estimates that alcohol causes a net harm of 4.4% of the global burden of disease, with highest prevalence in European countries (7.5%) and North America (6.0%) (Cochrane review, 2018, p6). Worldwide, AUD is considered a causal factor in more than 200 diseases and injury conditions, leading to 3.3 million deaths every year (5.9% of all deaths) (Antonelli, 2018, p169). Alcohol use disorder and alcohol-related impairment belong to the most widely spread physical, mood, learning and memory problems and consequences for overall health and wellbeing (Cochrane review 2018, p2; Sinclair, 2016, p627).

The aim of this study is to review the efficacy of four different types of medication used to treat people with alcohol use disorder at the Hastings Macleay Drug and Alcohol service and to determine if the use of Baclofen results in a longer period of abstinence or drinking at safe levels compared to the other medications or the non-use of medications.

METHODS

The study was a two-year retrospective cohort study investigating the use of Baclofen for the treatment of alcohol use disorder. Demographic and clinical data were retrieved from patient medical records over two sites using an excel spreadsheet. The data was then analysed using descriptive statistics and a χ^2 of association to explore the relationship between treatment type and period of abstinence.

RESULTS

There were 240 participants identified for auditing. Two hundred and five participants (85%) were from Site one, with 35 participants (15%) from Site 2. The mean age of participants overall was 45.9 years. One hundred and fifty-one (62%) of participants were male and 19 (8%) of the overall participants were of Aboriginal and Torres Strait Islander descent. The mean age of commencement of alcohol use across all participants was 15.2 years, which was consistent across all groups. The mean age of participants identifying they had a problem with alcohol was 28.2 years. One hundred and sixty-five participants (68%) were not prescribed pharmacotherapy to assist with alcohol cravings and abstinence. Of the 32% that were, 16 (7%) were prescribed Disulphiram, 26 (11%) were prescribed Campral, 12 (5%) were prescribed Naltrexone and 23 (9%) were prescribed Baclofen as their first line of medication. The longest mean duration of abstinence from alcohol was 23 weeks, reported for the participant group who were prescribed baclofen as a second line treatment. Four participants remained abstinent during the duration of the study. There was no significant association between treatment type and period of abstinence ($\chi^2(6) = 5.15, p = 0.525$).

CONCLUSION

Lack of available data in the clients' medical records substantially impacts on the ability to assess and compare duration of abstinence. The clients are usually discharged from the service prior to the required 6-month follow-up period treatment with no follow-up post discharge. Systems to improve the reporting of alcohol abstinence and/or reduced drinking levels are needed to ensure accurate data can be obtained to determine the success/failure of medications used to treat alcohol use disorder. Ongoing follow up of clients should occur at three and 6 months to ensure they are remaining abstinent or drinking at safe levels. This would assist in reducing the health impact of Alcohol Use disorder by enabling earlier follow-on treatment if required.

KEYWORDS

Alcohol use disorder, Baclofen, abstinence, safe drinking levels



Natalie Sinclair
Hunter New England Local Health District

natalie.sinclair@health.nsw.gov.au

Natalie is a clinical lead – Drug and Alcohol. She is dedicated to improving the lives of people with substance use disorders in rural areas. Natalie is hoping that one day a treatment will be found to reduce the burden of disease from substance use disorders for both the people with the disorders and the health system.

Visit
heti.nsw.gov.au/RRCBP
for the 'Rural Research
Capacity Building
Program' then click
'view completed
projects'