J Addict Res Ther 2017, 8:4 (Suppl)
DOI: 10.4172/2155-6105-C1-031

Oral and sustained release naltrexone: Improving clinical outcomes for management of problem alcohol use

Gary Hulse
University of Western Australia, Australia

Three oral pharmacotherapies (acamprosate, disulfiram, and naltrexone) are commonly used for the management of alcohol abuse or dependence. Naltrexone is an opioid antagonist which primarily, but not exclusively, targets the μ-opioid receptor. Naltrexone likely exerts its actions by blockade of the high concentration of μ-opioid receptors located in areas of the brain that have been implicated in the reward pathway associated with alcohol. Despite being a relatively effective and safe treatment, the clinical management of alcohol abuse/dependence by oral naltrexone can be compromised due to the patient's noncompliance with daily use of this medication. Over the past decade an increasing body of research has suggested that the use of sustained release depot naltrexone preparations can overcome this issue and deliver improved clinical outcomes. However, at the same time, research findings from diverse areas of pharmacogenetics, neurobiology and behavioural psychology have also been converging to identify variables including genetic markers, patient psychosocial characteristics and drug use history differences that play a major role in mediating the response of alcohol abuse/dependent persons to treatment by naltrexone. The establishment of clinical procedures to maximize use of oral formula, and characterization of clinical markers to identify those patients who are most likely to benefit from naltrexone will ultimately provide significant benefit to both patients and clinicians by optimizing treatment outcome.

Gary.Hulse@uwa.edu.au