Preliminary results of this strategy will be presented. In addition we will discuss methodological problems of measuring pain and introduce our Erlangen pain model which includes both, subjective and objective parameters of pain processing.

S19. Integrating pharmacotherapy and psychosocial interventions in alcoholism

Chairs: K Mann (D), M Berglund (S)

S19-1

PHARMACOTHERAPY IN ALCOHOL DEPENDENCE: THE NEED FOR CONSENSUS ON THE QUALITY OF CLINICAL TRIALS

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There has been a rapid proliferation of new drug therapies aimed at attenuating drinking behaviour and/or preventing relapse in alcohol use disorders. A review of the literature reveals that many of the published trials of these pharmacological agents contain methodological flaws that limit the conclusions that can be made concerning their efficacy, and the generalisability of the results. The history of psychiatry cautions against the widespread adoption of new drug therapies in advance of appropriate evidence of safety and efficacy. Many new drug treatments hailed as breakthroughs often later are found to be lacking in efficacy or safety after more carefully controlled research is carried out. There is therefore a need for the field to reach consensus on what constitutes adequate research quality. We have applied criteria from the general controlled trial research literature and previous reviews of the alcohol literature to develop a new system for rating methodological quality of controlled trials in the alcohol field. Examples of contemporary research including a recent controlled trial of naltrexone in alcohol misuse and dependence will be used to illustrate the application of the rating scale. We anticipate that quality rating systems will find increased application in development, interpretation, and peer review of clinical trials of pharmacotherapies (as well as research on other types of treatment) in the alcohol field. This should result in improved research quality and ultimately in benefits to those suffering from alcohol use disorders.

S19-2

THE SWEDISH NALTREXONE STUDY, PRESENT RESULTS

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Naltrexone combined with psychosocial methods has been successful in the treatment of alcoholism. In the present study randomization was performed on Naltrexone/Placebo and Coping skills educational programme (CBT)/treatment as usual.

Sample: 120 alcoholics, 102 men and 18 women, gave informed consent to attend the study. The alcoholics were recruited from 10 treatment centers in Sweden.

Results: The randomization procedure was successful and different groups did not differ on the initial variables. The completion rate was 77%. The percentage of heavy drinking days was lower in the CBT group versus treatment as usual group (21 ± 21% versus 30 ± 27%, $p < .05$). The percentage of days with heavy drinking in the placebo/CBT group was 25 ± 22% and in the Naltrexone/CBT group 16 ± 20% ($p < .05$). In the treatment as usual group there was no difference between Naltrexone and placebo. Reported craving was significantly lower in the Naltrexone CBT group compared with the other groups. ASAT and ALAT were lower in the Naltrexone group compared with the placebo group while CDT did not differ.

Conclusion: The results of this study support the combined influence of Naltrexone and cognitive-behaviour treatment in the outpatient services of patients with alcohol dependence.

S19-3

EVALUATION OF THE EFFICACY OF ACAMPROSATE AND PSYCHOTHERAPY

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In recent years neurobiological alcohol research has focused on excitatory amino acids such as glutamate in mediating some of the acute reinforcing effects of alcohol and on a dysfunction of certain glutamte receptor subtypes in alcoholics (specifically the NMDA-receptor). Changes in the glutamatergic neurotransmission are suspected to be responsible for alcohol craving, relapse and a number of alcohol-related neuropsychiatric disorders such as seizures or Wernicke-Korsakoff syndrome. Alcohol itself was found to inhibit the activity of the NMDA receptor subtype. In abstinent alcoholics, a dysfunction in the glutamatergic neurotransmission and NMDA-receptor function with increased activity of voltage-gated Ca^{2+}-channels are suggested to be the basis of hyperexcitability of alcoholics.

The only glutamatergic drug clinically used for treatment of alcoholism so far is the homotaurinate derivative calcium acetyl-homotaurinate (acamprosate). More recent findings suggest acamprosate to have mixed agonistic/antagonistic effects and to bind at the spermizine binding site of the NMDA receptor.

Acamprosate proved to be efficient in the reduction of alcohol intake both in animal models and a number of large placebo-controlled double-blind studies in Europe. In the German PRAMA study after treatment for 1 year abstinence rates in the acamprosate group were significantly higher compared to the placebo group (42% vs 21%, Sass et al 1996, for review see Soyka 1997).

More recent findings of a large (N > 700) 6-month multi-centre (phase IV) study also suggest that acamprosate and various kinds of psychotherapy result (individual psychotherapy, group psychotherapy, supportive therapy etc.) in favorable clinical abstinence rates. Preliminary data of this clinical trial are demonstrated.

(1) Sass H., Soyka M., Mann K., Zieglgänsberger W. (1996). Relapse prevention by acamprosate: results from a placebo controlled study in alcohol dependence. Arch Gen Psychiatry 53: 673–680

(2) Soyka M. (1997). Relapse Prevention in Alcoholism: Recent Advances and Future Possibilities. CNS Drugs 7: 313–327

S19-4

ACAMPROSATE, TIAPRIDE AND PSYCHOTHERAPY IN ALCOHOLISM: A POST HOC COMPARISON OF MATCHED PATIENTS FROM 3 PROSPECTIVE STUDIES

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After several anticraving drugs were introduced into the drug treatment of alcoholism, comparisons of outcome data with psy-

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chotherapy are of major interest. We compared all male patients of two randomized placebo controlled trials with acamprosate (Sass et al 1996, Arch Gen Psychiat) and tiapride (unpublished) with a prospective study of patients who received only group psychotherapy. Patients were treated for 6 months (tiapride) or for one year.

Data of 823 male patients were available: acamprosate (103), placebo A (108), tiapride 109, placebo T (110), psychotherapy (237). Patients were matched for variables of proven predictive validity (Küfner and Feuerlein, 1989), e.g. age, civil status, living status, unemployment rate, previous treatment episodes, and suicide attempts. After matching more than 300 patients were available for analysis.

Results: Percentage of continuous abstinence after 6 (12) months differed significantly between the groups: placebo 32% (28%), acamprosate 46% (41%), psychotherapy 61% (49%). Tiapride figures will be presented.

Conclusion: Although "high dose" psychotherapy does significantly better, the results of only 9–12 treatment sessions as outpatients are remarkable, especially when treatment is combined with pharmacotherapy.

S19-5

METHODOLOGY OF THE U.S. MULTICENTER STUDY OF ACAMPROSATE IN ALCOHOL DEPENDENCE

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Acamprosate (calcium acetylhomotaurine; CA), a synthetic derivative of homotaurine, has been shown to have a specific effect on decreasing voluntary alcohol intake in animal and human studies. Ten of 11 double-blind, placebo-controlled European multicenter trials found greater latency to first drink, cumulative abstinence duration and retention in treatment with CA than with placebo in alcohol-dependent patients. The FDA has granted an IND for CA 500 mg oral tablets, and a 21-site (n = 446) six-month double-blind, placebo-controlled multicenter trial has been initiated to determine safety and efficacy of CA in U.S. alcoholics. Novel research design decisions were informed by basic science and European clinical studies and include: 1.) an exploratory study of a 3 gram dosing condition based on the absence of rate-limiting side effects in a standard 2 gram dose; 2.) a 500 mg dosage strength, with a b.i.d. dosing schedule (1,000 mg b.i.d. or 1,500 mg b.i.d.); 3.) randomization as early as two days post-detox based on no evidence of pharmacological interaction with alcohol, anxiolytics, hypnotics, etc.; 4.) no upper age limit, as CA is not metabolized, there is no pharmacologic rationale for excluding healthy older adults, and there is a need to treat this subgroup; and 5.) secondary measures of use of nicotine and illicit drugs; and 6.) manualized brief intervention and medication compliance enhancing procedures to reduce the influence of diverse clinical settings. A synopsis of the manualized behavioral treatment will be presented.

S20. Eating disorders

Chairs: H-C Steinhausen (CH), D Sampaio (P)

S20-1

THE EPIDEMIOLOGY AND COMORBIDITY OF EATING DISORDERS

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The authors will review the findings of epidemiological studies on the incidence and prevalence rates of the eating disorders (ED) over time and in different populations, on identified risk factors, and on the significance of comorbid psychopathology.

Anorexia nervosa (AN) and bulimia nervosa (BN) typically affect women during late adolescence and early adulthood, with prevalence rates estimated at 0.5–1% for AN and 1–2% for BN. The male/female ratio is about 1/10. Although long considered as disorders affecting almost exclusively western, white, high sociecomomic populations, more and more reports are emerging from other racial, ethnic and cultural backgrounds.

Much recent debate has centered around an apparent increase in the incidence of AN, and further controversy exists as to whether the emergence of BN in the 1980s reflects the development of a new disorder, the current recognition of an older one, or the transformation of the clinical expression of AN.

Among suggested risk factors, cultural pressures and vocational requirements for a low weight or a slim shape, some chronic physical illnesses, and child abuse, have received some empirical support, but the relationship between full and partial syndromes need to be more readily clarified. Data from family and twin studies suggest the importance of genetic risk factors, but molecular genetic studies are only begining.

There has been growing interest for the comorbidity between ED and affective disorders. Potential links between ED and mood disorders have been suggested on the basis on a high personal and family comorbidity, on similar neuroendocrine and biochemical evidence of serotonergic dysregulation, and on some efficacy of antidepressant agents in the treatment of ED. Although the comorbidity between ED and anxiety disorders has been less investigated, social phobia and other anxiety disorders might predate the onset of an ED in many cases and contribute to its development.

Future directions for epidemiological studies should include careful case-control studies, as well as groups of subjects with less common presentation, to further elucidate etiopathogenic mechanisms underlying the clinical presentations of the ED.

S20-2

ANOREXIA NERVOSA: INDIVIDUAL AND FAMILY ASSESSMENT

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Anorexia nervosa is a challenging disease to many health professionals and sometimes becomes a chronic and devastating condition.

The initial consultation and first assessment are most important for the treatment of AN and should be done with careful understanding of the patient and her family.

Individual assessment includes a clinical interview, a carefully selected battery of questionnaires and eating diaries, other than a detailed history of weight and weight control measures.