

Alcoholism Tx Not a Primary Care Concern

BY DAMIAN McNAMARA
Miami Bureau

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," Allan 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 alcoholism is 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. "The average age when a young person first tries alcohol is 11-13 years. The likelihood of alcohol use and dependence can be reduced by 5% for each year onset of alcohol use is delayed," Dr. Kessler said.

Primary care physicians who lack awareness and experience with medications for alcohol treatment are limiting patients' ability to recover, said Mr. Rivlin, senior vice president of Peter D. Hart Research Associates, the firm that conducted the online survey.

"People are preoccupied, anxious, overwhelmed, 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 dependency services at Las 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 dependence or abuse, according to Alan Leshner, Ph.D., chief executive officer of the American Association for the Advancement of Science in Washington.

Just over half of physicians, 51%, reported 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 prescribing 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," he added.

Naltrexone blocks the euphoria experienced by alcoholics. It works best in a subpopulation of patients, and the challenge is identifying patients who will respond, Dr. Pinsky said.

"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 unhealthy drinking habits. Specifically, 49% refer such patients to a treatment facility, counselor, another doctor, or an addiction specialist. In addition, 20% refer to support groups. Only 13% recommend a combination of medication and counseling.

Attitudes and perceptions about alcoholism and its treatment were also gauged in similar online surveys of 1,000 members of the general public and 503 people in recovery from alcohol addiction. The surveys were supported by a grant from Forest Laboratories.

The survey found that the general public might be more accepting of medications for alcohol treatment than would physicians. A total of 52% said they would be very likely to recommend that a family member try a medication if it was available and recommended by a doctor or treatment advisor, for example.

Although most people have heard the phrase "alcoholism is a disease," not everyone believes it, Mr. Rivlin said. When asked if addiction to alcohol was primarily a disease/health problem, 56% of physicians agreed, 34% of the general public agreed, and 81% of people in recovery agreed. When asked if addiction to alcohol was primarily a personal/moral weakness, 9% of physicians agreed, 19% of the general public agreed, and 2% of people in recovery agreed. When asked if both play a role equally, 34% of physicians agreed, 44% of the general public agreed, and 9% of people in recovery agreed.

Alcoholism is not the primary health concern among physicians or the general public, according to the survey. Respondents were more concerned with obesity, cancer, and heart disease, with depression, AIDS, and drug addiction also outranking alcoholism as top health priorities. ■

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Veterinary Drug Clenbuterol Found to Contaminate Heroin

BY JEFF EVANS
Senior Writer

Atypical reactions to heroin in users in five states have been attributed to contamination with the β -2 adrenergic receptor agonist clenbuterol, according to a report from the Centers for Disease Control and Prevention.

The 26 cases reported from January through April in Connecticut, New Jersey, New York, North Carolina, and South Carolina are the "first published accounts of poisoning from clenbuterol associated with reported heroin use" (MMWR 2005;54:793-6).

Clenbuterol is approved for limited veterinary use in the United States but is also used illicitly as an alternative to anabolic steroids in humans and livestock because it can increase muscle mass, the report noted. The cases "likely represent a fraction of actual cases of clenbuterol poisoning," since patients might not undergo medical evaluation for fear of legal repercussions. Patients also might have presumed—as emergency physicians and hospital intensivists might have—that the effects were related to a known coingestant, the report said.

Heroin typically produces euphoria, miosis, and respiratory and central ner-

vous system depression. The cardiovascular effects associated with these cases are not common.

The six most common signs, symptoms, and laboratory findings among the cases included tachycardia (24 of 26 cases), hypokalemia (22 of 24), palpitations (22 of 26), hyperglycemia (19 of 23), chest pain (15 of 26), and hypotension (14 of 26). Other symptoms reported less often have been nausea, shortness of breath, agitation, and tremor.

Only eight of the cases were confirmed because the assay for clenbuterol is not available in the majority of laboratories; other cases were classified as probable (16) and suspected (2).

Heroin-related clenbuterol toxicity may be diagnosed in the laboratory by detecting clenbuterol in urine, blood, or environmental samples (such as heroin).

The report indicated that it is unknown if the cases represent the adulteration of a single source of heroin before widespread distribution or the adulteration of multiple sources, or if the substance used by each patient was heroin contaminated with clenbuterol or pure clenbuterol sold as heroin. In the mid-1990s, heroin adulterated with scopolamine caused widespread poisoning in four states (MMWR 1996;45:457-60). ■