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A New Hope for the Treatment of Opioid Withdrawal

Opioid dependence is a medical condition associated with severe health and social consequences. The Office of National Drug Control Policy estimates the number of individuals addicted to heroin in the United States is between 750,000 and 1,000,000. The 2006 National Survey on Drug Use and Health estimates 5.2 million Americans were nonmedical users of prescription pain relievers (or opioid analgesics). Medication treatment for opioid addiction can include short-term detoxification, longer-lasting opioid maintenance and opioid relapse prevention therapy. Some patients and even some physicians find maintenance or detoxification with an opioid unacceptable and prefer non-opioid treatment. In an article published in the current issue of *“Drug and Alcohol Dependence,”* researchers report that a newer medication, Lofexidine, a non-narcotic, may be a better alternative for treating withdrawal symptoms of individuals undergoing detoxification treatment for opioid dependence. It has been marketed for over a decade in England for this indication.

Elmer Yu, MD, in the Department of Psychiatry at the Philadelphia Veterans Affairs Medical Center & University of Pennsylvania, and colleagues at the University of California at Los Angeles, Long Beach Veterans Affairs Medical Center, Columbia University College of Physicians and Surgeons and the New York State Psychiatric Institute conducted an inpatient randomized multi-site trial with 68 opioid dependent subjects in which 35 were given Lofexidine and 33 were given placebo. Severity of withdrawal was assessed through evaluations of pupil dilation, temperature, respiratory rate, and blood pressure as well as subjective reports from the subjects. While the Data Safety Monitoring Board reviewed the results of the single planned interim analysis, the study was terminated early in favor of Lofexidine treatment (given the overwhelming statistical efficacy of lofexidine versus placebo, it was decided that continued placebo treatment was not ethical). Subjects treated with Lofexidine had significantly lower Modified Himmelsbach Opiate Withdrawal Scale scores (equating to fewer/less severe withdrawal symptoms) than placebo subjects. In addition, Lofexidine subjects had significantly better retention in detoxification treatment than placebo subjects. The authors concluded that Lofexidine was well-tolerated and more efficacious than placebo for reducing opioid withdrawal symptoms in inpatients undergoing medically supervised opioid detoxification. This study was supported by the National Institute on Drug Abuse and the Department of Veterans Affairs Cooperative Studies Program.

Drug and Alcohol Dependence is the official journal of the College on Problems of Drug Dependence (www.cpdd.org), the largest and oldest organization for the scientific study of drug dependence. The peer-reviewed Drug and Alcohol Dependence (www.elsevier.com/locate/drugalcddep) is published by Elsevier Science Inc., a leading publisher of scientific, technical, and medical journals, books, and reference works. Elsevier Science is a member of the Reed Elsevier PLC group (www.reedelsevier.com), a leading publishing and information business.

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