Understanding Alcohol Dependence & Finding Treatment

(NAPSA)—Andy S. was 39 before he finally did something about the self-destructive life he was living. Andy is a fourth generation alcoholic who finally checked himself into rehab to treat his chronic disease, 28 years after trying his first drink. A self-described alcoholic by age 20, Andy wishes he had had tools to stop drinking years ago. Unfortunately, despite repeated attempts to quit, he could never find the right treatment plan to help him until now.

Although there are ongoing efforts to raise awareness of alcohol dependence in the United States, this disease continues to be misunderstood. Many people do not know that alcoholism is a disease of the brain, not a lack of willpower. It is a disease that can be effectively treated.

Andy has been sober for over five months now. He knows firsthand that alcoholism is not just a matter of willpower. "Alcoholism has been in my family for generations. I knew it was in my genes, but I thought I was strong enough to overcome the desire to drink on my own. But it's a disease that controls how you think-you want alcohol all the time. I have tried to stop several times before, but have never been successful until now, when I took a new approach to treatment by combining behavioral therapy with medication."

There are many Americans out there like Andy who need to seek treatment for their disease. The first step in the treatment process



Alcoholism is a disease but there are many pathways to recovery.

is diagnosis of the medical illness. Alcoholism, or alcohol dependence, relates to an imbalance in a person's brain chemistry and has distinct symptoms:

• Tolerance: the need to consume even greater amounts of alcohol to get "high"

• Physical dependence: withdrawal symptoms, such as nausea, shakiness and anxiety, when a person stops drinking

• Loss of control: drinking more than intended

• Unsuccessful attempts to cut down on alcohol use

• Use despite physical or psychological consequences

• Excessive time related to drinking or its effects

• Impaired social or work activities due to alcohol.

Andy S. was prescribed a new medicine called Campral[®] (acamprosate calcium) Delayed-Release Tablets, the first treatment for alcoholism in almost a decade. Now available to help maintain abstinence from alcohol in patients with alcohol dependence, Campral is used as part of a comprehensive program that includes psychosocial support.

"Because of the behavioral and physiological components involved in this disease, the importance of having a two-fold treatment option cannot be stressed enough," explains Henry Kranzler, M.D., Professor of Psychiatry, University of Connecticut School of Medicine. "While Campral can help address the brain chemistry behind alcohol-related problems, only psychological counseling can get to the emotional issues that may have driven the patient to the bottle in the first place."

In clinical trials, Campral has been proven to not only help alcohol-dependent patients maintain abstinence, but also significantly prolong the time to first drink.

If you or someone you know may have a problem with alcohol, it is important to speak to your doctor. Once diagnosed, alcoholism can be treated with a combination of pharmacotherapy and psychosocial support programs. There are many pathways to recovery from this chronic disease, and patients should explore as many treatment options as possible until they find one that works and help them maintain abstinence and change lifestyle patterns.

For more information, please visit www.campral.com.

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National Institute on Alcohol Abuse and Alcoholism. Diagnosis and Assessment of Alcohol Use Disorders Among Adolescents. Available at http://www.niaaa.nih.gov/publications/arh22-2/95-106.pdf Accessed June 22, 2005. **Data on file, Forest Laboratories, Inc.**

Note to Editors: Campral[®] (acamprosate calcium) is contraindicated in patients with severe renal impairment (creatinine clearance 30mL/min). Campral is contraindicated in patients with known hypersensitivity to acamprosate calcium or any excipients used in the formulation. Campral does not eliminate or diminish withdrawal symptoms. Alcohol-dependent patients, including those patients being treated with Campral, should be monitored for the development of symptoms of depression or suicidal thinking. The most common adverse events reported with Campral vs. placebo ($\geq 3\%$ and higher than placebo) were asthenia, diarrhea, flatulence, nausea, and pruritus.