

SEE YOUR DOCTOR

Treating Alcoholism: A Chronic Disease

(NAPSA)—Lisa R. is a child of an alcoholic. She grew up in a nice home with a loving family who seemed to have everything. Inside her house there was a very different story that her family kept from friends and the community. Lisa's mother was an alcoholic who drank every single day and eventually died from liver disease when Lisa was just 22 years old. Now, at age 35, Lisa is in recovery from the very same disease.

Almost one-fourth of children in the United States are exposed to alcohol abuse or dependence in their families before the age of 18.ⁱ Yet many alcoholics tackle this disease alone, viewing it as a test of personal willpower, rather than seeking help.

"I had no idea alcohol addiction was a disease when I was growing up. I just thought my mother acted that way because she felt like it," said Lisa, a mother of three daughters. "It wasn't until I found myself in the same boat that I began to understand her more. I just felt hopeless. I'd resigned myself that I was just going to die like my mother because there was no help for this."

In order for people with alcohol dependence to get the necessary help, it is important that health care providers recognize alcoholism is a disease that can be treated. "New advances in scientific

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research have produced a better understanding of the physiological changes of the brain from chronic, long-term exposure to alcohol," said Barbara Mason, Ph.D. of the Scripps Research Institute in La Jolla, California. "The normal balance of brain chemistry is disrupted in a patient who is addicted to alcohol. We believe that restoring a normal balance of brain chemistry effectively helps patients maintain sobriety."

Alcoholism continues to be a problem—one that costs the United States \$185 billion in direct and indirect social costs per year.ⁱ These costs may be explained by the fact that many patients with the disease are not being diagnosed or treated. In fact, 82 percent of America's doctors say they avoid addressing the issue of alcoholism with their patients.ⁱⁱ Surprisingly, the majority of families of alcoholics whose doctor had not intervened say they wanted their doctor to intervene.ⁱⁱ

Eight million people suffer from alcohol dependence,ⁱ yet only approximately 20 percent

receive treatment.ⁱⁱⁱ In the last decade, there have been few advances in the treatment of alcohol dependence.

The first new medication in nearly a decade to be approved by the FDA for the treatment of alcohol dependence, Campral® (acamprosate calcium) Delayed-Release Tablets, from Forest Laboratories, Inc., is indicated for the maintenance of abstinence from alcohol in patients who are abstinent at treatment initiation. Campral should be part of a comprehensive management program that includes psychosocial support.^{iv}

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.ⁱⁱⁱ

Like many alcoholics, Lisa has gone through several unsuccessful attempts to treat her dependence on alcohol. However, this past March she found that combining behavioral therapy with the prescription medication called Campral is the most effective treatment for her. Lisa said, "I used to think, there's no way that I'll ever be able to go the rest of my life without a drink. But now, with the medication I am on and the hard work with group therapy, I find I can resist the need to drink." Lisa has been abstinent ever since starting that treatment program.

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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 (≥3% and higher than placebo) were asthenia, diarrhea, flatulence, nausea and pruritus.

Campral is a registered trademark of Merck Santé s.a.s, subsidiary of Merck KGaA, Darmstadt, Germany.

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

ⁱ Grant, B.F.; Dawson, D.A.; Stinson, F.S.; Chou, S.P.; Dufour, M.C.; Pickering, R. The 12-month prevalence and trends in DSM-IV alcohol abuse and dependence: United States, 1991-1992 and 2001-2002. *Drug and Alcohol Dependence* 2004; (74): 223-234.

ⁱⁱ The Rush Study. Attitudes Toward Alcoholism. Peter D. Hart Research Associates on behalf of the Rush Recovery Institute. 1998. Available at: www.rushrecoveryinstitute.org. Accessed: January 25, 2005.

ⁱⁱⁱ Data on File, Forest Laboratories, Inc. slide.

^{iv} Campral® (acamprosate calcium) Delayed-Release Tablet Prescribing Information, Forest Laboratories, Inc., St. Louis, MO, 2004.