

PRESENTATION 3: REDUCING RELAPSE IN SEVERE ALCOHOL USE DISORDER WITH THE NMDA RECEPTOR ANTAGONIST KETAMINE

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Introductions and Aims: Ketamine might be an effective treatment to sustain abstinence from alcohol. We aimed to (i) investigate the safety and efficacy of ketamine compared to placebo to reduce relapse in patients diagnosed with AUD, and (ii) pilot ketamine combined with mindfulness-based relapse prevention therapy compared to ketamine and alcohol education (as a therapy control).

Design and Methods: In this double-blind placebo-controlled clinical trial, patients with severe AUD and mild depression were randomised to one of four conditions: 3 sessions with ketamine (0.8mg/kg IV over 40 minutes) or placebo plus psychological therapy, or 3 sessions of ketamine or placebo plus psychoeducation. Primary outcomes were self-reported percentage of days abstinent and confirmed alcohol relapse at 6 months follow-up, secondary outcomes included depressive symptoms.

Results: 96 participants (35 women, mean age [SD], 44.07 [10.59]) were included in the intention-to-treat analysis. The treatment was well tolerated – no serious adverse events associated with the study drug were recorded. There were a significantly greater number of days abstinent from alcohol in the ketamine versus the placebo group at 6 months, and a suggested increased percentage days abstinent in patients given psychological therapy alongside ketamine. Differences in depression and anhedonia at 3 months were noted.

Discussion and Conclusions: Three infusions of ketamine were well tolerated in patients with AUD and increased the number of days of abstinence from alcohol at 6 months follow-up. The findings suggest a beneficial effect of adding psychological therapy alongside ketamine treatment that requires investigation in a fully powered clinical trial.