**P03-200**

## RCT: OXCARBAZEPINE IN ALCOHOL RELAPSE PREVENTION

**B. Croissant**[1], A. Diehl[2], H. Nakovics[3], A. Heinz[4], K. Mann[3]

*[1]Dep. of Psychiatry, Psychotherapy and Psychosomatic, Academic Teaching Hospital Sigmaringen, University of Tuebingen, Sigmaringen, [2]Dept. of Psychiatry, Academic Teaching Hospital, Klinikum Braunschweig, Braunschweig, [3]Dep. of Addictive Behaviour and Addiction Medicine, Central Institute of Mental Health, Heidelberg University, Mannheim, [4]Dept. of Psychiatry, Charité, Humboldt University of Berlin, Berlin, Germany*

**Objectives:** We have compared oxcarbazepine (OXC) with acamprosate (ACP) in relapse prevention in recently withdrawn alcohol dependent patients. Oxcarbazepine blocks voltage-sensitive sodium channels. Its metabolite reduces high-voltage-activated calcium currents in striatal and cortical neurons, thus reducing glutamatergic transmission at corticostriatal synapses. This reduction is of interest in the treatment of alcohol dependence, since acamprosate modulates NMDA receptors, resulting in an inhibition of glutamatergic transmission. Furthermore, OXC has revealed a mood-stabilizing effect in bipolar affective disorders.

**Methods:** In a randomized open label pilot study 30 detoxified alcohol dependent patients were followed up for six months to assess treatment outcome in pharmacological relapse prevention. 15 alcoholics were treated with OXC and 15 with ACP. We asked for the time until first and heavy relapse and for drinks on drinking days. We assessed craving (OCDS), the severity of depression (ADS) and the degree of state anxiety (STAI).

**Results:** After withdrawal, time to severe relapse and time to first consumption of any ethanol by OXC patients was not longer than for ACP patients. Abstinent patients in both study groups showed significantly lower OCDS-G than relapsed patients. No undesired effects occurred when OXC patients consumed alcohol.

While the current sample size clearly limits further conclusions from this pilot study, it is noteworthy that OXC is well tolerated. Thus, in medication-based relapse prevention, OXC could have the potential of a promising alternative for alcoholic patients unable to benefit from ACP or naltrexone or who suffer from affective lability. OXC certainly merits a larger placebo controlled trial.

https://doi.org/10.1016/S0924-9338(10)71254-2 Published online by Cambridge University Press