# Characteristics Table for The Clinical Question: What pharmacological interventions are effective for people with antisocial personality disorder and comorbid substance misuse?

remotivational treatment programme. The

#### Comparisons Included in this Clinical Question

Antidepressants versus placebo	Dopaminergic versus placebo
LEAL1994	LEAL1994
POWELL1995	POWELL1995

## **Characteristics of Included Studies**

Methods	Participants	Outcomes	Interventions	Notes
LEAL1994				
LEAL1994 Study Type: RCT Study Description: No details on blinding provided Type of Analysis: Unclear Blindness: Double blind Duration (days): Mean 84 Setting: US Outpatients Notes: Details on randomisation not reported Info on Screening Process: No details provided	n= 94 Age: Mean 32 Sex: 47 males 47 females Diagnosis: 20% ASPD by DSM-IIIR 100% Opioid Dependence by DSM-III-R 100% Cocaine Dependence by DSM-III-R 100% Cocaine Dependence by DSM-III-R Exclusions: -Zidovudine treatment for acquired immunodeficiency syndrome. -Medical contraindications (incl. asthma, renal dysfunction, high blood pressure, diabetes). -Current alcoholism -Refusal to use adequate birth control Notes: 4 patients who met criteria for ASPD plus dysthymia were included in the non-ASPD group (diagnosis of depression has been reported to favourably affect the treatment outcomes of patients with ASPD). Subgroup analysis for ASPD & non-ASPD participants Baseline: ASPD and non-ASPD participants did not differ significantly in demographics, treatment characteristics or drug use at baseline.	Data Used Urine Toxicology Screens-Cocaine (% negative)wk5&6 Urine Toxicology -Cocaine (% negative) wk10 & 12 Completors Money (\$) for cocaine wk 12 Money (\$) for cocaine wk 6 Money (\$) for cocaine wk 1 Data Not Used Urine Toxicology Screens-Cocaine (% negative) wk2 Notes: Treatment is for cocaine dependency TAKEN AT: Urines= 1st 2wks, wk5 & 6, last 2wks; Money=wk1, wk6, wk12 DROP OUTS: 42% (62.5% in amantadine gp; 29% in desipramine gp; 25 % in Placebo)	<ul> <li>Group 1 N= 33</li> <li>Amantadine - ASPD=8; Non-ASPD=25. 300mg once daily. Medication compliance was assured by patients taking their study medication &amp; daily dose methadone under nursing supervision. Patients who missed their study medications for 3 consecutive days were removed from study</li> <li>Group 2 N=30</li> <li>Client-centered counselling - ASPD=7; Non-ASPD=23. 150mg once daily. Medication compliance was assured by patients taking their study medication &amp; daily dose methadone under nursing supervision. Patients who missed their study medications for 3 consecutive days were removed from study</li> <li>Group 3 N=31</li> <li>Placebo - ASPD=4; Non-ASPD=27. Medication compliance was assured by patients taking their study medication &amp; daily dose methadone under nursing supervision. Patients who missed their study medications for 3 consecutive days were removed from study</li> </ul>	Funding: Supported by NID. grants
Results from this paper: 1.1 Well covered 1.2 Not reported 1.3 Not reported 1.4 Well covered 1.5 Well covered 1.6 Adequately addressed 1.7 Well covered 1.8 42% (62.5% in amantadine gp; 29% in o 1.9 Not reported 1.10 Not applicable 2.10 +	desipramine gp; 25 % in PLB)			
POWELL1995 Study Type: RCT Study Description: *DATA NOT EXTRACTABLE Type of Analysis: Completers	n= 99 Age: Mean 41 Sex: all males	Data Used Problem Behaviour CL (from PDI-R) Symptom CL-90 (general severity index) Symptom CL-90 (anxiety)	Group 1 N= 34 Bromocriptine (dopamine receptor agonist) - The first 21 days were inpatients, hospitalisation: educational & remotivational treatment programme. The	Funding: supported by a grant from the National Institute of Alcohol Abuse and Alcoholism.

Symptom CL-90 (depression)

Blindness: Double blind	Diagnosis: 30% Alcoholics without other Axis I disorder or	Beck Anxiety Inventory	rest of the treatment was outpatients. 2.5mg x 3 p/day. Dosage increased to	
Duration (days): Mean 186	ASPD by DSM-IIIR	Beck Depression Inventory Global Assessment Scale	5mg from months 4-6.	
Setting: US Inpatient (21 days) & outpatient Notes: Details of randomisation not reported Info on Screening Process: 216 were recruited but info only provided on the 99 completers	<ul> <li>40% Alcoholics with axis I disorder without ASPD by DSM-IIIR</li> <li>30% Alcoholics with ASPD OR without axis I disorder by DSM-IIIR</li> <li>Exclusions: -Presence of a medical condition contraindicting the use of tricyclic antidepressant drugs or bromocriptine.</li> <li>-Receiving other psychotropic medications.</li> <li>-Lived &gt;150 miles from the medical centre.</li> <li>Notes: Participants were analysed according to their diagnosis.</li> <li>Sub-group analysis for ASPD</li> <li>Baseline: No significant differences were found between medication groups on any of the demographic, alcohol, or</li> </ul>	Severity of Alcohol Dependence Questionnaire Clinical Rating of Drinking Patient Rating of Drinking Alcohol Severity Scale Notes: TAKEN AT: Posttreatment & follow-up (6 months). At wks 2, 4, 6 and months 2, 3, 4 & 5 follow up vists took place where: blood samples, pill counts, medication side effects, & other medical info obtained. DROP OUTS: 54% of original sample of 216.	Nortriptyline (tricylic antidepressant) - The first 21 days were inpatients, hospitalisation: educational & remotivational treatment programme.	
Results from this paper:	psychiatric variables.			
1.1 Well covered 1.2 Not reported 1.3 Not reported 1.4 Well covered 1.5 Well covered 1.6 Adequately addressed 1.7 Well covered 1.8 54% of original sample of 216 1.9 Poorly addressed 1.10 Not applicable				
2.1 +				

## **References of Included Studies**

(Published Data Only)

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LEAL1994

Leal, J. Ziedonis, D., & Kosten, T. (1994) Antisocial personality disorder as a prognostic factor for pharmacotherapy of cocaine dependence. Drug and Alcohol Dependence, 35, 31-53.

#### POWELL1995

\*Powell, B. J., Campbell, J. L., Landon, J. F., et al. (1995) A double-blind, placebo-controlled study of nortriptyline and bromocriptine in male alcoholics subtyped by comorbid psychiatric disorders. Alcoholism: Clinical and Experimental Research, 19, 462-468.

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