

**HTA - Naltrexone as a treatment for relapse prevention in
drug misusers**

**Comments from the Royal College of Psychiatrists
on the final scope**

4 November 2005

Background: can the team ensure that research findings on naltrexone is for naltrexone alone and/or whether combined with psychosocial interventions. This is similar to acamprosate where the research was only when acamprosate was combined with an intervention and so recommendations may be significantly different.

Considerations:

The team need to be clear about the age group to be considered with regard to naltrexone. The other appraisal for methadone and buprenorphine and the two clinical guidelines are now incorporating children/young people in their scope but this will only be those 16 years and over. The group will need to be clear about any recommendation of naltrexone for this age group, and particularly for those 16-18 years.

Could the team also consider the optimum length of time for this prescription, (both supervised and unsupervised) assuming compliance and continued abstinence

Protocol:

Subgroups: could the issues of use of naloxone challenge be considered by the group. This could be accommodated within the method of induction. This used to be quite commonly used though some saw it as punitive, therefore a review would be useful.

Within the section of dose, could the issue of side effects or consequences be considered. For example, there is much anecdotal concern of its use without liver function tests and the need for review of these tests frequently during treatment. However, this drug is also used in liver units even in those with significant liver problems, therefore a recommendation would be useful.