

Author's reply: 'Suppressing addiction using high-dose baclofen, rather than using substitution therapy'

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Dear Sir

As Professor Ameisen implies, a disorder of the receptor system at which baclofen is active might be the root of the illness of alcohol addiction. If we had sufficient evidence that such a disorder preceded and predicted alcohol exposure, it might semantically be correct to suggest baclofen was a 'treatment' for the condition, rather than a 'substitute' treatment. Although many alcohol-dependent people report anxiety before they began regular consumption of alcohol, we do not yet know whether that was due to a pre-existing GABA-B abnormality, or whether a receptor imbalance (presumed because baclofen, a GABA-B agonist, appears to help) resulted from self-medicating with alcohol. To resolve this issue we need to explore GABA-B receptor function in people at high risk of becoming alcohol dependent. This approach has been used to show they have reduced alcohol sensitivity (Schuckit et al., 2009) but the broad pharmacology of alcohol means we cannot attribute this to any specific receptor at present. Although alcohol can be shown to act in part through the

GABA-B receptor in rodents, whether this happens in humans is not yet known.

For these reasons, we preferred to be conservative and not attribute to baclofen, at this point in our knowledge, a role as a primary treatment for alcohol dependence.

We do not disagree with Professor Ameisen that some patients become completely abstinent while taking baclofen and report that their longing for alcohol has ceased and that they feel released from their previous sense of struggle.

Conflict of interest

The authors declare no conflict of interest in preparing this article.

Reference

- Schuckit MA, Smith TL, Danko GP, Trim R, Bucholz KK, Edenberg HJ, et al. (2009) An evaluation of the full level of response to alcohol model of heavy drinking and problems in COGA offspring. *J Stud Alcohol Drugs* 70: 436–445.

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