

# Suppression of alcohol dependence using high-dose baclofen: a self-case report

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**In this self-case report, Dr Thomas describes how his own alcohol dependence and the severe chronic anxiety at the root of it were both successfully suppressed by taking high-dose baclofen.**



Baclofen is a GABA<sub>B</sub> agonist licensed for the relief of chronic severe spasticity. In recent years, there has been increasing interest in its potential role in the treatment of alcohol dependence. Here, I describe how I achieved complete long-lasting suppression of my alcohol dependence with the use of high-dose baclofen.

## Presentation

I have had a long-standing history of chronic anxiety and lack of self-esteem that has blighted my whole adult life. This caused me to use alcohol as a readily available, relatively cheap anxiolytic. Since my mid-thirties, what started as somewhat excessive drinking became a dependence, and in my mid-forties an addiction. It caused me to lose three long-term relationships, a very promising surgical career and a second career in law. It has also severely disrupted my employment for a decade, and brought me a criminal record.

Three years ago, I had been thrown out of the family home, and was drinking 375ml vodka for breakfast (in four or five gulps in about 10 minutes), a further 375ml vodka mid-afternoon and at least a bottle of wine every evening. This was usually interspersed with three or four pints of strong lager

or a 2.5 litre bottle of cheap 8 per cent proof cider. This went on for over a year.

Over the previous decade, I had undergone periods of cognitive behavioural therapy and hypnosis with no improvement in either my anxiety or my drinking.

I subsequently attended three Alcoholics Anonymous meetings, but decided immediately that such group sessions, focusing on enforced abstinence, simply weren't for me. I was also prescribed sertraline, with absolutely no effect whatsoever.

I then read Dr Olivier Ameisen's book *The End of My Addiction*,<sup>1</sup> describing his use of high-dose baclofen to successfully suppress his own alcohol dependency. This followed his own case report.<sup>2</sup> His life and experiences with anxiety, alcohol and the loss of a medical career were an almost exact mirror image of my own.

A month later, I started to self-medicate with oral baclofen 10mg three times daily. Over the next month I increased the dose by 30mg daily every week until I reached 150mg daily taken in three equal doses. This is similar to the regimen described by Dr Ameisen, except that he had to use considerably higher doses to achieve suppression.

After five weeks, the effects were remarkable. My cravings for alcohol were completely gone. In addition, I had a sense of complete

personal wellbeing that I had never felt throughout my adult life. Furthermore, I was now totally indifferent to alcohol. I could easily be in the presence of alcohol and feel absolutely no desire to indulge. Indeed, if I did have a cold beer after walking the dog on a hot day, I was easily able to stop drinking after even half a pint. There was no feeling of having to carry on until I was drunk. This was a situation that I had not benefited from for more than 25 years. Importantly, even times of great stress did not make me crave the anxiolytic effect of alcohol.

One of the major problems I encountered during my surgical career was that, at times of great stress, my left arm became hypertonic and functionally useless. Just fearing that this might happen made it inevitable. I could not even put a cup to my lips without spilling it, often in violent jerky movements. With 150mg daily baclofen, this problem disappeared completely.

Other beneficial effects included me developing a normal sleep pattern, often sleeping all night (for the first time in decades), and waking refreshed with absolutely no baclofen hang-over. Importantly, my liver function tests have all but returned to normal.

I did, however, suffer many other unexpected side-effects. I had vivid nightmares, and numer-

ous eye symptoms, including blurred vision and a sensation of coloured filters fleetingly flashing in front of my eyes.

I also experienced drowsiness with every increase in dose, a well-known side-effect of baclofen. However, this disappeared at my long-term maintenance dose.

After much unsuccessful investigation, four months after first starting on baclofen, I set up the [www.baclofen4alcoholism.com](http://www.baclofen4alcoholism.com) website to invite the experiences of others. To date, more than 500 people from all around the world have shared their experiences.

However, a few months later, my whole baclofen supply was in a briefcase that was stolen. This resulted in me having an abrupt withdrawal. The effects were disastrous. I developed marked limb spasms, paranoia and eventually genuinely suicidal thoughts. To that date, I had no other history of significant mental illness. I was referred as an emergency case to a consultant psychiatrist, who diagnosed my chronic anxiety state and alcohol dependency, and confirmed that I had no underlying mental illness and that my suicidal thoughts were entirely due to acute baclofen withdrawal. Upon reinstatement of my normal baclofen dose, all such suicidal thoughts disappeared and have never returned.

After restabilising my dose, I started to gradually reduce my dose from my controlling dose of 150mg daily. Eventually, I have found that I am perfectly maintained on 90mg daily, taken as

30mg in the morning, and then 20mg three times thereafter. At times of great stress, I will add 20mg taken as required. Upon witnessing the remarkable improvement in me, my baclofen is now prescribed by my GP, as recommended by the consultant psychiatrist.

### Discussion

I have now been taking high-dose baclofen for three years, with complete suppression of both my alcohol cravings and relief of the severe chronic anxiety that caused me to drink in the first place. I am wholly indifferent to alcohol and am able to have the very occasional drink in a social setting without any compunction to carry on drinking. I never drink alone and do not have alcohol in the house.

These effects began very early in the treatment process, improved until I reached my full controlling dose and are sustained at my maintenance dose. I now believe myself to be 'functionally cured', in exactly the same way as my asthma is by using my bronchodilators. My anxiety and the alcohol-dependence that followed are proper, chronic, physical, progressive, potentially fatal medical diseases; almost certainly resulting from neurotransmitter disorders in the amygdala and limbic system. High-dose baclofen is the appropriate pharmacological management for me and, I believe, many like me.

Baclofen is the only medication currently available that is a specific GABA<sub>B</sub> agonist, and its use in alco-

hol withdrawal has attracted some interest.<sup>3,4</sup> However, its dual effect on the anxiety that often precedes alcohol abuse in often highly intelligent, otherwise successful people has not often been highlighted. I believe that high-dose baclofen is a valuable adjunct to more conventional therapies for anxiety-associated alcohol dependence. In this specific group, it appears to be a safe (as long as abrupt withdrawal is avoided), efficacious, cost-effective way of alleviating the cravings associated with alcohol withdrawal and the chronic anxiety that precedes it in perhaps a quarter of all alcoholism sufferers.<sup>5</sup>

### Declaration of interests

None declared.

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