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Personalised approaches have a long history in the treatment of alcoholism. 'Matching treatments to patient's heterogeneity' was the codeword for these attempts. Large studies failed to show a matching effect, maybe because they only took behaviour and psychopathology as basis for matching. More recent studies included biological variables for stratification of patients. Genetics, neuroimaging and psychopathology showed very promising results. Examples of the PREDICT study (Mann et al., 2013) will be given.

424 patients were randomised to either placebo, naltrexone or acamprosate. Using neuroimaging we confirmed that an increase in brain activity in the ventral striatum is related to time to relapse. We also found support for our hypothesis concerning the rewarding characteristics of alcohol in a certain subgroup of patients. Here f-MRI BOLD response in the ventral striatum predicted a positive naltrexone response. Finally a psychometric test distinguished between 'reward cravers' and 'relief cravers' (Glöckner-Rist et al., 2013). The former respond significantly better to pharmacotherapy.

In conclusion the treatment of alcoholism is moving towards a personalised approach. This holds the potential for a significant increase in effect sizes of our treatment trials and thus for better treatment options for our patients.

References

Mann, K., T. et al. Results of a double-blind, placebo-controlled pharmacotherapy trial in alcoholism conducted in Germany and comparison with the US COMBINE study. *Addict Biol*, 2013, epub ahead of print.

Glöckner-Rist, A., T. Lemenager, and K. Mann, Reward and relief craving tendencies in patients with alcohol use disorders: Results from the PREDICT study. *Addict Behav*, 2013. 38: 1532-1540.