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CRITICAL EVALUATIONS

Do Psychotropic Drugs Help the Alcoholic?

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Little reliance can be put on any drug except during the acute withdrawal stage, when some of the tranquilizers are of great utility. Dr. Ditman underestimates the value of disulfiram as a means of helping the alcoholic to maintain sobriety while he works on his underlying difficulties.

THE complexity of the problem of alcoholism is well described in one of the early paragraphs of Dr. Ditman's excellent, comprehensive, and objective review of the current drug therapies for this extremely baffling condition. He states:

> Alcoholism would best be viewed as chronic excessive drinking symptomatic of an underlying disorder in the individual, be it psychological, emotional, or physiological.

Most psychiatrists and therapists see emotional problems in the alcoholic, view these as chronic, even lifelong, and see the drinking behavior as not only stemming from these problems but as adding to them. The relationship between the drinking and the underlying problems is admittedly poorly understood. However, many alcoholics report that they feel anxious, tense, lonely, irritable, frustrated, hopeless, inferior, depressed, etc., and that they drink when they become more upset as alcohol relieves them temporarily, although they generally feel

better when they are "not drinking." Thus, it makes sense to view alcoholic bouts as possibly precipitated by emotional upsets in emotionally disturbed individuals, and to attempt to treat these underlying disturbances. The assumption that drugs could contribute significantly to the treatment of the alcoholic is based on the above view of underlying problems and the fact that psychotropic drugs affect moods, thought processes, perception, and behavior. They are reported effective in treatment of such symptoms as anxiety and depression, as well as many symptoms common to the psychoses.

The Phenothiazines and Antidepressants

Dr. Ditman, in an evaluation of double-blind studies of his own cases and those of other investigators, has found that the phenothiazines are of little or no value in the treatment of the non-psychotic alcoholic after the acute withdrawal stage is past. In spite of the fact that depression is present in most alcoholics, the antidepressant drugs are also disappointing.

The Anorexigenics and Sedatives

Anorexigenics and sedatives are also of little use and may actually be dangerous for continuous use, in that most are also addictive.

Chlordiazepoxide

Chlordiazepoxide (Librium) showed a slight initial advantage over a placebo, which, however, was lost in the subsequent weeks.

Chlordiazepoxide Analogues and Meprobamate

Some newer analogues of chlordiazepoxide (Librium), such as benzodiazepine (Mogadon) and diazepam (Valium), are being studied and seem to be somewhat more promising. Oxazepam (Serax) and tybamate (Solacen) did not seem better than the placebos after the initial work, nor did meprobamate (Miltown and Equanil).

Disulfiram

Dr. Ditman believes that disulfiram (Antabuse) appears mostly to test the patient's motivation for abstinence. In my own studies, however, I have found this drug to be extremely valuable in maintaining sobriety even in the not too well motivated individuals, provided it is used merely as one part of a total program of therapy. Such a program should include counseling, group therapy, affiliation with Alcoholics Anonymous, work with the families, social and vocational rehabilitation, pastoral counseling, etc.

The Hallucinogens

I agree with Dr. Ditman that mescaline and D-lysergic acid diethylamide (LSD-25) show promise in some alcoholics but it has been impossible to devise control studies. It may eventually be found that suggestion and the enthusiasm of the doctor administering the LSD is equally as important as the drug itself. It is, however, of vital importance that experimental work should continue with this and possibly other hallucinogens, for they may give new insights of great significance in understanding brain function.

Conclusions

This paper rightly points out our lack of understanding of the disease of alcoholism. From my own and Dr. Ditman's experience, it seems that little reliance can be put on any drug except during the acute withdrawal stage, when some of the tranquilizers are of great utility. Dr. Benjamin Kissin, director of the Alcohol Clinic at the State University of New York Downstate Medical Center, Kings County Hospital,

Brooklyn, pointing out that alcoholism is not an entity, is currently doing a study of several hundred alcoholics with a combination of chlordiazepoxide (Librium) and imipramine (Tofranil) in the hopes of decreasing both the anxiety and the depression which so many alcoholics feel. We must wait for the final outcome, but preliminary results are encouraging.

I feel that Dr. Ditman very much underestimates the value of disulfiram (Antabuse) as a means of helping the alcoholic to maintain sobriety while he works on his underlying difficulties. These difficulties may be social, psychological or physical, and they may have antedated and been partly responsible for the development of the addiction, but they may be a result of the gross disturbance excessive drinking cause in interpersonal relationships, as well as the physical health of the individual victim of the disease.

Failure of Drugs in Chronic Alcoholism

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Dr. Ditman has presented an excellent resume of drug therapies in alcoholism. A regular review of this type would be of considerable value. As yet there are no drugs which can be said to have unequivocal value in the phase of chronic alcoholism. Use by therapists of noneffectual drugs persists for a number of reasons.

DR. KEITH DITMAN has written a good review of the current use of drugs in alcoholism, but it is a disappointing chronicle. While the value of certain drugs in delirium tremens and other acute phases of alcoholism is becoming fairly well established, as yet there are no drugs which can be said to have unequivocal value in the phase of chronic alcoholism. Dr. Ditman has asked, therefore, why drugs are used so often in this condition.

Chronic alcoholism presents special problems in drug use. For many years now, we have looked at alcoholism as a special example of a psychiatric state, alcoholism being used both as a defense and as a means of expression of various instinctual impulses. Since chronic alcoholism does not respond, as do many other syndromes, either to drugs or to other therapeutic factors, we should try to explain why this is so. The search for other etiologies, such as allergies and psychosomatic factors, goes on, but little data is available yet. We have suggested that the defense mechanism of denial, so prominent in the alcoholic, has certain accompaniments which permit such a patient to suppress or ignore the affective accom-