3.1 Alcohol use disorders (ALC)

ALC1. In adults with alcohol dependence post-detoxification, is baclofen effective for relapse prevention and management of alcohol dependence?

Recommendation (update):	**Baclofen should be considered for treatment of adults with alcohol dependence post-detoxification.**	
	Strength of recommendation:	Conditional
	Certainty of evidence:	Moderate

Justification

- A systematic review was updated: Agabio et al., 2023 (17 RCTs) *(25)*.
- Compared with placebo, baclofen decreases the risk of relapse into any drinking at end of treatment (high certainty) and increases the percentage of days abstinent at end of treatment (moderate certainty).
- Compared with placebo, baclofen does not increase the number of participants with at least one adverse event at the end of treatment (high certainty) and does not increase the number of dropouts due to adverse events (high certainty).
- In subgroup analysis for baclofen versus placebo, for some outcomes (return to any drinking and percentage of days abstinent), baclofen showed better effectiveness for people with alcohol dependence post-detoxification (after management of withdrawal syndrome) when compared with people who are using alcohol (non-detoxified), but no differences were identified for low/high dosages or duration of treatment. For other outcomes (dropouts from treatment), duration of treatment longer than 12 weeks showed effect, but no other difference was identified for adverse events or dropouts due to adverse events for dosages, duration of treatment or detoxification status.

Remarks

- The term "alcohol dependence" refers to diagnosis according to *The ICD-10 classification of mental and behavioural disorders (26)* or the *Diagnostic and statistical manual of mental disorders (27)*, 4th edition (DSM-IV) criteria or equivalent ICD-11 *(28)* and DSM-5 diagnosis *(29)*.
- Post-detoxification refers to completion of the management of withdrawal symptoms at least three days before starting treatment. Most included studies required participants to abstain from alcohol for at least three days (3–28) before beginning the pharmacological treatment.
- Service providers should include appropriate psychosocial interventions in their treatment plan and should only consider medication alone for adults with alcohol dependence when psychosocial interventions are not available.

Research gaps

- The majority of the evidence is from high-income countries (HICs). Further research is needed in low- and middle-income countries (LMICs).
- All RCTs excluded participants with comorbid severe mental disorders, but five studies recruited participants under stable doses of antidepressants. Further research is required to investigate baclofen's profile of efficacy and safety among those with comorbid severe mental disorders.
- Further evidence is required to conclude whether the balance of effects differs between baclofen and acamprosate or naltrexone.

Implementation considerations

- Baclofen is available in a generic form and is inexpensive but may not be available in all countries and is not registered for the treatment of alcohol dependence. The lack of formal approval for baclofen's use for alcohol dependence places increased responsibility on the medical practitioner prescribing baclofen to inform