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# Treating Homeless Patients With Baclofen: The Luther Street Experience

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# Luther Street Medical Centre (LSMC) Oxford

- Specialist primary care centre for people who are experiencing homelessness or are vulnerably housed
- Last 30 years developed community alcohol detox protocol
- Changes to support services means rarely practical or safe to support community librium detoxes anymore
- Consideration of baclofen as an alternative to reduce alcohol related harm for this vulnerable patient group



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# Why Baclofen?

- Baclofen was originally approved by the FDA in 1977 for its use in spasticity associated with neurologic conditions, such as multiple sclerosis<sup>1</sup>
- Baclofen is a Gamma-aminobutyric acid derivative that is a specific agonist of GABA-B receptors. Pharmacologic properties that may confer benefit for the treatment of alcohol dependence<sup>2</sup>
- Initially evidenced by Dr Olivier Ameisen in 2008 book “The End of My Addiction”.<sup>3</sup> France became the first country to license baclofen for alcoholism treatment
- The off-label use of baclofen, has since been investigated for maintenance of abstinence from alcohol.<sup>4</sup> Thought to decrease alcohol cravings and anxiety associated with alcohol dependence

# LSMC experience

- Background – why we got interested?
- March 2016: presentation on baclofen. Dr Amanda Stafford: Consultant in A&E in Perth, Australia
- September 2016: Dr Amanda Stafford visited LSMC
- Inspired us to consider trialling baclofen
- March 2017: Baclofen “Think Pod” at Faculty for Homeless and Inclusion Health’s annual international symposium

# LSMC Baclofen Education

*March 2016:* Dr Amanda Stafford: Emergency Medicine Consultant, Perth, Australia. Baclofen presentation at the Faculty for Homeless and Inclusion Health's annual international symposium

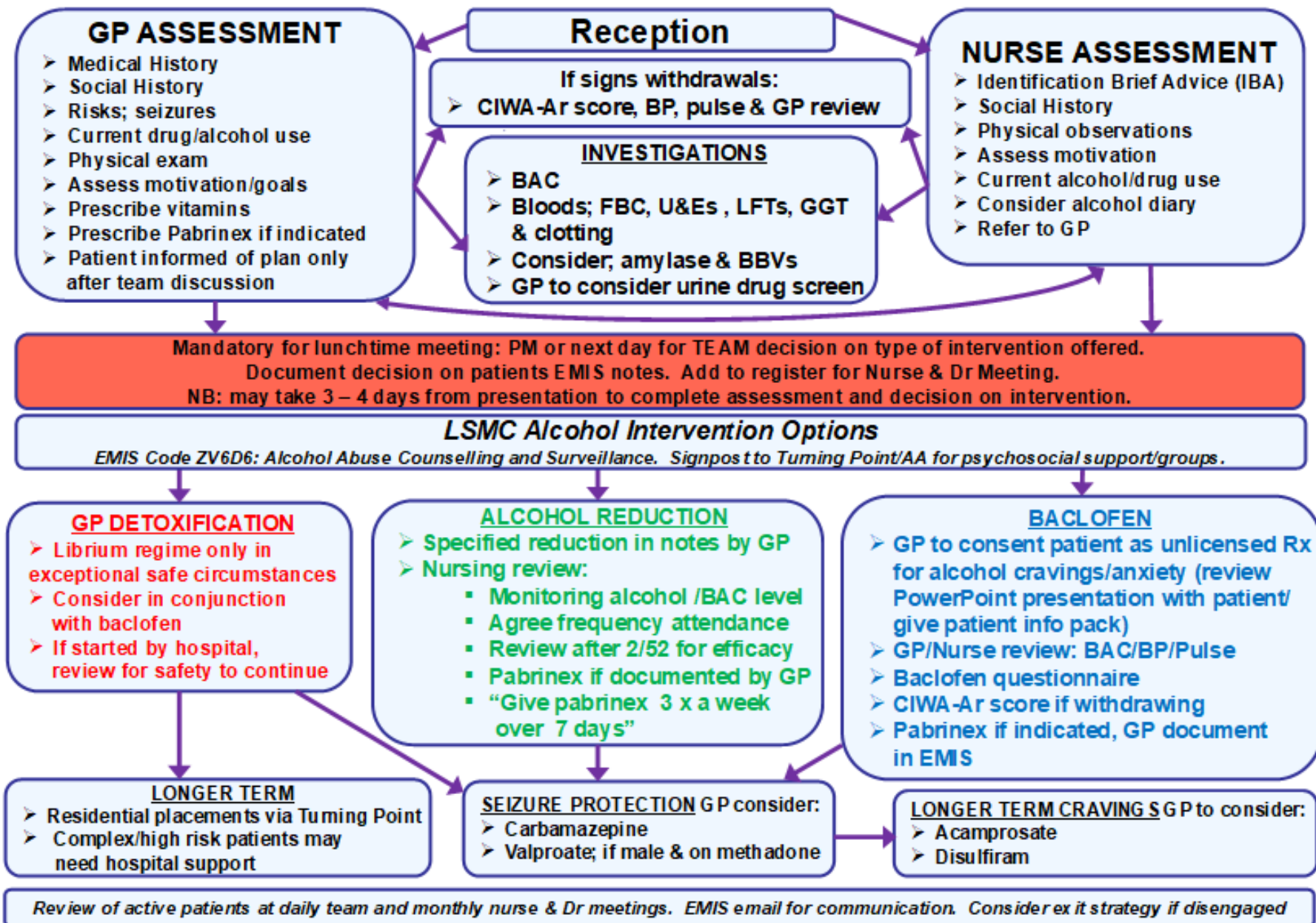
*September 2016:* Dr Amanda Stafford educational visit to LSMC. Inspired us to consider trialling baclofen

*March 2017:* Dr Emma Warren and Dr Merlin Willcox chaired baclofen "Think Pod" to share learning and baclofen experience with other interested professionals at the Faculty for Homeless and Inclusion Health's annual international symposium

*March 2018:* First UK symposium on baclofen for management of alcohol misuse. Organised by Dr Annie McCloud, consultant addictions psychiatrist in Kent, UK. Dr Emma Warren presented LSMC initial baclofen pilot results



# LSMC ALCOHOL INTERVENTIONS PATHWAY v17.8 EO/EW



# LSMC Baclofen Pilot

- Started in September 2016
- 8 patients: anxiety triggering significant alcohol use as predominant feature
- Other medications for alcohol dependency and self alcohol reduction previously tried without success



# Follow-up

- Of the 8 patients:
  - 3 stopped within two weeks because of side-effects
    - Severe Headaches, blurred vision / dizziness and sedation
  - 2 did not return for follow-up (left area)
  - 3 remained under follow-up
- Follow up monitoring using baclofen treatment self-assessment questionnaire<sup>5</sup> and time abstinent

# Patient Characteristics

Patient	Age	Gender	Baseline alcohol consumption (Units/week)	Baseline Breath Alcohol Concentration (mg/l)
1	53	M	420	0.64
2	42	F	140	0.42
3	33	F	122	1.65

# Patient Outcomes

Patient	Maximum daily dose of baclofen (mg)	Duration of treatment (Months) *to date	Duration of abstinence (Months)
1	210	18	10
2	100	28 *	10
3	100	12	7

# Patient 1

- Male aged 53
  - alcoholism is whole way of life
  - survivor of childhood abuse
  - finds it hard to be with himself when sober
  - drinking heavily from age 16
  - feels “empty” without it
- Tried acamprosate – not helpful
- Ex-street homeless
- Housed in his own flat

# Patient 1 progress

- After 2 months had reduced from 12L to 2L of cider per day
- Partner felt he was less agitated
- Lapse on month 4: admitted to hospital for acute pancreatitis. Inpatient detox (librium)
- Month 6: no more cravings
- Month 7: drinking minimal
- Dose gradually titrated up by patient under GP guidance. Experienced low BP

# Patient 1 progress

- Month 10: relapse of drinking, with OD of nurofen. Stopped baclofen
- Admitted to hospital with GI bleed – inpatient detox
- Baclofen restarted
- Month 17: Seizure, unclear cause. Commenced slow reduction baclofen
- Month 18: Alcohol relapse, suicide attempt and possible baclofen overdose
- Baclofen stopped
- Total of 10 months abstinence in calendar year 2017/18 with baclofen use

# Patient 2

- Woman aged 42
- Previous IV heroin/crack use 2014, on methadone
- Lives in supported housing with partner (long-term alcoholic)
- Pattern of alcohol binges and anxiety



# Patient 2 progress

- Felt less anxious
- Librium detox together with partner
- (Partner tried baclofen but stopped within 3 days)
- Good result – started work in a hotel
- Abstinence for 2 months
- Month 3: Started drinking small amounts following shoulder injury which prevented her from working; partner has started drinking again.
- Month 4: Alcohol not daily, less than before.
- Month 5: drinking daily – increased baclofen
- Month 8: greatly reduced alcohol – 6 beers over 4 weeks
  - Still needs “secret” beer before going shopping - cannot manage anxiety of crowds / shops

# Patient 2 progress

- Month 10: drank after bereavement. Partner also drinking and arguing. Frustrated with poor housing.
- Month 11: relapse back to previous levels of alcohol
- Month 12: started on Hep C treatment for 8 weeks
- Disengaged from consultations because angry about not being given a librium detox
- Month 15: still drinking alcohol at previous levels (140u/week) but considering cutting down again
- Month 16: Feeling improved mental health, reducing alcohol intake, residential detox assessment
- Still on baclofen ...

# Patient 2 progress

- Month 17: Started residential detox, completes alcohol detox and starts methadone detox.
- Month 19: Patient commenced baclofen reduction
- Total of 10 months abstinence to date, currently on reducing dose of baclofen

# Patient 3

- Woman age 33
  - overwhelming anxiety with depression
  - drinks to escape, alcohol helps sleep
  - binge drinking age 13
  - regular drinking from 20s
  - Is a lone drinker
- Living in homeless hostel
- 3 previous detoxes, never sober >3m
- Attends 2x AA meetings most days
- Baseline: drinking vodka until becoming unconscious

# Patient 3 progress

- Started baclofen when sober 2 days after a binge.
- Day 5: relapse
- Day 22: ambulance called because collapsed due to alcohol. Baclofen increased up to 100mg/d
- Month 2: 1 week binge, not complying well with baclofen (memory issues), re-started at 60mg daily
- Admitted to hospital again after collapse
- Meds stolen
- Month 3: ongoing binges and collapses
  - Averaging 1.5l vodka daily

# Patient 3 progress

- Month 4: feeling baclofen has helped anxiety
- Assessment for detox
- Month 5: Admitted for medical detox (librium) at community residential detox facility.  
Continued baclofen
- Month 9: Left detox facility, abstinent, reports baclofen helping
- 19 days later 24 hr binge on alcohol

# Patient 3 Progress

- Further abstinence for 2 months 13 days
- Month 11: Alcohol relapse with intermittent vomiting. Baclofen stopped due to lack of absorption with vomiting and concern over GI SEs
- Total of 6 months abstinence in 2018 with baclofen use





**Baclofen  
Treatment**  
for Alcoholism

**Baclofen Treatment Self Assessment Questionnaire: Name :** \_\_\_\_\_ **Date:** \_\_\_\_\_

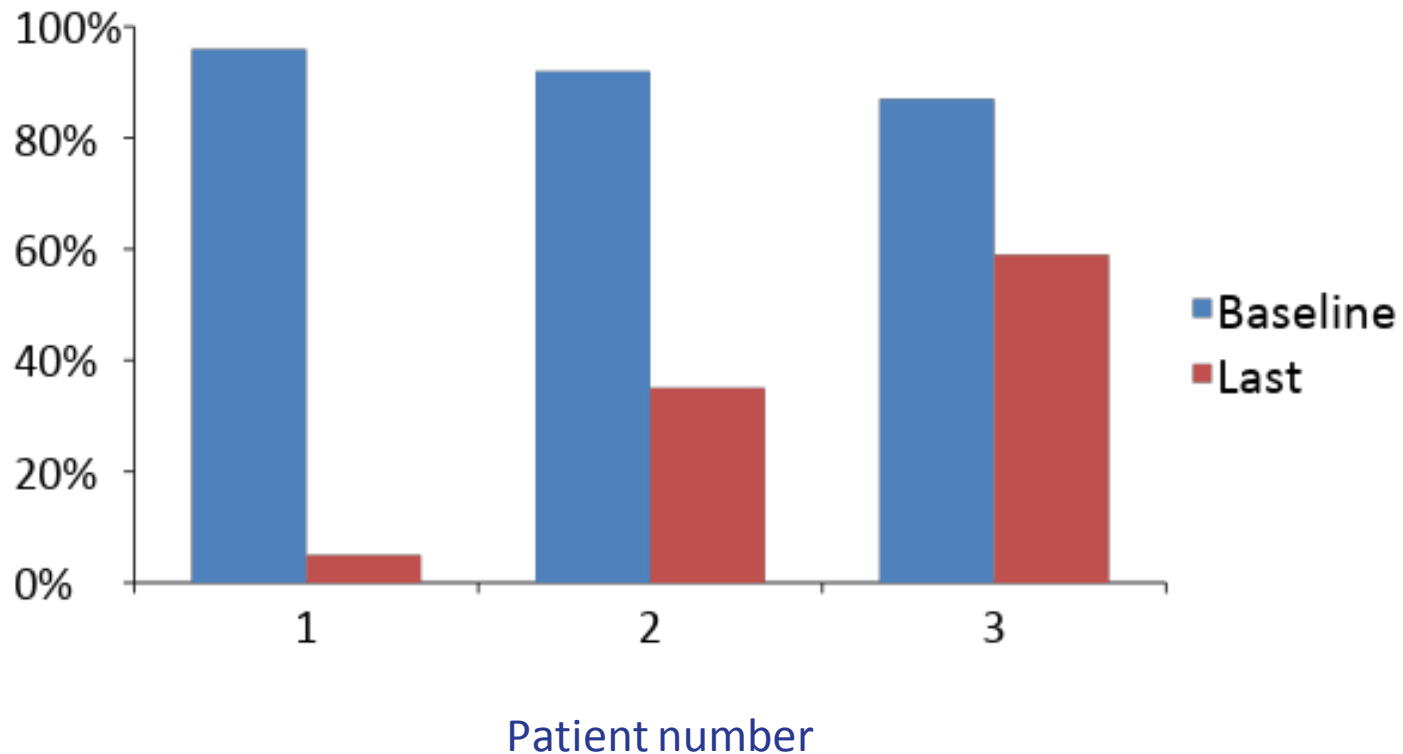
**Baclofen Doses over the day: Doses and Times :** \_\_\_\_\_

**Mark an X on the line where you rate yourself:**

How is your baclofen treatment going overall?	No good _____	Really well _____
How do you feel physically?	Terrible _____	Terrific _____
How much have the cravings changed overall?	No change _____	Completely gone _____
What about your cravings in the WORST part of the day for you? For me this is _____ (time)	No change _____	Completely gone _____
How much of your previous daily alcohol intake are you drinking now?	100% _____	None at all- 0% _____
How long does it take to get through a drink now?	Same time _____	twice as long _____
How do you feel about alcohol overall now?	Like usual _____	a lot longer now _____
How much are you noticing alcohol cues around you eg advertisements, bottle shops,	Like usual _____	Not drinking _____
How does it feel now when other people drink around you?	Less _____	much less _____
	Hard _____	I don't notice them _____
	Easier _____	Easy _____
	It hasn't happened _____	It doesn't bother me _____
How anxious do you feel overall at present?	Very anxious _____	Not anxious at all _____
How is your mood overall?	Down _____	Great _____
How good is your sleep currently?	Awful _____	Too high _____
How are you managing with life during the day?	Badly _____	Great _____
How much do you crave alcohol now if you get upset or stressed?	Like usual _____	Really well _____
Comments:		Not at all _____

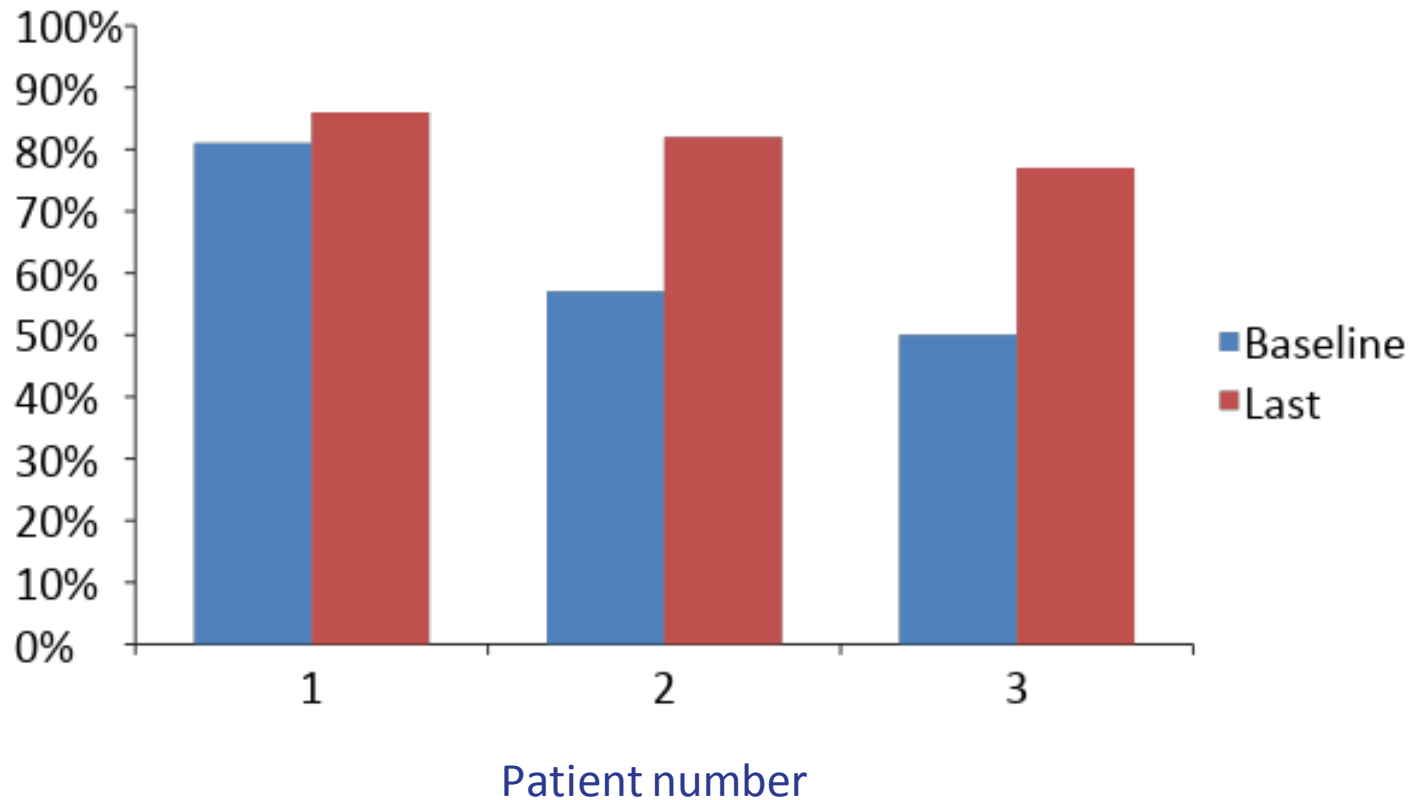
# Baclofen treatment self-assessment questionnaire

- Q3: “How much have the cravings changed overall?”



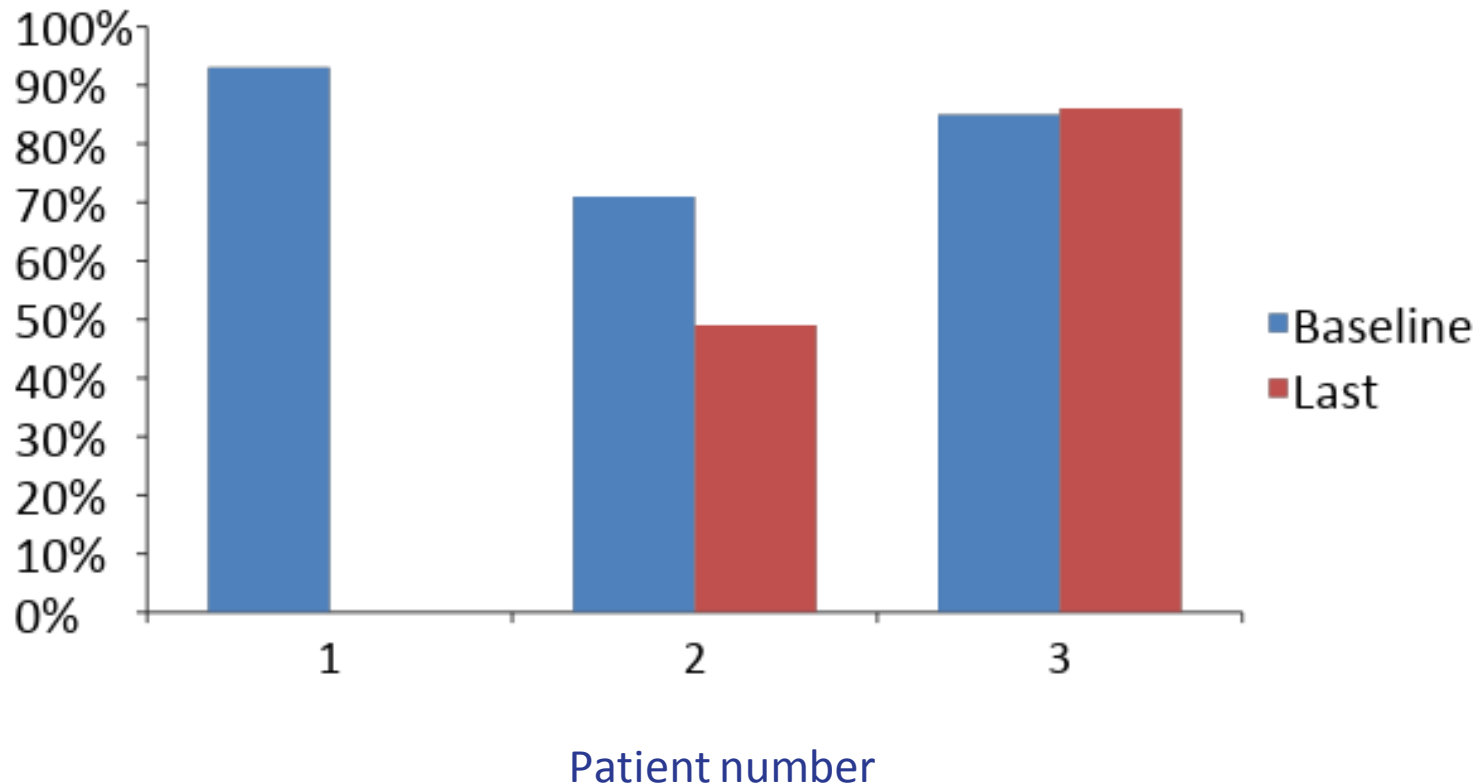
# Baclofen treatment self-assessment questionnaire

- Q10: “How anxious do you feel overall at present”



# Baclofen treatment self-assessment questionnaire

- Q 14 “How much do you crave alcohol now if you get upset or stressed?”



# Baclofen Pilot Results

- **All 3 patients: at least double duration of previous best reported abstinence**
- **Range of 7 – 10 months abstinence**
- **1 patient continued abstinence to date\***
- **All 3 patients reported reduced overall cravings for alcohol**
- 1 patient had seizure while on reducing baclofen dose, aetiology unclear. Concern regarding baclofen overdose, baclofen stopped
- 1 patient significant alcohol relapse, baclofen stopped
- No serious adverse effects; patients with side-effects stopped quickly

# Baclofen Patient Feedback

“Can’t praise the medication enough – cravings non-existent, side-effects bearable”

“Fantastic”

“Feeling less anxious, baclofen really helped with this”

# Discussion: How to evaluate effectiveness of baclofen?

- From our experience the baclofen patient self assessment questionnaire is not practical to use in intoxicated patients and the results are difficult to evaluate
- Seizure aetiology; unclear if due to co-existing disease/alcohol pathology or baclofen side effect
- Determination of when individual optimal dose of baclofen has been reached
- Consideration of safety at high doses and use of daily scripts to avoid risks of overdose
- Patients have complicated lives – to what extent are changes in drinking due to baclofen or other life events?
- Our pilot has prompted another GP surgery with patients experiencing homelessness to trial baclofen



# Conclusions

- **Increased abstinence using baclofen**
- **Studies have shown that abstinence increases survival** <sup>6,7</sup>
- Useful for patients experiencing homelessness as they can commence baclofen while still drinking alcohol
- Last resort; If other medications failed and alcoholic liver disease, baclofen safer as metabolised in the kidneys
- Further evaluation needed in this complex and vulnerable patient group
- Consider better tools to evaluate baclofen success e.g use of PENN alcohol craving scale<sup>8</sup>/GAD 7 questionnaire<sup>9</sup>

# Thanks for listening



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