



LETTER TO THE EDITOR

COMBINED SEROTONIN AND DOPAMINE INDIRECT AGONISTS CORRECT ALCOHOL CRAVING AND ALCOHOL-ASSOCIATED NEUROSES

INTRODUCTION

Approximately 300 self-referred patients suffering from cocaine or alcohol addiction have been treated in a private outpatient setting with the contemporaneous use of the serotonin (5-HT) agonist, fenfluramine, and the dopamine agonist (DA), phentermine (FEN/PHEN). A preliminary report on the successful treatment of the first 11 alcoholic patients was promising (Hitzig, 1993). Coincident with the relief of craving appeared to be relief of the depression and other neuroses that afflicted approximately 75% of this group. This study was planned to quantify neurotic symptomatology abatement in alcoholics. The Symptom Check List 90 Questions (SCL), a validated instrument to evaluate efficacy of psychiatric treatments, was the psychometric tool.

METHOD

The study took place in the author's office. All new self-referred alcoholic patients, primarily fee-for-service, under the age of 60 were asked to self-administer the SCL prior to treatment. All whose SCL depression subscales were 2 standard deviations or more above norm (1 score > 70) were asked to complete a posttreatment SCL I week after FEN/PHEN treatment was started. Those who did so were to be the study cohort. All patients were told of the experimental nature of the FEN/PHEN approach. Possible long-term risks were frankly compared to known risks of heavy alcohol consumption and severe depression. Informed consent was obtained from all patients. They were also informed that their treatment would most probably be long term. Advanced atherosclerosis, angina, severe hypertension, and hyperthyroidism were relative contraindication for entry into this protocol. Caffeine or other xanthines and systemic sympathomimetic were to be avoided because they may cause either overstimulation or hypertension. Oral haloperidol, although available to treat PHEN-induced manic psychosis at the time of the first dose, was not used.

All study patients were interviewed before treatment and again 2 weeks and 6 months after treatment. Patients received 40 mg of FEN and 30 mg of PHEN in the early morning and in the midafternoon another 40 mg of FEN, preferably an hour before the historical onset of alcohol craving. If, despite this treatment, any alcoholic craving developed at any time of the day, the patients were told to take 20-40 mg of supplementary FEN. Those who did not normalize their

SCL test had the opportunity to repeat their SCL after the daily PHEN dose was increased to 60 mg.

RESULTS

Thirty-nine out of 54 alcoholic patients (72%) met DSM-III-R criteria for depression. Twenty-seven of these had a pretreatment SCL subscale in the markedly abnormal range (>70). Nineteen completed (5 women, 14 men, median age 43) a second SCL after the first week of treatment and became the study cohort. The response of most of these patients was not subtle. Three patients came to the office in an inebriated state. Two of them had severe hand tremors heralding alcoholic withdrawal syndrome. Within 2 hr, their clinical condition had changed remarkably. Tremors, craving, and emotional dysphorias disappeared. Cognitive skills improved. Self-reported alcohol consumption at 2 weeks and 6 months showed no patient consuming more than 10% of his or her pretreatment amount. The seven co-addicted to cocaine also lost their cocaine craving. Mean scores on the General Symptom Inventory scale of the SCL dropped from 78 (+/-4.9) to 51 (+/-8.6) from the start of treatment to 2 weeks after treatment ($p < .001$).

Six months after the initiation of therapy, 15 out of 19 were still active in the program (3 females, 12 males, median age 43); 14 of these have not relapsed to alcohol or cocaine use. All patients had normal SCL scores when tested after 6 months (see Figure 1).

CONCLUSIONS

The present data demonstrate profound and long lasting decreases in alcohol and cocaine craving and neurotic symptomatology in an open trial of FEN/PHEN in alcoholic patients. Relative dopamine and 5-HT deficiencies are thought to be involved in craving and are clearly involved in certain emotional disorders. It is probable that FEN/PHEN is correcting the combined relative deficits of the neurotransmitters DA and 5-HT without significant sequelae. Other DA/5-HT agonists may also be effective. Clinical improvement and associated normalization in SCL scores in patients treated by the author with FEN/PHEN who were not addicted to alcohol, cocaine, or heroin (about 900 patients) suggest that the dual use of FEN/PHEN and possibly other DA/5-HT agonist combinations may play an increasingly significant role in the treatment of various neuroses and obsessive-compulsive disorders in the presence or absence of a substance-craving disorder.

As the data reported in this article are derived from an uncontrolled open trial, the possibility cannot be excluded

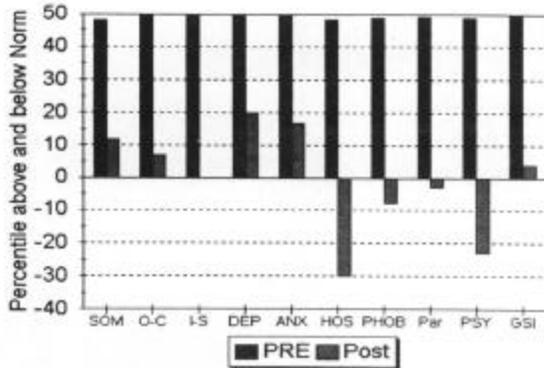


FIGURE 1. Median SCL subscale pretreatment and 1 week of posttreatment percentile scores for somaticism, obsessive-compulsion, intrapersonal sensitivity, depression, anxiety, hostility, phobia, paranoia, psychoticism, and global severity index.

that a placebo effect contributed to the improvements described. It seems unlikely, however, that a placebo effect could make a major contribution in view of the persistent loss of craving and depression maintained over 6 months in 79% of the study cohort. However, the value of FEN/PHEN therapy will only be fully resolved by well-controlled double-blind trials currently in progress.

ADDENDUM

Further study has revealed that FEN/PHEN has a significant psychoneuroimmunomodulatory effect and appears to alter the course of asthma, allergic rhinitis, psoriasis, and idiopathic anaphylaxis. Two patients with severe depression and addiction who are HIV positive have had significant elevations in their T-cell.

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Reference

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