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Psychiatry of the 21st Century:
Context, Controversies and Commitment

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*DECLARATION OF INTERESTS :

Bouchara-Recordati/Ethypharm/Novartis/Polpharma/Sanofi/Indivior



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BACLOVILLE

**Alcohol Treatment: Pragmatic Therapeutic Trial
Randomized, Double-blind for a Year in
Ambulatory Care of Baclofen Versus Placebo.
(ClinicalTrials.gov Identifier: NCT01604330)**

Coordinating investigator: P.JAURY (Department of General Medicine/ Paris Descartes)

Scientific Committee: J.R.Le Gall, A.Benyamina, R. de Beaurepaire, H.Falcoff.
S.Sidorkiewicz.

Independent Data Safety Monitoring Board: N.Simon, J.B.Trabut, L.Moachon.
Chief Scientist: C.Le Jeune.

Methodologists: R.Porcher, L.Rigal, E.Perrodeau (J.Coste).

Clinical Research Unit Paris Centre: J.M.Treluyer (Chief Project S.Poignant),
CRA: A.Bruneau, A.Clabaux.

Pharmaceutical logistic (AGEPS) Chief Project S.Manin.

Sponsor: Assistance Publique-Hôpitaux de Paris (Chief Project Y.Vacher).

Funding: French Ministry of Health and JPM (private donation).



BACLOVILLE

- Bacloville is a multicentric (60 center nationwide),
 - pragmatic,
 - therapeutic,
 - randomized,
 - double-blind trial,
 - in primary care,
 - assessing the efficacy and safety of high dose baclofen versus placebo during 1 year.
- With institutional sponsor.
- Bacloville was designed as a pragmatic risk reduction study.

OBJECTIVES



PRIMARY:

- effectiveness of one year treatment of baclofen compared to placebo on the reduction of alcohol consumption.
- The primary endpoint (ITT) is the percentage of patients in each group with a low risk alcohol consumption (WHO) or abstinent 12 months after treatment initiation,
- According to the patient-reported alcohol consumption (diary).

INCLUSION CRITERIA



- All adult patient (18-65) with an alcohol use disorder (**high risk** alcohol consumption (WHO) during the past three months: at least two times per month).
- Patient with severe psychiatric pathology (psychosis, including schizophrenia and bipolar disorders) could be included according to the opinion of the investigator.
- Patient with organic disease could be also included according to the opinion of the investigator.

THERAPEUTIC SCHEDULE



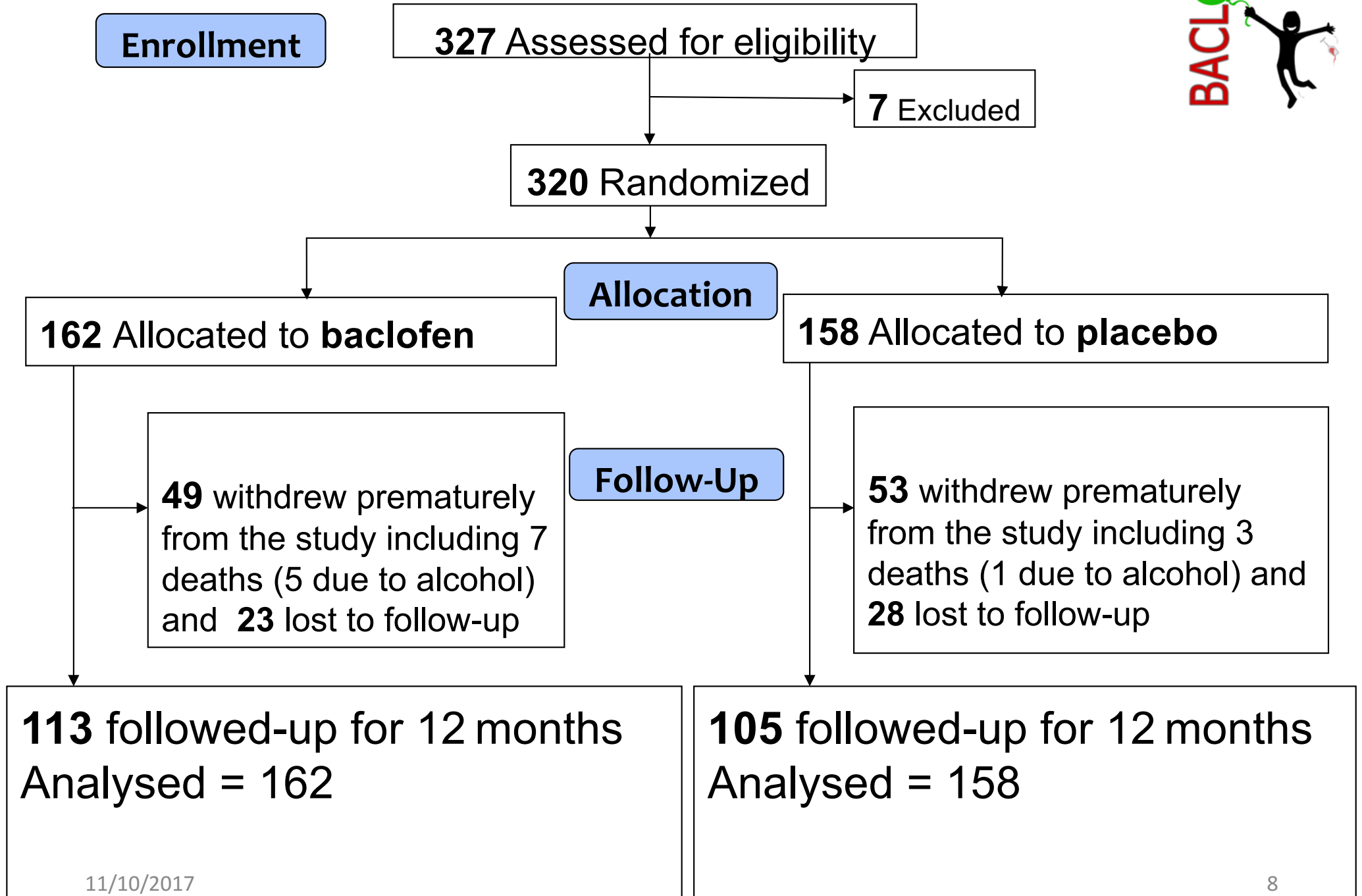
- The drug was administered orally for a maximum of **52** consecutive weeks.
- For the first 3 days, patients received the drug in a dose of 5 milligrams three times a day (it could be four or five times a day); then the dose could be increased to a maximum of **300** milligrams a day.
- Titration duration was flexible.
- It was not asked to stop drinking.
- In case of intolerance, dosage could be decreased.

Statistical Analysis Plan



- Statistical methods:
 - Missing data managed with multiple imputation by chained equations « MICE ».
 - Software R version 3.2.2.
- Validated by 3 independants experts :
 - Pr Bruno Falissard, Paris Sud University.
 - Pr Gilles Chatellier, Paris Descartes University.
 - Pr Katie Witkiewitz, Dpt of Psychology, New Mexico University.

FLOW CHART



Some baseline patients characteristics

Variable	Baclofen (n=162)	Placebo (n=158)
<i>Median age (IQR) — yr</i>	46 (40-54)	47 (40-55)
<i>Men, no. (%)</i>	115 (71)	109 (69)
<i>Mean daily alcohol consumption</i>	128 g	129 g
<i>Bipolar disorder, no. (%)</i>	13 (8)	9 (6)
<i>Suicide attempts, no. (%)</i>	37 (23)	30 (19)
<i>Regular consumption of cannabis, no. (%)</i>	17 (11)	10 (7)
<i>Regular consumption of cocaine, no. (%)</i>	1 (1)	2 (1)
<i>Regular consumption of heroin, no. (%)</i>	2 (1)	0 (0)
<i>Buprenorphine, no. (%)</i>	9 (6)	9 (6)
<i>Methadone, no. (%)</i>	11 (7)	6 (4)

doses



Doses (mg/d)	Baclofen	Placebo
Median	180	210
Q1; Q3	100; 270	138; 290
Min; max	15; 420	15; 300

Primary endpoint : Proportion of successes in the two groups with multiple imputation.

	Baclofen (162)	Placebo (158)	Absolute difference (95% CI)	Risk ratios (95% CI)
Imputed data	57%	36%	21% (8.1 ; 33.8)	1.59 (1.17 ; 2.15)

- Wald test for the estimated combined risk ratio yields **$p = 0.003$** .
- The complete-cases population analysis,
- and the two sensitivity analyses confirmed these results.

Safety and tolerance (1)

- More adverse events (AE) occurred in patients who received baclofen (86%) than in patients under placebo (80%) but it was not significant.
- The three most frequent adverse events in decreasing order were:
 - drowsiness (reported by 56% patients in the baclofen arm and 42% in the placebo arm),
 - fatigue,
 - and insomnia.
- the difference was significant only for drowsiness, fatigue, vertigo, paresthesia and tinnitus.

Safety and tolerance (2)

- Serious adverse events (SAE) occurred more frequently in the baclofen than placebo arm (85 [38%] vs 36 [23%] patients; $p=0.02$).
- and were more often possibly related to the treatment according to the investigators (19%/7%)($p= 0.002$).
- Seven patients died in the baclofen arm (including one suicide and one death which occurred before treatment initiation),
- and three in the placebo arm.
- No death was classified both by investigators and by an independent committee as potentially related to study treatment.

CONCLUSIONS



- The primary endpoint is positive in favour of the baclofen.
- There are more adverse events and serious adverse events with the baclofen but they are expected and well known.
- High-dose baclofen could be a useful medication for outpatients who want to achieve low-risk alcohol consumption , without prior withdrawal.
- Doctors need to be trained and patients need to take their treatment properly.

THANK YOU FOR YOUR LISTENING



- And many thanks to all the patients, the General Practitioners and other investigators who participate to Bacloville.
- To the SFTG.
- Not to forget AUBES and JPM.
(+RESAB/Baclofene Association/ Olivier Ameisen Association)
- **And of course Pr Olivier Ameisen†.**



Sensitivity Analysis

	Baclofen		Placebo		RR (95% CI)
	N	% Success	N	% Success	
Complete cases	61	39.3	79	15.2	2.59 (1.29 to 5.19)
Sensitivity 1	162	24.8	158	9.9	2.49 (1.44 to 4.31)
Sensitivity 2	162	27.7	158	12.2	2.28 (1.42 to 3.66)
Primary analysis	162	56.8	158	35.8	1.59 (1.17 to 2.15)

