USE OF OPIOID ANTAGONIST NALTREXONE TO TREAT OPIOID ADDICTION IN RUSSIA

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Background

- Russian Federation develops a treatment approach for people with opioid use disorder (OUD) to improve treatment adherence and decrease frequency of relapse.
- Hepatitis, HIV and TB co-infection is common among patients with opioid dependence.
- Untreated opioid addiction in HIV positive patients is associated with poor ART adherence and outcome.
- Extended release naltrexone is effective for OUD and might also help improve HIV treatment outcomes.
Naltrexone for heroin dependence treatment in St. Petersburg, F
Evgeny M. Krupitsky, M.D., Ph.D. a, Edwin E. Zvartau, M.D., Ph.D. b, Dimitry V. Masalov, M.D. c, Marina V. Tsoi, M.D. c, Andrey M. Burakov, M.D c

The Lancet

Injectable extended-release naltrexone for opic dependence: a double-blind, placebo-controlled randomised trial
Evgeny Krupitsky, Edward Y Yunes, Walter Ling, Ari Elparana, David R Grabenstedt, Bernard I Silverman

Summary
Background: Opioid dependence is associated with low rates of treatment-seeking, poor adherence to treatment, frequent relapse, and major societal consequences. We aimed to assess the efficacy, safety, and patient-reported outcomes of an injectable, once-monthly extended-release formulation of the opioid antagonist naltrexone (XR-NTX) for the treatment of patients with opioid dependence after detoxification.

Methods: We did a double-blind, placebo-controlled, randomised, 24-week trial of XR-NTX. Patients aged 18 years or over who had 30 days or less of inpatient detoxification opioids were enrolled at 13 clinical sites in Russia. We randomly assigned patients (1

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Naltrexone with or without guanfacine for preventing relapse to opiate addiction in St. Petersburg, Russia
Evgeny Krupitsky a,b, Edwin Zvartau a,b, Elena Blokhina a,b, Elena Verbitskaya a,b, Marina Tsoy a,b, Valentina Wahlgren a,b, Andrey Burakov a,b, Dimitry Masalov a,b, Tatjana N. Romanova a,b, Vladimir Palatkin a,b, Arina Tyurina a,b, Tatjana Yaroslavtseva a, Rajita Sinha d, Thomas R. Kosten d, e

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i Anhedonia, depression, anxiety, and craving in opiate dependent patients stabilized on oral naltrexone or an extended release naltrexone implant
Evgeny Krupitsky MD, PhD, DMedSci, Edwin Zvartau MD, PhD, DMedSci, Elena Blokhina MD, PhD, Elena Verbitskaya PhD, Valentina Wahlgren MD, PhD, Marina Tsoy-Podsennik PhD, Natalia Bushara MD, Andrey Burakov MD, PhD, Dmitry Masalov MD, Tatjana Romanova PsyD, Arina Tyurina MD, PhD, Vladimir Palatkin MD, Tatjana Yaroslavtseva MD, Anna Pecoraro PsyD & George Woody MD
Naltrexone formulations:
Retention in addiction treatment: Kaplan-Meier Analysis of Time-to-Discontinuation

Median days on treatment was significantly longer for patients in the XR-NTX vs. placebo group: >168 days vs. 96 days in the placebo group (P=0.0042)

Krupitsky et al., Lancet, 2011
HIV Risk Assessment Battery (RAB): Baseline and LOCF-endpoint Scores

RAB: Drug Risk

- Baseline: XR-NTX (N=126/71), Placebo (N=124/65)
- Week 24: XR-NTX (N=126/71), Placebo (N=124/65)

Mean RAB scores:

- Baseline: XR-NTX = 7.7, Placebo = 0.7
- Week 24: XR-NTX = 7.2, Placebo = 1.9

* P=0.006

Less risky behavior

RAB: Sex Risk

- Baseline: XR-NTX = 4.4, Placebo = 4.0
- Week 24: XR-NTX = 4.0, Placebo = 3.7

Mean RAB scores:

- Baseline: XR-NTX = 3.7, Placebo = 3.3
- Week 24: XR-NTX = 3.7, Placebo = 3.3

P-value based on Van der Waerden test for XR-NTX vs. Placebo

Krupitsky et al., Lancet, 2011
More NI than ON participants completed addiction treatment 32 (32%) vs. 17 (17%); Fisher Exact Test p=0.02

Krupitsky et al., CPDD, 2017
Viral Load among patients stabilized on oral or implantable naltrexone

More RNA suppression in NI than ON [66% vs 50%; OR (95%CI)=1.94 (1.10-3.43)]

Krupitsky et al., CPDD, 2017
Conclusion

Evidence based studies conducted in Russia demonstrated that long-acting naltrexone is more effective in the treatment of opioid use disorder compared to oral naltrexone and placebo.

An implant that is approved in the Russian Federation and provides opioid blockade for three months improves ART retention and HIV treatment outcomes.
Disclosure

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