Letter to the Editor: Response to Costa et al.

Andrew Thompson, Lynn Owens, Paul Richardson, Munir Pirmohamed

We welcome the comments from Costa et al relating to our systematic review. In respect of patient-tailored dosing, the ultimate aim of any drug should be personalised dosing which allows the attainment of drug concentrations in the blood (and at the site of action) that both optimise the efficacy and minimise toxicity for each patient. However, this is not usual practice, since most drugs are used on the basis of “one-dose-fits-all”.

The effectiveness of baclofen appears to vary between patients, and the benefits of dose escalation in ‘low-dose non-responders’ has been demonstrated in trials and observational studies. There is also evidence that duration of treatment can influence response. However, the factors driving these various response differences are yet to be elucidated and require more research. This will be vital in determining baclofen’s longevity for treatment of alcohol use disorder. The pace at which baclofen was adopted in clinical practice resulted in evidence gaps to justify the use of high doses. Although patient-tailored dosing should be used to optimise clinical outcomes with baclofen, the appropriate titration regimen and maximum dose need to be defined. This may of course vary depending on drinking history, disease phenotype, gender and other biological factors. This should be accompanied by increasing awareness of potential risks of baclofen use, including baclofen withdrawal.

We reiterate our calls within our manuscript for early phase dose-finding studies of baclofen in alcohol use disorder patients and the need to invest in alcohol pharmacology research.

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