

# Teaching an Old Disorder New Tricks: Endocrine Pharmacotherapies for Alcohol Use Disorder

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## Disclosure Information

- ◆ Presenter 1: Rani Richardson, B.A.
  - ◆ No Disclosures
- ◆ Presenter 2: Stephanie T. Weiss, M.D., Ph.D.
  - ◆ No Disclosures
- ◆ Presenter 3: Andras Leko, M.D., Ph.D.
  - ◆ No Disclosures
- ◆ Presenter 4: Mehdi Farokhnia, M.D., M.P.H.
  - ◆ No Disclosures



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## Learning Objectives

- ◆ Review AUD treatments currently used in the U.S.
- ◆ Describe ongoing, cutting-edge translational and clinical research to develop novel AUD therapies
- ◆ Illustrate the early-phase clinical trial process using case examples
- ◆ Identify barriers and complexities in the AUD medication development process



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## Current Therapies for AUD



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## Alcohol Use Disorder (AUD)

- ◆ 15 million American adults living with AUD
- ◆ High burden of morbidity and mortality, comorbidities
- ◆ Only 3 FDA-approved treatments for AUD
- ◆ Heterogeneity in the AUD population



Litten RZ, Handb Exp Pharmacol 2018, Grant BF, JAMA Psychiatry 2015; National Survey on Drug Use and Health; Koob GF, Pharmacol Rev 2021; The Healthcare Professional's Core Resource on Alcohol (NIAAA)

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## NIAAA Clinician Guidelines

“All approved drugs have been shown to be effective adjuncts to the treatment of alcohol dependence. Thus, consider adding medication whenever you are treating someone with active alcohol dependence or someone who has stopped drinking in the past few months but is experiencing problems such as craving or slips.”



NIAAA, NIH Government Publications. Helping Patients Who Drink Too Much: A Clinician's Guide. 2005, 2007 Edition.

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### FDA-Approved AUD Pharmacotherapies

- ◆ **Disulfiram**
  - ◆ Aldehyde dehydrogenase inhibitor
  - ◆ Causes nausea, dizziness, headache, flushing when taken with alcohol
  - ◆ Approved by FDA in 1948
- ◆ **Naltrexone**
  - ◆ Opioid antagonist
  - ◆ Binds to opioid receptors, thus blocking alcohol reward pathways
  - ◆ Approved by FDA in 1994
- ◆ **SR-Naltrexone**
  - ◆ Sustained-release naltrexone
  - ◆ Approved by FDA in 2006
- ◆ **Acamprosate**
  - ◆ Glutamate receptor modulator (?)
  - ◆ Helps maintain complete abstinence during post-acute withdrawal
  - ◆ Approved by FDA in 2004



Zindel LR, JSAD, 2014  
Kranzler HR, JAMA 2018

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### Acamprosate

- ◆ Abstinence, relapse prevention
- ◆ Drug metabolism
- ◆ Compliance



Anton RF, JAMA 2006; Mann K, Addict Biol 2013; Cheng HY, Bmj, 2020; Maisei NC, Addiction 2013; Jonas DE, JAMA 2014

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### Naltrexone

- ◆ Multiple outcomes
  - ◆ Craving
  - ◆ Number of heavy drinking days
  - ◆ Return to drinking
  - ◆ Binge drinking



Anton RF, JAMA 2006; Mann K, Addict Biol. 2013; Cheng HY, BMJ, 2020; Maisei NC, Addiction 2013; Jonas DE, JAMA 2014

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## Disulfiram

- ◆ Complete abstinence, not drinking reduction
- ◆ Supervised administration
- ◆ Difficulty in study design
- ◆ Liver considerations

Jergensen CH, Alcohol Clin Exp Res 2011; Skinner MD, PLoS One 2014

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## Promising Medications for AUD (not approved by the FDA)

**Topiramate**

- ◆ Increases GABA-A activity
- ◆ Approved by FDA for epilepsy, migraine and obesity

**Gabapentin**

- ◆ GABA analog, voltage-gated calcium channels
- ◆ Approved by FDA for epilepsy and postherpetic neuralgia

**Baclofen**

- ◆ GABA-B receptor agonist
- ◆ Approved by FDA for muscle spasticity

Morley KC, Expert Opinion on Pharmacotherapy, 2021

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## Topiramate

- ◆ Reduction of craving
- ◆ Reduction of heavy drinking days, drinks per day

Miranda R, Jr, Addict Biol 2014; Johnson BA, JAMA 2007; Johnson BA, Lancet 2003; Palpacuer G, Addiction 2010; Welsh JP, Neuropsychopharmacology 2021; Kranzler HR, Addict Biol 2022

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## Gabapentin

- ◆ Heavy drinking days
- ◆ Responders: withdrawal symptoms

Furieri FA, J Clin Psychiatry; Karam-Hage M, Am J Psychiatry; Myrick H, Am J Psychiatry, 1998; Karam-Hage M, 2003; Mason BJ, JAMA Intern Med, 2014; Anton RF, JAMA Intern Med 2020; Falk DE, ACEP, 2019

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## Baclofen

- ◆ Craving, abstinence, time to relapse
- ◆ High drinking individuals
- ◆ Comorbid liver disease

Addolorato G, Lancet 2007; Leggio L, CNS Neurol Disord Drug Targets 2010; Agabio R, Lancet Psychiatry 2018; Rombouts SA, Alcohol Alcohol 2019; Garbutt JC, Neuropsychopharmacology 2021cc

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## Varenicline

- ◆ Craving
- ◆ Heavy Drinking Days
- ◆ Comorbid smokers (nicotine)

Litten RZ, J Addict Med, 2013; Falk DE, J Addict Med, 2015; Donato S, Alcohol Clin Exp Res, 2021; de Bejczy A, Alcohol Clin Exp Res, 2015; Gandhi KD, J Clin Psychiatry, 2020

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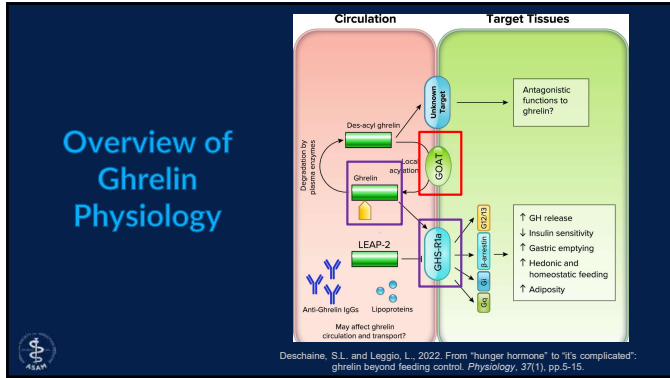
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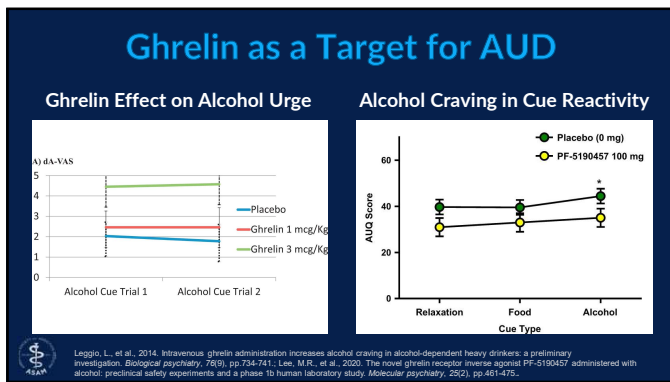
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### Manipulating Ghrelin Signaling Via GOAT Inhibition in Alcohol Use Disorder

- ◆ Objectives:
  - ◆ Evaluate the safety of the IND GLWL-01 in people with AUD
  - ◆ Provide preliminary evidence of its efficacy to decrease drinking
  - ◆ Evaluate its effect on food choices
- ◆ Population:
  - ◆ People ages 18-70 with AUD (34 completers)
  - ◆ Not physically dependent on alcohol/benzodiazepines
  - ◆ No other health conditions that would make participation unsafe

<https://clinicaltrials.gov/ct2/show/NCT03896516>

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### Study Design

- Randomized, placebo-controlled
- Double-blind
- Within-subject (crossover)
- Counterbalanced

Dinu, M., Pounis, G. and Sofi, F., 2019. Study design in experimental settings. In *Analysis in Nutrition Research* (pp. 23-41). Academic Press.

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### GOAT Study Schedule

DAY 1
Enrollment

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### Study Procedures

Virtual Reality Buffett



Cue Reactivity in the Mock Bar



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## Known Unknowns

- ◆ “Surprising” side effects?
- ◆ Green poop!
- ◆ Decreased tobacco smoking in some patients



[https://www.google.com/adk?sa=I&al=DChcSEwinzbzd\\_4H9AhWC5HckKHVdHBroYABAFGpJZg&sig=AOD64\\_1ivFBtaTaNtOVnVMXaVnktzvuVg&adurl&ctpe=5&ved=2ahUKEwj0zLLd\\_4H9AhVun\\_0HHf5aD2EQvhd6BqBEDU](https://www.google.com/adk?sa=I&al=DChcSEwinzbzd_4H9AhWC5HckKHVdHBroYABAFGpJZg&sig=AOD64_1ivFBtaTaNtOVnVMXaVnktzvuVg&adurl&ctpe=5&ved=2ahUKEwj0zLLd_4H9AhVun_0HHf5aD2EQvhd6BqBEDU)

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## Known Unknowns

- ◆ Hepatic Toxicity?
- ◆ Stricter enrollment criteria (LFTs <1.5x ULN)
- ◆ Liver fibrosis risk calculation (FIB-4)



**GO-202 Transaminases**

Shah, Amy G., et al. "Comparison of noninvasive markers of fibrosis in patients with nonalcoholic fatty liver disease." *Clinical gastroenterology and hepatology* 7.10 (2009): 1104-1112.

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## Unknown Unknowns

- ◆ Drug withdrawal
- ◆ Caffeine
- ◆ Cannabis/THC



Supplement Facts	
Serving Size 8.0 fl.oz. (240 mL)	
Servings Per Container: 2	
Amount Per Serving	% Daily Value
<b>Calories</b>	<b>100</b>
<b>Total Carb</b>	<b>27g 9%*</b>
Sugars	27g †
Riboflavin Vit B2	1.7mg 100%
Niacin Vit B3	20mg 100%
Vitamin B6	2mg 100%
Vitamin B12	6mcg 100%
Sodium	180mg 8%
Taurine	1000mg †
Panax Ginseng	200mg †
Energy Blend	2500mg †
L-Carnitine, Glucosamine, Caffeine, Guarana, Inositol, Glucuronolactone, Melatonin	†

\*Percent Daily Values are based on a 2000 calorie diet. † Daily Value not established.

<https://shop.mypricechopper.com/product/monster-energy-drink-ultra-paradise-16-oz-00070847033080>

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## Unknown Unknowns

- ◆ Clinically normal protocol-based patient withdrawal
- ◆ Threshold QTcF: <470 ms
- ◆ Baseline QTcF: 377 ms
- ◆ Post-Dosing QTcF: 439 ms

- 3a. Criteria for individual subject withdrawal:
  - .....If there is prolongation of the QTcF interval to >500 ms or >60 ms over that on Day 1 ECG....

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## Unknown Unknowns

- ◆ Other logistics
- ◆ Food issues
- ◆ Managing patient expectations



<https://easybudgetrecipes.com/ground-turkey-chili/>

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## Repurposing of Spironolactone

A new indication for a "good old drug"?

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## What is spironolactone?

cortisol  
aldosterone

MR

spironolactone

Vargas-Rodríguez JR et al., Front Med, 2022

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## What is spironolactone?

cortisol  
aldosterone

MR

spironolactone

**FDA approved in 1960**  
**Hypertension: 25-100 mg/day**  
**Heart failure: 25-50 mg/day**  
**Edema due to cirrhosis: 25-200 mg/day**  
**Hyperaldosteronism: 100-400 mg/day**

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## Why Spironolactone and the Mineralocorticoid Receptor (MR)?

Lékó AH et al., ACS Chem Neurosci, 2022  
 Leggio L et al., Alcohol, 2008  
 Aoun et al., Mol Psychiatry, 2016

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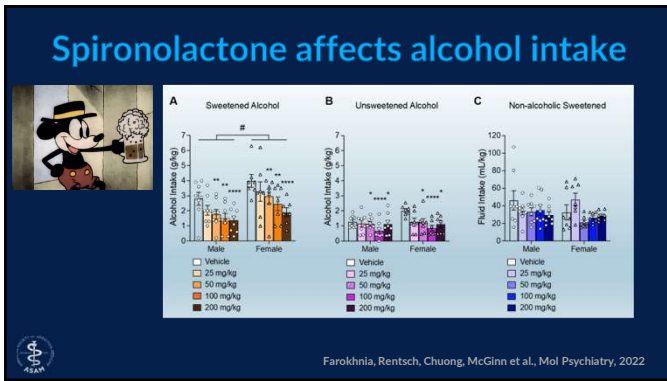
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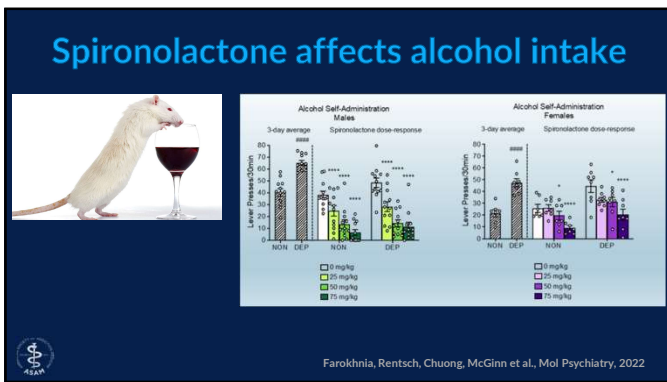
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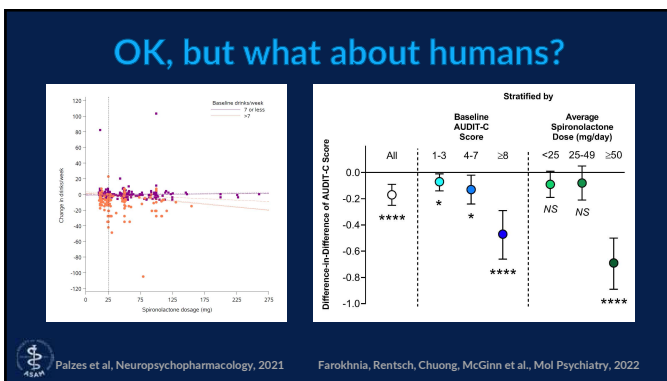
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## Spironolactone - side effects

cortisol  
aldosterone

Hyperkalemia

Hypotension

Gynecomastia

Worsening renal function

Hyponatremia

Hypomagnesemia

Hypocalcemia

Hypochloremic alkalosis

Hyperglycemia

Hyperuricemia (asymptomatic)

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## Spironolactone in Alcohol Use Disorder (SAUD)

Phase 1b study under review

- ◆ Features
  - ◆ Inpatient, within-subject, double-blind, placebo-controlled
  - ◆ Heavy-drinking individuals with AUD (N=12)
  - ◆ Day 6: Spironolactone + Alcohol
- ◆ Outcomes:
  - ◆ Spironolactone Pharmacokinetics
  - ◆ Safety/tolerability
  - ◆ Alcohol Pharmacokinetics
  - ◆ Subjective and cognitive effects of alcohol

Visit 1: Day 2-6; placebo

↓ 3+ days washout

Visit 2: Day 2-6; 2x50 mg spironolactone

↓ 3+ days washout

Visit 3: Day 2-6; 2x100 mg spironolactone

↓ 3+ days washout

Visit 4: Day 2-6; 2x200 mg spironolactone

↓ Discharge from the study

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## "Alcohol Challenge"

Day 6: morning dose (spironolactone/placebo)

↓ 90 min

Oral alcohol 0.5 g / kg fat-free mass (based on DXA scan)

↓ BAC 0.08%

↓ Spironolactone PK Alcohol PK (BAC) Subjective and cognitive effects of alcohol

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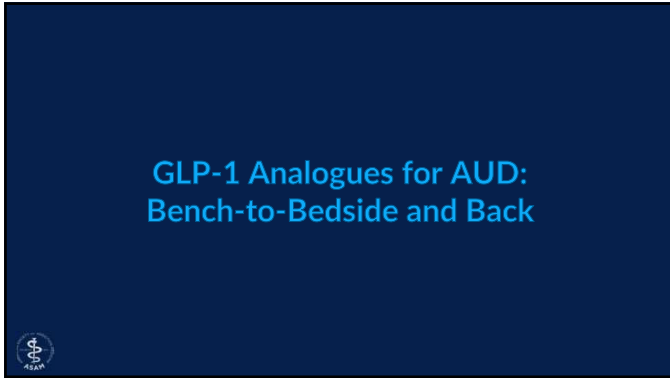
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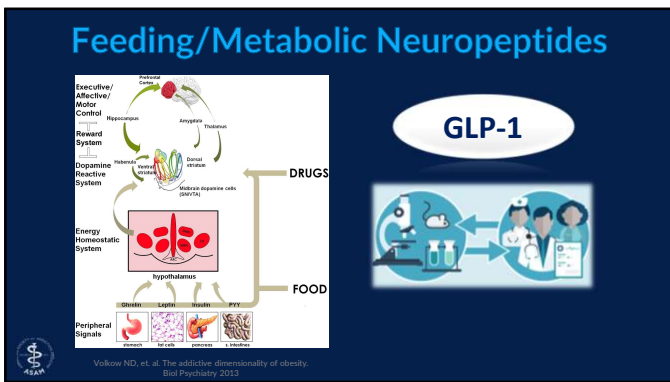
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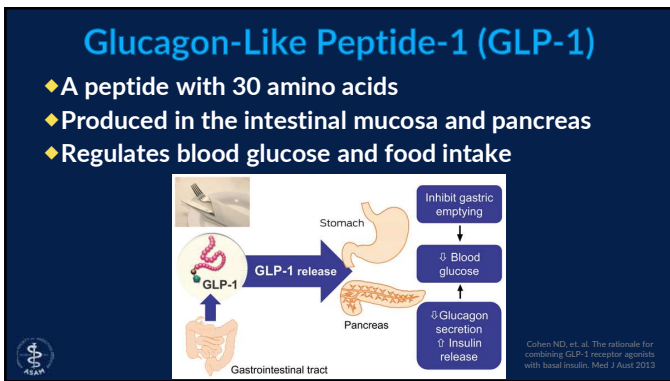
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## Semaglutide for Clinical Use



**Ozempic**  
FDA-approved for diabetes



**Wegovy**  
FDA-approved for obesity

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## Semaglutide for Alcohol Use in Humans (RCT under development)

- ◆ Outpatient, between-subject, double-blind, placebo-controlled
- ◆ Heavy-drinking individuals with AUD (N = 52 completers)
- ◆ Weekly injection of semaglutide/placebo up to 2.4 mg/week
- ◆ Outcomes:
  - ◆ Safety and tolerability
  - ◆ Alcohol use (drinks/week, etc.)
  - ◆ Three experimental procedures

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Visit / Week # →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Follow up
Study Drug or Placebo (mg)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Take Control	x			x			x			x			x			x			x		





**Assessments:**

- ◆ Alcohol intake, side effects (co-primary outcome)
- ◆ Clinical assessments and labs
- ◆ Measures of craving, mood, anxiety, sleep, anhedonia, etc.

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### Take-Home Points

- ◆ Current AUD medications are helpful but not sufficient
- ◆ Endocrine pathways (ghrelin, mineralocorticoids, GLP-1) are promising targets for AUD drug discovery
- ◆ Multiple drug discovery techniques are being pursued by the TAMB at the NIDA IRP
  - ◆ Testing of Investigational New Drugs (e.g., GLWL-01)
  - ◆ Repurposing of existing drugs (e.g., spironolactone, semaglutide)

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