Clinical question
How effective is gamma-hydroxybutyrate (GHB) for the treatment of alcohol withdrawal syndrome and the prevention of relapses?

Bottom line
GHB 50mg is effective compared with placebo in the treatment of alcohol withdrawal syndrome, and in preventing relapses in previously detoxified alcoholics at 3 months’ follow-up. However, the results of this review do not provide sufficient evidence in favour of GHB compared with benzodiazepines or chlormethiazole for the prevention of alcohol withdrawal syndrome. GHB is better than naltrexone and disulfiram in maintaining abstinence and it has a better effect on craving than placebo or disulfiram. Side effects of GHB 50mg/kg/day are limited and manageable, and are not statistically different from those with benzodiazepines, naltrexone or disulfiram.

Caveat
The overall quality of the evidence is generally low. Most trials were from a single country (Italy, n=11), and sample sizes were generally very small (range 17–98 patients). Concern has been raised regarding the risk of developing addiction, misuse or abuse of GHB, especially in polydrug abusers.

Context
The main goals for clinical management of alcohol withdrawal are to minimise the severity of symptoms and facilitate entry into a treatment programme so the person can achieve and maintain abstinence from alcohol. Medications used for alcohol withdrawal syndrome include benzodiazepines, anticonvulsants, chlormethiazole and GHB, which was first available as a health food and body-building supplement. Reports of adverse events led to its withdrawal for that purpose. Naltrexone and disulfiram are also used to prevent relapses.

Cochrane Systematic Review

This review contains 13 studies involving 648 participants.