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LETTER TO THE EDITOR

Baclofen: What's in a Word? A World of Difference

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Dear Editor,

The paper by Addolorato *et al*. (2011) attributes to me and to Dr William Bucknam a hypothesis that neither of us has advanced. Addolorato *et al*. write:

'However, anecdotal reports have hypothesized the ability of high doses of baclofen (up to 140 and 270 mg/day) to *reduce* alcohol craving and consumption (Ameisen, 2005a; Bucknam, 2007)'.

My 2005 paper and Bucknam's (2007) paper expressly advance a very different hypothesis, that baclofen at higher doses can *suppress*, which is to say, eliminate, alcohol craving and uncontrolled alcohol consumption. *To reduce* something is to moderate it. *To suppress* something is to prevent or stop it. This semantic difference is a difference of kind, not degree. *Reduction of craving* leaves patients with full-blown symptomatic alcoholism and its severe associated risks, requiring them to maintain effort-mediated abstinence. *Suppression of craving* lies outside the limited spectrum of reduction, and thus presents the possibility of eliminating symptomatic alcoholism along with its severe associated risks.

What I have hypothesized (Ameisen, 2005a) is that, if transposable to humans, the dose-dependent motivation-suppressing effects of baclofen in animals could *suppress alcohol dependence (AD) altogether* (Ameisen, 2005b).

And what I have reported, using 270 mg/day of baclofen, as stated in the title, the abstract and the core of my paper is 'Complete and prolonged *suppression* of symptoms and consequences of AD', a phenomenon that had never been previously reported in the medical literature. I reported *effortless suppression of craving*, that is, the elimination of craving, as opposed to the reduction of craving.

As clearly stated in the title and the abstract of his paper, Bucknam's goal was to further test my translational model. He succeeded in replicating it, using 140 mg/day of baclofen. So did Agabio *et al*. (2007). Both Bucknam and Agabio expressly use the word *suppression* (as opposed to *reduction*) of alcohol dependence and *craving* in the titles of their reports.

In a recent open-label trial, Ameisen and de Beaurepaire have shown baclofen to effortlessly suppress AD in 88% of 60 alcoholic patients (Ameisen, 2011). The dose required ranged from 60 to 300 mg/day (mean 145 mg/day). Nearly all reported cases of *suppression* of AD occur when baclofen is used at doses of 100 mg/day or more. These results, together with the well-established safety of baclofen at up to 300 mg/day in compassionate care for a benign condition, muscular spasticity, indicate that randomized trials of high-dose baclofen for AD are long overdue.

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