The antidepressant Zoloft (sertraline) combined with naltrexone helped people with both alcohol dependency and depression remain abstinent and suffer fewer depressive symptoms, according to a study published March 15 in the Journal of Psychiatry and reported by MedPage Today.

Treating alcohol dependency is challenging on its own, but is even harder in the midst of depression. The vast majority of people who try to stop drinking have relapses, and the numbers are even worse when a person is also struggling with depression. There are, however, effective antidepressants to treat depression, and there are drugs, like naltrexone, that help reduce cravings in people who’ve been abusing alcohol.

To determine whether the combination of Zoloft and naltrexone might be more effective than either alone in treating depressed alcoholics, Helen Pettinati, PhD, from the University of Pennsylvania in Philadelphia, and her colleagues enrolled 170 people to take part in a study. All of the participants were alcohol dependent and depressed. The study compared a double placebo group, a group taking Zoloft plus a placebo, a group taking naltrexone plus a placebo and a group taking both Zoloft and naltrexone.

In terms of preventing relapse, the combination of both drugs was far superior. Zoloft plus naltrexone prevented relapse during the 14 weeks of the study in 54 percent of people, compared with 21 percent in those taking just naltrexone, 27 percent in those taking only Zoloft and 23 percent in those taking only a placebo. People taking the two-drug combination also went longer, as a group, before returning to heavy drinking: 98 days for those on the combination, compared with 29 days for the naltrexone group, 23 days for the Zoloft group and 26 days for the placebo group. There was also a trend toward better resolution of depressive symptoms in people taking both drugs than in the other groups.

Ashwin Patkar, MD, of Duke University in Durham, North Carolina, who was not involved with the study, told MedPage Today that the study had a “good take-home message for physicians in terms of how they can use medications and combine them with behavioral therapy for alcohol dependence.”