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 (54) Title: COMBINED EFFECTS OF TOPIRAMATE AND ONDANSETRON ON ALCOHOL CONSUMPTION

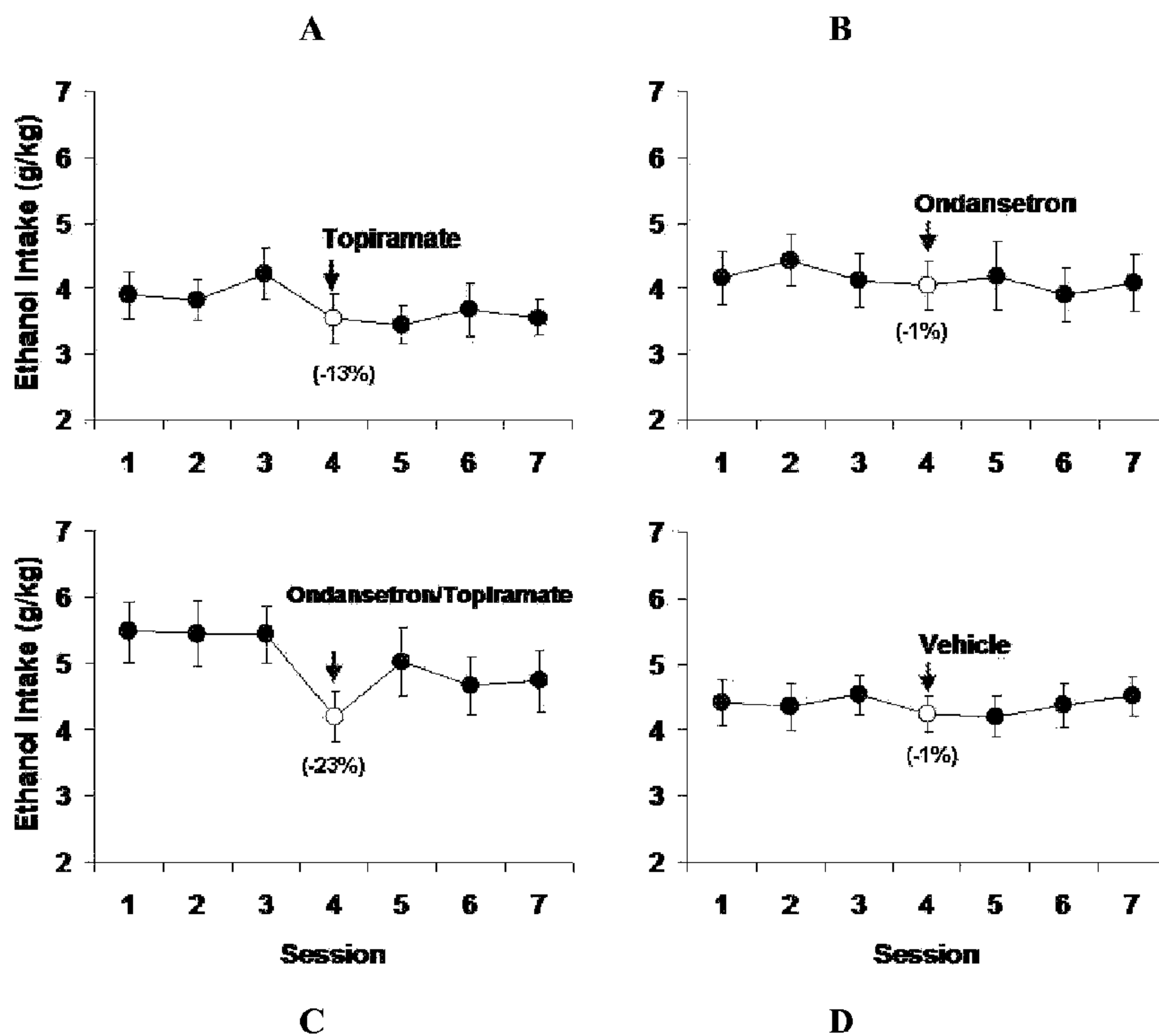


FIGURE 1

(57) Abrégé/Abstract:

The present invention provides for the use of combinations of drugs to treat addictive disorders. More specifically, the present invention relates the use of drugs in conjunction with behavioral intervention to treat alcohol-related diseases and disorders as well as treatment of obesity and regulating weight.

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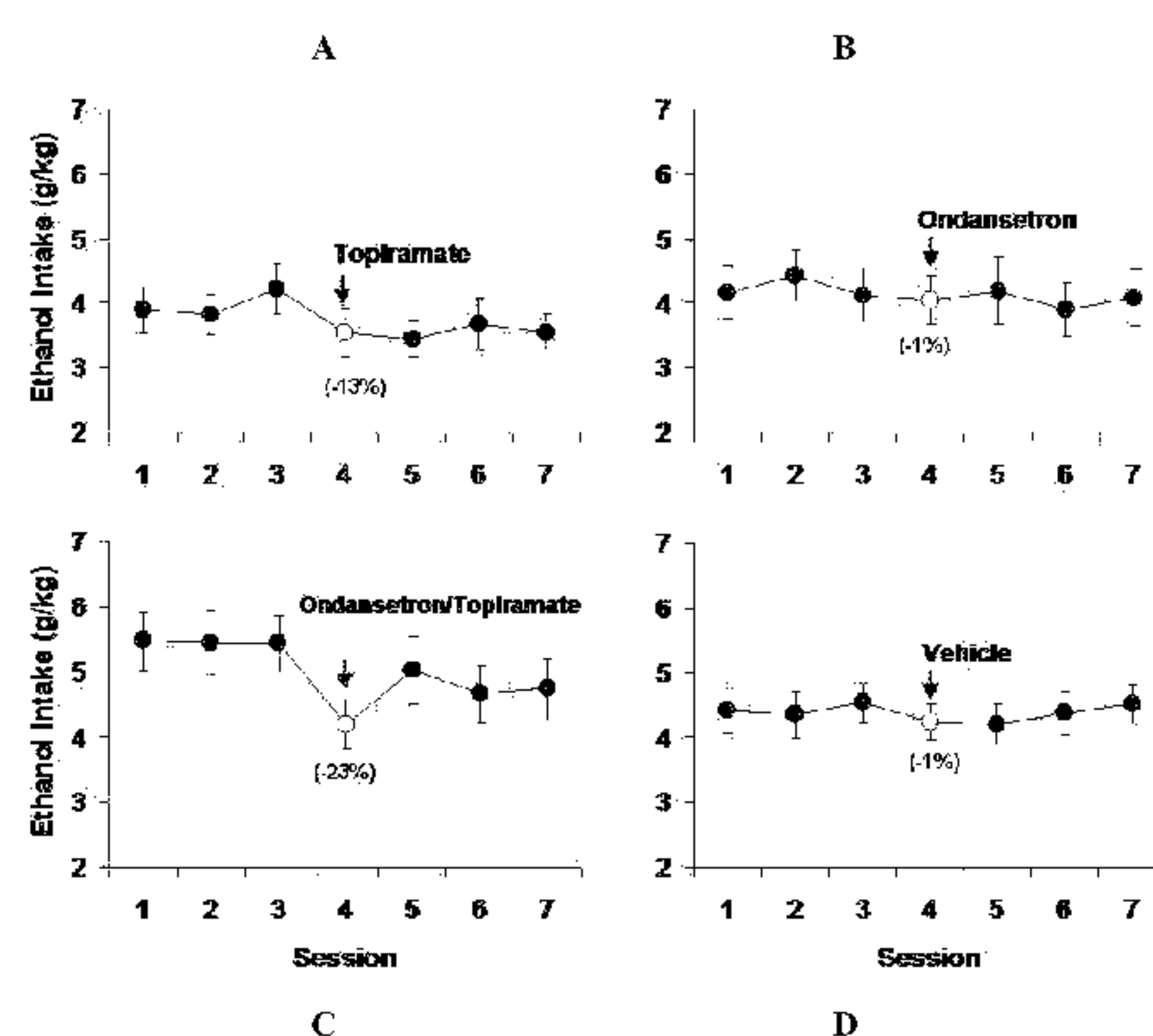


FIGURE 1

(57) Abstract: The present invention provides for the use of combinations of drugs to treat addictive disorders. More specifically, the present invention relates the use of drugs in conjunction with behavioral intervention to treat alcohol-related diseases and disorders as well as treatment of obesity and regulating weight.

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**COMBINED EFFECTS OF TOPIRAMATE AND
ONDANSETRON ON ALCOHOL CONSUMPTION**

CROSS REFERENCE TO RELATED APPLICATIONS

5 This application is entitled to priority pursuant to 35 U.S.C. § 119(e) to U.S. provisional patent application nos. 60/875,668, filed on December 19, 2006, 60/898,528, filed on January 31, 2007, and 60/931,031, filed on May 21, 2007.

10 **STATEMENT REGARDING FEDERALLY SPONSORED RESEARCH OR
DEVELOPMENT**

 This invention was made in part with United States Government support under National Institutes of Health Grant No. AA013964. The United States Government has certain rights in the invention.

15 **FIELD OF THE INVENTION**

 The present invention relates generally to the use of combination therapies to treat addiction-related diseases and disorders and impulse control disorders, particularly alcohol-related diseases and disorders.

20 **BACKGROUND**

 Alcohol abuse and dependence are widespread and it is estimated that 14 million American adults abused alcohol or were dependent on it in 1992 and that approximately 10% of Americans will be affected by alcohol dependence sometime during their lives. Alcohol dependence, characterized by the preoccupation with alcohol use, tolerance, and withdrawal, is a chronic disorder with genetic, psychosocial, and environmental factors influencing its development and manifestations. Studies have demonstrated the significance of opioids (i.e., beta-endorphin), dopamine (DA), serotonin (5-HT), γ -amino-butyric acid (GABA) and glutamate for the development and maintenance of alcohol dependence. To date, most pharmacotherapy trials have focused on single pharmacological agents. However, because of the failure to find consistent results with these drug therapies, investigating the efficacy of combining drugs that target multiple neurotransmitter systems or genes is perhaps more important to the development of future

25
30

pharmacotherapies for treatment of alcohol dependence and treatment of other addictive disorders and impulse control disorders.

5 Various medications and behavioral therapy have been used to treat alcohol dependence. The neuronal targets of alcohol include many neurotransmitter systems and the molecules participating in or regulating the systems, including GABA, glutamate, DA, opioids, and serotonin (for a review see Johnson, 2004, Expert Opin. Pharmacother., 5:9:1943-1955).

10 Despite the number of studies performed in this area, few drugs for alcohol dependence are approved in the U.S. The approved drugs are disulfiram, naltrexone, Vivitrex®/Vivitrol® (a long-acting depot formulation of naltrexone), and acamprosate. Disulfiram is an irreversible inhibitor of aldehyde dehydrogenase leading to increased levels of acetaldehyde, a toxic intermediate in alcohol metabolism. Patients who take disulfiram and drink alcohol experience an increased dilation of arterial and capillary tone producing hypotension, nausea, vomiting, 15 flushing, headache and possibly in some, worse symptoms. Therefore, the concept behind the use of disulfiram is that the alcohol-dependent individual associates drinking with unpleasant adverse events and, as a result, avoids further alcohol consumption. Nevertheless, recent research shows that disulfiram has limited utility because compliance is low unless it is administered by a partner or spouse.

20 Naltrexone's principal site of action is at the μ opioid receptors in the mesolimbic pathway, putatively blocking the reinforcing effects of alcohol by decreasing DA release in the nucleus accumbens (NAc). Studies using naltrexone report that the opioid antagonist is more effective than placebo in reducing craving and heavy drinking, and increasing the percentage of non-drinking days, but does not necessarily enhance abstinence. Although these studies support the efficacy of 25 naltrexone, others report limited utility for the drug only when individuals were highly compliant or even not at all.

30 Acamprosate, a structural analogue of GABA, was approved to promote abstinence in recently detoxified individuals. Although the exact mechanism of action is unknown, the drug is thought to restore glutamatergic-mediated inhibitory and excitatory neurotransmission in the NAc. Despite the important contributions these drugs make to alcohol treatment, abstinence or even reduced heavy drinking

levels still remain elusive for many. This suggests the need for discovering medications providing more efficacious treatments.

Serotonin (5-HT) dysfunction probably contributes to the development of alcoholism. Serotonin's receptors contribute to alcohol use in animals, as alcohol increases basal levels of 5-HT affecting receptors. Of the seven distinct families of 5-HT receptors, three are known to contribute to alcohol dependence: 5-HT_{1A} receptors might be associated with alcohol consumption and the development of tolerance; 5-HT₂ receptors with reward; and 5-HT₃ receptors with the development of reinforcement. Based on such evidence, several serotonergic drugs have been examined, but with inconsistent results. Presently only sertraline and ondansetron (a serotonin-3 (5-HT₃) antagonist) appear to show any promise with certain subtypes of alcoholic patients and fluoxetine with depressed alcoholics (see Kenna, 2005, Drug Discovery Today: Therapeutic Strategies, 2:1:71-78 and Johnson, 2000, Alcohol. Clin. Exp. Res., 24:1597-1601).

The 5-HT₃ receptor is involved in the expression of alcohol's rewarding effects. Behavioral pharmacological studies show that many of alcohol's rewarding effects are mediated by interactions between DA and 5-HT receptors in the midbrain and cortex. 5-HT receptors are densely distributed in the terminals of mesocorticolimbic DA containing neurons, where they regulate DA release in these brain regions. These DA pathways, particularly those in the NAc, are critically involved in mediating the rewarding effects of abused substances including alcohol. Demonstration that 5-HT₃ receptor blockade reduces DA activity, and therefore the rewarding effects of abused drugs (including alcohol), comes from at least three different animal paradigms. 5-HT₃ receptor antagonists: 1) attenuate hyperlocomotion in the rat induced by DA or ethanol injection into the nucleus accumbens; 2) inhibit DiMe-C7 (a neurokinin)-induced hyperlocomotion, which is also attenuated by the DA antagonist, fluphenazine; and 3) decrease alcohol consumption in several animal models and across different species.

Despite reductions in drinking in lab studies with animals and in human drinking sessions in which subjects have been administered selective serotonin re-uptake inhibitors (SSRIs), most double-blind placebo-controlled studies using SSRIs have not reduced drinking or any other measures of alcohol dependency. Recent

research however, suggests that because of the heterogeneity of the disease, perhaps subtypes of alcoholics respond differently to SSRIs.

Animal studies demonstrated that the 5-HT₃ receptor facilitates some of the biochemical and behavioral effects of alcohol through midbrain DA release. 5-HT₃ antagonists are consistently shown to suppress alcohol preference in animal studies, with recent evidence suggesting the 5-HT_{3A} receptor subunit requisite for 5-HT₃ antagonist-induced reductions in alcohol consumption.

Ondansetron, a 5-HT₃ receptor antagonist, has functionally opposite effects to SSRIs and blocks serotonin agonism at the 5-HT₃ receptor. Ondansetron can be effective for early-onset alcoholics (EOA) but not late-onset alcoholics (LOA), where age of onset of alcoholism (younger versus older than 25 years old) is the basis for subtyping alcoholics (Johnson, 2000, *Alcohol. Clin. Exp. Res.*, 24:1597-1601). In a placebo-controlled trial, 271 participants were stratified into EOA and LOA subtypes by 1, 4, and 16 µg/kg twice-daily doses of ondansetron compared with placebo (Johnson, 2000, *J. Am. Med. Assoc.*, 284:963-971). Patients with EOA who received ondansetron showed significant reductions in drinking (particularly those receiving 4 µg/kg twice daily) compared with LOA across all groups. In another study, it was shown that ondansetron treatment is more likely to be associated with improved drinking outcomes among EOA compared with LOA (Kranzler et al., (2003, *Alcohol. Clin. Exp. Res.*, 27:1150-1155). Ondansetron continues to be examined for individuals with early-onset alcoholism.

The reasons for these differential effects are unknown; however, one hypothesis suggests that alcoholics with a biological predisposition have a dysregulation of serotonergic function primarily associated with serotonin transporter (SERT) function (Johnson, 2000, *Alcohol. Clin. Exp. Res.* 24:1597-1601). The polymorphic variation of the SERT (the 5'-HTTLPR) is hypothesized to be involved with the effectiveness of ondansetron and sertraline in EOA and LOA alcohol-dependent individuals, respectively. Given that epidemiologic studies demonstrate that alcohol dependence has an approximately 50–60% heritability, the prospect for positive outcomes to drug therapy at least partly dependent on genetic predisposition in some alcoholics is strong. Recent studies have, therefore, attempted to delineate the genetic components associated with alcohol dependence. These findings highlight the important role that 5-HT plays in alcohol consumption,

although drug trials using serotonergics have had difficulty delineating responders from non-responders.

Animal studies suggest that fluctuating DA levels contribute to craving leading in turn to relapse in abstinent alcoholics. Strategies aimed at up-regulation of D2 receptor (DRD2) levels in the NAc, which might be significantly reduced in
5 alcoholics, could be particularly beneficial during continued abstinence of alcohol. DA regulation in general, and in particular DA antagonism, might be an important target for drug development. Reward associated with alcohol cues manipulating DA release by the mesolimbic pathway and positive symptoms of schizophrenia seem to
10 share similar dopaminergic dysfunction. Neuroleptics that regulate DA occupancy at DRD2, possibly causing an up-regulation of DRD2, might be associated with reduced positive symptoms of schizophrenia and reduced substance use.

Haloperidol, tiapride, olanzapine, and clozapine have all demonstrated various degrees of efficacy reducing craving and alcohol consumption or increasing
15 abstinence. Although they are theoretically interesting drugs to study, the risks associated with the side effects of typical or atypical neuroleptics have outweighed the benefits for using DA antagonists as serious treatments for alcoholism.

Aripiprazole, an atypical neuroleptic, has few of the limiting side effects associated with these related medications. Aripiprazole is a partial dopamine
20 agonist (PDA) with mixed HT_{1A/2A} activity. As with other PDAs, aripiprazole has a high affinity to bind to DA receptors but with low intrinsic activity, subsequently acting as an antagonist or agonist under conditions of hyper- or hypodopaminergic availability, respectively. Additionally as a mixed HT_{1A/2A} receptor drug, aripiprazole independently shows significant effects reducing alcohol use in both
25 animals and humans.

Midbrain and cortical DA pathways mediate alcohol's rewarding effects. Alcohol consumption increases GABA receptor activity which inhibits midbrain DA neurons and facilitates DA neurotransmission. Non-N-methyl-D-aspartate (NMDA) glutamate antagonists oppose GABA activity, thereby decreasing DA release.
30 Topiramate (a GABA/glutamate modulator) and gabapentin are FDA-approved antiepileptics. Topiramate is thought to have multiple mechanisms of action, including enhanced GABA inhibition that results in decreased DA facilitation in the midbrain, antagonism of kainate to activate the kainate or AMPA type glutamate

receptor subtypes, and inhibition of carbonic anhydrase Type II and IV isoenzymes (Johnson, 2004, Alcohol. Clin. Exp. Res., 28:1137-1144). Gabapentin reduces glutamate and increases GABA neurotransmission in the brain. Theoretically therefore, the unique pharmacology of these medications is well suited to the treatment of alcohol dependence or withdrawal and could normalize the brain dysregulation seen during the early abstinence period.

In a double-blind placebo-controlled trial, 150 men and women were titrated up to a maximum of 300 mg of topiramate per day during a 12-week period (Johnson et al., 2003, Lancet, 361:1677-1685). Participants in the topiramate arm reported significantly fewer drinks per day, drinking days, and drinks per drinking day, significantly more days of abstinence, and significantly less craving than placebo. Because abstinence was not a goal at the start of the study, the medication might be more beneficial during the abstinence-initiation phase of treatment. Although gabapentin has seen increased use as an alternative to benzodiazepines in alcohol withdrawal syndrome, its use as a potential adjunct to naltrexone for promoting abstinence in alcoholism is also being investigated.

The basis for combining naltrexone and acamprosate lies in positive and negative reinforcement of alcohol dependence. Naltrexone can influence positive reinforcement of alcohol use affected by the β -endorphin opiate system, which modulates dopamine release. Negative reinforcement, which occurs when one drinks to reduce anxiety, or relieve withdrawal, might be helped by the abstinence reinforcing effects of acamprosate. Although each drug individually appears to provide modest yet significant effects on treatment and drinking outcomes, taking advantage of naltrexone's reduction in relapse rates and acamprosate's reduced drinking frequency and abstinence promotion was the basis for the COMBINE trial which combined both in addition to behavioral strategies for treating alcohol dependence.

Naltrexone has been administered with ondansetron in EOA. In an 8-week, double-blind, placebo-controlled trial, the combination was found to significantly reduce drinks per day and drinks per drinking day and to have a positive effect on the percentage of days abstinent compared with placebo (Ait-Daoud et al., 2001, Psychopharmacology, 154:23-27). The authors suggested that adding ondansetron to naltrexone can provide a synergistic action in the EOA patient subtype.

Both ondansetron and topiramate have proven to be efficacious in treating alcohol dependence in humans, presumably through their actions on cortico-mesolimbic dopamine (CMDA).

5 Neuroscientific advances have greatly increased the understanding of the pharmacological effects of various neurotransmitter systems in the acquisition and maintenance of alcohol dependence. Medications that interact either directly or indirectly with neurotransmitters that modulate cortico-mesolimbic dopamine (CMDA) neurons have been central to most pharmacological strategies in the last decade (for reviews, see Wise and Bozarth, 1987, *Psychol. Rev.*, 94:469-492; 10 Hyman and Malenka, 2001, *Nat. Rev. Neurosci.*, 2:695-703; Koob, 2003, *Alcohol Clin. Exp. Res.*, 27:232-243); and Weiss and Porrino, 2002, *J. Neurosci.*, 22:3332-3337). Direct DA antagonists have failed to demonstrate therapeutic efficacy consistently, possibly because the high degree of neuroadaptation that occurs with direct post-synaptic blockade mitigates against any long-standing therapeutic effect 15 (Johnson and Ait-Daoud, 2002, *Psychopharmacology*, 149:327-344; Kreek et al., 2002, *Nat. Rev. Drug Discov.*, 1:710-726).

Various types of combination therapies have been used in an attempt to treat and prevent alcohol dependence and binge drinking. For example, Anton et al. (2006, *J. Am. Med. Assoc.*, 295:2003-2017) combined pharmacotherapies 20 (naltrexone and acamprosate) with behavioral therapy. However, current evidence for the usefulness of combination pharmacotherapy is lacking (Williams, 2005, *Am. Fam. Physician*, 72:9:1775-1780). Combination therapies are also being tested in an attempt to treat other addiction-related diseases and disorders.

25 There is a long-felt need in the art for compositions and methods useful for treating addiction-related diseases and disorders. The present application satisfies this need.

SUMMARY OF THE INVENTION

30 The present invention encompasses an approach that combines drugs for the treatment of addictive disorders such as alcohol dependence. Because the reinforcing effects of most abused drugs are also mediated by CMDA neurons, the present invention provides combination therapy with drugs such as topiramate, ondansetron, and naltrexone as efficacious treatments for addictive disorders

including (but not limited to) alcohol, eating, cocaine, methamphetamine, marihuana, tobacco abuse and addiction, and other addictive behaviors, including, but not limited to, gambling and sex. One of ordinary skill in the art will appreciate that the compounds of the invention useful for combination drug therapy can in
5 some instances be used singly instead of as part of a combination. One of ordinary skill in the art will also appreciate that the compounds of the invention useful for combination drug therapy can in some instances be used in any combination.

In one embodiment, the present invention provides compositions and methods for treating or preventing an alcohol-related disease or disorder comprising
10 administering to a subject a therapeutically effective amount of at least two anti-alcohol agents or compounds, and optionally other therapeutic agents. The present invention further encompasses the adjunctive use of psychosocial management techniques. In one aspect, the present invention provides methods for treating or preventing an alcohol-related disease or disorder in a subject comprising
15 administering an effective amount of at least two compounds, and analogs, homologs, derivatives, modifications, and pharmaceutically acceptable salts thereof, selected from the group consisting of serotonergic agents, serotonin antagonists, selective serotonin re-uptake inhibitors, serotonin receptor antagonists, opioid antagonists, dopaminergic agents, dopamine release inhibitors, dopamine
20 antagonists, norepinephrine antagonists, GABA agonists, GABA inhibitors, GABA receptor antagonists, GABA channel antagonists, glutamate agonists, glutamate antagonists, glutamine agonists, glutamine antagonists, anti-convulsant agents, NMDA-blocking agents, calcium channel antagonists, carbonic anhydrase inhibitors, neurokinins, small molecules, peptides, vitamins, co-factors, anti-orexin
25 agents, regulators of cannabanoid receptor-1, and Corticosteroid Releasing Factor antagonists. In one aspect, the neurokinin is NPY. The present invention further encompasses administering other small molecules and peptides.

In one embodiment, the alcohol-related disease or disorder being treated includes, but is not limited to, early-onset alcoholic, late-onset alcoholic, alcohol-
30 induced psychotic disorder with delusions, alcohol abuse, alcohol intoxication, alcohol withdrawal, alcohol intoxication delirium, alcohol withdrawal delirium, alcohol-induced persisting dementia, alcohol-induced persisting amnestic disorder, alcohol dependence, alcohol-induced psychotic disorder with hallucinations,

alcohol-induced mood disorder, alcohol-induced or associated bipolar disorder, alcohol-induced or associated posttraumatic stress disorder, alcohol-induced anxiety disorder, alcohol-induced sexual dysfunction, alcohol-induced sleep disorder, alcohol-induced or associated gambling disorder, alcohol-induced or associated sexual disorder, alcohol-related disorder not otherwise specified, alcohol
5 intoxication, and alcohol withdrawal.

In one embodiment, the present invention provides compositions and methods for reducing the frequency of alcohol consumption compared with the frequency of alcohol consumption before the treatment. One of ordinary skill in the
10 art will appreciate that the frequency can be compared with prior consumption by the subject or with consumption by a control subject not receiving the treatment. In one aspect, the type of alcohol consumption is heavy drinking.

In one embodiment, the present invention provides compositions and methods for reducing the quantity of alcohol consumed in a subject compared with
15 the amount of alcohol consumed before the treatment or compared with the alcohol consumption by a control subject not receiving the treatment.

In one embodiment of the invention, the present invention provides compositions and methods for improving the physical or psychological sequelae associated with alcohol consumption compared with a control subject not receiving
20 the treatment.

In one embodiment, the present invention provides compositions and methods for increasing the abstinence rate of a subject compared with a control subject not receiving the treatment.

In one embodiment, the present invention provides compositions and
25 methods for reducing the average level of alcohol consumption in a subject compared with the level of alcohol consumption before the treatment or compared with the level of alcohol consumption by a control subject not receiving the treatment.

In one embodiment, the present invention provides compositions and
30 methods for reducing alcohol consumption and for increasing abstinence compared with the alcohol consumption by the subject before treatment or with a control subject not receiving the treatment.

In one embodiment, the present invention provides compositions and methods for treating a subject with a predisposition to early-onset alcoholism.

In one embodiment, the present invention provides compositions and methods for treating a subject with a predisposition to late-onset alcoholism.

5 One of ordinary skill in the art will appreciate that there are multiple parameters or characteristics of alcohol consumption which may characterize a subject afflicted with an alcohol-related disease or disorder. It will also be appreciated that combination therapies may be effective in treating more than one parameter, and that there are multiple ways to analyze the effectiveness of treatment.

10 The parameters analyzed when measuring alcohol consumption or frequency of alcohol consumption include, but are not limited to, heavy drinking days, number of heavy drinking days, average drinking days, number of drinks per day, days of abstinence, and craving. Both subjective and objective measures can be used to analyze the effectiveness of treatment. For example, a subject can self-report

15 according to guidelines and procedures established for such reporting. The procedures can be performed at various times before, during, and after treatment. Additionally, assays are available for measuring alcohol consumption. These assays include breath alcohol meter readings, measuring serum CDT and GGT levels, and measuring 5-HTOL urine levels.

20 The present invention further provides adjunctive therapies to be used in conjunction with the combination drug therapies. The present invention further provides adjunctive therapy or treatment wherein the subject is also submitted to a psychosocial management program. Psychosocial management programs are known in the art and include, but are not limited to, Brief Behavioral Compliance

25 Enhancement Treatment, Cognitive Behavioral Coping Skills Therapy, Motivational Enhancement Therapy, Twelve-Step Facilitation Therapy (Alcoholics Anonymous), Combined Behavioral Intervention, Medical Management, psychoanalysis, psychodynamic treatment, and Biopsychosocial, Report, Empathy, Needs, Direct Advice and Assessment. The present invention further encompasses the use of

30 additional adjunct therapies and treatment, including hypnosis and acupuncture.

In one embodiment, at least one of the compounds being administered is administered at least once a day. In one aspect, it is administered at least twice a

day. In another aspect, it is administered at least once a week. In yet another aspect, it is administered at least once a month.

In one embodiment, at least one of the compounds is a serotonin receptor antagonist. In one aspect, the serotonin receptor is the serotonin-3 receptor. In one
5 aspect, the compound is ondansetron.

In one embodiment, at least three different compounds are administered to the subject.

It will be appreciated by one of ordinary skill in the art that the two or more compounds being administered do not necessarily have to be administered at the
10 same time or in equal doses. In one aspect, the compounds being administered as part of the drug combination therapy are separately administered. In another aspect, a first compound is administered before a second compound is administered. In yet another aspect, a first compound and a second compound are administered nearly simultaneously. In a further aspect, the first compound is administered subsequent
15 to administration of the second compound.

The invention further provides pharmaceutical compositions comprising compounds of the invention. The pharmaceutical composition may comprise one or more compounds of the invention, and biologically active analogs, homologs, derivatives, modifications, and pharmaceutically acceptable salts thereof, and a
20 pharmaceutically acceptable carrier. In one embodiment, the compounds are administered as a pharmaceutical composition.

The route of administration can vary depending on the type of compound being administered. In one aspect, the compounds are administered via routes such as oral, topical, rectal, intramuscular, intramucosal, intranasal, inhalation,
25 ophthalmic, and intravenous.

The present invention further provides for administration of a compound of the invention as a controlled-release formulation.

In one embodiment, the present invention provides administering at least two compounds where the compounds are selected from the group consisting of
30 topiramate, ondansetron, and naltrexone. In one aspect, two of the compounds being administered are topiramate and ondansetron.

In one embodiment, the present invention provides compositions and methods for treating alcohol-related diseases and disorders using pharmaceutical compositions comprising effective amounts of topiramate and ondansetron.

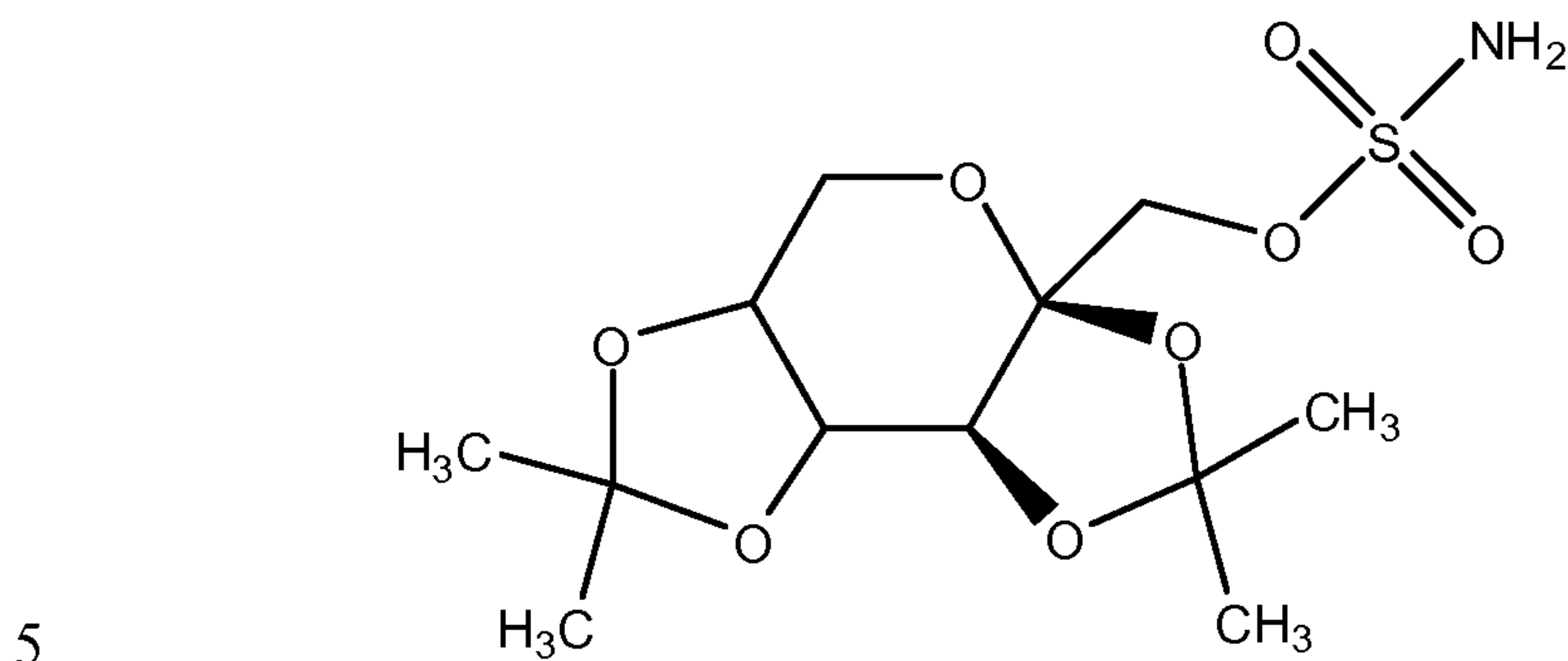
5 The dosage of the active compound(s) being administered will depend on the condition being treated, the particular compound, and other clinical factors such as age, sex, weight, and health of the subject being treated, the route of administration of the compound(s), and the type of composition being administered (tablet, capsule, solution, suspension, inhaler, aerosol, elixir, lozenge, injection, patch, ointment, cream, etc.). It is to be understood that the present invention has application for both
10 human and veterinary use.

For example, in one embodiment relating to oral administration to humans, a dosage of between approximately 0.1 and 300 mg/kg/day, or between approximately 0.5 and 50 mg/kg/day, or between approximately 1 and 10 mg/kg/day, is generally sufficient, but will vary depending on such things as the disorder being treated, the
15 length of treatment, the age, sex, weight, and/or health of the subject, etc. The combinations of drugs can be administered in formulations that contain all drugs being used, or the drugs can be administered separately. In some cases, it is anticipated that multiple doses/times of administration will be required or useful. Additionally, for most treatment regimens, at least two compounds will be used.
20 The present invention further provides for varying the length of time of treatment.

Topiramate is disclosed herein as a drug useful in combination drug therapy. In one embodiment, topiramate is provided at a dosage ranging from about 15 mg/day to about 2500 mg/day. In one aspect, topiramate is administered at a dosage ranging from about 25 mg/day to about 1000 mg/day. In yet another aspect,
25 topiramate is administered at a dosage ranging from about 50 mg/day to about 500 mg/day. In a further aspect, topiramate is administered at a dosage of about 300 mg/day. In yet a further aspect, topiramate is administered at a dosage of about 275 mg/day. In one aspect, topiramate is administered at a dose of about 1 mg/day.

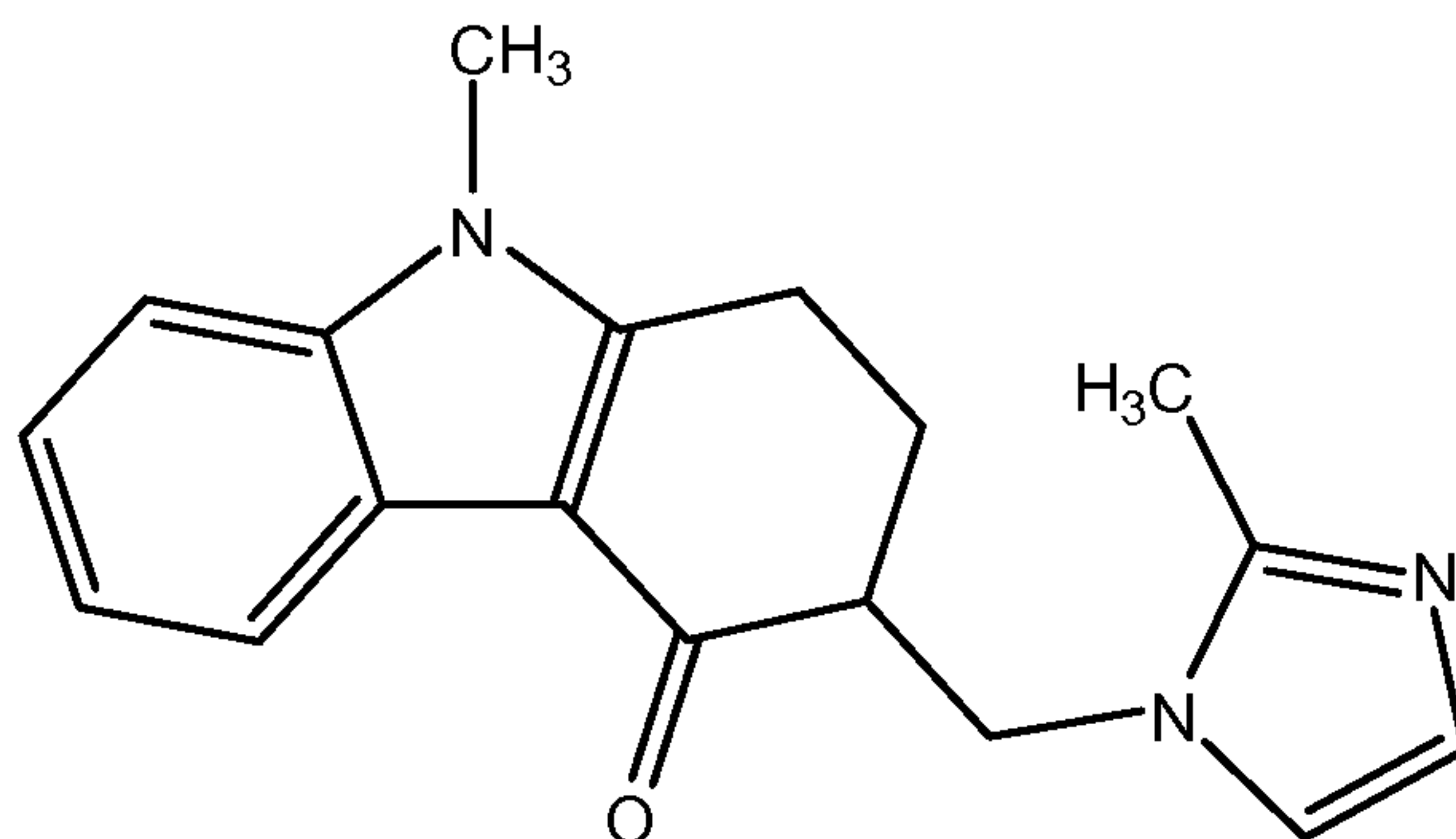
In one embodiment, topiramate is provided at a dose of about 1 mg/kg. In
30 one aspect, topiramate is provided at a dose of about 10 mg/kg. In one aspect, topiramate is provided at a dose of about 100 mg/kg. In one embodiment, topiramate is administered at a dosage ranging from about 0.1 mg/kg/day to about 100 mg/kg/day.

Topiramate ($C_{12}H_{21}NO_8S$; IUPAC name: 2,3:4,5-Bis-O-(1-methylethylidene)-beta-D-fructopyranose sulfamate; CAS Registry No. 97240-79-4) has the following structure:



Ondansetron is disclosed herein as a drug useful in the combination drug therapy of the invention. The dosage and treatment regimen for administering ondansetron when it is being used as one compound of a combination therapy can be varied based on the other drug or drugs with which it is being administered, or based on other criteria such as the age, sex, health, and weight of the subject. The present invention therefore provides for the use of ondansetron at varying doses such as about 0.01 $\mu\text{g}/\text{kg}$, about 0.1 $\mu\text{g}/\text{kg}$, about 1.0 $\mu\text{g}/\text{kg}$, about 5.0 $\mu\text{g}/\text{kg}$, about 10.0 $\mu\text{g}/\text{kg}$, about 0.1 mg/kg , about 1.0 mg/kg , about 5.0 mg/kg , and about 10.0 mg/kg . In another embodiment, ondansetron is administered at a dosage ranging from about 0.01 $\mu\text{g}/\text{kg}$ to about 100 $\mu\text{g}/\text{kg}$ per application. In one aspect, ondansetron is administered at a dosage ranging from about 0.1 $\mu\text{g}/\text{kg}$ to about 10.0 $\mu\text{g}/\text{kg}$ per application. In yet another aspect, ondansetron is administered at a dosage ranging from about 1.0 $\mu\text{g}/\text{kg}$ to about 5.0 $\mu\text{g}/\text{kg}$ per application. In a further aspect, ondansetron is administered at a dosage of about 4.0 $\mu\text{g}/\text{kg}$ per application. In another aspect, ondansetron is administered at a dosage of about 3.0 $\mu\text{g}/\text{kg}$ per application.

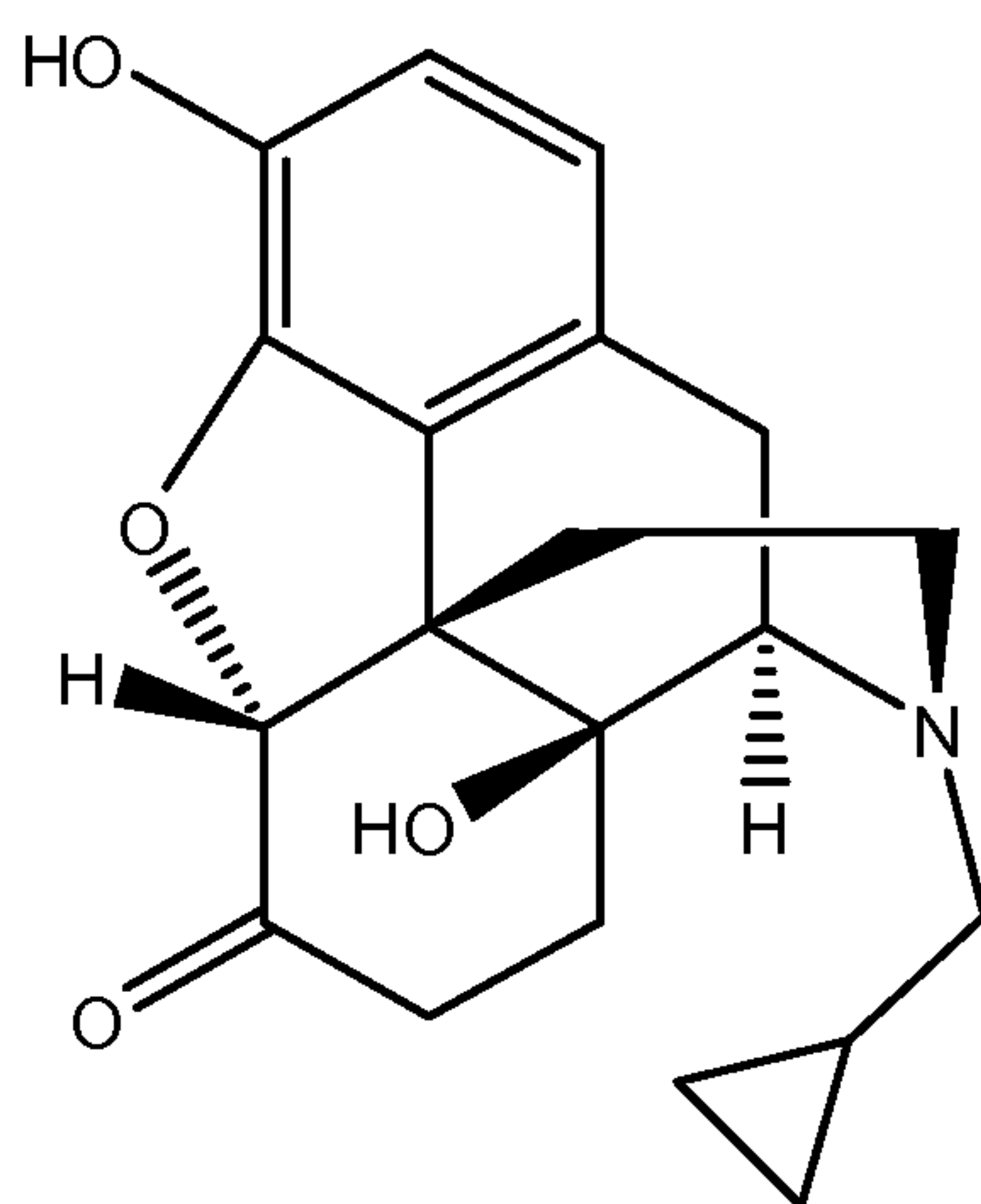
Ondansetron ($C_{18}H_{19}N_3O$; CAS Registry No. 99614-02-5; IUPAC name: 9-methyl-3-[(2-methyl-1H-imidazol-1-yl)methyl]-1,2,3,9-tetrahydrocarbazol-4-one) has the following structure:



5 The present invention further provides for the use of other drugs such as naltrexone as part of the drug combination therapy disclosed herein. In one embodiment, naltrexone is administered at a dose of about 10 mg/day. In one aspect, naltrexone is administered at a dosage of about 100 mg/day. In one aspect, naltrexone is administered at a dosage ranging from about 1 mg to about 100 mg per application. In another aspect, naltrexone is administered at a dosage ranging from about 10 mg to about 50 mg per application. In a further aspect of the invention, naltrexone is administered at a dosage of about 25 mg per application.

Naltrexone (C₂₀H₂₃NO₄; 17-(Cyclopropylmethyl)-4,5a-epoxy-3,14-dihydroxymorphinan-6-one hydrochloride; CAS Registry No. 16590-41-3) has the following structure:

15



In one embodiment, the results of treating a subject with a combination of two or more compounds are additive compared with the effects of using any of the compounds alone. In one aspect, the effects seen when using two or more compounds are greater than when using any of the compounds alone.

20

In one embodiment, the results of treating a subject with a combination of two or more compounds are synergistic compared with the effects of using the compounds alone.

5 In one embodiment, other compounds may be used in combination with topiramate and ondansetron, for example, naltrexone.

Additional compounds can be used to treat subjects of the invention. In addition to the combination treatment of at least two drugs described above, the present invention further provides for the administration of at least one additional compound to treat or prevent diseases and disorders of the invention, including, but not limited to, disulfiram, acamprosate, sertraline, galanthamine, nalmefene, 10 naloxone, desoxypeganine, benzodiazepines, neuroleptics, risperidone, rimonabant, trazodone, baclofen, regulators of cannabinoid receptor-1, regulators of orexin, and aripiprazole. In one aspect, an additional compound is used with the combination therapy drugs topiramate and ondansetron. One of ordinary skill in the art will 15 appreciate that in some cases the combination therapy using these additional compounds will have additive effects and in some cases synergistic effects. Methods for testing these combinations and analyzing the results are known in the art.

In addition to the combination drug therapy described herein for treating or 20 preventing addiction-related diseases and disorders such as alcohol-related diseases and disorders, additional types of compounds can be administered to treat further the addiction-related diseases and disorders or to treat other diseases and disorders. The additional types of compounds include, but are not limited to, adrenergics, adrenocortical steroids, adrenocortical suppressants, aldosterone antagonists, amino 25 acids, analeptics, analgesics, anorectic compounds, anorexics, anti-anxiety agents, antidepressants, antihypertensives, anti-inflammatories, anti-nauseants, antineutropenics, antiobsessional agents, antiparkinsonians, antipsychotics, appetite suppressants, blood glucose regulators, carbonic anhydrase inhibitors, cardiotonics, cardiovascular agents, cholergics, cholinergics, cholinergic agonists, cholinesterase 30 deactivators, cognition adjuvants, cognition enhancers, hormones, memory adjuvants, mental performance enhancers, mood regulators, neuroleptics, neuroprotectives, psychotropics, relaxants, sedative-hypnotics, stimulants, thyroid

hormones, thyroid inhibitors, thyromimetics, cerebral ischemia agents, vasoconstrictors, and vasodilators.

In one embodiment, the present invention provides methods and compositions useful for decreasing mesocorticolimbic dopamine activity.

5 In one embodiment, the present invention provides methods and compositions useful for regulating mesocorticolimbic dopamine activity.

In one embodiment, the present invention provides methods and compositions useful for inhibiting glutamate function.

10 In one embodiment, the present invention provides methods and compositions useful for facilitating γ -amino-butyric acid activity.

In one embodiment, the present invention provides methods and compositions useful for regulating γ -amino-butyric acid activity.

The present invention provides for multiple methods for delivering the compounds of the invention. The compounds may be provided, for example, as
15 pharmaceutical compositions in multiple formats as well, including, but not limited to, tablets, capsules, pills, lozenges, syrups, ointments, creams, elixirs, suppositories, suspensions, inhalants, injections (including depot preparations), and liquids.

The present invention further encompasses biologically active analogs, homologs, derivatives, and modifications of the compounds of the invention.
20 Methods for the preparation of such compounds are known in the art. In one aspect, the compounds are topiramate, ondansetron, and naltrexone.

The compositions and methods described herein for treating or preventing alcohol-related diseases and disorders are also useful for treating or preventing addiction-related diseases and disorders and impulse control disorders. In one
25 aspect, the compositions and methods elicit an indirect effect on CMDA neurons. Such effects may be elicited, for example, by regulating serotonergic, opiate, glutamate, or γ -amino-butyric acid receptors. In one aspect, the addictive diseases and disorders include eating disorders, impulse control disorders, nicotine-related disorders, amphetamine-related disorders, cannabis-related disorders, cocaine-
30 related disorders, hallucinogen use disorders, inhalant-related disorders, benzodiazepine abuse or dependence related disorders, and opioid-related disorders.

The compositions and methods of the present invention are also useful as a multi-faceted combination therapy approach to treating and regulating weight loss,

obesity, and weight gain. The invention provides not just single compounds, but instead acts on multiple points in the feeding and satiety pathway. Further, because some drugs such as topiramate, ondansetron, and naltrexone have the ability to produce weight loss, probably through different mechanisms (ondansetron by
5 peripheral effects on gut motility and satiety, naltrexone by decreasing the impulse to binge, and topiramate through central or metabolic effects on glucose metabolism), these effects also might add up or be synergistic to produce a therapeutic agent that could be used to treat obesity or to aid in inducing weight loss in overweight individuals or in any case where it would be beneficial to lose weight.
10 Indeed, the attraction of this combination for the treatment of obesity would be that weight loss would be induced alongside a decrease in cravings or impulsivity (also mediated through CMDA neurons) to consume large amounts of food.

Therefore, the combination therapy of the present invention for the treatment of addictive disorders and associated impulsivity, including obesity, is a new and
15 useful therapy. Based on the data and descriptions provided herein, as well as what is known in the art, one of ordinary skill in the art will know how to combine and use drugs such as topiramate, ondansetron, and naltrexone in multiple formats to optimize the invention. These pharmacological formats include (but are not limited to) tablets, capsules, chewable and orally absorbable materials (for example,
20 sublingual tablets), elixirs, suspensions, inhalants, sprays, patches, ointments and balms, long-acting intramuscular injections (with FDA-approved polylactide capsules or nanotechnology), and intravenous, subcutaneous, intramucosal, or any other avenues for injection.

In one embodiment, the present invention provides compositions and
25 methods for treating obesity comprising administering to a subject in need thereof an effective amount of at least two compounds, or analogs, derivatives, modifications, or pharmaceutically acceptable salts thereof, selected from the group consisting of serotonergic agents, serotonin antagonists, selective serotonin re-uptake inhibitors, serotonin receptor antagonists, opioid antagonists, dopaminergic agents, dopamine
30 release inhibitors, dopamine antagonists, γ -amino-butyric acid agonists, γ -amino-butyric acid inhibitors, γ -amino-butyric acid receptor antagonists, γ -amino-butyric acid channel antagonists, glutamate agonists, glutamate antagonists, anti-convulsant

agents, and NMDA-blocking agents, thereby treating or preventing, optionally in combination with at least one additional therapeutically active compound.

In one embodiment of treating obesity, the additional therapeutically active compound is selected from the group consisting of antidiabetic agents,
5 antihyperlipidemic agents, antiobesity agents, antihypertensive agents, and agents for the treatment of complications resulting from or associated with diabetes.

In one embodiment of treating obesity, the subject has a body mass index of about 30.0 or greater.

In one aspect, a subject being treated for obesity is also subjected to a
10 psychosocial management program.

The compositions, combination therapies, and psychosocial management programs useful for treating alcohol-related diseases and disorders and obesity are also useful for regulating weight gain and weight loss. In one embodiment, the present invention provides compositions and methods useful for preventing or
15 inhibiting weight gain. In another aspect, the present invention provides compositions and methods useful for stimulating weight loss. For example, the compositions and methods of the invention can be used to treat an overweight subject, such as one with a body mass index of about 25.0 to about 29.9. One of ordinary skill in the art will appreciate that similar dosages and drugs can be used
20 compared with preventing or reducing weight gain, but will also understand how to make useful modifications in the dosages of compounds administered and the regimens used. In one embodiment, the present invention provides treatments for regulating weight control using such drugs as topiramate, ondansetron, and naltrexone.

25 In one embodiment, the compositions and methods are also useful for suppressing appetite.

In one embodiment, the compositions and methods of the present invention are also useful for treating or preventing an addiction-related disease or disorder other than alcohol-related diseases and disorders and weight control diseases and
30 disorders. The method comprises administering an effective amount of at least two compounds of the invention, and analogs, derivatives, modifications, and pharmaceutically acceptable salts thereof. In one aspect, the compounds include, but are not limited to, serotonergic agents, serotonin antagonists, selective serotonin

re-uptake inhibitors, serotonin receptor antagonists, opioid antagonists, dopaminergic agents, dopamine release inhibitors, dopamine antagonists, norepinephrine antagonists, γ -amino-butyric acid agonists, γ -amino-butyric acid inhibitors, γ -amino-butyric acid receptor antagonists, γ -amino-butyric acid channel antagonists, glutamate agonists, glutamate antagonists, glutamine agonists, glutamine antagonists, anti-convulsant agents, N-methyl-D-aspartate-blocking agents, calcium channel antagonists, carbonic anhydrase inhibitors, neurokinins, and Corticosteroid Releasing Factor antagonists. In one aspect, the compounds are topiramate, ondansetron, and naltrexone.

10 The invention provides all possible combination and permutations for the use of such drugs to treat addictive diseases and disorders, either singly or in any combination. In one embodiment, the addictive disorders include, but are not limited to, eating disorders, impulse control disorders, gambling disorders, sexual disorders, nicotine-related disorders, amphetamine-related disorders, cannabis-related disorders, cocaine-related disorders, hallucinogen use disorders, inhalant-related disorders, benzodiazepine abuse- or dependence-related disorders, and opioid-related disorders. Food and eating disorders include, for example, binge eating. In one aspect, the combination pharmacotherapy is provided in conjunction with behavioral modification therapy or intervention.

20 The invention further provides kits for administering the compounds of the invention.

BRIEF DESCRIPTION OF THE DRAWINGS

25 **Figure 1**, comprising Figures 1A, 1B, 1C, and 1D, graphically illustrates the combined effect of topiramate (10 mg/kg, IP) and ondansetron (0.001 mg/kg, IP) on alcohol consumption in alcohol-preferring (P) rats. 1A- topiramate alone; 1B- ondansetron alone; 1C- ondansetron plus topiramate; 1D- vehicle. The ordinate represent ethanol intake in g/kg and the abscissa the session number.

30 **Figure 2** graphically illustrates the combined effect of topiramate (10 mg/kg, IP) and ondansetron (0.001 mg/kg, IP) on alcohol consumption following a two-week abstinence period in alcohol-preferring (P) rats. The ordinate represents alcohol consumption as percentage of baseline change. The abscissa represents vehicle, topiramate, and ondansetron/topiramate combined.

Figure 3 graphically illustrates the combined effect of low and high doses of topiramate (5 and 10 mg/kg, IP) and ondansetron (0.001 and 0.01 mg/kg, IP) on alcohol consumption in Wistar rats. The ordinate represents alcohol consumption as percentage of baseline change. The abscissa represents vehicle, low
5 ondansetron/low topiramate, high ondansetron/low topiramate, low ondansetron/high topiramate, and high ondansetron/high topiramate.

Figure 4, comprising Figures 4A and 4B, graphically represents the effects of topiramate (0, 5, and 10 mg/kg), ondansetron (0, 0.001, and 0.01 mg/kg), and their combination (5 and 10 mg/kg topiramate with 0.001 mg/kg ondansetron), on ethanol consumption in P rats (4A) and Wistar rats (4B). Data are plotted across 7
10 consecutive sessions including a 3-day baseline period, the test session (injection day) (0), and the 3 sessions that followed. Each rat (N=18 P rats; N=5 Wistar rats) received each dose of each drug and drug combination with the order of injections random. Each rat was tested under the vehicle condition 3 times, and the average
15 values are presented. A minimum of 3 stable sessions separated a test session. Overall significance was first obtained prior to any subsequent comparisons. *Significantly different from vehicle; +significantly different from 10 mg/kg topiramate alone; #trend for a significant difference from 10 mg/kg topiramate alone (P=0.09). Data are presented for 0.001 mg/kg dose of topiramate for simplicity, and
20 because it is the most complete data set for the dose combination study. Figure 4A comprises four panels, as does Figure 4B. The upper left panel of each demonstrates topiramate alone. The upper right panel of each indicates ondansetron alone. The lower left panel indicates the combination of topiramate and ondansetron. Percent change from baseline is presented for each condition in the lower right panels (for
25 the test session).

Figure 5, comprising Figures 5A and 5B, graphically represents the effect of vehicle, topiramate (10 mg/kg), ondansetron (0.001 mg/kg, P rats only), and the combination of topiramate and ondansetron (10/0.001 mg/kg, respectively), on the alcohol deprivation effect (ADE) in P rats (A) and Wistar rats (B). Data are plotted
30 across 7 sessions, which include a 3-day baseline period, the test session in which ethanol was reinstated (1), and the 3 sessions that followed the test session. Percent change from baseline is also presented for each condition (for the test day, 1). Each rat (N=18 P rats; N=5 Wistar rats) was tested under each condition, with the order of

conditions counterbalanced between sessions. Rats were maintained on ethanol for a minimum of 3 weeks prior to each ADE testing cycle. *Significantly different from vehicle; +significantly different from 10 mg/kg topiramate alone. Figures 5A and 5B each comprise a left panel indicating ethanol intake and a right panel indicating baseline change.

Figure 6, comprising Figures 6A and 6B, graphically represents the effect of vehicle, topiramate (5 and 10 mg/kg), and the combination of topiramate and ondansetron (5 and 10 mg/kg with 0.001 mg/kg, respectively) on water consumption during the acute testing phase in P rats (Fig. 6A) and Wistar rats (Fig. 6B). Data are plotted as the average values observed on each of the test sessions and the average baseline values that preceded each test session. Each data point represents an N=18 (P rats) or an N=5 (Wistar rats).

Figure 7 graphically represents the effect of treating alcohol dependence in humans with a combination of topiramate and ondansetron. The ordinate represents drinks/day and the abscissa represents time (in weeks).

DETAILED DESCRIPTION

Abbreviations, Generic Names, and Acronyms

- 5-HT- serotonin
- 5-HT₃- a subtype of serotonin receptor, the serotonin-3 receptor
- 5-HTOL- 5-hydroxytryptophol
- ADE- alcohol deprivation effect
- BBCET- Brief Behavioral Compliance Enhancement Treatment
- BED- binge eating disorder
- b.i.d.- twice a day
- BRENDA- Biopsychosocial, Report, Empathy, Needs, Direct advice, and Assessment
- CBI- combined behavioral intervention
- CBT- Cognitive Behavioral Coping Skills Therapy, also referred to as cognitive behavioral therapy
- CDT- carbohydrate-deficient transferrin
- CMDA- cortico-mesolimbic dopamine
- DA- dopamine

EOA- early-onset alcoholic(s)

GABA- γ -amino-butyric acid (also referred to as γ -amino butyric acid and γ -aminobutyric acid)

GGT- γ -glutamyl transferase

5 ICD- impulse control disorder

IP- intraperitoneal

LOA- late-onset alcoholic(s)

MET- Motivational Enhancement Therapy

MM- Medical Management

10 NAc- nucleus accumbens

Naltrexone- a μ opioid receptor antagonist

NMDA- N-methyl-D-aspartate

NOS- not otherwise specified

Ondansetron (Zofran®)- a serotonin receptor antagonist

15 P- alcohol-preferring rats

SSRI- selective serotonin re-uptake inhibitor

Topiramate (Topamax®)- an anticonvulsant

TSF- Twelve-Step Facilitation Therapy (e.g., Alcoholics Anonymous)

VTA- ventral tegmental area

20

Definitions

In describing and claiming the invention, the following terminology will be used in accordance with the definitions set forth below. Unless defined otherwise, all technical and scientific terms used herein have the same meaning as commonly understood by one of ordinary skill in the art to which this invention belongs.

25

Although any methods and materials similar or equivalent to those described herein can be used in the practice or testing of the present invention, the preferred methods and materials are described herein. As used herein, each of the following terms has the meaning associated with it in this section. Specific and preferred values listed below for radicals, substituents, and ranges are for illustration only; they do not exclude other defined values or other values within defined ranges for the radicals and substituents.

30

As used herein, the articles “a” and “an” refer to one or to more than one, i.e., to at least one, of the grammatical object of the article. By way of example, “an element” means one element or more than one element.

5 The term “about,” as used herein, means approximately, in the region of, roughly, or around. When the term “about” is used in conjunction with a numerical range, it modifies that range by extending the boundaries above and below the numerical values set forth. In general, the term “about” is used herein to modify a numerical value above and below the stated value by a variance of 20%.

10 “Addictive disorders” include, but are not limited to, eating disorders, impulse control disorders, alcohol-related disorders, nicotine-related disorders, amphetamine-related disorders, cannabis-related disorders, cocaine-related disorders, gambling, sexual disorders, hallucinogen use disorders, inhalant-related disorders, benzodiazepine abuse or dependence related disorders, and opioid-related disorders.

15 The term “additional therapeutically active compound”, in the context of the present invention, refers to the use or administration of a compound for an additional therapeutic use other than just the particular disorder being treated. Such a compound, for example, could include one being used to treat an unrelated disease or disorder, or a disease or disorder which may not be responsive to the primary
20 treatment for the addictive disease or disorder being treated. Disease and disorders being treated by the additional therapeutically active agent include, for example, hypertension and diabetes.

25 As used herein, the term “aerosol” refers to suspension in the air. In particular, aerosol refers to the particlization or atomization of a formulation of the invention and its suspension in the air.

As used herein, the term “affected cell” refers to a cell of a subject afflicted with a disease or disorder, which affected cell has an altered phenotype compared with a subject not afflicted with a disease, condition, or disorder.

30 Cells or tissue are “affected” by a disease or disorder if the cells or tissue have an altered phenotype relative to the same cells or tissue in a subject not afflicted with a disease, condition, or disorder.

As used herein, an “agonist” is a composition of matter that, when administered to a mammal such as a human, enhances or extends a biological activity of interest. Such effect may be direct or indirect.

“Alcohol-related disorders” as used herein refers to diseases and disorder
 5 related to alcohol consumption and include, but are not limited to, alcohol-induced
 psychotic disorder, with delusions; alcohol abuse; alcohol intoxication; alcohol
 withdrawal; alcohol intoxication delirium; alcohol withdrawal delirium; alcohol-
 induced persisting dementia; alcohol-induced persisting amnesic disorder; alcohol
 dependence; alcohol-induced psychotic disorder, with hallucinations; alcohol-
 10 induced mood disorder; alcohol-induced or associated bipolar disorder; alcohol-
 induced or associated post traumatic stress disorder; alcohol-induced anxiety
 disorder; alcohol-induced sexual dysfunction; alcohol-induced sleep disorder; and
 alcohol-related disorder not otherwise specified (NOS).

As used herein, “amino acids” are represented by the full name thereof, by
 15 the three letter code corresponding thereto, or by the one-letter code corresponding
 thereto, as indicated in the following table:

	Full Name	Three-Letter Code	One-Letter Code
	Aspartic Acid	Asp	D
20	Glutamic Acid	Glu	E
	Lysine	Lys	K
	Arginine	Arg	R
	Histidine	His	H
	Tyrosine	Tyr	Y
25	Cysteine	Cys	C
	Asparagine	Asn	N
	Glutamine	Gln	Q
	Serine	Ser	S
	Threonine	Thr	T
30	Glycine	Gly	G
	Alanine	Ala	A
	Valine	Val	V
	Leucine	Leu	L

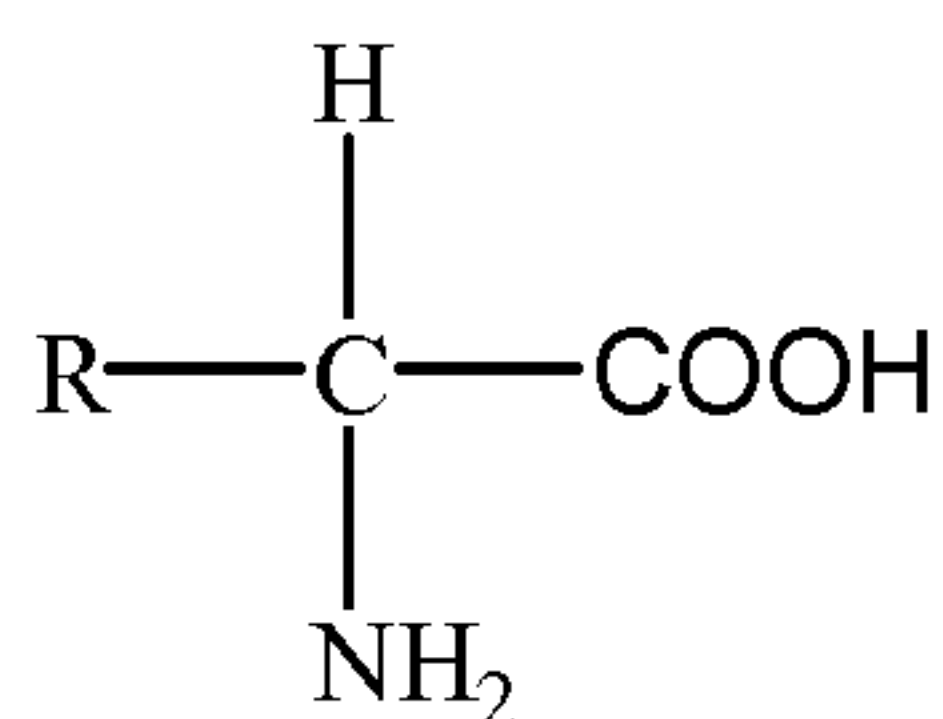
	Isoleucine	Ile	I
	Methionine	Met	M
	Proline	Pro	P
	Phenylalanine	Phe	F
5	Tryptophan	Trp	W

The expression “amino acid” as used herein is meant to include both natural and synthetic amino acids, and both D and L amino acids. “Standard amino acid” means any of the twenty standard L-amino acids commonly found in naturally occurring peptides. “Nonstandard amino acid residue” means any amino acid, other than the standard amino acids, regardless of whether it is prepared synthetically or derived from a natural source. As used herein, “synthetic amino acid” also encompasses chemically modified amino acids, including but not limited to salts, amino acid derivatives (such as amides), and substitutions. Amino acids contained within the peptides of the present invention, and particularly at the carboxy- or amino-terminus, can be modified by methylation, amidation, acetylation or substitution with other chemical groups which can change the peptide’s circulating half-life without adversely affecting their activity. Additionally, a disulfide linkage may be present or absent in the peptides of the invention.

The term “amino acid” is used interchangeably with “amino acid residue,” and may refer to a free amino acid and to an amino acid residue of a peptide. It will be apparent from the context in which the term is used whether it refers to a free amino acid or a residue of a peptide.

Amino acids have the following general structure:

25



30

Amino acids may be classified into seven groups on the basis of the side chain R: (1) aliphatic side chains; (2) side chains containing a hydroxylic (OH) group; (3) side chains containing sulfur atoms; (4) side chains containing an acidic or amide group; (5) side chains containing a basic group; (6) side chains containing

an aromatic ring; and (7) proline, an imino acid in which the side chain is fused to the amino group.

As used herein, the term “conservative amino acid substitution” is defined herein as exchanges within one of the following five groups:

5 I. Small aliphatic, nonpolar or slightly polar residues:

Ala, Ser, Thr, Pro, Gly;

II. Polar, negatively charged residues and their amides:

Asp, Asn, Glu, Gln;

III. Polar, positively charged residues:

10 His, Arg, Lys;

IV. Large, aliphatic, nonpolar residues:

Met Leu, Ile, Val, Cys

V. Large, aromatic residues:

Phe, Tyr, Trp

15 The nomenclature used to describe the peptide compounds of the present invention follows the conventional practice wherein the amino group is presented to the left and the carboxy group to the right of each amino acid residue. In the formulae representing selected specific embodiments of the present invention, the amino- and carboxy-terminal groups, although not specifically shown, will be
20 understood to be in the form they would assume at physiologic pH values, unless otherwise specified.

The term “basic” or “positively charged” amino acid, as used herein, refers to amino acids in which the R groups have a net positive charge at pH 7.0, and include, but are not limited to, the standard amino acids lysine, arginine, and
25 histidine.

As used herein, an “analog” of a chemical compound is a compound that, by way of example, resembles another in structure but is not necessarily an isomer (e.g., 5-fluorouracil is an analog of thymine).

An “antagonist” is a composition of matter that when administered to a
30 mammal such as a human, inhibits or impedes a biological activity attributable to the level or presence of an endogenous compound in the mammal. Such effect may be direct or indirect.

As used herein, the term “anti-alcohol agent” refers to any active drug, formulation, or method that exhibits activity to treat or prevent one or more symptom(s) of alcohol addiction, alcohol abuse, alcohol intoxication, and/or alcohol withdrawal, including drugs, formulations and methods that significantly reduce, limit, or prevent alcohol consumption in mammalian subjects.

The term “appetite suppression”, as used herein, is a reduction, a decrease or, in cases of excessive food consumption, an amelioration in appetite. This suppression reduces the desire or craving for food. Appetite suppression can result in weight loss or weight control as desired.

The term “average drinking,” as used herein, refers to the mean number of drinks consumed during a one week period. The term “average drinking” is used interchangeably herein with the term “average level of drinking.”

A “compound,” as used herein, refers to any type of substance or agent that is commonly considered a drug, or a candidate for use as a drug, as well as combinations and mixtures of the above.

A “control” subject is a subject having the same characteristics as a test subject, such as a similar type of dependence, etc. The control subject may, for example, be examined at precisely or nearly the same time the test subject is being treated or examined. The control subject may also, for example, be examined at a time distant from the time at which the test subject is examined, and the results of the examination of the control subject may be recorded so that the recorded results may be compared with results obtained by examination of a test subject.

A “test” subject is a subject being treated.

As used herein, a “derivative” of a compound refers to a chemical compound that may be produced from another compound of similar structure in one or more steps, as in replacement of H by an alkyl, acyl, or amino group.

A “disease” is a state of health of a subject wherein the subject cannot maintain homeostasis, and wherein if the disease is not ameliorated then the subject's health continues to deteriorate. In contrast, a “disorder” in a subject is a state of health in which the subject is able to maintain homeostasis, but in which the subject's state of health is less favorable than it would be in the absence of the disorder. However, the definitions of “disease” and “disorder” as described above

are not meant to supersede the definitions or common usage related to specific addictive diseases or disorders.

A disease, condition, or disorder is “alleviated” if the severity of a symptom of the disease or disorder, the frequency with which such a symptom is experienced
5 by a patient, or both, are reduced.

As used herein, an “effective amount” means an amount sufficient to produce a selected effect, such as alleviating symptoms of a disease or disorder. In the context of administering two or more compounds, the amount of each compound, when administered in combination with another compound(s), may be
10 different from when that compound is administered alone.

The term “elixir”, as used herein, refers in general to a clear, sweetened, alcohol-containing, usually hydroalcoholic liquid containing flavoring substances and sometimes active medicinal agents.

As used herein, a “functional” molecule is a molecule in a form in which it
15 exhibits a property or activity by which it is characterized. A functional enzyme, for example, is one that exhibits the characteristic catalytic activity by which the enzyme is characterized.

A “heavy drinking day,” as used herein, refers to the consumption by a man or woman of more than about five or four standard drinks per drinking day,
20 respectively.

As used herein, the term “inhaler” refers both to devices for nasal and pulmonary administration of a drug, e.g., in solution, powder and the like. For example, the term “inhaler” is intended to encompass a propellant driven inhaler, such as is used to administer antihistamine for acute asthma attacks, and plastic
25 spray bottles, such as are used to administer decongestants.

The term “inhibit,” as used herein, refers to the ability of a compound or any agent to reduce or impede a described function, level, activity, synthesis, release, binding, etc., based on the context in which the term “inhibit” is used. Preferably, inhibition is by at least 10%, more preferably by at least 25%, even more preferably
30 by at least 50%, and most preferably, the function is inhibited by at least 75%. The term “inhibit” is used interchangeably with “reduce” and “block”.

The term “inhibit a complex”, as used herein, refers to inhibiting the formation of a complex or interaction of two or more proteins, as well as inhibiting

the function or activity of the complex. The term also encompasses disrupting a formed complex. However, the term does not imply that each and every one of these functions must be inhibited at the same time.

5 The term “inhibit a protein”, as used herein, refers to any method or technique which inhibits protein synthesis, levels, activity, or function, as well as methods of inhibiting the induction or stimulation of synthesis, levels, activity, or function of the protein of interest. The term also refers to any metabolic or regulatory pathway which can regulate the synthesis, levels, activity, or function of the protein of interest. The term includes binding with other molecules and complex formation. Therefore, the term “protein inhibitor” refers to any agent or compound, 10 the application of which results in the inhibition of protein function or protein pathway function. However, the term does not imply that each and every one of these functions must be inhibited at the same time.

As used herein, an “instructional material” includes a publication, a 15 recording, a diagram, or any other medium of expression which can be used to communicate the usefulness of a compound of the invention in the kit for effecting alleviation of the various diseases or disorders recited herein. Optionally, or alternately, the instructional material may describe one or more methods of alleviating the diseases or disorders in a subject. The instructional material of the kit 20 of the invention may, for example, be affixed to a container which contains the identified compound invention or be shipped together with a container which contains the identified compound. Alternatively, the instructional material may be shipped separately from the container with the intention that the instructional material and the compound be used cooperatively by the recipient.

25 As used herein, a “ligand” is a compound that specifically binds to a target compound or molecule. A ligand “specifically binds to” or “is specifically reactive with” a compound when the ligand functions in a binding reaction which is determinative of the presence of the compound in a sample of heterogeneous compounds.

30 A “receptor” is a compound or molecule that specifically binds to a ligand.

As used herein, the term “linkage” refers to a connection between two groups. The connection can be either covalent or non-covalent, including but not limited to ionic bonds, hydrogen bonding, and hydrophobic/hydrophilic interactions.

As used herein, the term “linker” refers to a molecule that joins two other molecules either covalently or noncovalently, e.g., through ionic or hydrogen bonds or van der Waals interactions.

5 The term “nasal administration” in all its grammatical forms refers to administration of at least one compound of the invention through the nasal mucous membrane to the bloodstream for systemic delivery of at least one compound of the invention. The advantages of nasal administration for delivery are that it does not require injection using a syringe and needle, it avoids necrosis that can accompany intramuscular administration of drugs, and trans-mucosal administration of a drug is
10 highly amenable to self administration.

As used herein, the term “nucleic acid” encompasses RNA as well as single and double-stranded DNA and cDNA. Furthermore, the terms, “nucleic acid,” “DNA,” “RNA” and similar terms also include nucleic acid analogs, i.e. analogs having other than a phosphodiester backbone. For example, the so-called “peptide
15 nucleic acids,” which are known in the art and have peptide bonds instead of phosphodiester bonds in the backbone, are considered within the scope of the present invention. By “nucleic acid” is also meant any nucleic acid, whether composed of deoxyribonucleosides or ribonucleosides, and whether composed of phosphodiester linkages or modified linkages such as phosphotriester,
20 phosphoramidate, siloxane, carbonate, carboxymethylester, acetamidate, carbamate, thioether, bridged phosphoramidate, bridged methylene phosphonate, bridged phosphoramidate, bridged phosphoramidate, bridged methylene phosphonate, phosphorothioate, methylphosphonate, phosphorodithioate, bridged
25 phosphorothioate or sulfone linkages, and combinations of such linkages. The term nucleic acid also specifically includes nucleic acids composed of bases other than the five biologically occurring bases (adenine, guanine, thymine, cytosine and uracil). Conventional notation is used herein to describe polynucleotide sequences: the left-hand end of a single-stranded polynucleotide sequence is the 5'-end; the left-hand direction of a double-stranded polynucleotide sequence is referred to as the 5'-
30 direction. The direction of 5' to 3' addition of nucleotides to nascent RNA transcripts is referred to as the transcription direction. The DNA strand having the same sequence as an mRNA is referred to as the “coding strand”; sequences on the DNA strand which are located 5' to a reference point on the DNA are referred to as

“upstream sequences”; sequences on the DNA strand which are 3' to a reference point on the DNA are referred to as “downstream sequences.”

Unless otherwise specified, a “nucleotide sequence encoding an amino acid sequence” includes all nucleotide sequences that are degenerate versions of each other and that encode the same amino acid sequence. Nucleotide sequences that
5 encode proteins and RNA may include introns.

“Obesity” is commonly referred to as a condition of increased body weight due to excessive fat. Drugs to treat obesity are generally divided into three groups: (1) those that decrease food intake, such as drugs that interfere with monoamine
10 receptors, such as noradrenergic receptors, serotonin receptors, dopamine receptors, and histamine receptors; (2) those that increase metabolism; and (3) those that increase thermogenesis or decrease fat absorption by inhibiting pancreatic lipase (Bray, 2000, Nutrition, 16:953-960 and Leonhardt et al., 1999, Eur. J. Nutr., 38:1-13). Obesity has been defined in terms of body mass index (BMI). BMI is
15 calculated as $\text{weight (kg)}/[\text{height (m)}]^2$. According to the guidelines of the U.S. Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO) (World Health Organization. Physical status: The use and interpretation of anthropometry. Geneva, Switzerland: World Health Organization 1995. WHO Technical Report Series), for adults over 20 years old, BMI falls into
20 one of these categories: below 18.5 is considered underweight, 18.5-24.9 is considered normal, 25.0-29.9 is considered overweight, and 30.0 and above is considered obese.

The term “oligonucleotide” typically refers to short polynucleotides, generally no greater than about 50 nucleotides. It will be understood that when a
25 nucleotide sequence is represented by a DNA sequence (i.e., A, T, G, C), this also includes an RNA sequence (i.e., A, U, G, C) in which “U” replaces “T.”

The term “peptide” typically refers to short polypeptides.

“Polypeptide” refers to a polymer composed of amino acid residues, related naturally occurring structural variants, and synthetic non-naturally occurring analogs
30 thereof linked via peptide bonds, related naturally occurring structural variants, and synthetic non-naturally occurring analogs thereof. Synthetic polypeptides can be synthesized, for example, using an automated polypeptide synthesizer.

The term “protein” typically refers to large polypeptides.

A “recombinant polypeptide” is one which is produced upon expression of a recombinant polynucleotide.

A peptide encompasses a sequence of 2 or more amino acids wherein the amino acids are naturally occurring or synthetic (non-naturally occurring) amino acids. Peptide mimetics include peptides having one or more of the following modifications:

1. peptides wherein one or more of the peptidyl --C(O)NR-- linkages (bonds) have been replaced by a non-peptidyl linkage such as a --CH₂-carbamate linkage (10 --CH₂OC(O)NR--), a phosphonate linkage, a -CH₂-sulfonamide (-CH₂--S(O)₂NR--) linkage, a urea (--NHC(O)NH--) linkage, a --CH₂-secondary amine linkage, or with an alkylated peptidyl linkage (--C(O)NR--) wherein R is C₁-C₄ alkyl;

2. peptides wherein the N-terminus is derivatized to a --NRR₁ group, to a 15 --NRC(O)R group, to a --NRC(O)OR group, to a --NRS(O)₂R group, to a --NHC(O)NHR group where R and R₁ are hydrogen or C₁-C₄ alkyl with the proviso that R and R₁ are not both hydrogen;

3. peptides wherein the C terminus is derivatized to --C(O)R₂ where R₂ is selected from the group consisting of C₁-C₄ alkoxy, and --NR₃R₄ where R₃ and R₄ 20 are independently selected from the group consisting of hydrogen and C₁-C₄ alkyl.

The term “per application” as used herein refers to administration of a drug or compound to a subject.

As used herein, the term “pharmaceutically acceptable carrier” includes any of the standard pharmaceutical carriers, such as a phosphate buffered saline solution, 25 water, emulsions such as an oil/water or water/oil emulsion, and various types of wetting agents. The term also encompasses any of the agents approved by a regulatory agency of the US Federal government or listed in the US Pharmacopeia for use in animals, including humans.

As used herein, the term “physiologically acceptable” ester or salt means an 30 ester or salt form of the active ingredient which is compatible with any other ingredients of the pharmaceutical composition, and which is not deleterious to the subject to which the composition is to be administered.

The term “prevent”, as used herein, means to stop something from happening, or taking advance measures against something possible or probable from happening. In the context of medicine “prevention” generally refers to action taken to decrease the chance of getting a disease or condition.

5 As used herein, “protecting group” with respect to a terminal amino group refers to a terminal amino group of a peptide, which terminal amino group is coupled with any of various amino-terminal protecting groups traditionally employed in peptide synthesis. Such protecting groups include, for example, acyl protecting groups such as formyl, acetyl, benzoyl, trifluoroacetyl, succinyl, and
10 methoxysuccinyl; aromatic urethane protecting groups such as benzyloxycarbonyl; and aliphatic urethane protecting groups, for example, tert-butoxycarbonyl or adamantyloxycarbonyl. See Gross and Mienhofer, eds., *The Peptides*, vol. 3, pp. 3-88 (Academic Press, New York, 1981) for suitable protecting groups.

As used herein, “protecting group” with respect to a terminal carboxy group
15 refers to a terminal carboxyl group of a peptide, which terminal carboxyl group is coupled with any of various carboxyl-terminal protecting groups. Such protecting groups include, for example, tert-butyl, benzyl, or other acceptable groups linked to the terminal carboxyl group through an ester or ether bond.

The term “psychosocial management program,” as used herein, relates to the
20 use of various types of counseling and management techniques used to supplement the combination pharmacotherapy treatment of addictive and alcohol-related diseases and disorders.

As used herein, the term “purified” and like terms relate to an enrichment of a molecule or compound relative to other components normally associated with the
25 molecule or compound in a native environment. The term “purified” does not necessarily indicate that complete purity of the particular molecule has been achieved during the process. A “highly purified” compound as used herein refers to a compound that is greater than 90% pure.

“Reduce”- see “inhibit”.

30 The term “regulate” refers to either stimulating or inhibiting a function or activity of interest.

A “sample,” as used herein, refers to a biological sample from a subject, including, but not limited to, normal tissue samples, diseased tissue samples,

biopsies, blood, saliva, feces, semen, tears, and urine. A sample can also be any other source of material obtained from a subject which contains cells, tissues, or fluid of interest.

By “small interfering RNAs (siRNAs)” is meant, inter alia, an isolated
5 dsRNA molecule comprising both a sense and an anti-sense strand. In one aspect, it is greater than 10 nucleotides in length. siRNA also refers to a single transcript which has both the sense and complementary antisense sequences from the target gene, e.g., a hairpin. siRNA further includes any form of dsRNA (proteolytically
10 cleaved products of larger dsRNA, partially purified RNA, essentially pure RNA, synthetic RNA, recombinantly produced RNA) as well as altered RNA that differs from naturally occurring RNA by the addition, deletion, substitution, and/or alteration of one or more nucleotides.

By the term “specifically binds,” as used herein, is meant a molecule which recognizes and binds a specific molecule, but does not substantially recognize or
15 bind other molecules in a sample, or it means binding between two or more molecules as in part of a cellular regulatory process, where said molecules do not substantially recognize or bind other molecules in a sample.

The term “standard,” as used herein, refers to something used for comparison. For example, it can be a known standard agent or compound which is
20 administered or added and used for comparing results when adding a test compound, or it can be a standard parameter or function which is measured to obtain a control value when measuring an effect of an agent or compound on a parameter or function. Standard can also refer to an “internal standard”, such as an agent or compound which is added at known amounts to a sample and is useful in
25 determining such things as purification or recovery rates when a sample is processed or subjected to purification or extraction procedures before a marker of interest is measured. Internal standards are often a purified marker of interest which has been labeled, such as with a radioactive isotope, allowing it to be distinguished from an endogenous marker.

30 A “subject” of diagnosis or treatment is a mammal, including a human.

The term “subject comprises a predisposition to the early onset of alcoholism,” as used herein, refers to a subject who has, or is characterized by, a predisposition to the early onset of alcoholism.

The term “symptom,” as used herein, refers to any morbid phenomenon or departure from the normal in structure, function, or sensation, experienced by the patient and indicative of disease. In contrast, a sign is objective evidence of disease. For example, a bloody nose is a sign. It is evident to the patient, doctor, nurse and other observers.

As used herein, the term “treating” includes prophylaxis of the specific disease, disorder, or condition, or alleviation of the symptoms associated with a specific disease, disorder or condition and/or preventing or eliminating said symptoms. A “prophylactic” treatment is a treatment administered to a subject who does not exhibit signs of a disease or exhibits only early signs of the disease for the purpose of decreasing the risk of developing pathology associated with the disease. “Treating” is used interchangeably with “treatment” herein.

A “therapeutic” treatment is a treatment administered to a subject who exhibits signs of pathology for the purpose of diminishing or eliminating those signs.

A “therapeutically effective amount” of a compound is that amount of compound which is sufficient to provide a beneficial effect to the subject to which the compound is administered.

Chemical Definitions

As used herein, the term “halogen” or “halo” includes bromo, chloro, fluoro, and iodo.

The term “haloalkyl” as used herein refers to an alkyl radical bearing at least one halogen substituent, for example, chloromethyl, fluoroethyl or trifluoromethyl and the like.

The term “C₁-C_n alkyl” wherein n is an integer, as used herein, represents a branched or linear alkyl group having from one to the specified number of carbon atoms. Typically, C₁-C₆ alkyl groups include, but are not limited to, methyl, ethyl, n-propyl, iso-propyl, butyl, iso-butyl, sec-butyl, tert-butyl, pentyl, hexyl, and the like.

The term “C₂-C_n alkenyl” wherein n is an integer, as used herein, represents an olefinically unsaturated branched or linear group having from two to the specified number of carbon atoms and at least one double bond. Examples of such groups

include, but are not limited to, 1-propenyl, 2-propenyl, 1,3-butadienyl, 1-butenyl, hexenyl, pentenyl, and the like.

The term “C₂-C_n alkynyl” wherein n is an integer refers to an unsaturated branched or linear group having from two to the specified number of carbon atoms and at least one triple bond. Examples of such groups include, but are not limited to, 1-propynyl, 2-propynyl, 1-butynyl, 2-butynyl, 1-pentynyl, and the like.

The term “C₃-C_n cycloalkyl” wherein n = 8, represents cyclopropyl, cyclobutyl, cyclopentyl, cyclohexyl, cycloheptyl, and cyclooctyl.

As used herein, the term “optionally substituted” refers to from zero to four substituents, wherein the substituents are each independently selected. Each of the independently selected substituents may be the same or different than other substituents.

As used herein the term “aryl” refers to an optionally substituted mono- or bicyclic carbocyclic ring system having one or two aromatic rings including, but not limited to, phenyl, benzyl, naphthyl, tetrahydronaphthyl, indanyl, indenyl, and the like. “Optionally substituted aryl” includes aryl compounds having from zero to four substituents, and “substituted aryl” includes aryl compounds having one or more substituents. The term (C₅-C₈ alkyl)aryl refers to any aryl group which is attached to the parent moiety via the alkyl group.

The term “heterocyclic group” refers to an optionally substituted mono- or bicyclic carbocyclic ring system containing from one to three heteroatoms wherein the heteroatoms are selected from the group consisting of oxygen, sulfur, and nitrogen. As used herein the term “heteroaryl” refers to an optionally substituted mono- or bicyclic carbocyclic ring system having one or two aromatic rings containing from one to three heteroatoms and includes, but is not limited to, furyl, thienyl, pyridyl and the like.

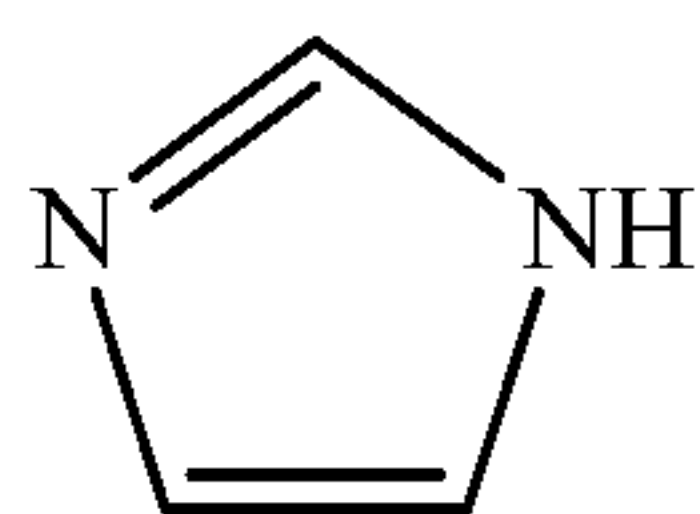
The term “bicyclic” represents either an unsaturated or saturated stable 7- to 12-membered bridged or fused bicyclic carbon ring. The bicyclic ring may be attached at any carbon atom which affords a stable structure. The term includes, but is not limited to, naphthyl, dicyclohexyl, dicyclohexenyl, and the like.

The compounds of the present invention contain one or more asymmetric centers in the molecule. In accordance with the present invention a structure that

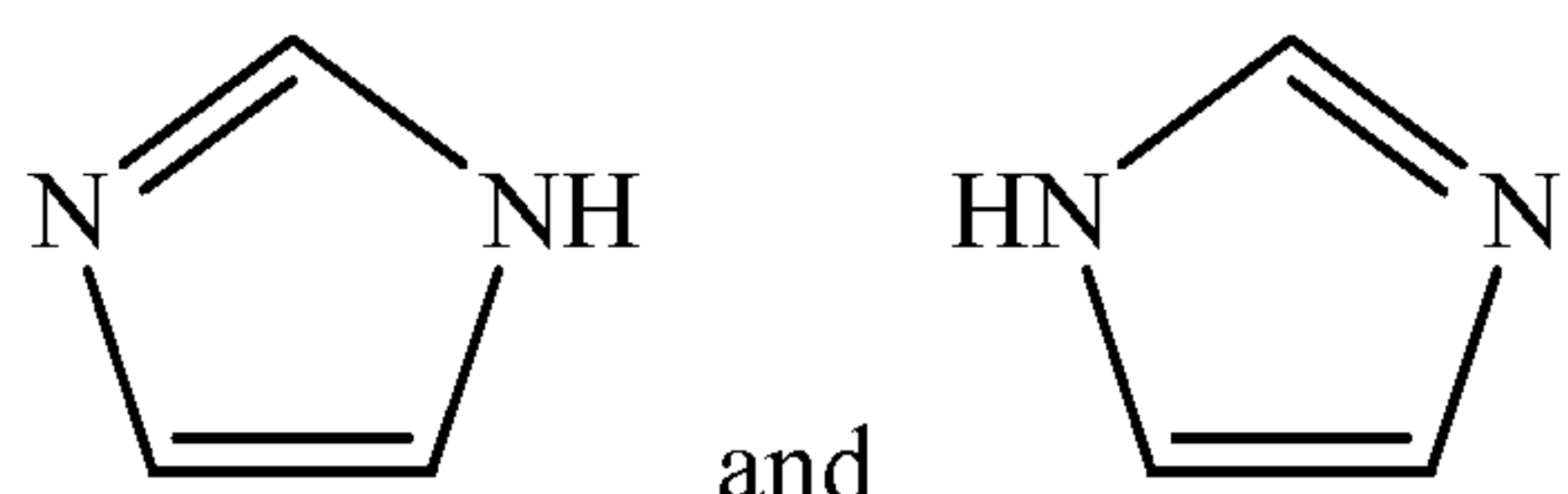
does not designate the stereochemistry is to be understood as embracing all the various optical isomers, as well as racemic mixtures thereof.

The compounds of the present invention may exist in tautomeric forms and the invention includes both mixtures and separate individual tautomers. For

5 example the following structure:



is understood to represent a mixture of the structures:



10 The term “pharmaceutically-acceptable salt” refers to salts which retain the biological effectiveness and properties of the compounds of the present invention and which are not biologically or otherwise undesirable. In many cases, the compounds of the present invention are capable of forming acid and/or base salts by virtue of the presence of amino and/or carboxyl groups or groups similar thereto.

15

Embodiments

The present invention encompasses the use of combinations of drugs or compounds to treat addictive and compulsive diseases and disorders, particular alcohol-related diseases and disorders. The present invention further encompasses the use of adjunctive treatments and therapy such as psychosocial management regimes, hypnosis, and acupuncture.

20 In some embodiments, a first compound and a second compound are administered nearly simultaneously. In other embodiments, a first compound is administered prior to the second compound. In yet other embodiments, the first compound is administered subsequent to the second compound. If three or more compounds are administered, one of ordinary skill in the art will appreciate that the three or more compounds can be administered simultaneously or in varying order.

25 In certain embodiments disclosed herein, an individual is given a pharmaceutical composition comprising a combination of two or more compounds to treat or prevent an addiction-related disease or disorder or impulse control-related

30

disease or disorder. In some of these embodiments, each compound is a separate chemical entity. However, in other embodiments, the at least two compounds can be joined together by a chemical linkage, such as a covalent bond, so that the at least two different compounds form separate parts of the same molecule. In one aspect, the chemical linkage is selected such that after entry into the body, the linkage is broken, such as by enzymatic action, acid hydrolysis, base hydrolysis, or the like, and the two separate compounds are then formed.

Data from previous structure-activity relationship (SAR) studies within the art may be used as a guide to determine which compounds to use and the optimal position or positions on the molecules to attach the tether such that potency and selectivity of the compounds will remain high. The tether or linker moiety is chosen from among those of demonstrated utility for linking bioactive molecules together. Disclosed herein are representative compounds that can be attached together in different combinations to form heterobivalent therapeutic molecules.

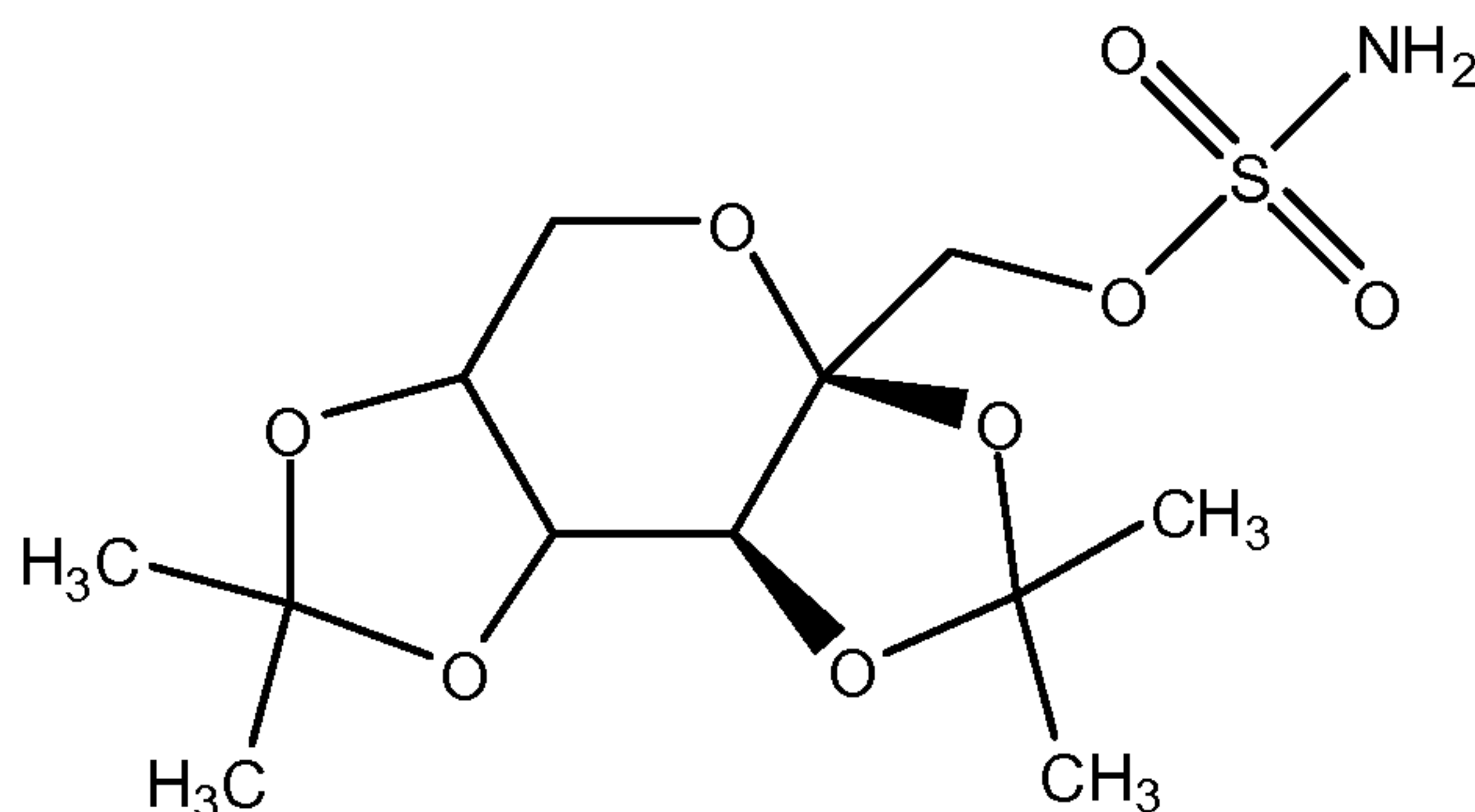
Examples of linkers reported in the scientific literature include methylene $(\text{CH}_2)_n$ linkers (Hussey et al., *J. Am. Chem. Soc.*, 2003, 125:3692-3693; Tamiz et al., *J. Med. Chem.*, 2001, 44:1615-1622), oligo ethyleneoxy $\text{O}(-\text{CH}_2\text{CH}_2\text{O}-)_n$ units used to link naltrexamine to other opioids, glycine oligomers of the formula $-\text{NH}-(\text{COCH}_2\text{NH})_n\text{COCH}_2\text{CH}_2\text{CO}-(\text{NHCH}_2\text{CO})_n\text{NH}-$ used to link opioid antagonists and agonists together ((a) Portoghese et al., *Life Sci.*, 1982, 31:1283-1286. (b) Portoghese et al., *J. Med. Chem.*, 1986, 29:1855-1861), hydrophilic diamines used to link opioid peptides together (Stepinski et al., *Internat. J. of Peptide & Protein Res.*, 1991, 38:588-92), rigid double stranded DNA spacers (Paar et al., *J. Immunol.*, 2002, 169:856-864) and the biodegradable linker poly(L-lactic acid) (Klok et al., *Macromolecules*, 2002, 35:746-759). The attachment of the tether to a compound can result in the compound achieving a favorable binding orientation. The linker itself may or may not be biodegradable. The linker may take the form of a prodrug and be tunable for optimal release kinetics of the linked drugs. The linker may be either conformationally flexible throughout its entire length or else a segment of the tether may be designed to be conformationally restricted (Portoghese et al., *J. Med. Chem.*, 1986, 29:1650-1653).

With respect to alcohol-related disorders, including but not limited to alcohol abuse and alcohol dependence, at least two compounds selected from the group

consisting of topiramate, ondansetron, and naltrexone, and analogs, derivatives, and modifications thereof, and pharmaceutically acceptable salts thereof, can be used to decrease ethanol consumption associated with such alcohol-related disorders. In one aspect, topiramate and ondansetron are used. Accordingly, the present invention provides a method for treating or preventing alcohol-related disorders based on ethanol consumption, comprising administering to a subject in need of such treatment or prevention an effective amount of at least two compounds selected from the group consisting of topiramate, ondansetron, and naltrexone, and analogs, derivatives, and modifications thereof or a pharmaceutically acceptable salt thereof. In a further aspect, the combination pharmacotherapy treatment is used in conjunction with behavioral modification or therapy.

The present invention encompasses biologically active analogs, homologs, derivatives, and modifications of the compounds of the invention. Methods for the preparation of such compounds are known in the art. In one aspect, the compounds are topiramate, ondansetron, and naltrexone.

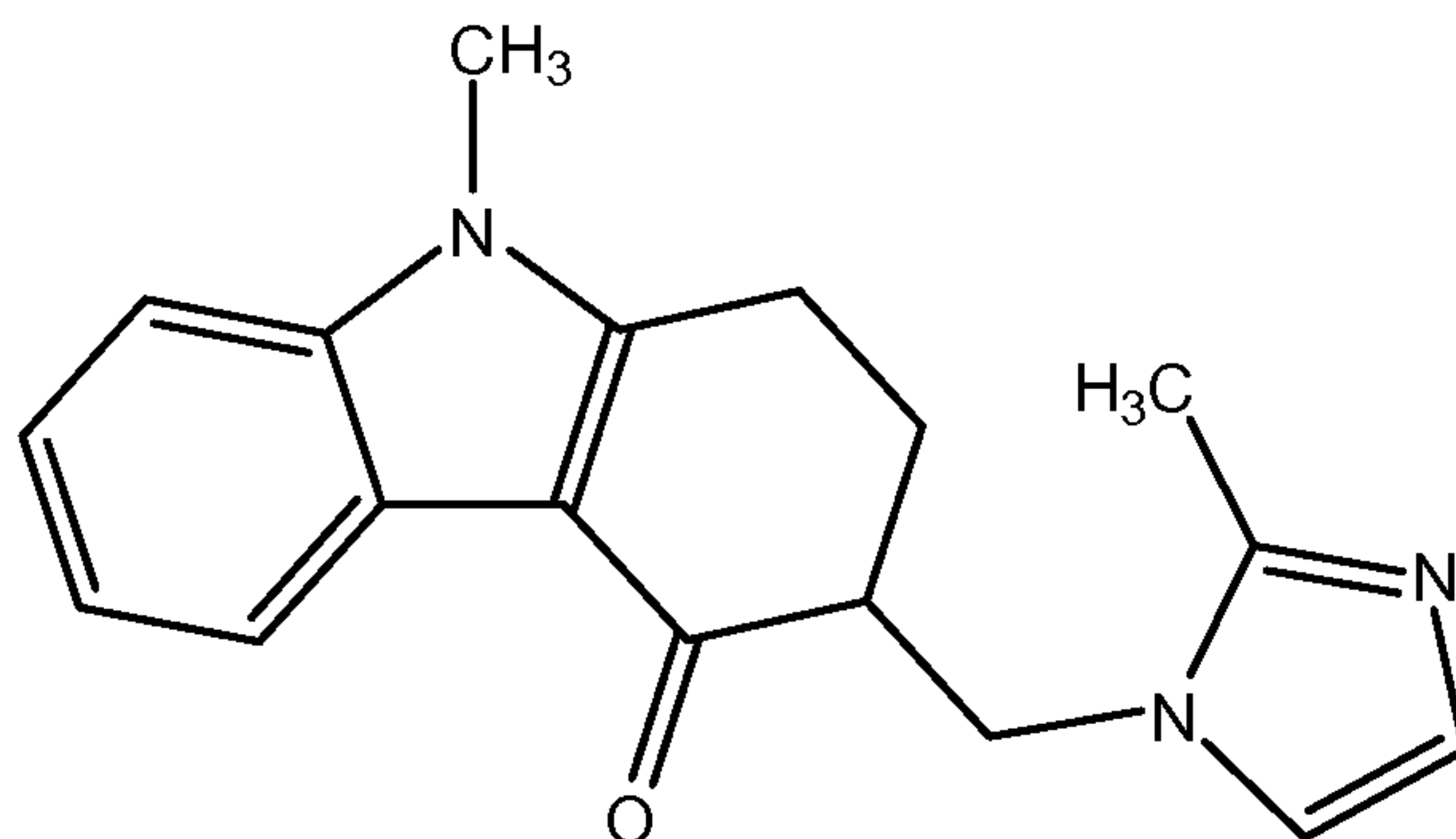
Topiramate ($C_{12}H_{21}NO_8S$; IUPAC name: 2,3:4,5-Bis-O-(1-methylethylidene)-beta-D-fructopyranose sulfamate; CAS Registry No. 97240-79-4) has the following structure:



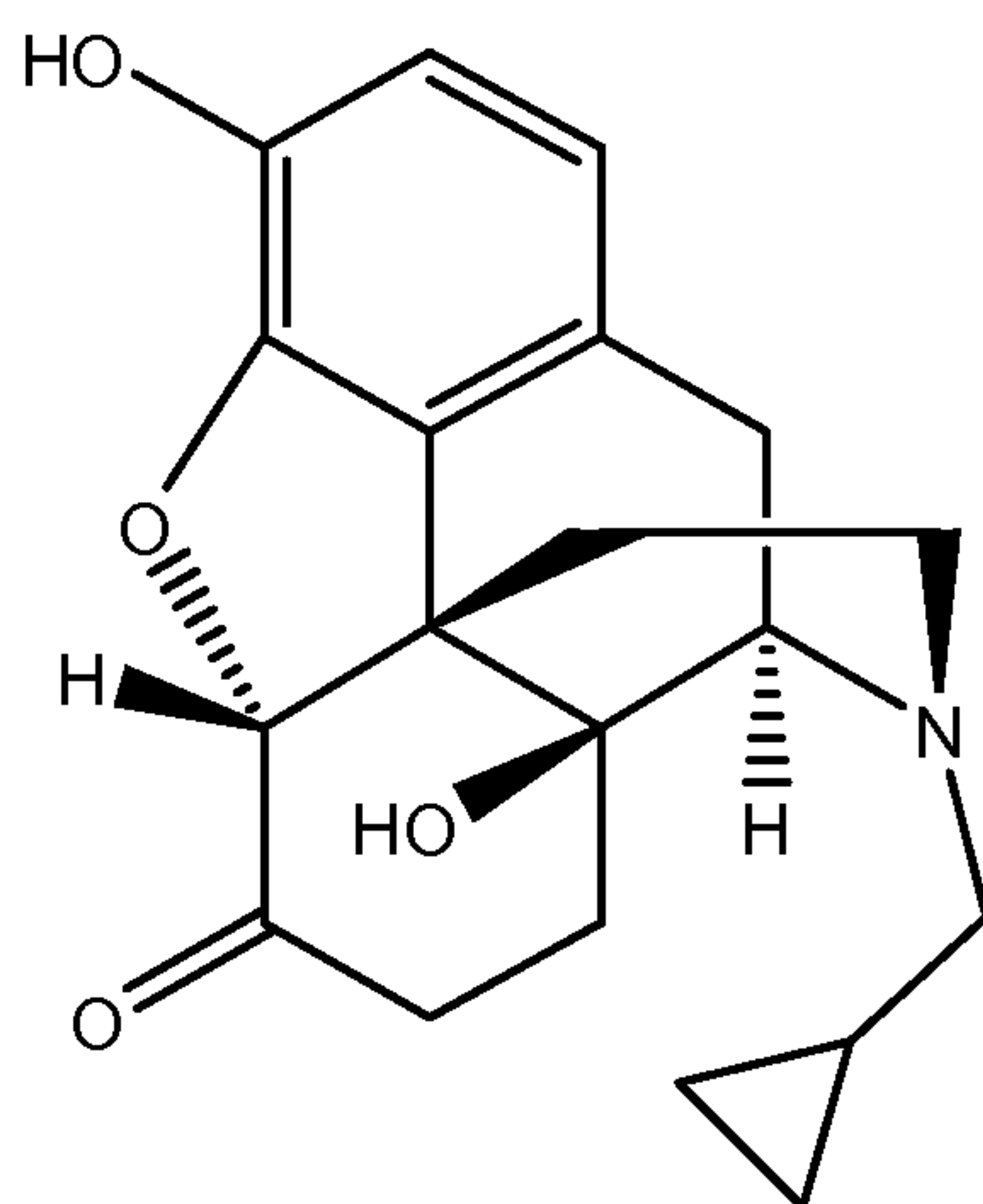
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Ondansetron ($C_{18}H_{19}N_3O$; CAS Registry No. 99614-02-5; IUPAC name: 9-methyl-3-[(2-methyl-1H-imidazol-1-yl)methyl]-1,2,3,9-tetrahydrocarbazol-4-one) has the following structure:

25



5 Naltrexone ($C_{20}H_{23}NO_4$; 17-(Cyclopropylmethyl)-4,5a-epoxy-3,14-dihydroxymorphinan-6-one hydrochloride; CAS Registry No. 16590-41-3) has the following structure:



10

The effectiveness of treatment or prevention of alcohol-related diseases and disorders can be detected and measured in several ways. For example, subjects can self-report according to guidelines and procedures set up for such reporting. Objective measures of alcohol consumption include the use of breath alcohol meter readings, measuring serum CDT levels, and measuring serum γ -glutamyl transferase (GGT) levels. Urinary 5-HTOL may also be measured and is an indicator of recent alcohol consumption. 5-HTOL is a minor metabolite of 5-HT. More than one of these types of assays may be performed to ensure accuracy. Other subjective and objective measures are also known. These measurements can be taken or performed at various times before, during, and after treatment.

15

20

The routes of administration, dosage amounts, and dosage forms described herein can be utilized for the administration of compounds of the invention or pharmaceutically acceptable salt thereof for the prevention or treatment of ethanol consumption. Suitable forms of the compounds for use in biologically active compositions and methods of the present invention include its pharmaceutically acceptable salts, polymorphs, solvates, hydrates, and prodrugs.

Administration of an effective amount of at least two compounds of the invention, or pharmaceutically acceptable salts thereof, whether alone or in combination with a secondary therapeutic agent, to a subject will detectably treat or prevent ethanol consumption in the subject. In exemplary embodiments, administration of at least two compounds of the invention, or pharmaceutically acceptable salts thereof, whether alone or in combination with additional therapeutic agents, will yield a reduction in ethanol consumption by at least about 10%, 20%, 30%, 50% or greater, up to about 75-90%, or about 95% or greater.

The present compositions can optionally comprise a suitable amount of a pharmaceutically acceptable vehicle so as to provide the form for proper administration to the patient.

The present compositions can also be administered to a subject in combination with behavioral therapy or interaction.

Included within the scope of this invention are the various individual anomers, diastereomers and enantiomers as well as mixtures thereof. In addition, the compounds of this invention also include any pharmaceutically acceptable salts, for example: alkali metal salts, such as sodium and potassium; ammonium salts; monoalkylammonium salts; dialkylammonium salts; trialkylammonium salts; tetraalkylammonium salts; and tromethamine salts. Hydrates and other solvates of the compounds are included within the scope of this invention.

Additional therapeutic agents administered as combination therapies to treat alcohol-related disorders can include traditional anti-alcohol agents and/or other agents. Useful anti-alcohol agents in combinatorial formulations and coordinate treatment methods of the invention include, but are not limited to: disulfiram (Litten et al., *Expert Opin Emerg. Drugs* 10(2):323-43, 2005); naltrexone (Volpicelli et al., *Arch. Gen. Psychiatry* 49:876-880, 1992; O'Malley et al., *Arch. Gen. Psychiatry* 49(11):881-887, 1992); acamprosate (Campral®) (Swift, *N. Engl. J. Med.*

340(19):1482-1490, 1999); ondansetron (Pettinati et al., Alcohol Clin. Exp. Res. 24(7):1041-1049, 2000; Stoltenberg, Scott, Clinical & Experimental Research 27(12):1853-1859, 2003); sertraline (Zoloft®) (Pettinati et al., Alcohol Clin. Exp. Res. 24(7):1041-1049, 2000); tiapride (Shaw et al., Br. J. Psychiatry 150:164-8, 1987); gamma hydroxybutyrate (Alcover®) (Poldrugo F. and Addolorato G., Alcohol Alcoholism 34(1), 15-24, 1999); galanthamine (Novel pharmacotherapies and patents for alcohol abuse and alcoholism 1998-2001, Expert Opinion on Therapeutic Patents, Vol. 11, No. 10, pages 1497-1521 (2001); U.S. Pat. No. 5,932,238); nalmefene (Revex) (Drobes et al., Alcohol Clin Exp Res., 28(9):1362-70 (2004); naloxone (Julius, D., and Renault, P., eds., Narcotic Antagonists: Naltrexone Progress Report, NIDA Research Monograph Series, Number 9. DHEW Publication No. (ADM) 76-387, Bethesda, Md.: National Institute on Drug Abuse, 1976; Jenab and Inturrisi, Molecular Brain Research 27:95-102, 1994); desoxypeganine (Doetkotte et al., Alcoholism: Clinical & Experimental Research, International Society for Biomedical Research on Alcoholism 12th World Congress on Biomedical Alcohol Research, Sep. 29-Oct. 2, 2004, Heidelberg/Mannheim, Germany, 28(8) Supplement:25A, 2004); benzodiazepines (Ntais et al., Benzodiazepines for alcohol withdrawal, Cochrane Database Syst. Rev. (3):CD005063, 2005; Mueller T I et al., Alcohol Clin. Exp. Res. 29(8):1411-8, 2005); neuroleptics such as laevomepromazine (Neurocil®) and thioridazine (Melleril®); piracetam; clonidine; carbamazepine; clomethiazole (Distranneurin®); levetiracetam; quetiapine (Monnelly et al., J. Clin. Psychopharmacol. 24(5):532-5, 2004); risperidone; rimonabant; trazodone (Janiri et al., Alcohol 33(4):362-5, 1998); topiramate (Johnson B A et al., Lancet 361:1677-1685, 2003); aripiprazole (Beresford et al., J. Clin. Psychopharmacol. 25(4):363-6, 2005); and modafinil (Saletu et al., Prog. Neuropsychopharmacol. Biol. Psychiatry 14(2):195-214, 1990); amperozide, and modafinil.

The sulfamate derivatives of topiramate, or any of the other compounds of the invention and their derivatives, analogs or modifications thereof, may be used in conjunction with one or more other drug compounds and according to the methods of the present invention so long as the pharmaceutical agent has a use that is also effective in treating alcohol-related disorders. Those of ordinary skill in the art will be able to identify readily those pharmaceutical agents that have utility with the

present invention. Those of ordinary skill in the art will recognize also numerous other compounds that fall within the categories and that are useful according to the invention for treating alcohol-related disorders. In one aspect, the anti-alcohol compounds of the invention are used in combination with drugs useful for other
5 conditions.

The other therapeutic agent can be an anti-nicotine agent. Useful anti-nicotine agents include, but are not limited to, clonidine and bupropion.

The other therapeutic agent can be an anti-opiate agent. Useful anti-opiate agents include, but are not limited to, methadone, clonidine, lofexidine,
10 levomethadyl acetate HCl, naltrexone, and buprenorphine.

The other therapeutic agent can be an anti-cocaine agent. Useful anti-cocaine agents include, but are not limited to, desipramine, amantadine, fluoxetine, and buprenorphine.

The other therapeutic agent can be an appetite suppressant. Useful appetite
15 suppressants include, but are not limited to, fenfluramine, phenylpropanolamine, and mazindol.

The other therapeutic agent can be an anti-lysergic acid diethylamide (“anti-LSD”) agent. Useful anti-LSD agents include, but are not limited to, diazepam.

The other therapeutic agent can be an anti-phencyclidine (“anti-PCP”) agent.
20 Useful anti-PCP agents include, but are not limited to, haloperidol.

The other therapeutic agent can be an anti-Parkinson's-disease agent. Useful anti-Parkinson's-disease agents include, but are not limited to, dopamine precursors, such as levodopa, L-phenylalanine, and L-tyrosine; neuroprotective agents; dopamine agonists; dopamine reuptake inhibitors; anticholinergics such as
25 amantadine and memantine; and 1,3,5-trisubstituted adamantanes, such as 1-amino-3,5-dimethyl-adamantane (U.S. Pat. No. 4,122,193 to Sherm et al.).

The other therapeutic agent can be an anti-depression agent. Useful anti-depression agents include, but are not limited to, amitriptyline, clomipramine, doxepine, imipramine, trimipramine, amoxapine, desipramine, maprotiline,
30 nortriptyline, protriptyline, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, bupropion, nefazodone, trazodone, phenelzine, tranylcypromine, selegiline, clonidine, gabapentin, and 2-pyridinyl[7-(pyridine-4-yl)pyrazolo[1,5-a]pyrimidin-3-yl]methanone compounds having at least one substituent on both the

2- and 4-pyridinyl rings. Useful classes of antidepressant agents include without limitation monoamine oxidase inhibitors, selective serotonin reuptake inhibitors, tricyclic antidepressants, tetracyclic antidepressants, norepinephrine uptake inhibitors, selective norepinephrine reuptake inhibitors, and serotonin and
5 norepinephrine uptake inhibitors.

The other therapeutic agent can be an anxiolytic agent. Useful anxiolytic agents include, but are not limited to, benzodiazepines, such as alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, halazepam, lorazepam, oxazepam, and prazepam; non-benzodiazepine agents, such as buspirone; and
10 tranquilizers, such as barbiturates.

The other therapeutic agent can be an antipsychotic drug. Useful antipsychotic drugs include, but are not limited to, phenothiazines, such as chlorpromazine, mesoridazine besylate, thioridazine, acetophenazine maleate, fluphenazine, perphenazine, and trifluoperazine; thioxanthenes, such as
15 chlorprothixene, and thiothixene; and other heterocyclic compounds, such as clozapine, haloperidol, loxapine, molindone, pimozide, and risperidone. Exemplary anti-psychotic drugs include chlorpromazine HCl, thioridazine HCl, fluphenazine HCl, thiothixene HCl, and molindone HCl.

The other therapeutic agent can be an anti-obesity drug. Useful anti-obesity drugs include, but are not limited, to beta-adrenergic receptor agonists, for example beta-3 receptor agonists such as, but not limited to, fenfluramine; dexfenfluramine; sibutramine; bupropion; fluoxetine; phentermine; amphetamine; methamphetamine; dextroamphetamine; benzphetamine; phendimetrazine; diethylpropion; mazindol; phenylpropanolamine; norepinephrine; serotonin reuptake inhibitors, such as
20 sibutramine; and pancreatic lipase inhibitors, such as orlistat.

A list of types of drugs, and specific drugs within categories which are encompassed within the invention is provided below.

Adrenergic: Adrenalone; Amidephrine Mesylate; Apraclonidine Hydrochloride; Brimonidine Tartrate; Dapiprazole Hydrochloride; Deterenol
30 Hydrochloride; Dipivefrin; Dopamine Hydrochloride; Ephedrine Sulfate; Epinephrine; Epinephrine Bitartrate; Epinephryl Borate; Esproquin Hydrochloride; Etafedrine Hydrochloride; Hydroxyamphetamine Hydrobromide; Levonordefrin; Mephentermine Sulfate; Metaraminol Bitartrate; Metizoline Hydrochloride;

Naphazoline Hydrochloride; Norepinephrine Bitartrate; Oxidopamine;
 Oxymetazoline Hydrochloride; Phenylephrine Hydrochloride; Phenylpropanolamine
 Hydrochloride; Phenylpropanolamine Polistirex; Prenalterol Hydrochloride;
 Propylhexedrine; Pseudoephedrine Hydrochloride; Tetrahydrozoline Hydrochloride;
 5 Tramazoline Hydrochloride; Xylometazoline Hydrochloride.

Adrenocortical steroid: Ciprocinonide; Desoxycorticosterone Acetate;
 Desoxycorticosterone Pivalate; Dexamethasone Acetate; Fludrocortisone Acetate;
 Flumoxonide; Hydrocortisone Hemisuccinate; Methylprednisolone Hemisuccinate;
 Naflocort; Procinonide; Timobesone Acetate; Tipredane.

10 Adrenocortical suppressant: Aminoglutethimide; Trilostane.

Alcohol deterrent: Disulfiram.

Aldosterone antagonist: Canrenoate Potassium; Canrenone; Dircirenone;
 Mexrenoate Potassium; Prorenoate Potassium; Spironolactone.

Amino acid: Alanine; Aspartic Acid; Cysteine Hydrochloride; Cystine;
 15 Histidine; Isoleucine; Leucine; Lysine; Lysine Acetate; Lysine Hydrochloride;
 Methionine; Phenylalanine; Proline; Serine; Threonine; Tryptophan; Tyrosine;
 Valine.

Analeptic: Modafinil.

Analgesic: Acetaminophen; Alfentanil Hydrochloride; Aminobenzoate
 20 Potassium; Aminobenzoate Sodium; Anidoxime; Anileridine; Anileridine
 Hydrochloride; Anilopam Hydrochloride; Aniolac; Antipyrine; Aspirin;
 Benoxaprofen; Benzydamine Hydrochloride; Bicifadine Hydrochloride; Brifentanil
 Hydrochloride; Bromadoline Maleate; Bromfenac Sodium; Buprenorphine
 Hydrochloride; Butacetin; Butixirate; Butorphanol; Butorphanol Tartrate;
 25 Carbamazepine; Carbaspirin Calcium; Carbiphene Hydrochloride; Carfentanil
 Citrate; Ciprefadol Succinate; Ciramadol; Ciramadol Hydrochloride; Clonixeril;
 Clonixin; Codeine; Codeine Phosphate; Codeine Sulfate; Conorphone
 Hydrochloride; Cyclazocine; Dexoxadrol Hydrochloride; Dexpemedolac; Dezocine;
 Diflunisal; Dihydrocodeine Bitartrate; Dimefadane; Dipyrone; Doxpicomine
 30 Hydrochloride; Drinidene; Enadoline Hydrochloride; Epirizole; Ergotamine
 Tartrate; Ethoxazene Hydrochloride; Etofenamate; Eugenol; Fenoprofen;
 Fenoprofen Calcium; Fentanyl Citrate; Floctafenine; Flufenisal; Flunixin; Flunixin
 Meglumine; Flupirtine Maleate; Fluproquazone; Fluradoline Hydrochloride;

Flurbiprofen; Hydromorphone Hydrochloride; Ibuprofen; Indoprofen; Ketazocine;
 Ketorfanol; Ketorolac Tromethamine; Letimide Hydrochloride; Levomethadyl
 Acetate; Levomethadyl Acetate Hydrochloride; Levonantradol Hydrochloride;
 Levorphanol Tartrate; Lofemizole Hydrochloride; Lofentanil Oxalate; Lorcinadol;
 5 Lomoxicam; Magnesium Salicylate; Mefenamic Acid; Menabitan Hydrochloride;
 Meperidine Hydrochloride; Meptazinol Hydrochloride; Methadone Hydrochloride;
 Methadyl Acetate; Methopholine; Methotrimeprazine; Metkephamid Acetate;
 Mimbane Hydrochloride; Mirfentanil Hydrochloride; Molinazone; Morphine
 Sulfate; Moxazocine; Nabitane Hydrochloride; Nalbuphine Hydrochloride;
 10 Nalmexone Hydrochloride; Namoxyrate; Nantradol Hydrochloride; Naproxen;
 Naproxen Sodium; Naproxol; Nefopam Hydrochloride; Nexeridine Hydrochloride;
 Noracymethadol Hydrochloride; Ocfentanil Hydrochloride; Octazamide; Olvanil;
 Oxetorone Fumarate; Oxycodone; Oxycodone Hydrochloride; Oxycodone
 Terephthalate; Oxymorphone Hydrochloride; Pemedolac; Pentamorphone;
 15 Pentazocine; Pentazocine Hydrochloride; Pentazocine Lactate; Phenazopyridine
 Hydrochloride; Phenylramidol Hydrochloride; Picenadol Hydrochloride; Pinadoline;
 Pirfenidone; Piroxicam Olamine; Pravadoline Maleate; Prodilidine Hydrochloride;
 Profadol Hydrochloride; Propirarn Fumarate; Propoxyphene Hydrochloride;
 Propoxyphene Napsylate; Proxazole; Proxazole Citrate; Proxorphan Tartrate;
 20 Pyrroliphen Hydrochloride; Remifentanil Hydrochloride; Salcolex; Salethamide
 Maleate; Salicylamide; Salicylate Meglumine; Salsalate; Sodium Salicylate;
 Spiradoline Mesylate; Sufentanil; Sufentanil Citrate; Talmacetin; Talniflumate;
 Talosalate; Tazadolene Succinate; Tebufelone; Tetrydamine; Tifurac Sodium;
 Tilidine Hydrochloride; Tiopinac; Tonazocine Mesylate; Tramadol Hydrochloride;
 25 Trefentanil Hydrochloride; Trolamine; Veradoline Hydrochloride; Verilopam
 Hydrochloride; Volazocine; Xorphanol Mesylate; Xylazine Hydrochloride;
 Zenazocine Mesylate; Zomepirac Sodium; Zucapsaicin.

Anorectic compounds including dexfenfluramine.

Anorexic: Aminorex; Amphetamine Hydrochloride; Chlorphentermine Hydrochloride;
 30 Clominorex; Clortennine Hydrochloride; Diethylpropion Hydrochloride;
 Fenfluramine Hydrochloride; Fenisorex; Fludorex; Fluminorex; Levamfetamine
 Succinate; Mazindol; Mefenorex Hydrochloride; Phenmetrazine Hydrochloride;
 Phentermine; Sibutramine Hydrochloride.

Anti-anxiety agent: Adatanserin Hydrochloride; Alpidem; Binospirone Mesylate; Bretazenil; Glemanserin; Ipsapirone Hydrochloride; Mirisetrone Maleate; Ocinaclone; Ondansetron Hydrochloride; Panadiplon; Pancoprone; Pazinaclone; Serazapine Hydrochloride; Tandospirone Citrate; Zalospirone Hydrochloride.

5 Anti-cannabis agent: Rimonabant and other useful drugs, including drugs regulating the cannabanoid receptors.

Antidepressant: Adatanserin Hydrochloride; Adinazolam; Adinazolam Mesylate; Alaproclate; Aletamine Hydrochloride; Amedalin Hydrochloride; Amitriptyline Hydrochloride; Amoxapine; Aptazapine Maleate; Azaloxan Fumarate; 10 Azepindole; Azipramine Hydrochloride; Bipenarnol Hydrochloride; Bupropion Hydrochloride; Butacetin; Butriptyline Hydrochloride; Caroxazone; Cartazolate; Ciclazindol; Cidoxepin Hydrochloride; Cilobamine Mesylate; Clodazon Hydrochloride; Clomipramine Hydrochloride; Cotinine Fumarate; Cyclindole; Cypenamine Hydrochloride; Cyprolidol Hydrochloride; Cyproximide; Daledalin 15 Tosylate; Dapoxetine Hydrochloride; Dazadrol Maleate; Dazepinil Hydrochloride; Desipramine Hydrochloride; Dexamisole; Deximafen; Dibenzepin Hydrochloride; Dioxadrol Hydrochloride; Dothiepin Hydrochloride; Doxepin Hydrochloride; Duloxetine Hydrochloride; Eclanamine Maleate; Encyprate; Etoperidone Hydrochloride; Fantridone Hydrochloride; Fehmetozole Hydrochloride; 20 Fenmetramide; Fezolamine Fumarate; Fluotracen Hydrochloride; Fluoxetine; Fluoxetine Hydrochloride; Fluparoxan Hydrochloride; Gamfexine; Guanoxyfen Sulfate; Imafen Hydrochloride; Imiloxan Hydrochloride; Imipramine Hydrochloride; Indeloxazine Hydrochloride; Intriptyline Hydrochloride; Iprindole; Isocarboxazid; Ketipramine Fumarate; Lofepamine Hydrochloride; Lortalamine; 25 Maprotiline; Maprotiline Hydrochloride; Melitracen Hydrochloride; Milacemide Hydrochloride; Minaprine Hydrochloride; Mirtazapine; Moclobemide; Modaline Sulfate; Napactadine Hydrochloride; Napamezole Hydrochloride; Nefazodone Hydrochloride; Nisoxetine; Nitrafudam Hydrochloride; Nomifensine Maleate; Nortriptyline Hydrochloride; Octriptyline Phosphate; Opipramol Hydrochloride; 30 Oxaprotiline Hydrochloride; Oxypertine; Paroxetine; Phenelzine Sulfate; Pirandamine Hydrochloride; Pizotyline; Pridetine Hydrochloride; Prolintane Hydrochloride; Protriptyline Hydrochloride; Quipazine Maleate; Rolicyprine; Seproxetine Hydrochloride; Sertraline Hydrochloride; Sibutramine Hydrochloride;

5 Sulpiride; Suritazole; Tametraline Hydrochloride; Tampramine Fumarate;
 Tandamine Hydrochloride; Thiazesim Hydrochloride; Thozalinone; Tomoxetine
 Hydrochloride; Trazodone Hydrochloride; Trebenzomine Hydrochloride;
 Trimipramine; Trimipramine Maleate; Venlafaxine Hydrochloride; Viloxazine
 Hydrochloride; Zimeldine Hydrochloride; Zometapine.

Antihypertensive: Aflyzosin Hydrochloride; Alipamide; Althiazide;
 Amiquinsin Hydrochloride; Amlodipine Besylate; Amlodipine Maleate; Anaritide
 Acetate; Atiprosin Maleate; Belfosdil; Bemitradine; Bendacalol Mesylate;
 Bendroflumethiazide; Benzthiazide; Betaxolol Hydrochloride; Bethanidine Sulfate;
 10 Bevantolol Hydrochloride; Biclodil Hydrochloride; Bisoprolol; Bisoprolol
 Fumarate; Bucindolol Hydrochloride; Bupicomide; Buthiazide; Candoxatril;
 Candoxatrilat; Captopril; Carvedilol; Ceronapril; Chlorothiazide Sodium;
 Cicletanine; Cilazapril; Clonidine; Clonidine Hydrochloride; Clopamide;
 Cyclopenthiazide; Cyclothiazide; Darodipine; Debrisoquin Sulfate; Delapril
 15 Hydrochloride; Diapamide; Diazoxide; Dilevalol Hydrochloride; Diltiazem Malate;
 Ditekiren; Doxazosin Mesylate; Ecadotril; Enalapril Maleate; Enalaprilat; Enalkiren;
 Endralazine Mesylate; Epithiazide; Eprosartan; Eprosartan Mesylate; Fenoldopam
 Mesylate; Flavodilol Maleate; Flordipine; Flosequinan; Fosinopril Sodium;
 Fosinoprilat; Guanabenz; Guanabenz Acetate; Guanacine Sulfate; Guanadrel
 20 Sulfate; Guancydine; Guanethidine Monosulfate; Guanethidine Sulfate; Guanfacine
 Hydrochloride; Guanisoquin Sulfate; Guanoclor Sulfate; Guanoctine Hydrochloride;
 Guanoxabenz; Guanoxan Sulfate; Guanoxyfen Sulfate; Hydralazine Hydrochloride;
 Hydralazine Polistirex; Hydroflumethiazide; Indacrinone; Indapamide; Indolapril
 Hydrochloride; Indoramin; Indoramin Hydrochloride; Indorenate Hydrochloride;
 25 Lacidipine; Leniquinsin; Levromakalim; Lisinopril; Lofexidine Hydrochloride;
 Losartan Potassium; Losulazine Hydrochloride; Mebutamate; Mecamylamine
 Hydrochloride; Medroxalol; Medroxalol Hydrochloride; Methalthiazide;
 Methyclothiazide; Methyldopa; Methyldopate Hydrochloride; Metipranolol;
 Metolazone; Metoprolol Fumarate; Metoprolol Succinate; Metyrosine; Minoxidil ;
 30 Monatepil Maleate; Muzolimine; Nebivolol; Nitrendipine; Ofornine; Pargyline
 Hydrochloride; Pazoxide; Pelanserine Hydrochloride; Perindopril Erbumine;
 Phenoxybenzamine Hydrochloride; Pinacidil; Pivopril; Polythiazide; Prazosin
 Hydrochloride; Primidolol; Prizidilol Hydrochloride; Quinapril Hydrochloride;

Quinaprilat; Quinazosin Hydrochloride; Quinelorane Hydrochloride; Quinpirole Hydrochloride; Quinuclium Bromide; Ramipril; Rauwolfia Serpentina; Reserpine; Sapisartan Potassium; Saralasin Acetate; Sodium Nitroprusside; Sulfinalol Hydrochloride; Tasosartan; Teludipine Hydrochloride; Temocapril Hydrochloride; 5 Terazosin Hydrochloride; Terlakiren; Tiamenidine; Tiamenidine Hydrochloride; Ticrynafen; Tinabitol; Tiodazosin; Tipentosin Hydrochloride; Trichlormethiazide; Trimazosin Hydrochloride; Trimethaphan Camsylate; Trimoxamine Hydrochloride; Tripamide; Xipamide; Zankiren Hydrochloride; Zofenoprilat Arginine.

Anti-inflammatory: Alclofenac; Alclometasone Dipropionate; Algestone 10 Acetonide; Alpha Amylase; Amcinafal; Amcinafide; Amfenac Sodium; Amiprilose Hydrochloride; Anakinra; Aniolac; Anitrazafen; Apazone; Balsalazide Disodium; Bendazac; Benoxaprofen; Benzydamine Hydrochloride; Bromelains; Broperamole; Budesonide; Carprofen; Cicloprofen; Cintazone; Cliprofen; Clobetasol Propionate; Clobetasone Butyrate; Clopirac; Cloticasone Propionate; Cormethasone Acetate; 15 Cortodoxone; Deflazacort; Desonide; Desoximetasone; Dexamethasone Dipropionate; Diclofenac Potassium; Diclofenac Sodium; Diflorasone Diacetate; Diflumidone Sodium; Diflunisal; Difluprednate; Diftalone; Dimethyl Sulfoxide; Drocinonide; Endrysone; Enlimomab; Enolicam Sodium; Epirizole; Etodolac; Etofenamate; Felbinac; Fenamole; Fenbufen; Fenclofenac; Fenclorac; Fendosal; 20 Fenpipalone; Fentiazac; Flazalone; Fluazacort; Flufenamic Acid; Flumizole; Flunisolide Acetate; Flunixin; Flunixin Meglumine; Fluocortin Butyl; Fluorometholone Acetate; Fluquazone; Flurbiprofen; Fluretofen; Fluticasone Propionate; Furaprofen; Furobufen; Halcinonide; Halobetasol Propionate; Halopredone Acetate; Ibufenac; Ibuprofen; Ibuprofen Aluminum; Ibuprofen 25 Piconol; Ilonidap; Indomethacin; Indomethacin Sodium; Indoprofen; Indoxole; Intrazole; Isoflupredone Acetate; Isoxepac; Isoxicam; Ketoprofen; Lofemizole Hydrochloride; Lornoxicam; Loteprednol Etabonate; Meclofenamate Sodium; Meclofenamic Acid; Meclorisonone Dibutyrate; Mefenamic Acid; Mesalamine; Meseclazone; Methylprednisolone Suleptanate; Momiflumate; Nabumetone; 30 Naproxen; Naproxen Sodium; Naproxol; Nimazone; Olsalazine Sodium; Orgotein; Orpanoxin; Oxaprozin; Oxyphenbutazone; Paranyline Hydrochloride; Pentosan Polysulfate Sodium; Phenbutazone Sodium Glycerate; Pirfenidone; Piroxicam; Piroxicam Cinnamate; Piroxicam Olamine; Pirprofen; Prednazate; Prifelone;

Prodolic Acid; Proquazone; Proxazole; Proxazole Citrate; Rimexolone; Romazarit;
 Salcolex; Salnacedin; Salsalate; Sanguinarium Chloride; Seclazone; Sermetacin;
 Sudoxicam; Sulindac; Suprofen; Talmetacin; Talniflumate; Talosalate; Tebufelone;
 Tenidap; Tenidap Sodium; Tenoxicam; Tesicam; Tesimide; Tetrydamine; Tiopinac;
 5 Tixocortol Pivalate; Tolmetin; Tolmetin Sodium; Triclonide; Triflumidate;
 Zidometacin; Zomepirac Sodium.

Antinauseant: Buclizine Hydrochloride; Cyclizine Lactate; Naboctate
 Hydrochloride.

Antineutropenic: Filgrastim; Lenograstim; Molgramostim; Regramostim;
 10 Sargramostim.

Antiobsessional agent: Fluvoxamine Maleate.

Antiparkinsonian: Bzotropine Mesylate; Biperiden; Biperiden
 Hydrochloride; Biperiden Lactate; Carmantadine; Ciladopa Hydrochloride;
 Dopamantine; Ethopropazine Hydrochloride; Lazabemide; Levodopa; Lometraline
 15 Hydrochloride; Mofegiline Hydrochloride; Naxagolide Hydrochloride; Pareptide
 Sulfate; Procyclidine Hydrochloride; Quinotorane Hydrochloride; Ropinirole
 Hydrochloride; Selegiline Hydrochloride; Tolcapone; Trihexyphenidyl
 Hydrochloride. Antiperistaltic: Difenoximide Hydrochloride; Difenoxin;
 Diphenoxylate Hydrochloride; Fluperamide; Lidamidine Hydrochloride;
 20 Loperamide Hydrochloride; Malethamer; Nufenoxole; Paregoric.

Antipsychotic: Acetophenazine Maleate; Alentemol Hydrobromide;
 Alpertine; Azaperone; Batelapine Maleate; Benperidol; Benzindopyrine
 Hydrochloride; Brofbxine; Bromperidol; Bromperidol Decanoate; Butaclamol
 Hydrochloride; Butaperazine; Butaperazine Maleate; Carphenazine Maleate;
 25 Carvotroline Hydrochloride; Chlorpromazine; Chlorpromazine Hydrochloride;
 Chlorprothixene; Cinperene; Cintriamide; Clomacran Phosphate; Clopenthixol;
 Clopimozide; Clopipazan Mesylate; Cloroperone Hydrochloride; Clothiapine;
 Clothixamide Maleate; Clozapine; Cyclophenazine Hydrochloride; Droperidol;
 Etazolate Hydrochloride; Fenimide; Flucindole; Flumezapine; Fluphenazine
 30 Decanoate; Fluphenazine Enanthate; Fluphenazine Hydrochloride; Fluspiperone;
 Fluspirilene; Flutroline; Gevotroline Hydrochloride; Halopemide; Haloperidol;
 Haloperidol Decanoate; Iloperidone; Imidoline Hydrochloride; Lenperone;
 Mazapertine Succinate; Mesoridazine; Mesoridazine Besylate; Metiapine;

Milenperone; Milipertine; Molindone Hydrochloride; Naranol Hydrochloride;
 Neflumozide Hydrochloride; Ocaperidone; Olanzapine; Oxiperomide; Penfluridol;
 Pentiapine Maleate; Perphenazine; Pimozide; Pinoxepin Hydrochloride;
 Pipamperone; Piperacetazine; Pipotiazine Palniitate; Piquindone Hydrochloride;
 5 Prochlorperazine Edisylate; Prochlorperazine Maleate; Promazine Hydrochloride;
 Remoxipride; Remoxipride Hydrochloride; Rimcazole Hydrochloride; Seperidol
 Hydrochloride; Sertindole; Setoperone; Spiperone; Thioridazine; Thioridazine
 Hydrochloride; Thiothixene; Thiothixene Hydrochloride; Tioperidone
 Hydrochloride; Tiospirone Hydrochloride; Trifluoperazine Hydrochloride;
 10 Trifluperidol; Triflupromazine; Triflupromazine Hydrochloride; Ziprasidone
 Hydrochloride.

Appetite suppressant: Dexfenfluramine Hydrochloride; Phendimetrazine
 Tartrate; Phentermine Hydrochloride.

Blood glucose regulators: Human insulin; Glucagon; Tolazamide;
 15 Tolbutamide; Chlorpropamide; Acetohexamide and Glipizide.

Carbonic anhydrase inhibitor: Acetazolamide; Acetazolamide Sodium,
 Dichlorphenamide; Dorzolamide Hydrochloride; Methazolamide; Sezolarmide
 Hydrochloride.

Cardiac depressant: Acecainide Hydrochloride; Acetylcholine Chloride;
 20 Actisomide; Adenosine; Amiodarone; Aprindine; Aprindine Hydrochloride; Artilide
 Fumarate; Azimilide Dihydrochloride; Bidisomide; Bucainide Maleate;
 Bucromarone; Butoprozine Hydrochloride; Capobenate Sodium; Capobenic Acid;
 Cifenline; Cifenline Succinate; Clofilium Phosphate; Disobutamide; Disopyramide;
 Disopyramide Phosphate; Dofetilide; Drobuline; Edifolone Acetate; Emilium
 25 Tosylate; Encainide Hydrochloride; Flecainide Acetate; Ibutilide Fumarate;
 Indecainide Hydrochloride; Ipazilide Fumarate; Lorajmine Hydrochloride;
 Lorcainide Hydrochloride; Meobentine Sulfate; Mexiletine Hydrochloride;
 Modecainide; Moricizine; Oxiramide; Pirmenol Hydrochloride; Pirolazamide;
 Pranolium Chloride; Procainamide Hydrochloride; Propafenone Hydrochloride;
 30 Pyrinoline; Quindonium Bromide; Quinidine Gluconate; Quinidine Sulfate;
 Recainam Hydrochloride; Recainam Tosylate; Risotilide Hydrochloride; Ropitoin
 Hydrochloride; Sematilide Hydrochloride; Suricainide Maleate; Tocainide;
 Tocainide Hydrochloride; Transcainide.

Cardiotonic: Actodigin; Amrinone; Bemoradan; Butopamine; Carbazeran; Carsatrin Succinate; Deslanoside; Digitalis; Digitoxin; Digoxin; Dobutamine; Dobutamine Hydrochloride; Dobutamine Lactobionate; Dobutamine Tartrate; Enoximone; Imazodan Hydrochloride; Indolidan; Isomazole Hydrochloride; 5 Levdobutamine Lactobionate; Lixazinone Sulfate; Medorinone; Milrinone; Pelrinone Hydrochloride; Pimobendan; Piroximone; Prinoxodan; Proscillaridin; Quazinone; Tazolol Hydrochloride; Vesnarinone.

Cardiovascular agent: Dopexamine; Dopexamine Hydrochloride.

Choleretic: Dehydrocholic Acid; Fencibutirol; Hymecromone; Piprozolin; 10 Sincalide; Tocamphyl.

Cholinergic: Aceclidine; Bethanechol Chloride; Carbachol; Demecarium Bromide; Dexpanthenol; Echothiophate Iodide; Isoflurophate; Methacholine Chloride; Neostigmine Bromide; Neostigmine Methylsulfate; Physostigmine; Physostigmine Salicylate; Physostigmine Sulfate; Pilocarpine; Pilocarpine 15 Hydrochloride; Pilocarpine Nitrate; Pyridostigmine Bromide.

Cholinergic agonist: Xanomeline; Xanomeline Tartrate.

Cholinesterase Deactivator: Obidoxime Chloride; Pralidoxime Chloride; Pralidoxime Iodide; Pralidoxime Mesylate.

Coccidiostat: Arprinocid; Narasin; Semduramicin; Semduramicin Sodium.

Cognition adjuvant: Ergoloid Mesylates; Piracetam; Pramiracetam 20 Hydrochloride; Pramiracetam Sulfate; Tacrine Hydrochloride.

Cognition enhancer: Besipirdine Hydrochloride; Linopirdine; Sibopirdine.

Hormone: Diethylstilbestrol; Progesterone; 17-hydroxy progesterone; Medroxyprogesterone; Norgestrel; Norethynodrel; Estradiol; Megestrol (Megace); 25 Norethindrone; Levonorgestrel; Ethyndiol; Ethinyl estradiol; Mestranol; Estrone; Equilin; 17-alpha-dihydroequilin; equilenin; 17-alpha-dihydroequilenin; 17-alpha-estradiol; 17-beta-estradiol; Leuprolide (lupron); Glucagon; Testolactone; Clomiphene; Human menopausal gonadotropins; Human chorionic gonadotropin; Urofollitropin; Bromocriptine; Gonadorelin; Luteinizing hormone releasing 30 hormone and analogs; Gonadotropins; Danazol; Testosterone; Dehydroepiandrosterone; Androstenedione; Dihydroestosterone; Relaxin; Oxytocin; Vasopressin; Folliculostatin; Follicle regulatory protein; Gonadotrinins; Oocyte maturation inhibitor; Insulin growth factor; Follicle Stimulating Hormone;

Luteinizing hormone; Tamoxifen.; Corticorelin Ovine Triflutate; Cosyntropin;
Metogest; Pituitary, Posterior; Seractide Acetate; Somalapor; Somatrem;
Somatropin; Somenopor; Somidobove.

Memory adjuvant: Dimoxamine Hydrochloride; Ribaminol.

5 Mental performance enhancer: Aniracetam.

Mood regulator: Fengabine.

Neuroleptic: Duoperone Fumarate; Risperidone.

Neuroprotective: Dizocilpine Maleate.

Psychotropic: Minaprine.

10 Relaxant: Adiphenine Hydrochloride; Alcuronium Chloride; Aminophylline;

Azumolene Sodium; Baclofen; Benzoctamine Hydrochloride; Carisoprodol;

Chlorphenesin Carbamate; Chlorzoxazone; Cinflumide; Cinnamedrine;

Clodanolene; Cyclobenzaprine Hydrochloride; Dantrolene; Dantrolene Sodium;

Fenalanide; Fenyripol Hydrochloride; Fetoxylyate Hydrochloride; Flavoxate

15 Hydrochloride; Fletazepam; Flumetramide;-Flurazepam Hydrochloride;

Hexafluorenium Bromide; Isomylamine Hydrochloride; Lorbamate; Mebeverine

Hydrochloride; Mesuprine Hydrochloride; Metaxalone; Methocarbamol; Methixene

Hydrochloride; Nafomine Malate; Nelezaprine Maleate; Papaverine Hydrochloride;

Pipoxolan Hydrochloride; Quinctolate; Ritodrine; Ritodrine Hydrochloride;

20 Rolodine; Theophylline Sodium Glycinate; Thiphenamil Hydrochloride; Xilobam.

Sedative-hypnotic: Allobarbital; Alonimid; Alprazolam; Amobarbitol

Sodium; Bentazepam; Brotizolam; Butabarbital; Butabarbital Sodium; Butalbital;

Capuride; Carbocloral; Chloral Betaine; Chloral Hydrate; Chlordiazepoxide

Hydrochloride; Cloperidone Hydrochloride; Clorethate; Cyprazepam; Dexclamol

25 Hydrochloride; Diazepam; Dichloralphenazone; Estazolam; Ethchlorvynol;

Etomidate; Fenobam; Flunitrazepam; Fosazepam; Glutethimide; Halazepam;

Lormetazepam; Mecloqualone; Meprobamate; Methaqualone; Midaflur;

Paraldehyde; Pentobarbital; Pentobarbital Sodium; Perlapine; Prazepam; Quazepam;

Reclazepam; Roletamide; Secobarbital; Secobarbital Sodium; Suproclone;

30 Thalidomide; Tracazolate; Trepipam Maleate; Triazolam; Tricetamide; Triclofos

Sodium; Trimetozine; Uldazepam; Zaleplon; Zolazepam Hydrochloride; Zolpidem

Tartrate.

- Serotonin antagonist: Altanserin Tartrate; Amesergide; Ketanserin; Ritanserin.
- Serotonin inhibitor: Cinanserin Hydrochloride; Fenclonine; Fonazine Mesylate; Xylamidine Tosylate.
- 5 Serotonin receptor antagonist: Tropanserin Hydrochloride.
- Stimulant: Amfonelic Acid; Amphetamine Sulfate; Ampyzine Sulfate; Arbutamine Hydrochloride; Azabon; Caffeine; Ceruletide; Ceruletide Diethylamine; Cisapride; Dazopride Fumarate; Dextroamphetamine; Dextroamphetamine Sulfate; Difluanine Hydrochloride; Dimeflin Hydrochloride; Doxapram Hydrochloride;
- 10 Etryptamine Acetate; Ethamivan; Fenethylline Hydrochloride; Flubanilate Hydrochloride; Flurothyl; Histamine Phosphate; Indriline Hydrochloride; Mefexamide; Methamphetamine Hydrochloride; Methylphenidate Hydrochloride; Pemoline; Pyrovalerone Hydrochloride; Xamoterol; Xamoterol Fumarate. Synergist: Proadifen Hydrochloride.
- 15 Thyroid hormone: Levothyroxine Sodium; Liothyronine Sodium; Liotrix.
- Thyroid inhibitor: Methimazole; Propylthiouracil.
- Thyromimetic: Thyromedan Hydrochloride.
- Cerebral ischemia agents: Dextrophan Hydrochloride.
- Vasoconstrictor: Angiotensin Amide; Felypressin; Methysergide;
- 20 Methysergide Maleate.
- Vasodilator: Alprostadil; Azaclorzine Hydrochloride; Bamethan Sulfate; Bepredil Hydrochloride; Buterizine; Cetiedil Citrate; Chromonar Hydrochloride; Clonitrate; Diltiazem Hydrochloride; Dipyridamole; Droprenilamine; Erythrityl Tetranitrate; Felodipine; Flunarizine Hydrochloride; Fostedil; Hexobendine; Inositol
- 25 Niacinate; Iproxamine Hydrochloride; Isosorbide Dinitrate; Isosorbide Mononitrate; Isoxsuprine Hydrochloride; Lidoflazine; Mefenidil; Mefenidil Fumarate; Mibefradil Dihydrochloride; Mioflazine Hydrochloride; Mixidine; Nafronyl Oxalate; Nicardipine Hydrochloride; Nicergoline; Nicorandil; Nicotiny Alcohol; Nifedipine; Nimodipine; Nisoldipine; Oxfenicine; Oxprenolol Hydrochloride; Pentaerythritol
- 30 Tetranitrate; Pentoxifylline; Pentrinitrol; Perhexiline Maleate; Pindolol; Pirsidomine; Prenylamine; Propatyl Nitrate; Suloctidil; Terodiline Hydrochloride; Tipropidil Hydrochloride; Tolazoline Hydrochloride; Xanthinol Niacinate.

Assays and methods for testing compounds of the invention are described herein or are known in the art. For example, see Lippa et al., U.S. Pat. Pub. No. 2006/0173-64, published August 3, 2006.

5 The invention further encompasses treating and preventing obesity, i.e., for affecting weight loss and preventing weight gain. Obesity is a disorder characterized by the accumulation of excess fat in the body. Obesity has been recognized as one of the leading causes of disease and is emerging as a global problem. Increased instances of complications such as hypertension, non-insulin-dependent diabetes mellitus, arteriosclerosis, dyslipidemia, certain forms of cancer, 10 sleep apnea, and osteoarthritis have been related to increased instances of obesity in the general population. In one aspect, the invention encompasses administering to a subject in need thereof a combination therapy to induce weight loss. For example, subjects having a BMI of greater than about 25 (25.0-29.9 is considered overweight) are identified for treatment. In one aspect, the individuals have a BMI of greater 15 than 30 (30 and above is considered obese). In another aspect, a subject may be targeted for treatment to prevent weight gain. In one embodiment, an individual is instructed to take at least one compound of the invention at least once daily and at least a second compound of the invention at least once daily. The compound may be in the form of, for example, a tablet, a lozenge, a liquid, etc. In one aspect, a third 20 compound is also taken daily. In one embodiment, compounds may be taken more than once daily. In another embodiment, compounds are taken less than once daily. The dosages can be determined based on what is known in the art or what is determined to be best for a subject of that age, sex, health, weight, etc. Compounds useful for treating obesity according to the methods of the invention, include, but are 25 not limited to, topiramate, naltrexone, and ondansetron. See Weber (U.S. Pat. Pub. No. 20070275970) and McElroy (U.S. Pat. No. 6,323,236) for additional information and techniques for administering drugs useful for treating obesity, addictive disorders, and impulse control disorders, and for determining dosage schemes.

30 The subjects being treated to induce weight loss may be monitored for a period of months. In one aspect, it is recommended that the dosage be adjusted so that each individual loses weight at a rate of 10% of initial weight every 6 months.

However, the rate of weight loss for each individual may be adjusted by the treating physician based on the individual's particular needs.

If the initial dosage is not effective, then the dosage of one or more compounds of the combination therapy can be increased. If the initial dosage results in a more rapid weight loss than the above rate, the dosage of one or more of the at least two compounds can be reduced.

Pharmaceutically-acceptable base addition salts can be prepared from inorganic and organic bases. Salts derived from inorganic bases, include by way of example only, sodium, potassium, lithium, ammonium, calcium and magnesium salts. Salts derived from organic bases include, but are not limited to, salts of primary, secondary and tertiary amines, such as alkyl amines, dialkyl amines, trialkyl amines, substituted alkyl amines, di(substituted alkyl) amines, tri(substituted alkyl) amines, alkenyl amines, dialkenyl amines, trialkenyl amines, substituted alkenyl amines, di(substituted alkenyl) amines, tri(substituted alkenyl) amines, cycloalkyl amines, di(cycloalkyl) amines, tri(cycloalkyl) amines, substituted cycloalkyl amines, disubstituted cycloalkyl amines, trisubstituted cycloalkyl amines, cycloalkenyl amines, di(cycloalkenyl) amines, tri(cycloalkenyl) amines, substituted cycloalkenyl amines, disubstituted cycloalkenyl amines, trisubstituted cycloalkenyl amines, aryl amines, diaryl amines, triaryl amines, heteroaryl amines, diheteroaryl amines, triheteroaryl amines, heterocyclic amines, diheterocyclic amines, triheterocyclic amines, mixed di- and tri-amines where at least two of the substituents on the amine are different and are selected from the group consisting of alkyl, substituted alkyl, alkenyl, substituted alkenyl, cycloalkyl, substituted cycloalkyl, cycloalkenyl, substituted cycloalkenyl, aryl, heteroaryl, heterocyclic, and the like. Also included are amines where the two or three substituents, together with the amino nitrogen, form a heterocyclic or heteroaryl group. Examples of suitable amines include, by way of example only, isopropylamine, trimethyl amine, diethyl amine, tri(iso-propyl) amine, tri(n-propyl) amine, ethanolamine, 2-dimethylaminoethanol, tromethamine, lysine, arginine, histidine, caffeine, procaine, hydrabamine, choline, betaine, ethylenediamine, glucosamine, N-alkylglucamines, theobromine, purines, piperazine, piperidine, morpholine, N-ethylpiperidine, and the like. It should also be understood that other carboxylic acid derivatives would be useful in the practice of this invention, for example, carboxylic acid amides,

including carboxamides, lower alkyl carboxamides, dialkyl carboxamides, and the like.

Pharmaceutically acceptable acid addition salts may be prepared from inorganic and organic acids. Salts derived from inorganic acids include
5 hydrochloric acid, hydrobromic acid, sulfuric acid, nitric acid, phosphoric acid, and the like. Salts derived from organic acids include acetic acid, propionic acid, glycolic acid, pyruvic acid, oxalic acid, malic acid, malonic acid, succinic acid, maleic acid, fumaric acid, tartaric acid, citric acid, benzoic acid, cinnamic acid, mandelic acid, methanesulfonic acid, ethanesulfonic acid, p-toluene-sulfonic acid,
10 salicylic acid, and the like.

Psychosocial Intervention and Management

The drug combination treatments of the present invention can be further supplemented by providing to subjects a form of psychosocial intervention and/or management, such as Brief Behavioral Compliance Enhancement Treatment
15 (BBCET). BBCET, a standardized, manual-guided, brief (i.e., delivered in about 15 minutes), psychosocial adherence enhancement procedure, emphasizes that medication compliance is crucial to changing participants' drinking behavior (Johnson et al., Brief Behavioral Compliance Enhancement Treatment (BBCET) manual. In: Johnson BA, Ruiz P, Galanter M, eds. Handbook of clinical alcoholism
20 treatment. Baltimore, MD: Lippincott Williams & Wilkins; 2003, 282-301). Brief interventions (Edwards et al., J. Stud. Alcohol. 1977, 38:1004-1031) such as BBCET, have been shown to benefit treatment of alcohol dependence. BBCET was modeled on the clinical management condition in the National Institute of Mental Health collaborative depression trial, which was used as an adjunct to the
25 medication condition for that study (Fawcett et al. Psychopharmacol Bull. 1987, 23:309-324). BBCET has been used successfully as the psychosocial treatment platform in the single-site and multi-site efficacy trials of topiramate for treating alcohol dependence (Johnson et al., Lancet. 2003, 361:1677-1685; Johnson et al., JAMA, 2007, 298:1641-1651). It is delivered by trained clinicians, including nurse
30 practitioners and other non-specialists. Uniformity and consistency of BBCET delivery are ensured by ongoing training and supervision. BBCET is copyrighted material (Johnson et al., Brief Behavioral Compliance Enhancement Treatment (BBCET) manual. In: Johnson BA, Ruiz P, Galanter M, eds. Handbook of clinical

alcoholism treatment. Baltimore, MD: Lippincott Williams & Wilkins; 2003, 282-301).

The present invention further encompasses the use of psychosocial management regimens other than BBCET, including, but not limited to, Cognitive Behavioral Coping Skills Therapy (CBT) (Project MATCH Research Group. Matching Alcoholism Treatments to Client Heterogeneity: Project MATCH posttreatment drinking outcomes. J Stud Alcohol. 1997;58:7-29), Motivational Enhancement Therapy (MET) (Project MATCH Research Group. Matching Alcoholism Treatments to Client Heterogeneity: Project MATCH posttreatment drinking outcomes. J. Stud. Alcohol. 1997, 58:7-29), Twelve-Step Facilitation Therapy (TSF) (Project MATCH Research Group. Matching Alcoholism Treatments to Client Heterogeneity: Project MATCH posttreatment drinking outcomes. J. Stud. Alcohol. 1997, 58:7-29), Combined Behavioral Intervention (CBI), (Anton et al., JAMA, 2006, 295:2003-2017) Medical Management (MM) (Anton et al., JAMA, 2006, 295:2003-2017), or the Biopsychosocial, Report, Empathy, Needs, Direct advice, and Assessment (BRENDA) model (Garbutt et al., JAMA, 2005, 293:1617-1625). The present invention further encompasses the use of alternative interventions such as hypnosis or acupuncture to assist in treating an addictive disease or disorder.

The psychosocial management programs can be used before, during, and after treating the subject with the combination drug therapy of the invention.

One of ordinary skill in the art will recognize that psychosocial management procedures, as well as alternative interventions such as hypnosis or acupuncture, can also be used in conjunction with combination drug therapy to treat addictive and impulse-related disorders other than alcohol-related diseases and disorders.

The present invention further encompasses the use of combination pharmacotherapy and behavioral (psychosocial) intervention or training to treat other addictive and/or impulse control disorders.

For example, binge eating disorder (BED) is characterized by discrete periods of binge eating during which large amounts of food are consumed in a discrete period of time and a sense of control over eating is absent. Persons with bulimia nervosa have been reported to have electroencephalographic abnormalities and to display reduced binge eating in response to the anti-epileptic drug phenytoin.

In addition, in controlled trials in patients with epilepsy, topiramate was associated with suppression of appetite and weight loss unrelated to binge eating. Ondansetron has been shown to reduce binge eating.

BED is a subset of a larger classification of mental disorders broadly defined as Impulse Control Disorders (ICDs) characterized by harmful behaviors performed in response to irresistible impulses. It has been suggested that ICDs may be related to obsessive-compulsive disorder or similarly, maybe forms of obsessive-compulsive disorders. It has also been hypothesized that ICDs may be related to mood disorder or may be forms of affective spectrum disorder, a hypothesized family of disorders sharing at least one common physiologic abnormality with major depression. In the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), the essential feature of an ICD is the failure to resist an impulse, drive, or temptation to perform an act that is harmful to the person or to others. For most ICDs, the individual feels an increasing sense of tension or arousal before committing the act, and then experiences pleasure, gratification, or release at the time of committing the act. After the act is performed, there may or may not be regret or guilt. ICDs are listed in a residual category, the ICDs Not Elsewhere Classified, which includes intermittent explosive disorder (IED), kleptomania, pathological gambling, pyromania, trichotillomania, and ICDs not otherwise specified (NOS). Examples of ICDs NOS are compulsive buying or shopping, repetitive self-mutilation, nonparaphilic sexual addictions, severe nail biting, compulsive skin picking, personality disorders with impulsive features, attention deficit/hyperactivity disorder, eating disorders characterized by binge eating, and substance use disorders.

Many drugs can cause physical and/or psychological addiction. Those most well known drugs include opiates, such as heroin, opium and morphine; sympathomimetics, including cocaine and amphetamines; sedative-hypnotics, including alcohol, benzodiazepines, and barbiturates; and nicotine, which has effects similar to opioids and sympathomimetics. Drug addiction is characterized by a craving or compulsion for taking the drug and an inability to limit its intake. Additionally, drug dependence is associated with drug tolerance, the loss of effect of the drug following repeated administration, and withdrawal, the appearance of physical and behavioral symptoms when the drug is not consumed. Sensitization

occurs if repeated administration of a drug leads to an increased response to each dose. Tolerance, sensitization, and withdrawal are phenomena evidencing a change in the central nervous system resulting from continued use of the drug. This change motivates the addicted individual to continue consuming the drug despite serious
5 social, legal, physical, and/or professional consequences.

Attention-deficit disorders include, but are not limited to, Attention-Deficit/Hyperactivity Disorder, Predominately Inattentive Type; Attention-Deficit/Hyperactivity Disorder, Predominately Hyperactivity-Impulsive Type; Attention-Deficit/Hyperactivity Disorder, Combined Type; Attention-
10 Deficit/Hyperactivity Disorder not otherwise specified (NOS); Conduct Disorder; Oppositional Defiant Disorder; and Disruptive Behavior Disorder not otherwise specified (NOS).

Depressive disorders include, but are not limited to, Major Depressive Disorder, Recurrent; Dysthymic Disorder; Depressive Disorder not otherwise
15 specified (NOS); and Major Depressive Disorder, Single Episode.

Parkinson's disease includes, but is not limited to, neuroleptic-induced parkinsonism.

Addictive disorders include, but are not limited to, eating disorders, impulse control disorders, alcohol-related disorders, nicotine-related disorders,
20 amphetamine-related disorders, cannabis-related disorders, cocaine-related disorders, gambling, sexual disorders, hallucinogen use disorders, inhalant-related disorders, and opioid-related disorders, all of which are further subclassified as listed below.

Eating disorders include, but are not limited to, Bulimia Nervosa, Nonpurging Type; Bulimia Nervosa, Purging Type; and Eating Disorder not
25 otherwise specified (NOS).

Impulse control disorders include, but are not limited to, Intermittent Explosive Disorder, Kleptomania, Pyromania, Pathological Gambling, Trichotillomania, and Impulse Control Disorder not otherwise specified (NOS).

Nicotine-related disorders include, but are not limited to, Nicotine
30 Dependence, Nicotine Withdrawal, and Nicotine-Related Disorder not otherwise specified (NOS).

Amphetamine-related disorders include, but are not limited to, Amphetamine Dependence, Amphetamine Abuse, Amphetamine Intoxication, Amphetamine Withdrawal, Amphetamine Intoxication Delirium, Amphetamine-Induced Psychotic Disorder with delusions, Amphetamine-Induced Psychotic Disorders with
5 hallucinations, Amphetamine-Induced Mood Disorder, Amphetamine-Induced Anxiety Disorder, Amphetamine-Induced Sexual Dysfunction, Amphetamine-Induced Sleep Disorder, Amphetamine Related Disorder not otherwise specified (NOS), Amphetamine Intoxication, and Amphetamine Withdrawal.

Cannabis-related disorders include, but are not limited to, Cannabis
10 Dependence; Cannabis Abuse; Cannabis Intoxication; Cannabis Intoxication Delirium; Cannabis-Induced Psychotic Disorder, with delusions; Cannabis-Induced Psychotic Disorder with hallucinations; Cannabis-Induced Anxiety Disorder; Cannabis-Related Disorder not otherwise specified (NOS); and Cannabis Intoxication.

15 Cocaine-related disorders include, but are not limited to, Cocaine Dependence, Cocaine Abuse, Cocaine Intoxication, Cocaine Withdrawal, Cocaine Intoxication Delirium, Cocaine-Induced Psychotic Disorder with delusions, Cocaine-Induced Psychotic Disorders with hallucinations, Cocaine-Induced Mood Disorder, Cocaine-Induced Anxiety Disorder, Cocaine-Induced Sexual Dysfunction,
20 Cocaine-Induced Sleep Disorder, Cocaine-Related Disorder not otherwise specified (NOS), Cocaine Intoxication, and Cocaine Withdrawal.

Hallucinogen-use disorders include, but are not limited to, Hallucinogen
25 Dependence, Hallucinogen Abuse, Hallucinogen Intoxication, Hallucinogen Withdrawal, Hallucinogen Intoxication Delirium, Hallucinogen-Induced Psychotic Disorder with delusions, Hallucinogen-Induced Psychotic Disorder with hallucinations, Hallucinogen-Induced Mood Disorder, Hallucinogen-Induced Anxiety Disorder, Hallucinogen-Induced Sexual Dysfunction, Hallucinogen-Induced Sleep Disorder, Hallucinogen Related Disorder not otherwise specified (NOS), Hallucinogen Intoxication, and Hallucinogen Persisting Perception Disorder
30 (Flashbacks).

Inhalant-related disorders include, but are not limited to, Inhalant
Dependence; Inhalant Abuse; Inhalant Intoxication; Inhalant Intoxication Delirium;
Inhalant-Induced Psychotic Disorder, with delusions; Inhalant-Induced Psychotic

Disorder with hallucinations; Inhalant-Induced Anxiety Disorder; Inhalant-Related Disorder not otherwise specified (NOS); and Inhalant Intoxication.

Opioid-related disorders include, but are not limited to, Opioid Dependence, Opioid Abuse, Opioid Intoxication, Opioid Intoxication Delirium, Opioid-Induced
5 Psychotic Disorder, with delusions, Opioid-Induced Psychotic Disorder with hallucinations, Opioid-Induced Anxiety Disorder, Opioid-Related Disorder not otherwise specified (NOS), Opioid Intoxication, and Opioid Withdrawal.

Tic disorders include, but are not limited to, Tourette's Disorder, Chronic Motor or Vocal Tic Disorder, Transient Tic Disorder, Tic Disorder not otherwise
10 specified (NOS), Stuttering, Autistic Disorder, and Somatization Disorder.

The present invention further encompasses the treatment of at least two addictive diseases or disorders or impulse control disorders simultaneously. For example, the present invention provides for the simultaneous treatment of alcohol related disorders and weight control (see Examples).

15 The invention also encompasses the use of pharmaceutical compositions comprising compounds of the invention to practice the methods of the invention, the compositions comprising at least one appropriate compound and a pharmaceutically-acceptable carrier.

Other methods useful for the practice of the invention can be found, for
20 example, in U.S. Pat. Pub. No. 2006/0173064 (Lippa et al.), U.S. Pat. No. 6,323,236 (McElroy), and U.S. Pat. Pub. No. 2007/0275970.

In one embodiment, a composition of the invention may comprise one compound of the invention. In another embodiment, a composition of the invention may comprise more than one compound of the invention. In one embodiment,
25 additional drugs or compounds useful for treating other disorders may be part of the composition. In one embodiment, a composition comprising only one compound of the invention may be administered at the same time as another composition comprising at least one other compound of the invention. In one embodiment, the different compositions may be administered at different times from one another.
30 When a composition of the invention comprises only one compound of the invention, an additional composition comprising at least one additional compound must also be used.

The pharmaceutical compositions useful for practicing the invention may be, for example, administered to deliver a dose of between 1 ng/kg/day and 100 mg/kg/day.

5 Pharmaceutical compositions that are useful in the methods of the invention may be administered, for example, systemically in oral solid formulations, or as ophthalmic, suppository, aerosol, topical or other similar formulations. In addition to the appropriate compounds, such pharmaceutical compositions may contain pharmaceutically-acceptable carriers and other ingredients known to enhance and facilitate drug administration. Other possible formulations, such as nanoparticles, 10 liposomes, resealed erythrocytes, and immunologically based systems may also be used to administer an appropriate compound, or an analog, modification, or derivative thereof according to the methods of the invention.

Compounds which are identified using any of the methods described herein may be formulated and administered to a subject for treatment of the diseases 15 disclosed herein. One of ordinary skill in the art will recognize that these methods will be useful for other diseases, disorders, and conditions as well.

A “prodrug” refers to an agent that is converted into the parent drug in vivo. Prodrugs are often useful because, in some situations, they may be easier to administer than the parent drug. They may, for instance, be bioavailable by oral 20 administration whereas the parent is not. The prodrug may also have improved solubility in pharmaceutical compositions over the parent drug, or may demonstrate increased palatability or be easier to formulate. An example, without limitation, of a prodrug would be a compound of the present invention which is administered as an ester (the “prodrug”) to facilitate transmittal across a cell membrane where water 25 solubility is detrimental to mobility but which then is metabolically hydrolyzed to the carboxylic acid, the active entity, once inside the cell where water-solubility is beneficial. A further example of a prodrug might be a short peptide (polyaminoacid) bonded to an acid group where the peptide is metabolized to provide the active moiety.

30 The invention encompasses the preparation and use of pharmaceutical compositions comprising a compound useful for treatment of the diseases disclosed herein as an active ingredient. Such a pharmaceutical composition may consist of the active ingredient alone, in a form suitable for administration to a subject, or the

pharmaceutical composition may comprise the active ingredient and one or more pharmaceutically acceptable carriers, one or more additional ingredients, or some combination of these. The active ingredient may be present in the pharmaceutical composition in the form of a physiologically acceptable ester or salt, such as in
5 combination with a physiologically acceptable cation or anion, as is well known in the art.

The formulations of the pharmaceutical compositions described herein may be prepared by any method known or hereafter developed in the art of pharmacology. In general, such preparatory methods include the step of bringing
10 the active ingredient into association with a carrier or one or more other accessory ingredients, and then, if necessary or desirable, shaping or packaging the product into a desired single- or multi-dose unit.

Although the descriptions of pharmaceutical compositions provided herein are principally directed to pharmaceutical compositions which are suitable for
15 ethical administration to humans, it will be understood by the skilled artisan that such compositions are generally suitable for administration to animals of all sorts. Modification of pharmaceutical compositions suitable for administration to humans in order to render the compositions suitable for administration to various animals is well understood, and the ordinarily skilled veterinary pharmacologist can design and
20 perform such modification with merely ordinary, if any, experimentation. Subjects to which administration of the pharmaceutical compositions of the invention is contemplated include, but are not limited to, humans and other primates, mammals including commercially relevant mammals such as cattle, pigs, horses, sheep, cats, and dogs, and birds including commercially relevant birds such as chickens, ducks,
25 geese, and turkeys.

One type of administration encompassed by the methods of the invention is parenteral administration, which includes, but is not limited to, administration of a pharmaceutical composition by injection of the composition, by application of the composition through a surgical incision, by application of the composition through a
30 tissue-penetrating non-surgical wound, and the like. In particular, parenteral administration is contemplated to include, but is not limited to, subcutaneous, intraperitoneal, intramuscular, and intrasternal injection, and kidney dialytic infusion techniques

Pharmaceutical compositions that are useful in the methods of the invention may be prepared, packaged, or sold in formulations suitable for oral, rectal, vaginal, parenteral, topical, pulmonary, intranasal, inhalation, buccal, ophthalmic, intrathecal or another route of administration. Other contemplated formulations include
5 projected nanoparticles, liposomal preparations, resealed erythrocytes containing the active ingredient, and immunologically-based formulations.

A pharmaceutical composition of the invention may be prepared, packaged, or sold in bulk, as a single unit dose, or as a plurality of single unit doses. As used herein, a "unit dose" is a discrete amount of the pharmaceutical composition
10 comprising a predetermined amount of the active ingredient. The amount of the active ingredient is generally equal to the dosage of the active ingredient which would be administered to a subject, or a convenient fraction of such a dosage such as, for example, one-half or one-third of such a dosage.

The relative amounts of the active ingredient, the pharmaceutically
15 acceptable carrier, and any additional ingredients in a pharmaceutical composition of the invention will vary, depending upon the identity, size, and condition of the subject treated and further depending upon the route by which the composition is to be administered. By way of example, the composition may comprise between 0.1% and 100% (w/w) active ingredient.

20 In addition to the active ingredient, a pharmaceutical composition of the invention may further comprise one or more additional pharmaceutically active agents. Particularly contemplated additional agents include anti-emetics and scavengers such as cyanide and cyanate scavengers.

Controlled- or sustained-release formulations of a pharmaceutical
25 composition of the invention may be made using conventional technology.

A formulation of a pharmaceutical composition of the invention suitable for oral administration may be prepared, packaged, or sold in the form of a discrete solid dose unit including, but not limited to, a tablet, a hard or soft capsule, a cachet, a troche, or a lozenge, each containing a predetermined amount of the active
30 ingredient. Other formulations suitable for oral administration include, but are not limited to, a powdered or granular formulation, an aqueous or oily suspension, an aqueous or oily solution, or an emulsion.

As used herein, an “oily” liquid is one which comprises a carbon-containing liquid molecule and which exhibits a less polar character than water.

A tablet comprising the active ingredient may, for example, be made by compressing or molding the active ingredient, optionally with one or more
5 additional ingredients. Compressed tablets may be prepared by compressing, in a suitable device, the active ingredient in a free-flowing form such as a powder or granular preparation, optionally mixed with one or more of a binder, a lubricant, an excipient, a surface active agent, and a dispersing agent. Molded tablets may be made by molding, in a suitable device, a mixture of the active ingredient, a
10 pharmaceutically acceptable carrier, and at least sufficient liquid to moisten the mixture. Pharmaceutically acceptable excipients used in the manufacture of tablets include, but are not limited to, inert diluents, granulating and disintegrating agents, binding agents, and lubricating agents. Known dispersing agents include, but are not limited to, potato starch and sodium starch glycollate. Known surface active
15 agents include, but are not limited to, sodium lauryl sulphate. Known diluents include, but are not limited to, calcium carbonate, sodium carbonate, lactose, microcrystalline cellulose, calcium phosphate, calcium hydrogen phosphate, and sodium phosphate. Known granulating and disintegrating agents include, but are not limited to, corn starch and alginic acid. Known binding agents include, but are not
20 limited to, gelatin, acacia, pre-gelatinized maize starch, polyvinylpyrrolidone, and hydroxypropyl methylcellulose. Known lubricating agents include, but are not limited to, magnesium stearate, stearic acid, silica, and talc.

Tablets may be non-coated or may be coated using known methods to achieve delayed disintegration in the gastrointestinal tract of a subject, thereby
25 providing sustained release and absorption of the active ingredient. By way of example, a material such as glyceryl monostearate or glyceryl distearate may be used to coat tablets. Further by way of example, tablets may be coated using methods described in U.S. Patents numbers 4,256,108; 4,160,452; and 4,265,874 to form osmotically-controlled release tablets. Tablets may further comprise a
30 sweetening agent, a flavoring agent, a coloring agent, a preservative, or some combination of these in order to provide pharmaceutically elegant and palatable preparation.

Hard capsules comprising the active ingredient may be made using a physiologically degradable composition, such as gelatin. Such hard capsules comprise the active ingredient, and may further comprise additional ingredients including, for example, an inert solid diluent such as calcium carbonate, calcium phosphate, or kaolin.

Soft gelatin capsules comprising the active ingredient may be made using a physiologically degradable composition, such as gelatin. Such soft capsules comprise the active ingredient, which may be mixed with water or an oil medium such as peanut oil, liquid paraffin, or olive oil.

Lactulose can also be used as a freely erodible filler and is useful when the compounds of the invention are prepared in capsule form.

Liquid formulations of a pharmaceutical composition of the invention which are suitable for oral administration may be prepared, packaged, and sold either in liquid form or in the form of a dry product intended for reconstitution with water or another suitable vehicle prior to use.

Liquid suspensions may be prepared using conventional methods to achieve suspension of the active ingredient in an aqueous or oily vehicle. Aqueous vehicles include, for example, water and isotonic saline. Oily vehicles include, for example, almond oil, oily esters, ethyl alcohol, vegetable oils such as arachis, olive, sesame, or coconut oil, fractionated vegetable oils, and mineral oils such as liquid paraffin. Liquid suspensions may further comprise one or more additional ingredients including, but not limited to, suspending agents, dispersing or wetting agents, emulsifying agents, demulcents, preservatives, buffers, salts, flavorings, coloring agents, and sweetening agents. Oily suspensions may further comprise a thickening agent. Known suspending agents include, but are not limited to, sorbitol syrup, hydrogenated edible fats, sodium alginate, polyvinylpyrrolidone, gum tragacanth, gum acacia, and cellulose derivatives such as sodium carboxymethylcellulose, methylcellulose, and hydroxypropylmethylcellulose. Known dispersing or wetting agents include, but are not limited to, naturally occurring phosphatides such as lecithin, condensation products of an alkylene oxide with a fatty acid, with a long chain aliphatic alcohol, with a partial ester derived from a fatty acid and a hexitol, or with a partial ester derived from a fatty acid and a hexitol anhydride (e.g., polyoxyethylene stearate, heptadecaethyleneoxycetanol, polyoxyethylene sorbitol

monooleate, and polyoxyethylene sorbitan monooleate, respectively). Known emulsifying agents include, but are not limited to, lecithin and acacia. Known preservatives include, but are not limited to, methyl, ethyl, or n-propyl para hydroxybenzoates, ascorbic acid, and sorbic acid. Known sweetening agents
5 include, for example, glycerol, propylene glycol, sorbitol, sucrose, and saccharin. Known thickening agents for oily suspensions include, for example, beeswax, hard paraffin, and cetyl alcohol.

In one aspect, a preparation in the form of a syrup or elixir or for administration in the form of drops may comprise active ingredients together with a
10 sweetener, which is preferably calorie-free, and which may further include methylparaben or propylparaben as antiseptics, a flavoring and a suitable color.

Liquid solutions of the active ingredient in aqueous or oily solvents may be prepared in substantially the same manner as liquid suspensions, the primary difference being that the active ingredient is dissolved, rather than suspended in the
15 solvent. Liquid solutions of the pharmaceutical composition of the invention may comprise each of the components described with regard to liquid suspensions, it being understood that suspending agents will not necessarily aid dissolution of the active ingredient in the solvent. Aqueous solvents include, for example, water and isotonic saline. Oily solvents include, for example, almond oil, oily esters, ethyl
20 alcohol, vegetable oils such as arachis, olive, sesame, or coconut oil, fractionated vegetable oils, and mineral oils such as liquid paraffin.

Powdered and granular formulations of a pharmaceutical preparation of the invention may be prepared using known methods. Such formulations may be administered directly to a subject, used, for example, to form tablets, to fill capsules,
25 or to prepare an aqueous or oily suspension or solution by addition of an aqueous or oily vehicle thereto. Each of these formulations may further comprise one or more of a dispersing or wetting agent, a suspending agent, and a preservative. Additional excipients, such as fillers and sweetening, flavoring, or coloring agents, may also be included in these formulations.

30 A pharmaceutical composition of the invention may also be prepared, packaged, or sold in the form of oil in water emulsion or a water-in-oil emulsion. The oily phase may be a vegetable oil such as olive or arachis oil, a mineral oil such as liquid paraffin, or a combination of these. Such compositions may further

comprise one or more emulsifying agents including naturally occurring gums such as gum acacia or gum tragacanth, naturally occurring phosphatides such as soybean or lecithin phosphatide, esters or partial esters derived from combinations of fatty acids and hexitol anhydrides such as sorbitan monooleate, and condensation
5 products of such partial esters with ethylene oxide such as polyoxyethylene sorbitan monooleate. These emulsions may also contain additional ingredients including, for example, sweetening or flavoring agents.

A pharmaceutical composition of the invention may be prepared, packaged, or sold in a formulation suitable for rectal administration. Such a composition may
10 be in the form of, for example, a suppository, a retention enema preparation, and a solution for rectal or colonic irrigation.

Suppository formulations may be made by combining the active ingredient with a non irritating pharmaceutically acceptable excipient which is solid at ordinary room temperature (i.e. about 20°C) and which is liquid at the rectal temperature of
15 the subject (i.e. about 37°C in a healthy human). Suitable pharmaceutically acceptable excipients include, but are not limited to, cocoa butter, polyethylene glycols, and various glycerides. Suppository formulations may further comprise various additional ingredients including, but not limited to, antioxidants and preservatives.

Retention enema preparations or solutions for rectal or colonic irrigation may
20 be made by combining the active ingredient with a pharmaceutically acceptable liquid carrier. As is well known in the art, enema preparations may be administered using, and may be packaged within, a delivery device adapted to the rectal anatomy of the subject. Enema preparations may further comprise various additional
25 ingredients including, but not limited to, antioxidants and preservatives.

A pharmaceutical composition of the invention may be prepared, packaged, or sold in a formulation suitable for vaginal administration. Such a composition may be in the form of, for example, a suppository, an impregnated or coated
30 vaginally-insertable material such as a tampon, a douche preparation, or gel or cream or a solution for vaginal irrigation.

Methods for impregnating or coating a material with a chemical composition are known in the art, and include, but are not limited to methods of depositing or binding a chemical composition onto a surface, methods of incorporating a chemical

composition into the structure of a material during the synthesis of the material (i.e. such as with a physiologically degradable material), and methods of absorbing an aqueous or oily solution or suspension into an absorbent material, with or without subsequent drying.

5 Douche preparations or solutions for vaginal irrigation may be made by combining the active ingredient with a pharmaceutically acceptable liquid carrier. As is well known in the art, douche preparations may be administered using, and may be packaged within, a delivery device adapted to the vaginal anatomy of the subject. Douche preparations may further comprise various additional ingredients
10 including, but not limited to, antioxidants, antibiotics, antifungal agents, and preservatives.

As used herein, "parenteral administration" of a pharmaceutical composition includes any route of administration characterized by physical breaching of a tissue of a subject and administration of the pharmaceutical composition through the
15 breach in the tissue. Parenteral administration thus includes, but is not limited to, administration of a pharmaceutical composition by injection of the composition, by application of the composition through a surgical incision, by application of the composition through a tissue-penetrating non-surgical wound, and the like. In particular, parenteral administration is contemplated to include, but is not limited to,
20 subcutaneous, intraperitoneal, intramuscular, and intrasternal injection, and kidney dialytic infusion techniques.

Formulations of a pharmaceutical composition suitable for parenteral administration comprise the active ingredient combined with a pharmaceutically acceptable carrier, such as sterile water or sterile isotonic saline. Such formulations
25 may be prepared, packaged, or sold in a form suitable for bolus administration or for continuous administration. Injectable formulations may be prepared, packaged, or sold in unit dosage form, such as in ampules or in multi-dose containers containing a preservative. Formulations for parenteral administration include, but are not limited to, suspensions, solutions, emulsions in oily or aqueous vehicles, pastes, and
30 implantable sustained-release or biodegradable formulations. Such formulations may further comprise one or more additional ingredients including, but not limited to, suspending, stabilizing, or dispersing agents. In one embodiment of a formulation for parenteral administration, the active ingredient is provided in dry

(i.e., powder or granular) form for reconstitution with a suitable vehicle (e.g., sterile pyrogen free water) prior to parenteral administration of the reconstituted composition.

5 The pharmaceutical compositions may be prepared, packaged, or sold in the form of a sterile injectable aqueous or oily suspension or solution. This suspension or solution may be formulated according to the known art, and may comprise, in addition to the active ingredient, additional ingredients such as the dispersing agents, wetting agents, or suspending agents described herein. Such sterile injectable formulations may be prepared using a non-toxic parenterally acceptable diluent or solvent, such as water or 1,3-butane diol, for example. Other acceptable diluents and solvents include, but are not limited to, Ringer's solution, isotonic sodium chloride solution, and fixed oils such as synthetic mono- or di-glycerides. Other parentally-administrable formulations which are useful include those which comprise the active ingredient in microcrystalline form, in a liposomal preparation, 15 or as a component of a biodegradable polymer systems. Compositions for sustained release or implantation may comprise pharmaceutically acceptable polymeric or hydrophobic materials such as an emulsion, an ion exchange resin, a sparingly soluble polymer, or a sparingly soluble salt.

Formulations suitable for topical administration include, but are not limited to, liquid or semi-liquid preparations such as liniments, lotions, oil in water or water in oil emulsions such as creams, ointments or pastes, and solutions or suspensions. Topically-administrable formulations may, for example, comprise from about 1% to about 10% (w/w) active ingredient, although the concentration of the active ingredient may be as high as the solubility limit of the active ingredient in the 25 solvent. Formulations for topical administration may further comprise one or more of the additional ingredients described herein.

A pharmaceutical composition of the invention may be prepared, packaged, or sold in a formulation suitable for pulmonary administration via the buccal cavity. Such a formulation may comprise dry particles which comprise the active ingredient and which have a diameter in the range from about 0.5 to about 7 nanometers, and preferably from about 1 to about 6 nanometers. Such compositions are conveniently in the form of dry powders for administration using a device comprising a dry 30 powder reservoir to which a stream of propellant may be directed to disperse the

powder or using a self-propelling solvent/powder-dispensing container such as a device comprising the active ingredient dissolved or suspended in a low-boiling propellant in a sealed container. Preferably, such powders comprise particles wherein at least 98% of the particles by weight have a diameter greater than 0.5
5 nanometers and at least 95% of the particles by number have a diameter less than 7 nanometers. More preferably, at least 95% of the particles by weight have a diameter greater than 1 nanometer and at least 90% of the particles by number have a diameter less than 6 nanometers. Dry powder compositions preferably include a solid fine powder diluent such as sugar and are conveniently provided in a unit dose
10 form.

Low boiling propellants generally include liquid propellants having a boiling point of below 65°F at atmospheric pressure. Generally, the propellant may constitute about 50% to about 99.9% (w/w) of the composition, and the active ingredient may constitute about 0.1% to about 20% (w/w) of the composition. The
15 propellant may further comprise additional ingredients such as a liquid non-ionic or solid anionic surfactant or a solid diluent (preferably having a particle size of the same order as particles comprising the active ingredient).

Pharmaceutical compositions of the invention formulated for pulmonary delivery may also provide the active ingredient in the form of droplets of a solution
20 or suspension. Such formulations may be prepared, packaged, or sold as aqueous or dilute alcoholic solutions or suspensions, optionally sterile, comprising the active ingredient, and may conveniently be administered using any nebulization or atomization device. Such formulations may further comprise one or more additional ingredients including, but not limited to, a flavoring agent such as saccharin sodium,
25 a volatile oil, a buffering agent, a surface active agent, or a preservative such as methylhydroxybenzoate. The droplets provided by this route of administration preferably have an average diameter in the range from about 0.1 to about 200 nanometers.

The formulations described herein as being useful for pulmonary delivery are
30 also useful for intranasal delivery of a pharmaceutical composition of the invention.

Another formulation suitable for intranasal administration is a coarse powder comprising the active ingredient and having an average particle from about 0.2 to about 500 micrometers. Such a formulation is administered in the manner in which

snuff is taken, i.e., by rapid inhalation through the nasal passage from a container of the powder held close to the nares.

Formulations suitable for nasal administration may, for example, comprise from about as little as about 0.1% (w/w) and as much as about 100% (w/w) of the active ingredient, and may further comprise one or more of the additional ingredients described herein.

A pharmaceutical composition of the invention may be prepared, packaged, or sold in a formulation suitable for buccal administration. Such formulations may, for example, be in the form of tablets or lozenges made using conventional methods, and may, for example, comprise about 0.1% to about 20% (w/w) active ingredient, the balance comprising an orally dissolvable or degradable composition and, optionally, one or more of the additional ingredients described herein. Alternately, formulations suitable for buccal administration may comprise a powder or an aerosolized or atomized solution or suspension comprising the active ingredient. Such powdered, aerosolized, or atomized formulations, when dispersed, preferably have an average particle or droplet size in the range from about 0.1 to about 200 nanometers, and may further comprise one or more of the additional ingredients described herein.

A pharmaceutical composition of the invention may be prepared, packaged, or sold in a formulation suitable for ophthalmic administration. Such formulations may, for example, be in the form of eye drops including, for example, a 0.1% to 1.0% (w/w) solution or suspension of the active ingredient in an aqueous or oily liquid carrier. Such drops may further comprise buffering agents, salts, or one or more other of the additional ingredients described herein. Other ophthalmically-administrable formulations which are useful include those which comprise the active ingredient in microcrystalline form or in a liposomal preparation.

A pharmaceutical composition of the invention may be prepared, packaged, or sold in a formulation suitable for intramucosal administration. The present invention provides for intramucosal administration of compounds to allow passage or absorption of the compounds across mucosa. Such type of administration is useful for absorption orally (gingival, sublingual, buccal, etc.), rectally, vaginally, pulmonary, nasally, etc.

In some aspects, sublingual administration has an advantage for active ingredients which in some cases, when given orally, are subject to a substantial first pass metabolism and enzymatic degradation through the liver, resulting in rapid metabolization and a loss of therapeutic activity related to the activity of the liver enzymes that convert the molecule into inactive metabolites, or the activity of which is decreased because of this bioconversion.

In some cases, a sublingual route of administration is capable of producing a rapid onset of action due to the considerable permeability and vascularization of the buccal mucosa. Moreover, sublingual administration can also allow the administration of active ingredients which are not normally absorbed at the level of the stomach mucosa or digestive mucosa after oral administration, or alternatively which are partially or completely degraded in acidic medium after ingestion of, for example, a tablet.

Sublingual tablet preparation techniques known from the prior art are usually prepared by direct compression of a mixture of powders comprising the active ingredient and excipients for compression, such as diluents, binders, disintegrating agents and adjuvants. In an alternative method of preparation, the active ingredient and the compression excipients can be dry- or wet-granulated beforehand. In one aspect, the active ingredient is distributed throughout the mass of the tablet. WO 00/16750 describes a tablet for sublingual use that disintegrates rapidly and comprises an ordered mixture in which the active ingredient is in the form of microparticles which adhere to the surface of water-soluble particles that are substantially greater in size, constituting a support for the active microparticles, the composition also comprising a mucoadhesive agent. WO 00/57858 describes a tablet for sublingual use, comprising an active ingredient combined with an effervescent system intended to promote absorption, and also a pH-modifier.

The compounds of the invention can be prepared in a formulation or pharmaceutical composition appropriate for administration that allows or enhances absorption across mucosa. Mucosal absorption enhancers include, but are not limited to, a bile salt, fatty acid, surfactant, or alcohol. In specific embodiments, the permeation enhancer can be sodium cholate, sodium dodecyl sulphate, sodium deoxycholate, taurodeoxycholate, sodium glycocholate, dimethylsulfoxide or ethanol. In a further embodiment, a compound of the invention can be formulated

with a mucosal penetration enhancer to facilitate delivery of the compound. The formulation can also be prepared with pH optimized for solubility, drug stability, and absorption through mucosa such as nasal mucosa, oral mucosa, vaginal mucosa, respiratory, and intestinal mucosa.

5 To further enhance mucosal delivery of pharmaceutical agents within the invention, formulations comprising the active agent may also contain a hydrophilic low molecular weight compound as a base or excipient. Such hydrophilic low molecular weight compounds provide a passage medium through which a water-soluble active agent, such as a physiologically active peptide or protein, may diffuse
10 through the base to the body surface where the active agent is absorbed. The hydrophilic low molecular weight compound optionally absorbs moisture from the mucosa or the administration atmosphere and dissolves the water-soluble active peptide. The molecular weight of the hydrophilic low molecular weight compound is generally not more than 10000 and preferably not more than 3000. Exemplary
15 hydrophilic low molecular weight compounds include polyol compounds, such as oligo-, di- and monosaccharides such as sucrose, mannitol, lactose, L-arabinose, D-erythrose, D-ribose, D-xylose, D-mannose, D-galactose, lactulose, cellobiose, gentibiose, glycerin, and polyethylene glycol. Other examples of hydrophilic low molecular weight compounds useful as carriers within the invention include N-
20 methylpyrrolidone, and alcohols (e.g., oligovinyl alcohol, ethanol, ethylene glycol, propylene glycol, etc.). These hydrophilic low molecular weight compounds can be used alone or in combination with one another or with other active or inactive components of the intranasal formulation.

When a controlled-release pharmaceutical preparation of the present
25 invention further contains a hydrophilic base, many options are available for inclusion. Hydrophilic polymers such as a polyethylene glycol and polyvinyl pyrrolidone, sugar alcohols such as D-sorbitol and xylitol, saccharides such as sucrose, maltose, lactulose, D-fructose, dextran, and glucose, surfactants such as polyoxyethylene-hydrogenated castor oil, polyoxyethylene polyoxypropylene
30 glycol, and polyoxyethylene sorbitan higher fatty acid esters, salts such as sodium chloride and magnesium chloride, organic acids such as citric acid and tartaric acid, amino acids such as glycine, beta-alanine, and lysine hydrochloride, and aminosaccharides such as meglumine are given as examples of the hydrophilic base.

Polyethylene glycol, sucrose, and polyvinyl pyrrolidone are preferred and polyethylene glycol are further preferred. One or a combination of two or more hydrophilic bases can be used in the present invention.

5 The present invention contemplates pulmonary, nasal, or oral administration through an inhaler. In one embodiment, delivery from an inhaler can be a metered dose.

10 An inhaler is a device for patient self-administration of at least one compound of the invention comprising a spray inhaler (e.g., a nasal, oral, or pulmonary spray inhaler) containing an aerosol spray formulation of at least one compound of the invention and a pharmaceutically acceptable dispersant. In one aspect, the device is metered to disperse an amount of the aerosol formulation by forming a spray that contains a dose of at least one compound of the invention effective to treat a disease or disorder encompassed by the invention. The dispersant may be a surfactant, such as, but not limited to, polyoxyethylene fatty acid esters, 15 polyoxyethylene fatty acid alcohols, and polyoxyethylene sorbitan fatty acid esters. Phospholipid-based surfactants also may be used.

In other embodiments, the aerosol formulation is provided as a dry powder aerosol formulation in which a compound of the invention is present as a finely divided powder. The dry powder formulation can further comprise a bulking agent, 20 such as, but not limited to, lactose, sorbitol, sucrose, and mannitol.

In another specific embodiment, the aerosol formulation is a liquid aerosol formulation further comprising a pharmaceutically acceptable diluent, such as, but not limited to, sterile water, saline, buffered saline and dextrose solution.

25 In further embodiments, the aerosol formulation further comprises at least one additional compound of the invention in a concentration such that the metered amount of the aerosol formulation dispersed by the device contains a dose of the additional compound in a metered amount that is effective to ameliorate the symptoms of disease or disorder disclosed herein when used in combination with at least a first or second compound of the invention.

30 Thus, the invention provides a self administration method for outpatient treatment of an addiction related disease or disorder such as an alcohol-related disease or disorder. Such administration may be used in a hospital, in a medical

office, or outside a hospital or medical office by non-medical personnel for self administration.

Compounds of the invention will be prepared in a formulation or pharmaceutical composition appropriate for nasal administration. In a further
5 embodiment, the compounds of the invention can be formulated with a mucosal penetration enhancer to facilitate delivery of the drug. The formulation can also be prepared with pH optimized for solubility, drug stability, absorption through nasal mucosa, and other considerations.

Capsules, blisters, and cartridges for use in an inhaler or insufflator may be
10 formulated to contain a powder mix of the pharmaceutical compositions provided herein; a suitable powder base, such as lactose or starch; and a performance modifier, such as l-leucine, mannitol, or magnesium stearate. The lactose may be anhydrous or in the form of the monohydrate. Other suitable excipients include dextran, glucose, maltose, sorbitol, xylitol, fructose, sucrose, and trehalose. The
15 pharmaceutical compositions provided herein for inhaled/intranasal administration may further comprise a suitable flavor, such as menthol and levomenthol, or sweeteners, such as saccharin or saccharin sodium.

For administration by inhalation, the compounds for use according to the methods of the invention are conveniently delivered in the form of an aerosol spray
20 presentation from pressurized packs or a nebulizer, with the use of a suitable propellant, e.g., dichlorodifluoromethane, trichlorofluoromethane, dichlorotetrafluoroethane, carbon dioxide or other suitable gas. In the case of a pressurized aerosol, the dosage unit may be determined by providing a valve to deliver a metered amount. Capsules and cartridges of e.g., gelatin for use in an
25 inhaler or insufflator may be formulated containing a powder mix of the drugs and a suitable powder base such as lactose or starch.

As used herein, "additional ingredients" include, but are not limited to, one or more of the following: excipients; surface active agents; dispersing agents; inert diluents; granulating and disintegrating agents; binding agents; lubricating agents;
30 sweetening agents; flavoring agents; coloring agents; preservatives; physiologically degradable compositions such as gelatin; aqueous vehicles and solvents; oily vehicles and solvents; suspending agents; dispersing or wetting agents; emulsifying agents, demulcents; buffers; salts; thickening agents; fillers; emulsifying agents;

antioxidants; antibiotics; antifungal agents; stabilizing agents; and pharmaceutically acceptable polymeric or hydrophobic materials. Other “additional ingredients” which may be included in the pharmaceutical compositions of the invention are known in the art and described, for example in Genaro, ed., 1985, Remington's
5 Pharmaceutical Sciences, Mack Publishing Co., Easton, PA, which is incorporated herein by reference.

Typically, dosages of the compounds of the invention which may be administered to an animal, preferably a human, range in amount from about 1.0 μg to about 100 g per kilogram of body weight of the animal. The precise dosage
10 administered will vary depending upon any number of factors, including but not limited to, the type of animal and type of disease state being treated, the age of the animal and the route of administration. Preferably, the dosage of the compound will vary from about 1 mg to about 10 g per kilogram of body weight of the animal. More preferably, the dosage will vary from about 10 mg to about 1 g per kilogram
15 of body weight of the animal.

The compounds may be administered to a subject as frequently as several times daily, or it may be administered less frequently, such as once a day, once a week, once every two weeks, once a month, or even less frequently, such as once every several months or even once a year or less. The frequency of the dose will be
20 readily apparent to the skilled artisan and will depend upon any number of factors, such as, but not limited to, the type and severity of the disease being treated, the type and age of the animal, etc.

The invention also includes a kit comprising the compounds of the invention and an instructional material that describes administration of the compounds. In
25 another embodiment, this kit comprises a (preferably sterile) solvent suitable for dissolving or suspending the composition of the invention prior to administering the compound to the mammal.

As used herein, an “instructional material” includes a publication, a recording, a diagram, or any other medium of expression that can be used to
30 communicate the usefulness of the compounds of the invention in the kit for effecting alleviation of the various diseases or disorders recited herein. Optionally, or alternately, the instructional material may describe one or more methods of alleviating the diseases or disorders. The instructional material of the kit of the

invention may, for example, be affixed to a container that contains a compound of the invention or be shipped together with a container that contains the compounds. Alternatively, the instructional material may be shipped separately from the container with the intention that the instructional material and the compound be used cooperatively by the recipient.

Without further description, it is believed that one of ordinary skill in the art can, using the preceding description and the following illustrative examples, make and utilize the compounds of the present invention and practice the claimed methods. The following working examples, therefore, specifically point out the preferred embodiments of the present invention, and are not to be construed as limiting in any way the remainder of the disclosure.

Examples

Examination of the Combined Administration of Ondansetron and Topiramate as a Potential Treatment for Alcohol Dependence, Weight Control, and Addictive Disorders

The experiments described herein examined the combined effects of ondansetron and topiramate to determine whether these medications may produce additive and/or synergistic effects when combined. The experiments examined the ability of the combination treatment to modulate addiction-related diseases and disorders, such as two important aspects of alcohol abuse: total consumption and relapse, as well as weight control.

Without wishing to be bound by any particular theory, there are both direct and indirect neurochemical mechanisms for specifically combining ondansetron's and topiramate's effects. In support of a direct mechanism, basic research has shown that the expression of alcohol's rewarding effects through enhancement of DA release in the nucleus accumbens is mediated through activation of 5-HT₃ receptors. The 5HT₃ receptor antagonist, ondansetron, modulates suprabasal but not basal DA neuronal activity in the mesocorticolimbic system. DA input into the nucleus accumbens is inhibitory on GABA neurons which project from the nucleus accumbens to cortical structures. Therefore, the net functional effect of 5-HT₃ antagonism also would be to facilitate GABAergic output to the hippocampus and cortex. It would, therefore, be reasonable to expect that topiramate's ability to

facilitate GABAergic transmission in the hippocampus and cortex would be at least additive to that of ondansetron.

In support of an indirect mechanism, 5-HT₃ antagonism would be expected to potentiate GABA input back to the VTA. Thus, DA firing in the VTA would be suppressed. The facilitation of GABA output back to the VTA by topiramate would be expected to enhance ondansetron-induced suppression of DA firing in the VTA. Also, topiramate would be expected through AMPA/kainate glutamate receptors to decrease DA excitatory input from the VTA and the nucleus accumbens, thereby further enhancing GABAergic function and suppressing midbrain DA nerve cell firing. Taken together, this mechanistic proposal provides a sound and compelling rationale for the combination of ondansetron and topiramate for the treatment of alcoholism and other addiction and impulse control-related disorders. Of course, the therapeutic effects of the combination can be expected to be most profound among EOA, where ondansetron also may be ameliorating serotonergic abnormality.

Another surprising potential benefit for the combination is that some of the effects of ondansetron may reduce the adverse events of topiramate. For example, because ondansetron can enhance cognitive psychomotor performance, it has the potential to counteract some decreases in cognitive psychomotor performance reported from taking topiramate. Also, with topiramate alone, paresthesia is a very frequent (occurring in over 50% of individuals) and troublesome adverse event that markedly reduces compliance. It is, therefore, of interest that ondansetron, which is not associated with paresthesia when administered alone, appears to decrease the rate of paresthesia from topiramate by an as yet unknown mechanism; however, without wishing to be bound by any particular theory, it is proposed herein that this may be because ondansetron has anxiolytic properties. Hence, the combination may have an even larger therapeutic effect than simply the additive or synergistic improvement in drinking outcomes but also because compliance with taking the combination of ondansetron and topiramate will be enhanced (especially over and above that of topiramate) by the reduction in adverse events profile (see below).

Surprisingly, the data described below suggest an additive beneficial effect of the topiramate/ondansetron combination as compared with either drug alone.

Example 1

Combined effect of topiramate (10 mg/kg, IP) and ondansetron (0.001 mg/kg, IP) on alcohol consumption in alcohol-preferring (P) rats. While topiramate alone produced modest decreases in alcohol consumption (Figure 1A, upper left panel; e.g., 13% \pm 5% decrease from baseline), when combined with a dose of ondansetron that did not affect alcohol consumption on its own (Figure 1B, upper right panel; e.g., 1% \pm 7% decrease from baseline), robust and persistent decreases from baseline were observed on alcohol consumption (Figure 1C, lower left panel; e.g., 23% \pm 5% decrease from baseline). No significant differences were observed following vehicle injection (Figure 1D, lower right panel) or following other topiramate/ondansetron combinations (data not shown). Data were plotted across 7 consecutive sessions, which include a 3-day baseline period, the test session in which the ondansetron and/or topiramate injection was administered, and the 3 sessions that followed the test session. Each data point represents a mean (\pm SE) of 17 rats.

Example 2

Combined effect of topiramate (10 mg/kg, IP) and ondansetron (0.001 mg/kg, IP) on alcohol consumption following a two-week abstinence period in alcohol-preferring (P) rats. Rats were given unlimited access to alcohol (10%) under a 24 hour access two-bottle choice procedure for a minimum of three months prior abstinence in order to induce alcohol dependence. During the two week abstinence period rats had full access to food and water. Subsequently, alcohol solutions were reintroduced and the effect of topiramate alone (10 mg/kg) and in combination with ondansetron (0.001 mg/kg) was examined. As expected, vehicle-treated rats showed a marked increase in alcohol consumption following abstinence (Figure 2). Topiramate attenuated the alcohol deprivation effect on its own. When topiramate was combined with a low level of ondansetron that did not affect alcohol consumption on its own, not only was the alcohol deprivation effect completely blocked, but this combination decreased consumption from levels observed at baseline. Data are expressed as change from baseline levels of alcohol consumption, and each data point represents a mean of between 2 and 3 rats.

Example 3

Combined effect of topiramate (5 and 10 mg/kg, IP) and ondansetron (0.001 and 0.01 mg/kg, IP) on alcohol consumption in Wistar rats. In contrast to findings in P rats, the results from Wistar rats indicate that both doses of
5 ondansetron (0.001 mg/kg, Low Ond; and 0.01 mg/kg, High Ond), when combined with the high dose of topiramate (10 mg/kg, High Top) attenuate alcohol consumption (Figure 3). This effect was surprising because initial findings seem to indicate a lack of modulation following the administration of either drug alone (data not shown). The experiments utilized four to five rats per condition. Data are
10 expressed as change from baseline levels of alcohol consumption.

Example 4

Further studies on the examination of the combined administration of ondansetron and topiramate as a potential treatment for alcohol dependence using animal models
15

The effects of ondansetron and topiramate were examined for their ability to modulate two important aspects of alcohol abuse: total consumption and relapse. Total consumption was examined under a 24-hour-access two-bottle choice procedure wherein rats had unlimited access to alcohol solutions (10%) and water.
20 Alcohol relapse was assessed in alcohol-dependent rats by examining alcohol consumption following an extended abstinence period. Specifically, in alcohol-dependent rats, when alcohol is reintroduced following an extended abstinence period, rats show marked increases in consumption as compared with levels of consumption prior to abstinence. Results have been obtained in two different lines
25 of rats—an alcohol-preferring line of rats that has a genetic vulnerability to alcohol abuse and a Wistar line of rats that does not have a genetic vulnerability to alcohol abuse. Our data suggest an additive beneficial effect of the topiramate/ondansetron combination as compared with either drug alone, particularly in P rats.

1) The combination of topiramate and ondansetron reduces ethanol consumption in rats: Total consumption was examined under a 24-hour-access two-bottle choice procedure (10% ethanol vs. water). To induce drinking, both Wistar and P rats were trained onto ethanol using a standard sucrose fading procedure. In P rats, topiramate alone produced a significant decrease from baseline ethanol
30

consumption at the 10-mg/kg dose, and this effect persisted for several days (Figure 4). Although ondansetron did not impact ethanol consumption on its own, when combined with the high dose of topiramate, ethanol consumption was significantly decreased, and, like the effect of topiramate alone, this effect was persistent.

5 Notably, the combination of ondansetron and the high dose of topiramate produced a greater decrease in consumption compared with topiramate alone. Similar effects were observed for preference for ethanol over water. At baseline, the average preference was 0.6 ± 0.2 , and the average values observed on test sessions with topiramate alone, ondansetron alone, the combination of topiramate and
10 ondansetron, and vehicle were 0.51 ± 0.2 ($-9 \pm 4\%$ baseline change), 0.58 ± 0.0 ($1 \pm 2\%$), 0.51 ± 0.03 ($-11 \pm 4\%$), and 0.59 ± 0.03 ($1\% \pm 0$), respectively. In Wistar rats, although no affect was observed on consumption when either drug was administered alone, when the two were combined, a significant decrease was observed. Similarly, no significant changes were observed for preference for ethanol over water in Wistar
15 rats. At baseline, the average preference ratio was 0.30 ± 0.03 and the average values observed on test sessions with topiramate alone, ondansetron alone, the combination of topiramate and ondansetron, and vehicle were 0.25 ± 0.03 ($-6 \pm 7\%$ baseline change), 0.26 ± 0.04 ($2 \pm 2\%$), 0.31 ± 0.02 ($1 \pm 3\%$; $P < 0.05$), and 0.3 ± 0.03 ($6\% \pm 4$), respectively.

20 The finding that topiramate alone affected ethanol consumption in P rats but not Wistar rats raises the possibility that topiramate's efficacy may depend on the genetic strain. It is also possible that higher doses are necessary to decrease consumption in Wistar rats compared with P rats. However, it is important to note that the findings in the Wistar rats are preliminary ($n=5$). Nonetheless, these data
25 show that the combination of topiramate and ondansetron effectively reduced consumption of ethanol in both P rats and Wistar rats.

2) The combination of topiramate and ondansetron blocks the ADE in P rats: One paradigm that has been used as a rodent model for relapse is the alcohol deprivation model. This model was based on the consistent finding (in humans and
30 animals) that following a period of deprivation there is an increase in ethanol consumption when compared with baseline (termed the alcohol deprivation effect, or ADE). For this procedure, the effects of chronically administered topiramate, ondansetron, and their combination were examined following a minimum of 6

months of maintenance ethanol consumption. Ethanol was withdrawn after a stable, 3-day baseline, for a total of 15 days. Eight days into the withdrawal period, chronic daily treatment with topiramate alone, ondansetron alone (P rats only), their combination, or vehicle began. On day 16, ethanol was reinstated following a 30-minute pretreatment. Consumption was then measured 1 hour later (data not shown) and 24 hours later (Figure 5). For P rats, both topiramate and ondansetron alone blocked the ADE (P values<0.05), and, when combined, not only was the ADE blocked (P<0.05), but consumption also was suppressed to a level below the pre-deprivation baseline (P<0.05). In contrast, in Wistar rats, no significant effects were observed following chronic treatment, possibly because the doses tested may have been too low or because only a few animals have been tested thus far (n=5). It also is possible that the effects of these medications are different between P rats and Wistar rats, perhaps because of genetic differences.

3) The effects of the topiramate and ondansetron combination appear to be selective for ethanol consumption in P rats: Given previous work with topiramate, we were concerned that it would non-selectively impact drinking behavior. However, as shown in Figure 6, topiramate, at these low doses, did not affect water consumption in either P rats or Wistar rats during the acute testing period (P values>0.05). Nor did it affect water consumption during the chronic treatment phase (as compared with baseline levels; P values>0.05; vehicle-treated rats and rats receiving the low dose of topiramate did show reductions in water consumption on the day that ethanol was reinstated, presumably because of the large increases in ethanol intake) or during the acute or chronic phase when combined with ondansetron (P values>0.05). We also examined the effects of topiramate alone and in combination with ondansetron on total fluid intake and food consumption during both treatment phases and found no significant effects (data not shown; P values>0.05). No effects were observed on water or total fluid consumption or on food intake following ondansetron treatment (data not shown; P values>0.05).

Example 5**Combining ondansetron and topiramate for the treatment of alcohol dependence, weight control, and other addictive disorders in humans**

A six-week open-label pilot study was performed to determine the safety of combining ondansetron (4 μ g/kg twice daily) and topiramate (up to 300 mg/day) in 10 alcohol-dependent subjects (American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 4th edition. Washington, D.C.: American Psychiatric Association; 1994). Despite the lack of a placebo comparison group, it is promising that the drinking data (Figure 7) show a marked and deepening decrease from baseline across study weeks. Mean baseline drinking was 8.90 ± 1.20 drinks/day. Also, the percentage of days abstinent increased from 4.22 ± 1.96 to 78.57 ± 7.14 (data not plotted). Adverse event rates for this ondansetron and topiramate combination were generally lower than those obtained for topiramate alone, e.g., dizziness- 17% vs. 28%; paresthesia- 17% vs. 54%; and slowing in psychomotor performance- 17% vs. 27%. All these adverse events for the ondansetron and topiramate combination were reported as being mild, and no concomitant medication or medical intervention was needed. The combination of ondansetron and topiramate was not associated with any serious adverse events or subject withdrawal from the study. All symptoms were mild and resolved without any need for medical intervention. Only two participants dropped out. These data suggest that fewer adverse events appear to be associated with ondansetron and topiramate combined compared with topiramate alone. Despite the caveat that no firm efficacy conclusion can be drawn because there was no placebo group, and that different studies might not be directly comparable, it was notable that the mean reduction in drinks per day across this combination trial was -7.95 whereas it was only -3.28 when ondansetron alone was tested in early-onset alcoholics (Johnson et al., 2000, J. Am. Med. Assoc., 284:963-971). These data are, therefore, consistent with the proposal that ondansetron's and topiramate's therapeutic effects will be additive (Table 1).

30

Table 1. Cohen's Effect Sizes of Medications for Treating Alcohol Dependence

	Ondansetron in Early-Onset Alcoholics	Topiramate	Ondansetron + Topiramate
Drinks per day	-0.55	-0.80	-1.0
Drinks per drinking day	-0.48	-0.63	-0.7
Percentage of days abstinent	+0.27	+0.73	+0.85

Different studies had varying population sizes and experimental paradigms. Cohen's effect size measures the strength of the relationship between two variables. Effect sizes of 0.2, 0.5, and 0.8 (in either the positive or negative direction) are small, medium, and large, respectively (Cohen J. *Statistical Power Analysis for the Behavioral Sciences*. 2nd ed. Hillsdale, NJ: L. Erlbaum Associates; 1988).

Subjects being treated in the alcohol dependence studies were also monitored for weight loss as a potential effect the combination of topiramate and ondansetron versus treatment with topiramate or ondansetron alone.

Notably, in the study of the combination of topiramate and ondansetron, 33% of individuals reported weight loss, whereas for topiramate alone, only 19.7% reported weight loss, and there was no appreciable report of weight loss for individuals taking ondansetron alone. Therefore, the effect of the combination of ondansetron and topiramate on weight loss is surprising because it exceeds that which would be expected by the simple summation of aggregate weight loss for the individual medications alone and supports the fact that different neurochemical processes are coming together to provide a synergistic response. Indeed, this has been elaborated on previously in this text whereby topiramate's primary action is to affect metabolic processes associated with glucose and lipid control, whereas ondansetron might act to reduce peripheral gut motility as well as the central nervous system-associated impulse to binge. Hence, the combination of ondansetron and topiramate is proposed to have an unexpectedly strong and surprising effect on the reduction of obesity via a combination of central nervous system, metabolic, and peripheral effects.

In sum, these clinical data suggest that the combination of ondansetron and topiramate will be safe, and if the mechanism of action for pharmacological summation generalizes, similar findings may be seen for cocaine treatment. Nevertheless, it is critical to realize that the dose of ondansetron that has shown

efficacy in alcoholism is markedly and surprisingly different from—indeed, for a 70-kg individual, almost 30 times smaller than—that proposed to treat cocaine dependence (i.e., 4 μ g/kg vs. 4 mg twice daily). Also, the ceiling dose proposed for topiramate as a treatment for cocaine dependence (i.e., 200 mg/day) is about 1/3
5 smaller than that for treating alcoholism. Therefore, the totality of our data would indicate that the combination of ondansetron and topiramate would have utility as a treatment for alcohol dependence, and would also be likely to be efficacious for the treatment of cocaine dependence, or dual alcohol and cocaine dependence.

The disclosures of each and every patent, patent application, and publication
10 cited herein are hereby incorporated by reference herein in their entirety.

Headings are included herein for reference and to aid in locating certain sections. These headings are not intended to limit the scope of the concepts described therein under, and these concepts may have applicability in other sections throughout the entire specification.

15 The previous description of the disclosed embodiments is provided to enable any person skilled in the art to make or use the present invention. Various modifications to these embodiments will be readily apparent to those skilled in the art, and the generic principles defined herein may be applied to other embodiments without departing from the spirit or scope of the invention. Accordingly, the present
20 invention is not intended to be limited to the embodiments shown herein but is to be accorded the widest scope consistent with the principles and novel features disclosed herein.

CLAIMS

What is claimed is:

1. A method for treating or preventing an alcohol-related disease or disorder in a
5 subject in need thereof, said method comprising administering to said subject an
effective amount of at least two compounds, or analogs, derivatives, modifications,
or pharmaceutically acceptable salts thereof, selected from the group consisting of
serotonergic agents, serotonin antagonists, selective serotonin re-uptake inhibitors,
serotonin receptor antagonists, opioid antagonists, dopaminergic agents, dopamine
10 release inhibitors, dopamine antagonists, norepinephrine antagonists, γ -amino-
butyric acid agonists, γ -amino-butyric acid inhibitors, γ -amino-butyric acid receptor
antagonists, γ -amino-butyric acid channel antagonists, glutamate agonists, glutamate
antagonists, glutamine agonists, glutamine antagonists, anti-convulsant agents, N-
methyl-D-aspartate-blocking agents, calcium channel antagonists, carbonic
15 anhydrase inhibitors, neurokinins, small molecules, peptides, vitamins, co-factors,
and Corticosteroid Releasing Factor antagonists, thereby treating or preventing an
alcohol-related disease or disorder in a subject.
2. The method of claim 1, wherein said subject is a human.
20
3. The method of claim 1, wherein said alcohol-related disease or disorder is
selected from the group consisting of early onset alcoholic, late onset alcoholic,
alcohol-induced psychotic disorder with delusions, alcohol abuse, alcohol
intoxication, alcohol withdrawal, alcohol intoxication delirium, alcohol withdrawal
25 delirium, alcohol-induced persisting dementia, alcohol-induced persisting amnestic
disorder, alcohol dependence, alcohol-induced psychotic disorder with
hallucinations, alcohol-induced mood disorder, alcohol-induced or associated
bipolar disorder, alcohol-induced or associated post traumatic stress disorder,
alcohol-induced anxiety disorder, alcohol-induced sexual dysfunction, alcohol-
30 induced sleep disorder, alcohol-induced or associated gambling disorder, alcohol-
induced or associated sexual disorder, alcohol-related disorder not otherwise
specified, alcohol intoxication, and alcohol withdrawal.

4. The method of claim 3, wherein said treatment reduces the frequency of alcohol consumption compared with the frequency before said treatment or compared with a control subject not receiving said treatment.
- 5 5. The method of 4, wherein said alcohol consumption comprises heavy drinking.
6. The method of claim 3, wherein said treatment reduces the quantity of alcohol consumed compared with the amount of alcohol consumed before said treatment or compared with a control subject not receiving said treatment.
- 10 7. The method of 6, wherein said alcohol consumption comprises heavy drinking.
8. The method of claim 3, wherein said treatment improves the physical or psychological sequelae associated with alcohol consumption compared with a control subject not receiving said treatment.
- 15 9. The method of claim 3, wherein said treatment increases the abstinence rate of said subject compared with a control subject not receiving said treatment.
- 20 10. The method of claim 3, wherein said treatment reduces the average level of alcohol consumption compared with the level before said treatment or compared with a control subject not receiving said treatment.
- 25 11. The method of claim 3, wherein said treatment reduces alcohol consumption and increases abstinence compared with the alcohol consumption and abstinence before said treatment or compared with a control subject not receiving said treatment.
- 30 12. The method of claim 3, wherein said subject comprises a predisposition to early-onset alcoholism or late-onset alcoholism.
13. The method of claim 3, further wherein said subject is submitted to a psychosocial management program.

14. The method of claim 13, wherein said psychosocial management program is selected from the group consisting of Brief Behavioral Compliance Enhancement Treatment, Cognitive Behavioral Coping Skills Therapy, Motivational Enhancement
5 Therapy, Twelve-Step Facilitation Therapy, Combined Behavioral Intervention, Medical Management, psychoanalysis, psychodynamic treatment, and Biopsychosocial, Report, Empathy, Needs, Direct Advice and Assessment.
15. The method of claim 1, wherein said subject is further subjected to hypnosis or
10 acupuncture.
16. The method of claim 1, wherein at least one of said at least two compounds is administered at least once a week.
- 15 17. The method of claim 16, wherein at least one of said at least two compounds is administered at least once a day.
18. The method of claim 1, wherein at least one of said at least two compounds is a serotonin receptor antagonist.
20
19. The method of claim 18, wherein said serotonin receptor is the serotonin-3 receptor.
20. The method of claim 1, wherein at least three compounds are administered to
25 said subject.
21. The method of claim 1, wherein said at least two compounds are separately administered.
- 30 22. The method of claim 21, wherein a first compound of said at least two compounds is administered before a second compound of said at least two compounds is administered.

23. The method of claim 1, wherein a first compound and a second compound of said at least two compounds are administered nearly simultaneously.

24. The method of claim 1, wherein a first compound of said at least two
5 compounds is administered subsequent to administration of a second compound of said at least two compounds.

25. The method of claim 1, wherein said at least two compounds are administered as a pharmaceutical composition.

10

26. The method of claim 1, wherein said at least two compounds are administered via a route selected from the group consisting of oral, topical, rectal, intramuscular, intramucosal, and intravenous.

15 27. The method of claim 26, wherein said at least two compounds are administered via an oral route.

28. A pharmaceutical composition comprising at least two compounds of claim 1, and biologically active analogs, homologs, derivatives, modifications, and
20 pharmaceutically-acceptable salts thereof, and a pharmaceutically acceptable carrier.

29. The pharmaceutical composition of claim 28, said composition comprising effective amounts of topiramate and ondansetron, and biologically active analogs, homologs, derivatives, modifications, and pharmaceutically-acceptable salts thereof.

25

30. The method of claim 1, wherein at least one of said at least two compounds is administered as a controlled-release formulation.

31. The method of claim 1, wherein said at least two compounds are selected from
30 the group consisting of topiramate, ondansetron, and naltrexone, and biologically active analogs, homologs, derivatives, and modifications thereof.

32. The method of claim 1, wherein two of said at least two compounds are topiramate and ondansetron, and biologically active analogs, homologs, derivatives, and modifications thereof.
- 5 33. The method of claim 32, wherein said at least two compounds are topiramate and ondansetron, and biologically active analogs, homologs, derivatives, and modifications thereof.
- 10 34. The method of claim 32, wherein topiramate is administered at a dosage ranging from about 15 mg/day to about 2500 mg/day.
35. The method of claim 34, wherein topiramate is administered at a dosage ranging from about 25 mg/day to about 1000 mg/day.
- 15 36. The method of claim 35, wherein topiramate is administered at a dosage ranging from about 50 mg/day to about 500 mg/day.
37. The method of claim 36, wherein topiramate is administered at a dosage of about 300 mg/day or about 275 mg/day.
- 20 38. The method of claim 32, wherein topiramate is administered at a dosage ranging from about 0.1 mg/kg/day to about 100 mg/kg/day.
39. The method of claim 32, wherein topiramate is administered at least once a
- 25 week.
40. The method of claim 39, wherein topiramate is administered at least once a day.
41. The method of claim 32, wherein ondansetron is administered at a dosage
- 30 ranging from about 0.01 µg/kg to about 100 µg/kg per application.
42. The method of claim 41, wherein ondansetron is administered at a dosage ranging from about 0.1 µg/kg to about 10.0 µg/kg per application.

43. The method of claim 42, wherein ondansetron is administered at a dosage ranging from about 1.0 $\mu\text{g}/\text{kg}$ to about 5.0 $\mu\text{g}/\text{kg}$ per application.
- 5 44. The method of claim 43, wherein ondansetron is administered at a dosage of about 4.0 $\mu\text{g}/\text{kg}$ per application or 3.0 $\mu\text{g}/\text{kg}$ per application.
45. The method of claim 32, wherein ondansetron is administered at least once a week.
- 10 46. The method of claim 32, wherein ondansetron is administered at least once a day.
47. The method of claim 32, wherein said at least two compounds are topiramate and ondansetron.
- 15 48. The method of claim 47, wherein topiramate is administered at a dosage of about 300 mg/day and ondansetron is administered at a dosage of about 4.0 $\mu\text{g}/\text{kg}$ per application.
- 20 49. The method of claim 32, wherein naltrexone is administered at a dosage ranging from about 1 mg to about 100 mg per application.
50. The method of claim 49, wherein naltrexone is administered at a dosage ranging from about 10 mg to about 50 mg per application.
- 25 51. The method of claim 50, wherein naltrexone is administered at a dosage of about 25 mg per application.
- 30 52. The method of claim 51, wherein naltrexone is administered at least twice a day.
53. The method of claim 52, wherein naltrexone is administered twice a day.

54. The method of claim 2, further wherein at least one compound administered to said subject is selected from the group consisting of disulfiram, acamprosate, sertraline, galanthamine, nalmefene, naloxone, desoxypeganine, benzodiazepines, neuroleptics, risperidone, rimonabant, trazodone, and aripiprazole.

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55. The method of claim 47, further wherein at least one compound administered to said subject is selected from the group consisting of disulfiram, acamprosate, sertraline, galanthamine, nalmefene, naloxone, desoxypeganine, benzodiazepines, neuroleptics, risperidone, rimonabant, trazodone, and aripiprazole.

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56. The method of claim 1, further wherein at least one compound selected from the group consisting of adrenergics, adrenocortical steroids, adrenocortical suppressants, aldosterone antagonists, amino acids, analeptics, analgesics, anorectic compounds, anorexics, anti-anxiety agents, antidepressants, antihypertensives, anti-inflammatory, antinauseants, antineutropenics, antiobsessional agents, antiparkinsonians, antipsychotics, appetite suppressants, blood glucose regulators, carbonic anhydrase inhibitors, cardiotonics, cardiovascular agents, choleric, cholinergics, cholinergic agonists, cholinesterase deactivators, cognition adjuvants, cognition enhancers, hormones, memory adjuvants, mental performance enhancers, mood regulators, neuroleptics, neuroprotectives, psychotropics, relaxants, sedative-hypnotics, stimulants, thyroid hormones, thyroid inhibitors, thyromimetics, cerebral ischemia agents, vasoconstrictors, and vasodilators is administered to said subject.

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57. The method of claim 1, wherein the effect of said at least two compounds is additive.

58. The method of claim 1, wherein the effect of said at least two compounds is synergistic.

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59. The method of claim 1, wherein said treatment decreases mesocorticolimbic dopamine activity.

60. The method of claim 1, wherein said treatment inhibits glutamate function.

61. The method of claim 1, wherein said treatment facilitates γ -amino-butyric acid activity.

5 62. A method of treating obesity in a subject in need thereof, said method comprising administering to said subject an effective amount of at least one compound, and analogs, homologs, derivatives, modifications, and pharmaceutically acceptable salts thereof, selected from the group consisting of serotonergic agents, serotonin antagonists, selective serotonin re-uptake inhibitors, serotonin receptor
10 antagonists, opioid antagonists, dopaminergic agents, dopamine release inhibitors, dopamine antagonists, γ -amino-butyric acid agonists, γ -amino-butyric acid inhibitors, γ -amino-butyric acid receptor antagonists, γ -amino-butyric acid channel antagonists, glutamate agonists, glutamate antagonists, anti-convulsant agents, and NMDA-blocking agents, thereby treating or preventing, optionally in combination
15 with at least one additional therapeutically active compound, thereby treating obesity.

63. The method of claim 62, wherein said at least one additional therapeutically active compound is selected from the group consisting of antidiabetic agents,
20 antihyperlipidemic agents, antiobesity agents, antihypertensive agents, and agents for the treatment of complications resulting from or associated with diabetes.

64. The method of claim 62, wherein said subject has a body mass index of about 30.0 or greater.

25 65. A method of preventing or inhibiting a subject from gaining weight or becoming overweight comprising administering to said subject an effective amount of at least one compound, and analogs, homologs, derivatives, modifications, and pharmaceutically acceptable salts thereof, selected from the group consisting of
30 serotonergic agents, serotonin antagonists, selective serotonin re-uptake inhibitors, serotonin receptor antagonists, opioid antagonists, dopaminergic agents, dopamine release inhibitors, dopamine antagonists, γ -amino-butyric acid agonists, γ -amino-butyric acid inhibitors, γ -amino-butyric acid receptor antagonists, γ -amino-butyric

acid channel antagonists, glutamate agonists, glutamate antagonists, anti-convulsant agents, and N-methyl-D-aspartate-blocking agents, thereby treating or preventing, optionally in combination with at least one additional therapeutically active compound, optionally in combination with at least one additional therapeutically active compound, thereby preventing or inhibiting a subject from gaining weight or becoming overweight.

66. The method of claim 65, wherein said at least one additional therapeutically active compound is selected from the group consisting of antidiabetic agents, antihyperlipidemic agents, antiobesity agents, antihypertensive agents, and agents for the treatment of complications resulting from or associated with diabetes.

67. A method of inducing weight loss in a subject in need thereof comprising administering to said subject an effective amount of at least two compounds, or analogs, derivatives, modifications, or pharmaceutically acceptable salts thereof, selected from the group consisting of serotonergic agents, serotonin antagonists, selective serotonin re-uptake inhibitors, serotonin receptor antagonists, opioid antagonists, dopaminergic agents, dopamine release inhibitors, dopamine antagonists, γ -amino-butyric acid agonists, γ -amino-butyric acid inhibitors, γ -amino-butyric acid receptor antagonists, γ -amino-butyric acid channel antagonists, glutamate agonists, glutamate antagonists, anti-convulsant agents, and N-methyl-D-aspartate-blocking agents, optionally in combination with at least one additional therapeutically active compound, thereby inducing weight loss in a subject in need thereof.

68. The method of claim 67, wherein said at least one additional therapeutically active compound is selected from the group consisting of antidiabetic agents, antihyperlipidemic agents, antiobesity agents, antihypertensive agents, and agents for the treatment of complications resulting from or associated with diabetes.

69. The method of claim 67, wherein said subject has a body mass index of about 25.0 to about 29.9.

70. The method of claim 67, further wherein said subject is submitted to a psychosocial management program.

71. The method of claim 70, wherein said psychosocial management program is selected from the group consisting of Brief Behavioral Compliance Enhancement Treatment, Cognitive Behavioral Coping Skills Therapy, Motivational Enhancement Therapy, Twelve-Step Facilitation Therapy, Combined Behavioral Intervention, Medical Management, psychoanalysis, psychodynamic treatment, and Biopsychosocial, Report, Empathy, Needs, Direct Advice, and Assessment.

72. The method of claim 67, wherein said subject is further subjected to hypnosis or acupuncture.

73. The method of claim 67, wherein at least one of said at least two compounds is administered at least once a week.

74. The method of claim 73, wherein at least one of said at least two compounds is administered at least once a day.

75. The method of claim 67, wherein at least one of said at least two compounds is a serotonin receptor antagonist.

76. The method of claim 75, wherein said serotonin receptor is the serotonin-3 receptor.

77. The method of claim 67, wherein at least three compounds are administered to said subject.

78. The method of claim 67, wherein said at least two compounds are separately administered.

79. The method of claim 78, wherein a first compound of said at least two compounds is administered before a second compound of said at least two compounds is administered.
- 5 80. The method of claim 67, wherein a first compound and a second compound of said at least two compounds are administered nearly simultaneously.
81. The method of claim 67, wherein a first compound of said at least two compounds is administered subsequent to administration of a second compound of
10 said at least two compounds.
82. The method of claim 67, wherein said at least two compounds are administered as a pharmaceutical composition.
- 15 83. The method of claim 67, wherein said at least two compounds are administered via a route selected from the group consisting of oral, topical, rectal, intramuscular, intramucosal, intranasal, inhalation, ophthalmic, and intravenous.
84. The method of claim 83, wherein said at least two compounds are administered
20 via an oral route.
85. A pharmaceutical composition comprising at least two compounds of claim 67, and biologically active analogs, homologs, derivatives, modifications, and pharmaceutically acceptable salts thereof, and a pharmaceutically acceptable carrier.
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86. The pharmaceutical composition of claim 85, said composition comprising effective amounts of topiramate and ondansetron, and biologically active analogs, homologs, derivatives, and modifications thereof.
- 30 87. The method of claim 67, wherein at least one of said at least two compounds is administered as a controlled-release formulation.

88. The method of claim 67, wherein said at least two compounds are selected from the group consisting of topiramate, ondansetron, and naltrexone, and biologically active analogs, homologs, derivatives, and modifications thereof.
- 5 89. The method of claim 67, wherein two of said at least two compounds are topiramate and ondansetron, and biologically active analogs, homologs, derivatives, and modifications thereof.
- 10 90. The method of claim 88, wherein topiramate is administered at a dosage ranging from about 15 mg/day to about 2500 mg/day.
91. The method of claim 90, wherein topiramate is administered at a dosage ranging from about 25 mg/day to about 1000 mg/day.
- 15 92. The method of claim 91, wherein topiramate is administered at a dosage ranging from about 50 mg/day to about 500 mg/day.
93. The method of claim 92, wherein topiramate is administered at a dosage of about 300 mg/day or about 275 mg/day.
- 20 94. The method of claim 88, wherein topiramate is administered at a dosage ranging from about 0.1 mg/kg/day to about 100 mg/kg/day.
95. The method of claim 88, wherein topiramate is administered at least once a
- 25 week.
96. The method of claim 95, wherein topiramate is administered at least once a day.
97. The method of claim 88, wherein ondansetron is administered at a dosage
- 30 ranging from about 0.01 µg/kg to about 100 µg/kg per application.
98. The method of claim 97, wherein ondansetron is administered at a dosage ranging from about 0.1 µg/kg to about 10.0 µg/kg per application.

99. The method of claim 98, wherein ondansetron is administered at a dosage ranging from about 1.0 $\mu\text{g}/\text{kg}$ to about 5.0 $\mu\text{g}/\text{kg}$ per application.

5 100. The method of claim 99, wherein ondansetron is administered at a dosage of about 4.0 $\mu\text{g}/\text{kg}$ per application or about 3.0 $\mu\text{g}/\text{kg}$ per application.

101. The method of claim 88, wherein ondansetron is administered at least once a week.

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102. The method of claim 88, wherein ondansetron is administered at least once a day.

15

103. The method of claim 88, wherein said at least two compounds are topiramate and ondansetron.

104. The method of claim 103, wherein topiramate is administered at a dosage of about 300 mg/day and ondansetron is administered at a dosage of about 4.0 $\mu\text{g}/\text{kg}$ per application.

20

105. A method of regulating appetite in a subject in need thereof comprising administering to said subject an effective amount of at least two compounds, or analogs, derivatives, modifications, or pharmaceutically acceptable salts thereof, selected from the group consisting of serotonergic agents, serotonin antagonists, selective serotonin re-uptake inhibitors, serotonin receptor antagonists, opioid antagonists, dopaminergic agents, dopamine release inhibitors, dopamine antagonists, γ -amino-butyric acid agonists, γ -amino-butyric acid inhibitors, γ -amino-butyric acid receptor antagonists, γ -amino-butyric acid channel antagonists, glutamate agonists, glutamate antagonists, anti-convulsant agents, and N-methyl-D-aspartate-blocking agents, thereby treating or preventing, optionally in combination with at least one additional therapeutically active compound, optionally in combination with at least one additional therapeutically active compound.

25

30

106. A method for treating or preventing an addictive disease or disorder selected from the group consisting of eating disorders, impulse control disorders, nicotine-related disorders, amphetamine-related disorders, cannabis-related disorders, cocaine-related disorders, hallucinogen use disorders, inhalant-related disorders, benzodiazepine abuse or dependence related disorders, and opioid-related disorders, said method comprising administering to said subject an effective amount of at least two compounds, or analogs, derivatives, modifications, or pharmaceutically acceptable salts thereof, selected from the group consisting of serotonergic agents, serotonin antagonists, selective serotonin re-uptake inhibitors, serotonin receptor antagonists, opioid antagonists, dopaminergic agents, dopamine release inhibitors, dopamine antagonists, norepinephrine antagonists, γ -amino-butyric acid agonists, γ -amino-butyric acid inhibitors, γ -amino-butyric acid receptor antagonists, γ -amino-butyric acid channel antagonists, glutamate agonists, glutamate antagonists, glutamine agonists, glutamine antagonists, anti-convulsant agents, N-methyl-D-aspartate-blocking agents, calcium channel antagonists, carbonic anhydrase inhibitors, neurokinins, and Corticosteroid Releasing Factor antagonists, thereby treating or preventing an addictive disease or disorder in a subject.

107. A kit for administering compounds of the invention, said kit comprising at least two compounds of the invention, an applicator, and an instructional material for the use thereof.

25

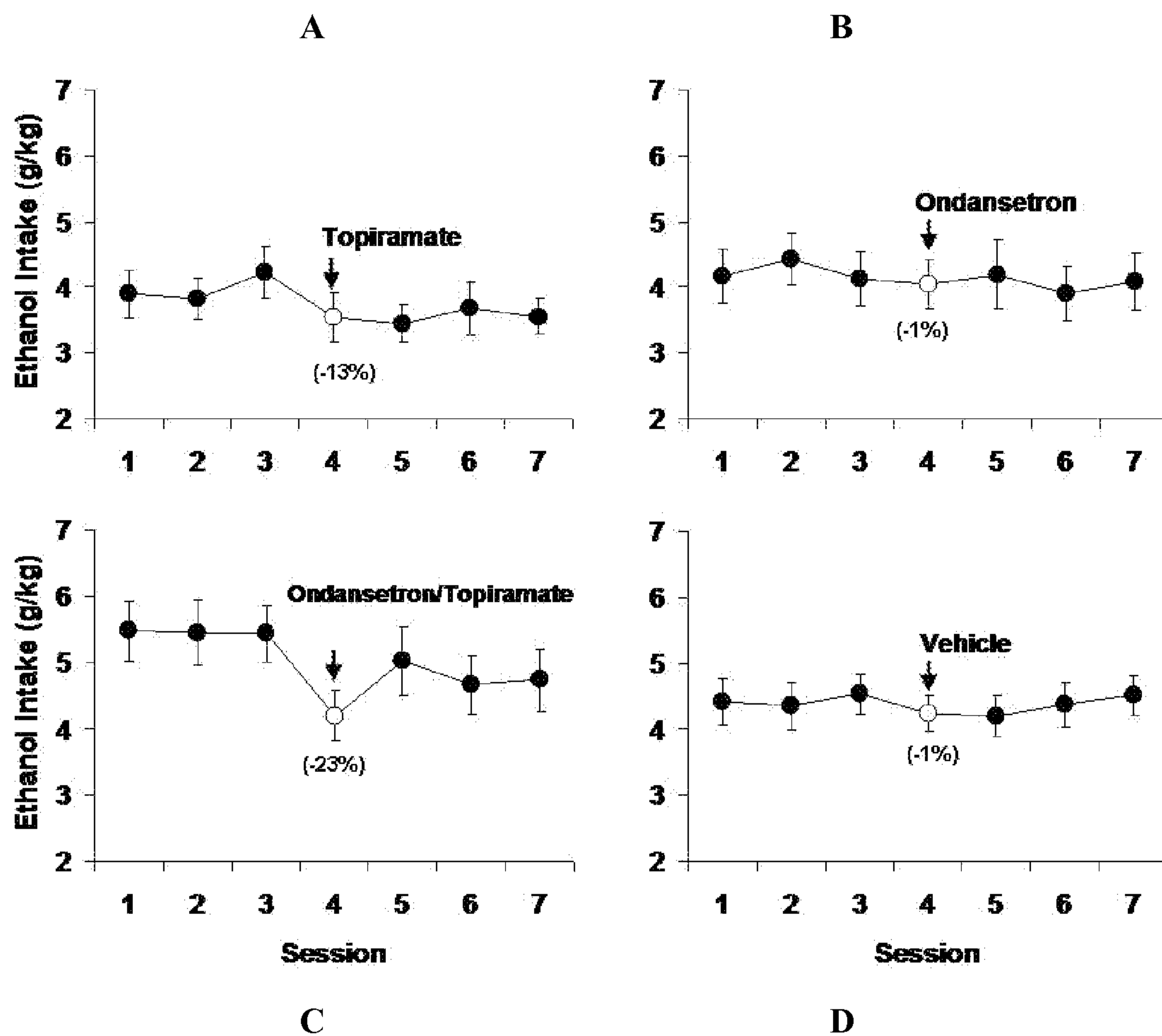


FIGURE 1

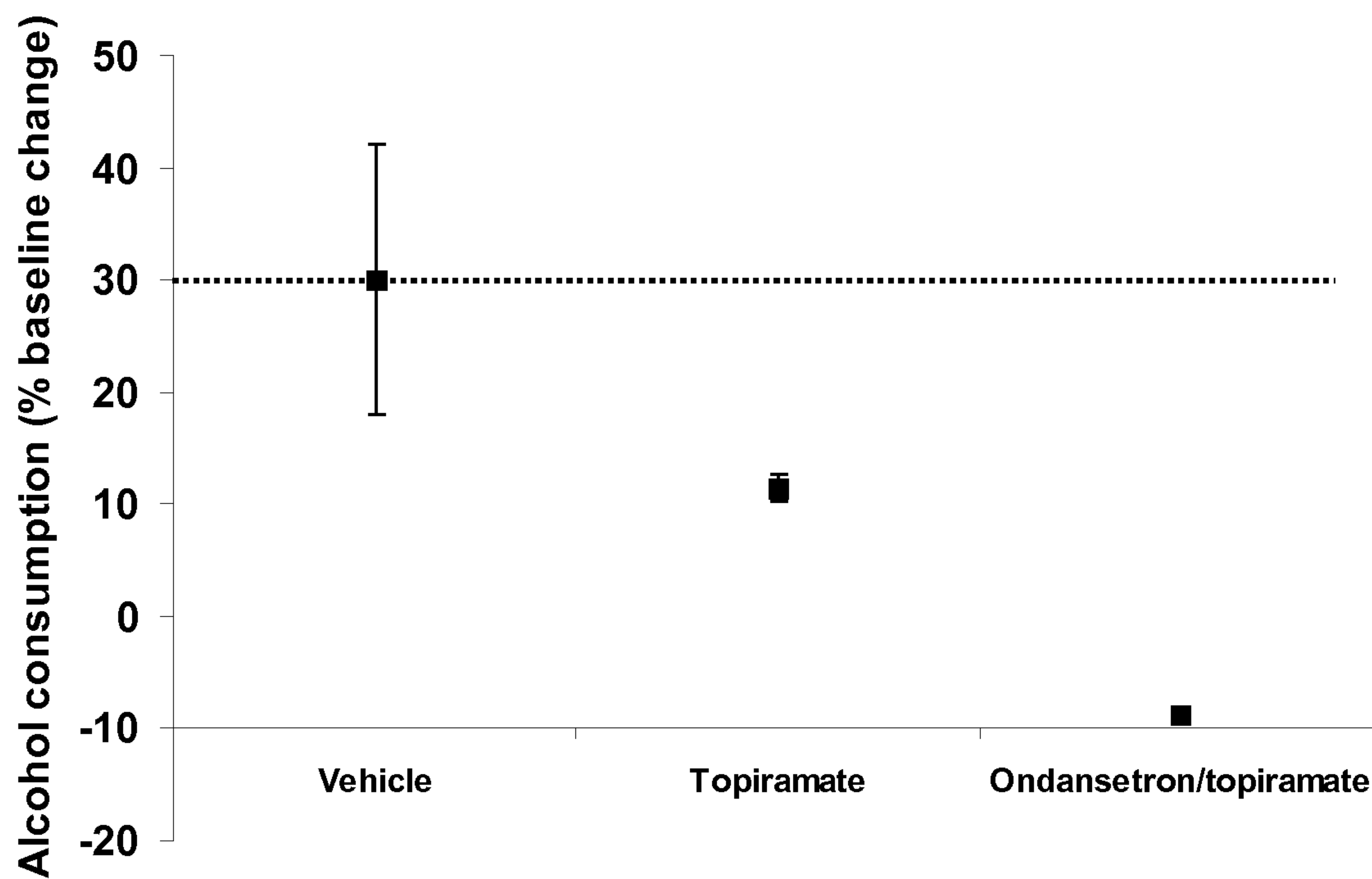


FIGURE 2

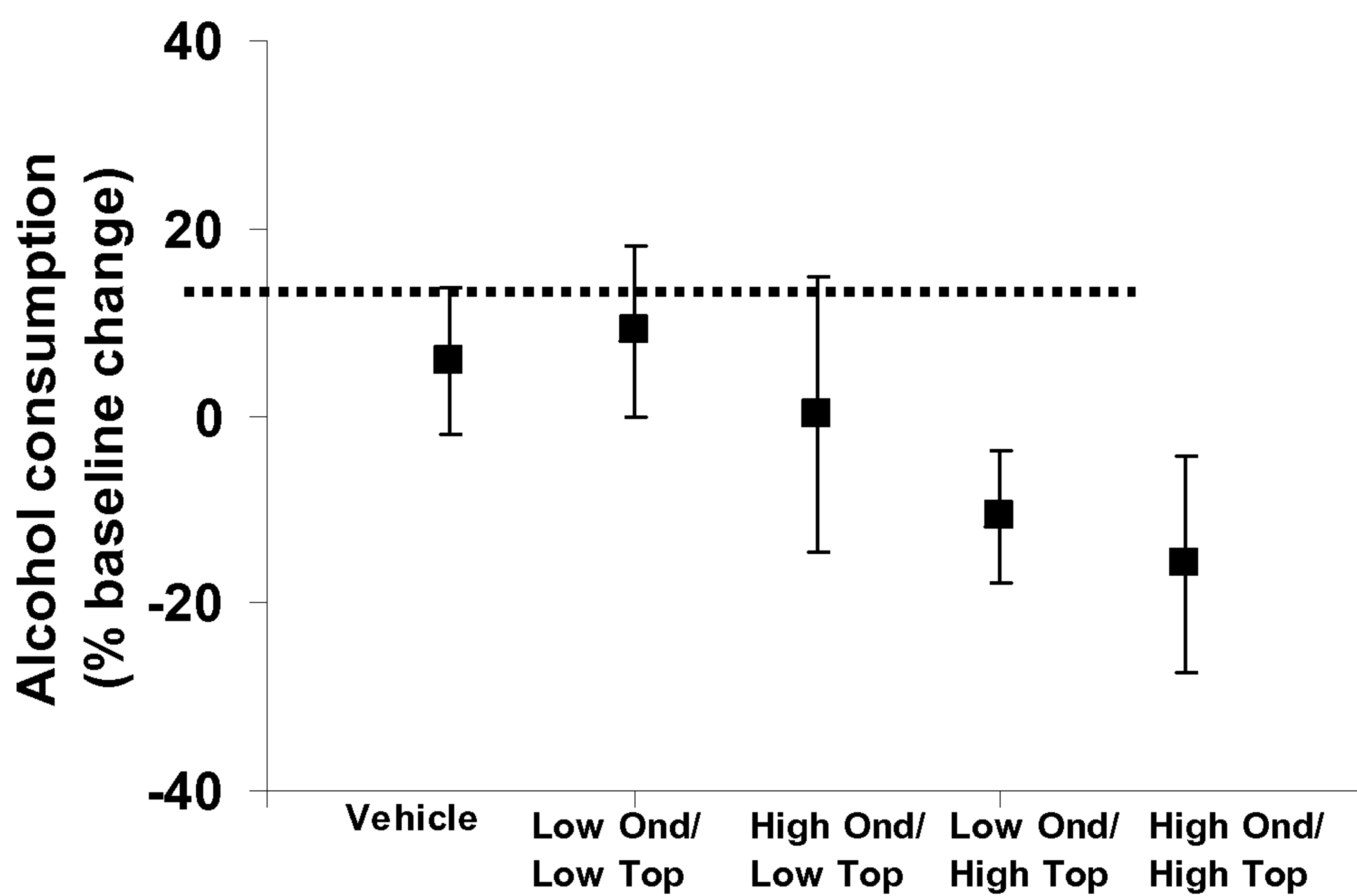


FIGURE 3

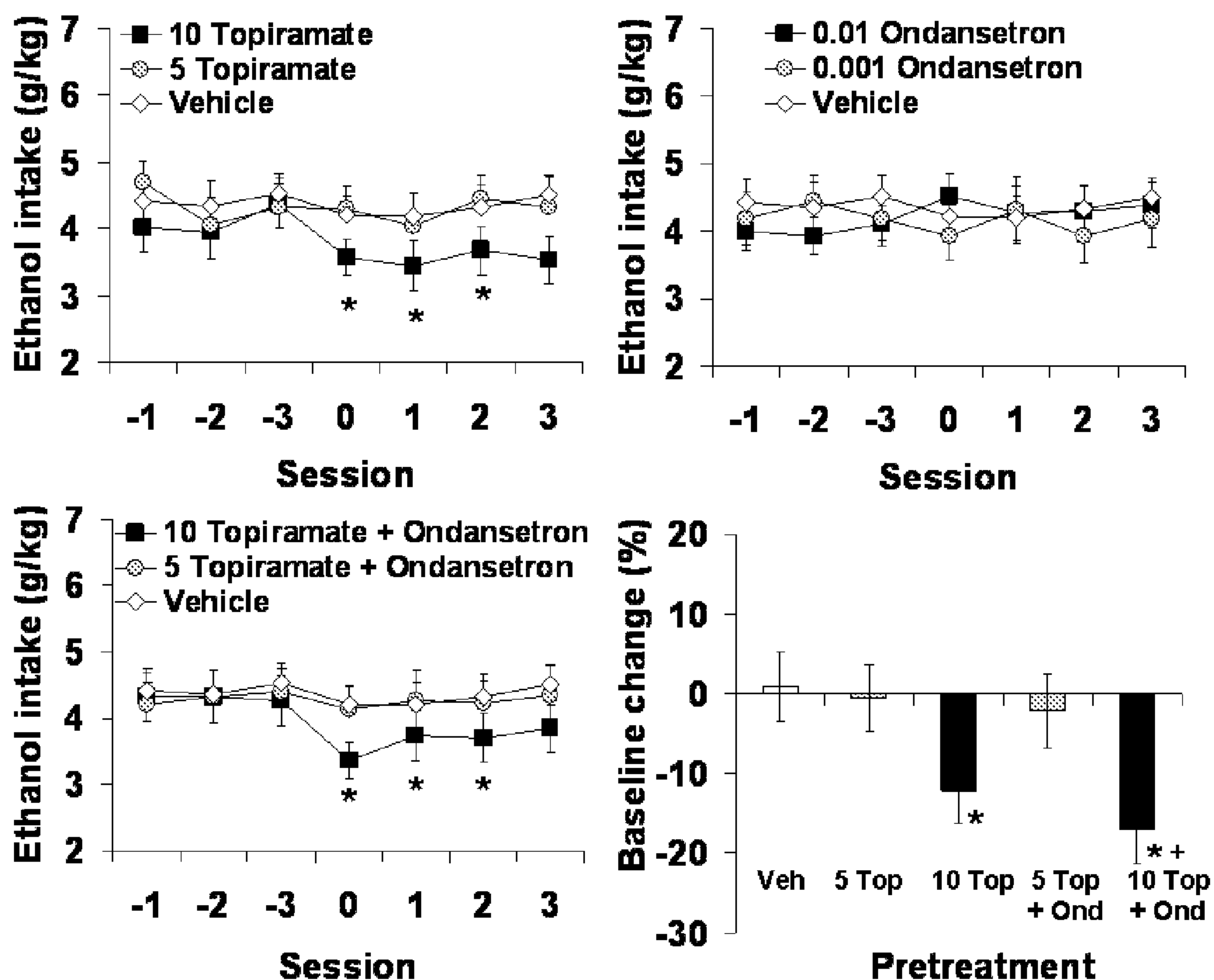


FIGURE 4A

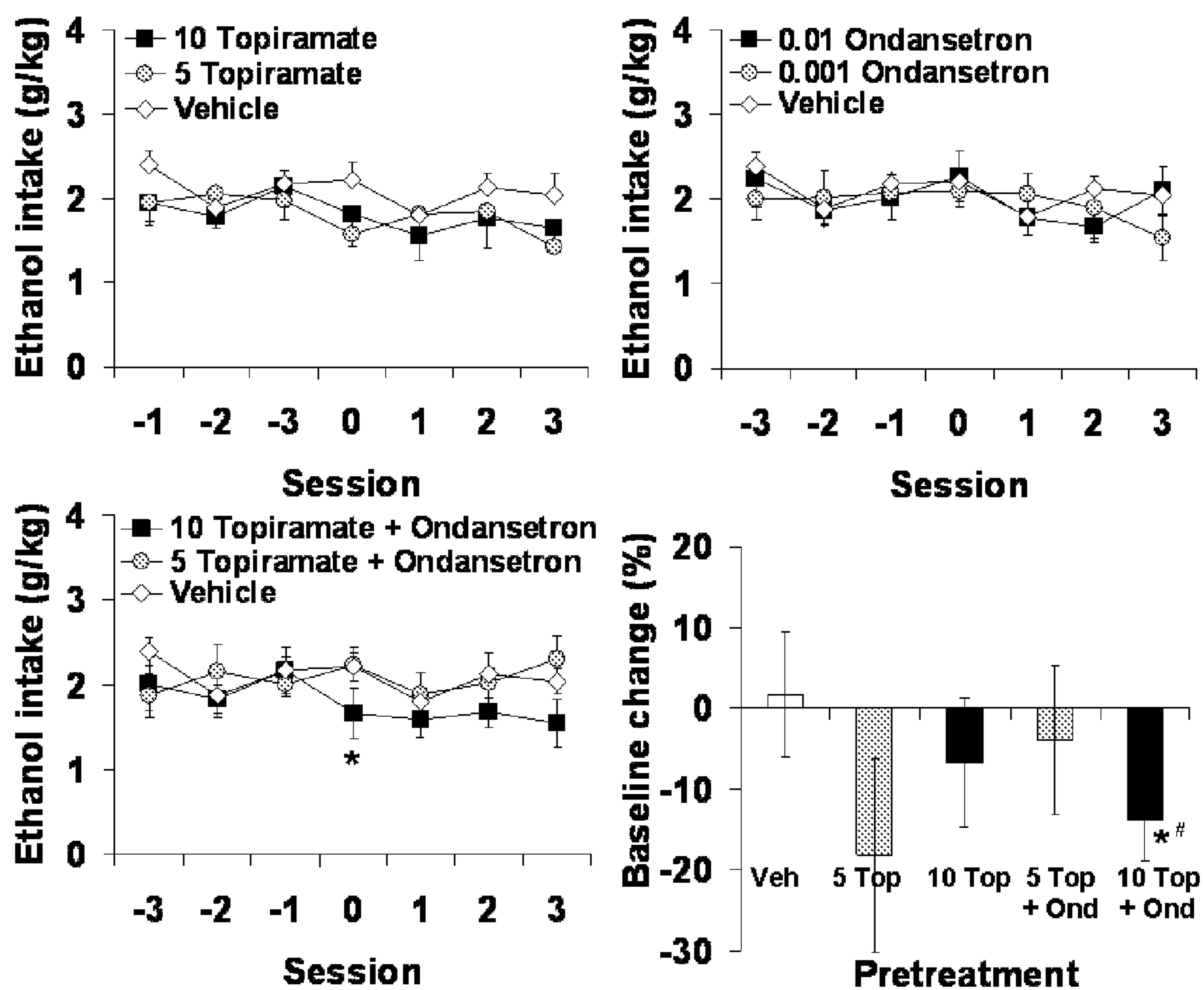


FIGURE 4B

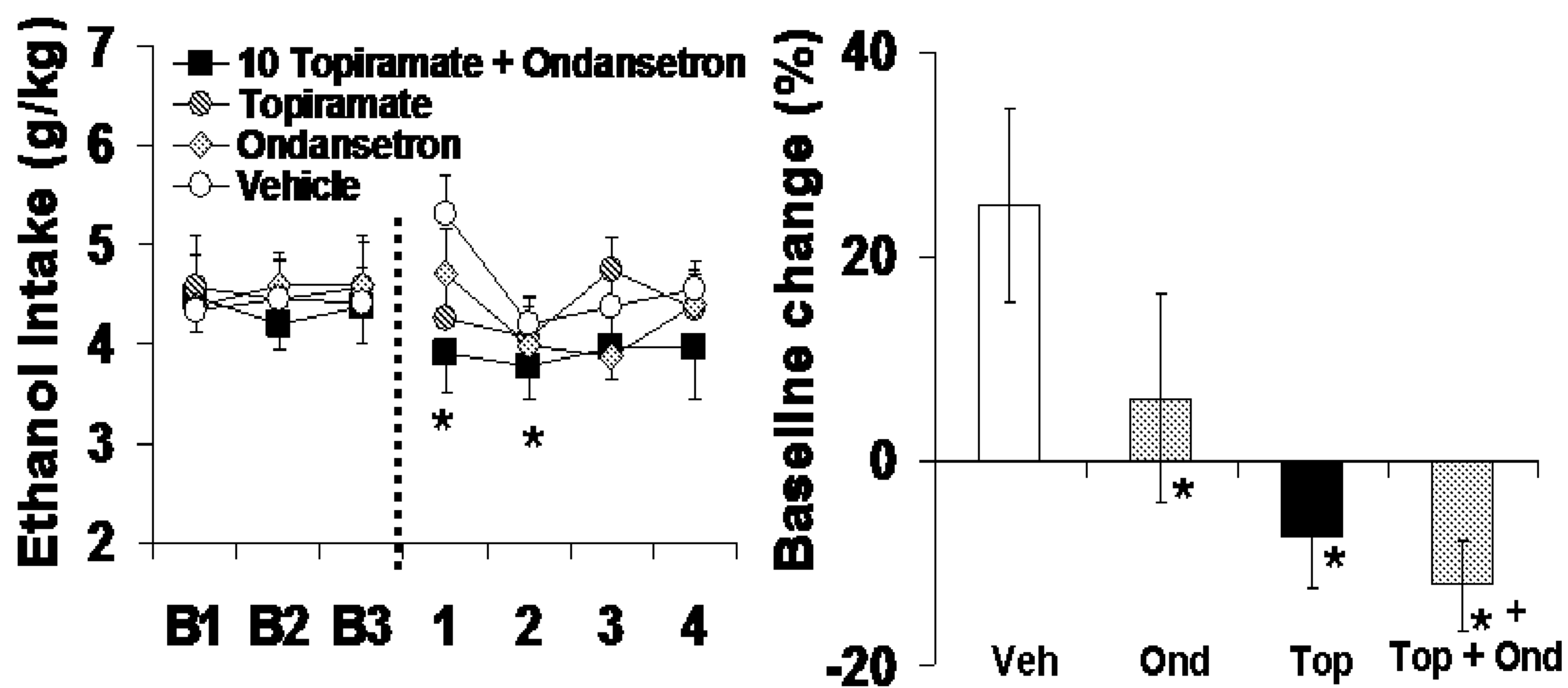


FIGURE 5A

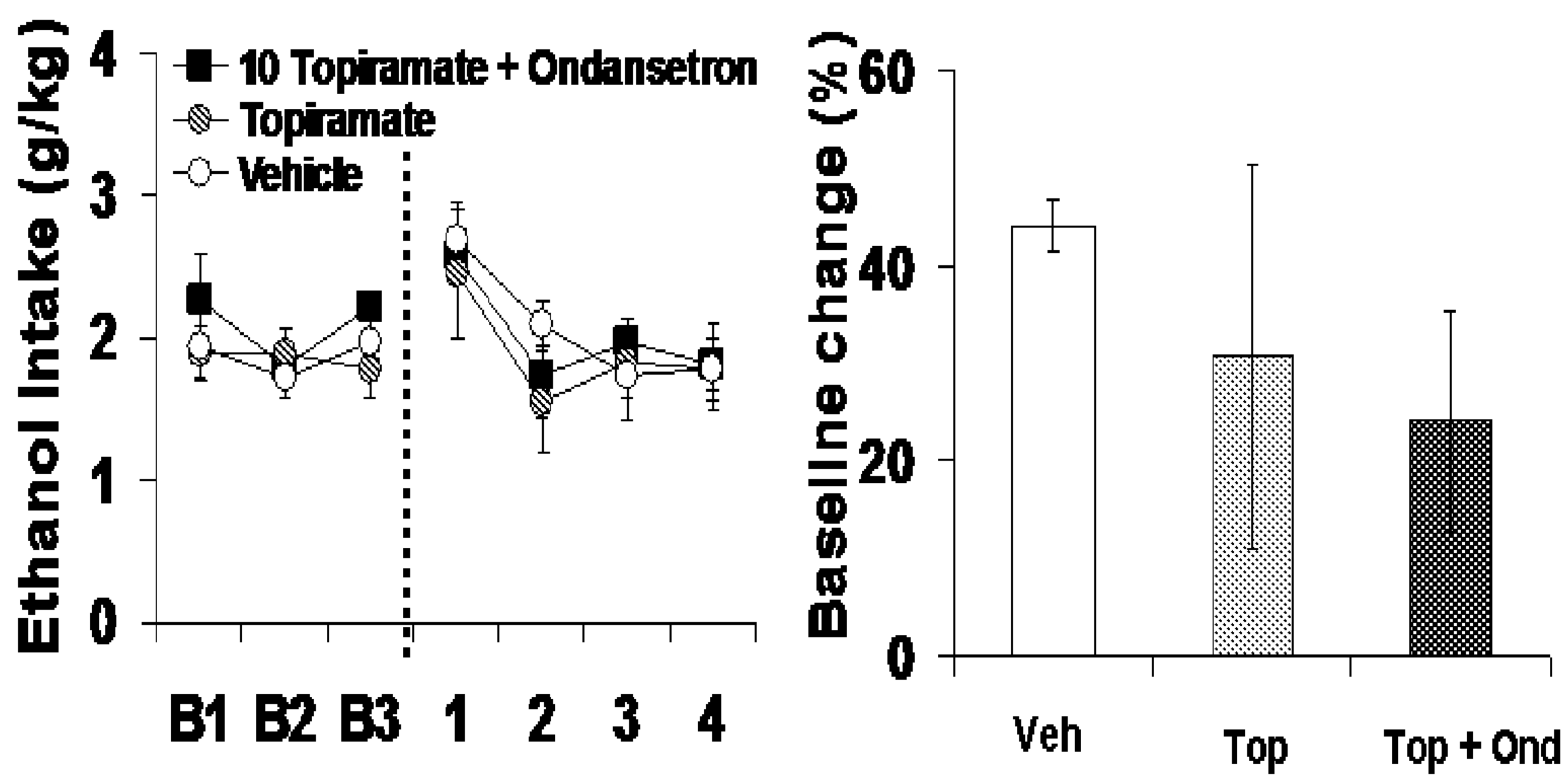


FIGURE 5B

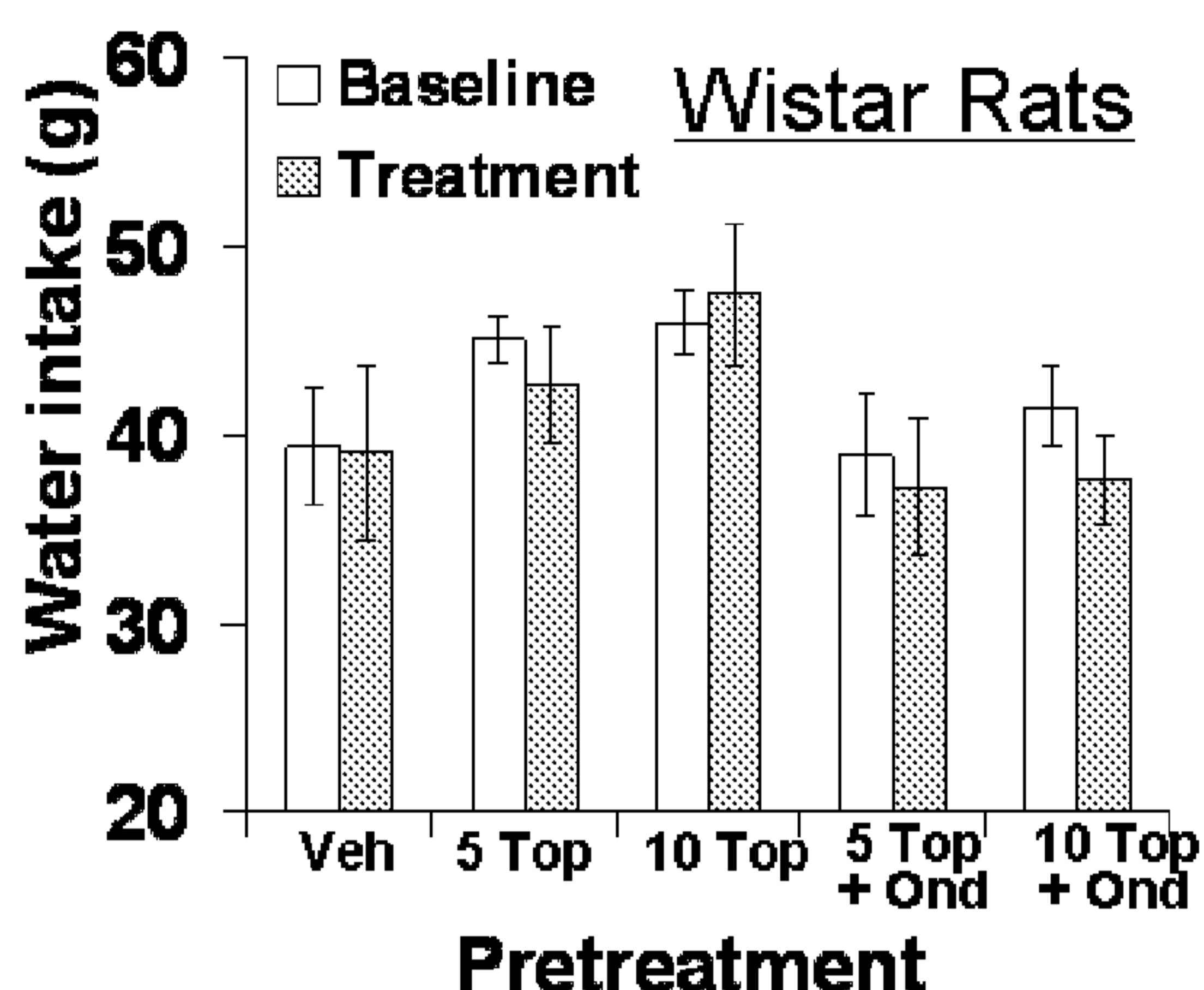
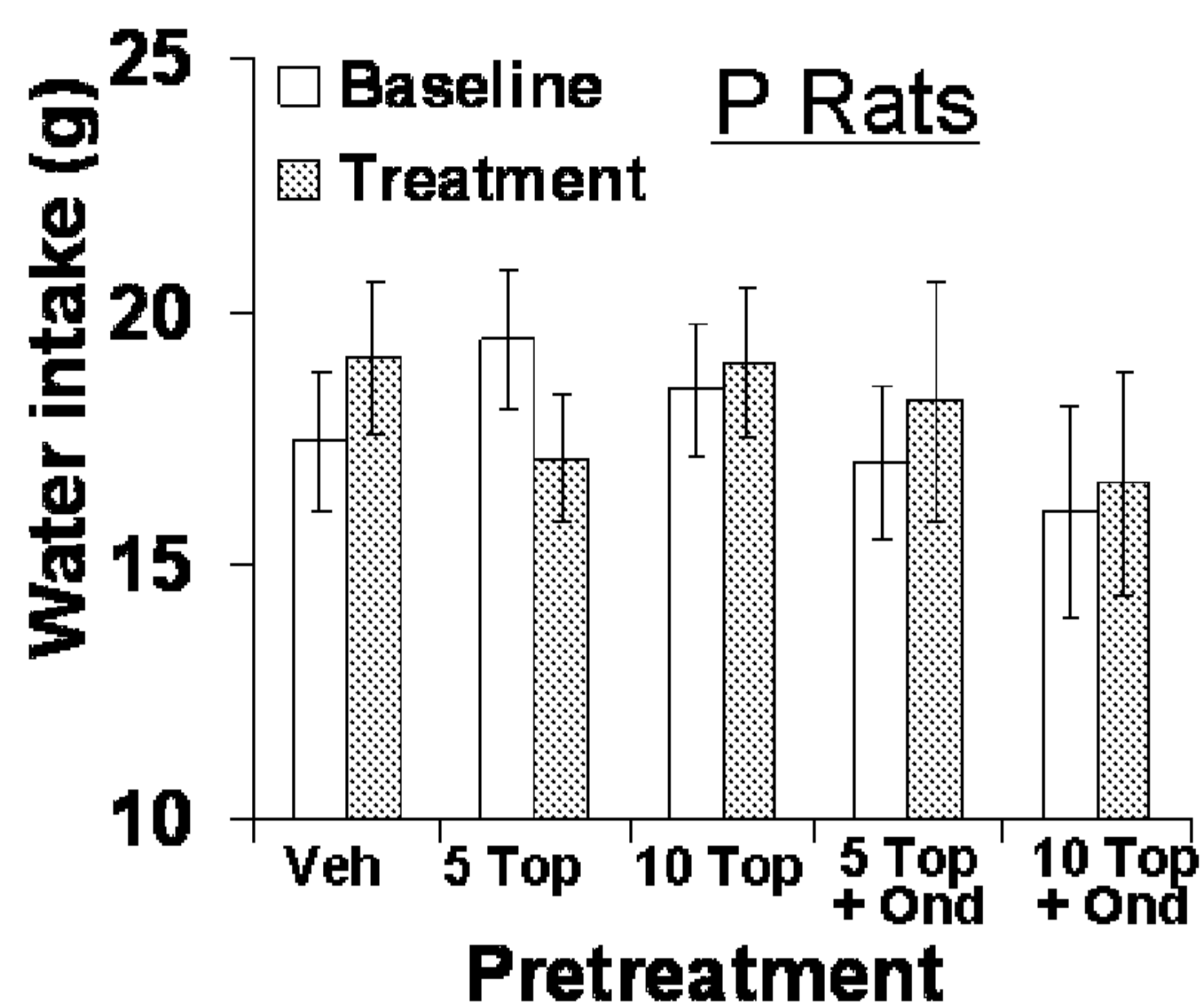


FIGURE 6A

FIGURE 6B

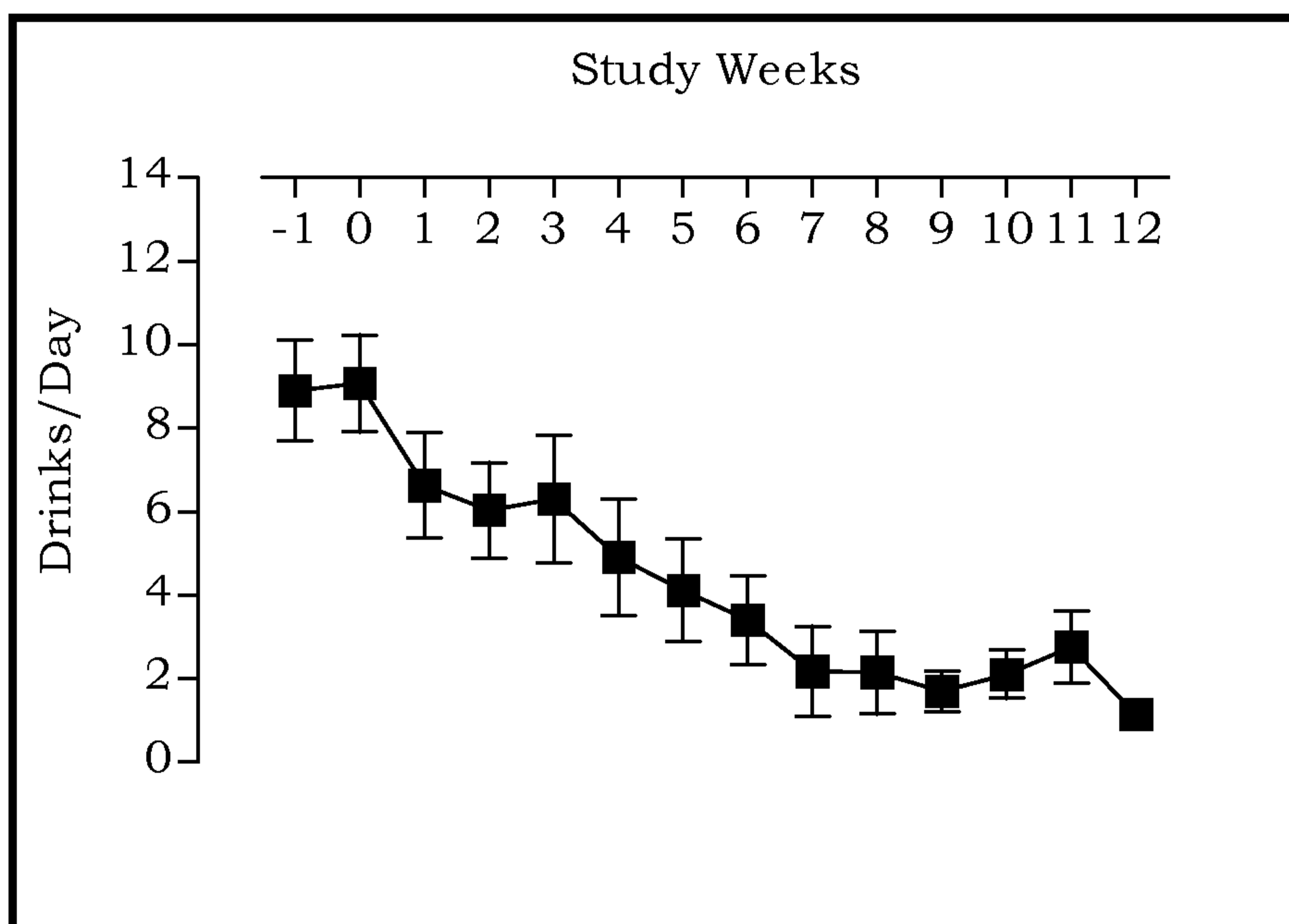


FIGURE 7

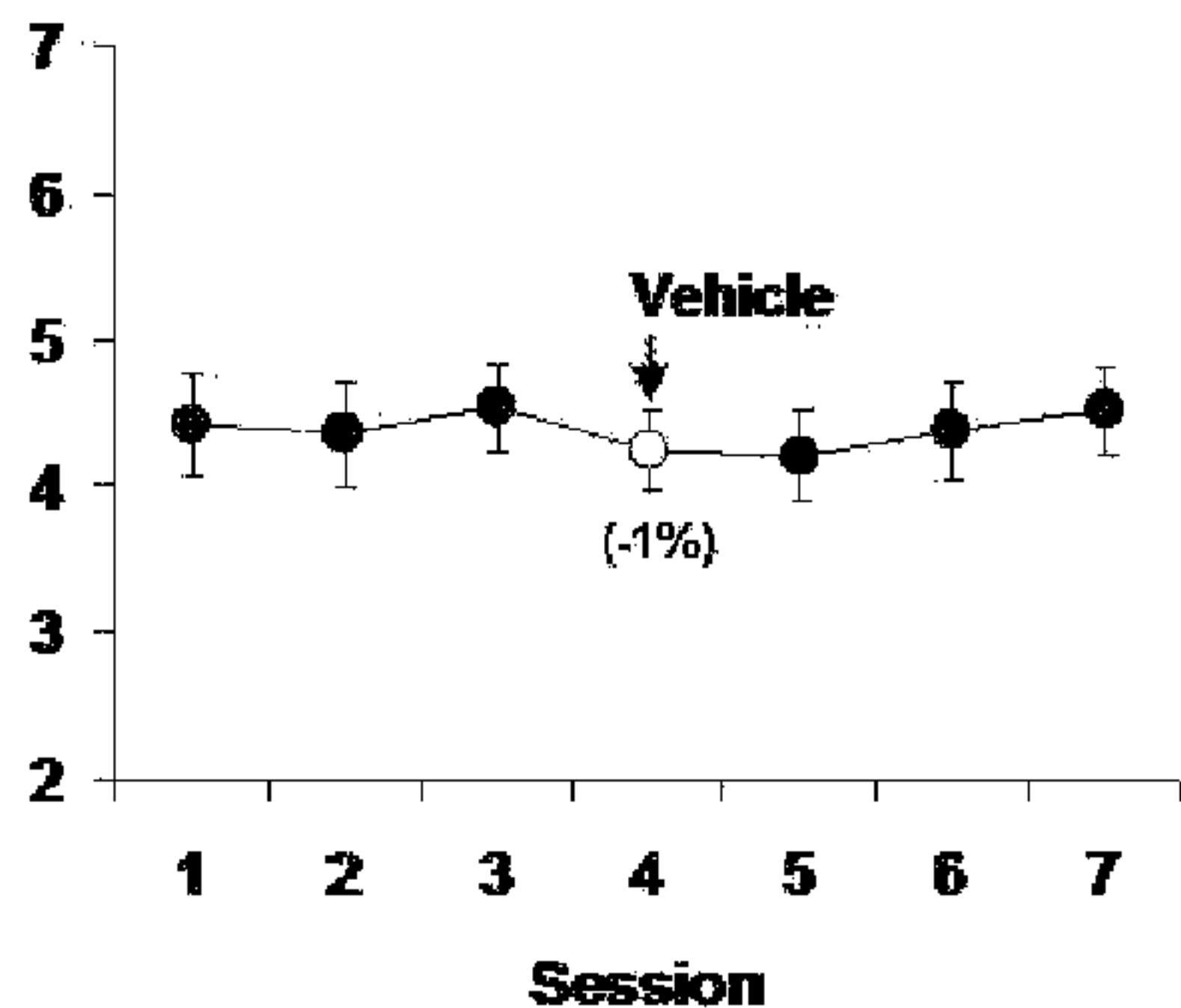
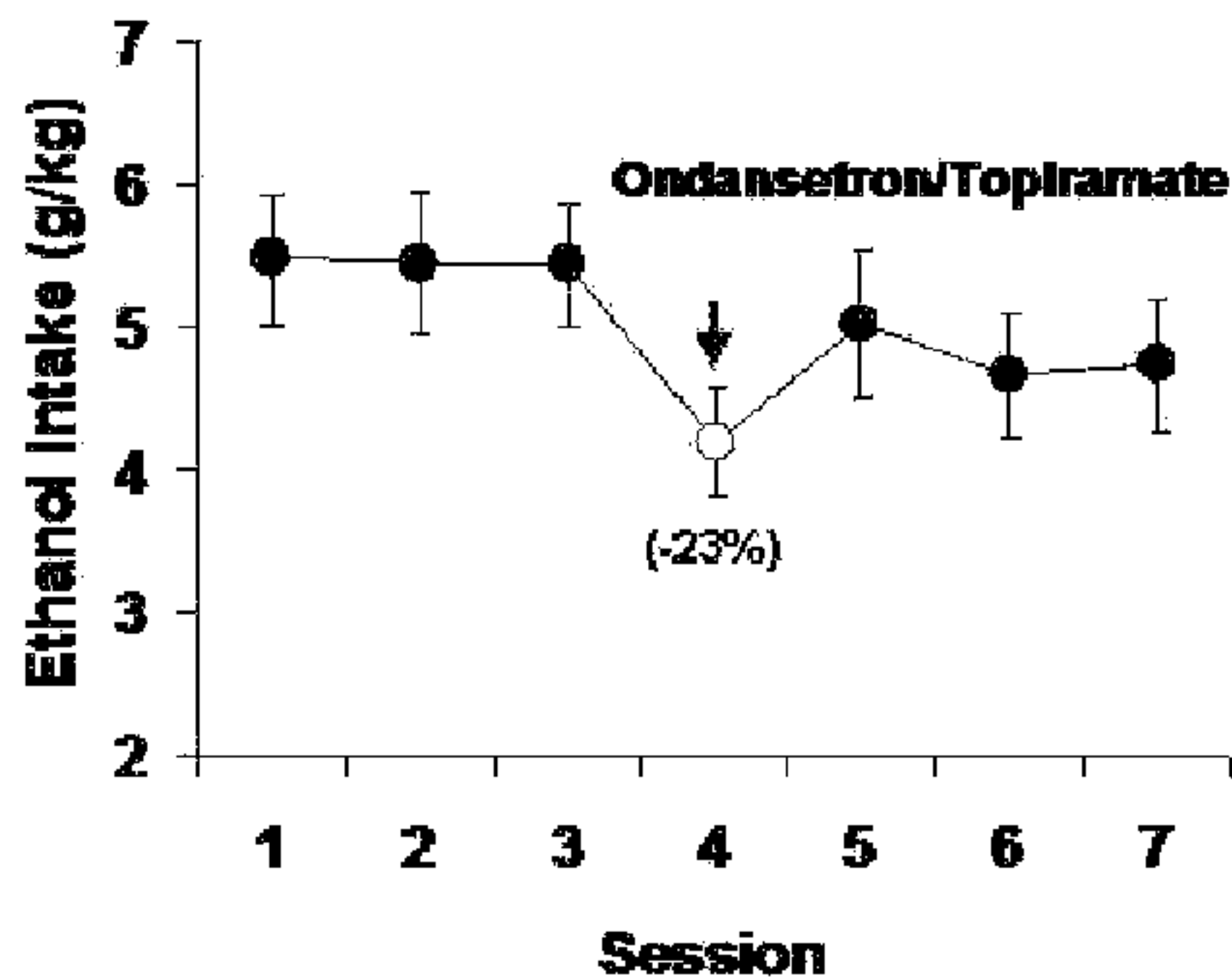
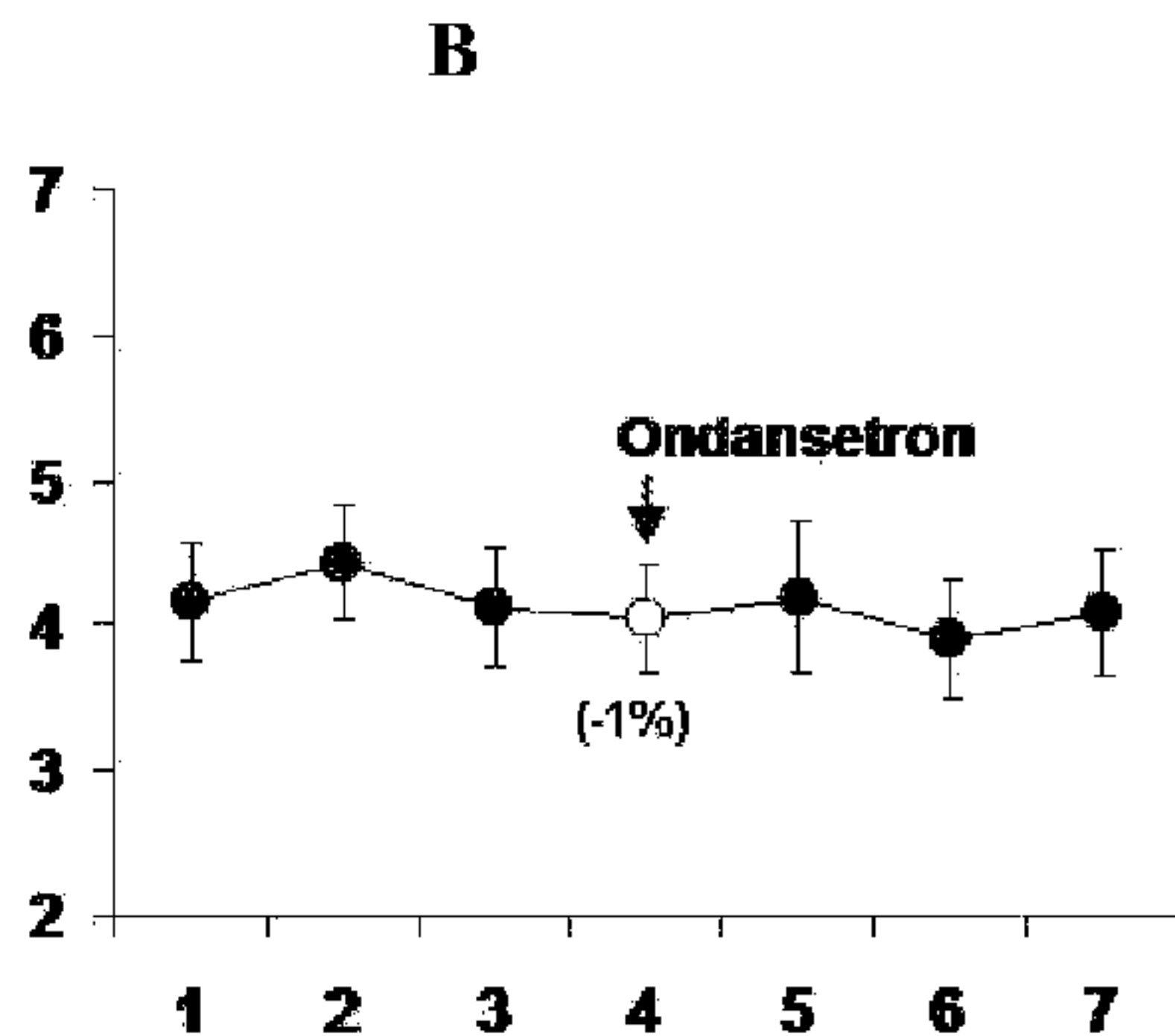
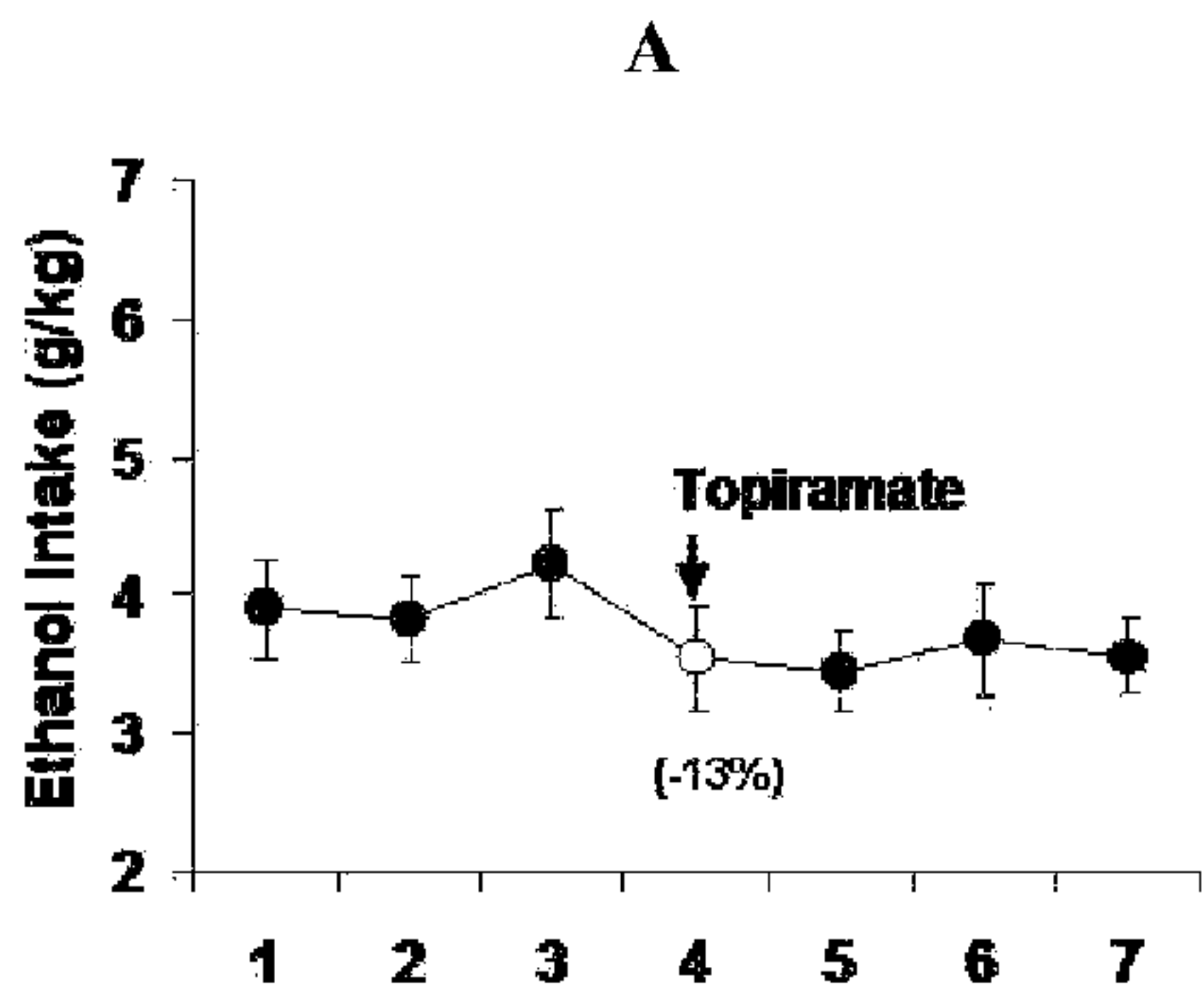


FIGURE 1