



The scope of the problem

- Unhealthy alcohol use is a major health problem in the United States
- Approximately 140,000 Americans die every year from causes related to excessive alcohol consumption
- Despite the significant harm to health that alcohol causes, only about 8 percent of people with problematic alcohol use receive treatment
- Less than 10 percent of patients who need alcohol addiction treatment receive a prescription for an FDA-approved medication to treat alcohol use disorder

National Clinician Consultation Center Substance Use Warmline

(885) 300-3595 | nccc.ucsf.edu

Monday–Friday, 6 a.m.–5 p.m. Pacific Time

Free and confidential clinician-to-clinician telephone consultation focusing on substance use evaluation and management for primary care clinicians.

This guide provides information about how to manage patients with alcohol use disorder. The focus is on the use of medications that reduce cravings for alcohol and the desire to drink. This guide does not address alcohol dependence and the management of alcohol withdrawal.

For patients who drink alcohol regularly and there is concern for alcohol dependence/withdrawal, consider using the Prediction of Alcohol Withdrawal Severity Scale to assess the risk of severe withdrawal and need for referral to/consultation with addiction medicine experts for supervised withdrawal management.

Overview of medications for alcohol use disorder

- There are four FDA-approved medications for alcohol use disorder
 - » Disulfiram
 - » Acamprosate
 - » Oral naltrexone
 - » IM naltrexone
- Many medications can be used off label to treat alcohol use disorder
- Medications can be used to achieve abstinence from alcohol or to reduce drinking below unsafe levels

According to the National Institute on Alcohol Abuse and Alcoholism, if alcohol is consumed, it should be in moderation to minimize the risks associated with drinking. Men may consume up to two drinks per day, and women may consume one drink per day.

Naltrexone (FDA-approved for alcohol use disorder)

- Mechanism of action: Blocks opioid-mediated release of dopamine in reward centers of the brain. Reduces cravings for alcohol and makes alcohol less pleasurable when consumed
- Major side effects: GI upset (very common), somnolence. When given as an injection, irritation at the injection site may be seen
- Metabolism: Hepatic
- Contraindications: Active opioid use, opioid dependence, significant liver disease (due to hepatic metabolism). Patients should be off opioids for 7–10 days before starting naltrexone
- Dosing: Available as a tablet — 50 mg PO daily (can start with 25 mg daily for the first few days to reduce side effects). Available as a once-monthly injection — 380 mg IM once monthly if tolerated orally
- Note: Can be used while patients are still using alcohol

Acamprosate (FDA-approved for alcohol use disorder)

- Mechanism of action: Increases GABA activity in the brain, reduces glutamate activity in the brain. Reduces cravings for alcohol
- Major side effects: diarrhea
- Metabolism: Renal
- Contraindications: Renal insufficiency (cannot use with CrCl less than or equal to 30 mL/min)
- Dosing: 666 mg PO TID (333 mg PO TID for CrCl between 30 and 50 mL/min)
- Note: Can be used while patients are still drinking alcohol but is most effective when started after 10–14 days of abstinence from alcohol. Patients may have trouble with compliance of taking medication three times daily

Disulfiram (FDA-approved for alcohol use disorder)

- Mechanism of action: Blocks alcohol metabolism, resulting in buildup of the toxic metabolite acetaldehyde when alcohol is consumed
- Patients will experience nausea, vomiting, and flushing when drinking alcohol
- Unfortunately, disulfiram has not been found to be very effective at treating alcohol use disorder as patients will stop taking it and go back to drinking
- Major side effects: drowsiness, vomiting if consumed with alcohol
- Metabolism: Hepatic
- Contraindications: Significant liver disease (due to hepatic metabolism), inability to maintain abstinence from alcohol
- Dosing: 250 mg to 500 mg PO daily
- Note: Consumption of a few drinks while taking disulfiram will result in unpleasant symptoms and may discourage drinking. Binge drinking while taking disulfiram will lead to toxic levels of acetaldehyde which can result in bradycardia, hypotension, and cardiovascular collapse. Should NOT be used in patients who cannot maintain abstinence from alcohol. Patients need to be off alcohol for at least three days before starting

Gabapentin (Not FDA-approved for alcohol use disorder)

- Mechanism of action: Potentiates effects of GABA in the brain
- Major side effects: Dizziness, somnolence
- Metabolism: Renal
- Contraindications: Renal insufficiency
- Dosing: 600 to 1800 mg PO daily, divided TID. Dosing for renal insufficiency varies by CrCl, with dose adjustments starting at 80 mL/min)
- Note: Not FDA approved for alcohol use disorder but is as effective as naltrexone and acamprosate for reducing drinking. Can be used when patients are still using alcohol. Can also be used to treat mild alcohol withdrawal

Other medications

- There are other medications which are used off label to reduce drinking, including topiramate, baclofen, pregabalin, and antipsychotics. If you and your patient are interested in using one of these medications, consider addiction medicine consultation

Email prescribesafe@montagehealth.org for more information, questions, or feedback.
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