125 YEARS

ST VINCENT'S CARES.
ALWAYS HAS. ALWAYS WILL.

ST VINCENT'S HOSPITAL
MELBOURNE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

Alcohol use disorder and anti-craving medications:

Department of Addiction Medicine (DOAM) 2021

St Vincent's Hospital Melbourne

Treatment in addiction

Treatment in addiction

- Medicines
- Behavioural strategies
- Social context

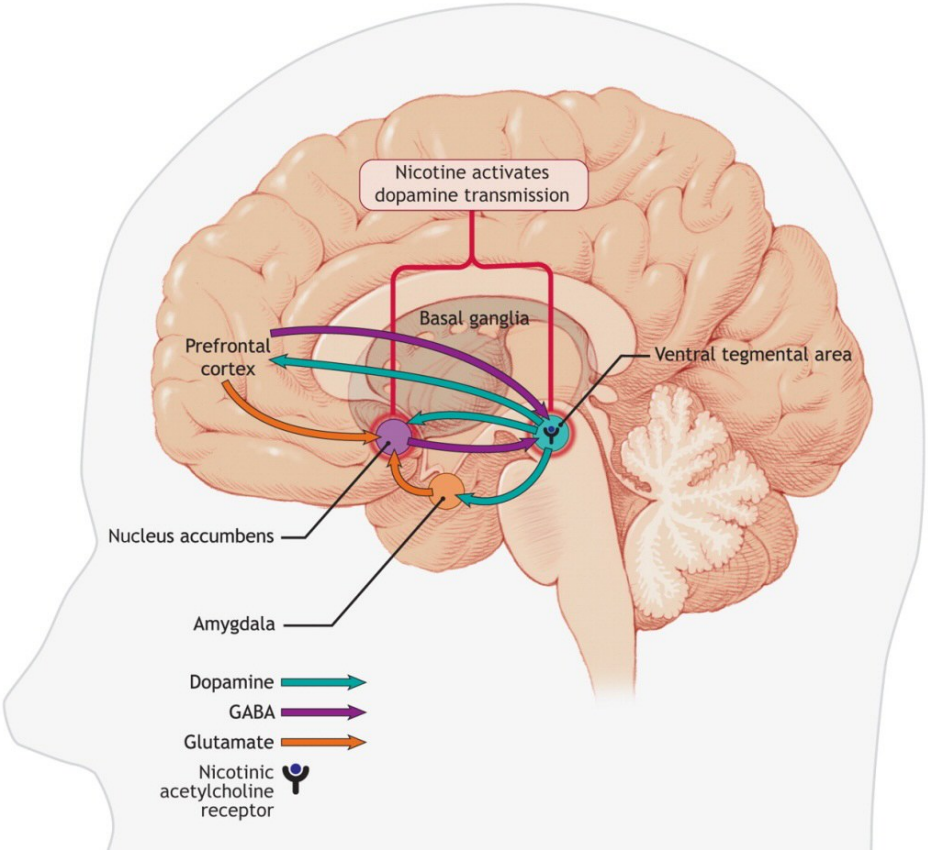
Medications in the treatment of alcohol use disorder

Medications for alcohol use disorder

Not offered enough

(Psychiatr Serv 2010; 61:392-398)

Addiction and the Brain

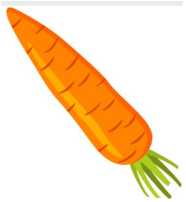


Le Foll, B. et al. CMAJ 2007;177:1373-1380 CMAJ·JAMC

Medications for alcohol use disorder

Neurotransmitters (“Anti-craving”):

naltrexone *(PBS)*, acamprosate *(PBS)*



Aversive* :

disulfiram

Used in specialist practice:

baclofen, topiramate

Neurotransmitter ("Anti-craving") medications

Naltrexone (1)

Opioid receptor antagonist

Endogenous opioid system > blocks reward from alcohol intake

50mg tablets – one daily
(start with half tablet daily for four days)

NNT = 12

Naltrexone (2)

SIDE-EFFECTS:

- Headaches, nausea 10%
- Insomnia, vivid dreams, dizziness <5%
- Fatigue <1%
- Other eg mood disturbance

NOT IN:

- Moderate to severe liver disease
- Opioid analgesia (eg Endone, Oxycontin, Oxynorm, Kapanol, etc…)

Acamprosate “Campral” (1)

Glutamate/GABA system

NMDA receptor/other receptors

2 tablets of 333mg **three** times a day*
(4 tablets if <60kg; 2:1:1)

NNT=12

Acamprosate “Campral” (2)

SIDE-EFFECTS:

- Gastrointestinal – diarrhoea, abdominal cramps. Nausea
  - Usually improves within one week

- Itchy skin, rash (<1%)

NOT IN:

- Moderate to severe liver disease
- Severe kidney disease

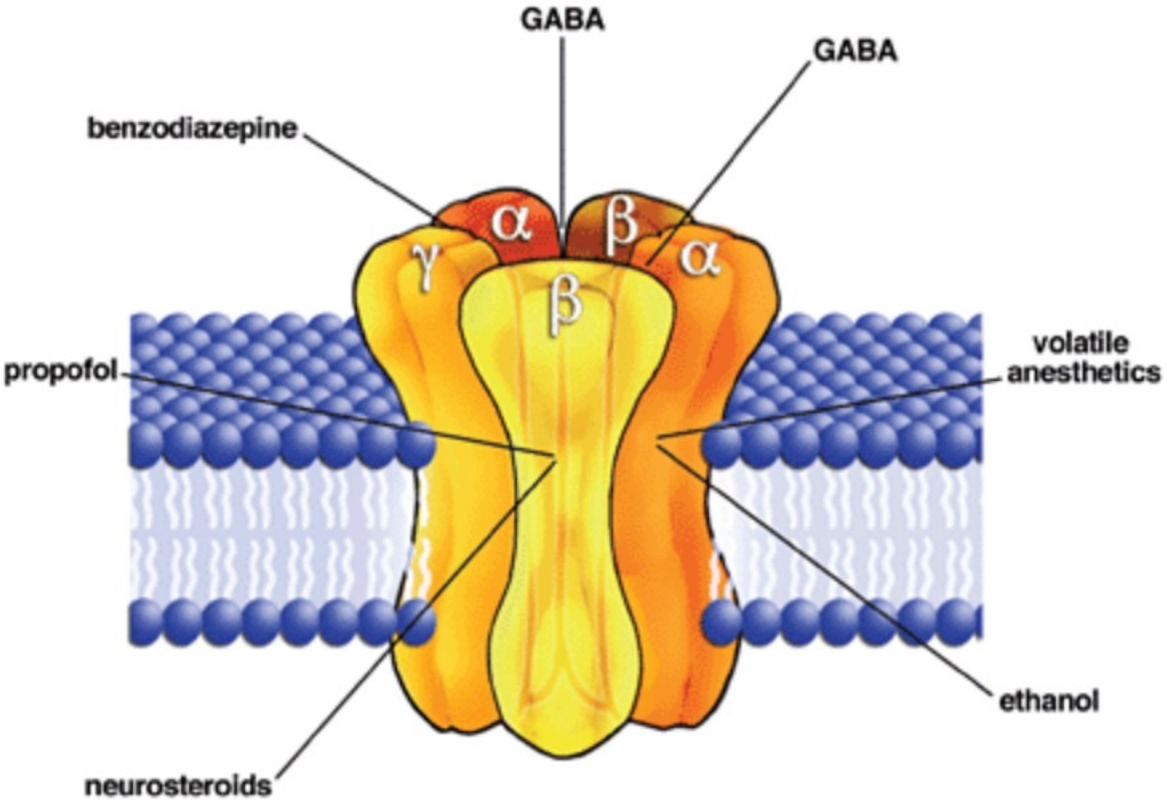
Baclofen (1)

GABA receptor

Inhibitory circuitry of the brain

"Off label" use in alcohol use disorder – Addiction specialist
> used in alcohol related severe liver disease

Baclofen (2)



Lovinger, Communication Networks in the Brain
https://pubs.niaaa.nih.gov/publications/arh313/196-214.htm.
Accessed June2021

Baclofen (3)

NB. Baclofen overdose

- Delirium
- Coma
- Seizures

"Off label" use in alcohol use disorder – Addiction specialist
> used in alcohol related severe liver disease

Personalised pharmacotherapy

Naltrexone
> reduce heavy drinking?

Acamprosate
> abstinence?

No consensus as yet

Patient factors: see Table 10.1
Guidelines for the Treatment of Alcohol Use Disorders

TABLE 10.1. Currently available first-line medications for managing relapse prevention in AUD

NALTREXONE

COSTS
PBS FUNDED
~$40, PER MONTH

INDICATIONS
- Patients with moderate- severe AUD
- Possibly more effective in reducing heavy drinking

CONTRAINDICATIONS AND/OR PRECAUTIONS
- Use of opioids (precipitated withdrawal)
- Liver failure/ hepatitis (hepatotoxicity)
- Liver function test (ALAT) 3-5 times above the normal limit
- Pregnancy/ lactation
- Renal impairment

ACAMPROSATE

COSTS
PBS FUNDED
~$40, PER MONTH

INDICATIONS
- Patients with moderate- severe AUD
- Possibly more effective for abstinence
- Capacity to adhere to medication regime.

CONTRAINDICATIONS AND/OR PRECAUTIONS
- Pregnancy/ lactation
- Renal impairment
- Severe liver failure (Childs Pugh classification C).

DISULFIRAM

COSTS
NOT PBS FUNDED
~$80-90, PER MONTH

INDICATIONS
- Patients with moderate- severe AUD
- Patients with goal of abstinence (disulfiram-ethanol reaction)
- Willingness to be supervised in the daily dosing of medication (e.g. family, pharmacy)

CONTRAINDICATIONS AND/OR PRECAUTIONS
- Cardio-vascular disease
- Pulmonary disease
- Liver failure/ hepatitis (hepatotoxicity)
- Renal impairment
- Psychosis (monitor psychotic symptoms in patients with risk of psychosis)

Duration of naltrexone/acamprosate

At least 3-6 months

Up to 12 months or more

Continue if lapse to drinking; don't stop

No withdrawal if cease naltrexone/acamprosate

Aversive therapy

Disulfiram ("Antabuse", other brands)

- Aversive therapy

- Inhibits breakdown of alcohol
  (aldehyde dehydrogenase)

"*Acetaldehyde syndrome*" :

- flushing, throbbing headache, nausea, vomiting, abdominal cramps, bronchospasm, tachycardia, hypotension...
- Exacerbation of psychosis (rare)

- Not readily available in Australia,
  (can be imported via SAS-B)

Disulfiram ("Antabuse")

Patient selection

Death rate from disulfiram alcohol reaction is 1 in 15 000)

Supervised dosing (100mg-500mg max)

Nb. Fulminant hepatitis (can't predict who will get this)

LFTs fortnightly for first 2-3 months

Cease if lapse to drinking (unlike Ntx/Acamprosate)

Thiamine

BENZODIAZEPINES

Eg diazepam ("Valium"), oxazepam, clonazepam etc..

Not ongoing/longterm

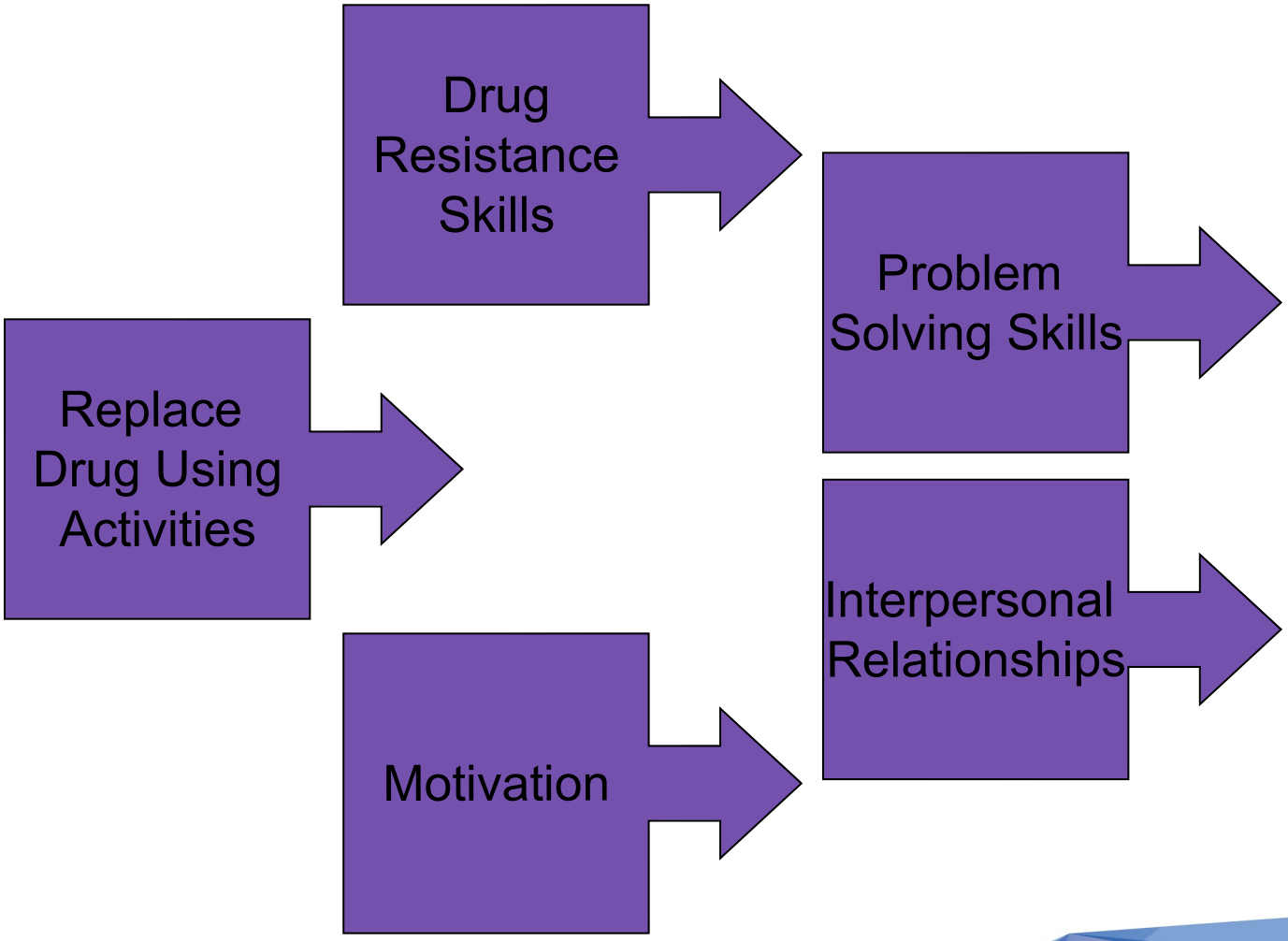
Alcohol out, what goes "in" ? Why….?

Co-morbid mental health conditions

Depression, anxiety, bipolar disorder, PTSD etc

Behavioural approaches

Counselling & Other Behavioral Therapies



Social context

SOCIAL CONTEXT

Ultimately, what are we trying to achieve?

Self-manage the addiction

- reduce relapses, act early on lapses

Treatment in addiction

- Medicines
- Behavioural strategies
- Social context

Updated Guidelines 2021

https://alcoholtreatmentguidelines.com.au/pdf/guidelines-for-the-treatment-of-alcohol-problems.pdf


I Have A Question