

Pharmacotherapy Options for Alcohol Use Disorder

	Naltrexone	Acamprosate	Gabapentin
Dosing	Can be prescribed as once daily or PRN. If PRN, take prior to drinking or when having high cravings. Start: 25mg once daily for 3-4 days Titrate: to 50mg once daily	666mg TID	Start: at 100-300mg TID Titrate: PRN to 1800mg daily
Contra-indications	<ol style="list-style-type: none"> 1. Any current opioid use (Rx or nonmedical) 2. Acute opioid withdrawal 3. Acute hepatitis or liver failure 4. History of allergy or hypersensitivity 	<ol style="list-style-type: none"> 1. Severe renal impairment 2. History of allergy or hypersensitivity 	<ol style="list-style-type: none"> 1. History of allergy or hypersensitivity
Cautions	<ol style="list-style-type: none"> 1. Renal impairment 2. Severe hepatic impairment 3. Concomitant use of other potentially hepatotoxic drugs 	<ol style="list-style-type: none"> 1. Moderate renal impairment. Dose reduction is advised. <ul style="list-style-type: none"> ● CrCl 30-50ml/min : 333mg TID ● CrCl <30ml/min: don't prescribe 	<ol style="list-style-type: none"> 1. Renal impairment 2. Concomitant use of opioids and other CNS depressants 3. Compromised respiratory function 4. Neurological disease or cognitive impairment
Safety	General notes: Safety and efficacy have not been fully established in pregnant or youth patients (<18 years). Due to the limited data, a careful assessment of benefits of medication vs. risks of continued alcohol use should inform decision-making. Frequent monitoring of fetus or infant is advised.		
	Can be used while drinking	Can be used while drinking	If used with alcohol, risk of additive CNS-depressive effects
	<u>Pregnancy</u> Limited data indicates minimal adverse effects <u>Breastfeeding</u> Minimal presence in breastmilk. No adverse effects reported	<u>Pregnancy</u> Limited data indicates minimal adverse effects Animal studies show dose-related defects including retinal dysplasia, iris malformation, hydronephrosis, and increased incidence of stillbirth <u>Breastfeeding</u> No data. Deemed “probably safe”	<u>Pregnancy</u> Limited data indicates minimal adverse effects <u>Breastfeeding</u> No adverse effects reported. Monitor infant for drowsiness, low weight gain, gastrointestinal side effects, and developmental milestones

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Side Effects	Nausea, headache, and dizziness Starting at low dose or undergoing withdrawal prior to tx can reduce side effects	Diarrhea, vomiting, and abdominal pain. Side effects usually resolve quickly	Doses greater than avg therapeutic levels may cause ataxia, slurred speech, or drowsiness
Other Considerations	Will reduce efficacy of systemic opioids for pain in labour. Anesthesia consult prior to delivery is advised Perform liver function tests (LFT) at initial tx, and 1, 3, and 6 mo. More frequent monitoring if LFTs are elevated Due to risk of hepatic injury, advise patients on signs of acute hepatitis and to stop tx if symptoms appear	TID dosing can cause challenges for adherence	Risk for non-medical use, diversion, and dependence Toxicity profile parallels that of alcohol Easy to transition from WDM to long-term relapse prevention

Abbreviations: PRN – as needed/when necessary, TID – three times per day, WDM – withdrawal management