

JUST THE FACTS - MEDICATIONS FOR ALCOHOL USE DISORDER (AUD)

Anti-craving medications for AUD are evidence based pharmacotherapy.

Fewer than 1% of patients with AUD are ever prescribed any of them.

No specialized training required to prescribe

The main drugs used are naltrexone, acamprosate, gabapentin (off label use). Prescribed for limited time to allow patients to bridge to follow up appointment (where kidney/liver function tests can be done, assessment for side effects)

NALTREXONE:

First line treatment for AUD in the ED

High affinity mu opioid receptor antagonist (reduces euphoria)

Promotes abstinence and reduces heavy drinking days.

50mg PO OD X 10 days (LUC 532)

CANNOT be prescribed to patients on (or planning to take) opiates – will precipitate withdrawal

Contraindicated in liver failure (cirrhosis, ascites, hepatic metabolism), known allergy, or

pregnancy (discussion about treatment risk vs fetal alcohol syndrome)

Usual side effect is mild GI upset (settles over several days)

ACAMPROSATE:

Also first line treatment (preferred if can't take Naltrexone)

Relieves sub-acute withdrawal symptoms (insomnia, dysphoria, cravings)

666 mg po tid for 10 days (LUC 531)

Contraindicated in severe renal impairment ($\text{CrCl} < 30$), known allergy, or pregnancy (discussion about treatment risk vs fetal alcohol syndrome)

Usual side effect is mild diarrhea (settles over several days)

GABAPENTIN:

First line off label use (relieves sub-acute withdrawal and promotes abstinence)

Commonly prescribed with naltrexone or acamprosate

Effects mediated through both GABA and glutamate systems in the CNS

300mg PO TID X 10 days (allows time for follow up)

Causes sedation (discuss driving with patient, especially if combined with other drugs/alcohol)