

Drugs**Indication****Overview****North Yorkshire Horizons' responsibilities****GP's responsibilities**

ACAMPROSATE/ DISULFIRAM/ ORAL NALTREXONE

ALCOHOL MISUSE

[NICE CCG 115](#) (refer to section 1.3.6) recommends that adults with moderate and severe alcohol dependence are offered acamprosate or oral naltrexone in combination with an individual psychological intervention focussed on alcohol misuse following a successful assisted alcohol withdrawal programme. Disulfiram is only recommended in the same circumstances if:

- The service user has a goal of abstinence but the aforementioned medications are not suitable;
- The service user prefers disulfiram and understands the relative risks.

Usually prescribed for *up to 6 months in total*, and only longer if service user benefiting and wants to continue, following medical assessment.

Patients eligible *only* if transferred from North Yorkshire Horizons via Appendix A.

Initial investigations: Issue polypharmacy letter to service user's GP to request current medication summary. Comprehensive medical assessment including baseline urea and electrolytes and liver function tests including gamma glutamyl transferase. Consider contraindications or cautions (see SPC) and discuss these with service user.

Initial regimen:

Acamprosate: 1998mg per day (666mg x three times daily) unless weight <60kg, then maximum 1332mg per day

OR

Naltrexone: 25mg per day, aim for maintenance dose of 50mg per day

OR

Disulfiram: 200mg per day

Clinical monitoring: Include a psychological intervention focussed on alcohol misuse

Acamprosate: Monthly

Naltrexone: Monthly

Disulfiram: Fortnightly for first 2 months, then monthly

Safety monitoring:

Acamprosate: be stopped if drinking persists 4-6 weeks after initiation (or sooner if clear evidence of relapse)

Naltrexone: be stopped if drinking persists 4-6 weeks after initiation (or sooner if clear evidence of relapse). Draw service users attention to information card issued with medication – impact on opioid-based analgesics. Consider blood tests in: older people and obese service users. If service user feels unwell advise to stop taking immediately.

Disulfiram: Recommended that family member properly informed about prescription. Warn service users and family about interaction with alcohol (including traces found in products such as aerosol sprays and foods). Warn service users and family about potential rapid onset of rare complication – hepatotoxicity. If service user feels unwell or develops fever or jaundice, advise to stop taking immediately and seek urgent medical attention.

Prescribing duration: 12 weeks

Maintenance prescription: As above ('initial regime') as advised at transfer

Clinical monitoring: Include a psychological intervention focussed on alcohol misuse (see BRENDA in further information section)

Acamprosate: Monthly

Naltrexone: Monthly

Disulfiram: Monthly

Safety monitoring: As advised at transfer. Do not use blood tests routinely except when using oral naltrexone in older people and obese service users, when they should be conducted every 12 weeks.

Duration of treatment: 12 weeks. Medical monitoring at 12 weeks if considering continuing treatment for longer. Medical monitoring every 6 months thereafter.

Documentation: Appendix A to North Yorkshire Horizons. Practice records inclusive of medical monitoring results.

Contact details

North Yorkshire Horizons. Last prescriber, as advised at transfer: **01723 330730**

Further information

The effectiveness of well-delivered, evidence based specialist treatment for harmful and dependent drinkers is well established ([Models of Care for Alcohol, Department of Health, 2007](#); [NICE CCG 115](#)).

Acamprosate, in combination with counselling, may be helpful for maintaining abstinence in alcohol-dependent patients. It is useful for patients who are concerned that strong cravings will result in relapse. Acamprosate is not effective in all patients, so efficacy should be regularly assessed ([NHS Evidence](#)).

Naltrexone is an opioid-receptor antagonist, but is useful as an adjunct in the treatment of alcohol dependence after a successful withdrawal ([NHS Evidence](#)).

Disulfiram is used as an adjunct in the treatment of alcohol dependence. It gives rise to an extremely unpleasant systemic reaction after the ingestion of even a small amount of alcohol because it causes accumulation of acetaldehyde in the body; it is only effective if taken daily ([NHS Evidence](#)).

The BRENDA framework provides a structure for a brief psychological intervention achievable in a standard primary care appointment. BRENDA has been specifically designed to assist primary care and other healthcare professionals to enhance patient compliance and outcomes in the context of pharmacological management of alcohol misuse ([Starosta et al, 2006](#)).

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| B | Biopsychosocial evaluation – holistic assessment |
| R | Report to patient – brief feedback to patient during appointment following holistic assessment (strengths based) |
| E | Empathy – development of positive therapeutic relationship with patient |
| N | Address Needs |
| D | Direct Advice – brief advice following 4 steps above directly to patient during appointment |
| A | Assess patient reaction - to direct advice and address and compliance or reaction concerns during appointment |

Payment and monitoring required by Commissioners

The following will be submitted to Commissioners on a monthly basis (based on the preceding month) via Outcomes4Health:

- (A) Number of Appendix A's received from North Yorkshire Horizons (referrals)
- (B) Number of Appendix A's returned to North Yorkshire Horizons (patients accepted for maintenance prescribing)
- (C) Number of patients issued with a maintenance prescription for longer than 12 weeks by Practice

Practices will receive £45.97 per patient per annum (B above), following submission of A-C.