Medications for Alcohol Use Disorder

Information to help you decide if medications are right for you

If you're interested in medications, talk to your healthcare team about your options.

Let them know:

- About health issues or medications you take. Interactions with other medications are possible.
- If you are pregnant or want to become pregnant, or have suicidal thoughts.

What can medications do for me?

Medications can make it easier to stick to your goals of cutting down or stopping drinking.

Four medications (naltrexone, acamprosate, topiramate, and gabapentin) help people **decrease** or **stop drinking**. They do not make you sick when you drink. These medications:

- **Can reduce cravings for alcohol**, meaning many people think less often about drinking when they take the medication. Others feel less pleasure from drinking.
- **May help with changes in the brain** that heavy drinking can cause over time.
- **Work in different ways**. Because of this, different medications work for different people. If one doesn't work for you, another medication might work better.

One medication (disulfiram) makes you sick if you drink. It's only used if you want to stop drinking entirely.

How long do I take them?

Medications take time to start working. Take the medication for at least 3 months if it isn't causing side effects that bother you. If it doesn't help after that, think about trying another option. Keep taking the medication as long as it's helping you.

Medications work best with counseling, group-based treatment, or peer support where you learn skills to avoid or limit alcohol. If you stop the medication, the skills will keep helping.

Can I work while taking these medications?

Yes. The medications won't affect your ability to work unless you have unusual side effects.

Can I stop the medications without side effects?

Naltrexone, acamprosate, and disulfiram can be stopped anytime without withdrawal symptoms or other side effects.

Topiramate and gabapentin should not be stopped abruptly. They must be slowly decreased before stopping to reduce side effects.

ADAI
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CENTER FOR COMMUNITY-ENGAGED DRUG EDUCATION, EPIDEMIOLOGY, AND RESEARCH

Learn more and explore many supportive options at *asam.org/alcohol-decision-aid*

To **cut down** *or* **stop** drinking | To **stop** drinking

Naltrexone* FDA-approved for AUD	**Acamprosate*** FDA-approved for AUD	**Topiramate*** Used "off-label" for AUD	**Gabapentin** Used "off-label" for AUD	**Disulfiram (Antabuse)** **FDA-approved for AUD**
How often you take it				
▪ Once a day (pills) OR ▪ Once a month (injection, e.g. Vivitrol)	▪ 3 times a day	▪ 2 times a day ▪ Takes several weeks to slowly increase the dose	▪ 3 times a day	▪ Once a day
How it works				
▪ Blocks opioid receptors, which reduces one of the ways alcohol creates a feeling of pleasure ▪ Helps with cravings	▪ Calms the brain which makes alcohol less rewarding (through GABA system) ▪ Helps with cravings	▪ Calms the brain which makes alcohol less rewarding (through glutamate and GABA systems) ▪ Helps with cravings	▪ Calms brain overactivity that can ease pain, anxiety, and insomnia, which can reduce alcohol cravings	▪ Makes you sick if you drink by blocking alcohol breakdown in the body ▪ Doesn't help cravings
Additional benefits				
▪ Injectable form also used for opioid use disorder ▪ Can also be helpful for methamphetamine use disorder	▪ Helps with sleep ▪ May help with long-lasting alcohol withdrawal symptoms	▪ Can treat other conditions like seizures and cocaine use disorder, and help with weight loss	▪ Can treat other conditions like alcohol withdrawal, anxiety, nerve pain, epilepsy, sleep issues	
Potential side effects (usually mild and temporary)				
▪ Most people don't stop due to side effects: ○ *Nausea/vomiting: 10-29%* ○ *Dizziness: 13%* ○ *Injection site swelling or pain: 30-65%*	▪ Rarely stopped due to side effects: ○ *Diarrhea: 10-17%*	▪ Stopped more than naltrexone & acamprosate due to side effects: ○ *Pins & needles: 19-51%* ○ *Dizziness: 4-25%* ○ *Taste change: 2-15%* ○ *Mental slowing: 2-13%*	▪ Generally mild side effects, adjusting dose can help: ○ *Dizziness: 28%* ○ *Drowsiness can occur, especially at higher doses*	▪ Can be dangerous with alcohol use ▪ Do not take with cough syrup or mouth wash that has alcohol or medications like metronidazole
Other considerations				
▪ Great for most people to reduce cravings ▪ Do not take with opioids or if very severe liver injury or liver disease	▪ Works best if goal is to stop drinking, but also helps reduce drinking ▪ Do not take if very severe kidney disease	▪ Avoid if memory or cognitive issues ▪ Can cause seizures if stopped suddenly ▪ Do not take if pregnant, severe kidney disease, or glaucoma	▪ Can cause withdrawal symptoms if stopped suddenly ▪ More risky to take with kidney disease ▪ Do not take if pregnant	▪ Works best if someone helps you take it daily ▪ Avoid if heart, liver, or other organ disease ▪ Can cause liver failure (rare)

*Naltrexone, Acamprosate, & Topiramate are often tried first due to strong evidence supporting their effectiveness for alcohol use disorder (AUD)

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Signatures and disclaimer

Client:

I received information about medication options. I am... <*check one option below*>

☐ Ready to start a medication

☐ Not yet ready to start a medication but interested in learning more

☐ Not interested in learning more about medications at this time

_____ _____

Signature Date

Clinician:

This documentation has been provided to the patient. This conversation is recorded in the patient file.

_____ _____

Signature Date

Disclaimer

This resource tool was developed with funding from the Washington State Legislature as part of Senate Bill 6228 to provide unbiased information about medication treatment options for alcohol use disorder. If a referral is needed to provide a medication, the Behavioral Health Agency will use their agency's Consent, Release of Information, and Disclosure processes, in accordance with HIPAA, Chapter 70.02 RCW Requirements, and 42 CFR Part 2, to facilitate care coordination between providers.