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INFORMATION SHEET

Medically Assisted Recovery for Alcohol

There are currently three FDA-approved medications available for the treatment of alcohol dependence.

These medications are intended to be used as a part of a comprehensive treatment plan of recovery from alcohol dependence, often involving individual and/or group psychotherapy, as well as being part of a 12-step recovery program. They can be very effective tools in achieving and maintaining recovery from alcohol

dependence, but they cannot be used and relied upon as the single barrier that stands between recovery and relapse.

Disulfiram

The oldest medication available is disulfiram (Antabuse). It comes in the form of a pill taken by mouth once a day. This medication blocks the method by which alcohol is broken down in the body. If an individual consumes alcohol while taking this medication, there is a build-up of toxic byproducts of alcohol in the body causing one to become physically ill. This can act as a deterrent to alcohol consumption since one would

want to avoid such an outcome. In addition, it is possible that if one were to consume alcohol while on this medication and, as a consequence, become physically ill, one might become “conditioned” to associate the thought of consuming alcohol with the feeling of becoming physically ill, thereby decreasing the desire to drink.

Naltrexone

The second medication that was approved by the FDA for the treatment of alcohol dependence is naltrexone. This comes as a pill form (Revia) taken by mouth once a day or as a shot (Vivitrol) injected deep into the muscle once a month. This medication blocks opiate receptors in the brain. These are the receptors that are affected when taking opiate pain medication such as hydrocodone (Vicodin or Norco). Research has shown that the opiate receptor system plays a role in how the brain experiences pleasure when an individual consumes alcohol. By blocking the opiate receptors in the brain, the brain does not experience the pleasure or “reward” that is achieved by consuming alcohol. Since alcohol consumption is no longer rewarding, the cycle of addiction can be broken. Naltrexone can also decrease cravings for alcohol. Craving alcohol is essentially based on rewarding thoughts about alcohol, and blocking the opiate receptors seems to have a similar effect on blocking these rewarding thoughts.

Acamprosate

The third medication approved by

the FDA for treating alcohol dependence is acamprosate (Campral), which is available as two pills taken by mouth three times a day. This medication also prevents the brain from experiencing pleasure from alcohol, but via a different pathway than naltrexone. Acamprosate acts on the GABA and glutamate systems in the brain, which have also been shown in studies to play a role in how an individual feels rewarded when drinking alcohol. This also has the effect of decreasing cravings for alcohol.

There is little evidence that supports

the preferred use of any one of these medications over the other in treating alcohol dependence. There are multiple factors that must be considered when choosing to take one or more of the above medications. For example, some people become highly sensitive to substances that may contain alcohol while taking disulfiram, such as perfumes, mouthwash, and even gasoline. Another consideration is that naltrexone may be harmful to the liver in someone who already has some form of liver disease, or if someone continues to drink alcohol while taking naltrexone. Acamprosate has no effect on the liver, and, in

fact, it is recommended that one continues to take acamprosate should an individual experience a relapse of their alcohol dependence since this may, in fact, shorten the relapse. On the other hand, naltrexone may be preferred over acamprosate if it becomes necessary to receive the medication via injection. Naltrexone should never be given in someone who has not been detoxified from opioids such as heroin and prescription opiate medications. In the end, it is an individualized decision made by you and your clinician. ●

Potential Side Effects

Disulfiram

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| Common reactions: | Rash, drowsiness, impotence, headache, acne, metallic taste |
| Serious reactions:: | Psychosis, liver toxicity, peripheral neuropathy, optic neuritis |

Naltrexone

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|----------------------------|---|
| Common reactions: | Insomnia, nausea, vomiting, anxiety, headache, abdominal pain, muscle aches, rash, dizziness, fatigue, sedation, loss of appetite, constipation, chills |
| Serious reactions:: | Suicidal thoughts, depression, liver toxicity, opioid withdrawal syndrome, hypersensitivity reaction |

Acamprosate

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|----------------------------|---|
| Common reactions: | Diarrhea, insomnia, anxiety, depression, nausea, itchiness, dizziness |
| Serious reactions:: | Suicidal thoughts, depression |



This information sheet is intended as an introduction to medications that are available for the treatment of alcohol dependence. It is not intended to replace a thorough discussion of the topic with your clinician.