Pharmacotherapies indicated for alcohol dependence

Acamprosate [Campral®]	Demonstrated efficacy in increasing abstinence, reducing relapse, and reducing amount and frequency of drinking.
What it does	Does not prevent withdrawal symptoms but effective in dealing with post-withdrawal cravings. Restores activity levels of GABA (inhibitory transmitter) and glutamate (excitatory transmitter) to normal. Does not interact with alcohol, is not known to have dependence inducing potential, and cessation does not produce withdrawal syndrome. Available on PBS (Authority required).
Commence	Post-withdrawal (2–7 days after the last drink). Does not treat withdrawal.
Treatment time	Estimated at 12 months PLUS supportive therapy. Treatment goal is abstinence.
Side effects	>1% patients complain of nausea, diarrhoea, skin rash, which may last the first 1–2 weeks only.
Contra-indications	Advanced hepatic failure, renal insufficiency (serum creatinine >120 micromol/L, pregnancy, lactation (refer to prescribing information).
Disulfiram [Antabuse®]	Trials demonstrate modest and inconsistent efficacy in promoting abstinence.
What it does	Produces an aversive response to the ingestion of alcohol. Inhibits production of acetaldehyde dehydrogenase, so when alcohol is consumed acetaldehyde accumulates resulting in an unpleasant flushing reaction, nausea and dizziness, vomiting, chest pain, palpitations. Large doses of alcohol may produce hypotension, arrhythmia, seizures, death.
Commence	>24 hours after last drink. Does not treat withdrawal.
Treatment time	Long-term. Most effective under daily supervision.
Side effects	Drowsiness, psychosis, peripheral neuropathy, hepatotoxicity, metallic taste, headache, visual disturbance.
Contra-indications	Severe hepatic impairment, severe renal impairment, severe myocardial disease, hypersensitivity, thiuram derivatives, pregnancy.
Precautions	Diabetes, hypothyroidism, epilepsy, impaired hepatic +/- renal function, cardiovascular system disease, asthma, contact eczema, contact dermatitis, lactation, prolonged used. Plan relapse (at least 7 days) to prevent adverse reactions (refer to prescribing information).
Naltrexone [Revia®]	Demonstrated efficacy in increasing abstinence, reducing relapse, and reducing amount and frequency of drinking.
What it does	Anti-craving agent, competitive opioid antagonist. Blocks euphoric effects of alcohol. Non-aversive i.e. does not interact with alcohol. Not known to have dependence inducing potential. Available on PBS (Authority required).
Commence	Post withdrawal, usually 3–4 days alcohol free. Does not treat withdrawal.
Treatment time	Controlled trials suggest 3 months (in practice may need to consider extending). Patients should carry a warning card in case of need for opiate analgesia.
Side effects	About 1% patients complain of nausea, headache, dizziness, fatigue, nervousness, vomiting, insomnia, depression, anxiety lasting first 2–3 weeks.
Contra-indications	Opioid dependency (will precipitate withdrawal) or concurrent opioid use, acute hepatitis, hepatic failure.
Precautions	Pregnancy, lactation, hepatic or renal impairment. Opioid analgesics will not work (refer to prescribing information).

Source: adapted from APF (2001); Palmer (2001)

From: National Centre for Education & Training on Addiction (NCETA) Consortium. (2004), *Alcohol and Other Drugs: A Handbook for Health Professionals*. Australian Government Department of Health & Ageing.