Acamprosate Shared Care Guideline

Therapeutic Use
Acamprosate is licensed for maintaining abstinence in alcohol dependant patients once the patient is abstinent from alcohol. It is thought to act by restoring the balance of excitatory and inhibitory amino acids in the brain which has been altered by chronic alcohol intake. It diminishes the desire for alcohol. There is also recent evidence of it being effective in reducing the neurotoxicity of alcohol detoxification and for its use in binge drinkers.

Suggested indications:
• Moderate/severe alcohol dependence with physiological withdrawal symptoms
• Patient currently abstinent following recent withdrawal (within the past 2 weeks)
• Tendency to mild anxiety or tension in the post-withdrawal phase (not amounting to marked anxiety disorder or panic disorder)
• Reported craving for alcohol and/or currently aiming for complete abstinence

Contra-indications / Cautions
• Renal impairment where creatinine > 120µmol/l
• Severe hepatic impairment
• known hypersensitivity to acamprosate
• Patients under 18 years and over 65 years: the safety and efficacy of acamprosate has not been established in patients younger than 18 years or older than 65 years therefore it is not recommended for use in these populations
• Pregnancy and lactation: only used during pregnancy after a careful benefit/risk assessment due to lack of safety data. Manufacturer suggests avoid in breastfeeding.

Dosage and administration
Patients over 60kg: 6 x 333mg tabs daily in divided doses (2 TDS)
Patients under 60kg: 4 x 333mg tabs daily in divided doses (2 mane, 1 lunch, 1 nocte)
Tablets should be swallowed whole and taken with or just after food.
Treatment to be initiated as soon as possible after alcohol withdrawal and should continue for a maximum of one year. Treatment can be continued during a relapse but should be terminated if the patient resumes regular drinking.
The treatment should be combined with alcohol focused counselling.

Side-effects
• Gastro-intestinal (diarrhoea, nausea, vomiting and abdominal pain), usually resolves within 1-2 weeks.
• Dermatological (pruritis and rash), likely to be an allergic reaction and acamprosate should be discontinued.
• Fluctuations in libido and psychiatric disorders (mainly depression) have been reported by patients taking acamprosate and placebo.

Drug interactions
None known. It can be safely used with disulfiram (Antabuse®) and naltrexone (Nalorex®)

Monitoring *undertaken by DASH but GPs are encouraged to reinforce alcohol abstinence messages at routine appointments*
Monitor current drinking behaviour and check if receiving ongoing counselling (e.g. AA, DASH). LFTs, GGT and MCV may be useful as an indicator of the patients drinking behaviour.

Aspects of care for which DASH (Drug and Alcohol Service for Herefordshire) is responsible
• To provide information about acamprosate including any relevant research findings and patient information leaflets.
• To assess the patient and establish need for and likely benefit of acamprosate.
• To initiate treatment at the appropriate dose for the patients weight.
• To contact the GP to take over the prescription after at least 1 months treatment.
• To review the patient at regular intervals monthly for first 3 months and every three months thereafter and decide when treatment can be stopped.
• To provide information to GP after monitoring visit and other support as requested.
• Under certain circumstances, GPs may initiate treatment.

Aspects of care for which the GP is responsible
• To continue prescribing acamprosate as per practice prescribing policy
• To contact DASH team/consultant for any aspect of the patients care which is of concern to the GP
• To refer the patient back to DASH if GP and/or patient feel it is appropriate

Aspects of care for which the patient is responsible
• Report any adverse effects to their GP whilst taking acamprosate.
• To ensure they have a clear understanding of their treatment.
• To make and attend appointments for review and monitoring.

Availability: Acamprosate (Campral EC®) 333mg

Cost £28.80 for 168 tablets. £374 for one years treatment at 2 x 333mg TDS (Sept 2012)
Acamprosate is included in the high cost (shared care) drugs scheme therefore primary care costs will be covered by the PCT contingency

Availability of back-up advice and support
Contact numbers:
Dr Kate Blazey / DASH team 01432 357825
Medicines Information Services: 01432 364017

This Shared Care Guideline has been agreed by NHS Herefordshire and 2Together Trust
The information contained in this guideline is issued on the understanding that it is the best available from the resources at our disposal on the date of issue. Further information may be obtained from the specialist or your local medicines information centre. This guideline does not contain a complete list of indications, precautions, warnings etc. For further information please refer to the product Summary of Product Characteristics for full details. This can be found at http://emc.medicines.org.uk/
See *http://nww.herefordshire.nhs.uk/MedicinesManagement/SharedCare/tabid/2711/Default.aspx* for an electronic version together with additional general guidance to help GPs make their individual decisions on whether to accept the requested transfer of prescribing responsibility from secondary to primary care.