

PROTOCOL ON ACAMPROSATE PRESCRIBING

Acamprosate (Campral) is a drug that has been shown to double abstinence rates in people receiving treatment for alcohol dependence (i.e. from 10% to 20% or at best up to 40%). Although its mechanism of action is not clearly defined, Acamprosate appears to block the excitatory activity in the brain (NMDA Glutamate) and enhance the inhibitory system (GABA). Whilst it has been known as an “anti-craving” drug, the evidence from trials is less conclusive about this as a major effect.

Who may be prescribed Acamprosate

A. Generally at BSDAS, Acamprosate is considered when somebody is struggling to maintain abstinence and describes anxiety as a feature of their difficulties in remaining sober. Any underlying anxiety disorder will be appropriately treated, but in addition Acamprosate will be considered. If somebody describes “craving” and it is described as a desire to get a “high or buzz” from alcohol, Acamprosate is less likely to be considered.

Acamprosate has been shown to be effective alongside psychosocial treatment and **not in isolation** to maintain abstinence from alcohol. Patients should therefore not generally be offered Acamprosate in the absence of attending for psychological support around their addiction (e.g. counsellor, AA)

B. Acamprosate has been shown to increase the number of dry days in somebody trying to achieve abstinence. Importantly, however, it has also been shown to reduce the number of drinks and number of days of drinking in somebody who lapses to drinking. Patients have reported that they do not need so much alcohol to gain the same level of feeling they desire. (This may be because alcohol and Acamprosate appear to have similar effects on the brain).

Very rarely therefore, we may suggest Acamprosate as a way of trying to reduce a patient’s alcohol consumption. A scenario for this might be somebody who has had severe physical problems secondary to their alcohol abuse and has failed at all previous attempts at controlling or stopping their drinking.

C. More recently it has come to light that Acamprosate in animal models appears to have a neuro-protective effect in that the number of brain cells that die during alcohol detox can be reduced with Acamprosate. Interestingly, the same effect is not reproduced with Diazepam suggesting that Benzodiazepines may prevent seizures but not brain damage. If therefore we have made the decision to put somebody on Acamprosate and are about to detoxify them, Acamprosate should be started as part of their detoxification. Currently we routinely offer it to every person undergoing an alcohol detox.

Who may benefit

Despite Acamprosate’s efficacy, more patients will not derive benefit from Acamprosate than those that do. Currently there are no clear guidelines as to which patients may be more likely to benefit than others, although women and those that are more anxious may respond better. Acamprosate is less likely to be effective in those with cognitive damage.

How to start prescribing

Acamprosate is given as two tablets (333mg each) three times a day for those that weigh 60kg or more. If less than 60kg, two tablets should be taken in the morning, and one tablet midday and night. If fit and well, no specific blood tests need be done.

Contra-indications & side effects

Acamprosate is a very safe drug and side effects are generally minimal and transient in nature. Gastrointestinal problems such as diarrhoea, nausea are most common, but rarely prevent continuation with the drug. The contraindication to prescribing is currently only in those that have severe liver damage (Childs-Pugh, grade C).

There is no absolute guidelines as to how long Acamprosate should be prescribed for. There is no clear evidence as to how much benefit is maintained after stopping the drug. Empirically it would appear that if somebody could gain enough skills to remain abstinent whilst taking Acamprosate that they are more likely to remain abstinent.

Currently, we would keep people under monthly assessment and certainly would consider keeping them on Acamprosate for one year before discussing its withdrawal if the person is still abstinent. The difficulties arise when somebody is continually relapsing whilst taking Acamprosate, where generally we would stop Acamprosate.

The Bristol Specialist Drug & Alcohol Service would be happy to advise on Acamprosate prescribing or to assess a patient in whom you are considering Acamprosate.