

SHARED CARE GUIDELINE FOR PRESCRIBING ACAMPROSATE IN ADULTS (18-65 YEARS)

INDICATION

Acamprosate is licensed for the maintenance of abstinence in alcohol dependence for a recommended treatment period up to 12 months. Acamprosate can be prescribed after a successful withdrawal for adults with moderate and severe alcohol dependence, in combination with psychological interventions focussed specifically on alcohol misuse. Treatment should be initiated as soon as possible after the withdrawal period and should be maintained if the patient relapses unless the patient returns to regular or excessive drinking that persists 4–6 weeks after starting treatment.

AREAS OF RESPONSIBILITY FOR SHARED CARE

This shared care agreement outlines suggested ways in which the responsibilities for managing the prescribing of acamprosate to maintain abstinence in alcohol-dependent patients can be shared between the specialist and general practitioner (GP). GPs are invited to participate. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable.

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care is usually explained to the patient by the prescriber initiating treatment. It is important that patients are consulted about treatment and are in agreement with it.

The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

REFERRAL AND INITIATION

Shared Care is only appropriate if it provides the optimum solution for the patient.

- Patients will only be referred to the GP once the GP has agreed in each individual case and suitable arrangements for shared or structured, community-based care have been made.
- Acamprosate should form part of an abstinence programme along with psychological support. For this reason it should normally be prescribed only on the advice of Lead Clinician within the Substance Misuse Service, by a Consultant Physician with special interest in alcoholism or by a GP with the full support from a substance misuse services support worker (for up to 12 months) as part of a structured care programme.
- Before starting treatment with acamprosate, conduct a comprehensive medical assessment (baseline urea and electrolytes and liver function tests including gamma glutamyl transferase [GGT]). In particular, consider any contraindications or cautions (refer to the [SPC](#)), and discuss these with the service user.

Specialist Responsibilities

1	To assess the patient and establish the diagnosis, determine a management strategy and ensure appropriate follow-up in conjunction with the GP and Substance Misuse Services.
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2	Where appropriate: <ul style="list-style-type: none"> to initiate and stabilise treatment (usually 4-6 weeks); obtain consent from the patient's GP to continue prescribing once treatment has been stabilised; monitor the patient and their therapy at three monthly intervals.
3	To provide the GP with appropriate prescribing information and any additional information requested.
4	To be available for advice if the patient's condition changes.
5	To ensure that procedures are in place for the rapid re-referral of the patient by the GP.
6	To ensure the patient has given informed consent to their treatment.
7	To liaise with the GP on any suggested changes in prescribed therapy.

General Practitioner Responsibilities

1	Initially, to refer the patient for specialist advice.
2	Where appropriate: <ul style="list-style-type: none"> to initiate treatment with acamprosate and review the patient in accordance with the agreed structured care programme; or, continue to prescribe acamprosate as part of a shared care arrangement where treatment has been initiated and stabilised by the specialist service
3	To re-refer the patient or seek specialist advice from the psychiatrist, physician or specialist team as necessary. Note: Any concern regarding need for referral, including chaotic lifestyle or relapse, should be discussed with the psychiatrist or member of specialist team.
4	To deal with general health issues of the patient.
5	Monitor concordance with therapy in partnership with the Substance Misuse Services. Particular care should be taken in establishing arrangements for obtaining repeat prescriptions.

Patient's role (or that of carer)

1	Report to the specialist or GP if he or she does not have a clear understanding of the treatment.
2	Attend appropriate GP and other follow up appointments
3	Share any concerns in relation to treatment with acamprosate
4	Use written and other information on the medication.
5	Seek help urgently if suspect side effects, or otherwise unwell.

Because of the multidisciplinary approach of the Substance Misuse Services, some of the responsibilities may be shared with other professionals involved in the patient's care.

SUPPORTING INFORMATION

Diagnosis and assessment

[NICE CG115](#) recommends monthly supervision by specialist support at least monthly, for 6 months, and at reduced but regular intervals if the drug is continued after 6 months.

Treatment is licensed for up to 12 months.

Specialist support for the duration of treatment will be provided through community drug and alcohol service providers. Other appropriate non-statutory agency e.g. Alcoholics Anonymous, Turning Point may also provide specialist support.

Dosage and Administration

Adults within the age range 18-65 years:

- 2 tablets three times daily with meals (2 tablets morning, noon and night) in patients weighing 60kg or more.
- In patients weighing less than 60kg, 4 tablets divided into three daily doses with meals (2 tablets in the morning, 1 at noon and 1 at night).
- **The recommended treatment period is one year.**

The double dose can be tailored to the needs of the patient and does not always need to be administered with breakfast. Tablets should be taken with meals.

Treatment with acamprosate should be initiated as soon as possible after the withdrawal period and should be maintained if the patient relapses.

Monitoring

No specific monitoring requirements relating to treatment with acamprosate are required. Do not use blood tests routinely, but consider them to monitor for recovery of liver function and as a motivational aid for service users to show improvement.

Contraindications

Acamprosate is contraindicated:

- in patients with a known hypersensitivity to the drug
- in pregnant women and lactating women
- in cases of renal insufficiency (serum creatinine >120 micromol/L)
- in cases with severe hepatic failure (Childs-Pugh Classification C)

Special Warnings

Acamprosate does not constitute treatment for the withdrawal period.

Acamprosate does not prevent the harmful effects of continuous alcohol abuse. Continued alcohol abuse negates the therapeutic benefit; therefore acamprosate treatment should only be initiated after the withdrawal period, once the patient is abstinent from alcohol.

Because the interrelationship between alcohol dependence, depression and suicidality is well-recognised and complex, it is recommended that alcohol-dependent patients, including those treated with acamprosate, be monitored for such symptoms.

Side Effects

Side-effects tend to be mild and transient and are predominantly gastrointestinal (diarrhoea and, less frequently, nausea, vomiting and abdominal pain) or dermatological (mainly pruritis, occasionally maculopapular rash and rare cases of bullous skin reactions have been reported).

Fluctuation in libido and psychiatric disorders, mainly depression, have been reported.

Drug Interactions

Acamprosate does **not** interact with alcohol, barbiturates or benzodiazepines.

This list is not exhaustive. The manufacturer's summary of product characteristics (SPC) and the most current edition of the British National Formulary should be consulted for full information on contra-indications, warnings, side-effects and drug interactions.

References

1. Campral EC® (Merck Serono) Summary of Product Characteristics. March 2015
2. NICE CG115 Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. Feb 2011

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