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WELCOME

**Home Alcohol Withdrawal
and Relapse Prevention**

Dr John Smart and Dr Chester Omana

Wednesday 17 February 2021



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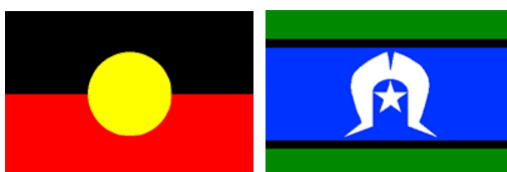
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ACKNOWLEDGEMENT OF COUNTRY



The Sydney North Health Network wishes to acknowledge Australia's Aboriginal people as the custodians of this land.

We pay our respect and recognise their unique cultures and customs and honour their Elders past, present and future.



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Housekeeping



- Your microphone and video will be disabled during this webinar

- Q&A**



Please use the Q&A box in the panel at the bottom of your screen to submit questions to the presenters. If we do not have time to answer all the questions, we will endeavour to respond in a follow-up email.

- Chat**



Use the chat box in the panel at the bottom of your screen to interact with other attendee's and presenters.

If you are on a mobile device, tap Participants, then Chat. Select who you would like to send the message to by clicking on the drop down next to "To" e.g. All Panelists and Attendees

- This meeting **will be recorded**, and a transcript of the chat-box will be used to circulate relevant comments and resources
- An Evaluation** will be available at the completion of this webinar and will be emailed to you the next day.



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Sydney North HealthPathways

List of pathways related to Alcohol
Addiction and Drug Misuse Alcohol

Addiction and Drug Misuse Requests
[Drug and Alcohol Treatment](#)
[Drug and Alcohol Support](#)
[Drug and Alcohol Advice](#)
[Problem Gambling Counselling](#)
[Emergency Department Review](#)

Mental Health
[Non-urgent Adult Mental Health Review](#)
[Urgent Mental Health Review](#)
[Anxiety in Adults](#)
[Depression in Adults](#)
[E-Mental Health Services, Treatment and Support Programs](#)

Family & Community
[Suicide Prevention in Adults](#)
 Child At Risk
[Domestic Violence](#)
[Fitness to Drive](#)
Medical
[Liver Conditions](#)



<https://sydneynorthhealthnetwork.org.au/programs/healthpathways/>
 Primary care username: **healthpathways**
 Primary care password: **gateway**



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Sydney North HealthPathways

Alcohol

Red flags

- ▶ Gastrointestinal bleeding
- ▶ Signs of severe withdrawal e.g., seizures, delirium tremens
- ▶ Wernicke's encephalopathy (confusion, ataxia, nystagmus)

Background

[About alcohol](#)

Assessment

Not all individuals with dependent alcohol use have a history of withdrawal or abnormal physical or biochemical findings.

1. Routinely screen all patients aged 15 years and older for alcohol use. Be mindful patients don't often present with alcohol or other drug use as their primary complaint.
 - Use general questions to screen broadly for substance use
 - Use an alcohol-specific screening tool, particularly when screening vulnerable populations
 - When screening, keep in mind the recommendations on alcohol intake
2. History – ask about:
 - Current and past alcohol use
 - Specific effects of alcohol use
 - Dependence
 - Withdrawal symptoms



<https://sydneynorth.communityhealthpathways.org/16539.htm>
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SPEAKER INTRODUCTION



Dr John Smart | GP MBBS DRACOG RACGP FChAM (RACP)

- ◆ Dr Smart works in a general practice in Hornsby and has dual interests in both Primary Care and Addiction Medicine. He was a Foundation Fellow of the Chapter of Addiction Medicine and has worked in major teaching hospitals and in the community in AOD and has a longstanding interest in the treatment of viral hepatitis.

Dr Chester Omana | Addiction Psychiatrist Faculty of Addiction Psychiatry of RANZCP

- ◆ Dr Omana is an Addiction Psychiatrist at RNSH. Previously director of the Prince of Wales mental health rehabilitation unit, he is particularly interested in co-morbid addiction and psychiatric/personality disorders.



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RELAPSE PREVENTION MEDICATION



Dr. John Smart

General Practitioner and Addiction Medicine Specialist



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ALISON'S STORY



- ◆ Alison
- ◆ Her mother
- ◆ Her grandparents
- ◆ Calling it out
- ◆ Exile
- ◆ All our communities and their carers



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HOME ALCOHOL WITHDRAWAL

CONTENTS



- ◆ Concepts
- ◆ Patient Selection
- ◆ Structure and Protocol
- ◆ Case discussions



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POLL – PRECLUDING CONDITIONS

IT'S ANONYMOUS



The following conditions preclude home withdrawal

- ◆ 1/ Previous complicated withdrawal
- ◆ 2/ History of seizures
- ◆ 3/ History of decompensated cirrhosis
- ◆ 4/ Daily alcohol intake of more than 12 standard drinks



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POLL ANSWERS



The following conditions preclude home withdrawal

- ◆ 1/ Previous complicated withdrawal? **Yes**
- ◆ 2/ History of seizures? **Yes**
- ◆ 3/ Decompensated cirrhosis? **Yes**
- ◆ 4/ Daily alcohol intake of more than 12 standard drinks? **Answer: More than 20 standard drinks**



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HOME ALCOHOL WITHDRAWAL

CONCEPTS



“Addiction is a chronic relapsing brain condition that, without treatment, tends to worsen over time”

A value free medical model



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HOME ALCOHOL WITHDRAWAL

CONCEPTS



“ Detox is not a treatment; rather it is a prelude to treatment”



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HOME ALCOHOL WITHDRAWAL

CONCEPTS– STANDARD DRINKS



- ◆ 10g alcohol = one standard drink
 - A middy of beer
 - A small or commercial standard glass of wine (100ML approx.)
 - A nip of spirits (approx. 30ml)
- ◆ A tinny of beer
 - 15g alcohol = 1.5 standard drinks
- ◆ A bottle of wine
 - 70-80g alcohol = 7.5 standard drinks
- ◆ A bottle of spirits (750mls)
 - ~240g alcohol = 24.0 standard drinks



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CONCEPTS – STANDARD DRINKS



For a general practice home detox <200g / 20 standard drinks



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HOME ALCOHOL WITHDRAWAL

CONCEPTS



Detoxification is not a Valium script!



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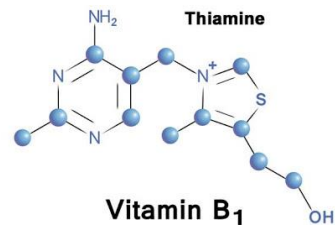
CONCEPTS - THIAMINE



Thiamine!

Thiamine!

Thiamine!



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HOME ALCOHOL WITHDRAWAL

CONCEPTS - THIAMINE



- ◆ **No Thiamine preloading = No Detox !!**
- ◆ At least 300mg daily for three days
- ◆ “Betamin” tabs / Vitamin B₁ 100mg



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HOME ALCOHOL WITHDRAWAL

CONCEPTS – COMPLICATIONS

Wernicke’s Encephalopathy



Eye signs

(nystagmus, ophthalmoplegia)

Ataxia

Confusion

- ◆ Caused by acute thiamine deficiency in brain energy pathways
- ◆ Brain cell death
- ◆ Potential persistent neurological deficit



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HOME ALCOHOL WITHDRAWAL

PATIENT SELECTION



- ◆ Alcohol consumption <200g, (< 20 standard drinks)
- ◆ ‘Uncomplicated’ patients only
- ◆ No serious uncontrolled medical conditions
- ◆ No serious or unstable psychiatric conditions
- ◆ No history of seizures
- ◆ No previous complicated detoxifications
- ◆ Not pregnant
- ◆ No decompensated cirrhosis – historical or current
- ◆ No polydrug users



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HOME ALCOHOL WITHDRAWAL

PATIENT SELECTION



- ◆ Daily attendance required at rooms
- ◆ Safe place of residence
- ◆ Is there a reliable carer?
- ◆ Ability to start early in week?
- ◆ Not fit for driving or work or other major commitments



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HOME ALCOHOL WITHDRAWAL

STRUCTURE AND PROTOCOL



“Structure” is important

Struggle to maintain the structure!



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HOME ALCOHOL WITHDRAWAL

STRUCTURE AND PROTOCOL



A regime for primary care

- ◆ Initial attendance and assessment
- ◆ Commence thiamine preloading 300mg for 3 days at least
- ◆ Set a start date early in the next week i.e. on a Monday or Tuesday
- ◆ Set a stop date for alcohol intake (the evening before)
- ◆ Plan daily morning attendance at rooms for 4-5 days
- ◆ Daily diazepam dispensing with written instructions



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HOME ALCOHOL WITHDRAWAL

STRUCTURE AND PROTOCOL



The Alcohol Withdrawal Syndrome

- ◆ Onset: 6-24 hours after last drinks
- ◆ Duration: 2-5 days with minor symptoms for a month
- ◆ Symptoms: excitatory or opposite of GABA effects
 - Tremor
 - Perspiration
 - Agitation
 - Tachycardia
 - Anxiety
 - Insomnia
 - Hallucination
 - (confusion, disorientation, seizures)



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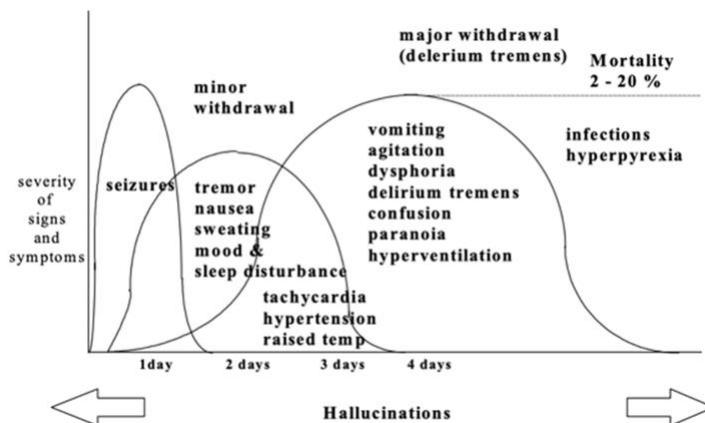
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STRUCTURE AND PROTOCOL

Time-line alcohol withdrawal symptoms



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HOME ALCOHOL WITHDRAWAL

STRUCTURE AND PROTOCOL



Medical management

- ◆ Daily reviews (morning) for up to five days
- ◆ Continue Thiamine 300mg daily for one week, then 100mg for a month or if resumes drinking.
- ◆ Daily Diazepam dispensing with written instructions
- ◆ Stock of Diazepam and Thiamine in surgery



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HOME ALCOHOL WITHDRAWAL

STRUCTURE AND PROTOCOL



Medical management

'Generic' regime; review daily and adjust

- ◆ Day 1: 5-10mg qid prn (e.g. 6am, 12pm, 6pm, midnight)
And 10mg spare
- ◆ Day 2: review yesterday's events and intake and redispense
- ◆ Day 3: 5mg qid prn and 5mg spare
- ◆ Day 4 & 5: Taper e.g. 5mg BD



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DISPENSED IN A LABELLED ENVELOPE



Dr John Smart
11/2/21.

• Mr/Mrs
• Valium/Diazepam 5mg Ten x five tabs
7am ONE or two tabs
1pm ONE or two tabs
7pm ONE or two tabs
11pm ONE or two tabs
Spacers: two tabs.



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HOME ALCOHOL WITHDRAWAL

STRUCTURE AND PROTOCOL

Diazepam and advanced liver disease

- ◆ Diazepam has a very long half life
- ◆ Accumulates when there is advanced liver dysfunction
- ◆ Always check for history of decompensated cirrhosis
- ◆ Needs specialist setting (and oxazepam)



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HOME ALCOHOL WITHDRAWAL

AFTERCARE



Where the value really is.

Anyone can detox but staying “dry” long term is what is important!



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HOME ALCOHOL WITHDRAWAL

JANE

Background

- ◆ 47-year-old mathematics teacher
- ◆ Intercurrent social anxiety, asthma and eczema
- ◆ R_x escitalopram 30mg
- ◆ Family: husband with chronic pain syndrome treated with opioids,
- ◆ 20-year-old son with Asperger’s syndrome,
- ◆ Home life described as ‘poor’
- ◆ Future plans: masters of data science
- ◆ Alcohol intake: two bottles champagne most days for months (150g)
- ◆ Previous uncomplicated home detoxes



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HOME ALCOHOL WITHDRAWAL

JANE



Presentation

- ◆ Recent consumption—3 bottles champagne yesterday
- ◆ No Thiamine
- ◆ Wants to start detox NOW



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HOME ALCOHOL WITHDRAWAL

JANE



Management

- ◆ Sent away to preload Thiamine 300mg daily
- ◆ Day 1
 - returns early the next week , no alcohol overnight
 - clinically—quite settled, HR 80
 - R_x Diazepam 5-10mg qid and 10mg spare prn
- ◆ Day 2
 - dry, continues thiamine, used 35mg diazepam
 - Clinically—settled, HR 72
 - R_x 40mg Diazepam dispensed
 - Discussed 12 steps program and other support groups
 - Given HDH DAGs contact , Dry Days app



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HOME ALCOHOL WITHDRAWAL

JANE

Management

- ◆ Day 3
 - feels well, dry
 - Used 30mg Diazepam
 - Has made appointment with DAGs
- ◆ Day 4
 - some cravings and headaches, BP 160/95
 - used 30mg Diazepam
 - intake phone interview at HSC
 - 20g valium dispensed
 - chooses Smart Recovery group



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HOME ALCOHOL WITHDRAWAL

JANE

Management

- ◆ Regime diazepam tapered
- ◆ Day 10 – dry, no cravings
- ◆ Dry Days phone app
- ◆ DAGs & Smart Recovery
- ◆ No relapse prevention medications to date



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HOME ALCOHOL WITHDRAWAL

JANE



Progress

- ◆ 100 days dry
- ◆ Reviews
 - Weekly
 - Second weekly
 - Monthly



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HOME ALCOHOL WITHDRAWAL

PETER



Background

- ◆ 59 years
- ◆ Retired international pharmaceuticals industry executive
- ◆ Well known and well liked in the practice
- ◆ Divorced and re-partnered
- ◆ Hyperkinetic individual
- ◆ Brother in UK with ADHD and criminality (antisocial personality disorder?)
- ◆ Longstanding intermittent alcohol dependence



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HOME ALCOHOL WITHDRAWAL

PETER



Medical history

- Depression/anxiety longstanding
- Transient heart failure and atrial fibrillation 2017 (Cricket test binge related?)
- Hypertension
- Multiple musculoskeletal issues (ex-sportsman)



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HOME ALCOHOL WITHDRAWAL

PETER



Presentation

- ◆ Unscheduled mid-week presentation with partner
- ◆ In a poor state
- ◆ Consumption—one bottle vodka daily for two weeks ~240g alcohol daily
- ◆ Thiamine 300mg daily during a Covid bender
- ◆ Had already commenced his detox at home
- ◆ On examination
 - Teary
 - Agitated
 - HR 120
 - Slight tremor

Where to now?



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HOME ALCOHOL WITHDRAWAL

PETER

Management

- ◆ Wants to detox at home with partner's support
- ◆ Diazepam 40mg dispensed and 20mg reserve given
- ◆ Risks discussed
- ◆ Advised to attend A&E if deteriorating



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HOME ALCOHOL WITHDRAWAL

PETER

Management

Day 2

- Tremor, restlessness
- General worse state
- 60mg Diazepam used in last 24 hours
- Attended A&E overnight
- Now looking for a private detox



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HOME ALCOHOL WITHDRAWAL

PETER



Further management

- ◆ 3-week admission to Sydney Private (Bondi)
- ◆ Alcoholic hepatitis
- ◆ ? mild pancreatitis
- ◆ Discharge polypharmacy
 - Pristiq: Desvenlafaxine 100mg
 - Belsomra: Suvorexant (Orexine antagonist, a hypnotic) 20mg
 - Campral: Acamprosate 660mg tds
 - Antabuse: Disulfiram 200mg
 - Thiamine 100mg



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HOME ALCOHOL WITHDRAWAL

PETER



Progress

- ◆ Patient discontinued all relapse medications
- ◆ Back on Mirtazapine 30mg
- ◆ AA groups / Zoom
- ◆ Minor relapse at Day 80
- ◆ Now going well



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RELAPSE PREVENTION MEDICATION



Dr. Chester Omana

Addiction Psychiatrist, NSLHD Drug and Alcohol Service



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RELAPSE PREVENTION MEDICATION



ELEMENTS OF TREATMENT

- ◆ Engaging the patient
 - Brief intervention, motivational interviewing
- ◆ Withdrawal management if required
- ◆ Relapse prevention
 - Structured counselling - CBT, MI, etc
 - Peer support - AA, Smart Recovery
 - Medications
 - Residential rehabilitation



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RELAPSE PREVENTION MEDICATION



MEDICATIONS FOR ALCOHOL DEPENDENCE- RELAPSE PREVENTION

- ◆ Effects of alcohol on CNS neurotransmitters has led to development of treatments
- ◆ All agents are recommended > 6 months
- ◆ Disulfiram, Naltrexone and Acamprosate are TGA approved and show superior effectiveness when combined with psychosocial interventions



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POLL – RELAPSE PREVENTION MEDS



IT'S ANONYMOUS

1/ Medications used for relapse prevention that **decrease alcohol craving** include

- ◆ Acamprosate (Campral)
- ◆ Naltrexone
- ◆ Disulfiram (Antabuse)

2/ Which medication **reduces alcohol reward**?

- ◆ Acamprosate (Campral)
- ◆ Naltrexone
- ◆ Disulfiram (Antabuse)

3/ Which medication can **reduce anxiety**?

- ◆ Acamprosate (Campral)
- ◆ Naltrexone
- ◆ Disulfiram (Antabuse)



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POLL ANSWERS



- ◆ 1/ Medications used for relapse prevention that **decrease alcohol craving**?
 - **Answer – Acamprosate (Campral)**
- ◆ 2/ Which medication **reduces alcohol reward**?
 - **Answer - Naltrexone**
- ◆ 3/ Which medication can **reduce anxiety**?
 - **Answer - Acamprosate (Campral)**



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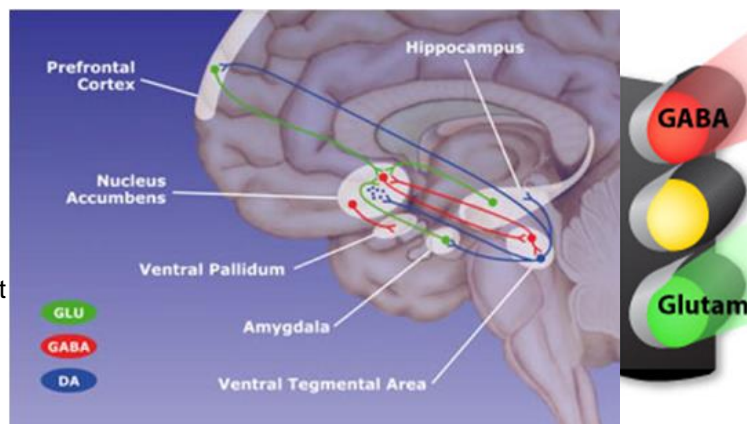
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REWARD CIRCUIT



- ◆ DA —>
 - ◆ NAc (Pleasure, motor)
 - ◆ Lets move to it
 - ◆ Amygdala (Emotional tagging)
 - ◆ This was pleasurable
 - ◆ Hipp (Memories / context)
 - ◆ Let me remember all about it
 - ◆ PFC (Attention, planning)
 - ◆ Lets attend to it



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ALCOHOL EFFECT



- ◆ Alcohol use → Decr GABA VTA → Inc DA in reward pathway + opiates → Pleasure
- ◆ Lack of alcohol → down regulate GABA → Inc Glu VTA + NA → Agitation
- ◆ Alcohol → dec Glu VTA + NA → Calms and soothe → Reward and memory in Hip + Amy
- ◆ Trigger → Recall in hip + Amy → Craving



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RELAPSE PREVENTION MEDICATION

NALTREXONE (REVIA)



- ◆ Opioid antagonist – anticraving and antipleasure

Dose

50mg daily (can start at 25mg for 2/7 for tolerability)

- ◆ 20 years or less of regular drinking
- ◆ OR binge drinking - reduced days and amounts
- ◆ If the patient uses alcohol for positive effects
- ◆ If the patient's LFT's are < 3 x normal
- ◆ If the patient is not taking opiates
- ◆ If the patient intends to continue drinking but wants to drink less



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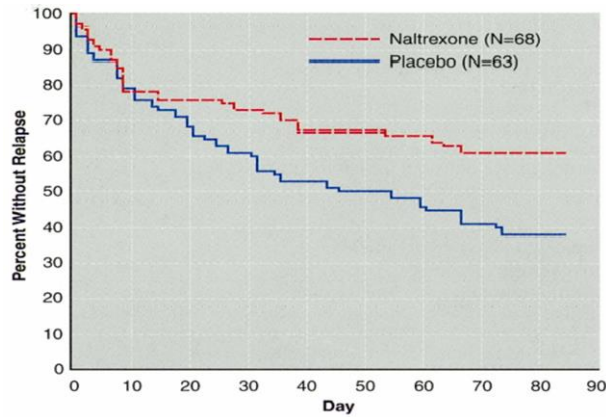
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RELAPSE WITH NATREXONE

ANTON 1999



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RELAPSE PREVENTION MEDICATION

ACAMPROSATE (CAMPRAL)



- ◆ Analogue of amino acid taurine → regulation GABA
- ◆ Although blockade of glutamate receptors may explain therapeutic action

Dose

Use acamprosate 666mg TDS - can start at 1/2 dose to reduce GI s/e

May reduce to 666mg BD if <60kg

CrCl 30-50mL/min - 333mg TDS

CrCL <30ml/min contraindicated

Mild -mod hepatic impairment - no dosage change necessary



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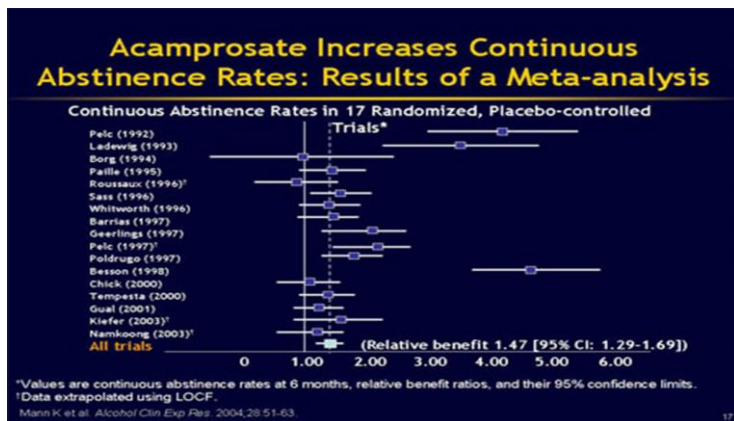
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RELAPSE PREVENTION MEDICATION

ACAMPROSATE

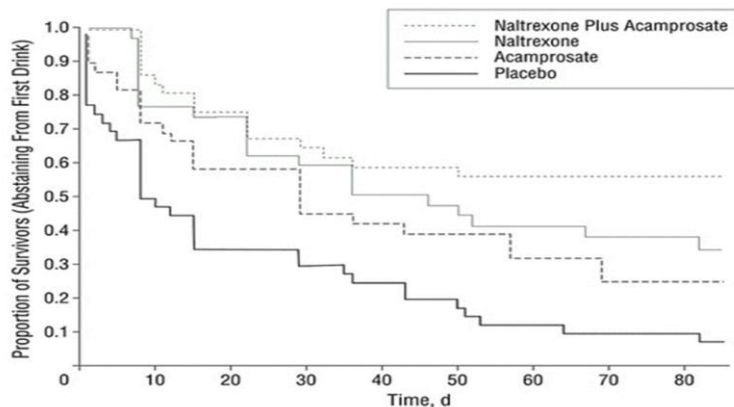


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RELAPSE PREVENTION MEDICATION

NALTREXONE AND ACAMPROSATE



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RELAPSE PREVENTION MEDICATION

DISULFURAM (ANTABUSE)



- Irreversible inhibitor of aldehyde dehydrogenase → blocks metabolism of acetaldehyde → increases acetaldehyde →
- **if drinks alcohol →aversive experience and negative conditioning**

Dose

200-400mg daily (Start at 100mg for 2/7 to improve tolerability)

- ◆ Better suited for motivated persons
- ◆ If the patient is not taking opiates
- ◆ If abstinence is the goal



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RELAPSE PREVENTION MEDICATION

DISULFURAM



- ◆ When supervised may be the most effective pharmacotherapy
- ◆ Need to check LFTs at 4-6 weeks
- ◆ Need to avoid all alcohol
- ◆ Should cease 7-10 days before resuming drinking alcohol
- ◆ But
 - Not subsidised on PBS (~\$70/month)
 - Need to be relatively healthy
 - Need careful education before use



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RELAPSE PREVENTION MEDICATION

MEDICATIONS—MECHANISM OF ACTION



| | Acamprosate | Naltrexone | Disulfiram |
|-------------------|-------------|------------|------------|
| Craving | | | |
| Residual anxiety | | | |
| Reward of alcohol | | | |
| Aversive reaction | | | |



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RELAPSE PREVENTION MEDICATION

MEDICATIONS—MECHANISM OF ACTION



| | Acamprosate | Naltrexone | Disulfiram |
|-------------------|-------------|------------|------------|
| Craving | ↓ | | |
| Residual anxiety | ↓ | | |
| Reward of alcohol | | ↓ | |
| Aversive reaction | | | ✓ |



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RELAPSE PREVENTION MEDICATION

MEDICATIONS — CHOICE



| | Acamprosate | Naltrexone | Disulfiram |
|---------------------------------|-------------|------------|------------|
| Once daily dosing | - | ✓ | ✓ |
| Stops slips becoming relapses | - | ✓ | ✓ |
| Assists with anxiety & insomnia | ✓ | - | - |



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RELAPSE PREVENTION MEDICATION

MEDICATIONS — COMPLICATIONS



| Use in | Acamprosate | Naltrexone | Disulfiram |
|---------------|---------------|------------|------------|
| Cirrhosis | Not in severe | - | - |
| Renal failure | Precaution | Precaution | - |
| Diabetes | ✓ | ✓ | - |
| Heart disease | ✓ | ✓ | - |



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RELAPSE PREVENTION MEDICATION

POTENTIAL/SPECIALIST MEDICATIONS FOR ALCOHOL DEPENDENCE



- ◆ Baclofen – addictive potential and overdose risk
- ◆ Topiramate
- ◆ Vivitriol - depot naltrexone - adherence
- ◆ Nalmefene
- ◆ Varenicline – male smokers
- ◆ Ondansetron
- ◆ Gabapentin – addictive potential
- ◆ Zonisamide
- ◆ Serotonin reuptake inhibitors - treat depression only

<http://store.samhsa.gov/shin/content/SMA15-4907/SMA15-4907.pdf>

<http://www.uptodate.com/contents/pharmacotherapy-for-alcohol-use-disorder>



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TOPIRAMATE



- 1.GABA-A agonist
- 2.AMPA/kainite glutamate antagonist
- Side-effects
 - •Paraesthesia •Taste perversion •Weight loss •Cognitive slowing •Poor conc/alertness/memory •Sedation •Nausea/diarrhoea •Dizziness •Abnormal skin sensations
- Prescribing
 - Begin at a dose of 25mg nocte Titrate gradually every 4 days Increase to ~ 150 - 200mg/day in divided doses Can titrate to 300mg/day
- 3 RCTs
 - Reduced drinking days, drinks per day and heavy drinking days



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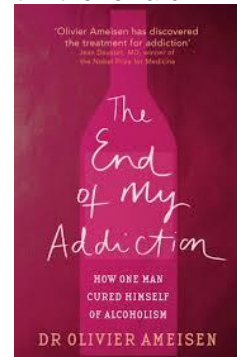
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BACLOFEN



- ◆ GABA-B receptor agonist
 - ◆ in limbic region - control of anxiety
 - ◆ Inhibits release of dopamine into NA and so decreases reinforcement in the reward pathway
- ◆ Dose: 10mg TDS (some use up to 270mg per day)
RCTs mixed resultst
Risk in overdose, risk of dependence



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SINCLAIR METHOD



- Opioid antagonist (50 mg of naltrexone or 18 mg of nalmefene) 1-2 hours prior to the first alcohol-containing drink of the day.
 - If no alcohol is being consumed, then no medication is required.
 - without fail for the rest of their life
- Goal --> Extinction of addiction (not the same as abstinence)- indifferent to alcohol
 - Dont white knuckle it
- Takes 3 months to 2 years
- Claims very high success rates but evidence base hard to find, but makes sense pharmacokinetically and behaviourally
- DOCUMENTARY - One Little Pill <https://www.onelittlepillmovie.com>



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TOPIRAMATE V NALTREXONE RCT RECRUITMENT

RANDOMISED TO 200MG TOPIRAMATE OR 50MG NALTREXONE



- ◆ 12 weeks
 - Medical appointments,
 - research appointments,
 - brief medication adherence counselling
 - Optional counselling (free)
 - blood sample for genotyping
- ◆ Inclusion Criteria:
 - Alcohol dependence according to DSM-V criteria
 - provide written informed consent
 - Age 18-70
 - Average weekly alcohol consumption
 - ≥ 25 stds for women and ≥ 30 stds for men

**Drinking too much?
Want to cut down?**

We are offering a free treatment program at Royal North Shore Hospital, Sydney as part of a world leading research trial. Includes:

Free medication

Free medical management (assessment, review, monitoring by specialists)

Free counselling (optional)

We have a great team, come in for a chat!

We look forward to hearing from you!

Telephone: 0474 110 954
Email: sydneyalcoholtreatmentgroup@gmail.com

*Please note: This program is approved by the Sydney Northern Local Health District (SNLHD) of the Sydney Local Health District. Any person who wishes to participate should first contact the research team at sydneyalcoholtreatmentgroup@gmail.com or 0474 110 954.



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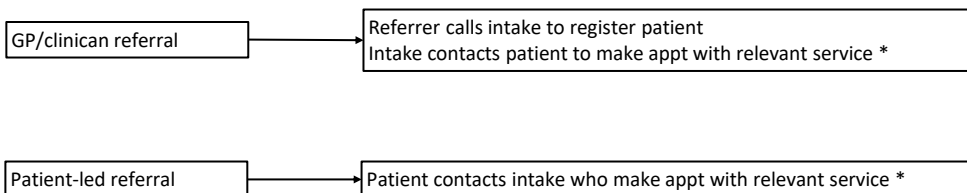
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To refer to Northern Sydney Local Health District Drug and Alcohol Services



**Centralised Intake number
1300 889 788**



* For example – D&A counselling, Addiction specialist outpatient appointment or arranging admission to inpatient unit



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OTHER REFERRAL OPTIONS



Northern Sydney LHD Drug and Alcohol Services Centralised Intake **1300 889 788**

Odyssey House - Services for adults including counselling, family support and Magistrates Early Referral into Treatment program (MERIT) 1800 397 739

SDECC Free Counselling services for young people 12-25 and their families (02) 9977 0711 <https://sdecc.org.au/>

Kedesh - NGO providing low-cost inpatient and outpatient rehabilitation services. Inpatient unit based in Mona Vale Hospital grounds (02) 9932 5356 Access.Phoenix@kedesh.com.au

Northside Group, St Leonards - Private inpatient and outpatient rehabilitation services 02 9433 3555 <https://www.northsidegroup.com.au/Our-Programs/Drug-and-Alcohol-Treatment>

South Pacific Private, Curl Curl Private inpatient rehabilitation services 1800 063 332 <https://southpacificprivate.com.au/addictions/drug-substance-abuse/>

AA (Alcoholics Anonymous) 1300 222 222



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RESOURCES FOR GPs



DASAS (Drug and Alcohol Specialist Advisory Service) for health professionals. One on one advice regarding clinical diagnosis and management of patients with drug and alcohol issues. Quick response generally Ph 1800 023 687

AOD Clinical Attachments with NSLHD Drug & Alcohol Service addiction specialists and addiction psychiatrists – 40 CPD points available. Contact Pat Simmonds psimmonds@snhn.org.au

HealthPathways <https://sydneynorth.communityhealthpathways.org/16539.htm> Username: healthpathways Password: gateway (18 Alcohol related pathways available)

Northern Sydney local health district Drug and alcohol service— brochure of specific services (North shore, Ryde, Hornsby and Northern beaches) <https://sydneynorthhealthnetwork.org.au/wp-content/uploads/2018/04/DA-Brochure-March-2018-V2.pdf>



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RESOURCES FOR GPs

FURTHER RESOURCES



Alcohol Withdrawal Scale (AWS) available on HealthPathways 'Alcohol' Page

Severity Of Alcohol Dependence Questionnaire

<https://www.smartcjs.org.uk/wp-content/uploads/2015/07/SADQ.pdf>



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Thank you for participating, please click the link available after this window closes to complete the Evaluation.

This link will also be emailed to you tomorrow.

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