

	Mech:	Risk	Dose	Result
Naltrexone	Competitive antagonist U opioid receptor. Reduce cravings	Hepatotoxic: Avoid in hepatitis, cirrhosis (mod-severe) or opioid use	Start at 25mg and advance to 50mg, up to 100mg daily	- NNT 20: abstinence -NNT 12: decr heavy drinking days
Acamprosate	Balancing neuronal excitation. Reduce withdrawal distress	NOT Hepatotoxic: safe in pts drinking or with liver disease	666mg TID Renally dose for CrCl	- NNT 20: abstinence -Increased duration of abstinence
Disulfiram	Aversion therapy irreversibly blocks aldehyde dehydrogenase	Hepatotoxic: must be abstinent Dose dependent effect: higher the concentration = resp depression, coma, death	250mg to 500mg daily Combining with alcohol will increase risk de to increase acetaldehyde	-Fast acting -Only used in control inpatient setting -Less tolerated
Topiramate	Increased GABA and inhibit Glutamate	Not FDA approved for alcohol Congenital birth defects	75mg daily and titrate to 300mg per day	-Effective in pts still drinking -Increased abstinence days -Reduced GGT - Reduce heavy drinking days
Gabapentin	Can bind voltage calcium channels.	Off label, can cause drowsiness. GI side effects	Start 300 once daily but effects achieved at 600mg TID	-As effect as other medications -Improved outcomes w/ Naltrexone - Useful in active withdrawal

- ▶ SAMHSA's National Helpline, 1-800-662-HELP (4357)
- ▶ Walter Reed Addiction Treatment Services, (301) 400-1298
- ▶ USN: DAPA – Drug and Alcohol Program Advisor
- ▶ USMC: SARP – Substance Abuse Rehab Program
- ▶ USA: ASAP – Army Substance Abuse Program
- ▶ USAF: ADAPT – Alcohol and Drug Abuse Treatment Program
- ▶ National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Abuse	Dependence
Risk of bodily harm	W
Relationship / Social Trouble	T
Role Failure	C
Legal Issues	C
	C
	C
	C