

Medications coupled with counseling can be an effective treatment for AUD.^{1, 2}

Policymakers should support access and funding for the screening and option of treatment of alcohol dependence with counseling and FDA-approved medications.

There are four Federal Drug Administration approved medications used in the treatment of alcohol dependence.³ Medications should be part of a comprehensive management program that includes psychosocial support.

Acamprosate Calcium⁴

Indication: For the maintenance of abstinence from alcohol in patients with alcohol dependence who are abstinent at treatment initiation. Treatment with acamprosate calcium should be part of a comprehensive management program that includes psychosocial support.

Dosage: The recommended dose of acamprosate calcium delayed-release tablets is two 333 mg tablets (each dose should total 666 mg). A lower dose may be effective in some patients.

Frequency of Dosage: Three times daily.

Route of Administration: Oral.

Disulfiram⁵

Indication: As an aid in the management of selected chronic alcohol patients who want to remain in a state of enforced sobriety so that supportive and psychotherapeutic treatment may be applied to best advantage. Disulfiram is not a cure for alcoholism. When used alone, without proper motivation and supportive therapy, it is unlikely that it will have any substantive effect on the drinking pattern of the chronic alcoholic.

Dosage: 250 mg and 500 mg tablets.

Frequency of Dosage: Daily.

Route of Administration: Oral.

Oral Naltrexone⁶

Indication: In the treatment of alcohol dependence and for the blockade of the effects of exogenously administered opioids. Naltrexone hydrochloride tablets have not been shown to provide any therapeutic benefit except as part of an appropriate plan of management for the addictions.

Dosage: 50 mg tablet.

Frequency of Dosage: Daily.

Route of Administration: Oral.

Naltrexone for Extended-Release Injectable Suspension⁷

Indication: For the treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment. Patients should not be actively drinking at the time of initial administration. Treatment with extended-release naltrexone should be part of a comprehensive management program that includes psychosocial support.

Dosage: Injectable suspension containing 380 mg of naltrexone in a microsphere formulation in a single-dose vial.

Frequency of Dosage: Every 4 weeks/ once a month.

Route of Administration: Intramuscular (IM) gluteal injection.

1. O'Malley, S.S., and O'Connor, P.G. Medications for unhealthy alcohol use: Across the spectrum. Alcohol Research & Health 33(4): Page 300. 2011. 2. Substance Abuse and Mental Health Services Administration and National Institute on Alcohol Abuse and Alcoholism, Medication for the Treatment of Alcohol Use Disorder: A Brief Guide. HHS Publication No. (SMA) 15-4907. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015. Page 2. <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4907.pdf>. 4. Acamprosate calcium tablet, delayed release [package insert]. Mahwah, NJ: Glenmark Pharmaceuticals Inc, USA; 2016. <https://dailymed.nlm.nih.gov/dailymed/fda/drugXsl.cfm?setid=43e9ef60-2d85-4394-906b-93042fea099a&type=display>. 5. DISULFIRAM [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc.; 2015. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=a49396ee-da77-42df-b94c-130d2fb3dfbc>. 6. NALTREXONE HYDROCHLORIDE [package insert]. Webster Groves, MO: Mallinckrodt Pharmaceuticals; 2017. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=06ff2d5a-e62b-4fa4-bbdb-01938535bc65>. 7. https://www.accessdata.fda.gov/drugsatfda_docs/label/2010/021897s015lbl.pdf.