

## Acamprosate Shared Care Guideline

### Introduction

<p><b>General statements</b></p>	<ul style="list-style-type: none"> <li>• NICE Guideline CG115 (Alcohol-use disorders) recommends the use of acamprosate in combination with an individual psychological intervention, after successful withdrawal from moderate to severe alcohol dependence</li> <li>• The patient will receive supplies of the drug from the the specialist community alcohol service until the transfer of shared care is agreed between consultant and primary care prescriber.</li> <li>• The primary care prescriber must reply in writing to the request for shared care within two weeks if <u>unwilling</u> to participate.</li> <li>• The responsibility for prescribing and monitoring must be documented clearly in the patient's specialist community alcohol service notes and general practice notes.</li> <li>• Shared care should only be considered when the patient's clinical condition is stable or predictable.</li> </ul>
<p><b>Indication</b></p>	<p>Acamprosate (Campral®) is licensed as therapy to maintain abstinence in alcohol-dependent adult patients . It should be combined with individual psychological intervention.</p>

### Individual's Responsibilities

<p><b>Specialist Community Alcohol Service specialist's responsibilities</b></p>	<ul style="list-style-type: none"> <li>•Assess patient's suitability for treatment</li> <li>•Discuss the benefits and side effects of treatment with the patient or carer and document it in their records</li> </ul> <p>Specialist Community Alcohol Service must initiate treatment (on an in-patient or out-patient basis) and continue treatment for at least 6 months or until the patient is stable</p> <ul style="list-style-type: none"> <li>• Acamprosate should be stopped if drinking persists 4–6 weeks after starting the drug</li> <li>•Ask the GP whether he or she is willing to participate in shared care and agree with the GP as to who will discuss the agreement with the patient</li> <li>•Promptly inform the GP of any results of investigations and changes in treatment following hospital admission or out-patient consultation</li> <li>•Assess potential adverse events and report these to the MHRA (Yellow Card Scheme)</li> <li>•Stop treatment when indicated, or advise the GP on when and how to stop treatment</li> <li>•Ensure clear backup arrangements exist for GPs, for advice and support</li> <li>•Specialist needs to enclose Shared Care guidance document with the letter when requesting GP to take over prescribing.</li> </ul> <p>Specialist should indicate specific diagnosis clearly in their letter. They</p>
--	---

Approved by South West Yorkshire Area Prescribing Committee for use in the population covered by the geographical area of the Calderdale, North Kirklees, Greater Huddersfield, Wakefield, Bradford City and Bradford Districts CCGs.

# Acamprosate Shared Care Guideline

	<p>should also make sure the diagnosis is covered by the SCG before requesting GPs to take over prescribing.</p> <p>Baseline monitoring to be done by Specialist Community Alcohol Service is</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> LFTs, U&amp;E's</li> <li><input type="checkbox"/> Disease monitoring</li> <li><input type="checkbox"/> Patient should be monitored for abstinence every 6 months</li> </ul>
<b>Primary care prescriber's responsibilities</b>	<ul style="list-style-type: none"> <li>➤ The patient will receive supplies of the drug from the specialist community alcohol service until the transfer of shared care is agreed between consultant and primary care prescriber.</li> <li>➤ The primary care prescriber must reply in writing to the request for shared care within two weeks if unwilling to participate.</li> <li>➤ The responsibility for prescribing and monitoring must be documented clearly in the patient's specialist community alcohol service notes and general practice notes.</li> <li>➤ Shared care should only be considered when the patient's clinical condition is stable or predictable.</li> </ul> <p>GP to only prescribe acamprosate after communication with the specialist.</p> <ul style="list-style-type: none"> <li>➤ Refer back to the specialist if patient relapses (If the GP is unsure whether to stop treatment they should contact a member of the specialist services for advice) Specific information is available on request on how to monitor this.</li> <li>➤ Check patient weight every 6 months and adjust dose according to information in dosage section</li> <li>➤ If any patients have been prescribed acamprosate beyond 1 year/ordering irregularly/not within the last 1-2 months – STOP – review and refer to specialist service if alcohol use remains a significant problem</li> <li>➤ Report potential adverse events to the specialist and MHRA (Yellow Card Scheme)</li> <li>➤ Stop treatment on the advice of the specialist, or if the patient relapses</li> </ul>
<b>Monitoring required</b>	<p>Specialist Community Alcohol Service or GP depending on who is taking responsibility for the prescribing to monitor</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> LFTs every 6 months</li> <li><input type="checkbox"/> Disease monitoring</li> <li><input type="checkbox"/> Patient should be monitored for abstinence every 6 months</li> <li><input type="checkbox"/> Weight every 6 months</li> </ul> <p>Initiation should be by specialist services (Specialist Alcohol Team or Shared Care GP practices). There are no specific recommendations regarding monitoring of LFTs however, it may be prudent to check them every 6 months.</p> <p>Patients should be monitored at least monthly for 6 months, less frequently if continued on treatment after 6 months. If patient is not compliant with regime or ordering erratically they should be referred back to specialist service.</p>
<b>Information given to the patient</b>	<p>The Specialist service should discuss with the patient, and their family or carers the proposed treatment, including the possible side effects, and to obtain their agreement and commitment to proceed. To arrange for complementary psychological treatment.</p>
<b>Contact details</b>	<p>To be included in specialist's letter</p>

## Product Information

*Approved by South West Yorkshire Area Prescribing Committee for use in the population covered by the geographical area of the Calderdale, North Kirklees, Greater Huddersfield, Wakefield, Bradford City and Bradford Districts CCGs.*

*Approved on – 12.12.2017*

*Review Date – 11.12.2020*

*Page 2 of 3*

# Acamprosate Shared Care Guideline

<b>The information in this Shared Care Guideline should be used in conjunction with the latest edition of the BNF and Summary of Product Characteristics</b>	
<b>Dosage and administration</b>	<p>The dose is dependent on the patients' weight. Adjust the dose according to the weight of the patient as below;</p> <p>For adults 18-65 years of age</p> <p>Patients &gt;60kg should take 333mg x 2, three times a day (total 6 tablets 2 tablets morning, noon and night )</p> <p>Patients &lt; 60kg should take 333mg x four per day divided into three daily doses with meals (2 tablets in the morning, 1 at noon and 1 at night).</p> <p>The recommended treatment period is one year. If patient wishes to continue beyond 12 months they need to be assessed by the Specialist Service.</p> <p>The treatment can be stopped abruptly although many patients prefer to reduce slowly as it gives them more confidence.</p> <p>If a patient lapses it may be worth continuing the treatment for a while (e.g. 4 - 6 weeks) as they may re-achieve abstinence and the acamprosate will still be present in the body and levels will not have dropped. If it is clear the patient is not going to re-achieve abstinence the acamprosate should be withdrawn.</p>
<b>Adverse effects</b>	<p>Refer to the current BNF and Summary of Product Characteristics <a href="http://www.medicines.org.uk/emc/">www.medicines.org.uk/emc/</a></p> <p>Side effects</p> <p>Commonly</p> <ul style="list-style-type: none"> <li>• diarrhoea</li> <li>• abdominal pain</li> <li>• nausea, vomiting</li> <li>• flatulence</li> <li>• reduced libido</li> <li>• pruritis</li> <li>• maculo-papular rash</li> </ul> <p>Very rarely</p> <ul style="list-style-type: none"> <li>• hypersensitivity reactions, including urticaria, angio-oedema, anaphylactic reactions</li> </ul>
<b>Precautions and contra-indications</b>	<p>Refer to the current BNF and Summary of Product Characteristics (SPC) <a href="http://www.medicines.org.uk/emc/">www.medicines.org.uk/emc/</a></p> <p><b>Cautions:</b></p> <ul style="list-style-type: none"> <li>•Continued alcohol use</li> </ul> <p><b>Contraindications:</b></p> <ul style="list-style-type: none"> <li>•Severe hepatic failure e.g. a combination of the following symptoms - ascites, bilirubin &gt; 51micromol/litre, prolonged prothrombin time</li> <li>•Renal failure – avoid if serum creatinine greater than 120 micromol/litre</li> <li>•Pregnancy or breastfeeding</li> <li>•Should not be used in older people (&gt;65)or children(&lt;18)</li> </ul>
<b>Clinically relevant drug interactions and their management</b>	<p>Refer to the current BNF and Summary of Product Characteristics (SPC) <a href="http://www.medicines.org.uk/emc/">www.medicines.org.uk/emc/</a></p> <p>None reported. Acamprosate does not interact with alcohol.</p>