

## Disulfiram Shared Care Guideline

### Introduction

<b>General statements</b>	<ul style="list-style-type: none"> <li>This guideline sets out the details for the shared care of patients taking disulfiram.</li> <li>Disulfiram is used as an adjunct in the treatment of alcohol dependence. It gives rise to an extremely unpleasant systemic reaction after the ingestion of even a small amount of alcohol because it causes accumulation of acetaldehyde in the body; it is only effective if taken daily. Symptoms can occur within 10 minutes of ingesting alcohol and include flushing of the face, throbbing headache, palpitation, tachycardia, nausea, vomiting, and, with large doses of alcohol, arrhythmias, hypotension, and collapse; these reactions can last several hours. Small amounts of alcohol such as those included in many oral medicines may be sufficient to precipitate a reaction—even toiletries and mouthwashes that contain alcohol should be avoided. If this reaction occurs the patient should seek medical advice and a reaction should be treated in hospital.</li> <li>Alcohol should be avoided for at least 1 week after stopping treatment.</li> <li>Before initiating disulfiram, prescribers should evaluate the patient's suitability for treatment, because some patient factors, for example memory impairment or social circumstances, make compliance to treatment or abstinence from alcohol difficult.</li> <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 <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>
<b>Indication</b>	Adjunct in the treatment of alcohol dependence (under expert supervision)

### Individual's Responsibilities

<b>Specialist Community Alcohol Service specialist's responsibilities</b>	<ul style="list-style-type: none"> <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>➤ Identify suitable individuals</li> <li>➤ Specialist Community Alcohol Service must continue treatment for 6 months and prescribe until dose is stable.</li> <li>➤ Undertake baseline monitoring. The tests may be taken in primary care but should be reviewed by the specialist in making prescribing decisions.</li> <li>➤ During treatment with disulfiram, patients should be monitored at least every 2 weeks for the first 2 months, then each month for the following 4 months, and at least every 6 months thereafter.</li> <li>➤ Dose adjustments</li> <li>➤ Monitor patient's initial reaction to and progress on the drug.</li> <li>➤ Ensure that the patient has an adequate supply of medication until GP supply can be arranged. i.e. 4/52 supply together with dose titration as</li> </ul>
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	<p>appropriate.</p> <ul style="list-style-type: none"> <li>➤ Continue to monitor and supervise the patient according to this protocol, while the patient remains on this drug, and agree to review the patient promptly if contacted by the GP.</li> <li>➤ Provide GP with diagnosis, relevant clinical information and baseline results, treatment to date and treatment plan, duration of treatment before consultant review.</li> <li>➤ Provide GP with details of outpatient consultations, ideally within 14 days of seeing the patient or inform GP if the patient does not attend appointment</li> <li>➤ Provide GP with advice on when to stop this drug.</li> <li>➤ Provide patient with relevant drug information to enable (see attached patient information forms) informed consent to therapy.</li> <li>➤ Provide patient with relevant drug information to enable understanding of potential side effects and appropriate action.</li> </ul>
<p><b>Primary care prescriber's responsibilities</b></p>	<ul style="list-style-type: none"> <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>➤ Continue treatment as directed by the specialist.</li> <li>➤ Ensure no drug interactions with concomitant medicines.</li> <li>➤ To monitor and prescribe in collaboration with the specialist according to this protocol.</li> <li>➤ To ensure that the monitoring and dosage record is kept up to date.</li> <li>➤ Symptoms or results are appropriately actioned, recorded and communicated to secondary care when necessary.</li> <li>➤ Stop medication if the patient repeatedly fails to collect prescriptions. • If any patients have been prescribed disulfiram beyond 6 months/ordering irregularly/not within the last 1-2 months – STOP – review and refer to specialist service if alcohol use remains a significant problem.</li> </ul>
<p><b>Monitoring required</b></p>	<p>Monitoring - LFTs should be checked before commencement of and at regular intervals as below throughout treatment - disulfiram treatment should be withheld if liver enzymes are elevated ten or more times than normal</p> <p>During treatment with disulfiram, patients should be monitored at least every 2 weeks for the first 2 months, then each month for the following 4 months, and at least every 6 months thereafter. Patient should be medically monitored at least every 6 months after the initial 6 months of treatment and monitoring.</p>
<p><b>Information given to the patient</b></p>	<p>Specialist service to 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.</p> <ul style="list-style-type: none"> <li>•To inform patient must be alcohol free for 24hrs before taking the medication.</li> <li>•To avoid alcohol, alcohol containing products and others advised by specialists.</li> <li>•Patient must be warned that a disulfiram-alcohol reaction is potentially dangerous.</li> <li>•Specialist Community Alcohol Service must warn patient of the rapid and unpredictable onset of the rare complication of hepatotoxicity; advise patient that if they feel unwell or develop a fever or jaundice that they should stop taking disulfiram and seek urgent medical attention ie attend A &amp; E.</li> <li>•Patient should be advised that disulfiram should be taken regularly not just when required to ensure complete abstinence from alcohol</li> </ul>

*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*

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<b>Contact details</b>	To be included in specialist's letter
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## Product Information

**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>Dosage and administration</b>	<p>The standard dose is 200mg daily (increased if necessary up to 500mg daily). Subsequently, daily dosing should continue at 1 or half a tablet daily for as long as advised by the physician but no longer than six months without review.</p> <p>There is no need for a loading dose to start treatment. The treatment is usually continued for approximately 6 – 12 months but some patients wish to continue for longer. There is no reason why disulfiram cannot be continued if well tolerated. However if patient wishes to continue after 12 months patient should be referred back to specialist community alcohol service.</p>
<b>Adverse effects</b>	<p>Refer to the current BNF and Summary of Product Characteristics for the drug</p> <p>Side effects Commonly</p> <ul style="list-style-type: none"> <li>• drowsiness</li> <li>• fatigue</li> <li>• halitosis</li> <li>• nausea</li> <li>• reduced libido</li> <li>• vomiting</li> </ul> <p>Rare</p> <ul style="list-style-type: none"> <li>• Allergic dermatitis</li> <li>• depression</li> <li>• hepatic cell damage</li> <li>• mania</li> <li>• paranoia</li> <li>• peripheral neuritis</li> <li>• psychotic reactions</li> <li>• schizophrenia</li> </ul>
<b>Precautions and contra-indications</b>	<p>Refer to the current BNF and <a href="http://www.medicines.org.uk/emc/">www.medicines.org.uk/emc/</a></p> <p>The following are cautions to disulfiram and require discussion with the team, the prescriber and the patient in balancing the risk and benefits of treatment.</p> <ul style="list-style-type: none"> <li>• Liver disease</li> <li>• Moderately elevated liver function tests (approx. 5x above normal)</li> <li>• Epilepsy</li> <li>• Diabetes</li> </ul> <p>Contraindications:</p> <ul style="list-style-type: none"> <li>• Cardiac failure</li> <li>• Coronary artery disease</li> <li>• History of stroke</li> <li>• Hypertension (uncontrolled)</li> <li>• Psychosis</li> <li>• High suicidal risk</li> </ul>

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	<ul style="list-style-type: none"> <li>• Renal failure</li> <li>• Pregnancy or breast feeding</li> <li>• Severe personality disorder</li> <li>• Acute porphyrias</li> </ul> <p>Contra-indications are not absolute. There will be cases where the known risks of continuing to drink alcohol will outweigh the potential risk of prescribing. If prescribing goes ahead after assessing the risks/benefits, reasons should be clearly documented</p>
<b>Clinically relevant drug interactions and their management</b>	<p>Refer to the current BNF and <a href="http://www.medicines.org.uk/emc/">www.medicines.org.uk/emc/</a></p> <p>Important to check reactions in BNF with:</p> <ul style="list-style-type: none"> <li>• Warfarin</li> <li>• Phenytoin</li> <li>• Benzodiazepines – metabolism is inhibited, increasing sedative effect</li> <li>• Amitriptyline and other tricyclic antidepressants</li> <li>• Metronidazole</li> <li>• Aminophylline</li> </ul>