

# Acamprosate in alcohol dependence

This information should be read in conjunction with the product information literature from the distributor.

Acamprosate is used to reduce relapse in alcohol dependent individuals (see also [Naltrexone in alcohol dependence \(PDF 280KB\)](#) factsheet).

## 1. Mode of action

Acamprosate is a GABA-like drug that acts on the same glutamatergic NMDA receptor system affected by chronic alcohol use. When used in alcohol dependent patients, acamprosate is associated with reduction of alcohol cravings and increased rates of abstinence from alcohol use.

It is NOT an aversive agent and drinking while taking it will not cause any ill-effects (besides the relapse to drinking).

## 2. Indications

Acamprosate is a PBS Streamlined Authority item for alcohol dependent individuals as part of a comprehensive treatment plan with a goal of abstinence. A plan that involves regular GP review will meet PBS requirements.

## 3. Treatment considerations

Acamprosate is generally safe and well-tolerated, and adverse effects (pruritus, diarrhoea, abdominal pain and nausea) are rarely severe enough to require discontinuation of therapy.

Acamprosate has no significant drug interactions and in particular does not block opioid drugs.

Acamprosate is contraindicated in severe (Childs-Pugh C) liver failure and LFTs should be a routine part of the work up on commencing acamprosate therapy.

Acamprosate can be initiated following alcohol withdrawal, although may have neuroprotective benefits if commenced early in detoxification. As it does not interact with alcohol, patients do not need to be advised to cease acamprosate if they relapse.

Cessation does not result in a withdrawal or discontinuation syndrome.

Acamprosate may be given in combination with naltrexone and there is some evidence for benefit of this combination over monotherapy.

The safety of acamprosate in pregnancy and breastfeeding has not been established.

Dose of acamprosate for adults over 60kg is 2x333mg tablets TDS. If under 60kg reduce dose to 2 tabs in morning, 1 in early afternoon and 1 in evening.

## 4. Duration of therapy

There is no optimum duration of acamprosate treatment, although benefit beyond 12 months has not been demonstrated.

For further information see package insert, contact the distributor or contact Drug and Alcohol Clinical Advisory Service (DACAS).

## 5. Patient information on acamprosate

Information for patients can be found in the factsheet [Acamprosate \(Campral\) Patient-client information \(PDF 66KB\)](#).

## Disclaimer

This information is a general guide for the management of alcohol withdrawal. Consultation with a specialist drug and alcohol service such as the Drug and Alcohol Clinical Advisory Service (DACAS) is recommended for patients using multiple drugs or with serious medical or psychiatric conditions. Telephone DACAS on (08) 7087 1742. The drug doses given are a guide only and should be adjusted to suit individuals.

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## For more information

### Drug and Alcohol Clinical Advisory Service (DACAS)

Specialist support and advice for health professionals

Telephone: (08) 7087 1742

8:30am - 10pm 7 days/week including public holidays

[HealthDACASEnquiries@sa.gov.au](mailto:HealthDACASEnquiries@sa.gov.au)



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