ACAMPROSATE anti-craving medication for alcohol dependence — Clinician Information

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

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. The number needed to treat is 1 in 12. It is not an aversive agent, and drinking while taking it will not cause any adverse effects.

- Acamprosate is slowly absorbed from the gastrointestinal tract over a period of four hours.
- Peak concentrations are reached after five to seven hours and steady state levels are achieved after seven days.
- Acamprosate is not metabolised significantly in the liver and is excreted unchanged in the urine.
- Elimination half-life of Acamprosate is between 13 and 28 hours.

Indications

Acamprosate is a PBS streamlined authority item (code 15559) 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.

Treatment considerations

Acamprosate is generally safe and well-tolerated. Adverse effects such as 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 renal failure and severe liver failure: renal function and liver function tests should be a routine part of the workup when commencing Acamprosate therapy. It can be initiated immediately following alcohol withdrawal, although it may have neuroprotective benefits if commenced earlier 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. It may be given in combination with naltrexone. There is some evidence for benefit of this combination over monotherapy.

We do not know if it's safe in pregnancy and breastfeeding. The dose will be 2 x 333 mg tablets 3 times daily if you are over 60 kg. If you are under 60 kg, reduce the dose to 2 tablets in the morning followed by 1 in the afternoon and 1 in the evening. The dosing can also be changed to three tablets twice daily if compliance is an issue and under 60kg.

Renal Impairment Dosage Adjustments

According to the Australian Product Information:

- **Normal renal function (CrCl >80 mL/min):**
    - Standard dose: 666 mg (2 tablets) three times daily
- **Mild renal impairment (CrCl 50-80 mL/min):**
    - Reduced dose: 333 mg (1 tablet) three times daily
- **Moderate renal impairment (CrCl 30-49 mL/min):**
    - Further reduced dose: 333 mg (1 tablet) twice daily
- **Severe renal impairment (CrCl <30 mL/min):**
    - Contraindicated

Note: Creatinine clearance (CrCl) should be calculated using the Cockcroft-Gault formula for dosage adjustment purposes, rather than using eGFR. Regular monitoring of renal function is recommended, particularly in older patients.

Duration of therapy

There is no optimum duration of Acamprosate treatment, we recommend 6-12 months, benefit beyond 12 months has not been demonstrated.

Patient Information

https://www.airdetox.au/resources/