Treatment Planning for Ben

Knowledge Sharing

Participants will be pre-assigned into small groups within Zoom breakout rooms to discuss the case in 15 minutes and then conclude with a large group discussion.

Treatment Plan for Ben (Alcohol Use Disorder)

- Faculty will lead a brief overview of Ben's case.
- Work with your group to develop an appropriate treatment plan to propose for Ben. Refer to the information provided about **Medications for Withdrawal Management** and **Alcohol Use Disorder Treatment Medications**.
- Answer the questions below in relation to this case.
- Faculty will call "time" and bring the group together for discussion. Group leaders will be called upon to answer each of the questions below.

Ben – Treatment for Alcohol Use Disorder

Case Information

Ben is a 38-year-old man who is referred by Drug Court after multiple arrests for disorderly conduct. He has been drinking for many years, and his alcohol use disorder has resulted in his wife leaving him and loss of his job in the film industry. He has poor social support. He has had multiple attempts at sobriety and has attended AA sporadically as well as having several short stints in counseling. He knows that he will go to jail if he relapses, and he is asking for help to control his craving. He reports that he has tapered his drinking to "a few beers per day" for the last week.

On physical exam Ben has normal vital signs but is mildly tremulous. He is mildly tender in the right upper quadrant of his abdomen. Labs show elevated transaminases (approximately twice the upper limit of normal), with normal albumin, platelets, and PT/INR.

Key Considerations

1. Would you treat Ben initially as an outpatient or an inpatient?
2. How would you treat withdrawal symptoms? Which medication(s) would you use?
3. Which medication(s) would you recommend for maintenance?
4. What is the proposed duration of treatment?
5. What other treatment(s) you would recommend in addition to medication?
6. What harm reduction options would you consider?

Medications for Substance Use Disorder Treatment

Alcohol Use Disorder Treatment Medications

FDA-Approved

Naltrexone is effective in reducing heavy drinking when used in the oral form (50mg/day) or the long-acting injectable form (Vivitrol®, 380 mg monthly). It reduces craving for alcohol and makes drinking alcohol less pleasurable. It is a mu-opioid antagonist which precludes its use in patients who take opioids. It can occasionally cause hepatic impairment and should be used cautiously in patients with liver disease.

Acamprosate (Campral®) is administered as an oral medication (666 mg TID), and acts at the GABA and glutamate receptors. It appears to be most effective for maintaining abstinence, rather than decreasing heavy drinking. It decreases post-withdrawal anxiety. It can be used in patients with significant liver disease but is renally excreted and contraindicated in renal failure.

Disulfiram (Antabuse®) acts by causing unpleasant symptoms when alcohol is consumed. The medication interrupts the normal metabolism of alcohol and causes a build-up of acetaldehyde, which produces symptoms of nausea, vomiting, flushing, dyspnea, among others. A typical dose is 250 mg daily. Care must be taken to avoid all forms of alcohol (e.g. in mouthwash) in order to avoid symptoms. It is contraindicated in patients with severe coronary disease or psychosis. It works best when supervised daily administration of the medication is provided, in order to avoid non-adherence.

Off-label

Topiramate acts at both GABA and glutamate receptors and is associated with both a decrease in heavy drinking days and an increase in the number of days abstinent. The dose is slowly titrated up from 25 mg per day to a maximum of 150 mg po BID. It may be started while patients are still drinking and can cause a gradual reduction in intake. Side effects include mental slowing, weight loss and paresthesias.

Gabapentin is thought to act as a calcium modulator at presynaptic terminals inhibiting the release of glutamate. Its use is associated with increased rates of abstinence and a decrease in heavy drinking. The preferred dose is 1800 mg/day. Side effects include sedation and dizziness. Some evidence suggests that combining naltrexone and gabapentin is helpful in improving naltrexone adherence and decreasing insomnia and may be more effective than either medication alone.