

Medicines To Treat Alcohol Use Disorder

A Review of the Research for Adults



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Is This Information Right for Me?

Yes, this information is right for you if:

- Your doctor* said you have alcohol use disorder and need to stop drinking or cut down the amount you drink.
- You have decided to stop or cut down your drinking.

This information may *not* be helpful to you if:

- You are under age 18.† The information in this summary is from research on adults.

What will this summary tell me?

This summary will tell you about:

- What alcohol use disorder is
- Medicines to treat alcohol use disorder
- What research says about how well the medicines work
- Possible side effects of the medicines
- Things to talk about with your doctor

Note: Medicines are usually used with talk therapy (also called “psychotherapy”) and support groups to treat alcohol use disorder. This summary only reviews research on medicines to treat alcohol use disorder.

Note: Alcohol abuse** and alcohol dependence†† were once considered separate disorders. They have now been combined into one disorder – alcohol use disorder – that can range from mild to severe.

** Alcohol use that interferes with your daily life, affects your relationships with others, or puts you in danger.

†† Needing to drink more alcohol to feel the same effect, not being able to stop alcohol use, and/or having withdrawal symptoms.

* In this summary, the term doctor refers to your health care professional, including your primary care doctor, nurse practitioner, psychiatrist, or physician assistant.

† Although the legal drinking age in the United States is 21, the information in this summary is from research on people 18 years of age and older.

Where does the information come from?

Researchers funded by the Agency for Healthcare Research and Quality, a Federal Government research agency, reviewed studies on medicines to treat alcohol dependence and alcohol use disorder published between January 1970 and October 2013. The report included 135 studies and was reviewed by health care professionals, researchers, experts, and the public. You can read the report at www.effectivehealthcare.ahrq.gov/alcohol-disorder.



Understanding Your Condition

What is alcohol use disorder?

Alcohol use disorder is a medical condition that happens when drinking alcohol causes serious problems. It can be a long-term or lifelong condition and could come back after treatment.

Symptoms of alcohol use disorder include:

- You drink more or for longer than you intended.
- You wanted to stop drinking or cut back but could not.
- You spend a lot of time getting alcohol, drinking it, or recovering from its effects.
- You have a strong craving or urge to drink.
- Your drinking interferes with your daily life and causes problems at home, work, or school.
- You keep drinking even though it has caused problems in your relationships with others.
- Your drinking has caused you to stop doing things you enjoy.
- Your drinking has put you in danger (for example, driving while drunk, having unsafe sex, or taking part in other unsafe activities).
- You keep drinking even though it has caused or worsened your physical or mental health problems.
- You have developed a tolerance to alcohol.
 - » You have to drink more than you used to in order to feel the effects of alcohol.
 - » You do not feel the same effects of alcohol from the amount you used to drink.
- You have alcohol withdrawal.
 - » When you stop drinking, you have symptoms such as nausea, sweating, or shakiness or you feel restless, anxious, or depressed.
 - » You have to drink to ease or avoid the withdrawal symptoms.

Alcohol use disorder can be mild to severe, depending on the number of symptoms a person has.

- **Mild:** Two or three symptoms
- **Moderate:** Four or five symptoms
- **Severe:** Six or more symptoms

Who is at risk for alcohol use disorder?

The risk of alcohol use disorder may run in some families. A person's environment may also play a role. Other things, such as having low self-esteem or being impulsive, may raise the risk of alcohol use disorder.

Drinking beyond the limits* listed in the chart below may raise the risk of developing alcohol use disorder.

For:	Limit drinking to:
Men aged 65 years or younger	<ul style="list-style-type: none">■ No more than 14 drinks in 1 week■ With no more than 4 drinks in 1 day
Men older than 65 years	<ul style="list-style-type: none">■ No more than 7 drinks in 1 week■ With no more than 3 drinks in 1 day
Women of all ages	<ul style="list-style-type: none">■ No more than 7 drinks in 1 week■ With no more than 3 drinks in 1 day

* From the National Institute on Alcohol Abuse and Alcoholism and the U.S. Preventive Services Task Force.

The amount in “one drink” depends on the type of alcohol:

- For beer (5-percent alcohol), one drink is a 12-ounce bottle.
- For wine (12-percent alcohol), one drink is a 5-ounce glass.
- For liquor (80 proof), one drink is 1.5 ounces.

Note: The drink limits listed above are for people who have not been diagnosed with alcohol use disorder, who are not pregnant, and who do not have a condition in which drinking may be harmful (such as liver disease).

For people who have been diagnosed with alcohol use disorder or who have a condition in which drinking may be harmful, even one drink may be too many.

How common is alcohol use disorder?

- In the United States, 17 million adults aged 18 years or older have alcohol use disorder.
- Alcohol use disorder is more common in men than in women.
 - » Out of every 100 men, 17 will have alcohol use disorder in their lifetime.
 - » Out of every 100 women, 8 will have alcohol use disorder in their lifetime.

What harm can alcohol use disorder cause?

- Alcohol misuse is the third leading cause of preventable death in the United States, after tobacco use and being overweight.
- People with alcohol use disorder are three to four times more likely to die early than those without alcohol use disorder.
- People with alcohol use disorder also have a higher risk of:
 - » High blood pressure
 - » Liver problems
 - » Pancreas problems
 - » Stomach problems
 - » Nerve problems
 - » Heart disease
 - » Stroke
 - » Cancer
 - » Sleep problems
 - » Low bone density
 - » Depression, anxiety, or other mental problems
 - » Anemia (a very low number of red blood cells)
 - » Injury

Understanding Your Options

How is alcohol use disorder treated?

Treatment for alcohol use disorder may include talk therapy (also called “psychotherapy”), support groups, medicines, or a combination of treatments. Alcohol use disorder can be a long-term condition, like high blood pressure or asthma. You may need treatment over a long period of time.

Medicines are usually used with talk therapy and support groups to treat alcohol use disorder. The medicines are usually taken once people have stopped drinking to help keep them from starting to drink again.

Remember: Alcohol use disorder can be a long-term or lifelong condition, and it could come back after treatment. It may take several tries before you are able to stop drinking.

Talk Therapy and Support Groups

- **Cognitive behavioral therapy:** This type of therapy helps you change your thinking and behaviors that lead to drinking.
- **Motivational enhancement therapy:** This type of talk therapy uses your internal strengths to encourage and motivate change.
- **12-step programs (such as Alcoholics Anonymous®):** These programs use support groups and sponsors to help you go through the process to stop drinking.
- **Other support groups:** There are many support groups to help people stop drinking (for example, SMART Recovery®, LifeRing Secular Recovery, Secular Organizations for Sobriety, and Women for Sobriety).

Medicines To Treat Alcohol Use Disorder

Your doctor may suggest a medicine to help treat your alcohol use disorder. Medicines are usually used together with talk therapy and support groups.

- **Acamprosate (Campral®):** This medicine was approved by the U.S. Food and Drug Administration (FDA) to treat alcohol dependence*. It helps rebalance chemicals in the brain that may be changed by drinking too much.
- **Disulfiram (Antabuse®):** This medicine was approved by the FDA to treat alcohol dependence*. If you drink alcohol, this medicine causes unpleasant effects, such as nausea, vomiting, headache, flushing (reddening of the face, neck, or chest), sweating, and chest pain. These effects can last for an hour or longer.
- **Naltrexone (Revia®, Vivitrol®):** This medicine was approved by the FDA to treat alcohol dependence*. It works by decreasing the craving for alcohol.
- **Topiramate (Topamax®, Trokendi XR®, Qudexy XR®):** This medicine was approved by the FDA to treat seizures and prevent migraine headaches. Some doctors also use it to treat alcohol use disorder. It helps rebalance chemicals in the brain and helps correct the electrical activity of brain cells.

* Alcohol abuse and alcohol dependence were once considered separate disorders. They have now been combined into one disorder – alcohol use disorder.

Note: The FDA approves medicines for certain uses. Doctors often prescribe medicines for conditions other than their FDA-approved uses.

The chart below gives more information about each medicine. It also tells what researchers have found about how well the medicines work to treat alcohol dependence and alcohol use disorder.

Medicine (Brand Name)		
How It Is Taken	How It Affects Drinking	Other Information
Acamprosate (Campral®)		
Two pills taken three times a day	This medicine helps some people stop drinking or drink less often.	<ul style="list-style-type: none"> ■ People who have had severe kidney problems should not take this medicine. People who have had mild or moderate kidney problems should talk with their doctor about taking this medicine.
Disulfiram (Antabuse®)		
One pill taken once a day	There is not enough research to know for sure if this medicine works to treat alcohol use disorder.	<ul style="list-style-type: none"> ■ This medicine is usually offered to people who want to stop drinking but who cannot take acamprosate or naltrexone. ■ This medicine should only be given to people who understand that it will cause unpleasant effects if they drink alcohol. ■ This medicine should never be given to anyone without his or her knowledge or to someone who may forget that they took it. ■ People should wait at least 12 hours after they stop drinking to start taking this medicine. ■ People with severe heart disease or serious mental illness should not take this medicine. ■ This medicine can cause liver damage. Tell your doctor right away if you have signs of liver problems.*
Naltrexone (Revia®, Vivitrol®)		
One pill taken once a day	This medicine helps some people stop drinking or drink less often.	<ul style="list-style-type: none"> ■ People who take opioid medicines should not take this medicine. ■ People with severe liver problems should not take this medicine. Tell your doctor if you have ever had liver disease or hepatitis.
Shot given once a month	This medicine appears to help some people drink less often, but more research is needed to know for sure.	<ul style="list-style-type: none"> ■ The shot is for people who have a hard time taking daily pills. ■ The shot costs more than the pills.
Topiramate (Topamax®, Trokendi XR®, Qudexy XR®)		
One pill taken once or twice a day	This medicine helps some people drink less often.	<ul style="list-style-type: none"> ■ This medicine was made to treat seizures and prevent migraine headaches, but some doctors also now use it to treat alcohol use disorder.

*Signs of liver problems can include feeling tired and weak, nausea, vomiting, yellowed skin or eyes (jaundice), and dark-colored urine.

Note: This summary only reviews research on medicines to treat alcohol use disorder. It does not review research on other types of treatment, such as talk therapy and support groups.

What are possible side effects of medicines to treat alcohol use disorder?

The FDA lists the following possible side effects for medicines to treat alcohol dependence and alcohol use disorder.

Medicine (Brand Name)	Possible Side Effects
Acamprosate (Campral®)	<ul style="list-style-type: none"> ■ Weakness ■ Decreased appetite ■ Diarrhea ■ Gas ■ Nausea ■ Anxiety ■ Depression ■ Dizziness ■ Dry mouth ■ Trouble sleeping ■ Itching ■ Sweating ■ Numbness or tingling*
Disulfiram (Antabuse®)	<ul style="list-style-type: none"> ■ Drowsiness ■ Tiredness ■ Headache ■ Impotence† ■ Acne ■ Skin rash ■ Metallic or garlic taste in the mouth
Naltrexone (Revia®, Vivitrol®)	<p>Both the pill and shot forms can cause:</p> <ul style="list-style-type: none"> ■ Nausea ■ Headache ■ Dizziness ■ Nervousness ■ Tiredness ■ Trouble sleeping ■ Vomiting ■ Anxiety ■ Drowsiness <p>The shot form can also cause:</p> <ul style="list-style-type: none"> ■ A reaction at the place where the shot was given (itching, swelling, or a hardened spot)** ■ Muscle cramps ■ Decreased appetite
Topiramate (Topamax®, Trokendi XR®, Qudexy XR®)	<ul style="list-style-type: none"> ■ Numbness or tingling* ■ Decreased appetite ■ Weight loss ■ Speech problems ■ Nausea ■ Tiredness ■ Dizziness ■ Drowsiness ■ Nervousness ■ Slowing of movement and speech ■ Vision problems ■ Fever ■ Memory problems ■ Changes in the taste of food ■ Upper respiratory tract infection ■ Pain in the belly ■ Diarrhea ■ Reduced sense of touch

* Usually in the arms, hands, feet, or legs.

† Not being able to get or keep an erection.

** This reaction may be severe and could cause scarring. People with a severe reaction may need surgery, but this is rare.

Making a Decision

What should I think about when deciding?

There are several things to think about when deciding which treatment is right for you. You may want to talk with your primary care doctor, nurse practitioner, psychiatrist, or physician assistant about:

- Your history of drinking and trying to stop
- If medicine might help treat your alcohol use disorder
- The possible benefits and side effects of the medicine
- Other treatments, such as talk therapy and support groups, that might also help
- The cost of treatment
- The importance of following your treatment plan
- Things your family and friends can do to support you

Ask your doctor

- Do you think a medicine might help me? If so, which medicine might work best for me?
- Do I need to stop drinking before taking the medicine?
- What side effects should I watch for?
- How long will I need to take the medicine before I know if it is helping?
- If the medicine helps, how long will I need to keep taking it?
- How often will I need checkups?
- What if I tried to stop drinking before and it did not work?
- Would it help for me to talk with a therapist or a counselor?
- What support groups can I go to for help?

Source

The information in this summary comes from the report *Pharmacotherapy for Adults With Alcohol-Use Disorders in Outpatient Settings*, May 2014. The report was produced by the RTI International–University of North Carolina Evidence-based Practice Center through funding by the Agency for Healthcare Research and Quality (AHRQ).

For a copy of the report or for more information about AHRQ, go to www.effectivehealthcare.ahrq.gov/alcohol-disorder.

Additional information came from the MedlinePlus® Web site, a service of the National Library of Medicine and the National Institutes of Health. This site is available at www.nlm.nih.gov/medlineplus.

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