BEDFORDSHIRE AND LUTON JOINT PRESCRIBING COMMITTEE SHARED CARE GUIDELINES FOR USE OF **DISULFIRAM** IN THE TREATMENT OF ALCOHOL DEPENDENCE

**PATIENT’S NAME:**
**PATIENT’S ADDRESS:**
**PATIENT IDENTIFIER:**
**SPECIALIST SERVICE NAME AND NUMBER**
**CONSULTANT’S NAME:**
**GP’s NAME:**

Occasionally, where patient benefits are demonstrated, dual therapy of medication may be prescribed, shared guidelines for each individual drug should be followed. Shared care guidance is available for the following drugs:
- Acamprosate
- Disulfiram
- Naltrexone

**Specialist Alcohol Services responsibilities:**

**Assessment and monitoring**
1. Confirm diagnosis. Obtain recent blood investigations including FBC, U & E’s and LFT (including GGT).
2. Discuss the benefits and side effects of treatment with the patient and alternative treatments available. Ensure that the patient understands the treatment and dosing regime, and which warning symptoms to report.
3. Where possible identify a carer or relative who can oversee the administration of disulfiram.
4. Ensure patient is aware of the interaction of disulfiram with alcohol and the seriousness of the interaction. Ensure patient is aware of this potential interaction with food, aerosol sprays and perfume etc. the symptoms of which may include flushing, nausea, palpitations and, more seriously, arrhythmias, hypotension and collapse.
5. Warn patients of the rapid and unpredictable onset of the rare complication of hepatotoxicity; advise service users that if they feel unwell or develop a fever or jaundice that they should stop taking disulfiram and seek urgent medical attention.
6. Provide written information relating to the medication and treatment, including patient responsibilities with regards to shared care.
7. Discuss family planning issues with patient whilst on treatment and associated risks.
8. Refer patient to Nurse Specialist if appropriate.
9. Provide ongoing psychosocial support as necessary during the treatment period
10. Review patient following 12 months of treatment if ongoing treatment is requested.

Prescribing arrangements
11. Initiate and stabilise treatment for the first three months i.e. provide a prescription at 2 months for the following 28 days.
12. Ensure compliance with any national advice (e.g. NICE, Public Health England), including increasing the dose from 200mg daily if not sufficient deterrent when taken for more than a week.
13. Cease prescribing when the client is not motivated to abstain from alcohol.

Communication
14. Following patient consent, advise the GP by standard letter of the diagnosis and treatment and invite the GP to share care. Send an electronic or paper copy of the shared care guidance. Advise GP of monitoring tests required, medication review intervals and initial recommended period of treatment.
15. Inform GP of previous, current and frequency of ongoing psychosocial interventions and provide updates on attendance.
16. Support the GP with specialist advice as required.
17. Communicate promptly with the GP in writing if/when the patient’s treatment has been reviewed by the specialist service.
18. Have a mechanism in place to receive rapid referral of a patient in the event of deteriorating clinical condition.
19. Ensure that clear backup arrangements exist for GPs to obtain advice and support.
20. Report severe adverse events to the MHRA and GP.

GP responsibilities

Assessment and monitoring
1. Arrange and monitor blood test results and response to disulfiram. These tests will be the LFT’s (including Gamma GT), U and E’s, FBC as baseline on referral, after 3 months and then at least 6 monthly.
2. Monitor the patient’s overall health and well-being when patient presents and at intervals agreed with specialist. Regular medication reviews should be done 3 months after referral and then at least at 6 monthly intervals. (Psychosocial support from specialist service to provide more regular reviews as per NICE guidance).

Prescribing
3. Prescribe disulfiram at the dose and regime recommended, and concomitant medication as directed for a maximum of 9 months (12 months total therapy).
4. Refer to specialist services if ongoing therapy is requested.
5. Comply with terms of any national advice on disulfiram e.g. MHRA guidance.
6. Stop treatment immediately if an urgent need arises and consult with specialist alcohol service. This could be if a patient repeatedly fails to attend follow up
appointments or develops a reaction to the prescribed medication or an interaction with other prescribed medication.

7. Check compatibility with other or new concomitant medication (e.g. computer-generated warnings).

8. At every contact with the patient review the treatment regime and check for side effects.

9. Cease prescribing when the client is not motivated to abstain from alcohol and inform specialist services

NOTE: Isolated incidents of non-attendance for blood tests are not a reason to cease prescribing. In the event of repeated non-attendance, GPs should discontinue treatment and inform the Specialist Alcohol Service.

Communication

10. Consult promptly with the specialist when test results are abnormal and when patient defaults from blood test appointments; adjust the dose or stop or change treatment as advised by the specialist.

11. Report adverse events to the specialist and MHRA.

12. The GP will end treatment after one year of treatment start or if the patient defaults from follow up arrangements. The GP can re-refer the patient to the alcohol team at any time for a review if needed.

13. Treatment can be continued for a second year if there are very clear benefits to treatment such as continuing abstinence from alcohol use and self-reported patient satisfaction with the treatment following referral and review by specialist services.

14. Inform specialist services of concerns regarding the patient's alcohol use.

Patient's responsibilities

1. Confirm use and understanding of written and other information on disulfiram.

2. Report to the specialist or GP if he or she does not have a clear understanding of the treatment.

3. Be aware that normally treatment will be continued for 12 months but may be continued beyond this following review by the specialist services.

4. Attend specialist service psychosocial support as agreed.

5. Share any concerns about treatment with disulfiram.

6. Report any adverse effects or warning symptoms to the GP or specialist alcohol service.

7. Inform specialist alcohol service or GP of any other medication being taken, including over-the-counter products or herbal remedies.

8. Report any changes to family planning arrangements to GP or specialist alcohol service.

9. Do not miss any blood tests or other appointments without first consulting the GP or specialist alcohol service.

DISULFIRAM SODIUM (ANTABUSE) TABLETS IN THE TREATMENT OF ALCOHOL DEPENDENCE (ADULT PATIENTS)

DRUG FACT SHEET

N.B. Brief information is outlined below. For further information consult the BNF (www.bnf.org.) or the Summary of Product Characteristics (www.medicines.org.uk)

Licensed indications
Alcohol deterrent compound. Disulfiram may be indicated as an adjuvant in the treatment of carefully selected and co-operative patients with drinking problems. Its use must be accompanied by appropriate supportive treatment.

Dosage as per BNF
Adults and elderly patients only: 200mg daily increased if necessary to a maximum of 500mg daily.
Children: Not applicable.

Disulfiram blocks the metabolism of alcohol and leads to an accumulation of acetaldehyde in the blood stream. The disulfiram-alcohol reaction can occur within 10 minutes of ingestion of alcohol and may last several hours. It is characterised by intense flushing, dyspnoea, headache, palpitations, tachycardia, hypotension, nausea and vomiting.

Supportive therapy should be available and measures may be necessary to counteract hypotension. Severe vomiting might occur requiring administration of intravenous fluids.

Caution
Caution should be exercised in the presence of renal failure, hepatic or respiratory disease, diabetes mellitus and epilepsy.

The patient should have adequate social and family support to avoid ingestion of alcohol. Suitable patients should not have ingested alcohol for at least 24 hours and must be warned that a disulfiram-alcohol reaction is potentially dangerous.
## Contraindications

Presence of cardiac failure, coronary artery disease, previous history of CVA, hypertension, severe personality disorder, suicidal risk or psychosis.

Patients must not ingest alcohol during or for up to 14 days after ceasing Disulfiram therapy. Patients must be warned of the unpredictable and potentially severe nature of a disulfiram-alcohol reaction as, in rare cases deaths have been reported following the drinking of alcohol by patients receiving disulfiram. Certain foods, liquid medicines, remedies, tonics, toiletries, perfumes and aerosol sprays may contain sufficient alcohol to elicit a disulfiram-alcohol reaction and patients should be made aware of this. Caution should also be exercised with low alcohol and “non-alcohol” or “alcohol-free” beers and wines, which may provoke a reaction when consumed in sufficient quantities. All personnel involved in the administration of disulfiram to the patient know that disulfiram should not be given during a drinking episode.

## Pregnancy and Lactation

**Pregnancy:** The use of disulfiram in the first trimester of pregnancy is not advised. The risk/benefit ratio in assessing adverse effects of alcoholism in pregnancy should be taken into account when considering the use of disulfiram in pregnant patients.

There have been rare reports of congenital abnormalities in infants whose mothers have received disulfiram in conjunction with other medicines.

**Lactation:** Should not be used. No information is available on whether disulfiram is excreted in breast milk. Its use during breast feeding is not advised especially where there is a possibility of interaction with medicines that the baby may be taking.

## Side effects

Disulfiram alone has low toxicity.

During initial treatment, drowsiness and fatigue may occur. Nausea, vomiting, halitosis and reduction in libido have been reported. If side effects are marked, the dosage may be reduced. Psychotic reactions, including depression, paranoia, schizophrenia and mania occur rarely in patients receiving disulfiram. Allergic dermatitis, peripheral neuritis and hepatic cell damage have also been reported.

**Effects On Ability To Drive And Use Machines:** May cause drowsiness or fatigue. Do not drive or operate machinery if affected.
Drug interactions

Disulfiram may potentiate the toxic effects of warfarin, phenytoin, chlordiazepoxide and diazepam by inhibiting their metabolism. The intensity of the disulfiram-alcohol reaction may be increased by amitriptyline and decreased by benzodiazepines e.g. diazepam, chlordiazepoxide. There is no interaction with oxazepam. Chlorpromazine decreases certain components of the disulfiram-alcohol reaction and may increase the overall intensity of the reaction.

Animal studies have indicated similar inhibition of metabolism of pethidine, morphine and amphetamines. A few case reports of increase in confusion and changes in affective behaviour have been noted with the concurrent administration of metronidazole, isoniazid or paraldehyde. Potentiation of organic brain syndrome and choreoathetosis following pimozide have occurred very rarely.

Disulfiram inhibits the oxidation and renal excretion of rifampicin.

Monitoring as per NICE

Clients should stay under specialist service supervision, at least every 2 weeks for the first 2 months, then monthly for the following 4 months and are medically monitored at least every 6 months after the initial 6 months of treatment and monitoring.

Cost

£31.00 for 50 tablets – Drug Tariff October 2014

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<tr>
<th>Specialist Service Details</th>
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References

- SPC Disulfiram accessed on line Nov 2014
- British National Formulary 67 April to September 2014