Alcohol Use Disorder in Cirrhosis

If patient has moderate to severe alcohol use disorder (more than 3 DSM 5 criteria), consider inpatient or outpatient referral to addiction services (811 or 1-866-332-2322), in conjunction with pharmacologic therapy. Pharmacologic therapies to prevent relapse have not been directly evaluated in patients with alcoholic hepatitis. Please review product monographs before prescribing and use all agents with careful monitoring (see cirrhosiscare.ca)

☐ Patient Education

Provide and review alcohol education handout: Alcohol and Drug Problems - Care Instructions
Available at: https://myhealth.alberta.ca/health/AfterCareInformation/pages/conditions.aspx?HwId=uh2996
Document teaching

☐ Medications

Select only one of the below medications. At discharge provide enough medication until follow-up with primary / specialty care and communicate plan with ambulatory provider.

○ Primary

Avoid acamprosate if concurrent renal failure from hepatorenal disease. Start after 3 to 5 days abstinence.

○ acamprosate, delayed release tablet (Weight greater than 60 kg AND GFR >50) ($5.06)
666 mg, oral, 3 times per day

○ acamprosate, delayed release tablet (Weight less than 60kg OR GFR 30-50) ($5.06)
333 mg, oral, 3 times per day

○ Secondary **(if contraindication to acamprosate)**

Gabapentin: Titrate as tolerated to 600 mg TID. Sedating. Can be used as an adjunct to treat withdrawal. Start low dose and adjust as tolerated in patients with renal insufficiency or hepatic encephalopathy.
Baclofen: Can be increased to a max of 15 mg PO TID (10 mg PO TID after 3-5 days). Dose adjustments needed with renal insufficiency. Sedating. Off-label use.

○ gabapentin capsule
100 mg, oral, 3 times per day

○ baclofen tablet
5 mg, oral, 3 times per day