

Alcohol Use Disorder in Cirrhosis Adult Panel

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

Once. First occurrence today at 1205

[Nursing is to provide and review alcohol education. Nursing is to go to discharge Navigator > References > References/Attachments link > additional search box. Find Alcohol and Drug Problems \(English\). Select handout, then print \(top right\). - Nursing to document teaching.](#)

Medications

Primary

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

acamprosate, delayed release tablet 666 mg (\$4.01)

666 mg, oral, 3 times per day, First Dose today at 1400
Do not crush, chew, or split.

acamprosate, delayed release tablet 333 mg (\$4.01)

333 mg, oral, 3 times per day, First Dose today at 1400
Do not crush, chew, or split.

Secondary

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 (\$0.11)

100 mg, oral, 3 times per day, First Dose today at 1400

baclofen tablet 5 mg (\$0.05)

5 mg, oral, 3 times per day, First Dose today at 1400