

How to Choose the Right AUD Pharmacotherapy for Patients

Clinical Considerations		Patient Response	Medications									
			<i>Naltrexone</i>	<i>Acamprosate</i>	<i>Topiramate</i>	<i>Ondansetron</i>	<i>Gabapentin</i>	<i>Baclofen</i>	<i>Varenicline</i>	<i>Disulfiram</i>		
Why drink?	Reward (It makes my life more enjoyable, more fun, better times, more confident and relaxed)		Orange									
	Relief (Because I had problems at work, with friends, family, didn't feel good, worried, couldn't sleep)			Pink	Green	Purple	Yellow	Yellow				
Early Onset AUD	AUD established by age 25					Purple						
	Rapid onset of disorder after 1st exposures					Purple						
	Blackouts					Purple						
	First degree relative with SUD					Purple						
	May get violent (4x)					Purple						
	Anti-Social Personality Traits					Purple						
Topiramate	Dramatic increase in anxiety and urge to drink when taking Sertraline or other SSRI					Purple						
	May also have Opiate Use Disorder (4x)					Purple						
	History or current significant use of Cocaine or Meth					Green						
	PTSD					Green						
	Anger management problem					Green						
	Migraines					Green						
	Borderline Personality Disorder					Green						
	Obesity/Eating Disorder					Green						
	History of Seizures					Grey		Grey				
	Anxiety							Yellow	Yellow			
Insomnia							Yellow	Yellow				
Heavy Smoking > 2ppd					Grey				Grey			
Acute/Chronic Liver Failure					Grey			Grey				
Hx of Disulfiram working for person and they prefer this to alternative meds that are more likely to work.										Grey		
Patient wants to "detox" at home in spite of being advised of risks of acute withdrawal.								Grey				
Notes: Remember, choose the med most likely to work and trial it. If first choice med is not helping to reduce symptoms or Etoh use despite dose adjustments as appropriate, then choose and trial the second most likely med to work. Don't stop trialing until success occurs. Counselling should also be pursued along with pharmacotherapy in keeping with patient's wishes.												
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