

How I Choose an AUD Pharmacotherapy

Step	Clinical Considerations		Patient Response	Medications								
				Naltrexone	Acamprosate	Topiramate	Gabapentin	Ondansetron	Baclofen	Varenicline	Disulfiram	
One	Why drink	Reward (Life more exciting, enjoyable, more fun, better times, more confident and relaxed)										
		Combination of Reward and Relief										
		Relief (Reduced irritability, to help forget problems at work, troubles with friends & family, poor sleep)										
Two	Early Onset AUD	AUD established by age 25										
		Rapid onset of disorder after 1st exposures										
		Blackouts										
		First degree relative with SUD										
		Anti-Social Personality Traits										
		4x more likely to also have an Opiate Use Disorder.										
		4x more likely to be incarcerated for viloent crime.										
		Sertraline caused a dramatic increase in anxiety and the urge to drink.										
Three	Topiramate	History or current significant use of Cocaine or Meth										
		PTSD										
		Anger management problem										
		Migraines										
		Borderline Personality Disorder										
		Obesity/Eating Disorder										
Four	Other Issues	Goal of reduced intake or abstinence										
		Goal of abstinence only										
		Use if Naltrexone and/or Acamprosate unsuccessful or contraindicated										
		History of Seizures										
		Anxiety										
		Insomnia										
		Heavy Smoking > 2ppd										
		Acute/Chronic Liver Failure										
		Hx of Disulfiram working for person and they prefer this to alternative meds that are more likely to work.										
		Patient wants to "detox" at home in spite of being advised of risks of acute withdrawal.										
Patient on an opiate (do not use Naltrexone).												
Five	Costs	Cost per Month if BC Collaborative Prescribing Agreement signed and deductible reached.										
		Cost per Month if BC Collaborative Prescribing Agreement not signed and/or deductible not reached.										
		Pharmacare Plan G does not reduce any of these costs, however, the following Plans do:										

Notes: Remember, choose the med most likely to work and trial it. If the first choice med is not helping to reduce symptoms or EtOH use, despite dose adjustments as appropriate, then discontinue 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. BCCSU AUD Guideline compatible info outlined in red borders.