



2018 APA Alcohol Use Disorder Guideline: Summary of Recommendations

By Flavio Guzman, MD

Editor

Psychopharmacology Institute

The American Psychiatric Association (APA) released a new practice guideline on the treatment of alcohol use disorder.

We reproduce below a summary of selected recommendations on pharmacotherapy.

Pharmacotherapies for Alcohol Use Disorder

Naltrexone or Acamprosate

APA recommends (1B) that naltrexone or acamprosate be offered to patients with moderate to severe alcohol use disorder who:

- have a goal of reducing alcohol consumption or achieving abstinence,
- prefer pharmacotherapy or have not responded to nonpharmacological treatments alone, and
- have no contraindications to the use of these medications.

Disulfiram

APA suggests (2C) that disulfiram be offered to patients with moderate to severe alcohol use disorder who:

- have a goal of achieving abstinence,
- prefer disulfiram or are intolerant to or have not responded to naltrexone and acamprosate,
- are capable of understanding the risks of alcohol consumption while taking disulfiram, and
- have no contraindications to the use of this medication

Topiramate or Gabapentin

APA suggests (2C) that topiramate or gabapentin be offered to patients with moderate to severe alcohol use disorder who:

- have a goal of reducing alcohol consumption or achieving abstinence,
- prefer topiramate or gabapentin or are intolerant to or have not responded to naltrexone and acamprosate, and
- have no contraindications to the use of these medications.

Recommendations Against Use of Specific Medications

Antidepressants

APA recommends (1B) that antidepressant medications not be used for treatment of alcohol use disorder unless there is evidence of a co-occurring disorder for which an antidepressant is an indicated treatment.

Benzodiazepines

APA recommends (1C) that in individuals with alcohol use disorder, benzodiazepines not be used unless treating acute alcohol withdrawal or unless a co-occurring disorder exists for which a benzodiazepine is an indicated treatment.

Pharmacotherapy in Pregnant or Breastfeeding Women

APA recommends (1C) that for pregnant or breastfeeding women with alcohol use disorder, pharmacological treatments not be used unless treating acute alcohol withdrawal with benzodiazepines or unless a co-occurring disorder exists that warrants pharmacological treatment.

Acamprosate in Severe Renal Impairment

APA recommends (1C) that acamprosate not be used by patients who have severe renal impairment.

Acamprosate in Mild to Moderate Renal Impairment

APA recommends (1C) that for individuals with mild to moderate renal impairment, acamprosate not be used as a first-line treatment and, if used, the dose of acamprosate be reduced compared with recommended doses in individuals with normal renal function.

Naltrexone in Acute Hepatitis or Hepatic Failure

APA recommends (1C) that naltrexone not be used by patients who have acute hepatitis or hepatic failure.

Naltrexone With Concomitant Opioid Use



APA recommends (1C) that naltrexone not be used as a treatment for alcohol use disorder by individuals who use opioids or who have an anticipated need for opioids.

Naltrexone for Co-occurring Opioid Use Disorder

APA recommends (1C) that in patients with alcohol use disorder and co-occurring opioid use disorder, naltrexone be prescribed to individuals who:

- wish to abstain from opioid use and either abstain from or reduce alcohol use and
- are able to abstain from opioid use for a clinically appropriate time prior to naltrexone initiation.

[Access the full text here](#)

Reference

Reus, V. I., Fochtmann, L. J., Bukstein, O., Eyler, A. E., Hilty, D. M., Horvitz-Lennon, M., ... & McIntyre, J. (2018). [The American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients With Alcohol Use Disorder](#). *American Journal of Psychiatry*, 175(1), 86-90.