

Safer Prescribing Tips from the Canadian Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder

Drs Evan Wood and Keith Ahamad

VCH Family Medicine Rounds Nov 27 2024 — Zoom AI Notes

(see <https://ubccpd.ca/learn/resources-recordings/toolkits/recordings-vch-family-practice-rounds> for recorded lecture)

Key points:

- Naltrexone and Acamprosate are underutilized in treating alcohol use disorder.
- SSRI antidepressants and antipsychotics are not effective for treating most mental health symptoms in the context of addiction.
- Consider gabapentin instead of lorazepam for tx of alcohol withdrawal, (one study showed that gabapentin reduced the probability of drinking during alcohol withdrawal.)

Concerns about antidepressants in tx of alcoholism:

- Pharmaceutical companies exclude people with substance use disorders from clinical trials of antidepressants
- There is potential harm of antidepressants on prognosis:
 - a study that showed fluoxetine and venlafaxine increased alcohol consumption in animals
 - a case report of 93 cases where SSRI-induced alcoholism was likely a common problem.
 - An editorial by Jonathan Chick, a psychiatrist from the UK, who summarized trials showing that SSRIs should be used with caution when patients are actively drinking.
 - a 1996 study comparing fluoxetine versus placebo, which showed a 20% higher relapse rate in those prescribed fluoxetine.
 - a study by Covi et al., which showed that combining SSRI treatment with a cognitive behavioral therapy or mental health intervention was most effective.
 - a study by Kransler and colleagues, which showed that alcoholic subtypes appeared to respond differently to SSRIs.
 - a study by a psychiatrist from the UK, which showed that patients in the Citalopram group had a higher number of heavy drinking days throughout the trial.

Antidepressants and other substances:

- a study of fluoxetine for smoking cessation, which showed that 6 months after the quit date, fluoxetine-treated participants were about 3 times more likely to be smoking.
- a study of methamphetamine use and sertraline, which concluded that sertraline was contraindicated.
- a study of venlafaxine for cannabis use disorder, which showed that venlafaxine extended release does not appear to be effective at reducing depression and may lead to an increase in cannabis use.

