

# Addiction Medication

## ***QUICK FACTS***

Name	Indication	Dosing	Side –Effects / Caution	Comments
<b>Naltrexone</b> (ReVia, Vivitrol)	Alcohol Dependence - Opiate Dependence	R:50 mg daily oral V:380 mg IM monthly	Nausea, Difficulty sleeping, Anxiety, Abdominal cramps, Joint and muscle pains, Headaches	An opiate receptor blocker – blocks the high of alcohol; prevents the effect of opiates
<b>Acamprosate</b> (Campral)	Alcohol Dependence	666mg three times a day	Intestinal cramps and diarrhea	Enhances abstinence and reduces drinking days through its effect on the neurotransmitters GABA and glutamate  Not metabolized in the liver so safe for those patients with liver disease
<b>Disulfiram</b> (Antabuse)	Alcohol Dependence	125mg to 250 mg per day (blood levels can be obtained to maximize dosing)	Antabuse should not be given to anyone with a history of: Severe heart disease, Psychosis, Allergy to antabuse, Pregnancy, Paraldehyde use, Metronidazole use	Interferes with alcohol metabolism causing a buildup of acetaldehyde which can cause adverse reactions. Has been studied for the treatment of cocaine dependence
<b>Methadone</b> (Dolophine)	Opiate Dependence	60 – 200 mg per day	Sedation, constipation, dizziness, drowsiness, dry mouth, headache, increased sweating, itching, lightheadedness, nausea, vomiting, weakness	Schedule II synthetic analgesic  Prevents the “off and on” switch of fluctuating opioid blood levels that leads to euphoria alternating with cravings. It is not recommended to taper pregnant women off of methadone. There is no relationship between severity of neonatal abstinence and maternal dose, even in doses > 80mg/day (Berghella et al in the <i>Am J Obstet Gynecol</i> August 2003). Can be used for pain management with careful titration of dose
<b>Buprenorphine</b> (Suboxone, Subutex)	Opiate Dependence	2 – 32 mg per day; average 12 – 16mg  Pill or film	Similar to other opiates with nausea, vomiting and constipation. Avoid the use of buprenorphine with benzodiazepines as there can be significant sedation and deaths have been reported Avoid the use in patients who are presently taking opiates (methadone, heroin, etc.) as the buprenorphine will displace the opiate and cause withdrawal.	Suboxone has a naloxone component that should prevent IV use  On the horizon, implantable buprenorphine rods

<b>Naloxone (Narcan)</b>	Opiate Overdose reversal	0.5 mg IV up to 10 mg	Abrupt reversal of opioid depression may result in nausea, vomiting, sweating, tachycardia, increased blood pressure, tremulousness, seizures	NYS DOH Opiate Overdose Prevention project trains consumers to administer narcan either by injection or nasally in a witnessed overdose situation
<b>Flumazenil (Romazicon)</b>	Sedative Overdose reversal	0.2mg IV over 15 seconds, the every minute as needed	Ataxia, Blurred Vision, Dizziness, Drowsy, Agitation, Headache Disorder, Nausea, Vomiting	Can precipitate withdrawal seizures
<b>Nicotine Replacement Therapy (NRT):</b> Gum - Nicorette Inhaler - Nicotrol Inh Lozenge-Commit Patch - Nicotine CQ, Habitrol Spray - Nicotrol NS	Tobacco Dependence	Gum: 1 piece every 1-2 hours (park and chew technique) Patch: 7,14,21 mg Inhaler: 4- 6 cartridges per day Spray: up to 20 doses per day Lozenges: 10 per day average, 20 max	Gum: jaw pain, mouth soreness, dyspepsia and hiccups. Patch: skin reactions Spray: running nose, nasal irritation, throat irritation, watery eyes and sneezing	Consideration should be given to using an NRT patch to achieve a baseline nicotine level and another form of NRT to treat craving as needed
<b>Varenicline (Chantix)</b>	Tobacco Dependence	1 mg twice a day	Caution in patients with major depression and history of suicide attempt Dry mouth Insomnia	Cannot be used with an NRT for tobacco cessation treatment
<b>Bupropion (Zyban)</b>	Tobacco Dependence	150mg twice a day	Anxiety; changes in appetite; constipation; diarrhea; dizziness; drowsiness; dry mouth; headache; increased sweating; nausea; nervousness; stomach pain; stuffy nose; trouble sleeping; vomiting	Good in combination with NRT, will prevent weight gain
<b>Sedatives (Librium, Valium, Ativan)</b>	Alcohol Withdrawal treatment	Variable	Sedation	Shorter acting benzodiazepines should be considered in the elderly and those with advanced liver disease
<b>Clonidine (Catapres)</b>	Opiate Withdrawal Treatment	0.1 - 0.3 mg three times a day Transdermal Patch available	Sedation, drop in blood pressure	Can be used as an adjunct to opiate withdrawal treatment
<b>Carbamazepine (Tegretol)</b>	Alcohol Withdrawal Treatment Anti-convulsant	Starting dose is 600- 800mg per day in divided doses	Neutropenia, thrombocytopenia, hyponatremia	Has been used to decrease cocaine craving and in the treatment of pain
<b>Topiramate (Topamax)</b>	Alcohol Dependence Anti-convulsant	Variable depending on indication	Decreased cognition, kidney stones	Evolving spectrum of use: Migraine prevention, neuropathic pain treatment, mood disorders, PTSD, obesity, tobacco dependence, cocaine dependence

***Addiction Medication works best in combination with Behavioral Health Treatment***