

Naltrexone (oral) for Alcohol Shared Care Treatment Pathway

Naltrexone taken orally is a first line aftercare medication recommended by [NICE CG 115](#) for use in detoxified and continued drinkers in the UK. There are currently two products of naltrexone licensed for alcohol ; a generic version by Accord Healthcare (licensed March 2010) which is to be used only when the service user has stopped drinking. It costs £22.34 for 28 x 50mg tablets. The branded version Adepend® (licensed Dec 2011) can be taken whilst the service user is still drinking as well as when abstinent but is considerably dearer at £47.43. The generic version should be used first line where possible.

Current or recent drinker suitable for oral naltrexone

To assist abstinence or to help control use

Discuss use of naltrexone, and other treatment options with patient

e.g. acamprosate, disulfiram, no drug treatment, counselling

If patient is happy to do so, prepare for starting naltrexone

- Check use of opioids and peripheral acting opiates (e.g. antidiarrhoeal agents) using drug screens for methadone, morphine, buprenorphine, and tramadol (where available)
- Check baseline creatinine and electrolytes, LFTs and GGT as appropriate
- Organise psychosocial support in conjunction with medication, as an essential part of treatment.
- If dual or triple therapy with acamprosate and/or disulfiram is prescribed, this would be **RED** under the traffic light system and such patients should remain with the specialist.

AWP Specialist initiates oral naltrexone prescribing

- May be started without LFT results if no significant liver risks.
- Give 25mg (1/2 tablet) daily for 2 days, then 50mg daily.
- Issue service user with a 'Naltrexone warning card'.
- Discuss regime for taking it, best time to take it, and anyone who can supervise the service user taking the naltrexone (i.e. to remind service user to take it).
- Prescribe the first 3 months of treatment of naltrexone.

Approach GP to ascertain willingness to prescribing naltrexone for the patient with current or recent harmful use or dependence on alcohol once the patient has stabilised on treatment (usually after 3 months)

- Provide the shared care agreement and the shared care agreement signature sheet for naltrexone for alcohol to the GP.
- Advise that there is no need to routinely monitor blood tests, although monitoring recovery of liver function may be useful as a motivational aid for service users.
- Advise to continue naltrexone for 4-6 weeks if the service user relapses to alcohol, but stop after this time if full relapse has occurred. Continue for 6-12 months or longer if those benefiting from it who want to continue it.
- Advise GP when to adjust dose, stop treatment, or seek further advice.

GP agrees to prescribe naltrexone for alcohol

after 3 months, returns shared care agreement signature sheet and to monitor LFTs if appropriate.

GP not happy to agree to prescribe naltrexone

for alcohol, returns SCA signature sheet, but agrees to monitor LFTs if clinically warranted for any reason.

Date agreed with GP when they will take over prescribing for naltrexone (as per SCA signature sheet). AWP agrees to prescribe a minimum of one months supply prior to transfer to GP (i.e. after 'month 2' as per shared care agreement)

+
Prior to transfer, psychosocial continuing care organised with statutory or non statutory services.

AWP continues to prescribe and monitor for side-effects

+
Statutory or non statutory services to provide psychosocial support while service user prescribed oral naltrexone.

GP to consider re-referral at least every 6 months for reassessment (if required), as to whether there is a need for ongoing therapy.

AWP keeps GP informed of progress at least every 3 months or more often if appropriate, and when client is discharged from treatment.

