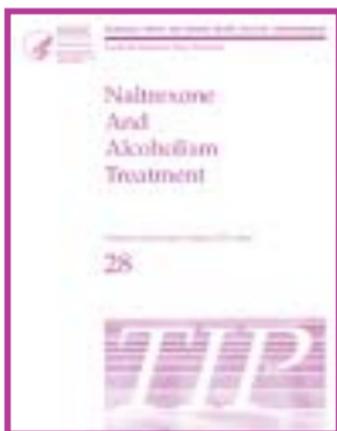


CSAT's
Knowledge Application Program

KAP Keys

For Clinicians

Based on TIP 28
*Naltrexone and Alcoholism
Treatment*



Introduction

These KAP Keys were developed to accompany the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. These KAP Keys are based entirely on TIP 28 and are designed to meet the needs of the busy clinician for concise, easily accessed "how-to" information.

For more information on the topics in these KAP Keys, readers are referred to TIP 28.

Other Treatment Improvement Protocols (TIPs) that are relevant to these KAP Keys:

TIP 8, *Intensive Outpatient Treatment for Alcohol and Other Drug Abuse (1994)* **BKD139**

TIP 11, *Simple Screening Instruments for Outreach of Alcohol and Other Drug Abuse and Infectious Diseases (1994)* **BKD143**

TIP 14, *Developing State Outcomes Monitoring Systems for Alcohol and Other Drug Abuse Treatment (1995)* **BKD162**

TIP 20, *Matching Treatment to Patient Needs in Opioid Substitution Therapy (1995)* **BKD168**

TIP 27, *Comprehensive Case Management for Substance Abuse Treatment (1998)* **BKD251**



Information on Naltrexone for Primary Health Care Providers

1

KAP KEYS Based on TIP 28
Naltrexone and Alcoholism Treatment

- Naltrexone is an appropriate part of treatment for alcohol-dependent patients, including binge drinkers.
- The only absolute contraindications are liver failure, acute infectious hepatitis, and current dependence on opioids or active opioid withdrawal. Elevated bilirubin levels, pregnancy, breast feeding, severe obesity, and use in adolescents are relative contraindications.
- At the currently recommended dose of 50 mg daily, hepatic toxicity is very unlikely. Continued alcohol use is more likely than naltrexone to cause liver damage.
- Providers should perform Liver Function Tests prior to treatment initiation and periodically during treatment.
- Abstinence will be a desired goal for alcohol-dependent patients; however, reductions in drinking may be an acceptable intermediate outcome. Failure to maintain complete abstinence is not necessarily a failure of treatment because there are many other areas of a patient's life that can improve, such as job performance, social relationships, and general physical health. This is similar to the goal of reducing high blood pressure; not all patients will have a total improvement of hypertension.
- Naltrexone is likely to be most effective when used in combination with other forms of treatment for alcoholism, such as psychosocial interventions, and when patients comply with both.



KAP KEYS Based on TIP 28
Naltrexone and Alcoholism Treatment

Naltrexone, when combined with appropriate psychosocial therapies for alcohol-dependent or alcohol-abusing patients, can reduce

- The percentage of days spent drinking
- Relapse to excessive and destructive drinking
- The amount of alcohol consumed on a drinking occasion

Research has also shown that

- At the recommended dose of 50 mg/day, hepatic toxicity due to naltrexone is very unlikely
- Continued alcohol use is more likely than naltrexone to cause liver damage



KAP KEYS Based on TIP 28 Naltrexone and Alcoholism Treatment

Those eligible for treatment include

- Individuals who have been diagnosed as alcohol dependent, are medically stable, and are not currently (or recently) using opioids
- Individuals with an interest and willingness to take naltrexone
- Individuals who are willing to be in a supportive relationship with a health care provider or support group to enhance treatment compliance and work toward a common goal of sobriety

Individuals who are not suitable candidates include

- Those with acute hepatitis or liver failure
- Patients requiring narcotic analgesia
- Pregnant or nursing women
- Possibly the very obese

Based on an analysis of risk versus benefit, clinician and patient may choose to start naltrexone treatment in spite of the presence of medical problems because the possible benefits of reducing or eliminating alcohol consumption may outweigh the potential risk of naltrexone. **However, the final decision to use naltrexone should be based on the provider's clinical judgment and the patient's right to choose treatment deemed appropriate.**



KAP KEYS Based on TIP 28
Naltrexone and Alcoholism Treatment

To Medical Personnel Treating Me in an Emergency:

This patient is taking the oral opioid antagonist reVia, formerly known as Trexan (naltrexone hydrochloride).

In an emergency situation in patients receiving fully blocked doses of reVia, a suggested plan of management is regional anesthesia, conscious sedation with benzodiazapine, use of non-opioid analgesics, or general anesthesia.

In a situation requiring opioid analgesia, the amount of opioid required may be greater than usual, and the resulting respiratory depression may be deeper and more prolonged.

A rapidly acting opioid analgesic that minimizes the duration of respiratory depression is preferred. The amount of analgesia administered should be titrated to the needs of the patient. Non-receptor mediated actions may occur and should be expected (e.g. facial swelling, itching, generalized erythema, or bronchoconstriction), presumably due to histamine release.

Irrespective of the drug chosen to reVia (naltrexone hydrochloride) blockade, the patient should be monitored closely by appropriately trained personnel in a setting equipped and staffed for cardiopulmonary resuscitation.

For medical emergencies, call your regional Poison Control Center

**Further information may be obtained by calling:
1-800-4PHARMA**

The name and telephone number of physician who prescribed reVia (naltrexone hydrochloride)

Physician's name: _____

Physician's telephone: _____

Patient's name: _____

Patient's telephone: _____

Date treatment was initiated: _____

KAP KEYS Based on TIP 28
Naltrexone and Alcoholism Treatment

Listed below are questions that ask about your feelings about drinking. The words "drinking" and "have a drink" refer to having a drink containing alcohol, such as beer, wine or liquor. Please indicate how much you agree or disagree with each of the following statement by placing a single mark (like this: X) along each line between STRONGLY DISAGREE and STRONGLY AGREE. The closer you place your mark to one end or the other indicates the strength of your disagreement or agreement. Please complete every item. We are interested in how you are thinking or feeling right now as you are filling out the questionnaire.

RIGHT NOW

1. All I want to do is have a drink.

Strongly Disagree

Strongly Agree

_____ : _____ : _____ : _____ : _____ : _____

2. I do not need to have a drink right now.

Strongly Disagree

Strongly Agree

_____ : _____ : _____ : _____ : _____ : _____

3. It would be difficult to turn down a drink this minute.

Strongly Disagree

Strongly Agree

_____ : _____ : _____ : _____ : _____ : _____

4. Having a drink right now would make things seem just perfect.

Strongly Disagree

Strongly Agree

_____ : _____ : _____ : _____ : _____ : _____

5. I want a drink so bad I can almost taste it.

Strongly Disagree

Strongly Agree

_____ : _____ : _____ : _____ : _____ : _____

6. Nothing would be better than having a drink right now.

Strongly Disagree

Strongly Agree

_____ : _____ : _____ : _____ : _____ : _____

7. If I had the chance to have a drink, I don't think I would drink it.

Strongly Disagree

Strongly Agree

_____ : _____ : _____ : _____ : _____ : _____

8. I crave a drink right now.

Strongly Disagree

Strongly Agree

_____ : _____ : _____ : _____ : _____ : _____

Reprinted with permission from Michael J. Bohn.

Common adverse effects, which may include nausea, headaches, dizziness, fatigue, nervousness, insomnia, vomiting, and anxiety, occur in approximately 10 percent of patients. Some recommendations for dealing with adverse effects are

- **Patient education:** If patients are going to experience common adverse effects, these tend to occur early in treatment, and the symptoms generally resolve within 1 to 2 weeks. Support can help patients better tolerate the effects.
- **Timing of doses:** Morning doses should be suggested for most patients to establish a routine and ensure better compliance.
- **Split dosage:** If there is a need to split the dose, then the patient should take half in the morning and half in the evening, preferably with dinner.
- **Management of nausea:** To manage nausea, patients should take naltrexone with complex carbohydrates (such as bagels or toast) and not take the medication on an empty stomach.



KAP KEYS Based on TIP 28
Naltrexone and Alcoholism Treatment

The use of other substances during naltrexone during treatment, particularly illegal opiates and opioid-containing medications, may pose the same level of concern and possible adverse consequences as the use of alcohol. Random urinalysis, collateral reports from family members or employers (with the patient's written permission), and self-reports from the patient can be used to evaluate the use of other substances. In addition to illegal substances, the use of both prescription and nonprescription medications should also be addressed. The patient's agreement or resistance to continuing treatment may indicate his or her level of willingness to consider other substance use as a problem.

Other things to consider

- Patients should be warned that self-administration of high doses of opiates while on naltrexone is extremely dangerous and can lead to death from opioid intoxication by causing respiratory arrest, coma, or circulatory collapse.
- Physicians should be aware of all of the patient's medications and watch closely for naltrexone's interaction with other drugs.
- Both patient and provider should know that naltrexone does not make people "sober up" and does not alter alcohol's acute effects on cognitive functioning.





Ordering Information

TIP 28

Naltrexone and Alcoholism Treatment

Easy Ways to Obtain Free Copies of All TIP Products

1. Call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at 800-729-6686, TDD (hearing impaired) 800-487-4889.
2. Visit CSAT's Website at www.csat.samhsa.gov

Do not reproduce or distribute this publication for a fee without specific, written authorization from the Office of Communications, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.