

Q. What is acamprosate?

A. Acamprosate, described as N-acetyl-homotaurin or the calcium salt of N-acetyl-homotaurin, has FDA approval for the maintenance of abstinence from alcohol in conjunction with a comprehensive management program including psychosocial support for patients who are abstinent at treatment initiation.

Q. What are the potential mechanisms of action underlying acamprosate?

A. Acamprosate's mechanism of action is not well understood and has been controversial. Although several mechanisms have been proposed, acamprosate is generally believed to restore balance between glutamate and GABA neurotransmitters in brains of patients after regular heavy drinking.

Q. Is acamprosate recommended in the Military Health System (MHS)?

A. Yes. The 2015 *VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorder (SUD)* gives the highest strength of recommendation (*Strong For*) for acamprosate in the treatment of patients with moderate to severe alcohol use disorder (AUD). Acamprosate has met the burden of evidence required by the most recent VA/DoD publications as a first-line pharmacotherapy for alcohol use disorder. Acamprosate, like all first-line recommended pharmacotherapies for SUD, is recommended to be used in conjunction with a psychosocial intervention.

Q. Do other authoritative reviews recommend acamprosate for AUD?

A. Yes. Other authoritative reviews have substantiated the use of acamprosate for treating alcohol use disorder.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) Systematic Review Repository and the Cochrane Database of Systematic Reviews.

- AHRQ: A 2014 comparative effectiveness review found that acamprosate and oral naltrexone have the best evidence for treatment of alcohol use disorders.
- Cochrane: A 2011 systematic review (Rosner et al., 2011) found that acamprosate significantly reduced the risk of any drinking and significantly increased the duration of abstinence, concluding that "acamprosate appears to be an effective and safe treatment strategy for supporting continuous abstinence after detoxification in alcohol dependent patients."

Q. What conclusions can be drawn about the use of acamprosate as a treatment for AUD in the MHS?

A. Acamprosate, in conjunction with an evidence-based psychosocial intervention, is recommended as a first-line treatment for patients who have moderate to severe alcohol use disorder. The 2015 CPG for SUD provides several considerations when making a decision to use acamprosate for the treatment of alcohol use disorder. In addition, treatment decisions should generally incorporate clinical judgment and expertise, patient characteristics and treatment history, and patient preferences that might influence treatment engagement and retention.

Please refer to the 2015 *VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders* for specific information about indications, contraindications, warnings/precautions, and other administration and procedural guidelines for the use of acamprosate.

*Find the full series of Psych Health Evidence Briefs and subscribe to receive future briefs at <http://www.pdhealth.mil/research/evidence-synthesis/evidence-briefs>.

References

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