

Acamprosate for Alcohol Dependence Prescribing Support Information

This information is provided to support primary care clinicians prescribing acamprosate in Bedfordshire, Luton and Milton Keynes ICS.

Category	Acamprosate is thought to reduce drinking by blocking the excitatory activity in the brain (particularly glutamate) and enhance the inhibitory system (GABA), although its mechanism of action is not clear.
Therapeutic indications	Acamprosate calcium is used for the maintenance of abstinence in alcohol dependence. Acamprosate is used alongside counselling to help people not to drink alcohol.
Pharmaceutical form	333mg gastro-resistant / enteric-coated tablets
NICE guidance	NICE clinical guideline CG115 Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence.
Formulary status Bedfordshire & Luton	SpIS specialist initiation and stabilisation (specialist to initiate treatment, ensure tolerability, and prescribe for the first 6 months prior to continuation in primary care).
Milton Keynes	RED specialist initiation and continuation – drug & alcohol team retain prescribing
Specialist (Alcohol Service) Responsibilities	<ul style="list-style-type: none"> Assess suitability for acamprosate (physical/mental health, social issues, alcohol use, U&Es, LFTs (including GGT), breathalyse) and inform patient of benefits/side effects/risks/dosage regime/what to report. Supervise patient and prescribe for 6 months prior to considering handover to primary care. Review at 5 months and provide 28-day prescription, ensuring that the patient is stabilised on treatment prior to handover to primary care. Provide handover to the primary care prescriber (including patient history, recent care, psychosocial support, monitoring tests required, medication review intervals, initial recommended period of treatment and risk plans). Provide psychosocial support during treatment (and introduction to self-help e.g. AA). Review patient before the end of the 12th month and advise the primary care prescriber whether ongoing treatment for a second year is required. Inform the primary care prescriber in a timely manner if treatment needs to be continued for a second year, to ensure continuity of prescribing.
Primary Care Responsibilities	<ul style="list-style-type: none"> Prescribe acamprosate at recommended dose/regime from month 6 to month 12 (12 months total prescribing of medicine) and review. Review patient at 9 months in the first year of treatment but continue prescribing to 12 months, monitoring the patient's overall health and well-being. Continue prescribing for a second year, if indicated and on advice from the specialist service. If the specialist team recommends treatment for a second year, GP to continue prescribing and reviewing patient every 3 months until treatment stops at 24 months, monitoring the patient's overall health and well-being (see also below).

This information does not replace the Summary of Product Characteristics (SPC) and should be read in conjunction with it. Please see [BNF](#) & [SPC](#) for comprehensive information.

The following organisations contribute to and participate in the BLMK APC – Bedfordshire, Luton and Milton Keynes Integrated Care Board; Bedfordshire Hospitals NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Central and North West London NHS Foundation Trust; East London NHS Foundation Trust; Milton Keynes University Hospital NHS Foundation Trust

	<ul style="list-style-type: none"> • Cease treatment/take advice from Alcohol Service if there is a significant change in patient presentation / contraindication / side effects, or if drinking persists for more than 4-6 weeks. • Inform specialist services if concerned regarding the patient's alcohol use. • End treatment if the patient defaults from follow up arrangements. The primary care prescriber can re-refer the patient to the alcohol team at any time for a review if needed.
Dosing Advice	<p>Adult 18–65 years (body weight up to 60 kg) 666 mg orally once daily, to be taken at breakfast and 333 mg twice daily, to be taken at midday and at night.</p> <p>Adult 18–65 years (body weight 60 kg and above) 666 mg orally 3 times a day.</p> <p>Treatment with acamprosate should be initiated as soon as possible after the withdrawal period and should be maintained if the patient relapses.</p>
Missed doses	A missed dose should be taken as soon as it is remembered, with the next dose taken at the right time. A double dose should not be taken to make up for a missed dose.
Stopping treatment	<p>The recommended treatment period is one year.</p> <p>The alcohol service will review the patient before the end of the 12th month and advise the primary care clinician whether, in rare circumstances, ongoing treatment for a second year is required. (NB: The primary care clinician needs to be informed if treatment is to continue for a second year in a timely manner to ensure continuity of prescribing within primary care for the start of month 1 of the second year).</p> <p>Treatment for a second year is advised if there are very clear benefits such as continuing abstinence from alcohol use and self-reported patient satisfaction with the treatment.</p>
Special patient populations	<p>Renal impairment: avoid if serum creatinine greater than 120 micromol/litre.</p> <p>Hepatic impairment: safety and efficacy has not been established in patients with severe liver insufficiency (Childs-Pugh Classification C)</p> <p>Paediatrics: acamprosate should not be used in children</p> <p>Elderly (>65 years): acamprosate should not be used in older people</p>
Contra-indications	<ul style="list-style-type: none"> • Hypersensitivity to the active substance or to any of the excipients • Breastfeeding • Renal insufficiency (serum creatinine >120 micromol/L)
Cautions (see SPC for full details)	<ul style="list-style-type: none"> • Continued alcohol abuse (risk of treatment failure) • Because the interrelationship between alcohol dependence, depression and suicidality is well-recognised and complex, it is recommended that alcohol-dependent patients, including those treated with acamprosate, be monitored for such symptoms.
Adverse effects (see SPC for full details)	<ul style="list-style-type: none"> • Gastrointestinal disorders including diarrhoea, abdominal pain, nausea, vomiting and flatulence • Skin reactions including pruritus and maculo-papular rash. • Hypersensitivity reactions including urticaria, angio-oedema or anaphylactic reactions. • Sexual dysfunction.

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Approved by BLMK Area Prescribing Committee: Month 2025; Review date: Month 2028

Pregnancy, lactation and fertility (see SPC for full details)	<p>Pregnancy: There is no adequate data from the use of acamprosate in pregnant women. The manufacturer advises avoid unless potential benefit outweighs risk.</p> <p>Breastfeeding: Avoid. For additional support and advice on prescribing during pregnancy and while breast feeding see Perinatal Mental Health – Guidance for GPs.</p> <p>Fertility: In animal studies, no adverse effects on fertility have been observed. The effects on human fertility are unknown.</p>
Interactions (see SPC for full details)	<p>No significant interactions have been associated with the use of acamprosate. No interactions have been shown between acamprosate and diazepam, disulfiram or imipramine.</p> <p>Acamprosate taken with food has lower bioavailability than in the fasting state. However, some patients are more comfortable taking the tablets with food.</p>
Counselling points	<ul style="list-style-type: none"> • Possible adverse effects. • Importance of engaging with counselling and attending follow-up appointments. • Provide patient information e.g. https://patient.info/medicine/acamprosate-tablets-campral-ec.
Drug and alcohol service contact details Note: these prescribing arrangements currently refer to Bedfordshire and Luton only. Arrangements in Milton Keynes differ – see MK Formulary .	<p><u>Bedford Borough and Central Bedfordshire</u></p> <p>Path to Recovery (P2R) Drug & Alcohol Services: 21 The Crescent, Bedford MK40 2RT Grove View Integrated Health & Care Hub, Court Drive, Dunstable, Bedfordshire, LU5 4JD Telephone: 0333 332 4019 Email: elt-tr.P2RBedford@nhs.net Website: https://changeyourtomorrow.co.uk/#areas/elft/pages/Home Patient Self-Referral: https://changeyourtomorrow.co.uk/#areas/elft/referral Professional Referral: https://changeyourtomorrow.co.uk/#areas/elft/pages/About.ProfessionalReferral</p> <p><u>Luton</u></p> <p>Resolutions Drug and Alcohol Service Victoria House, 2 – 12 Victoria Street, Luton LU1 2UA Telephone: 0800 0546 603 Email: Resolutions.info@cgl.org.uk Website: https://www.changegrowlive.org/resolutions-drug-alcohol-service-luton Referrals: https://www.changegrowlive.org/resolutions-drug-alcohol-service-luton/referrals</p>
References	<ol style="list-style-type: none"> 1. Summary of product characteristics, accessed 02/10/2025: https://www.medicines.org.uk/emc/product/986/smpc (Campral®) https://www.medicines.org.uk/emc/product/2729/smpc (generic) 2. BNF https://bnf.nice.org.uk/drugs/acamprosate-calcium/ accessed 02/10/2025. 3. NICE CG115 Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence, last updated 21 October 2014 https://www.nice.org.uk/guidance/cg115. 4. NICE CKS Alcohol - problem drinking, last updated May 2025 https://cks.nice.org.uk/topics/alcohol-problem-drinking/

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