

Medications for Alcohol Use Disorder: Considerations for Patients with Comorbid Conditions

Medications for alcohol use disorder (MAUD) are safe and effective, yet they continue to be profoundly underutilized. This infographic guides clinicians in safely prescribing MAUD to patients with a variety of comorbid conditions and situations.

	Naltrexone	Acamprosate	Disulfiram	Topiramate
Standard Target Dosing	50 mg PO daily, 380 mg IM monthly	666 mg PO daily	250-500 mg PO daily	100-150 mg PO twice daily
Liver Disease				
Alcohol Hepatitis	OK if non-severe	OK	OK if non-severe	OK
Child-pugh Class A Cirrhosis	OK	OK	OK	OK
Child-pugh Class B Cirrhosis	OK	Preferred	Use with caution*	OK
Child-pugh Class C Cirrhosis	Use with caution*	Preferred	Avoid	Caution in encephalopathy
Chronic Kidney Disease				
GFR 30-50	OK	Adjust dose (333 mg TID)	OK	Adjust dose (max 50 mg BID)
GFR <30	OK	Avoid	Adjust dose (max 125 mg QD)	Avoid
Myocardial or Coronary Disease	OK	OK	OK if non-severe†	OK
Cognitive Impairment	OK	OK	Avoid	Avoid
Seizure Disorder	OK	OK	Use with caution	Preferred
HIV, HCV, HBV	OK	OK	OK	OK
Opioid Use	Avoid if prescribed opioids	OK	OK	Caution if oversedation concern
Cocaine Use Disorder	OK	OK	Preferred	OK
Pregnancy	Preferred	OK	Avoid	Avoid

*Check LFTs within 4 weeks of starting medication, and at least every 6 months thereafter.

† Stress of the disulfiram-reaction could lead to cardiac complications in those with significant cardiac disease

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