
ACAMPROSATE (Campral) Fact Sheet [G]

Bottom Line:

Acamprosate is best for maintaining abstinence in patients who have already quit, but it can be helpful even after patients relapse. Naltrexone is the better choice for patients who are still drinking, since it is better at helping patients quit. Acamprosate is also preferred over naltrexone in patients with hepatic impairment.

FDA Indications:

Alcohol dependence.

Dosage Forms:

Delayed-release tablets (G): 333 mg.

Dosage Guidance:

- Start 666 mg TID. Give 333 mg TID in patients with renal impairment.
- Can give 999 mg twice a day if patients can't remember to take it three times daily.

Monitoring: No routine monitoring recommended unless clinical picture warrants.

Cost: \$\$

Side Effects:

- Most common: Diarrhea (dose related, transient), weakness, peripheral edema, insomnia, anxiety.
- Serious but rare: Acute renal failure reported in a few cases; suicidal ideation, attempts, and completions rare but greater than with placebo in studies.
- Pregnancy/breastfeeding: Not enough data to recommend.

Mechanism, Pharmacokinetics, and Drug Interactions:

- Mechanism of action is not fully defined; it appears to work by promoting a balance between the excitatory and inhibitory neurotransmitters, glutamate and GABA, respectively (GABA and glutamate activities appear to be disrupted in alcohol dependence).
- Not metabolized, cleared unchanged by kidneys; $t_{1/2}$: 20–33 hours.
- No significant drug interactions.

Clinical Pearls:

- Approved by the FDA in 2004, but it has been used in France and other countries since 1989.
- Does not eliminate or treat symptoms of alcohol withdrawal. Usually prescribed for maintenance of abstinence; may continue even if patient relapses with alcohol.
- Clinically, acamprosate has demonstrated efficacy in more than 25 placebo-controlled trials and has generally been found to be more effective than placebo in reducing risk of returning to any drinking and increasing the cumulative duration of abstinence. However, in reducing heavy drinking, acamprosate appears to be no better than placebo.
- Acamprosate can be used with naltrexone or disulfiram (different mechanism of action), although the combination with naltrexone may not increase efficacy per available studies.
- Taking with food is not necessary, but it may help compliance to do so.
- Compared to naltrexone and disulfiram, acamprosate is not metabolized by the liver and is not impacted by alcohol use, so it can be administered to patients with hepatitis or liver disease and to patients who continue drinking alcohol.

Fun Fact:

Each 333 mg tablet contains 33 mg of elemental calcium (because it is available as acamprosate calcium salt).