Name: Attach Banda Label here
Address:

Date of Birth:
NHS number:

Coventry & Warwickshire Area Prescribing Committee

Shared Care Agreement

Disulfiram: *Adjunct in the treatment of chronic alcohol dependence (under medical supervision) in adults (18-65 years)*

AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE

This shared care agreement outlines suggested ways in which the responsibilities for managing the prescribing of **Disulfiram** can be shared between the specialist and general practitioner (GP). GPs are **invited** to participate. If the GP isn't confident to undertake these roles, then he/she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. **If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable.**

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care should be explained to the patient by the specialist initiating treatment. It is important that patients are consulted about treatment and are in agreement with it.

The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

Specialist Responsibilities
1. Initiate disulfiram in the outpatient clinic, community setting or after inpatient detoxification for appropriate patients aiming for abstinence. 2. Discuss the risks/benefits of treatment with the patient, and the need to avoid alcohol and products containing alcohol (including external products). 3. Ask the GP whether he or she is willing to participate in prescribing the shared care by emailing the shared care request letter, (continue to prescribe until GP has agreed to take over prescribing). 4. Arrange for specialised counselling from an alcohol worker or community alcohol nurse focusing on ongoing support, relapse prevention and motivational interviewing with a standard of 6 sessions over 6 months and then reduction to 2 monthly if treatment continued. 5. Monitor for a minimum of 3 months with a view to continue or discontinue the treatment. 6. Keep GP informed on progress of the patient. 7. Advise when treatment should be discontinued. 8. Have a mechanism in place to receive rapid referral of a patient from the GP if required. 9. Ensure that clear backup arrangements exist for GPs to obtain advice and support. Report adverse events to the MHRA on a Yellow Card www.mhra.gov.uk/yellowcard and to the GP (if in CWPT via the Clinical Governance Pharmacist – see Medicines Policy Section 20).

General Practitioner Responsibilities
1. Reply to the request for shared care as soon as practicable by emailing the request letter. 2. Continue the maintenance prescribing (normally for 12 months). 3. Monitor the alcohol consumption and general health normally on a monthly basis (see overleaf). 4. Promote patient compliance with disulfiram. 5. In the event of relapse to drinking or concerns over patient compliance, stop prescribing and refer patient back to the specialist. 6. Report to and seek advice from the specialist on any aspect of patient care that is of concern and may affect treatment. 7. Stop treatment on the advice of the specialist or immediately if an urgent need to stop treatment arises. Report adverse events to the MHRA on a Yellow Card (www.mhra.gov.uk/yellowcard) and to the specialist, and appropriate Medicines Optimisation team.

Patient/carer's Role
1. Report to the specialist or GP if he or she does not have a clear understanding of the treatment. 2. To agree to specialised counselling from an alcohol worker or community alcohol nurse. 3. Share any concerns in relation to treatment with disulfiram. 4. Seek medical assistance if he or she experiences a disulfiram reaction. 5. If possible, have a family member or carer, who is properly informed about the use of disulfiram, oversee the administration of the drug 6. Warn service users taking disulfiram, and their families and carers, about: the interaction between disulfiram and alcohol (which may also be found in food, perfume, aerosol sprays and so on), the symptoms of which may include flushing, nausea, palpitations and, more seriously, arrhythmias, hypotension and collapse the rapid and unpredictable onset of the rare complication of hepatotoxicity; advise service users that if they feel unwell or develop a fever or jaundice that they should stop taking disulfiram and seek urgent medical attention. 7. Report any adverse effects or warning symptoms to the specialist or GP whilst taking disulfiram. The patient may also choose to report any adverse drug reaction direct to the MHRA on a Yellow Card form, available at pharmacies, GP surgeries or from the Yellow Card hotline (freephone 0808 100 3352 during business hours). The form can also be downloaded from www.mhra.gov.uk/yellowcard

Back-up Advice and Support: See patient letter and/or other supporting information for contact details of clinician(s) initiating and stabilising patient prior to request for shared care.

SUPPORTING INFORMATION:

Licensed indications: as an adjuvant in the treatment of carefully selected and co-operative patients with drinking problems. Its use must be accompanied by appropriate supportive treatment.

Dosage and administration: Suitable patients should not have ingested alcohol for at least 24 hours and must be warned that a Disulfiram-alcohol reaction is potentially dangerous.

Standard local practice is to start on disulfiram 200 mg once daily. Subsequently, daily dosing should continue at half to 500mg daily depending on the response for as long as advised by the physician, but no longer than six months without review [1, 2]. It should be given under supervision either in clinics or by family or friends[2.]

Monitoring:

Specialist: Before starting treatment with disulfiram, test liver function, urea and electrolytes to assess for liver or renal impairment. Monitor at least every 2 weeks for the first 2 months, then each month for the following 4 months, and at least every 6 months thereafter.

GP: Monitoring of alcohol consumption and general health on a monthly basis.

Contra-indications: Presence of cardiac failure, coronary artery disease, previous history of CVA, hypertension, severe personality disorder, mental illness, suicidal risk or psychosis.

Cautions: Caution should be exercised in the presence of acute porphyrias, **renal failure**, **hepatic** or **respiratory disease**, **diabetes mellitus** and **epilepsy**. Patients must not ingest alcohol **during or for 1 week after** ceasing disulfiram therapy. Patients must be warned of the unpredictable and potentially severe nature of a **disulfiram-alcohol reaction** as, in rare cases deaths have been reported following the drinking of alcohol by patients receiving disulfiram. The disulfiram-alcohol reaction can occur within 10 minutes of ingestion of alcohol and may last several hours. It is characterised by intense flushing, dyspnoea, headache, palpitations, tachycardia, hypotension, and nausea and vomiting**. Certain foods, liquid medicines, remedies, tonics, toiletries, perfumes and aerosol sprays** may contain sufficient alcohol to elicit a disulfiram-alcohol reaction and patients should be made aware of this. Caution should also be exercised with low alcohol and "non-alcohol" or "alcohol-free" beers and wines, which may provoke a reaction when consumed in sufficient quantities. **All personnel involved in the administration of disulfiram to the patient know that disulfiram should not be given during a drinking episode.** The risk/benefit ratio in assessing adverse effects of alcoholism in **pregnancy** should be taken into account when considering the use of disulfiram in pregnant patients. The use of disulfiram in the first trimester of **pregnancy** is not advised. There have been rare reports of congenital abnormalities in infants whose mothers have received disulfiram in conjunction with other medicines. Disulfiram should **not be used during lactation** (no information is available on whether disulfiram is excreted in breast milk, and there is a possibility of interaction with medicines that the baby may be taking).

Side effects: During initial treatment, drowsiness and fatigue may occur; nausea, vomiting, halitosis and reduction in libido have been reported. If side effects are marked the dosage may be reduced. Psychotic reactions, including depression, paranoia, schizophrenia and mania occur rarely in patients receiving disulfiram. Allergic dermatitis, peripheral neuritis and hepatic cell damage have also been reported.

Drug interactions (see also above under cautions): Disulfiram may potentiate the toxic effects of **warfarin, antipyrine, phenytoin, chlordiazepoxide** and **diazepam** by inhibiting their metabolism. Animal studies have indicated similar inhibition of metabolism of pethidine, morphine and amphetamines. A few case reports of increase in confusion and changes in affective behaviour have been noted with the concurrent administration of **metronidazole, isoniazid** or **paraldehyde**. Potentiation of organic brain syndrome and choreoatphetosis following **pimozide** have occurred very rarely. The intensity of the Disulfiram-alcohol reaction may be increased by **amitriptyline** and decreased by diazepam. **Chlorpromazine**, while decreasing certain components of the disulfiram-alcohol reaction, may increase the overall intensity of the reaction. Disulfiram inhibits the oxidation and renal excretion of **rifampicin**.

Cost (annual): At current prices, (Drug Tariff and dm+d browser (https://apps.nhsbsa.nhs.uk/DMDBrowser/DMDBrowser.do#product) Dec 2019) one year's treatment costs: £227.99 at a dose of 200 mg once daily

References:

1. Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press; December 2019 Accessed 5/10/19 via https://www.medicinescomplete.com/mc/bnf/current/
2. Brewer, C. (1984) How effective is the standard dose of disulfiram? A review of the alcohol-disulfiram reaction in practice. *British Journal of Psychiatry*, 144, 200-202.
3. Chick, J. et al., (1992) Disulfiram treatment of alcoholism. British *Journal of Psychiatry*, 161, 84-89.
4. National Institute for Health and Care Excellence(NICE) Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence CG 115 February 2011