

**Essential Shared Care Agreement
Disulfiram**

Please complete the following details:

Patient's name, address, date of birth

Consultant's contact details (p.3)

And send One copy to:

1. *the patient's GP*
2. *put one copy in care plan*
3. *give one copy to the patient*

| | |
|---|--|
| Patient's name: | |
| NHS Number: | |
| Patient's address: | |
| Patient's Date of Birth: | |
| As of this date: Please add to repeat prescription | |
| Medication prescribed: Dose: | |

The aim of this shared care agreement is to provide information on the responsibilities of the General Practitioner and the Consultant while sharing the care of patients prescribed medicines covered by the shared care agreement.

Guidelines will only be written when it has been agreed that shared care is an appropriate option, and will include a statement of Specialist Unit /GP responsibilities.

Shared Care Guidelines will ensure that all GPs have sufficient information to enable them to undertake responsibility for specialist therapies and other therapies which may affect/interact with specialist therapies.

It is not the intention to insist that GPs prescribe such a therapy and any doctor who does not wish to undertake the clinical and legal responsibility for a Shared Care Drug is not so obliged. (It should be noted that it is inappropriate to decline the invitation to shared care on the grounds of cost alone). Acceptance of the Shared Care Guidelines will be endorsed by the Medicines Management Teams of the CCGs.

The information contained in this guideline is issued on the understanding that it is the best available from the resources at our disposal at the time of issue.

For further information please refer to the relevant Summary of Product Characteristics and NICE guidance or contact your local Specialist or Drug Information Centre.

Further copies of this guideline may be obtained from:

- South Staffordshire & Shropshire Healthcare Foundation NHS Trust
- CCG's Prescribing Advisers.

Produced: May 2016

Review date: May 2018

SHARED CARE GUIDELINES: Disulfiram

Place in Therapy:

Licensed indications:

See section 'supporting information' for further details.

Criteria for Transfer of Prescribing to Primary Care

The patient must have shown response to treatment before the primary care clinician is asked to accept responsibility for prescribing.

Specialist Services Responsibilities:

1. Initiate disulfiram in the outpatient clinic, community setting or after inpatient detoxification for appropriate patients aiming for abstinence.
2. Discuss the risk/benefit of treatment with the patient, and the need to avoid alcohol or products containing alcohol (including external products).
3. Ask the GP whether he or she is willing to participate in prescribing / shared care. 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. Report adverse events to the MHRA on a Yellow Card form and to the GP
10. Ensure that clear backup arrangements exist for GPs to obtain advice and support.

GP Responsibilities:


1. Reply to the request for shared care as soon as practicable by faxing back the signed agreement at Annex A.
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
8. Report adverse events to the MHRA on a Yellow Card Form, and to the Specialist

Patient/Carer's Role

1. To agree to specialised counselling from an alcohol worker or community alcohol nurse.
2. Share any concerns in relation to treatment with disulfiram.
3. Seek medical assistance if he or she experiences a disulfiram reaction.
4. 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, avail. at pharmacies, GP surgeries or from the Yellow Card hotline (freephone 0808 100 3352 during

business hours). The form can also be downloaded from
<https://yellowcard.mhra.gov.uk/>

**Back-up advice on the above is available at all times:
South Staffordshire & Shropshire Healthcare Foundation NHS Trust –
Contact Details**

| Contact | Speciality | Available |  | Out of Hours |
|---------|------------|------------------------|---|--------------|
| | | Mon-Fri 8.30 – 5.00 | | |

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. See BNF

Monitoring:

Specialist: Monitoring on a minimum of a 3 month basis with a view to continue or discontinue the treatment.

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

Cautions: Caution should be exercised in the presence of **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, 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).

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

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 choreoathetosis 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 (50) : at a dose of 200mg once daily, £91.73 (BNF 70, September - March 2016)

References:

SPC Antabuse (accessed 18/05/2016)

BNF 70, September - March 2016

Ref 1: 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.

Ref 2: Chick, J. et al., (1992) Disulfiram treatment of alcoholism. *British Journal of Psychiatry*, 161, 84-89.

Shared Care Agreement for Disulfiram

Name of Prescriber:
Specialist Area:
Telephone Number:
Fax Number:.....
Signature: Date:

Patient's Name:
Address:
Drug and dose:

Name of GP:
Signature: Date:
Practice Address