In partnership with as part of

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:	
Patient ILLY no:	
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:

- Midlands Partnership NHS Foundation Trust
- CCG's Prescribing Advisers.

Produced: Dr R. Turner
Review date: 26/06/20

Shared Care Guideline		Reference Number
Version: 2	**Replaces: 1**	**Issue date: 25/07/17**
Author(s)/Originator(s): (please state author name and department) *Dr Rachel Turner GPwSI Inclusion Substance Misuse Services Hampshire*		**To be read in conjunction with the following documents:** Current Summary of Product characteristics (http://www.medicines.org.uk) BNF
Date approved by Trust Governance Group: 27/06/17	**Date approved by SSSFT Medicines Management Group:** *27/06/17*	
Date approved by CCG: *11/1/18*	**Review Date: 26/06/20**	

1. Licensed Indications	Maintenance of abstinence in alcohol dependence
2. Background and therapeutic use:	Disulfiram prevents the breakdown of alcohol by irreversibly blocking the enzyme acetaldehyde dehydrogenase. Within 10 minutes of consuming alcohol patients experience an unpleasant reaction including facial flushing, headache, tachycardia, dyspnoea, nausea and vomiting. The severity of the reaction varies but can occasionally be life-threatening with hypotension, arrhythmias and collapse. The reaction can last for several hours with peak levels occurring at 8-12 hours. The action of Disulfiram can last for 7 days after the last dose and patients must be warned of this. Disulfiram has a license for maintaining abstinence in those with chronic alcohol dependence in combination with adjuvant psychosocial interventions.
3. Contraindications (see also the BNF and the SPC):	Known hypersensitivity, <16 years old, alcohol consumption in the 24 hours, recent MI, angina, heart failure, uncontrolled hypertension, history of hypertension, pregnancy, breastfeeding, severely deranged LFTs (GGT> x3 normal limit), bilirubin >30um/l, ALT>150U/L), *psychosis (review with specialist first), severe personality disorder with associated risk of impulsivity and self-harm (review with specialist first)*, *suicide risk (review by specialist first).*
4. Pregnancy and Lactation:	Do not prescribe to pregnant or breastfeeding women.
5.Dose/Administration	• Disulfiram is available in scored white tablets of 200mg which can be swallowed whole with at least half a glass of water whilst sitting or standing or partially dissolved in water to aid swallowing. Oral administration. The usual dose is 200mg daily but it can be increased up to a maximum of 500mg daily under specialist supervision. Some patients can be converted to three times a week dosing with the overall dose for the week equalling the daily dose of 200mg (i.e. 400mg Monday, 400mg Wednesday and 600mg Friday is the equivalent of a daily dose of 200mg daily) • It should be prescribed in combination with adjunctive psychosocial interventions • It should be initiated no sooner than 24 hours after the last drink of alcohol and the effect can last for several days (possibly up to 2 weeks) after the last dose in some patients. It starts to become effective in a few hours in most patients. Patients should be advised not to drink any alcohol for 24 hours before starting Disulfiram, whilst taking it and for 2 weeks after stopping. It should be stopped immediately in the case of relapse and the dose reviewed in cases of lack of efficacy or intolerable side-effects

PLEASE COMPLETE ALL SECTIONS

	• All dose adjustments will be the responsibility of the initiating specialist unless direction have been specified in medical letter to the GP • Any missed doses should be taken as soon as the patient remembers • Duration of treatment is usually 3-6 months but can be up to 12 months
6.Drug Interactions (see also BNF and SPC):	• Paraldehyde, metronidazole and isoniazid interact with Disulfiram increasing risk of a psychotic reaction • Warfarin (Disulfiram enhances effect of Warfarin therefore increased monitoring of INR required) • Tricyclics – Disulfiram increases the plasma concentration of Tricyclics by 50% therefore increased risk of toxicity so the Tricyclic dose may need reducing or an alternative ant-depressant prescribed • Amitriptyline – increased Disulfiram reaction • Phenytoin – increased risk of phenytoin toxicity • Temazepam – increased risk of toxicity • Benzodiazepines – increased sedative effects • Theophylline – increased risk of toxicity • Colchicine - avoid
7.Side-effects (see also BNF and SPC):	• **Common** (<10%):Sleepiness and fatigue • **Action:** Do not drive or operate machinery, this mostly happens when starting the drug and usually wears off to reassure Nausea and Vomiting**. Action:** take the drug with or after food. Contact specialist services for advice if severe as dose adjustment may help Halitosis. **Action:** reassure, this usually wears off after a few days. Use alcohol free mouthwash Shortness of breath. **Action:** Reassure if mild, if severe consider stopping or dose adjustment • **Uncommon** (<1%): Allergic skin reactions. **Action:** stop Disulfiram if severe or consider an antihistamine if mild • Rare (<0.1%): Reduced libido. **Action:** discuss with doctor, this may improve with time • **Very Rare** (<0.01%): Liver damage, peripheral neuropathy and psychiatric reactions (including severe depression, paranoia, mania and hallucinations. **Action:** Stop the medication and consider referral to appropriate specialist services (e.g. hepatology or psychiatry as well as seeking further advice from alcohol specialist service)

8.Baseline investigations and advice:	It is very important to screen suitability for disulfiram as some patients with memory difficulties or adverse social circumstances may have challenges with compliance or maintaining abstinence from alcohol. The patient should have a set of LFTS done prior to starting Disulfiram (preferably LFTS, U/e, GGT and FBC. Baseline pulse and BP and ECG if indicated by history of cardiac disease. They should be advised on the antabuse reaction to alcohol and advised not to drink as above (under Dosage/Administration). They should be advised of potential side-effects and given written information on Disulfiram. They should be asked to report side-effects to the specialist initially (first 4 weeks).
9. Monitoring:	2-4 week review by initiating specialist and 3 monthly reviews by GP thereafter to monitor efficacy, adherence to treatment including psychosocial interventions and monitor LFTs. If liver enzymes (e.g. ALT) raised >x3 normal, stop medication and contact specialist. If only mildly raised discuss with alcohol specialist and increase frequency of monitoring to 2-4 weekly.
10. Criteria for Shared Care:	Prescribing responsibility will only be transferred when: • Treatment is for a specified indication and duration • Treatment has been initiated and established by the specialist (Inclusion Services or detoxification unit under an Inclusion care plan , i.e. not if privately arranged. • The patient's general physical, mental and social circumstances allow for shared care arrangements
11. Responsibilities of initiating specialist	• Initiate treatment. • Monitor initial reaction and progress • Prescribe enough medication until the GP supply can be arranged (minimum 1 month) • Continue to review the patient according to this protocol and agree to review promptly if contacted by the GP • Provide GP with adequate information on the diagnosis, treatment plan, drug information and baseline results. Letters detailing outpatient consultations should be sent within 14 days of the date of the consultation • Provide the patient with relevant information (preferably written) on the drug to include potential side-effects and appropriate action
12. Responsibilities of the GP	• Continue treatment as directed by the specialist • Monitor and prescribe in collaboration with the specialist according to this protocol • Discontinue medication if lack of efficacy, full relapse of unacceptable or severe side-effects • Communicate with secondary care as necessary and promptly

13. Responsibilities of the patient	• Take medication as prescribed and inform clinician if not taking medication • Attend primary and secondary care appointments • Report adverse effects to their keyworker, GP or specialist
14. Supporting documentation:	The SCG must be accompanied by a patient information leaflet. (Available from http://www.medicines.org.uk/emc OR http://www.mhra.gov.uk/spc-pil/)
15. Shared care agreement form:	**See Annex 1** **Note: This agreement would last for a maximum of 3 months duration. Responsibility for continuing prescribing following this period, if felt appropriate, would be at the responsibility of the Primary Care prescriber and any associated costs.**
16. Substance Misuse Contact numbers:	**Hampshire Inclusion Recovery Teams - Tel : 0300 124 0103 and choose from the following options:** **Option 1 = Aldershot** **Option 4 = Fareham** **Option 7 = Winchester** **Option 2 = Basingstoke** **Option 5 = Havant** **Option 8 = Andover** **Option 3 = Eastleigh** **Option 6 = New Forest** **Option 9 = Gosport**

Annex 1

In partnership with

Shared Care Agreement for Disulfiram

Name of Prescriber:

Specialist Area:

Telephone Number:

Fax Number:……

Signature: Date:

Patient's Name:

Address:

ILLY No:

Drug and dose:

Name of GP:

Signature: Date:

Practice Address

- ***This form will be required for invoicing purposes to the Inclusion (Midlands Partnership NHS Foundation Trust)***