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## Medicines and Support Dictionary

Each entry gives: what it is, who it's for, the book's main claim with its label, the cost, and the chapter with sources. A label applies only to the claim just before it. The dictionary names no brands. Approval and prescribing differ between countries and may have changed. None of these medicines should be taken without a doctor prescribing and monitoring.

**AA and 12-step groups.** Self-help groups for people who want to stay off alcohol, meeting in person or online. AA and programmes supporting AA participation help people stay continuously abstinent better than other treatments, and may reduce healthcare costs (■■■Strong evidence). Suits road ▲ best. Free. Chapter 10.

**Acamprosate.** A medicine that helps people stay off alcohol after stopping; thought to rebalance the glutamate system. Naltrexone and acamprosate help reduce returning to drinking and should be first-line choices (■■■Strong evidence). Common side effect: diarrhoea. The dose needs adjusting for weak kidneys. \$ to \$\$\$. Chapter 9.

**Baclofen.** A muscle relaxant that drew attention in France. Not significantly different from placebo in blinded trials (■■■Debated). Causes drowsiness and dizziness. \$. Chapter 9.

**Brief intervention.** A five- to thirty-minute conversation with a doctor or health worker about how much you drink, the risks and a goal. Helps people with harmful drinking drink less (■■■Moderate evidence). \$. Chapter 6.

**Cognitive behavioural therapy (CBT).** Working with a professional to spot the cues, thoughts and situations that lead to

a drink, and practise other responses. Reduces drinking better than no treatment, but no better than other specific therapies (■ ■ ■ **Strong evidence**). \$\$ to \$\$\$ . Chapter 10.

**CRAFT.** A method that trains family members how to talk, how to reward sober times and how to look after themselves. Helps family members get the person who drinks into treatment more often than traditional approaches (■ ■ ■ **Moderate evidence**). \$\$, with self-help books available. Chapter 10.

**Digital programmes.** Apps and websites with self-monitoring and personal feedback. Help people drink a little less (■ ■ ■ **Moderate evidence**). Free to \$. Chapters 5, 10.

**Disulfiram.** The oldest medicine, which blocks the enzyme that clears acetaldehyde, so drinking causes a very unpleasant reaction. Has only shown benefit in open, supervised trials (■ ■ ■ **Debated**). Safety flag: severe reaction with alcohol, including “hidden” alcohol. \$. Chapter 9.

**Gabapentin.** An epilepsy and nerve-pain medicine, used off-label. May help reduce heavy drinking days (■ ■ ■ **Debated**). Causes drowsiness; some people are at risk of misusing it. \$. Chapter 9.

**Motivational interviewing.** A way of talking that helps you voice your own reasons for change and choose your own approach. Widely used, often combined with other therapies. \$\$ . Chapter 10.

**Nalmefene.** Similar to naltrexone, taken as needed on days with a risk of heavy drinking; approved in Europe. Helps reduce drinking but its benefit is limited (■ ■ ■ **Debated**). \$\$ . Chapter 9.

**Naltrexone.** A medicine that blocks opioid receptors and dampens alcohol’s “reward”; used both by people stopping and people cutting down. Naltrexone and acamprosate help reduce returning to drinking and should be first-line choices (■ ■ ■ **Strong evidence**). Safety flag: not to be taken with opioid medicines. \$ to \$\$ . Chapter 9.

**Semaglutide (GLP-1 group).** A diabetes and weight-loss medicine, not approved for alcohol. May reduce craving and the amount drunk per drinking day (■ ■ ■ **Debated**). Early evidence from one small trial. \$\$\$ . Chapter 9; see also Volume 14.

**SMART Recovery.** Self-help groups based on psychological techniques, not the 12-step model, accepting both abstinence and

cutting down as goals. May help recovery, but research is limited **(■ ■ ■ Debated)**. Free. Chapter 10.

**Supervised withdrawal.** Stopping alcohol with a doctor's assessment and monitoring, usually with medicine to ease withdrawal and prevent seizures, plus vitamin B1. Many people with mild to moderate withdrawal can withdraw safely as outpatients if assessed and monitored **(■ ■ ■ Moderate evidence)**. \$ to \$\$\$, depending on home or residential care. Chapter 8.

**Topiramate.** An epilepsy medicine, used off-label in many countries. Helps reduce drinking **(■ ■ ■ Moderate evidence)**. Side effects: tingling fingertips, word-finding difficulty, trouble concentrating. \$. Chapter 9.

**Vitamin B1 (thiamine).** A vitamin that heavy drinkers often lack; severe deficiency can damage the brain. People who drink heavily should be given vitamin B1 to prevent brain damage **(■ ■ ■ Moderate evidence)**. Ask your doctor about the dose. \$. Chapter 8.