



Skeehchooash

Pequot for Grasses, Herbs, Medicines

PEQUOT PHARMACEUTICAL NETWORK • PHARMACY NEWSLETTER

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Alcohol and Drug Interactions

Alcohol-drug interactions can be pharmacodynamic or pharmacokinetic. Effects of these interactions vary based on chronic vs acute alcohol use. **Alcohol can cause “dose dumping,” increasing the risk of overdose with ER formulations.** Some **OTCs** (e.g., cough syrups, laxatives) may contain up to 10% alcohol. The **elderly may be at higher risk** with alcohol-drug interactions due to possible slowed alcohol metabolism. Alcohol itself may increase the risk of falls and injury. The information below includes **selected alcohol-drug interactions** and **recommendations** for alcohol consumption during therapy, but **is not all-inclusive**.

Analgesics (Non-Opioids)

- **Acetaminophen** - Chronic alcohol use or binge drinking can reduce blood levels of acetaminophen
 - Rec: Limit to <3 drinks/day.
- **Aspirin or NSAIDs** - has effects on the gastric mucosal barrier leading to an increased risk of GI hemorrhage
 - Rec: Limit to <3 drinks/day. Avoid chronic NSAID use in heavy drinkers.

Analgesics (Opioids) - Increased risk of fatal overdose

- **Extended-release opioids** - Alcohol can cause “dose dumping” or delivery of a potentially **fatal** dose of the opioid with some ER formulations.
 - Rec: Avoid concomitant use.

Anticoagulants/Antiplatelets - Increase the risk of falls and increases the risk of bleeding

- **Warfarin** - Acute ingestion of alcohol (>2 drinks) may reduce the metabolism of warfarin. Patients with liver disease may be more likely to have increased effects of warfarin
 - Rec: Limit to ≤2 drinks/day. Monitor INR more frequently if dietary habits and alcohol consumption, change.

Antidepressants

- **Bupropion** - Alcohol abuse and the abrupt discontinuation of alcohol have also been associated with seizures.
 - Rec: Avoid alcohol, or the abrupt discontinuation of alcohol.
- **MAOIs** - Tyramine (in some beers and wines) interacts with MAOIs leading to severe hypertension.
 - Rec: Avoid alcohol (including for at least two weeks following stopping MAOIs).
- **SSRIs and SNRIs** - Severe, sometimes fatal, hepatotoxicity has been reported with duloxetine and heavy alcohol use.
 - Rec: Generally, avoid alcohol with all SSRIs and SNRIs.
- **TCAs** - Alcohol may increase TCA levels, increasing the risk of orthostatic hypotension
 - Rec: Avoid alcohol.

Antidiabetics - Alcohol suppresses gluconeogenesis and generally increases the risk of hypoglycemia

- **Sulfonylureas** - Rare reports of disulfiram-like reactions with glyburide
 - Rec: Avoid or limit alcohol. If alcohol is consumed, blood glucose should be monitored frequently.
- **Metformin** - May cause nausea and weakness. Excessive alcohol consumption may lead to increased blood levels of lactic acid with metformin use.
 - Rec: If alcohol is consumed, monitor closely for lactic acidosis (e.g., muscle or stomach pain, slowed heart rate, dizziness).

Antiepileptics - Alcohol has epileptic potential.

- **Phenytoin, Fosphenytoin** - Chronic alcohol consumption induces hepatic enzymes, increasing the clearance of phenytoin. Acute alcohol consumption (small amounts) doesn't appear to clinically affect hepatic metabolism of phenytoin.
 - Rec: Generally, avoid alcohol. If alcohol is consumed, consider close monitoring of phenytoin serum levels.

Antihypertensives - Moderate to heavy drinking (>1 drink/day [females] >2 drinks/day [males]) increases blood pressure.

- **Alpha-blockers** - Alcohol may increase the risk of postural hypotension with alpha-blockers, shortly after its ingestion.
 - Rec: Monitor for possible effects.
- **Beta-blockers** - Alcohol may cause a rapid release of metoprolol from the extended-release formulations.
 - Rec: Avoid alcohol when taking an ER beta-blocker formulation.
- **Calcium channel blockers** - Increased risk of postural hypotension, shortly after alcohol consumption. Verapamil inhibits alcohol elimination, increasing alcohol levels and prolonging intoxication. Alcohol may affect ER formulations.
 - Rec: Avoid alcohol with ER formulations and with verapamil. Limit with other calcium channel blockers.

Antimicrobials

- **Doxycycline** - Potential impact on efficacy. Effects can last for days after discontinuing alcohol.
 - Rec: An alternative antibiotic or dose adjustment may be needed in patients who are likely to consume alcohol.
- **Metronidazole** - Rare reports of possible disulfiram-like reactions with metronidazole combined with alcohol.
 - Rec: Low risk, but consider avoiding alcohol for up to 3 days after metronidazole

Sedative-Hypnotics - causes additive CNS depressant effects, alcohol also disrupts sleep and is associated with insomnia.

- **Benzodiazepines** - increased risk of benzodiazepine-induced complex sleep-related behaviors such as sleep-driving
 - Rec: Avoid alcohol. Monitor for possible effects (e.g., sedation, impaired psychomotor skills [can extend into the morning after evening alcohol use]).
- **Non-benzodiazepine hypnotics** - When taken with “Z-drugs”, alcohol can increase the risk of complex sleep-related behaviors while not fully awake and with no recall of the event.
 - Rec: Avoid alcohol.

Statins - Alcohol use may increase risk of liver damage.

- Rec: Limit alcohol consumption

<https://pharmacist.therapeuticresearch.com/Content/Segments/PRL/2015/Dec/Alcohol-and-Drug-Interactions-9194>

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