

Alcohol-Drug Interactions

Note: The following list of alcohol-drug interactions is not all-inclusive

Antibiotics:

Light to moderate alcohol use (<3 drinks per day) does not reduce the effectiveness of antibiotics. It can, however, have the same side effects as many common antibiotics (nausea, stomach upset, drowsiness, dizziness, etc.) therefore it is sensible to avoid alcohol until the course of antibiotics is complete.



COMPLETELY AVOID alcohol for the duration of treatment of **metronidazole** or **ketoconazole** and for 3 days after treatment is finished due to potential for a disulfiram-like reaction (flushing, headache, nausea, vomiting, abdominal cramps, sweating).

Psychotropic medications (do not exceed light to moderate alcohol intake for the following):

- **Antidepressants:** Alcohol may enhance the sedative effects of many antidepressants, especially tricyclics (e.g., amitriptyline, nortriptyline, clomipramine, doxepin), trazodone, and mirtazapine. Consider treating with an SSRI or SNRI in patients who consume alcohol as interactions between these and alcohol are limited.
- **Antipsychotics:** Alcohol can also enhance sedative side effects of antipsychotics, especially first generation (e.g., haloperidol, chlorpromazine, loxapine) and increase risk of orthostatic hypotension and extrapyramidal symptoms (drug induced movement disorders).
- **Benzodiazepines** (e.g., lorazepam, clonazepam, diazepam), **zopiclone** and **zolpidem** may have their sedative, memory-impairing and the hangover effects enhanced by alcohol consumption.



COMPLETELY AVOID alcohol with **monoamine oxidase inhibitors (MAOIs)** (e.g., tranylcypromine, phenelzine, selegiline) and for at least two weeks following discontinuation. Tyramine, a substance which is present in some beers and wines, has an interaction with MAOIs which can cause severe hypertension.

Alcohol is a “depressant” and therefore can affect an individual’s mood, thoughts, feelings and overall mental health. For someone who is trying to control their mood (e.g., depression, anxiety, bipolar disorder, etc.), it is best to avoid alcohol until that individuals mood is stabilized.

Analgesics:

Acetaminophen metabolism by liver enzymes results in the formation of a toxic product. Chronic alcohol drinkers, who have increased liver enzyme activity, have over-production of this. Acute alcohol drinking could

have a similar effect. Do not exceed more than light to moderate alcohol intake. Avoid use in chronic or heavy drinkers. **NSAIDs** (e.g., ibuprofen, naproxen, meloxicam, indomethacin, diclofenac) increase the risk of ulcers and gastrointestinal bleeds and this effect may be exacerbated by alcohol via damage to the stomach mucosa. Avoid use in chronic or heavy drinkers.



COMPLETELY AVOID alcohol with **all opioid analgesics** (e.g., fentanyl, hydromorphone, methadone, meperidine, morphine, oxycodone, pentazocin) due to enhanced sedative effects. This is especially important for extended-release formulations of opioids (e.g. Nucynta ER, Kadian) as it may result in “dose-dumping” of the opioid, increasing the risk of fatal overdose.

Anticoagulants:

Alcohol may decrease the metabolism of warfarin. This can lead to strong blood-thinning effects, increasing the risk of bleeding. Light to moderate amounts of alcohol do not appear to have this effect. For patients who are chronic or frequent drinkers of alcohol, alternative anticoagulants may be considered (such as Xarelto, Eliquis, Pradaxa) as they do not have a direct alcohol interaction. However, it is important to remember that alcohol increases the risk of stomach bleeding that is already present in someone taking an anticoagulant.

Antidiabetics:

Since alcohol decreases the body’s ability to make glucose, it may enhance the hypoglycemic effect of **any antidiabetic agent**, especially insulin. This effect is exacerbated when alcohol is ingested on an empty stomach. As well, many alcoholic beverages contain a lot of calories which can worsen glycemic control. Diabetics should avoid heavy alcohol consumption so that their blood glucose levels remain stable.

Others (do not exceed light to moderate amounts of alcohol with the following):

- **Antihypertensives:** Moderate to heavy chronic drinking (≥ 3 drinks per day) has been shown to increase blood pressure.
- **Methotrexate:** Two or more alcoholic drinks per week may increase the risk of liver toxicity. This risk is increased with larger doses of methotrexate.
- **Isotretinoin (Accutane):** Alcohol may increase the risk of experiencing adverse effects associated with isotretinoin. Specifically, the risk for elevated triglyceride concentrations may be increased.
- **Varenicline (Champix):** May increase alcohol intoxication, aggressive behaviour and memory loss.



COMPLETELY AVOID alcohol with **acitretin (Soriatane)** and for at least 2 months after it is discontinued due to the formation of etretinate in the blood - a highly teratogenic substance that can last for years in the blood. This is recommended for females and males.

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