SELECTED DRUG-DRUG INTERACTIONS WITH ALCOHOL

Drug	Interaction	Comments/Recommendations
Acetaminophen	Chronic alcohol use can increase blood levels of APAP metabolite NAPQ, which is hepatotoxic. Large amounts of alcohol may increase risks of liver toxicity similar to chronic use.	Severe liver damage may occur in adults who have three or more alcoholic drinks per day while taking acetaminophen.
Antibiotics – nitroimidazoles	Rare reports of disulfiram-like reactions (abdominal cramps, nausea, vomiting, headaches, flushing) with oral nitroimidazoles (e.g. metronidazole, tinidazole).	Prescribing information recommends avoiding alcohol during treatment and for 3 days after treatment but the CDC's 2021 STI treatment guidelines state that there is no need to avoid alcohol while taking metronidazole or tinidazole due to lack of clinical evidence. The risk is likely low, but consider advising patients to avoid alcohol during treatment and for up to 3 days following use of systemic nitroimidazoles.
NSAIDs	Additive or synergistic damaging effects on the gastric mucosal barrier leading to an increased risk of GI bleeding.	Do not use NSAIDs in patients who regularly drink alcohol.
Diabetes Medications	Alcohol suppresses gluconeogenesis and may increase the risk of hypoglycemia but calories from alcohol can also worsen glycemic control. Alcohol use with metformin may increase risk of lactic acidosis.	Patients on medications with a risk of hypoglycemia (sulfonylureas, insulin) should limit alcohol consumption and avoid drinking alcohol on an empty stomach. Patients on metformin should avoid binge drinking and if alcohol is consumed, monitor for symptoms of lactic acidosis (e.g., muscle or stomach pain, slowed heart rate, dizziness).
Opioids and methadone	Taking ER opioids with alcohol may lead to "dose dumping" or delivery of a potentially fatal dose of the opioid (Nucynta ER, Opana ER, Kadian and Zohydro ER). Use of alcohol with methadone may potentiate the effects of methadone and lead to additive CNS effects and respiratory depression.	In general, advise against concomitant use of alcohol and all opioids due to additive CNS depression. Remember that naltrexone cannot be used with opioids or opioid agonists (buprenorphine, methadone).
Warfarin	Acute alcohol ingestion may reduce warfarin metabolism (decrease INR) but chronic alcohol use has been associated with both increases and decreases in warfarin's effects.	Monitor INR more frequently if patient's alcohol consumption changes. Patients with liver disease and chronic alcohol use may be more likely to have increased INRs. Alcohol may also increase risk of falls, and risk of bleeding with warfarin or other anticoagulants.

Reference: Clinical Resource, Alcohol and Drug Interactions. Pharmacist's Letter/Prescriber's Letter. October 2021. [371005]

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KEY: APAP Acetaminophen; **CDC** Centers for Disease; Control and Prevention; **CNS** Central nervous system; **ER** Extended release; **GI** Gastrointestinal; **INR** International normalized ratio; **NAPQ** Reactive metabolite of APAP; **NSAIDs** Nonsteroidal anti-inflammatory drugs; **STI** Sexually transmitted infection