

Acamprosate

Campral • delayed-release tablets: 333 mg

Support for staying alcohol-free after withdrawal. Recovery still needs people, a plan and follow-up.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

THREE DAILY DOSES

KIDNEY FUNCTION DETERMINES THE DOSE

Follow your prescription. This sheet does not authorize starting treatment or changing your dose.

What it is used for

Helps adults stay alcohol-free after stopping. Use it with counseling or other recovery support.

It is not a detox medicine and does not prevent dangerous alcohol withdrawal.

How it works

It may help rebalance brain signaling affected by long-term alcohol use. Exactly how it helps remains uncertain.

The diagram is a proposed model, not proven receptor action. It is not a sedative or opioid blocker.

What to expect over time

EARLY DAYS

Loose stools, nausea or gas may appear. Mild diarrhea often eases; persistent symptoms need review.

FOLLOW-UP

Review drinking, cravings, mood and missed doses. You may not feel an obvious effect after each tablet.

LONGER TERM

Continue while it is useful, with regular review. There is no single stop date that suits everyone.

Taking your medication

The usual adult dose is two 333-mg tablets three times daily. Kidney impairment may require one tablet per dose, or rule it out entirely. Follow your prescribed dose.

Swallow whole; do not split, chew or crush. Food is optional. Breakfast, lunch and dinner can be useful reminders.

Start after withdrawal is managed and abstinence achieved. If drinking resumes, keep taking it as directed and contact your team.

When to get help

Contact your clinician promptly: worsening depression, suicidal thoughts, persistent diarrhea, poor fluid intake or much less urine.

Get urgent help: severe dehydration or alcohol withdrawal. Confusion, hallucinations or seizures after reducing drinking need emergency assessment.

Call 911: immediate danger, seizure, collapse, inability to wake, or face/throat swelling with breathing trouble. For overdose: Poison Control, 1-800-222-1222.

Early side effects

Diarrhea is most characteristic. Nausea, gas, reduced appetite, weakness, dizziness or itching can occur. Report persistent symptoms or a new rash; do not dismiss dehydration.

Other effects to discuss

Anxiety, sleep or mood changes deserve attention even if recovery itself may contribute. Weight stability and clear thinking are not guaranteed. Avoid driving until you know your response.

What to keep track of

Review kidney function, drinking, mood, diarrhea and all three daily doses. Drug-level tests are not routine. Liver tests may still be needed for alcohol-related illness.

Before you start

Discuss kidney disease, allergies, depression, suicidal thoughts, last alcohol use and any history of severe withdrawal. A kidney test guides prescribing: moderate impairment needs a lower dose; severe impairment rules it out. Pregnancy and breastfeeding need an individualized discussion because human safety data are limited. Campral is a former US brand; acamprosate remains available in generic form.

Medicines & interactions

Alcohol

It does not cause the disulfiram-type alcohol reaction, but it does not make drinking safe. Tell your team about a lapse; after renewed heavy drinking, get advice before another withdrawal attempt.

Other recovery medicines

Naltrexone or disulfiram may sometimes be prescribed alongside it. No routine acamprosate dose change is recommended with naltrexone; each medicine still has its own risks.

New medicines and kidney risks

Review all prescriptions, pain relievers and supplements. Ask about regular ibuprofen or naproxen and water pills, especially with kidney disease or dehydration. Few known interactions does not mean every combination is safe.

Everyday tips

Make a workable plan for the midday dose; reminders or a pill organizer may help.

Keep counseling and recovery appointments. Medication is one part of treatment.

Agree on whom to contact after a lapse, and ask about a safe withdrawal plan if heavy drinking returns.

Report side effects early. Trouble with the schedule is a problem to solve together, not a personal failure.

Your questions, answered

What if I miss a dose?

Take it when remembered unless the next dose is nearly due. Then skip it and return to your schedule. Never double.

What if I drink again?

Keep taking it as directed and contact your clinician. Review support, treatment goals and withdrawal risk; a lapse does not mean treatment is over.

Is it addictive?

It is not a controlled medicine and is not considered habit-forming. That does not remove the need for monitoring or safe storage.

Can I stop when I feel better?

A taper is generally unnecessary, but plan stopping with your clinician. Arrange continuing recovery support or another treatment if needed.

Storage & safety

Store in the labeled container at room temperature, away from excess heat or moisture and secured from children and pets. Do not share. Ask your pharmacy about take-back disposal.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=4473326f-79f1-61b2-e063-6294a90a17a3>
 2. <https://medlineplus.gov/druginfo/meds/a604028.html>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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