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Appendix C: Common Types of Interactions Between Alcohol and Medications

There are many interactions between alcohol and various classes of medications. The following table lists common types of interactions that can occur with some examples provided. This is not a comprehensive list. Further information about specific drugs can be found on the National Institute on Alcohol Abuse and Alcoholism website. Alternatively, the Lexicomp drug interaction checker may also be used for a direct interaction check with alcohol. Please note that interactions may be different based on acute versus chronic use of alcohol.

Interaction	Examples	Description
Additive CNS depression and sedation	Benzodiazepines Opioids Antihistamines Cyclobenzaprine Herbal medications Gabapentin	 Alcohol enhances the effects of these agents on the central nervous system (CNS), such as drowsiness, sedation, and decreased motor skills. The interactions are often more pronounced in elderly people
Disulfiram-like reactions	Disulfiram Metronidazole Ceftriaxone Trimethoprim/ sulfamethoxazole	Build up of acetaldehyde can cause facial flushing, tachycardia, diaphoresis and pounding headache
Increased liver toxicity	Statins Isoniazid Valproic acid High doses of acetaminophen	Alcohol consumption increases risk of liver damage which can be compounded by different medications
Increased bleed risk	NSAIDs	Alcohol consumption increases the associated risk of gastrointestinal bleeding.
Increased risk of hypotension and falls	Vasodilators (nitroglycerin)	Increased risk of falls with chronic alcohol use (see BCGuideline: Fall Prevention: Risk Assessment and Management for Community-Dwelling Older Adults)
Altered drug levels	Warfarin Phenytoin	 Acute alcohol intake may increase anticoagulation by decreasing warfarin metabolism Chronic alcohol ingestion decreases anticoagulation by increasing warfarin metabolism Acute intake of alcohol increases phenytoin serum concentrations Chronic intake of alcohol decreases phenytoin serum concentrations

References

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