27 - References

References

Pharmacokinetics CHAPTER 11 References

1. Zakhari S. Overview: how is alcohol metabolized by the body? Alcohol Res Health 2006; 29:245–254.
2. Tanaka E. Toxicological interactions involving psychiatric drugs and alcohol: an update. J Clin Pharm Ther 2003; 28:81–95.
3. Wan-Chih T. Alcohol-related drug interactions. Pharmacist’s Letter/Prescriber’s Letter 2008; 24:240106.
4. Smith RG. An appraisal of potential drug interactions in cigarette smokers and alcohol drinkers. J Am Podiatr Med Assoc 2009; 99:81–88.
5. Chan LN, et al. Pharmacokinetic and pharmacodynamic drug interactions with ethanol (alcohol). Clin Pharmacokinet 2014; 53:1115–1136.
6. Jiang Y, et al. Alcohol metabolizing enzymes, microsomal ethanol oxidizing system, cytochrome P450 2E1, catalase, and aldehyde dehydrogenase in alcohol-associated liver disease. Biomedicines 2020; 8:50.
7. Salmela KS, et al. Respective roles of human cytochrome P-4502E1, 1A2, and 3A4 in the hepatic microsomal ethanol oxidizing system. Alcohol Clin Exp Res 1998; 22:2125–2132.
8. Hamitouche S, et al. Ethanol oxidation into acetaldehyde by 16 recombinant human cytochrome P450 isoforms: role of CYP2C isoforms in human liver microsomes. Toxicol Lett 2006; 167:221–230.
9. Koster M, et al. Seizures during antidepressant treatment in psychiatric inpatients – results from the transnational pharmacovigilance project ‘Arzneimittelsicherheit in der Psychiatrie’ (AMSP) 1993–2008. Psychopharmacology (Berl) 2013; 230:191–201.
10. Cederbaum AI. Alcohol metabolism. Clin Liver Dis 2012; 16:667–685.
11. Wall TL, et al. Biology, genetics, and environment: underlying factors influencing alcohol metabolism. Alcohol Res 2016; 38:59–68.
12. Williams CS, et al. Do ethanol and metronidazole interact to produce a disulfiram-like reaction? Ann Pharmacother 2000; 34:255–257.
13. Visapää JP, et al. Lack of disulfiram-like reaction with metronidazole and ethanol. Ann Pharmacother 2002; 36:971–974.
14. Mergenhagen KA, et al. Fact versus fiction: a review of the evidence behind alcohol and antibiotic interactions. Antimicrob Agents Chemother 2020; 64:e02167–02119.
15. Huang Z, et al. Influence of ethanol on the metabolism of alprazolam. Expert Opin Drug Metab Toxicol 2018; 14:551–559.

16. Traccis F, et al. Alcohol-medication interactions: a systematic review and meta-analysis of placebo-controlled trials. Neurosci Biobehav Rev 2022; 132:519–541.
17. Lennernäs H. Ethanol-drug absorption interaction: potential for a significant effect on the plasma pharmacokinetics of ethanol vulnerable formulations. Mol Pharm 2009; 6:1429–1440. Table 11.11 Psychotropic drugs: choice in patients who continue to drink. Safest choice Best avoided Antipsychotics Sulpiride and amisulpride Paliperidone, if depot required (non-sedative and renally excreted) Very sedative antipsychotics such as chlorpromazine and clozapine Antidepressants SSRIs – citalopram, sertraline Potent inhibitors of CYP3A4 (fluoxetine, paroxetine) may decrease alcohol metabolism in chronic drinkers TCAs, because impairment of metabolism by alcohol (while intoxicated) can lead to increased plasma levels and consequent signs and symptoms of overdose (profound hypotension, seizures, arrhythmias and coma) Cardiac effects can be exacerbated by electrolyte disturbances Combinations of TCAs and alcohol profoundly impair psychomotor skills Mirtazapine – often very sedative MAOIs, as can cause profound hypotension. Also potential interaction with tyramine-containing drinks which can lead to hypertensive crisis Mood stabilisers Valproate (where regulations allow) Carbamazepine Higher plasma levels achieved during periods of alcohol intoxication may be poorly tolerated Lithium, because it has a narrow therapeutic index and alcohol-related dehydration and electrolyte disturbance can precipitate lithium toxicity Note: be aware of the possibility of hepatic failure or reduced hepatic function in chronic alcohol misusers. See ‘Hepatic impairment’ in Chapter 8. Also note the risk of hepatic toxicity with some recommended drugs (e.g. valproate). MAOIs, monoamine oxidase inhibitors; TCAs, tricyclic antidepressants.

Revision #1
Created 2026-01-04 20:18:14 UTC by Omar Ayman
Updated 2026-01-04 20:18:14 UTC by Omar Ayman