

Naltrexone

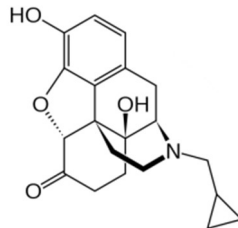


What is Naltrexone?

Naltrexone has been available since the early 1980s and has primarily been used to manage alcohol and opiate dependence. At “normal” doses (50mg/day), it works by blocking the actions of both opiate drugs and the body’s own opiates (endorphins) on cells.

A newer pharmacological paradigm is that of “low dose naltrexone” (LDN), where it is used in doses about 10% of the normal dose (3.0-7.5mg/day)¹. LDN is promising for the treatment of a variety of diseases (see below). Doctors think that LDN works both through direct anti-inflammatory action, and by creating a “rebound” in natural endorphin production that benefits a range of body systems including the immune system.

“Ultra-low dose” naltrexone—in even smaller doses—has also been investigated for coadministration with opiate analgesics to increase pain relief and reduce side effects.²



What is LDN used for?

To date, LDN has mainly been studied in the treatment of chronic pain and inflammatory conditions. Particular successes have been seen in the treatment of both the chronic pain disorder, fibromyalgia¹, and the inflammatory bowel condition, Crohn’s disease³. These will be described further below.

LDN has also been studied for the treatment of premenstrual syndrome (PMS), various cancers, HIV/AIDS, Parkinson’s disease, Alzheimer’s disease, amyotrophic lateral sclerosis (ALS), and emphysema, as well as multiple sclerosis (MS) and other autoimmune diseases¹.

In addition, some fertility clinics are using LDN to restore reproductive function in women where opiate insufficiency or immune factors are suspected as a cause of infertility.

Fibromyalgia

Fibromyalgia is a chronic pain disorder that mostly affects women. It is characterised by diffuse muscle pain and tenderness, often accompanied by fatigue, sleep disturbances, and alterations to memory or mood⁵.

LDN has been used to treat fibromyalgia. In one study, around 70% of fibromyalgia sufferers found their symptoms improved while taking LDN¹. Similarly, small studies have confirmed these results^{4,5}. While a full evaluation of LDN for the treatment of fibromyalgia will require larger studies, these results are promising.

Crohn's disease

Crohn's disease is a chronic inflammatory gastrointestinal tract condition that causes abdominal pain, diarrhoea, intestinal bleeding, malabsorption, and weight loss³. Traditional drug treatments of Crohn's disease are often less than satisfactory, largely because of their side effects—which are occasionally severe.

In patients with moderate to severe Crohn's disease, LDN treatment profoundly reduces disease activity^{3,6} and promotes colonic healing (as measured by colonoscopy and biopsies)³, with few side effects^{3,6}. More studies are needed and are ongoing⁷.

How to take naltrexone

Take naltrexone as directed by your doctor. LDN is usually taken at night, immediately before sleeping. Sometimes a doctor will prescribe a lower starting dose (e.g., 0.5 to 1.5mg), and gradually increase the dose over a period of weeks. LDN must be compounded by a compounding pharmacy. It is usually formulated in an immediate-release form, such as an oral liquid or capsules. Never attempt to cut commercially available 50mg tablets for use as LDN.

Possible side effects

Naltrexone has been taken safely in doses a hundred times higher than the LDN dose. Many people taking LDN report mood enhancement and increased energy levels. Adverse effects that have been reported include mild fatigue, vivid dreams, sleep disturbance, transient nausea, headache and a slightly dry mouth^{1,3,4}.

Warning

Alcohol or opiates (including over-the-counter opiates, like codeine) may interact with naltrexone, causing reactions such as severe nausea and/or vomiting

References

1. Younger J, Parkitny L and McLain D (2014) The use of low-dose naltrexone (LDN) as a novel anti-inflammatory treatment for chronic pain. *Clin Rheumatol*. 33(4):451–9 (<https://doi.org/10.1007%2F10067-014-2517-2>).
2. Davis M, Goforth HW, Gamier P (2013) Oxycodone combined with opioid receptor antagonists: efficacy and safety. *Expert Opin Drug Saf*. 12(3):389–402. (<https://doi.org/10.1517/14740338.2013.783564>).
3. Smith JP, et al. (2011) Therapy with the opioid antagonist naltrexone promotes mucosal healing in active Crohn's disease: a randomized placebo-controlled trial. *Dig Dis Sci*. 56(7):2088–97. (<https://dx.doi.org/10.1007%2F10620-011-1653-7>).
4. Younger J, et al. (2013) Low-dose naltrexone for the treatment of fibromyalgia: findings of a small, randomized, double-blind, placebo-controlled, counterbalanced, crossover trial assessing daily pain levels. *Arthritis Rheum*. 65(2):529–38. (<http://dx.doi.org/10.1002/art.37734>).
5. Younger J and Mackey S. (2009) Fibromyalgia symptoms are reduced by low-dose naltrexone: a pilot study. *Pain Med*. 10(4):663–72. (<https://dx.doi.org/10.1111%2Fj.1526-4637.2009.00613.x>).
6. Smith JP, et al. (2013) Safety and tolerability of low-dose naltrexone therapy in children with moderate to severe Crohn's disease: a pilot study. *J Clin Gastroenterol*. 47(4):339–45. (<https://doi.org/10.1097/MCG.0b013e3182702f2b>).
7. Segal D, et al. (2014) Low dose naltrexone for induction of remission in Crohn's disease. *Cochrane Database Syst Rev*. 2014 (2):CD010410. (<https://doi.org/10.1002/14651858.CD010410.pub2>)