

Low-Dose Naltrexone

What is naltrexone?

- Naltrexone is an opioid antagonist, which means it blocks the effects of opioids such as codeine, morphine, oxycodone, etc.
- Naltrexone was developed to treat opioid addiction. A standard dose to treat opioid addiction is typically 50 mg once daily. A standard dose of naltrexone is also used to treat alcohol dependence, although we do not fully understand how it works to reduce the urge or desire to drink alcohol.

What is low-dose naltrexone and why is it prescribed?

- Low-dose naltrexone refers to the use of naltrexone at doses of 1.5 mg to 4.5 mg once daily, which is much lower than standard dosing.
- Low-dose naltrexone is **NOT** commercially available in Canada, but can be specially made by compounding pharmacies. Low-dose naltrexone is usually compounded as oral capsules because this formulation can be stored at room temperature and has a much longer expiry date than the oral liquid formulation which is stored in the refrigerator.
- Low-dose naltrexone is used 'off-label' (which means it is **NOT** Health Canada approved) to treat certain chronic pain disorders such as fibromyalgia, complex regional pain syndrome (CRPS), multiple sclerosis and abdominal pain/inflammatory bowel conditions.
- Low-dose naltrexone appears to reduce the levels of inflammatory chemical messengers in the central nervous system that are involved in pain signalling pathways.

Compounded low-dose naltrexone is NOT covered by the Ontario Drug Benefit (ODB) program. Some private drug plans will cover it, but you may have to pay for it at the pharmacy and submit the receipt to the drug plan provider for reimbursement.

How should this medication be used?

- Low-dose naltrexone is most commonly dosed as 4.5 mg orally once a day (this is the dose studied in the fibromyalgia population). It is usually taken at night. If it causes issues with sleep, it can be taken in the morning instead.
- It can be taken with or without food.
- This medication is **NOT** a "pain killer" to be taken whenever pain becomes severe or for managing minor aches and pains. It should be taken on a consistent basis as prescribed to help control long-term pain.
- If no therapeutic benefit is seen after 8 weeks of use, it is reasonable to assume that low-dose naltrexone may not be the right medication for you. Stop taking it and talk to your health care provider.

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What special precautions should I follow?

- Low-dose naltrexone should **NOT** be used if opioids are being used. Naltrexone will block the pain effects of the opioid medication and can cause opioid withdrawal. Do not start using low-dose naltrexone until you have been off opioids for at least 1 week.
- Tell your doctor and pharmacist about all the medications you take (prescription, non-prescription, over-the-counter products, herbals, etc.) to minimize drug interaction risks.
- Let your health care provider know if you are pregnant or breastfeeding, or if this situation is likely in the near future.

What should I do if I forget a dose?

- Take the missed dose as soon as you remember, unless it is almost time for the next dose. In this case, skip the missed dose and continue your regular dosing schedule.
- Do **NOT** double dose to make up for a missed dose.

What are the possible side effects of this medication?

Low-dose naltrexone is very well tolerated by most people. On occasion, individuals taking low-dose naltrexone may experience insomnia or vivid dreams for a few days shortly after starting the medication.

How should this medication be stored?

- The exact storage details will depend on the type of low-dose naltrexone product formulation that is compounded at the pharmacy. Speak with the dispensing pharmacist for exact details.
- Keep this medication in the container it came in and out of reach from children.
- If at any point low-dose naltrexone is stopped by your health care provider, return any remaining supply to your community pharmacy for proper disposal.

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