

**COMPLEX CHRONIC DISEASES PROGRAM** 

### Medication Handout

Reviewed: May 9, 2022

### Medication: Naltrexone compounded to specific doses

### What is Naltrexone?

Naltrexone is a medication usually used to treat addiction to alcohol, and to reverse the effects of opioid drugs such as fentanyl, heroin or morphine. It belongs to a class of medications called opiate antagonists that in usual doses, temporarily blocks the release of endorphins. *Low dose naltrexone (LDN)* is used in the treatment of fibromyalgia to manage pain and mood and is thought to work by improving the health of glial cells: "nurse" cells to the neurons (i.e., brain cells) and by decreasing certain inflammatory mediators in the central nervous system.

### It is important to note that naltrexone should not be used with opioids (e.g.,

Tylenol #3, codeine, tramadol, hydromorphone, oxycodone, morphine, etc.) because naltrexone would reverse the analgesic effects of the opioid medication.

### **Expected Benefit:**

• It may take up to 3 months to notice a benefit

### Watch for possible side effects:

It is important to be aware of the side effects however, it is also important to remember that not all side effects occur in everyone. Many of the less serious side effects will improve over the first few days of taking the medication.

Most people do not experience side effects from naltrexone. If you have problems with these side effects talk with your doctor or pharmacist:

- Insomnia
- Vivid dreams
- "Activation:" nervous energy
- Headaches
- Dizziness
- Stomach upset
- It can cause elevation in liver enzymes at higher doses (50mg an greater)

#### Stopping the medication:

- Please talk with your doctor before stopping the medication.
- Typically, no withdrawal effect

#### How to use this medication:

• Take this medication with or without food

### **Dosing Schedule:**

- You and your clinician will decide on the appropriate regimen (see below)
- Patients with ME/CFS tend to be more sensitive to naltrexone than those with only FM



#### COMPLEX CHRONIC DISEASES PROGRAM

### Medication Handout

# Naltrexone

Reviewed: May 9, 2022

- Naltrexone requires compounding the pharmacist makes the capsules for a specific dose
  - Compounding is not covered by Pharmacare or most drug benefit plans

#### Note:

- Take Naltrexone at bedtime or in the morning
- The studies were done with a bedtime dose, however, side effects (especially insomnia and vivid dreams) are more common when taken at bedtime
- If insomnia or vivid dreams occur, take the dose in the morning.

### Regimen 1 - FM:

- Start with 1 mg
- Increase dose according to table
- You can stay at the same dose (stop increasing) if you get side effects

   Alternatively, could lower the dose by 1 mg
- Once you get on a stable dose, naltrexone can be compounded to a single capsule

Bedtime or AM	
1 mg daily	For 1 week
2 mg daily	For 1 week
3 mg daily	For 1 week
4 mg daily	For 1 week
4.5 mg daily	Stay on this dose
Follow up with clinic to assess continued use	

### **Regimen 2 – ME/CFS or FM patients very sensitive to medications:**

- Start with 0.5 mg
- Increase dose by 0.5 mg every 2 weeks
- You may or may not get to the target dose of 4.5 mg
- Stay at the same dose (stop increasing) if you get side effects
  - $\circ~$  Alternatively, could lower the dose by 0.5 mg  $\,$
- Once you get on a stable dose, naltrexone can be compounded to a single capsule

MORNING	
0.5 mg daily	For 2 weeks
1 mg daily	For 2 weeks
1.5 mg daily	For 2 weeks
2 mg daily	For 2 weeks
2.5 mg daily	For 2 weeks



**COMPLEX CHRONIC DISEASES PROGRAM** 

### Medication Handout

# Naltrexone

Reviewed: May 9, 2022

3 mg daily	For 2 weeks	
3.5 mg daily	For 2 weeks	
4 mg daily	For 2 weeks	
4.5 mg daily	Stay on this dose	
Follow up with clinic to assess continued use		

## Drugs and Foods to Avoid:

Ask your doctor or pharmacist before using any other medication, including nonprescription medication (over-the-counter medication) and herbal products.

• Avoid opioid medications (e.g., Tylenol #3, codeine, Tramadol, hydromorphone, oxycodone, morphine, etc.)

Please contact the Complex Chronic Diseases Program if you have further questions about your medications.