

**Medication:** Naltrexone compounded to specific doses

**What is Naltrexone:**

Naltrexone is a medication developed initially to treat addiction to opiate-based drugs such as heroin or morphine. It belongs to a class of medications called opiate antagonists that temporarily blocks the release of endorphins. Naltrexone is thought to work by improving the health of glial cells: “nurse” cells to the neurons (i.e., brain cells). It also decreases certain inflammatory mediators.

**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:**

This list of side effects is important for you to be aware of however, it is also important to remember that not all side effects happen to everyone.

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

**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 choose which regiment below to use
- Patients with ME/CFS tend to be more sensitive to naltrexone than those with only FM
- Naltrexone needs to be compounded – the pharmacist needs to make the capsules for a specific dose
  - Compounding is not covered by Pharmacare or most drug benefit plans

## COMPLEX CHRONIC DISEASES PROGRAM

### Medication Handout

Date: Jan 7, 2017

#### 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 that is the case, you can switch to a morning dose instead

#### 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
  - You might want to lower the dose 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
  - You might want to lower the dose 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 week
1 mg daily	For 2 week
1.5 mg daily	For 2 week
2 mg daily	For 2 week
2.5 mg daily	For 2 week
3 mg daily	For 2 week
3.5 mg daily	For 2 week
4 mg daily	For 2 week
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 non-prescription 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.