



## Low Dose Naltrexone Dosing Guide Sheet

### Key Definitions:<sup>1,2</sup>

- **Ultra Low Dose Naltrexone (ULDN)** = 1mcg – 20mcg
- **Very Low Dose Naltrexone (VLDN)** = 50mcg – 500mcg (0.5mg)
- **Low Dose Naltrexone (LDN)** = typically 0.5mg – 4.5mg daily dose (up to 16mg)

### Key Points to Keep in Mind:

- Onset of Pain relief varies from 1 week – 6 months. Set patient expectations realistically.
- Dosing rule of thumb.....Start Low and Go Slow.....then listen to the patient and adjust titration schedule as needed. We start with target goals, but adjust as patient tolerates the medication and achieves response.
- Mood/Depression improvement seen with low dose in AM (typically 0.5mg – 1mg) with remainder of pain relief/immune enhancement dose given HS
- Use in combo with Opiates
  - Dose timing is VITAL
    - No opiate dose 4-6 hours PRIOR to LDN dose or 3-4 hours AFTER LDN
  - Be very cautious/avoid with long acting opiates

### Dosing Protocols/Recommendations

#### **1. Ultra Low Dose Naltrexone For Pain Management (in combo with opiates)**

- a. ULDN is used to enhance the analgesic qualities in hopes to reduce opiates & maintain analgesic control (can see 10-25% opiate reduction with no change in analgesia)<sup>1</sup>
- b. OR....it can be use prior (6-8 weeks) to Medication Assisted Withdrawal (MAW) in order to reduce anxiety during MAW<sup>1</sup>
- c. DOSING (for Pain Management):
  - i. Use with Immediate Release forms of Opiates ONLY
  - ii. Dosing of ULDN must be separated from Opiate by 4 hours
  - iii. Recommended dosing: 0.5mcg BID, increasing dose by 1mcg daily every 7-10 days (as tolerated) up to a daily dose of 4-6mcg<sup>1</sup> (if needed)
  - iv. Liquid dosage form (0.005mg/mL) used
  - v. Directions: Place liquid SL, hold then swish in mouth, then swallow.<sup>1</sup>



**2. ULDN/VLDN For Opiate Medication Assisted Withdrawal and Suboxone/Subutex reduction**

- a. ULDN can be use prior (6-8 weeks) to Medication Assisted Withdrawal (MAW) in order to reduce anxiety during MAW<sup>1</sup>
  - i. Dosing recommendation = same ULDN dosing recommendation as with ULDN for pain management
  - ii. NOTE: Only use with Immediate Release (short acting) Opiates!!
- b. VLDN can be used once Opiates discontinued OR in combination with Suboxone (or Subutex) reduction titration to improve chances of discontinuation of Suboxone/Subutex.

i. DOSING:

- 1. Reduce Suboxone dosing to lowest level tolerated then begin VLDN at 100mcg dose x 3 days, increase by 100mcg every 3-4 days up to 400mcg daily dose x 4 days, then discontinue Suboxone and continue LDN at 0.5mg daily dose with continued titration. (see table below)<sup>1</sup>

| Suboxone Dose   | Naltrexone Dose | # of Days (min) |
|---|-----------------|-----------------|
| 4mg   | 100mcg          | 3               |
| 3mg   | 200mcg          | 3               |
| 2mg   | 300mcg          | 3               |
| 1mg   | 400mcg          | 4               |
| 0   | 0.5mg (=500mcg) | 7               |
| Continue LDN dosing titration to a target of 4.5mg (or highest tolerated dose at or above 3mg) daily. See Pain Management (without Opiates section for details) |                 |                 |

- c. Additional options for consideration - Buprenorphine Troche offers lower dosing options once patient weened down to 2mg dose per day:<sup>3</sup>
  - i. Month 1 - Buprenorphine 1.75mg troche
    - 1. Week 1 schedule: 1 troche SL daily
    - 2. Week 2 schedule: ¾ troche SL daily
    - 3. Week 3 schedule: ½ troche SL daily
    - 4. Week 4 schedule: ¼ troche SL daily
  - ii. Month 2 – Buprenorphine 0.43mg troche
    - 1. Week 1 schedule: 1 troche SL daily
    - 2. Week 2 schedule: ¾ troche SL daily
    - 3. Week 3 schedule: ½ troche SL daily
    - 4. Week 4 schedule: ¼ troche SL daily



- iii. Month 3 – Buprenorphine 0.1mg troche
  - 1. Week 1 schedule: 1 troche SL daily
  - 2. Week 2 schedule:  $\frac{3}{4}$  troche SL daily
  - 3. Week 3 schedule:  $\frac{1}{2}$  troche SL daily
  - 4. Week 4 schedule:  $\frac{1}{4}$  troche SL daily, then discontinue

### **3. LDN For Pain Management/Autoimmune ( without opiates)**

- a. See LDN 2020 Dosing Information for Prescribers for various conditions and additional information
- b. Dosing Guidance provided for:
  - i. Autoimmune
  - ii. Chronic Pain
- c. Typical dosing regimen is starting with 1mg QHS then increase by 0.5mg-1mg q2 weeks with target goal dose of 4.5mg (or highest dose tolerated above 3mg)
  - i. Start low, go slow.....monitor patient response and adjust schedule as necessary
  - ii. NOTE: may need to start patients even lower (0.5mg)
- d. Have patient keep a pain journal to help identify “sweet spot” dose.

### **4. LDN for Additional conditions**

- a. See LDN 2020 Dosing Information for Prescribers for various conditions and additional information
- b. Dosing Guidance provided for:
  - i. Cancer
  - ii. Fertility
  - iii. Anxiety/Depression/PTSD

#### References:

1. Goldstein, A. (2020, October 17). *Low Dose Naltrexone and Chronic Pain* [Powerpoint slides]. Pacific Northwest LDN Conference 2020.
2. Zielsdorf, S. *LDN 2020 Dosing Information for Prescribers*. LDN Research Trust. [https://ldnresearchtrust.org/sites/default/files/2020-04/Dosing-Info-a4\\_0.pdf](https://ldnresearchtrust.org/sites/default/files/2020-04/Dosing-Info-a4_0.pdf)
3. Tull, A (2021, May 7). *On the Horizon: Emerging Opportunities in Compounding – Pyschiatric and Addiction Opportunities* [Powerpoint slides]. PCCA Concierge Congress 2021.