

# Naltrexone

## — Clinician Information

This information should be read in conjunction with the product information literature from the distributor.

Naltrexone is used to reduce incidence and severity of relapse to alcohol consumption in alcohol dependent individuals. See also Acamprosate (Campral) Patient and Clinician factsheets available on our website [airdetox.au/resources](http://airdetox.au/resources)

It is not an aversive agent and drinking alcohol while taking naltrexone will not result in any adverse effects.

### 1. Mode of action

Naltrexone is a  $\mu$  opioid receptor antagonist with high receptor affinity that reduces the euphoric reward of alcohol. Naltrexone is an evidence based treatment which supports abstinence and also reduces severity of relapse in alcohol use disorder.

### 2. Indications

Naltrexone is a PBS Authority streamlined item for alcohol dependence as part of a comprehensive treatment plan with a goal of abstinence. A plan that involves regular review will meet PBS requirements.

### 3. Treatment considerations

Naltrexone has a slightly more effective than acamprosate but has more adverse effects including headache, nausea, fatigue and lowered mood. These effects are usually short lived.

Naltrexone's main interaction is with opioids and it should not be used in patients requiring opioid therapy. In patients taking regular daily opioids for pain management it will precipitate an opioid withdrawal syndrome.

Naltrexone is not recommended in acute hepatitis or liver failure, and liver function tests should be monitored during therapy. Do not commence treatment with Naltrexone in patients with ALT greater than 3 x normal.

Naltrexone may be given in combination with acamprosate and there is some evidence for benefit of this combination over monotherapy. It should NOT be administered together with disulfiram due to concerns over liver toxicity.

The safety of naltrexone in pregnancy has not been established.

#### **4. Dose**

Commence naltrexone once the patient has ceased drinking for a few days. The usual dose of naltrexone is 50mg daily, usually commenced day 4 – 7 days from last drink. Patients are usually commenced on a half tablet (25mg) daily for the first 3-5 days to minimise side-effects. There are no specific ill-effects from alcohol consumption during treatment with naltrexone and patients should be advised to continue therapy if they relapse, as it can reduce the severity of the relapse. Discontinuation of Naltrexone does not result in a withdrawal syndrome.

#### **5. Medic Alert Card**

Patients should be provided with a medication alert card, indicating that they are taking naltrexone, to carry with them. It should be ceased a few days prior to major surgery because once the acute effects of the naltrexone have subsided, it leaves the patient with a transient increased sensitivity to opioids. You can find a card for download on our website or contact us and we will post some to you.

For further information see package insert, contact the distributor or contact the Drug and Alcohol Clinical Advisory Service (DACAS).

#### **6. Information for patients**

Information specifically for patients regarding naltrexone can be found in the factsheet Naltrexone – Information for Patients available on our website [airdetox.au/resources](http://airdetox.au/resources)

