

The Carlat Psychiatry Report

NALTREXONE Fact Sheet

Manufacturer: Various manufacturers; available as generic.

Indications:

- Treatment of alcoholism.
- Blocking the effects of opiates; however, it has not been shown effective for the treatment of opiate dependence.

Mechanism: Opioid receptor antagonist.

Dosing:

- Supplied as 25 mg, 50 mg tablets, and 100 mg tablets, depending on manufacturer.
- Start at 25 mg QD to minimize initial GI side effects; increase to 50 mg QD after one week.
- If your patient does not report any improvement in alcohol intake or craving, you can increase the dose to 75 mg or 100 mg QD. Anything over 100 mg QD will likely only increase the risk of liver toxicity without providing benefit.

Side Effects:

- Common: Nausea and various other GI complaints, dizziness, headache.
- Uncommon but potentially dangerous: Can cause elevated liver function tests when given at higher than recommended doses, though no cases of actual liver failure have been reported.

Drug-drug interactions:

- Since naltrexone is an opioid antagonist, be careful about giving it to patients who take opiate-based pain medication. Not only will Revia interfere with analgesia, it may also cause a rapid opiate withdrawal syndrome, including abdominal cramping, restlessness, tearfulness, runny nose, and joint pain.
- Otherwise, there are no significant drug-drug interactions.
- Combining Antabuse and naltrexone may increase the risk of liver toxicity and requires more vigilant monitoring, but is otherwise safe.

Pharmacokinetics:

- Parent compound's half-life is 4 hours, but its active metabolite's half-life is 13 hours, so once daily dosing is adequate.
- Metabolized mostly by the kidneys, partly by the liver. Dosage should be decreased in patients with either kidney or liver impairment.

Laboratory monitoring:

- Check LFTs at baseline and periodically thereafter.