

NALTREXONE TREATMENT OVERVIEW

What Is Naltrexone?

Naltrexone is a medication that was approved by the Food and Drug Administration (FDA) for treating alcohol use disorder (AUD) and opioid use disorder (OUD) in 1984. Naltrexone was the first medication to treat opioid use disorder in outpatient healthcare settings. It can be prescribed by physicians, physician's assistant, and nurse practitioners.¹

Naltrexone is an opioid antagonist. This means that it blocks the effects of opioids by attaching to the opioid receptors in the brain without activating them. It comes in both pill and extended-release injectable forms. Oral naltrexone is a 50 mg tablet and taken daily. The injectable extended-release naltrexone (XR-NTX) is an intramuscular (IM) injection administered monthly. Oral naltrexone has been associated with low adherence and recurrence of use, so XR-NTX is typically recommended for treating AUD and OUD.⁶

Before the first injection, patients must abstain from using any illicit or prescription opioids for 7 – 14 days. If patients do not observe this abstinence period, they can experience withdrawal when naltrexone is administered.¹

What Are the Benefits of Naltrexone Treatment?

Naltrexone treatment can:²⁻⁵

- Stabilize abnormal brain activity;
 - Blocks the euphoric effects of opioids; and
 - Reduce cravings for some patients.
 - Allows patients to focus on behavioral therapies;
- Increase periods of abstinence and self-efficacy;
- Reduce opioid use;
- Retain patients in treatment more effectively than placebo or no medication;
- Reduce risk of return to opioid use compared to placebo or no medication; and
- Improve clinical outcomes for patients and reduce impact on family and loved ones.

Who Is a Candidate for Naltrexone Treatment?

Naltrexone treatment may be appropriate for those with the following characteristics:¹⁻³

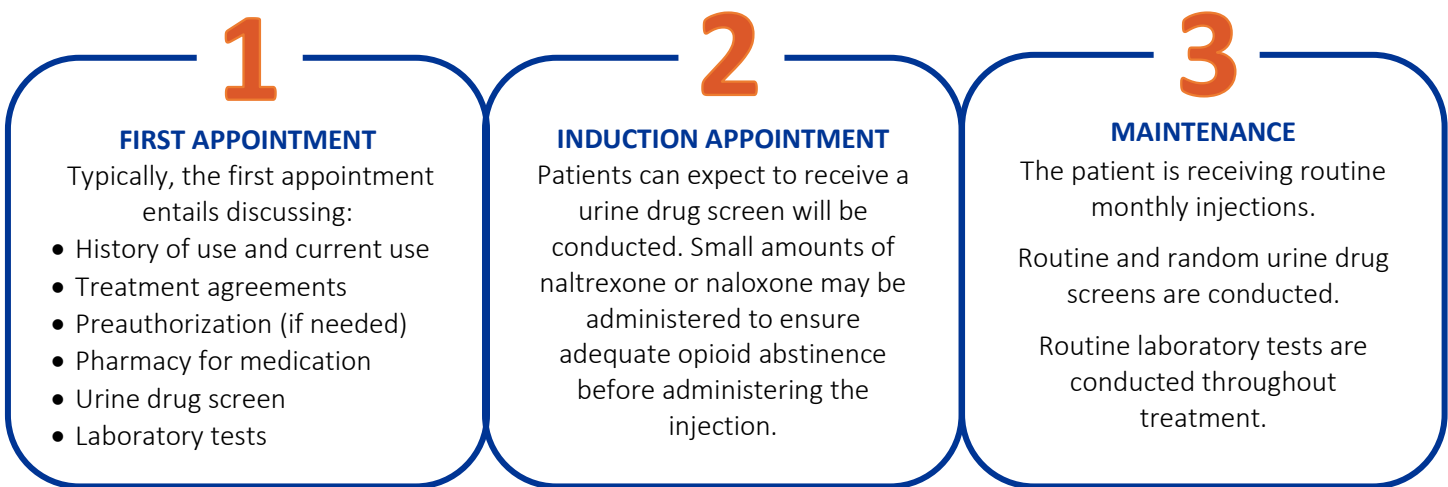
- Currently diagnosed with OUD or history of OUD;
- Currently physically dependent on opioids;
- High risk of return to use or having opioid cravings;
- Recently or will soon be released from a controlled environment (e.g., jail, prison)
- Do not wish to take an opioid agonist (e.g., buprenorphine, methadone);
- Abstinent from opioids for at least one week;
- Have home or work schedule that make daily medication visits difficult or risky; and
- Have a less severe OUD.

Naltrexone treatment may NOT be appropriate for those with the following characteristics:¹⁻³

- Do not tolerate extended opioid free periods;
- Unable to complete withdrawal;
- Experience protracted abstinence symptoms; following withdrawal;
- Chronic pain; and
- Advanced liver disease.

Naltrexone Treatment Phases

Naltrexone treatment includes three phases: induction, stabilization, and maintenance.¹⁻³



What If a Client Experiences a Recurrence of Use?

A return to the use of illicit substances is a **natural occurrence throughout a patient's treatment and recovery process**. It is important to provide support for patients' re-engagement with treatment, use motivational interviewing techniques to discuss the recurrence with the patient, and ensure the patient has appropriate support services.³ Some patients may require a higher level of care or another type of medication (e.g., buprenorphine, methadone) that can better support that individual in their recovery. Each practitioner should **optimize support services** and reassess patients/clients regularly throughout the course of treatment and during periods of recurrence of use.

References

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