

Three white, oval-shaped capsules are scattered on a light brown, textured background. One capsule is positioned vertically in the upper left, another is angled towards the upper right, and a third is angled towards the lower right. The text 'Low Dose Naltrexone' is centered over the image.

Low Dose Naltrexone

Low Dose Naltrexone (LDN) Oral

PATIENT GUIDE

This guide covers how LDN works, how to take it, and when to reach out to your clinical team.

What Is Low Dose Naltrexone?

Naltrexone is FDA-approved at a standard dose (50mg) to treat alcohol use disorder, where it works by blocking opioid receptors to reduce cravings.

At a much lower dose (1.5–4.5mg), it is used off-label as low-dose naltrexone (LDN), and it may increase the body's own natural opioid production (endorphins), while also calming immune activity and neuroinflammation. LDN has no FDA-approved indications at these low doses.

Why Is Low Dose Naltrexone Prescribed?

LDN may be prescribed for:

- Chronic pain, fibromyalgia, post-COVID syndrome, or chronic fatigue syndromes
- Anti-inflammatory support for autoimmune or chronic inflammatory conditions, such as Crohn's disease, multiple sclerosis, rheumatoid arthritis, psoriasis, or Hashimoto's thyroiditis
- Adjunctive therapy for weight loss, including alongside GLP-1 medications
- Sleep support

The strongest evidence for off-label LDN use is in fibromyalgia, where it has been shown to reduce pain and improve sleep, fatigue, and cognitive symptoms. Smaller studies also support benefits in Crohn's disease and multiple sclerosis. Research into LDN for these and other conditions is ongoing, and most uses remain off-label. Individual response varies, and results are not guaranteed.

What to Expect

LDN is taken orally as a capsule, typically at bedtime.

- Starting nightly dose that can be increased gradually over 4–8 weeks based on how you tolerate it
- If vivid dreams or sleep disruption become bothersome, let your clinician know to see if it may be appropriate to switch to taking the medication earlier in the evening or in the morning
- Most people don't notice meaningful benefit for 4–12 weeks

Opioid Medications and LDN:

- Because LDN blocks opioid receptors, opioid pain medications — including codeine-containing cough or anti-diarrheal medications — may not relieve pain as expected while you're taking LDN.
- A washout period of 7–14 days off opioid pain medications is required before starting LDN.
- LDN cannot be used at the same time as opioid-based addiction treatment medications.
- It is recommended to carry a note documenting that you are on LDN in case of emergency.

- If you have a planned surgery or procedure, LDN is typically stopped 72 hours beforehand. Always let your surgical team know you are on LDN.

Required Labs

Lab testing is not required for Low Dose Naltrexone.

Who Shouldn't Take Low Dose Naltrexone

Do not take this medication if any of the following apply to you:

- Current opioid pain medication use, or use within the past 14 days
- Current use of opioid-based addiction treatment medication (methadone, buprenorphine/Suboxone)
- Known hypersensitivity to naltrexone
- Pregnant, planning to become pregnant, or breastfeeding

Talk to your clinician if any of the following apply to you:

- Take thyroid medication (e.g., levothyroxine)
- Lyme disease or a chronic infection (EBV, CMV, Babesiosis), Mast Cell Activation Syndrome, Ehlers-Danlos Syndrome, mold illness, or a significant psychiatric history (such as schizophrenia)
- Hepatic impairment
- 3 or more documented drug allergies or chemical sensitivities

Possible Side Effects

Common, especially during the first 2–4 weeks:

- Vivid or unusual dreams
- Insomnia or sleep disruption
- Nausea or abdominal discomfort (taking with food can help)

Less common:

- Headache
- Fatigue (usually transient during titration)
- Temporary symptom flare during the initial week

When to Contact the Clinical Team

Contact your clinician through the portal if you develop signs of liver problems or severe mood changes, or if any side effect is persistent or concerning.

Go to your nearest Emergency Room or call 911 right away if you have difficulty breathing, feelings of lightheadedness or dizziness, or swelling of your face, lips, tongue, or throat.

Questions?

Ask your clinical team through the portal if you have any questions or concerns.

This Information is made available to you through Altro. All content was provided, reviewed, and approved by the medical director of the clinical team.

