CUSTOM Rx
pharmacy & wellness concepts

Low Dose Naltrexone Frequently Asked Questions

What is Low Dose Naltrexone (aka LDN)?

Naltrexone was approved by the FDA in 1984 to treat alcohol and opioid dependence. It blocks opioid receptors to prevent people from experiencing the euphoria and addictive sensation of alcohol and opiates. The typical dose is 50-100mg.

It was discovered that when given in low doses (typically 1.5-4.5 mg or much lower) it has unique effects not seen at higher doses. Research suggests that when low dose naltrexone binds to the opioid receptors briefly, it causes a rebound surge of the body's own endogenous opioids (endorphins), resulting in an anti-inflammatory effect and modulation of the immune system. In addition, LDN suppresses glial cells, which are the immune cells of the central nervous system. When glial cells are triggered by infection or trauma, they release proinflammatory substances that are involved in the body's pain systems, neuroinflammation, and some neurological diseases. Because of LDN's actions, improvements for many autoimmune diseases, pain and neurological conditions have been observed.

How do I get LDN?

LDN is only available from compounding pharmacies. It is important to consider that not all LDN is created equal. Make sure to choose a nationally accredited compounding pharmacy like Custom Rx, that ensures that the highest quality ingredients are used and that it is compounded appropriately. Since LDN blocks receptors intermittently and not continuously, it should be compounded as immediate-release and not sustained-release. Also, it is important as to which filler is used to avoid absorption issues and patient sensitivity. Microcrystalline cellulose has been found to be a preferred filler. Considering the conditions for which LDN is prescribed, it is best to avoid dyed capsules and fillers. Pharmacies with accreditations by PCAB and NABP offer accountability and oversight to help ensure you receive the highest quality LDN.

How do I take LDN?

For most patients, starting at the lowest dose of 1.5 mg and titrating by 1.5 mg every 2-4 weeks until you reach 4.5 mg dose will achieve the best results. However, certain patients and conditions require a lower starting dose and slower titration. Bedtime dosing is typically preferred, unless the patient experiences persistent sleep disruption. The dose may then be moved to the morning or afternoon. If side effects are experienced after initiation or dose titration, consider reducing the dose temporarily.

Patients using LDN for thyroid conditions (i.e.Hashimoto's) should initiate therapy at the lowest dose (1.5mg) and remain on this dose for 4-6 weeks before increasing the dose. Thyroid function testing should be done prior to initiation of LDN and after the 4-6 weeks of therapy. Measurements completed before this time will result in erratic lab results. An adjustment to a thyroid medication dose may be required before increasing the LDN dose to prevent the patient from becoming hyperthyroid.

How long before I can expect to see results from LDN?

Time to result will vary greatly depending on the condition being treated and individual response to LDN. Some patients may experience results within days, while others may take much longer. Most patients that respond to LDN see results within the first 60 days. However, peak efficacy may not result until 6 months or longer. Some patients taking LDN for multiple sclerosis and fibromyalgia have reported cumulative benefits that they did not experience until after 6 months or more. LDN does not cure disease, so it is possible that a patient may experience a relapse after stopping LDN, while others do not.

What side effects are most common with LDN?

Typically sleep disruption (vivid dreams or insomnia) and gastrointestinal side effects (nausea, cramping, or diarrhea) are the most common. Most of these side effects are transient and may be improved by starting on the lowest dose, or even lower and using a slower titration schedule. Patients should titrate to 4.5 mg if tolerated.

What precautions should be considered before starting LDN?

Naltrexone carries a warning against use in patients with active liver disease because of adverse effects seen at 300mg doses. Lower doses have not shown this impairment, but nonetheless, it is recommended that liver enzymes be monitored periodically.

Because LDN blocks opioid receptors, patients should not take opiates while using LDN. Using a careful dosing regimen, it is possible to administer LDN with short acting opioids. Failure to follow this regimen could result in increased pain sensation due to opiate withdrawal. If a patient wants to discontinue their opioid medication to try LDN, it is recommended that they discontinue their opioid agonist at least 10-14 days prior to starting LDN.

LDN is best described as an immuno-regulator. Because LDN increases OGF levels, which regulates cell proliferation, it is recommended that LDN not be used by patients taking immunosuppressant medications.

Is LDN safe to use in pregnancy?

LDN is considered a pregnancy category C drug, based on approved labeling for Naltrexone. Some physicians have noted that LDN can safely be used throughout the pregnancy.

Is LDN safe for children to use?

Formal clinical trials with LDN have been conducted in both children and adolescents. The safety of LDN has been repeatedly demonstrated in trials involving children with conditions like Autism and Crohn's Disease. Children may require a lower starting dose (such as 0.5 mg), a smaller titration dose, and a longer titration period.

Is LDN approved by the FDA?

While Naltrexone was approved by the FDA for treatment of alcohol and opioid dependence at 50-100mg doses, LDN is considered "off label" because the benefits seen at low doses were discovered after the drug went generic, and no one yet has submitted data to the FDA for formal approval.

Where can I learn more about LDN

You can find unbiased clinical trials, case studies, current research, documentaries, articles and testimonials at LDN Research Trust (www.ldnreserachtrust.org) and at LDN science (www.ldnscience.org).