Tache Pharmacy 400 Tache Avenue Winnipeg, MB R2H 3C3 Phone: 204-233-3469 Fax: 204-231-1739

Low-Dose Naltrexone Information for Prescribers

Low-dose naltrexone has been shown to be useful in the treatment of many conditions including chronic pain, Chronic Fatigue Syndrome, Crohn's disease, irritable bowel syndrome, ulcerative colitis, multiple sclerosis, fibromyalgia, lupus and many others.

For a full list of conditions where low-dose naltrexone may be useful visit - <u>https://ldnresearchtrust.org/conditions</u>

We have found the LDN Research Trust (<u>https://ldnresearchtrust.org/</u>) to be an excellent resource regarding low-dose naltrexone.

For general information on what low-dose naltrexone is visit - <u>https://ldnresearchtrust.org/what-is-low-dose-naltrexone-ldn</u>

For some very helpful guides for prescribers (including a dosing guide) and patients visit - <u>https://ldnresearchtrust.org/2020_LDN_Guides</u>

From the LDN Research Trust Website:

"The first thing to understand is that naltrexone comes in a 50:50 mixture of 2 different shapes (called isomers). It has been recently discovered that one particular shape binds to immune cells, whilst the other shape binds to opioid receptors.

Although consisting of exactly the same components, the two isomers appear to have different biological activity.

Summary of mechanism of action

The summary of 10 years of research is that Low-dose Naltrexone works because:

Levo-Naltrexone is an antagonist for the opiate/endorphin receptors

- This causes increased endorphin release
- Increased endorphins modulate the immune response
- This reduces the speed of unwanted cells growing. Dextro-Naltrexone is an antagonist for at least one, if not more immune cells
- Antagonises "TLR," suppressing cytokine modulated immune system
- Antagonises TLR-mediated production of NF-kB reducing inflammation, potentially downregulating oncogenes

Taking Naltrexone in larger doses of 50-300mg seems to negate the immunomodulatory effect by overwhelming the receptors, so for the effect to work, the dose must be in the range of 0.5-10mg, usually maxing at 4.5mg in clinical experience.

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The Use of Low-dose Naltrexone, and the Occurrence of Side Effects

Many patients who start LDN do not experience any severe side effects.

As mentioned earlier, your symptoms may become worse – in MS, this can be characterised by increased fatigue or increased spasticity. In CFS/ME, this can be the onset of apparent flu-like symptoms. LDN can cause sleep disturbances if taken at nighttime – this is most likely because of the increase in endorphin release. These disturbances can take the form of vivid dreams or insomnia.

In various studies (and anecdotal accounts), the number of T-Lymphocytes has been shown to dramatically increase when a patient starts on LDN. This may account for some of the benefits patients feel when they are being treated for an autoimmune disease or cancer. This has not been directly evidenced in multiple sclerosis.

Clinical experience shows that in less than ten percent of cases treated, increased introductory symptoms may be more severe or more prolonged than usual, lasting sometimes for several weeks. Rarely, symptoms may persist for two or three months before the appropriate beneficial response is achieved.

If side effects are troublesome, try reducing your dose by 50% for 7 days, before increasing it again.

Some patients very rarely experience gastrointestinal side effects, such as nausea and or constipation/diarrhea. The reason for this is currently unknown, but may be due to the presence of large numbers of delta-opiate receptors in the intestines.

Patients experiencing this side effect can request LDN Sublingual Drops, which transfer the LDN directly into the bloodstream – avoiding the GI tract.

Patients who do have these side effects should increase their dose by no more than 0.5mg per week and should consult with their GP or pharmacist for appropriate treatment for the stomach upset, if necessary. (eg Omeprazole, Ranitidine, Gaviscon, Fybogel, Mucogel and Pepto Bismol are ok – but not Kaolin & Morphine or Loperamide/Imodium.)"

Our low-dose naltrexone capsules are made by our compounding pharmacy lab.

The **most common starting dose** that we see is either a 1mg or 1.5mg capsule taken once daily.

We also regularly have 2mg, 3mg and 4.5mg capsules in stock. We can make other strengths as well but there may be a waiting period of up to two business days for us to make the capsules.

If you would like any more information about low-dose naltrexone please feel free to call **204-233**-**3469** and speak with one of our pharmacists.

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Patient Name:	DOB:	
Patient Address:	PHIN:	
Patient Phone:	Date:	
Low Dose Naltrexone Capsules *Please note we can make other strengths		
M: 🗆 Low Dose Naltrexone 1mg		
Low Dose Naltrexone 1.5mg		
Low Dose Naltrexone 3 mg		
Low Dose Naltrexone 4.5mg		
Low Dose Naltrexone mg		
Quantity:	□ 90 capsules	
Sig: Take 1 capsule once daily as directed OR		
Refill: 1 2 3 (Please circle)	(other)	

Prescriber Name: (Please print)	
Address:	
Phone:	
Signature:	

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