

# Naltrexone in alcohol dependence

This information should be read in conjunction with the product information literature from the distributor.

Naltrexone is used to reduce incidence and severity of relapse to alcohol consumption in alcohol dependent individuals. See also [Acamprosate \(Campral\) Patient-client information \(PDF 66KB\)](#) factsheet.

It is NOT an aversive agent and drinking alcohol while taking naltrexone will not result in any ill-effects (besides the issues to do with relapsing to drinking).

## 1. Mode of action

Naltrexone is a  $\mu$  opioid receptor antagonist with high receptor affinity that reduces the reinforcing euphoric reward of alcohol. In patients with alcohol dependence naltrexone treatment supports abstinence and reduces severity of relapse into alcohol use.

## 2. Indications

Naltrexone is a PBS Authority item for alcohol dependent individuals as part of a comprehensive treatment plan with a goal of abstinence. A plan that involves regular GP review will meet PBS requirements.

## 3. Treatment considerations

Naltrexone has a slightly larger effect size than acamprosate but has more adverse effects including headache, nausea, fatigue and lowered mood. These effects are usually transient and rarely necessitate cessation of therapy.

Naltrexone's main interaction is with opioids and it should not be used in patients requiring opioid therapy.

In patients taking regular daily opioids for pain management it will precipitate an opioid withdrawal syndrome.

Naltrexone is not recommended in acute hepatitis or liver failure, and liver function tests should be monitored during therapy. It is inadvisable to commence treatment with Naltrexone in patients whose ALT is  $>3-5$  x normal.

Naltrexone may be given in combination with acamprosate and there is some evidence for benefit of this combination over monotherapy. It should NOT be administered together with disulfiram due to concerns over liver toxicity.

The safety of naltrexone in pregnancy has not been established.

Commence naltrexone once the patient has ceased drinking for a few days.

The usual dose of naltrexone is 50mg daily, usually commenced day 4 – 7 from last drink. Patients are usually commenced on a half tablet (25mg) daily for the first 3-5 days to minimize side-effects. There are no specific ill-effects from alcohol consumption during treatment with naltrexone and patients do not need to be advised to cease therapy if they relapse. Discontinuation of Naltrexone does not result in a withdrawal syndrome.

Patients should be provided with a medication alert card, indicating that they are taking naltrexone, to carry with them. It should be ceased a few days prior to major surgery because once the acute effects of the naltrexone have subsided, it leaves the patient with a transient increased sensitivity to opioids.

For further information see package insert, contact the distributor or contact the Drug and Alcohol Clinical Advisory Service (DACAS).

## Information for patients

Information specifically for patients regarding naltrexone can be found in the factsheet [Naltrexone Patient-client information \(PDF 68KB\)](#)

## Disclaimer

This information is a general guide for the use of naltrexone in the management of alcohol dependence. Consultation with a specialist drug and alcohol service such as the Drug and Alcohol Clinical Advisory Service (DACAS) is recommended for patients using multiple drugs or with serious medical or psychiatric conditions. Telephone DACAS on (08) 7087 1742. The drug doses given are a guide only and should be adjusted to suit individuals.

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## For more information

### Drug and Alcohol Clinical Advisory Service (DACAS)

Telephone: (08) 7087 1742

24-hour specialist support for advice for health professionals



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