

Naltrexone Discharge Information for Primary Care

Date: _____

Patient: _____

Dear _____

This patient has been started on **naltrexone** as an anti-craving medication for alcohol use disorder (AUD).

Naltrexone is an opioid receptor antagonist (blocker). **Naltrexone and acamprosate are the two first-line treatments for AUD;** neither medication makes people ill if they drink alcohol. Naltrexone is compatible with a range of drinking goals (i.e., abstinence or reduced drinking) and is appropriate for patients who do not use opioids or have severe liver disease. It works by reducing the euphoric effects of alcohol, which helps to curb alcohol cravings and consumption.

Naltrexone is provided in 50 mg oral tablets. The dose can be titrated to effect, with a maximum daily dose of 150 mg. If a patient continues to drink while on naltrexone, advise them to take their dose one hour before alcohol consumption for maximum benefit. Possible side effects include fatigue, headache, and stomach upset. These side effects typically dissipate after a few days of use; if they persist, consider reducing the daily dose to 25 mg. Naltrexone is covered by ODB with LU code 532.

Therapeutic results are best when this medication is combined with counselling and/or community support.

Please keep the following considerations in mind:

- Concurrent use of naltrexone and opioids is contraindicated; naltrexone will displace opioids at the mu receptor, resulting in opioid withdrawal symptoms. When patients receiving naltrexone require opioids for analgesia, naltrexone should be discontinued one to two days before opioid use and restarted seven days after the last opioid dose to prevent precipitated withdrawal.
- Naltrexone is metabolized by the liver; for patients with suspected liver disease, liver enzymes should be checked at baseline and one month after initiation. If liver enzymes rise more than three times above baseline level, consider hepatic consultation and/or alternative medication (e.g., acamprosate and/or gabapentin).
- Naltrexone can be continued as long as it is effective and tolerated. An alternative to daily use for people who have achieved stability with their alcohol use is to take naltrexone on an "as-needed" basis for cravings or specific events.

Please see the attached prescription that the patient was given on discharge. For ongoing substance-related support, please contact your local rapid access addiction medicine (RAAM) clinic at _____.

Sincerely,

Phone: _____ Fax: _____