

Naltrexone Discharge Information for Primary Care

Date: _____

Client: _____

Dear _____

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

Naltrexone is a full mu-opioid receptor antagonist. It is commonly used in AUD and opioid use disorder (OUD). **Naltrexone and acamprosate are the two first-line treatments of AUD**; 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 liver disease. It works by reducing the euphoric effects of alcohol, which helps curb alcohol cravings and consumption. It is also used to prevent overdose for patients with OUD not on opioid agonist therapy (methadone or buprenorphine); the full mu-opioid antagonistic action of naltrexone provides some protection in opioid relapses.

Naltrexone is provided in 50mg oral tablets. The dose can be titrated to effect, with a maximum of 150mg taken by mouth once daily. Naltrexone can be taken at the same time each day; if a patient continues to drink, it should be taken one hour before alcohol consumption for maximum effect. Possible side effects include sedation and nausea. These side effects typically dissipate after a few days of use; if they persist, consider reducing the daily dose to 25mg. Naltrexone is covered by LU code 532.

Therapeutic results are best when anti-craving medications are combined with some form of addiction counselling or community support.

Clinical considerations:

- Concurrent use of naltrexone and opioids is contraindicated; naltrexone will replace opioids at the mu receptor, resulting in precipitated opioid withdrawal (withdrawal caused by sudden opioid displacement). 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 suspected of having liver disease, it is recommended to monitor liver enzymes at baseline and one month after initiation of naltrexone. Discontinue naltrexone if liver enzyme levels rise more than three times the baseline level and consider prescribing an alternative, such as acamprosate.

Given the consultative nature of our service, we will be transferring care and medication prescribing back to you.

- Current prescription: Naltrexone _____ mg once daily.
- This prescription will end on _____; the client will require a renewal before then.

Please do not hesitate to get in touch with us if you require support in this transition or would benefit from further information. Rapid access addiction medicine (RAAM) clinics can be used for ongoing outpatient substance-related care.

The local RAAM clinic can be contacted at _____

Sincerely,

Phone: _____ Fax: _____