Low Dose Naltrexone (LDN) for Facial Pain

Dear Doctor,

Your patient, who suffers from a facial pain disorder such as Trigeminal Neuralgia (TN)-either typical or atypical, Geniculate Neuralgia (GN), Glossopharyngeal Neuralgia (GPN), or Occipital Neuralgia (ON), may derive benefit in their pain management therapy with Low Dose Naltrexone (LDN) treatment. Although this drug has been found to be safe and effective in thousands of real world cases, and successfully used for over 15 years for treating these conditions, most physicians are unaware of its applicability.

By way of background, regular strength naltrexone is used to treat alcohol and drug addiction. It is not a narcotic and is not habit-forming. It is an opiate antagonist that works by blocking opioid receptors. Low Dose Naltrexone works by an as yet unknown mechanism of action.

LDN is to be used as a chronic therapy, it is not effective for acute pain attacks. Further, it has been shown to be effective only in those patients who are on concomitant treatment with other medications for facial pain. In fact, for those patients on either sodium channel blockers such as carbamazepine or Lacosamide, Gabapentin, or SNRIs (e.g. Cymbalta), who have achieved only partial relief of their pain, the addition of LDN has been shown to make those medications resoundingly more effective. The following information will hopefully allow you to feel more comfortable in prescribing LDN for your patients.

- LDN is not a controlled substance.
- Although regular strength naltrexone is commercially manufactured, LDN must be made by a compounding pharmacy, either locally or online. It can be formulated as a 1-6 mg single dose. Dosage forms are either capsules, tablets, or liquid.
- The regular dose of naltrexone is 50 mg/day. In contrast, LDN dosage is only 2-4.5mg/day.
- The usual starting titration is 1mg/day for 2 weeks, then 2 mg/day for 2 weeks, then 4.5 mg/day ongoing.
- LDN therapy cannot be considered to have failed before 2 months of use at full dose. The success rate can be significant, with greater than 2/3rds of patients remaining on the medication.
- Side effects are few and do not differ much from placebo in clinical trials. They include stomach upset, diarrhea, sleep disturbance, and infrequently, constipation. These side effects are rarely significant enough for patients to discontinue therapy.
- LDN is best taken in the evening, shortly before bed, however morning dosing can be a suitable alternative.
- Since LDN is a maintenance therapy, if effective, it should not be stopped. No drug tolerance requiring increased dosage has been seen.
- LDN can NOT be used in patients on chronic opioid therapy.
- If medically indicated short-term opioid use should become necessary (e.g. post surgery), LDN must be temporarily interrupted, then may be resumed after discontinuation of the opioids. When LDN is re-started after discontinuing opioid therapy, it should begin again with the above tapering schedule.
- LDN may be covered by commercial insurance drug plans. If not, the typical cost is $0.50 to $1.50/day.

.Jeffrey Fogel, MD

Wolfgang Liedtke, MD, PhD