NALTREXONE

MAT ECHO 9/11/17

WHAT IS NALTREXONE?

- ► Formulations:
- Oral: naltrexone hydrochloride (Revia)
 - Recommended dose: 50 mg daily

Injection: naltrexone for extended-release injectable suspension (Vivitrol)

- Recommended dose: 380 mg every 4 weeks
- Naltrexone challenge: administer oral 25 mg tablet and observe for withdrawal symptoms
- Implant: naltrexone implanted under the skin of the abdomen
 - Dose: 1,000 mg which studies have used between 2-6 months
 - Not FDA approved

Oral Naltrexone:

- Initially it did appear that patients taking oral naltrexone had fewer days of opioid use and fewer urine drug screens positive for opioids compared to those who did not take it.
- However, patient adherence and drop out rates have been the biggest issue.
- In multiple studies, fewer than 20% of patients taking oral naltrexone remained in treatment for 6 months.
- A Cochrane collaboration meta-analysis found that due to extensive drop-out rates, oral naltrexone maintenance with or without psychotherapy was no better than placebo treatment.



Extended-Release Naltrexone Injectable (Vivitrol):

May possibly improve treatment outcomes as it solves the issues of daily adherence to oral however data is limited regarding the injection



- In a 2 month randomized placebo controlled trial, 70% of patients were retained for 8-weeks
- A larger trial in Russia retained 53% of patients at 6 months compared to 38% for placebo

- has been shown to reduce alcohol cravings but may not be helpful in reducing opioid cravings.
- Ongoing stress dysregulation has been indicated with opioid relapse. Whereas methadone and buprenorphine can normalize stress response, oral naltrexone does not and in fact stimulates ACTH and cortisol (stimulating the hormonal response during opioid withdrawal)
- Unclear if Vivitrol has similar effect on stress but it may possibly reduce cravings better than oral naltrexone

- There are no randomized double-blind controlled trials comparing all three medications.
- One randomized trial comparing all three found 24-week retention rates as follows: methadone 50 mg – 84%, buprenorphine 5 mg – 59%, and oral naltrexone 50 mg – 21%
- A comparative study between buprenorphine and oral naltrexone found naltrexone response inferior
- There are no comparative outcome studies between either methadone or buprenorphine and extended release naltrexone



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