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Answers to Some FAQs on Low-Dose Naltrexone (/blog/2017/11/21/answers-to-some-faqs-on-low-dose-naltrexone)

By Ginevra Liptan, MD



I was honored to speak about using low-dose naltrexone (LDN) for fibromyalgia recently at the **LDN 2017 conference** (<https://www.ldnresearchtrust.org/conference-2017>). Based on my clinical experience with LDN and what I learned from other speakers at the conference, here are some answers to frequently asked

questions about this treatment. If you want to learn more about LDN for fibromyalgia check out my other blog posts **here** (<http://www.drliptan.com/blog/2016/2/28/the-three-letters-you-need-to-know-if-you-have-fibromyalgia-ldn>), **here** (<http://www.drliptan.com/blog/2016/3/7/combine-opiate-and-opiate-blocker-for-less-fibromyalgia-pain>), and **here** (<http://www.drliptan.com/blog/2017/11/21/lessons-learned-on-opiates-and-lbn-for-fibromyalgia>).

The most common practice is to prescribe LDN at 1.5mg at bedtime for 14 days, then 3mg at bedtime for 14 days, then 4.5mg at bedtime ongoing. If patients have side effects at the 4.5mg dosage, I back them down to 3mg dosage.

What are common side effects of LDN and what can I do about them?

It is a pretty well tolerated treatment, but patients do report headaches, insomnia, and vivid dreams that usually improve within a few weeks. If insomnia is a problem, dosage can be changed to morning.

How long does LDN take to work for pain?

I have seen patients start to get benefit at about 2–3 weeks, and maximum effect is seen at around two months. I have patients try it for three months (first month titrating up dosage and then two full months on 4.5mg dosage) before giving up on it. When using ultra low-dose naltrexone (ULDN) or when patients are also taking opiates, it seems to take longer to get benefit. In that case I might have them take it for four full months before judging effectiveness.

Is LDN an opiate? Is it a controlled substance?

LDN is not an opiate and is not a controlled substance. It is an opiate blocker and is used in regular dosages (50mg) to help patients stop abusing alcohol and opiates. However, at lower dosages it has been found to have anti-inflammatory effects, especially in the brain and around nerves.

Why won't my doctor prescribe it for me?

Most western doctors are only familiar with naltrexone's usage for addictions, thus are unwilling to consider using it for other indications. Plus, since LDN is a cheap and generic drug, there are no drug companies to fund the kind of large studies that will get doctors' attention. You will need to find and bring the right research articles to your doctor, and for fibromyalgia I have made that easy for you **in my book (<http://amzn.to/1XP7ZMV>)**. You can also find a list of doctors that do prescribe LDN at **<http://www.ldnresearchtrust.org>** (**<http://www.ldnresearchtrust.org>**).

What is a compounded medication?

A compounded medication is a customized dosage of a medication (or mixtures of medicines) made by a specialty pharmacy called a compounding pharmacy. To find a reputable

compounding pharmacy, visit <http://www.pccarx.com/contact-us/find-a-compounder> (<http://www.pccarx.com/contact-us/find-a-compounder>).

What other conditions can LDN treat?

LDN is being studied and clinically used for multiple sclerosis, Crohn's disease, to improve gut motility in gastroparesis and small intestinal bacterial overgrowth, hypothyroidism, and for certain types of cancer, among others. If you want to learn more about using LDN for other conditions check out **The LDN Book** (<http://amzn.to/2hKluze>).

*Author Bio: Ginevra Liptan, MD, developed fibromyalgia while in medical school. She is a graduate of Tufts University School of Medicine and board-certified in internal medicine. Dr. Liptan is the founder and medical director of **The Frida Center for Fibromyalgia** (<http://www.fridacenter.com/>) and the author of **The FibroManual: A Complete Fibromyalgia Treatment Guide For You...And Your Doctor** (<http://amzn.to/1XP7ZMV>).*

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