PubMed ᅌ

Format: Abstract

Full text links BenthamScience Full-Text Article

Curr Rheumatol Rev. 2018;14(2):177-180. doi: 10.2174/1573397113666170321120329.

## Low Dose Naltrexone in the Treatment of Fibromyalgia.

<u>Metyas S<sup>1</sup>, Chen CL<sup>1</sup>, Yeter K<sup>1</sup>, Solyman J<sup>2</sup>, Arkfeld DG<sup>1</sup>.</u>

## Author information

## Abstract

**BACKGROUND:** ConclusionFibromyalgia is a chronic pain disorder characterized by diffuse musculoskeletal pain, fatigue, sleep disturbance and cognitive impairment.

**OBJECTIVE:** A significant number of fibromyalgia patients do not respond adequately to the current drugs approved by the Food and Drug Administration (FDA) for fibromyalgia treatment including pregabalin, milnacipran, duloxetine. Thus, there is still a need for adjunctive therapies.

**METHOD:** Naltrexone is an opioid receptor antagonist used to treat alcohol and opioid dependence. It is hypothesized that low dose naltrexone causes transient blockade of opioid receptors centrally resulting in a rebound of endorphin function which may attenuate pain in fibromyalgia.

**RESULTS:** Two small prospective pilot studies have previously shown that treatment with low dose naltrexone may be an effective, safe, and inexpensive treatment for fibromyalgia.

**CONCLUSION:** This prospective study lends further support to the preliminary body of evidence that naltrexone is a well tolerated and likely effective treatment option in the community setting. Further large prospective controlled trials are still needed.

Copyright© Bentham Science Publishers; For any queries, please email at epub@benthamscience.org.

**KEYWORDS:** CAMs; Fibromyalgia; endorphin function; fatigue; low dose naltrexone; treatment.

PMID: 28325149 DOI: <u>10.2174/1573397113666170321120329</u> [Indexed for MEDLINE]

f 🎿 🤾

## Publication type, MeSH terms, Substances

LinkOut - more resources