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Living Well

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Low-Dose Naltrexone Usage in Multiple Sclerosis

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[Medications and Treatments used Off-Label in MS, Physical Wellness, Those Affected by MS, Web Exclusive](#)



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The U.S. Food and Drug Administration (FDA) has approved more than 20 disease-modifying therapies (DMTs) for use in multiple sclerosis. There are also several drugs approved by the FDA for other diagnoses that doctors prescribe to manage symptoms of MS. These are called “off-label” medications and one of the most popular is low-dose naltrexone (LDN).

Naltrexone is FDA-approved to treat alcohol and opioid-use disorder when taken at higher strengths of 50 to 100 mg a day. When lower strengths of 1.5 to 5 mg a day are taken, it is considered low dose. In MS patients, LDN is used “off label” to treat symptoms such as pain, fatigue and cognitive issues.

Sarah Anderson, a pharmacist, says there has been limited clinical study of LDN to treat MS. “Most of the studies completed have been small, self-reported case studies,” Anderson says. “Of the studies completed, many show LDN to be safe and easily tolerated but it has not been shown to alter the disease process itself.”

Anderson notes, LDN isn’t considered a disease-modifying therapy (DMT) – meaning it isn’t effective at halting or decreasing MS progression. This means that people with MS who take LDN also need to take a DMT to ultimately change the course of their disease.

“We know that the inflammatory response in a person with MS is what’s causing their symptoms,” Anderson says. “By reducing inflammation, [LDN] has the potential to reduce the severity of symptoms.”

People living with MS have had different experiences with LDN. Some noticed little to no changes in their symptoms after using it.

“I’ve been on it for about a year,” says Maggie Miller. “I noticed a small difference, but it hasn’t been as life-changing as I hoped.”

“I tried [LDN] early in my diagnosis,” says Dave Fucio. “[It had] no effect on symptoms.”

For others living with MS, such as Andrea Novitsky, who has been taking LDN since 2021, the drug was effective. She says the “off-label” medication has been the “best thing I’ve done along with other therapies...It’s given me the ability to be upright, [have] less migraines and less systemic pain.” She adds, “the most annoying part is finding your dosage individualized to you, as it isn’t a one dose fits all.”

Lynne Shinto is a neurology professor at Oregon Health & Science University. She is also a naturopath — she uses natural remedies to help the body heal itself. Shinto thinks of LDN as an “enhancer to lifestyle and DMTs.” She starts her patients at a low dose of 1.5 mg per day. She then takes 3 weeks to get to what she considers the maximum dose of 4.5 mg per day.

“I tell patients, ‘Anywhere in that range you feel it’s helping you, stay there,’” Shinto says. “Some patients are fine at 1.5 mg. They say it improves things, and they just stop there. I would say the majority of my patients usually find it effective for pain at 3 to 4.5 mg per day.”

While some of Shinto’s patients have taken LDN for years and find it very effective in managing their symptoms, others do not notice a change. And although some patients feel LDN’s effects about a week after they start taking it, others do not feel the effects until 2 to 3 months later. Shinto adds that unless there is a reason to stop taking LDN, she encourages her patients to try it for 3 months to feel the effects. The side effects of LDN can vary, but the most common side effect reported to her is vivid dreams.

“I like to have it in my toolbox,” Shinto says. “I think pain is one of those things that is very wearing, and pain affects fatigue. People who are in pain have worse fatigue. If I can improve pain, that improves fatigue.”

LDN is currently only available at compounding pharmacies since it’s a modified dose of Naltrexone. These pharmacies sell custom-made medicines that are tailored to a person’s specific needs. Insurance often does not cover LDN since it is an “off-label” medication for MS symptoms. This means it would be an out-of-pocket cost, anywhere from \$45 to \$100 a month.

Anderson encourages people living with MS interested in taking LDN to consult their doctors.

“One of the main issues with using LDN is its potential to interact with other medications,” Anderson says. “So, it is important to discuss and co-create your full treatment plan with your healthcare team to avoid

negative, unintentional consequences and find what will work best for you.”

To learn more about the treatment options available to help you live your best life with MS, visit the Society’s [treatments and medications page](#).

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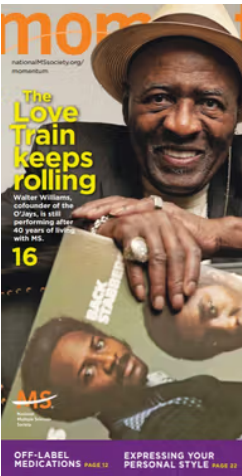
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