SUSTAINED-RELEASE PREPARATIONS OF NALTREXONE FOR THE TREATMENT OF ALCOHOL AND OPIOID DEPENDENCE: CURRENT STATUS

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Introduction / Issues: The effectiveness of oral naltrexone in the treatment of alcohol or opioid dependence is limited by low rates of adherence to treatment. To overcome this, sustained-release preparations of naltrexone (depot and implant) have been developed. A second issue in the treatment of opioid dependence is when to commence naltrexone, given that withdrawal is induced if naltrexone is administered too soon after opioid drugs, but delaying commencement of naltrexone increases the risk of relapse to opioid use. This paper provides an overview of the current status of sustained-release naltrexone and current evidence on approaches to commencement of naltrexone in people who are opioid dependent.

Method / Approach: Review of recent clinical trials and systematic reviews of sustained-release naltrexone for the treatment of alcohol or opioid dependence.

Key Findings: Several different types of depot and implant preparations were developed, but relatively few were fully tested in clinical trials. Currently only one depot preparation (Vivitrol) and one implant preparation (Prodetoxon) have regulatory approval – Vivitrol in the USA, and Prodetoxon in Russia. Available evidence suggests that an effective approach to commencing naltrexone for the treatment of opioid dependence involves buprenorphine to manage initial opioid withdrawal, with introduction of oral naltrexone at very low doses, increasing until a maintenance dose (50mg) is tolerated and then introducing the sustained-release preparation.

Discussions and Conclusions: More research is needed to determine the effectiveness of sustained release preparations of naltrexone, particularly for the treatment of opioid dependence.

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