LOW DOSE NALTREXONE
TRAUMATIC STRESS
DISSOCIATIVE SYMPTOMS
AND CONSCIOUSNESS

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Dissociative amnesia - alterations in memory
Derealization - external world seems unreal
Depersonalization – altered self-awareness
Identity confusion/alteration - state switching
Flashbacks – re-experiencing traumatic events
Affect dysregulation – unstable mood
Alexithymia – inability to feel emotion
Somatoform dissociation – somatic symptoms
DISSOCIATIVE SYMPTOMS

DIAGNOSES

- PTSD – Dissociative subtype
- Depersonalization/Derealization Disorder
- Dissociative Amnesia
- Dissociative Identity Disorder
- Other Specified Dissociative Disorder (e.g., possession, trance)
- Unspecified Dissociative Disorder (used to be DDNOS)
- Conversion/Somatoform Disorders
- Borderline Personality Disorder
- Anxiety, Depression, Bipolar, Schizophrenia, etc. may all have presentations that include dissociative symptoms
TRAUMA & ATTACHMENT
THE VULNERABILITY TO DISSOCIATE

• Lack of caregiving during the first few weeks of life decreases the number of opioid receptors in mice (Bonnet et al. 1976)
• Fewer receptors to bind released opioids
• Stress results in release of endogenous opioids
• Decreased modulation
PTSD

UNEVENTFUL CHILDHOOD
PTSD

ATTACHMENT PROBLEMS
BASIC AFFECTIVE CIRCUITS

DEFENSIVE EMOTIONS

- Hierarchical
- Active vs. passive
- SEEKING
- RAGE, anger
- FEAR, flight, escaping, avoidance
- PANIC, freeze, immobilization, despair, death
MIDBRAIN PERIAQUEDUCTAL GRAY

Fig 1. Some key subcortical brain areas involved with the genesis of basic emotions in the mammalian brain.
VENTROLATERAL PAG
IMMOBILIZATION

- High density of opioid receptors
- Physical restraint
- Electric/cholinergic stimulation > immobilization
- Tonic Immobility – TI
- Freezing
- Learned Helplessness
- Respiratory function
- Associated with compromised immune function
- Naltrexone reduces effects
NALTREXONE
VENTROLATERAL PAG

• Decreases immobilization
• Increases active defensive responses
• Dependent on context
• Safe relationship - oxytocin
• Absence of safe relationship – vasopressin
• Oxytocin – SEEKING attachment
• Vasopressin – FEAR, RAGE
TRAUMA SYMPTOMS

OPIOID ANTAGONISTS

• Military PTSD – nalmefene – Glover (1993)
• Military PTSD – naltrexone – Maurer (1998)
• BPD & PTSD – naltrexone – Schmahl et al. (1999)
• BPD & PTSD – naltrexone – Bohus et al. (1999)
• Depersonalization – naloxone – Nuller et al. (2001)
• PTSD – naltrexone – Lubin et al. (2002)
• Depersonalization – naltrexone – Simeon & Knutelska (2005)
TRAUMA SYMPTOMS

LOW DOSE NALTREXONE

• Lanius (2004, 2006) – series of case studies
• Lanius & Corrigan (2014)
• Pape & Wöller (2015)
• Dissociative Disorders, Complex PTSD
• 11/15 patients immediate positive effects
• 7/15 lasting helpful effect
• Clearer perception of both surroundings and inner life
• Assessment of reality and dealing with it ↑
• Perception of own body ↑
• Affect ↑
• Self-regulation ↑
CASE STUDY 1

SEVERE SENSITIVITY

• Dissociative Identity Disorder
• Amnesia for large parts of life
• Multiple chronic health problems
• Chronic neutropenia, fibromyalgia, IBS, etc.
• Single daytime dose - .5mg → .7mg → 1mg
• Nighttime dose breaks through amnesia: nightmares
• Improved capacity for psychotherapy – ego state work
• Improved health status ↓ WBC, ↓ fibromyalgia, ↓ IBS
CASE STUDY 2
PSYCHOSIS

- Dissociative Identity Disorder
- Attachment Disorder, Substance Use
- Obesity
- Birth trauma
- Longterm LDN 8mg bid and neurofeedback only
- Massive increase in functioning
- Develops psychosis after relationship break-up
- Dosage increased to 300mg daily for 1 week
- Stabilizes
- Back on 8mg bid
- Now ready to do psychotherapeutic work
PTSD & DISSOCIATIVE SYMPTOMS

DOSING

- Target dose .06mg/kg bodyweight
- Minimal dose effective in animals to reduce EtOH
- Commonly bid or tid
- E.g., roughly 3mg for a 120 pounds bodyweight and 5mg for a 180 pounds bodyweight
- Most commonly bid is sufficient
- If concern about unusual medication side effects, start with .5 or 1mg and titrate upwards
- Minimal side effects, well tolerated
- Immune system effects like once daily dose
NALTREXONE

ADVERSE EFFECTS IN PTSD

- Sleep – bimodal effects
- Amnesia – sleep disturbance, nightmares with evening dose
- ↑ Anxiety
- ↑ Avoidance
- Headache – accessing part of self; not ready to
- Increases need for attachment
- In certain context increased FEAR and RAGE
- Feeling stoned - ↑ receptor sensitivity with ongoing stress response
- Nausea – opioid withdrawal
ADVERSE EFFECTS
MANAGEMENT

• If adverse effects always try lower dose first
• Occasionally higher dose better but can be problematic
• Sensitive individuals – start with .5mg dose
• Daytime dosing if sleep problems
• Patient driven dosing – collaborative experiment
• Availability of different dosages, e.g., .2mg, .5mg, 1mg, 2mg, etc.
• Patient may choose to reduce dosage if too “edgy”
CLINICAL EFFECTS
INCREASED FUNCTIONING

• Attention/Concentration ↑
• Body Awareness ↑
• Mindfulness ↑
• Affective regulation/self-regulation ↑
• Affect tolerance ↑
• Ego-strength ↑
CLINICAL EFFECTS

DECREASED SYMPTOMS

- Dissociative symptoms, derealization, depersonalization ↓
- Tonic immobility ↓.
- Flashbacks, intrusive symptoms ↓.
- Hypervigilance ↓.
- Fearfulness, anxiety & panic symptoms ↓.
- Anger, irritability, rage ↓.
- Vulnerability ↓.
- Startle response ↓.
- Emotional numbing & alexithymia ↓
- Amnesia ↓
- Somatization ↓
- Self injurious behavior ↓
CLINICAL EFFECTS  
FACILITATING  
PSYCHOTHERAPY

• Mindfulness  
• EMDR processing  
• Sensorimotor Psychotherapy (SP)  
• Somatic Experiencing  
• Hypnosis
LDN & DISSOCIATIVE SYMPTOMS

CAUTIONS

• Lack of therapeutic relationship
• Too early in therapeutic relationship
• Inadequate rapport
• Primary therapist unavailable
• Lack of relationships - aloneness
• Client is in an abusive relationship and has no options
• Significant amnesia
LDN & OTHER MEDICATIONS

CAUTIONS & BENEFITS

• Increases blood levels of other meds
• Caution if need to be in specific range
• Caution if high doses – side effects
• Augmentation of effects
• Antidepressants effects \( \uparrow \) (Amiaz et al., 1999)
• Antipsychotic effects \( \uparrow \) (e.g. Sernyak et al. 1998)