



Wild Flowers in Utah

PIC QUESTION OF THE WEEK: 9/7/09

Q: Is naltrexone a useful agent for the treatment of obsessive-compulsive disorder and related conditions?

A: Naltrexone is a potent μ -opioid receptor antagonist labeled for the management of alcohol and opioid dependence, but also prescribed for conditions such as bulimia nervosa, flashbacks, pruritus, schizophrenia, etc. Successful use of the drug in some psychiatric disorders possessing addictive features has stimulated interest in its potential use for the treatment of obsessive-compulsive disorder (OCD). Currently, the most effective treatment of OCD is the combination of medication and cognitive behavioral therapy. Selective serotonin reuptake inhibitors (SSRIs) are now considered the agents of choice for this disorder. If conventional drug therapy is ineffective, naltrexone may be a potential option in refractory patients. Conditions such as pathological gambling, self-injurious behavior (SIB), kleptomania, and trichotillomania (a compulsion to pull out one's own hair) share some common clinical features with OCD and addictive disorders. Patients with drug addiction, those suffering from OCD, as well as those with the four conditions mentioned above experience *impulses* to perform behaviors that are repetitive, maladaptive, and difficult to resist. It has been postulated that the endogenous opioid system that plays a central role in the pathogenesis and reinforcement of the addictive behavior associated with substance abuse may also be responsible for the other conditions. Both alcohol and opioids induce dopamine release in the nucleus accumbens that subsequently activates μ -opioid receptors in the ventral tegmental area (VTA). This area of innervation is referred to as the endogenous opioid system or *pleasure pathway*. Naltrexone blocks the release of dopamine and interferes with the proposed pleasure pathway that appears to play a role in these disorders. There are several case reports describing the successful treatment of SIB, trichotillomania, and pathological gambling with naltrexone. However, there have been mixed responses in patients with OCD and other disorders. In these studies, daily dosage ranged from 25 to 300 mg. In some of these preliminary reports, an increase in liver enzymes was a dose-limiting factor. Controlled trials are necessary to better establish the role of naltrexone in the treatment of OCD and related disorders.

References:

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