DEEPER THAN SYMPTOMS

The LDN Safety Checklist

Medications and situations to flag while taking low dose naltrexone

Print once. Keep it in your bag.

Low dose naltrexone (LDN) is generally well tolerated. The risks that matter cluster around one thing: LDN blocks opioid receptors. This page is built to be printed once and kept where you can reach it.

1. Flag these with your prescriber before you start

Bring your complete medication list — prescriptions, over-the-counter, and supplements. Check anything that applies to you:

- ☐ Any **opioid pain medication** (for example oxycodone, hydrocodone, tramadol)
- ☐ Opioid-based **recovery or maintenance therapy**
- ☐ Prescription **cough suppressants** — some contain codeine or hydrocodone
- ☐ Prescription **anti-diarrheal medications** — some act on opioid receptors in the gut
- ☐ Prescribed **immunosuppressants** (after a transplant, or for autoimmune disease)
- ☐ **Thyroid medication** — needs may shift as inflammation changes
- ☐ Significant **liver disease**, or regular alcohol use
- ☐ **Pregnancy or breastfeeding** — the evidence base here is thin

If you checked the first two boxes, that conversation needs to happen before LDN starts — not after.

2. Ask your pharmacist this, every time

“Does this interact with naltrexone?”

Ask it before starting any new medication. Pharmacists check this in seconds, and it costs nothing.

3. Before any surgery or procedure

- ☐ Told my **prescriber** as soon as the procedure was scheduled
- ☐ Told the **surgical team** that I take LDN
- ☐ Confirmed **if and when to pause LDN** — timing is individualized, so get it from them
- ☐ Added LDN to my **phone medical ID** — compounded medications don't always appear in pharmacy databases

Pause date confirmed with prescriber: _____

Restart date: _____

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4. Your first eight weeks — what to track

Vivid dreams and temporary sleep disruption are the most commonly reported effects when starting LDN, and they usually ease as your body adjusts. Tracking turns a vague "it's been up and down" into something your prescriber can actually act on.

Week	Sleep & dreams	Main symptom	Notes
1			
2			
3			
4			
6			
8			

5. Call your prescriber — don't wait it out

- ☐ Side effects **getting worse** instead of fading
- ☐ Anything that feels like an **allergic response**
- ☐ **New symptoms** after adding another medication
- ☐ Sleep disruption that **lingers** past the adjustment window

None of this means something has gone wrong. It means there's a conversation worth having.

Prescriber name & number: _____

Compounding pharmacy: _____

6. Carry this with you

I TAKE LOW DOSE NALTREXONE (LDN)

Please tell my care team before any opioid pain medication.
LDN blocks opioid receptors and may affect how pain relief works.

Name: _____ Prescriber: _____

Cut along the dashed line and keep in your wallet.

Two more habits worth keeping: never change your own dose or timing — LDN dosing is deliberately individualized, and forum advice isn't your prescriber. And source LDN only through a licensed compounding pharmacy, since potency you can't verify defeats the whole premise of a precise low dose.

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