

LOW DOSE NALTREXONE
TRAUMATIC STRESS
DISSOCIATIVE SYMPTOMS
AND CONSCIOUSNESS

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TRAUMATIC STRESS

DISSOCIATIVE SYMPTOMS

- 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

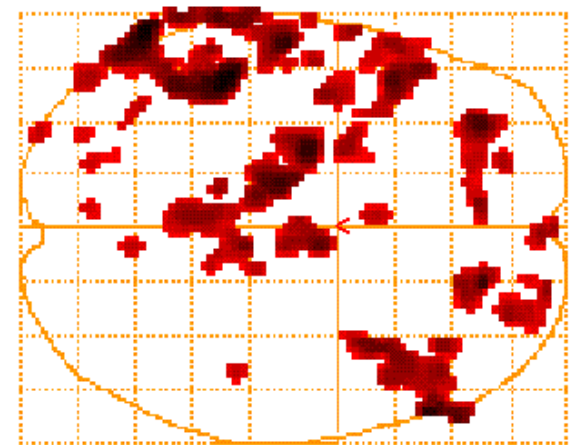
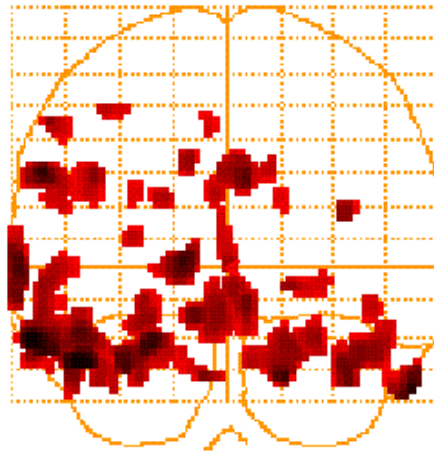
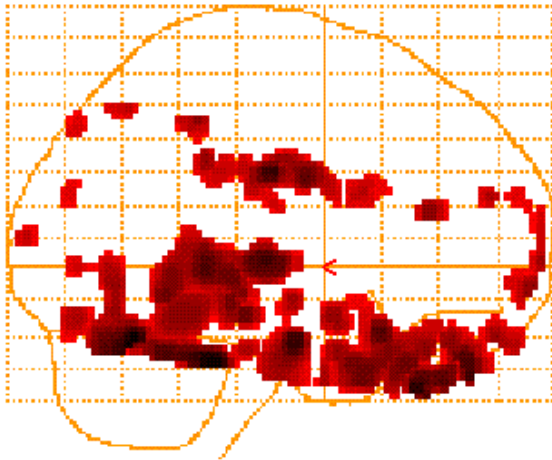
TRAUMA & ATTACHMENT

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

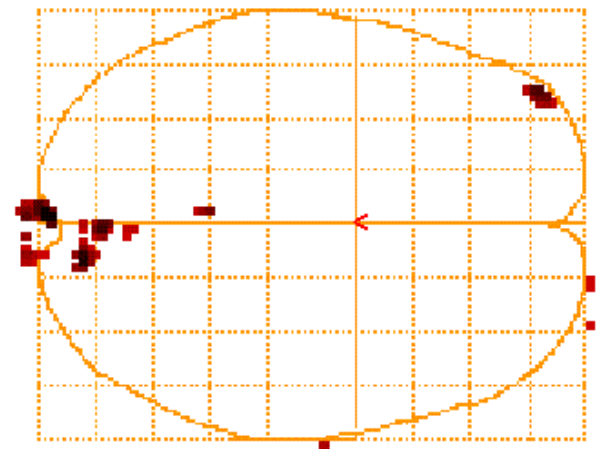
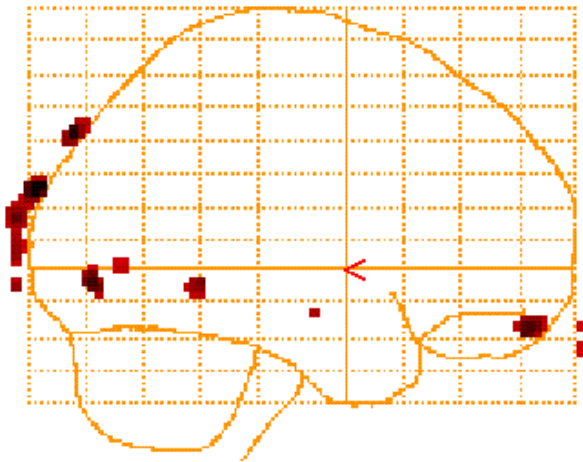
PTSD

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

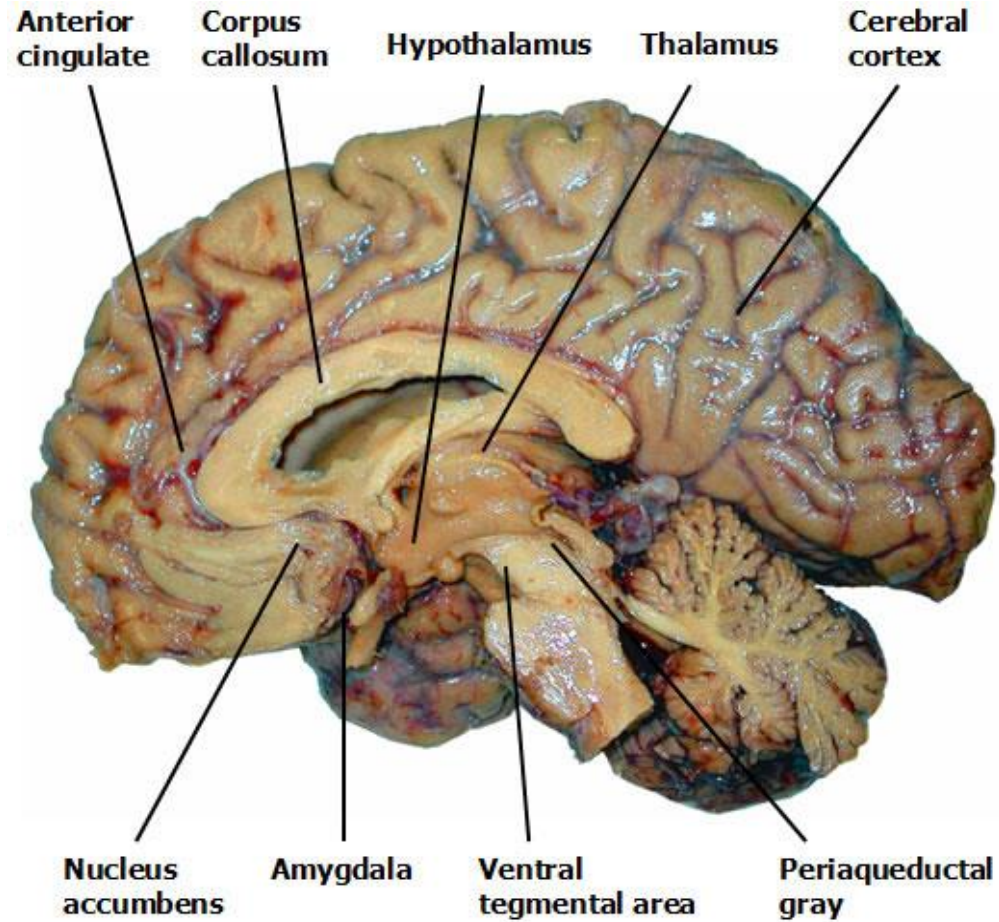


Fig 1. Some key subcortical brain areas involved with the genesis of basic emotions in the mammalian brain

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)

LOW DOSE NALTREXONE

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 ↑↑

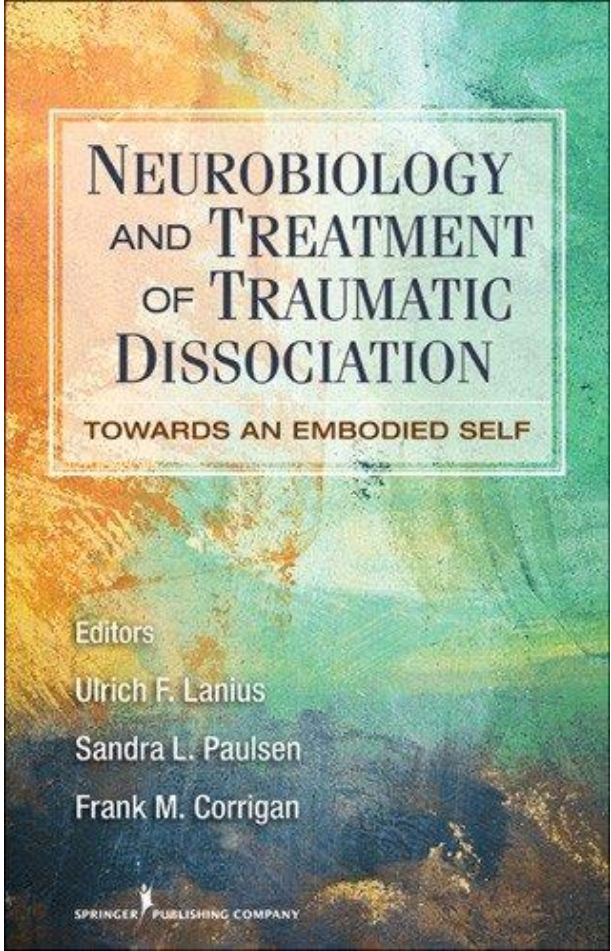
LDN & DISSOCIATIVE SYMPTOMS CAUTIONS

- 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 ↑↑ (Amiaz et al., 1999)
- Antipsychotic effects ↑↑ (e.g. Sernyak et al. 1998)



NEUROBIOLOGY
AND TREATMENT
OF TRAUMATIC
DISSOCIATION

TOWARDS AN EMBODIED SELF

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