LOW DOSE NALTREXONE THERAPY FOR PSORIASIS: OPEN-LABEL CASE SERIES

Leonard Weinstock, Alexander Egeberg, Jill Cottel, Lindsey Aldridge
Washington University School of Medicine, Department of Medicine, St. Louis, Missouri, USA
Specialists in Gastroenterology, LLC, St. Louis, Missouri, USA
Dermatology, University of Copenhagen, Copenhagen, Denmark

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Background: Safe, inexpensive and convenient therapy for psoriasis is desirable. Many inflammatory disorders have been treated by low dose naltrexone (LDN). Limited information on LDN therapy of psoriasis exists (1).

Objectives: Determine the efficacy of LDN for psoriasis.

Methods: A medical record search determined psoriasis patients treated with LDN (4.5 mg/day). Patients used a prospective, self-assessed global scale: 1 - worse; 2 - unchanged, 3 - slightly improved, 4 - somewhat improved; and 5 - marked improvement.

One patient was followed prospectively with this scale, visual analogue scales (VAS), and photo-documentation.

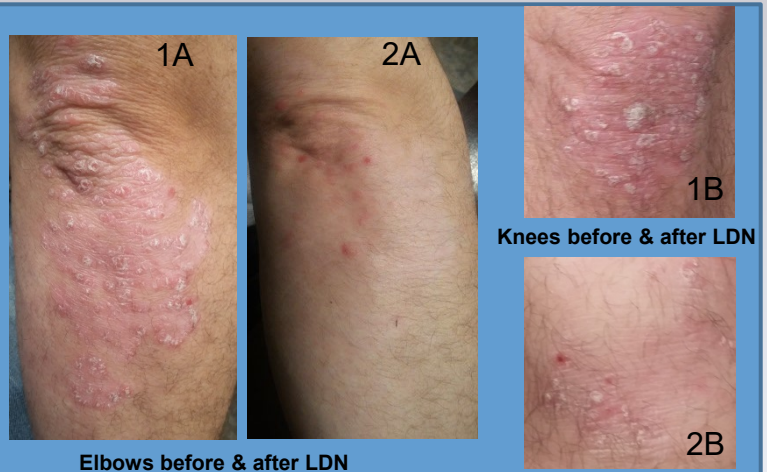
Patients: Fifteen patients received LDN: 13 female, 2 male, mean age 57 years, psoriasis duration 16 years. Eight had psoriatic arthritis (PsA). Five completely failed and ten partially responded to ≥1 topical therapies.

Results: Response to LDN in 15 patients

- 8/15 marked improvement
- 2/15 somewhat improved
- 5/15 unchanged

- The patient followed by photo-documentation had 12-years of continuous plaque psoriasis involving body surface area (BSA) of 6% which was only partially responsive to 3 topical therapies (Fig 1 A, B). For 20 years he had abdominal pain and diarrhea refractory to probiotics and loperamide.
- Within 2 months of LDN use there was marked improvement in psoriasis and PsA (Fig 2 A, B) and complete elimination of gastrointestinal (GI) symptoms.
- BSA decreased to 1%.
- After 12 months he decided to stop LDN and within 1 month the psoriasis, PsA, and GI symptoms returned. After 1 month of restarting LDN, psoriasis improved by 85% and continued to improve with further use. Whenever the patient was noncompliant over 2 years he would relapse and all three problems quickly responded to resumption of LDN.
- Psoriasis VAS improved from 7/10 (thick lesions which cracked) to 2/10 (small lesions with minimal to no scaling). Arthritis VAS improved from 9/10 to 1/10.

Adverse events: 3/15 patients: insomnia (1), diarrhea (1) and self-limited headache (1).



Conclusions: LDN led to marked improvement in 8/15 (53%) of patients who failed topical therapy. LDN paradoxically increases endorphin levels which regulate lymphocyte activity, reduces cytokines and may reduce mast cell activity. LDN is safe, inexpensive and appears be effective but requires a double blind study.

References: 1. Muller G, Grieshaber R, Talley JF, Riepl M, Fellows D. Compounded low-dose naltrexone for the treatment of guttate psoriasis: a case report. Int J Pharm Compd. 2018;22:270-278.

Disclosure of Interest: A. Egeberg Conflict with: Dr. Egeberg has received research funding from Pfizer, Eli Lilly, the Danish National Psoriasis Foundation, and the Kgl Hofbundtmager Aage Bang Foundation, and honoraria as consultant and/or speaker from Almirall, Leo Pharma, Samsung Bioepis Co., Ltd., Pfizer, Eli Lilly, Novartis, Galderma, and Janssen Pharmaceuticals. L. Weinstock, J. Cottel and, L. Aldridge: None.