MADISON MEDICAL COMPOUNDING PHARMACY

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Thank you for entrusting in the compounding services at Madison Medical Compounding Pharmacy to help meet the unique medication needs of your patients. We are excited to share our monthly newsletter with you and look forward to working with you. Please don't hesitate to let us know how we can assist you and your practice.

LeAnn Chambers, Pharm.D. and Matthew Chambers, Pharm.D.

REMINDER: Low-Dose Naltrexone (LDN) Prescribing Notes

LDN is not commercially available but can be prescribed and compounded by our pharmacy in the best dose and dosage form for each patient. Doses of LDN need to be titrated and increased slowly over time. Talk to our pharmacist for more information about prescribing LDN. Read on for more innovative ways LDN is being used.

LDN for Chronic Regional Pain Syndrome

A systematic qualitative review found that Low-Dose Naltrexone (LDN) treatment was positively associated with symptom relief in patients experiencing chronic pain, dystonia, and sleep disturbances. Complex regional pain syndrome (CRPS) is a rare, neuropathic disorder that affects fewer than 200,000 individuals in the United States annually. Current treatments often focus on pain management and fall short of relieving symptoms of pain and dystonia in patients. Due to the limited number of available articles focusing on the treatment of complex regional pain syndrome with LDN, the majority of studies analyzed focused on other chronic pain syndromes. There is a need for additional prospective and interventional studies addressing the use of LDN in the treatment of complex regional pain syndrome symptoms.

Pain Physician. 2021 Jul;24(4):E393-E406.

Prurigo Excoriée Treated with LDN

A 53-year-old woman presented with a 25-year history of acne excoriée and prurigo excoriée. The pruritus affected her quality of life and disturbed her sleep. She had scarring on her face and body resulting from persistent scratching. The pruritus proved refractory to treatment despite a multi-modal treatment approach including multiple topicals, phototherapy, and systemic agents such as isotretinoin, antibiotics, anxiolytic agents, and neuromodulators. She was extremely frustrated that various treatments had been ineffective at controlling the itch-scratch cycle. After treatment with LDN, 3mg at bedtime, she became itch-free within a few weeks. She reported that the LDN had a beneficial impact on her quality of life.

BMJ Case Rep. 2021 Nov 19;14(11):e243773.

LDN for Burning Mouth Syndrome

Burning mouth syndrome is a chronic pain condition characterized by a burning sensation of the oropharynx. The pathophysiology of burning mouth syndrome includes peripheral and central sensitization. Treatment is generally aimed at symptom reduction. A case report described a woman in her 60s with burning mouth syndrome that had been refractory to treatment for nearly a decade. Low-dose naltrexone (LDN) has been reported to provide analgesia in central sensitization states and was successful in reducing pain severity in this patient. The report concluded that LDN may be a therapeutic option for patients with burning mouth syndrome who are refractory to conventional therapies.

A A Pract. 2021 May 17;15(5):e01475.

Relief for Burning Mouth Syndrome

Burning mouth syndrome (BMS) is characterized by the presence of burning, paresthesia or pain of the oral mucosa in the absence of pathologic lesions. The pain may be accompanied by oral dryness, hypersensitivity to some foods, and taste disorders. Potential systemic causes include diabetes mellitus, B group vitamin deficiency (vitamins B1, B2, B6, and B12), folic acid and iron deficiency, hormonal imbalance, gastrointestinal diseases, psychiatric and neurological disorders, and drug-induced side effects. The hypothesis concerning the role of hormonal changes in the development of BMS seems to be confirmed by a high incidence of this condition in perimenopausal women.

To investigate possible relationships among oral mucosal epithelial MUC1 expression, salivary female hormones, stress markers, and clinical characteristics in patients with burning mouth syndrome, 30 post-menopausal female patients with BMS (60.0±5.0 years) received clinical and psychological evaluations, and their levels of oral mucosal epithelial MUC1, cortisol, DHEA, 17β-estradiol, and progesterone were analyzed.

Oral MUC1 expression protects oral epithelial cells. Salivary progesterone level had significant positive correlations with oral mucosal epithelial MUC1 expression level and with salivary cortisol and DHEA levels, i.e., the women with higher progesterone levels had higher oral MUC1 expression levels. Higher salivary levels of 17β-estradiol were correlated with longer symptom duration, greater severity of oral problems, and more significant results from psychological evaluations. Women with higher cortisol levels had a significantly less severe sensation of oral burning.

A retrospective chart review included 57 patients diagnosed with BMS and managed with topical clonazepam solution between 2008 and 2015. An 0.5-mg/mL solution was prescribed until 2012, when this was changed to an 0.1 mg/mL solution. Patients were instructed to swish with 5 mL for 5 minutes and spit two to four times daily. The efficacies of the two

concentrations were compared using patient-reported outcome measures at the first follow-up, including the reported percentage of improvement in burning symptoms and the change in burning severity from baseline ranked on an 11-point numeric rating scale (NRS).

At a median follow-up of 7 weeks, the median overall percentage improvement was 32.5% in the 0.1-mg/mL cohort and 75% in the 0.5-mg/mL cohort. The median reduction in NRS score was 0.5 points in the 0.1-mg/mL cohort and 6 points in the 0.5-mg/mL cohort. The use of either outcome measure revealed that the response to treatment with the 0.5-mg/mL solution was superior to that of the 0.1 mg/mL solution. These findings suggest that a 0.5-mg/mL topical clonazepam solution is effective in the management of BMS.

Notes: 1) When prescribing this compounded medication, it's important to emphasize to the patient and in the prescription directions that clonazepam mouth rinse is Swish and SPIT and should not be swallowed. This will decrease the risk of sedation and addiction potential associated with oral benzodiazepines. 2) A mucoadhesive base is ideal for an oral rinse when treating burning mouth syndrome.

Menopause Review 2014; 13(3): 198-202.
Arch Oral Biol. 2017 Jun;78:58-64.
J Oral Facial Pain Headache. 2017 Summer;31(3):257-263.