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CENTRALISED AND PERSONALISED PREPARATION OF INTRAVENOUS KETAMINE FOR PATIENTS WITH RESISTANT DEPRESSION

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INTRODUCTION

Depression is the third leading cause of disability in the world and about 1/3 of depressive disorders have resistance to successive treatments.[1]
Intravenous infusion of *off-label* ketamine in subanesthesic doses has favorable therapeutic responses in a relatively short evaluation time. With accumulated safety evidence, is considered an added value in the therapeutic arsenal to treat this pathology. [2-4]
Safety issues of the use of central anesthetics without the support of anesthesiology are a pivotal drive for implementing a clinical protocol that includes the pharmacy. The use of fixed dilutions and rhythms of administration as well as personalized centralized preparation in the pharmacy overcomes most concerns about the regular and safe use of this approach to resistant depression.

OBJECTIVE

Evaluate the implemented circuit, characterization of the population and analysis of the impact on the effectiveness and safety of ketamine in resistant depression.

METHODS

A 19-month retrospective analysis was made on the use of ketamine in patients with resistant depression. The pharmaceutical services pharmacotechnics database and the Soarian Clinicals® program were used to collect information and to consult the electronic clinical process of patients that used this therapeutic approach.

RESULTS

Indication for ketamine treatment, in addition to the absence of contraindications, means that the patient is not responsive to at least three antidepressants (Serotonin–norepinephrine reuptake inhibitors (SNRIs) and a tricyclic), a potentiation strategy and a score ≥ to 9 in *the Patient Health Questionnaire-9 (PHQ-9)*. [5]
The data collected correspond to the period between january 2021 and july 2022 and are summarized in Table 1.
All cases reported psychopathological improvement recognized by themselves as well as by assistant psychiatrists. Despite this scenario, the majority of patients to which we had access to follow-up required further treatment for the absolute resolution of the psychopathological frame.

Table 1

Total number of patients		9
Sex Female (%)		77.8
Average age		45 years old
Total number of preparations		118
Number of sessions (median)		12
Average dose (mg/kg)	Total	0.51
	Initial	0.27
	Final	0.66
Average duration of treatment		58 days (8 weeks)

DISCUSSION/CONCLUSIONS

Ketamine has shown to be a safe alternative provided that local strategies are created to ensure the implementation of criteria in patient selection, preparation, administration and follow-up protocols. The acceptance and short-term recognition of the benefit of the treatment by patients and professionals is a non-negligible stimulus that allows, even if not only with this approach, that one is closer to achieving the goal of clinical discharge.

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