

Concerns About Ketamine Treatment Practices in the Community: A Report of Two Cases

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Background: Ketamine, safely used as an anesthetic since 1970, is a new treatment option, at lower doses, for treatment-resistant depression (TRD) and other psychiatric conditions. Data shows non-psychiatric medical professionals are prescribing racemic (R+S enantiomers) intravenous (IV) and intranasal ketamine for psychiatric conditions at variable doses and without standardized safety monitoring. By contrast, the newly FDA-approved intranasal S-enantiomer, esketamine, for TRD requires Risk Evaluation and Mitigation Strategy (REMS) enrollment and direct safety monitoring.

Case Descriptions: We present two cases of patients diagnosed and treated with IV and intranasal ketamine at a gastroenterology clinic: A 22-year-old female with generalized anxiety disorder (GAD) and post-traumatic stress disorder (PTSD) with previous sub-therapeutic trials of two antidepressants, and a 24-year-old female with PTSD, GAD, unspecified bipolar disorder and borderline personality disorder with previous insufficient trials of mood stabilizing and antidepressant medications. Both were treated with IV ketamine & unmonitored home intranasal ketamine administration with initial improvement in mood. They reported side effects including inability to drive safely, blurred vision, and suicidal ideation requiring hospitalization.

Conclusion: Given increasing psychiatric interest in ketamine, these cases highlight concerns about ketamine prescribing practices in the community, caring for patients receiving ketamine from non-psychiatric providers for psychiatric conditions, and levels of evidence for different indications. Patient safety, protocol for care transitions, scope of practice for non-psychiatrists, and limited evidence or long-term safety data, are all important factors to consider as ketamine becomes a more common treatment option for psychiatric disorders.