KETAMINE CLINICS BEYOND THE HILLS

Alan Howard

In the August 2020 edition of *South African Psychiatry,* I penned two articles titled *Ketamine COVID & Suicidality – a perfect fit for a perfect storm* and *A Ketamine Clinic in the Hills,* the latter describing the establishment of our flagship outpatient ketamine infusion clinic in the Natal Midlands.

Ketamine Clinics of South Africa (KCSA) currently has three established outpatient clinics in KZN (Hilton and Umhlanga) and Gauteng (Bedfordview), with a new clinic opening shortly in Cape Town and further branches planned for Pretoria and the Garden Route.

ACCEPTANCE OF NMDA ANTAGONISTS LIKE KETAMINE, AS AN EFFECTIVE AND NO LONGER REALLY 'NOVEL' APPROACH TO TREATING AN ARRAY OF MOOD DISORDERS, CHIEF AMONG THEM TREATMENT RESISTANT DEPRESSION (TRD) AND SUICIDALITY, IS GAINING TRACTION AND MORE UNIVERSAL ACCEPTANCE.

That the launch of our clinics in early 2020 coincided with the start of the COVID pandemic and lockdowns was a bitter blow yet, inevitably (as discussed in a prior article), the prevalence of suicidality, newly diagnosed mood disorders and exacerbations in patients with existing diagnoses have given new impetus and significance to the treatment we offer.

Throughout lockdowns, and more recently the riots and unrest, infusion days have been limited and most clinics operational two-days a week. Still, in 18-months, our clinics have administered almost 2000-ketamine infusions.

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Most of our patients are referred with a diagnosis of Treatment Resistant Depression (TRD), many with established suicidal ideation. We also treat several patients with anxiety disorders and PTSD and have seen remarkable results in OCD. Wherever possible, a 'successful outcome' is quantified using a subjective scale (PHQ-9, GAD-2 or 7, YBOCS) and patients provide feedback after an infusion series.

OUTPATIENT KETAMINE INFUSIONS ARE INCREASINGLY BEING USED TO TREAT REFRACTORY NEUROPATHIC PAIN.

We have also noticed more acceptance amongst physicians, neurologists, neurosurgeons, and oncologists who increasingly turn to ketamine as an outpatient option to treat refractory neuropathic pain, the role of NMDARs in chronic pain states being more clearly understood. In this regard, progress is monitored using the Defense and Veterans Pain Rating Scale (DVPRS), as this focuses not only on an analogue pain scale, but on four other biopsychosocial parameters. It is not unusual to see oncology patients with Cancer related Neuropathic Pain (CNP), either neoplastic in origin or related to chemotherapy, reduce their DVPRS

score to single digits after only a few ketamine infusions, as well as concurrently reducing their opioid requirement.

THE APA HAS PUBLISHED INTERNATIONAL GUIDELINES ON KETAMINE USE FOR DEPRESSION.

At last, the American Psychiatric Association (APA) has published international guidelines on Ketamine use for depression (*American Journal of Psychiatry, March 17, 2021*). Only intravenous or intranasal ketamine is advocated by the panel and it is pertinently noted that insufficient evidence exists for administration by other routes. The likelihood that the intravenous route is superior to the intranasal route is also pointed out. The requirement for a safe clinical environment is stressed.

Shortly after the release of the APA Guidelines, the South African Society of Anaesthesiologists (SASA) released a statement on outpatient ketamine infusions. Their comment, they say, was necessitated by the fact that ketamine is a registered anaesthetic drug and its outpatient use consequently led to legitimate patient safety concerns, concerns echoed by the APA in the aforementioned guidelines. (*The statement can be accessed on our website*).

SASA HAS RELEASED A STATEMENT ON OUTPATIENT KETAMINE INFUSIONS.

KCSA is proud of our commitment to patient safety first. In our clinics, ketamine is only administered by anaethetists and doctors with life-support skills, and in a clinical environment with resuscitation equipment and experienced nurses immediately on hand. All of our doctors are members of SOSPOSA (Society of Sedation Practitioners of South Africa), a special interest group of SASA, and we apply for accreditation of our clinics by this group, as recommended by SASA.

THE DICHOTOMY THAT EXISTS BETWEEN THE FIELDS OF PSYCHIATRY AND ANAESTHESIOLOGY WHERE KETAMINE IS CONCERNED IS OFTEN AN UNFORTUNATE STUMBLING BLOCK BUT NOT, I BELIEVE, AN INSURMOUNTABLE PROBLEM.

Administration of outpatient ketamine in 'nurse-run' clinics or via the intramuscular route in an unmonitored environment, are practices starkly at odds with the recommendations of both the APA and SASA, but sadly a reality. These practices should be roundly condemned.

ADMINISTRATION OF OUTPATIENT KETAMINE MUST BE IN ACCORDANCE WITH ESTABLISHED PATIENT SAFETY GUIDELINES.

SASA makes specific mention in its statement on ketamine infusions for depression that guidelines have yet to be issued by The South African Society of Psychiatrists (SASOP), something that would be welcomed, particularly following the recent APA release.

KCSA has partnered with the Department of Psychiatry at the University of KwaZulu Natal Nelson R Mandela School of Medicine in research on outpatient ketamine infusion for depression, for which ethics approval was obtained in May 2021. The Principal Investigator (a specialist psychiatrist) is conducting retrospective chart reviews from our Hilton clinic, collating data from several hundred outpatient infusions.

Further exciting research in which KCSA is involved is our collaboration with Inkosi Albert Luthuli Academic Hospital Burns Unit. An RCT is planned to investigate the effect on major depressive symptoms in severe burns victims (60% of whom are clinically depressed one-year post trauma), by substituting traditional sedation cocktails used for dressings changes (usually opiates and benzodiazepines) with ketamine.

INCREASINGLY, MEDICAL AID SCHEMES ARE RECOGNIZING THE BENEFIT OF OUTPATIENT KETAMINE INFUSIONS FOR THEIR MEMBERS AND AUTHORIZING FUNDING. PARTICULARLY IN PATIENTS WITH CONCERNING LEVELS OF SUICIDALITY, HOSPITALIZATION CAN FREQUENTLY BE AVOIDED FOLLOWING REVERSAL OF SUICIDAL IDEATION IN UP TO 80% OF CASES FOLLOWING A SINGLE KETAMINE INFUSION.

In the recent past, patients referred for ketamine infusions (often in desperation), were consigned to noisy ECT-theatres, day clinics, ill-equipped consulting rooms and denied the added benefit of a milieu that undoubtedly enhances outcomes. Still they benefitted. Associated expense was high, often driven by the requirement for formal 'admission' to such a facility and a fee for specialist anaesthetic services. Patients have (and still do) endure administration of ketamine by intramuscular injection while in a 'bean-bag', intravenous blousing of ketamine in a chair in a GP's surgery, ketamine infusions while seated in a room with four other patients receiving ketamine. (A KCSA patient described to me how he would take toilet paper along to such sessions, to stick in his ears, as no headphones were provided to reduce ambient noise and mitigate potential negative effects of synesthesia.)

Strange indeed are the experiences of most patients receiving this remarkable drug. Strange too is the fairly sudden requirement for synergy between two

most diverse medical specialities, psychiatry and anaesthesiology, in the dawn of a new psychedelic era. As an emergency physician

I AM NEITHER ONE NOR THE OTHER AND CAN THEREFORE, ATOP MY FENCE, CLEARLY UNDERSTAND AND APPRECIATE THE RELEVANCE AND IMPORTANCE OF BOTH. THEY ARE NOT MUTUALLY EXCLUSIVE YET PATIENT SAFETY CLEARLY REMAINS THE FOREMOST CONCERN.

KETAMINE CAN BE A TURNING POINT IN A PATIENT'S JOURNEY TOWARDS MENTAL WELLNESS.

Teams at KCSA clinics around the country stand ready to partner with our psychiatry colleagues by offering their patients safe, regulated, and affordable outpatient ketamine infusions. Ketamine is a remarkable adjunct to traditional medication and therapeutic techniques and in no way replaces these or obviates the need for continued monitoring and therapy by treating psychiatrists and other mental health specialists. Ketamine is a treatment, not a cure – but it can be a turning point in a patient's journey towards mental wellness.

"Ketamine is the best decision I have ever made. I feel my life is worth living again" (KCSA patient July 2021)

Alan Howard is an Emergency Physician who returned permanently to South Africa at the end of 2019 after working as a Consultant in Emergency Medicine in Donegal, Ireland for 12-years. He is author of the medical textbook 'Emergency Management of Acute Poisoning'.[1] Dr Howard has served as an instructor and examiner for the American College of Surgeons Advanced Trauma Life Support Course (ATLS) for over 25-years and was published by the BMJ in their subsidiary journal the Emergency Medicine Journal (EMJ) following his pioneering work in pre-transfer cranial trephination for traumatic extradural haemorrhages in the Emergency Department.[2]

Dr Howard founded Ketamine Clinics of South Africa (KCSA) in August 2019 and is president of the Society of Ketamine Practitioners of South Africa (SOKePSA). He is a member of the American Society of Ketamine Physicians (ASKP).

[1] Van Schaik Publishers 2006 ISBN 0 627 0263 1 1
[2] Howard A, et al, Cranial burr holes in the Emergency Department: to drill or not to drill? *Emerg Med J* 2019;0:1–4. doi:10.1136/emermed-2019-208943

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