A KETAMINE CLINIC IN THE HILLS

KETAMINE CLINICS OF SOUTH AFRICA (KCSA) HILTON

Alan Howard

Our flagship ketamine clinic is located just off the N3 in the undulating hills of the Natal Midlands.Notwithstanding the fact that any new initiative always takes time to gather momentum and that COVID forced us to all but close for several weeks, we have administered over 700 infusions to more than 120 patients in around six months of operation. Our patients have ranged in age from 14 to 73.

Our clinic is based in a modern medical centre adjacent to the Hilton Life Hospital. Patients are treated in two infusion cubicles in comfortable, mechanised recliners. Eye shields, noise cancelling headphones and a range of gentle music are offered. Vital parameters are continuously monitored (pulse rate, respiratory rate, SpO2, NIBP, ECG) and finely calibrated syringe drivers administer the ketamine. A well-stocked resuscitation trolly is immediately at hand, including a defibrillator, oxygen, and a range of airway adjuncts. In the unlikely event intubation is ever required, drugs (including paralytic agents) are always stocked.

THE CLINIC IS STAFFED BY DOCTORS AND ANAESTHETISTS FAMILIAR WITH KETAMINE AND WITH THE REQUISITE TRAINING IN AIRWAY MANAGEMENT.

At KCSA, we rely on the diagnoses of experts in psychiatry and psychology, who are our primary referral source. They, in turn, trust in the clinical skills (airway management chief amongst them) of the doctors, anaesthetists and ICU-trained nurses caring for their patients in our clinic. It is a collaboration that works – but it does require a recognition and acknowledgment of personal limitations and egos need to be set aside. I vividly recall administering ketamine to an Irish teenager with a dislocated ankle. I didn't know he was schizophrenic. The emergence

KCSA's flagship ketamine clinic is in a modern medical centre in the Kwa-Zulu Natal Midlands.

precipitated a florid psychosis, but he survived unscathed. I hate to imagine the distress that would be caused by a paradoxical respiratory arrest and desaturation after ketamine administered in an inappropriate environment by someone unprepared and ill-equipped to deal with such an event.

"OUR CONTINGENT OF NURSES AT KCSA ALL HAVE ICU TRAINING AND EXPERIENCE."

While we do actively market and advertise our infusion service publicly and hope to reach all those battling resistant depression and suicidality, patients are always advised to discuss ketamine infusion as an option with their psychiatrist and general practitioner first. Formal engagement with and referral to KCSA by treating practitioners is our preferred route. We will always endeavour to contact, remain engaged with, and provide follow up to referring colleagues. Patients are instructed not to change any existing medication without first consulting the

prescribing practitioner and to maintain scheduled consultations and CBT. We find that CBT is reported to be more effective in those undergoing a series of ketamine infusions.

We do liaise with referring practitioners to discuss advisability of reducing or stopping certain medications before ketamine infusions owing to probable GABA / Glutamate conflict with certain drugs like lamotrigine and benzodiazepines. These may reduce the efficacy of ketamine but are by no means contraindicated.

Patients have access via our website, to online forms used to track progress. These are submitted via a secure server. We use the PHQ-9 form, which is simple, subjective, and well validated against both the HAM-D and MADRS. On completion of an infusion series (usually six infusions over a two to three-week period), patients submit online feedback. Several patients present for maintenance infusions on a monthly or six-weekly basis and remission is thus well maintained. Feedback is provided to patients' GPs and psychiatrists.

Several patients have travelled to our facility from other provinces for a two-week treatment regimen. The proximity of superb yet affordable accommodation has proved extremely useful.

Patients at KCSA are constantly monitored during infusions and recline in comfortable infusion chairs.

Our results have been heart-warming. Below are comments from a few patients, submitted after completion of their infusion series:

"Ketamine has definitely made a vast difference to my overall wellbeing."

"Those six infusions have given me my life back."

"This has given me hope for the future, and for that I am incredibly grateful."

"Now I feel capable of doing and achieving so much."

"This treatment has normalised my daily living."

"My thinking is no longer affected by fear, anxiety and hopelessness."

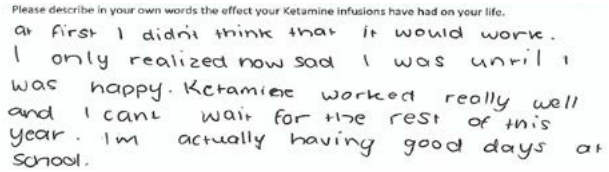
"I take care of myself. I shave more often, shine my shoes, apply body lotion – things I struggled to do for the past 25 years."

"Haven't felt like my normal self in over two-and-a-half years – life just feels like a blur and I've loads of catching up to do."

"From being suicidal to getting out of bed and being interested in life again is actually a miracle."

"I love me now."

"I truly believe that this has saved her life." (Mother of a 14-year old suicidal girl who tried to hang herself.) – the child herself wrote this:


Please describe in your own words the effect your Ketamine infusions have had on your life.
at first I didn't think that it would work. I only realized now sad I was until I was happy. Ketamine worked really well and I can't wait for the rest of this year. Im actually having good days at school.

KCSA TO EXTEND ITS REACH

The lockdown curtailed plans to clone our Hilton clinic elsewhere in South Africa. Nevertheless, and particularly at this time of soaring depression and suicidality, this will rapidly get back on track.

I welcome approaches from colleagues (individually or corporately) interested in running a ketamine clinic in their area using the KCSA blueprint and branding. To this end, very accommodating franchise arrangements are in place, and training for nursing staff is offered at our Hilton branch.

"THOSE INTERESTED IN OPENING A KETAMINE CLINIC WILL BE GIVEN ACCESS TO THE KCSA BLUEPRINT AND BRANDING, AND WE OFFER TRAINING FOR NURSING STAFF AT OUR HILTON BRANCH."

FUNDERS AND THE COURT OF PROFESSIONAL OPINION

Any therapy outside of the mainstream is understandably subjected to extra scrutiny. Ketamine infusion is no exception. It does feel though, as if the bar for acceptance of ketamine as an effective and rational choice for a specific cohort of patients is raised substantially higher than that for other mainstream, and generally less effective options. To what extent convention bias drives this is open to debate. Nobody expects monoaminergics to 'cure' depression in the short term, yet they can be extremely effective treatment in responsive patients.

IF KETAMINE WERE HELD TO THE SAME STANDARD, PARTICULARLY IN RESPECT OF ONSET OF ACTION AND EFFECT ON SUICIDALITY, IT WOULD COME THROUGH WITH FLYING COLOURS.

All of the patients treated at KCSA Hilton thus far have one thing in common; they could afford the treatment privately. Patients who are members of medical aid

schemes are frequently turned away as, inexplicably, their funders do not provide benefits for ketamine infusions. Their members continue to trudge along the trajectory of costly conventional polypharmacy, often ECT and frequently hospitalisation. Many end up in expensive, longer-term inpatient facilities. Several, sadly, end their lives.

At KCSA, we neither support nor condone claiming benefits on behalf of patients for ketamine infusions under other guises, for example, as in-patient ECT. This happens frequently. These infusions are often given in inappropriate surroundings and efficacy is reduced if minute attention is not paid to the therapeutic milieu. We would rather (through the agency of SOKePSA – see later) engage with funders transparently and seek their recognition and acceptance of ketamine infusion as appropriate and beneficial for selected patients.

I recently approached a major funder who, to their credit, researched Cochrane reviews, meta-analyses and trials. They concluded that funding should be denied as: *'there is no evidence showing long-term benefit'* (after a single infusion). In the same email, they conceded that their research had shown that: *'ketamine provided a rapid antidepressant effect with a maximum efficacy reached at 24-hours'* and that *'its effect lasted for 1-2 weeks after infusion.'* After a single encounter with any drug, this sounds like something to get excited about.

I frequently hear detractors advance safety concerns as a reason to view ketamine with extreme prejudice. I remind them that ketamine has a safety record spanning half a century, is on the WHO's list of fifty most essential medications, and is the commonest procedural sedative worldwide given literally thousands of times a day at three to four times the dose used for depression. In fact, if one considers that, in the third world in particular, clinically unstable children with severe burns have dressing changes every few days for extended periods under ketamine boluses, the perceived risk is hard to fathom. Sure, a few hundred ketamine addicts in China ingesting grams of ketamine daily developed ulcerative cystitis and psychological addiction can occur with frequent use, however the benefit of appropriate administration far outweighs risk.

"KETAMINE HAS A SAFETY RECORD SPANNING HALF A CENTURY."

As alluded to earlier, the very nature of ketamine infusion demands multidisciplinary input. It occurred to me that to protect patients, those administering ketamine and to preserve ketamine's reputation, consensus guidelines and oversight might be achievable through the formation of a society with a multidisciplinary board. It is my sincere hope that such a united voice engaging with funders might succeed in securing benefits for patients at this time of greatest need.

THE SOCIETY OF KETAMINE PRACTITIONERS OF SOUTH AFRICA (SOKEPSA) WAS FORMED IN APRIL 2020. THE BOARD INCLUDES A PSYCHIATRIST IN PRIVATE PRACTICE, A PROFESSOR OF PSYCHIATRY, A CLINICAL PSYCHOLOGIST, A SPECIALIST ANAESTHETIST, EMERGENCY PHYSICIAN AND A PROFESSIONAL ICU NURSE.

Applications for membership of SOKePSA are open to professionals from any discipline, whether directly involved in the prescribing and administering of ketamine or not, who espouse the safe, regulated, and appropriate administration of ketamine for treatment resistant depression and suicidality.

As a board, we hope to model SOKePSA on the highly successful American Society of Ketamine Physicians (ASKP) and offer clinical guidelines, webinars and other resources to members.

Through the establishment of a national registry of patients and our partnership with UKZN department of Psychiatry we aim to generate valuable prospective data needed for research. To this end database and analytical software has already been written for upload and analysis of multiple parameters and variables.

THE FINAL WORD

Society of Ketamine Practitioners of South Africa
SOKePSA

I am passionate about bringing ketamine infusion therapy to those enslaved by resistant depression. What for me began as curious anecdotal observations in patients who had received ketamine in my Emergency Department became more focused research and ultimately first-hand observation of the multiple patients I have treated at KCSA in Hilton, Kwa Zulu Natal. I do hope readers will be equally intrigued by what is no longer a truly novel therapy but is moving rapidly towards the mainstream. To those who share my vision and views, please join SOKePSA and become part of this initiative.When Sernyl was assigned to the scrap heap over 50-years ago, we almost lost ketamine for ever. Thank goodness for Stevens and his tinkering.

- **Dr Alan Howard can be contacted on 082 416 9643**
- **More information about KCSA can be found at www.ketamineclinics.co.za**
- **Those interested in SOKePSA membership, please email info@sokepsa.co.za**
- **Should you wish to discuss developing and running a KCSA clinic in your area, please email info@ketamineclinics.co.za or contact Dr Howard directly on the number above**