

LOUISIANA STATE BOARD
OF MEDICAL EXAMINERS
(La. Rev. Stat. §§37:1261-92)

Advisory Opinion

The Off-Label Use of Ketamine for the
Treatment of Mental Disorders and Chronic Pain

October 10, 2016
(Revised: May 13, 2019)

Summary. It is the opinion of the Louisiana State Board of Medical Examiners that the off-label use of Ketamine for the treatment of severe depression and other mental disorders and chronic pain is ill-advised in routine clinical practice settings and such use should be considered investigational. Physicians are urged to proceed with caution in its use for the treatment of such conditions until the drug has been approved by the FDA or is supported by appropriate treatment guidelines.

Background. The Louisiana State Board of Medical Examiners (the "Board") was asked to consider a request for guidance concerning the use of Ketamine in the treatment of severe depression and chronic pain. In furtherance of this request, the Board directed its staff to conduct a review of the literature, confer with experts, and gather other information on the subject. With the benefit of such literature, consultations and information, the Board gave further consideration to the issue at its August and September 2016 meetings. Its findings and advice follows.

Findings. Ketamine is a dissociative anesthetic agent and short acting analgesic. It produces profound analgesia and amnesia and is commonly used for patients undergoing minor surgical procedures. In the past few years, Ketamine has been touted as a potential treatment for severe depression and other mental disorders and chronic pain. More recently, "Ketamine clinics" have opened across the country, and anecdotal positive outcomes are noted in the lay press, as is costs of treatments ranging up to \$3,000 for six sessions. However, the drug has not been approved for the treatment of these conditions by the U.S. Food and Drug Administration (FDA). Furthermore, although the treatment of such conditions require ongoing and repeated therapy, the long term psychogenic effects of Ketamine are unknown and there is no clear guidance on the optimal mode of drug administration, including appropriate dosing information.¹

In addition to the known potential for abuse, hepatotoxicity and bladder dysfunction have been reported after repeated dosing and its use requires close central nervous system and hemodynamic monitoring. Finally, while there are some reports of short-term benefit associated with the use of Ketamine for severe depression, the results are not lasting in most instances and patient mood may rapidly decline after initial improvement, which may actually increase the patient's depressive symptoms.

¹A task force convened by the American Psychiatric Association (APA) to review the clinical evidence supporting the effectiveness of Ketamine in the treatment of depression reported in the October 1, 2015, edition of the *American Journal of Psychiatry* that current data revealed the effects of the drug were rapid, robust but transient and that more research is needed to establish both the risks associated with the long term use of the drug and the development of treatment guidelines. The Task Force has apparently begun work on the project.

Advice. Given the short term nature of the therapeutic benefit of Ketamine; potential for abuse and neurotoxicity; known harm associated with its use; lack of clinical studies demonstrating the safety and efficacy of repeated dosing; and the absence of appropriate treatment guidelines, the administration of Ketamine for the treatment of severe depression, other mental disorders and chronic pain is ill-advised in the clinical setting and should be viewed as investigational.

Consistent with these views, the Board suggests that Ketamine not be used for the treatment of severe depression, other mental disorders and chronic pain until it is approved by the FDA² for such use in accord with an FDA approved research protocol or, at the very least, until clear guidelines for appropriate use in the treatment of psychological disorders are developed by the APA or another nationally recognized professional organization.

As in all instances, utilizing Ketamine or any other drug in a manner that has not been shown to be safe and effective is inconsistent with good medical practices.

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²In 2019, the FDA approved eskatamine (the s-enantiomer of Ketamine) spray in conjunction with oral antidepressants for adult treatment-resistant depression. In so doing, the FDA noted that due to the risk of serious adverse reaction from sedation and dissociation caused by the drug, and the potential for abuse and misuse, the drug is only available through a restricted distribution system in a certified medical office where the physician can monitor the patient for at least 2 hours after administration. *See: FDA news release, Mar. 5, 2019: FDA approves new nasal spray medication for treatment-resistant depression; available only at a certified doctor's office or clinic.* As an FDA approved product, physicians may conformably utilize this particular drug for the treatment of adults suffering from treatment-resistant depression, in accordance with FDA protocols. Otherwise, the views expressed herein as to the off-label use of Ketamine for the treatment of severe depression, other mental disorders and chronic pain, remain unchanged.