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Efficacy of esketamine in the treatment of depression with psychotic features – a case series

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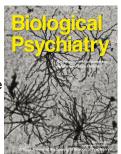
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Correspondence

Efficacy of esketamine in the treatment of depression with psychotic features – a case series

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To the Editor:

Since the seminal work of Berman et al. (2000)(1) demonstrating the rapid and robust antidepressant effects of ketamine, several clinical trials have confirmed ketamine as a highly effective treatment for treatment-resistant depression (TRD). In recent years, there has been a rapidly growing trend of off-label prescribing of ketamine to treat TRD patients in many clinics worldwide. Considering that the effects of ketamine administration have been used as a model for psychosis and that psychotic symptoms are frequently reported as side effects at anesthetic doses in humans (2), ketamine has been contraindicated to treat psychotic depression in both clinical and research settings.

However, recent data have opposed this view. Low-dose ketamine (0.5 mg/kg) infused over 40 min is generally well tolerated, with no reports of severe psychotic symptoms (paranoia, hallucinations, or delusions) (3). In addition, the intensity of psychotic symptoms associated with low-dose ketamine administration seems to not differ between TRD patients with and without a lifetime history of psychosis (4). Moreover, Ribeiro et al. (5) recently reported successful treatment with ketamine in two patients with psychotic depression. Based on this knowledge and considering that patients had no access to electroconvulsive therapy, we decided to treat four patients with severe depression with psychotic features with esketamine, after discussing with them the risks and benefits associated with this off-label treatment. Esketamine (0.5 mg/kg) was administered as an intravenous infusion over 40 min (one patient) or subcutaneously (3 patients) (Table 1).

The first patient was a woman with major depressive disorder, diagnosed during her first pregnancy ten years prior, and alcohol dependence. She was severely

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