



Q&A with Dr. A

What to Expect When You're Expecting ... to Undergo Ketamine Infusions

Ketamine is a strong anesthetic and analgesic (pain killer) that has been used in medicine since the Vietnam War. However, in very low doses, it offers rapid and long-lasting relief for a variety of mental health conditions.

At The Anderson Clinic, we use low-dose IV infusions of ketamine as one of our tools to treat anxiety, depression, postpartum depression, bipolar disorder, obsessive-compulsive disorder and post-traumatic stress disorder (PTSD). Recent research shows it also can be used to treat substance abuse (alcohol and cocaine.).

WHAT IF I LOSE CONTROL DURING THE INFUSION?

If you've ever heard the Latin phrase, "*in vino, veritas,*" or "*in wine, truth,*" then you may recognize the feeling of saying too much or of losing your inhibitions. Ketamine, much like alcohol, can dissolve your self-consciousness.

If you've been trying to hold back a lot of anxiety, for example, then panicky feelings may come forth during the infusion. If you've been trying to suppress a lot of sadness, you may become tearful. If you've been quashing your anger, you may become agitated. All these are perfectly within the range of "normal" responses we see. You're not losing control.

So, what's the deal with all these emotions spilling out? Part of what can inhibit a person from getting well is working TOO HARD to hold these emotions in. Ketamine is a sort of "fast-track" to allowing yourself to feel these things in order for your brain to be able to process them on a conscious level. FYI, it makes undergoing therapy TREMENDOUSLY easier when your feelings are on the table. But no worries. If you have a full-blown panic attack, we can slow down or even stop the infusion at any time. If you have serious concerns about it, we may also pre-medicate, so you can tolerate the infusion more comfortably.

WILL I HALLUCINATE?

It's super unlikely but entirely possible. Ketamine has inherent hallucinogenic properties. So during the infusion, you may see things that aren't there, like shadows or "animals in the clouds," for example. But these go away quickly with the termination of the infusion and should last no longer than two hours. Again, worst-case scenario—and we've never had this happen—we can stop the infusion entirely if your experience is too intense. The speed you receive the medication does not increase or decrease its effectiveness. It only allows you to tolerate any possible side effects better.

WILL I FEEL WEIRD DURING THE INFUSIONS?

Many people experience a mild sense of dissociation during and/or shortly after an infusion. The best explanation I've heard: It's a similar feeling to receiving nitrous oxide (laughing gas) during a dental procedure. There's a strange sense of "otherness" you may experience, where you believe you have a limited ability to speak or move your limbs. For instance: *I know I see that this is my hand and it is attached to me but is it really my hand? Do I have control over it?* The answer is an unequivocal yes. It just doesn't feel like it. You may even feel as if your mind has floated out of or above your body, which is why up to 30% of patients who have motion sickness may experience nausea.

WILL I FEEL WEIRD FOREVER?

Nope. It's only during and briefly following the infusions. And some patients don't feel "weird" at all—just extremely relaxed and calm.

WILL I HAVE AN "EPIPHANY" OR RELIGIOUS EXPERIENCE AND IS ONE REQUIRED TO GET BETTER?

The jury's still out on this one. Many people describe a type of euphoric sensation. Some say the infusions help to "clear up the cobwebs" in their minds, which helps them come to a decision about a difficult situation a little easier. Others say it allows them to see connections in their minds where there weren't any before. And some say they had reactions similar to an "epiphany."

Does this happen to everyone? No. Some research says it's not a "necessary reaction" in order to get better, while others studies say it improves outcome. We have not yet noticed a correlation in our clinical practice. We've had patients who DID have euphoric or epiphanous moments during the infusions but didn't improve much at all symptomatically. We've also had patients who felt nothing but relaxation during the infusions and went into complete remission of their symptoms. So you can't assume the infusions are not working. They just work differently in different people.

WHAT IF I DON'T FEEL BETTER AFTER THE FIRST VISIT?

Then, you would be among the 70% of patients who we treat! It's the rare person who goes into spontaneous remission of all psychiatric symptoms after the first visit. (Of course, everyone wants to be THAT PATIENT!)

What we've seen is close to a Bell Curve of responses. There are the rare folks who go into remission in one to two visits. The majority of our patients start responding between visits three to five infusions. And then, there is another small subset of our people who don't START responding until 6-plus visits—or even after the treatment series is over! Don't fret, though. Like the majority of treatments out there, everyone responds differently.

WILL I NEED MORE THAN 6 VISITS AND HOW WILL I KNOW WHEN TO FOLLOW UP?

How many total visits you may need depends on your response to the treatments. How we measure this is based on something called a PHQ-9 depression screening inventory. The higher the number, typically the more symptomatic you are. We hope to see the number decrease during the course of the infusions.

If you get into the realm of “minimal-to-no symptoms” over the course of the six visits, the frequency of return visits greatly decreases. We also give you a take-home PHQ-9 to be performed weekly on the anniversary of your last infusion day to chart your own progress.

Follow-up maintenance infusions are recommended when you “jump up” a category of severity, or if your score is greater than 10 for two weeks consistently. They are typically one-to-three visits, instead of a full set of six like the initial treatments (as long as we can catch the symptoms quickly enough).

WHAT IF I GET NAUSEATED OR GET A HEADACHE DURING THE INFUSIONS?

About one-third of our patients do experience these symptoms. We can help with medication in advance of or during the infusions. Also, the best way to stave off these TWO MOST COMMON side effects of an infusion is HYDRATION, HYDRATION, HYDRATION.

Work up to drinking one-half of your body weight in ounces to ensure you're getting enough to drink. Try to avoid caffeinated beverages if you can, and DEFINITELY avoid drinking alcohol.

HOW DO I GO ADDITIONAL QUESTIONS ANSWERED OR SCHEDULE AN APPOINTMENT IF I AM INTERESTED IN THIS TREATMENT?

Call Neuragain at (513) 802-9944.

Disclaimer: the knowledge contained within this document is for educational purposes only and should not replace the advice from your own personal medical professional. Also, the discussion of ketamine treatment advances and outcomes does not guarantee a particular outcome or of the effectiveness of treatment for a specific individual.

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