

Ketamine no 'wonder drug' for depression

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Credit: University of Aberdeen

There is no added benefit to using ketamine over a standard anaesthetic during electroconvulsive therapy (ECT) according to new research from the University of Aberdeen.

The study, published in the *British Journal of Psychiatry* this week, found that patients receiving ECT received no additional benefit if they were anaesthetised using ketamine as opposed to the more commonly used anaesthetic, propofol.

The trial compared the use of ketamine as an anaesthetic during ECT against a more commonly used anaesthetic to see if it improves the symptoms of <u>depression</u> sooner.

Ketamine is increasingly being used as a possible treatment for depression and recently there has been interest in its use in combination with ECT

In the study, patients already being treated for depression and referred for ECT were anaesthetised with either ketamine or the traditional anaesthetic, propofol, but no additional benefit was found in those given ketamine.

Specifically, ketamine provided no advantage for reducing depression severity, number of subsequent ECT treatments required or in

preserving cognitive performance.

Now our results add to evidence that suggests ketamine during ECT is no more effective than propofol at alleviating <u>depressive symptoms</u> despite its promise..."

Dr Gordon Fernie

Dr Gordon Fernie who worked on the trial said: "Electroconvulsive therapy is a highly effective treatment for severe depression, but factors including side effect profile, the necessity for extended hospital care, and stigma, restrict its use.

"Accumulating interest in the use of ketamine as an acute treatment for <u>severe depression</u> and as the anaesthetic for ECT suggests that using ketamine could mitigate these factors. However, evidence is equivocal. In this controlled trial, we present results comparing ketamine with propofol anaesthesia for ECT.

"Now our results add to evidence that suggests ketamine during ECT is no more effective than propofol at alleviating depressive symptoms despite its promise when given in smaller, sub-anaesthetic doses.

"This trial was the final piece of research conducted by Professor Ian Reid before his untimely death in 2014 cut short his psychiatric and research career investigating ECT and the treatment of depression."

More information: Gordon Fernie et al. Ketamine as the anaesthetic for electroconvulsive therapy: the KANECT randomised controlled trial, *The British Journal of Psychiatry* (2017). DOI: 10.1192/bjp.bp.116.189134

Provided by University of Aberdeen



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