

Confirmation of Care



EdelicaHealth

Dear Provider,

We recently completed a consultation with your patient regarding ketamine treatments for depression or PTSD.

We believe ketamine is best used as a complement to existing mental health plans and we require patients to be engaged with a mental health provider prior to starting ketamine treatments.

Please confirm that you are caring for this patient by completing this short form. Include the **mental health diagnosis *and/or* your most recent progress note.**

Thank you,
Kevin Kane, MD
Medical Director, Edelica Health .

Patient Information

* Patient Name: _____ * D.O.B.: _____
* Primary Psychiatric diagnosis: _____
Secondary Psychiatric diagnoses: _____

Provider Information

*Provider Name: _____ *Office Phone: _____
*Specialty: _____ *Fax: _____
Email: _____

I would like to be contacted prior to this patient starting ketamine treatments.

Comments: _____

Please return via:

Fax:
(262) 208-1405

Secure Email:
Contact@EdelicaHealth.com

US Mail:
Edelica Health
10424 W. Bluemound Rd.
Milwaukee, WI 53226

To discuss a patient over the phone, or if you have any questions or concerns, please contact us at (414) 206-1606.

FAQ's

What is ketamine? Ketamine is a synthetic drug developed in the 1960's as an anesthetic. Studies since 2006 have consistently shown that ketamine treatments lead to rapid improvement symptoms of mood disorders, including suicidal ideation, in around 70% of patients.

Who is appropriate for ketamine? Ketamine is appropriate for patients with treatment-resistant major depressive disorder, bipolar, and PTSD, without coexisting psychosis.

Contraindications. Contraindications include *psychotic disorders* and medical conditions in which a temporary increase in blood pressure could be dangerous including *uncontrolled HTN, active cardiac conditions, or aneurysms*. Patients with *interstitial cystitis or active liver disease* may be at an increased risk of worsening of those conditions.

Side effects. Acute: Transient *rise in blood pressure, nausea, transient anxiety (rare)*.

Chronic side-effects are rare and usually confined to frequent ketamine abusers. They include *ketamine-induced cystitis, and increased liver enzymes* both of which are expected to resolve upon discontinuing the drug.

Spacial memory issues have been reported in frequent ketamine abusers. However in mood disorder patients this does not appear to be the case. In fact cognitive improvements have been seen, attributed to improvement in depression. <https://www.ncbi.nlm.nih.gov/pubmed/24963561>

Should my patients keep taking their medications? Patients should continue to take their regular psychiatric and other medications with two notable exceptions:

Benzodiazepines. Benzodiazepines, in high doses, may shorten the duration of the benefit of ketamine. We recommend as low a dose as tolerated without coming into the clinic excessively anxious, as a calm mindset is important in successful ketamine infusions.

Lamotrigine. Since lamotrigine has glutamate blocking properties, it may interfere with the activity of ketamine. Studies show that lamotrigine does decrease the dissociative effect of ketamine, but whether this translates into reduced antidepressant efficacy is unknown. We do have several patients on lamotrigine at doses up to 400 mg/day who are continuing to respond well to ketamine.

However, since we want our patients to have the best chance of success with ketamine, if you believe it is reasonable and safe, consider weaning to the lowest effective dose (ideally ≤ 100 mg/day) before starting their ketamine trial.

We do not advocate for weaning off mood stabilizers completely. To date, the only case reports of mania soon after ketamine infusions occurred in bipolar patients who were not taking mood stabilizers (either undiagnosed bipolar or not compliant with medical management).

Please do not hesitate to call with any further questions or concerns.

Kevin Kane, MD

9/2023