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NASAL ESKETAMINE USE FOR MAYOR DEPRESSIVE DISORDER, FROM A THIRD LEVEL HOSPITAL TO PERIPHERAL MENTAL CENTERS

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Abstract Nº: 4CPS-174

AIM AND OBJECTIVES

Study the effectiveness and security of Nasal esketamine in an acute hospital.

BACKGROUND AND IMPORTANCE

Esketamine was recently commercialized for major depressive disorder and in our community is available through a restricted program due to its characteristics and price. In this study, the patients started the treatment at an acute hospital and when they reach the maintenance were derived to peripheral Mental Health Centers.

MATERIAL AND METHODS

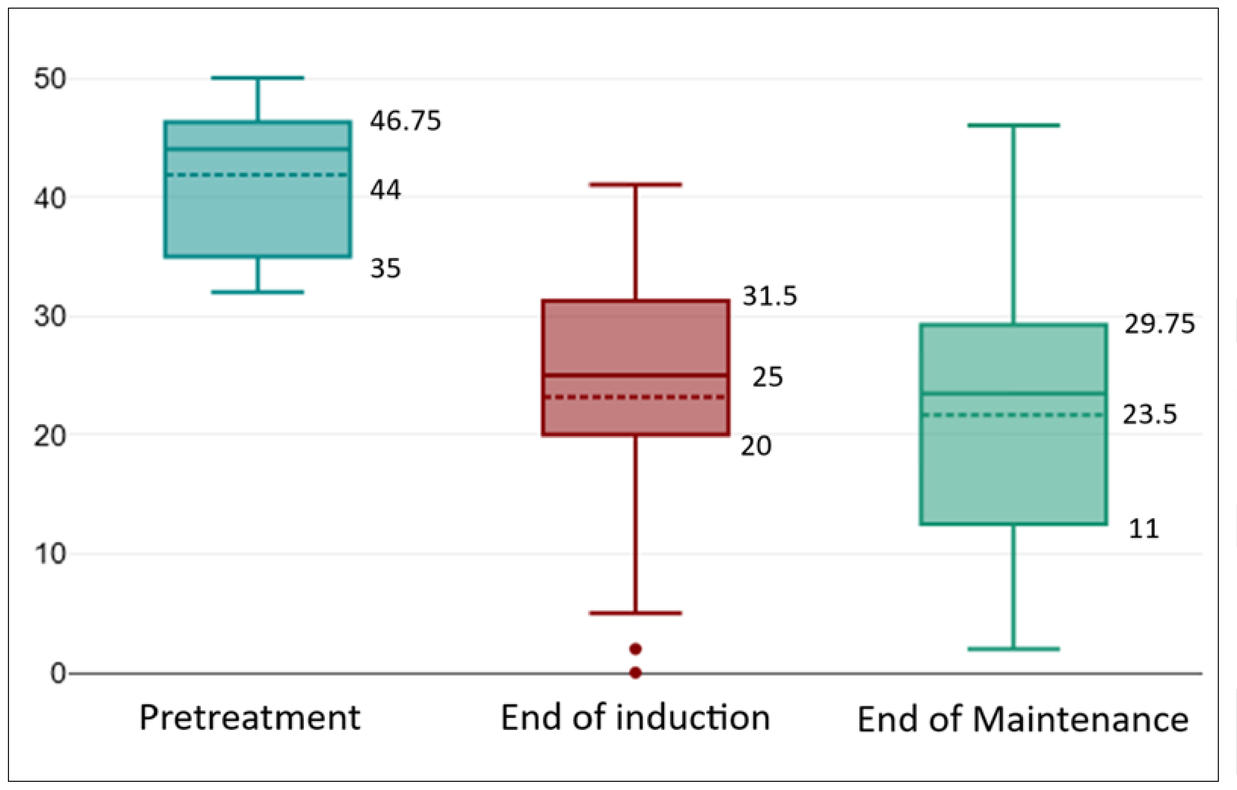
All patients starting Esketamine treatment from December 2022 to July 2023 were included. Efficacy and adverse effect (AE) data were collected and evaluated at each dose administered, objectively with the MADRS (Montgomery-Albert depression Rating Scale). A psychiatrist and psychiatric nurse evaluate subjectibly and a pharmacist registered it. This data were collected in three times: before treatment, during and at the end of the study.

RESULTS

33 patients were included; 20 women, median age 56 years [31-74] and median weight 72 kg [42-110]. Five patients left the treatment, three due to AE and two that were not evaluated by MADRS.

In 28 patients, the difference of the MADRS medians prior to treatment compared to the two times studied was significant (p=0.00). Before treatment the median was 44 (IQR 35-46.75), at the end of induction 25 (IQR 20-31.5) and at the end of the maintenance 23.5 (IQR 11.5-29.75).

Patients went from severe to moderate-mild depression in approximately 12 weeks, two patients obtained remission, MADRS<6 result.



Two patients dropped out due to severe dissociative AEs and another one due to lack of efficacy and AEs. Nevertheless, AE were generally mild-moderate and tolerance improved as treatment progressed. Most frequent AEs were 73% drowsiness, 53% dizziness, 50% dissociative pictures, 36% transient hypertension, 13% gait instability. These effects generally subside within two hours and in some patients the tolerance improved increasing the time between nebulization's more than 5-10 min.

CONCLUSION AND RELEVANCE

EA profile and effectiveness is similar to the clinical trial[1]. It is possible to manage these patients in peripheral Mental Health Centers due to the tolerance of the AE and the good results of the treatment, permitting discharge the acute hospital.

KEYWORDS

MADRS, Esketamine, Mayor Depressive disorder

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Esketamine [Datasheet]. Janssen-Cilag International NV. December 18th 2019.