

Use of intranasal esketamine for treatment-resistant major depressive disorder

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BACKGROUND AND IMPORTANCE

- Intranasal esketamine is approved for TRD.
- Requires funding criteria + SSRI/SNRI combination.
- Real-world evidence on its effectiveness and safety is limited.

AIM AND OBJECTIVES

To evaluate **use**, **effectiveness** and **safety** of intranasal esketamine and compliance with funding criteria in a tertiary hospital.

MATERIALS AND METHODS



Design

Retrospective observational



Setting

Tertiary hospital



Period

Dec 2021 – Mar 2024



Population

Adults (18-74 years) with TRD

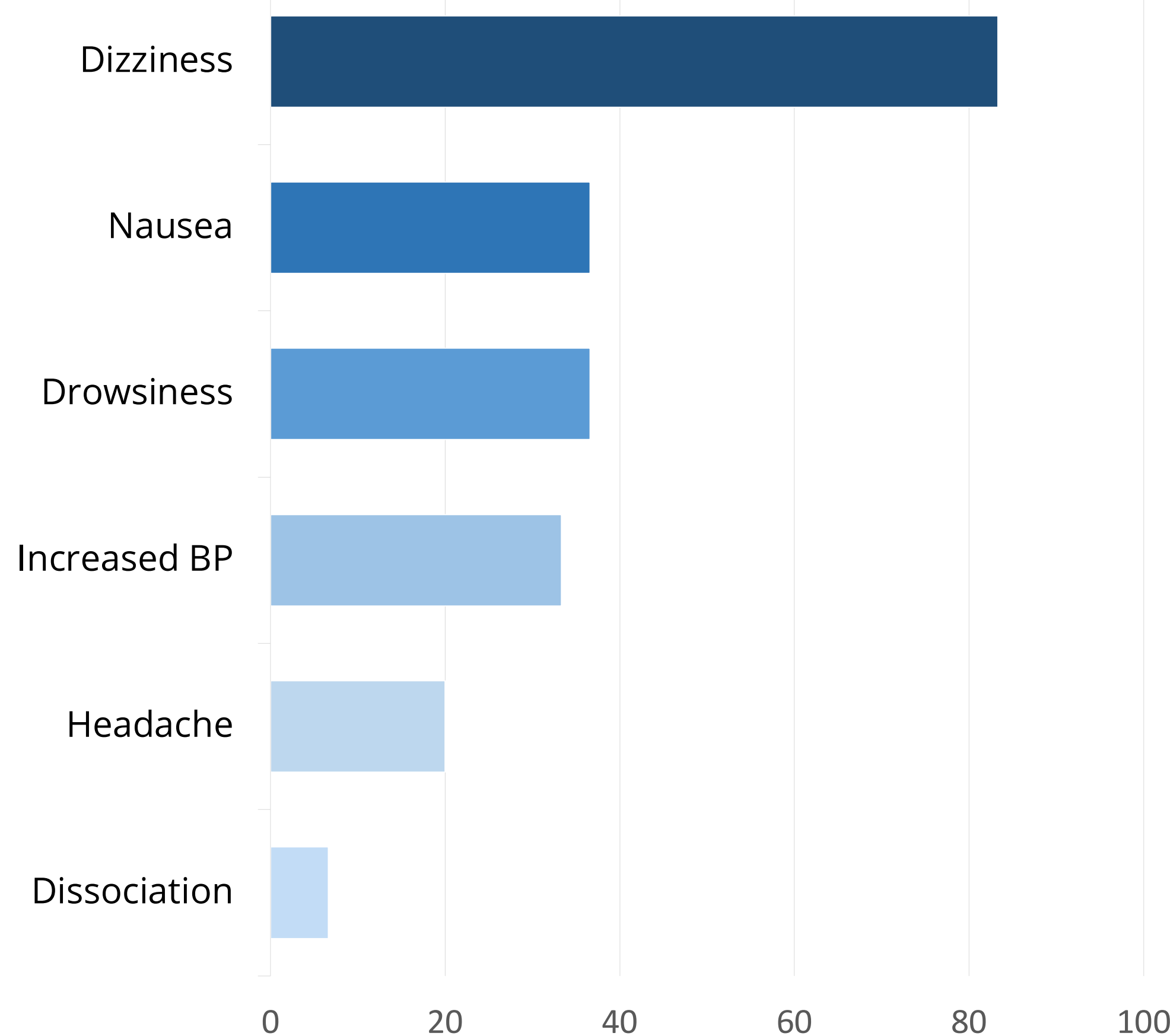
RESULTS

Characteristics

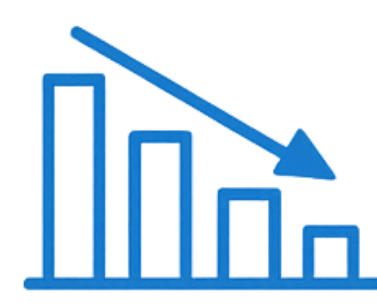
30 patients

- 50% women
- Median age 56 (28-76)
- 80% ≥3 previous lines
- 90% combined with SSRI/SNRI

Safety

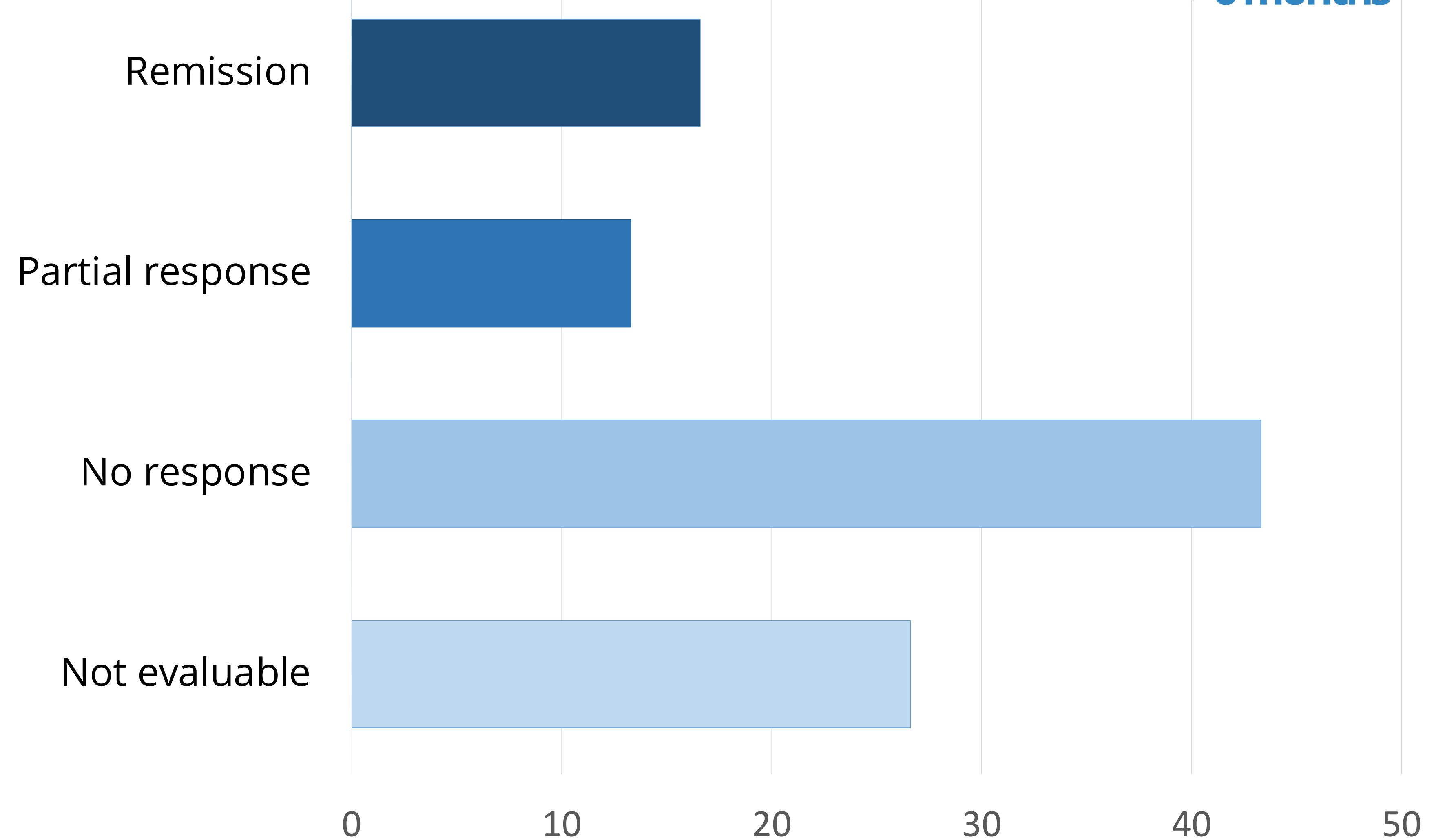


Outcomes



- Failure** <30% MADRS reduction
- Partial** 30–50% MADRS reduction
- Remission** MADRS ≤10

Clinical response to esketamine



CONCLUSIONS

- ✓ Intranasal esketamine use complied with funding criteria.
- ✓ Some patients achieved partial/complete response.
- ✓ Adverse effects were frequent but manageable.
- ✓ Individualized assessment is essential.

REFERENCES

1. Daly EJ, et al. Intranasal esketamine in treatment-resistant depression. JAMA Psychiatry. 2018;75(2):139-148.

