EXPERIENCE WITH INTRANASAL ESKETAMINE IN TREATMENT-RESISTANT DEPRESSION

Anguita Domingo, D; Raventós Aymar, C; Vidal Otero, J; Vallvé Alcón, E; Florensa Royo, E; Clemente Bassa, S; Guembe Zabaleta, MB; Gorgas Torner, MQ.

PHARMACY SERVICE, VALL D'HEBRON UNIVERSITY HOSPITAL, BARCELONA, SPAIN.

BACKGROUND AND IMPORTANCE

Major depressive disorder (MDD) is the most common mental illness and a leading cause of disability worldwide. Intranasal esketamine is a new approved alternative for treatment-resistant MDD (TRD), in combination with selective serotonin (SSRI) or serotonin and norepinephrine (SNRI) reuptake inhibitors.

AIM AND OBJECTIVES

To assess the **effectiveness** and **safety** of intranasal esketamine for TRD.

MATERIALS AND METHODS

Retrospective observational study
Patients with TRD treated with esketamine
(January 2023 - February 2024)

Data collected: demographic, clinical and treatment. Per protocol, follow-up data are collected at 4,8 and 28 weeks after baseline.

Effectiveness definition:

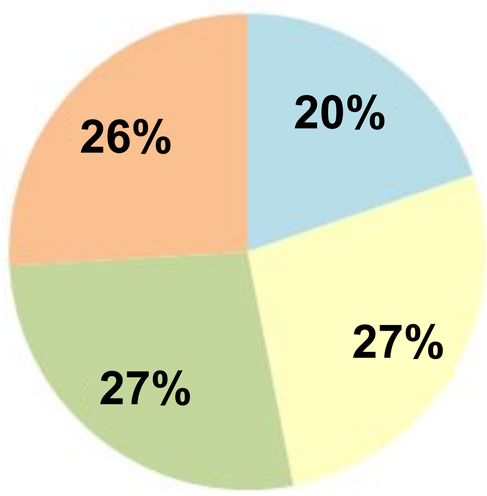
- Remission: MADRS≤12
- Response: reduction ≥50% of MADRS
- Partial response: reduction ≥35% and ≤49 from baseline MADRS.

RESULTS

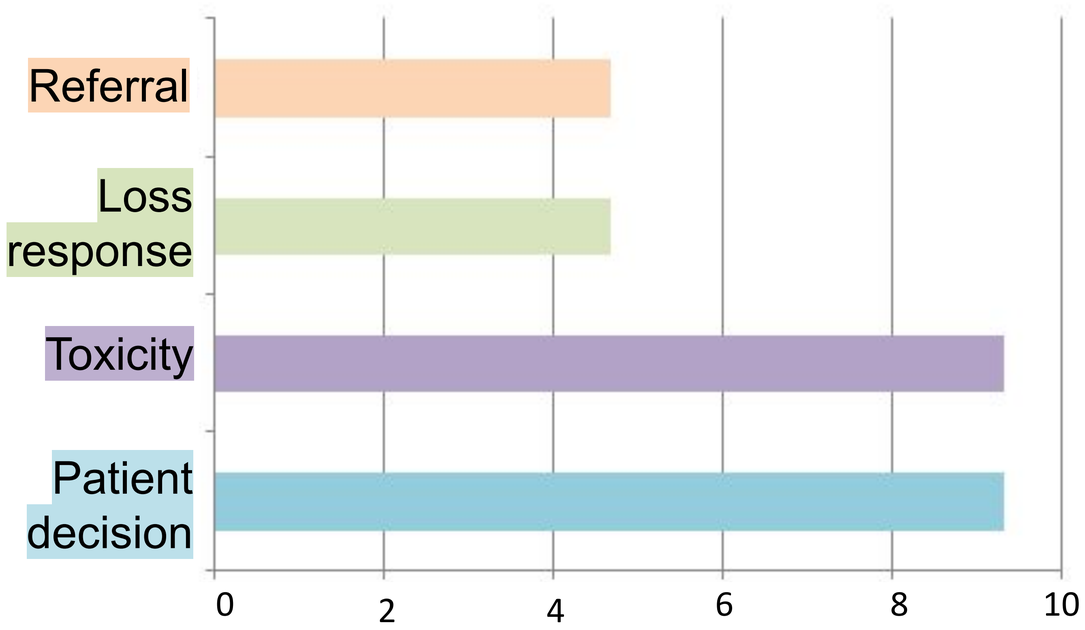
43 patients

- 63% women
- Mean age 55 years ±9.27 years
- Predominant symptoms: anhedonia, apathy, anxiety and insomnia.
- 25(58.1%) had psychiatric comorbidity (personality disorders).

Concomitant antidepressant treatment



REASONS FOR DISCONTINUING THE TREATMENT (%)



Considering the 34 patients with at least one follow-up MADRS value, the **treatment was effective in 18(52.94%) patients:**

- 6 (17.67%) remission
- 10 (29.4%) response
- 7 (20.59%) partial response

Mean MADRS reduction: 15.66 (SD 11.56)

12(27.90%) patients uncomplete the treatment.
Unacceptable toxicity: vasovagal symptoms, nightmares and nasal bleeding.

CONCLUSION AND RELEVANCE

- Approximately 60% of patients had psychiatric comorbidity.
- Moderate/high effectiveness with >50% of patients showing remission and/or response.
- In terms of safety, esketamine is generally well tolerated, although hospital observation is required and some patients may experience adverse effects during administration.
- Longer follow-up is needed to provide more efficacy and safety data.

4CPS-042