

CATHARSIS BY KETAMINE TREATMENT

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Dear editor

We are writing to express our thoughts on recent developments discussed at the International Conference on Ketamine and Related Compounds – International Hybrid Conference (4-9 April 2022), a prestigious gathering of experts in this field. Ketamine is an innovative and groundbreaking approach to mental health treatment that is steadily gaining recognition. As mental wellness advocates, we believe it is important to shine a light on the potential of this therapy to bring relief and hope to people struggling with debilitating mental health conditions.

In recent years, there has been considerable interest in investigating the potential of ketamine as an antidepressant in humans (Mihaljević et al. 2020). Originally known as an anesthetic, ketamine is a racemic mixture of two enantiomers, S-ketamine (esketamine) and R-ketamine, which has been extensively studied in this context. Numerous research studies have delved into its effectiveness in alleviating symptoms associated with depression, anxiety, post-traumatic stress disorder (PTSD), and other mood-related disorders (Yavi et al. 2022). One of the most impressive features of ketamine therapy lies in its ability to treat treatment-resistant depression (TRD) – a condition that affects millions worldwide (Yavi et al. 2022). For people burdened by the overwhelming burden of depression and unable to find relief from other treatments, ketamine therapy serves as a beacon of hope, offering a chance at a life freed from the constant shadow of their illness.

Ketamine therapy stands out from conventional treatments due to its remarkable ability to provide rapid relief, often within hours or days, compared to the extended periods of weeks or months required by traditional medications to take effect. Studies have revealed that repeated ketamine administration may lead rapid, longer-term and sustained antidepressant effects (Szarmach et al. 2019; Yavi et al. 2022). Despite these promising outcomes, it's important to note that common side effects of ketamine administration include dizziness, drowsiness, impaired coordination, blurred vision, a sense of unfamiliarity, light-headedness, headaches, and nausea (Iqbal & Mathew 2020). The cathartic journey experienced through ketamine therapy is both unique and deeply profound. Patients frequently

describe a sense of detachment from their usual thought patterns, creating a therapeutic space to explore and process deeply ingrained emotions and traumas that have been suppressed for an extended period. This newfound mental clarity offers a valuable opportunity to confront and work through these challenges, paving the way for enduring healing and personal growth.

However, it's crucial to acknowledge that ketamine therapy is not a one-size-fits-all solution, as individuals can respond differently to the treatment. Responses vary, and like any medical intervention, careful consideration, supervision, and integration into a comprehensive mental health care plan are necessary. Recent studies have delved into combining ketamine therapy with traditional psychotherapy and/or other non-invasive methods such as repetitive transcranial magnetic stimulation (Best et al. 2019, Kew et al. 2023, Mikellides et al. 2022). This research is aimed at improving the overall therapeutic experience and outcomes for individuals in treatment, combating mental health stigma, and promoting responsible adoption of innovative treatments like ketamine therapy. Moreover, investing in mental health research and destigmatizing innovative treatments will empower individuals to seek the help they need without fear of judgment. Recognizing the effectiveness of ketamine therapy can serve as a catalyst for reimagining mental health care, leading to more efficient interventions and improved outcomes for those living with mental health challenges.

As advocates of mental health, it's imperative to integrate ketamine therapy into mainstream discussions on mental healthcare. In doing so, we can cultivate a society that prioritizes mental well-being and extends empathy, understanding, and advanced treatments to those in distress. Destigmatizing mental health interventions and funding research are paramount. Acknowledging the efficacy of ketamine therapy heralds a new era in mental healthcare, guaranteeing accessible, individualized, and stigma-free support for those requiring assistance.

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REFLECTIONS ON THE SOMATIC MANAGEMENT OF PSYCHIATRIC PATIENTS IN THE EMERGENCY DEPARTMENTS

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Dear Editor-in-Chief,

We recently engrossed ourselves in the study “Somatic Management of Psychiatric Patients in the Emergency Department (ED)” by Schuller et al., (Schuller et al. 2023). This intricate exploration into the management disparities faced by psychiatric patients during somatic emergencies is not only enlightening but also propels imperative discourse concerning healthcare equity and quality.

The unveiling of a notable delay preceding the prescription of the first complementary examination for psychiatric patients underscores a critical need for introspection and reform within EDs. While diagnostic overshadowing and potential discomfort faced by emergency physician (EP)s in managing psychiatric patients are acknowledged factors, the intricate web of causality that permeates these disparities warrants deeper exploration (Shefer et al. 2014, Shefer et al. 2015).

The challenge, and thereby the opportunity, resides in constructing a healthcare framework that is both adept and compassionate in navigating the complexities intertwined with the care of psychiatric patients amidst somatic emergencies. Integrating the experiences and challenges faced by psychiatric

patients into the medical training curriculum emerges as a pivotal step toward ameliorating this gap.

Furthermore, this study accentuates the necessity for innovative research endeavors that scrutinize the relevance and adaptability of the triage system for psychiatric patients, providing insights that may reshape ED protocols to be more encompassing and equitable.

We posit that deriving actionable strategies from this research necessitates a multidimensional approach, converging the insights and expertise of EPs, psychiatrists, and patient advocacy groups. It is through such a collaborative and holistic approach that we can engineer systemic transformations that uplift the quality and equity of care for all patients, irrespective of their psychiatric history.

We extend our commendations to Schuller et al. for elucidating this crucial domain and eagerly anticipate the proliferation of further research and initiatives aimed at harmonizing and enhancing care for psychiatric patients within EDs.

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