

23rd Annual Pain Medicine Meeting November 21-23, 2024 | Las Vegas, Nevada #ASRAFALL24

Abstract: 5713

Scientific Abstracts > Chronic Pain

Transition to Memantine after IV Ketamine infusion for chronic pain. A Retrospective study

Ahmed Elnahla, Katherine Kim, Joseph Hanna Henry Ford Health

Introduction

Intravenous ketamine has been widely utilized for the management of chronic pain. Memantine, an oral agent that shares the NMDA receptor antagonist properties with ketamine, has demonstrated analgesic effects in preclinical models and small-scale clinical studies. Therefore, we aimed to evaluate the efficacy of oral Memantine compared to intravenous ketamine.

Materials and Methods

We performed a retrospective chart review of all patients who underwent Ketamine infusion followed by oral Memantine at our institution from 2000 to 2022 (N=140). Data collected included demographic details (age, gender, primary diagnoses), Visual Analog Scale (VAS) scores, Hospital Anxiety and Depression Scale (HADS) scores, Patient Health Questionnaire-9 (PHQ-9) scores, and reported side effects. VAS scores were collected at baseline before treatment,1 hour after IV Ketamine, and 1 month after oral Memantine. These scores were compared and analyzed.

Results/Case Report

Out of 140 patients, the success rate defined as 50% or more decrease in VAS scores for IV ketamine was (98.6%) compared to oral Memantine (25.7%) p-value. The average percentage change in VAS scores was 65.6% for ketamine compared to 29.3% for memantine (p < 0.001). Different types of pain, including neuropathic pain, CRPS, and radicular pain, did not exhibit varying responses. Notably, Ketamine was effective in controlling pain regardless of depression and anxiety scores. In contrast, Memantine's effectiveness diminished with higher depression and anxiety scores. Nausea was the most common side effect, affecting 5 patients (3.6%), followed by dizziness in 3 patients (2.1%).(p < 0.001).

Discussion

oral Memantine did not demonstrate significant pain control when compared to intravenous Ketamine. Patients with lower depression or anxiety scores may be better candidates for oral Memantine. Further research is recommended to identify if a specific patient subset would have a favorable response.

References

Cohen SP, Bhatia A, Buvanendran A, Schwenk ES, Wasan AD, Hurley RW, Viscusi ER, Narouze S, Davis

FN, Ritchie EC, Lubenow TR. Consensus guidelines on the use of intravenous ketamine infusions for chronic pain from the American Society of Regional Anesthesia and Pain Medicine, the American Academy of Pain Medicine, and the American Society of Anesthesiologists. Regional Anesthesia & Pain Medicine. 2018 Jul 1;43(5):521-46.

Allen CA, Ivester Jr JR. Ketamine for pain management—side effects & potential adverse events. Pain Management Nursing. 2017 Dec 1;18(6):372-7.

Hackworth RJ, Tokarz KA, Fowler IM, Wallace SC, Stedje-Larsen ET. Profound pain reduction after induction of memantine treatment in two patients with severe phantom limb pain. Anesthesia & Analgesia. 2008 Oct 1;107(4):1377-9.

Michelet D, Brasher C, Horlin AL, Bellon M, Julien-Marsollier F, Vacher T, Pontone S, Dahmani S. Ketamine for chronic non-cancer pain: a meta-analysis and trial sequential analysis of randomized controlled trials. European Journal of Pain. 2018 Apr;22(4):632-46.

Disclosures

No

Tables / Images