



Effectiveness of Ketamine for Refractory Headache

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According to a recent study in 'Regional Anesthesia and Pain Medicine', Ketamine was proved to be effective for short-term analgesia in many patients suffering from a refractory headache with tolerable adverse events.

Chronic headache disorders poses a significant burden in the United States. Some patients do not respond to the attempted treatment formats and so are called treatment refractory. For chronic pain, Ketamine, an N-methyl-D-aspartate antagonist, yields potent analgesia but limited data suggest it may relieve a headache in some patients.

Schwenk ES and researchers executed a retrospective study of 61 patients admitted over 3 years for 5 days of intravenous therapy. This study involved continuous ketamine to find out the responder rate and patient and ketamine infusion characteristics. After the 2 follow-up visits, pain ratings were noted. A patient with a decrease of 2 points or higher in the numerical rating scale (0-10) from stating to final pain in the hospital was considered as an immediate responder. At those visits, the sustained response at office visits 1 and 2 was ascertained based on sustaining the 2-point improvement. The patients were evaluated daily for pain and adverse events (AEs).

It was found that 48 (77%) out of the 61 patients were immediate responders. Between the immediate responders and nonresponders, no differences regarding demographics, opioid use, or fibromyalgia were observed. The peak improvement occurred 4.56 days (mean) into treatment. At visit 1 (mean, 38.1 days) and 2 (mean, 101.3 days), the sustained response occurred in 40% and 39% of patients. Mean maximum ketamine rate was 65.2 ± 2.8 mg/h (0.76 mg/kg per hour). The Ketamine rates did not fluctuate between groups. The adverse events were mild and equal in both responders and nonresponders. For further analysis and to clarify responder characteristics, a prospective study is warranted.

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Retrospective Analysis, Numerical rating scale (0-10), Intravenous