In Response

The authors confuse short-term and long-term analgesia. We also use intravenous ketamine to control acute exacerbations of severe chronic pain. And consistent with this experience, our article was titled "Opioid-sparing effect of intravenous, outpatient ketamine infusions appears short-lived in chronic pain patients with high opioid requirements" (1). But the conclusions of our study (bottom of the page 389) relate to "long-term pain reduction," specifically, relief exceeding 6 months.

Our choice of a heterogenous population was intentional and improves generalizability of our conclusions. Despite the authors' anecdotal experience, there is no evidence that ketamine is more effective for complex regional pain syndrome than any other pain syndrome. Furthermore, complex regional pain syndrome is a diagnosis of exclusion and is frequently clouded by workers' compensation claims, litigation, secondary gain, and opioid diversion issues — none of which applied to our patients.

Certainly, 5 of 11 patients decreased opioid use after treatment. But this ignores the 7 patients who didn't tolerate treatment. The actual overall success rate was thus less than 30% — which is more likely to represent regression-to-the-mean than a robust or clinically meaningful treatment effect.

The studies the authors quoted to support their argument that ketamine infusions are effective for complex regional pain syndrome (2-4) documented only short-term (less than 12 weeks) pain relief. In a previous publication, we asked:

What should be considered long-term pain relief in chronic pain management? Is it worthwhile to expose patients to potential risks of lengthy infusions (human error, technical failure, infection) to achieve relatively short-term relief from pain? Who will pay for such lengthy and expensive infusions which are seldom reimbursed by third-party payers? (5).

The authors' statement that the ketamine infusion is not expensive because it "is covered by insurance in most cases" avoids the issue. Somebody pays for it! Transferring the very substantial cost of a "5-day infusion in the inpatient setting performed with telemetry monitoring" to third parties or taxpayers does nothing to diminish the true cost of treatment.

In summary, our results suggest that ketamine infusions provide little if any long-term benefit. At the very least, clinical use should be highly restricted unless future studies document substantial benefit. Leonardo Kapural, MD, PhD Professor of Anesthesiology Wake Forest University School of Medicine Winston-Salem, NC Carolinas Pain Institute 145 Kimel Park Drive, Suite 330 Winston-Salem, NC 27103 E-mail: Kapural@ameritech.net

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