

## *Journal Watch*

### **“Burst” Ketamine for Refractory Cancer Pain: An Open-Label Audit of 39 Patients**

Jackson K, Ashby M, Martin P, et al. *J of Pain & Symptom Manage* 2001; 22:834-842.

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#### **Abstract**

The results of a novel approach to the use of ketamine in refractory cancer pain are reported. In this prospective, multicenter, unblinded, open-label audit, 39 patients (with a total of 43 pains) received a short duration (3 to 5 days) ketamine infusion. The initial dose of 100 mg / 24 hour was escalated if required to 300 mg / 24 hour and then to a maximum dose of 500 mg / 24 hour. The overall response rate was 29/43 (67%). Analysis of results according to pain mechanisms showed that 15/17 somatic and 14/23 neuropathic pains responded. In 5 patients who appeared to respond, it is possible that another concurrent intervention may have contributed in whole or part for the pain relief observed. After cessation of ketamine, 24/29 maintained good pain control, with a maximum documented duration of eight weeks. However, 5 of the initial 29 responders experienced a recurrence of pain within 24 hours, and ketamine was recommenced. Of these, 2 underwent another intervention for pain control while 3 continued on ketamine until their deaths between two and four weeks later. Twelve patients reported adverse psychomimetic effects, with the incidence rising with increasing dose. Four of these were non-responders and the ketamine was stopped. Eight were responders, and in 3 the adverse effects were rendered acceptable with dose reduction; the other 5 rejected a dose reduction. The results reported suggest the need for further investigation of the place of ketamine in cancer pain management.

#### **Comments**

##### Strengths/uniqueness:

This patient population was comparable to other inpatient palliative care units with respect to age, disease, functional status and prognosis. Adds to the limited data available on ketamine use in palliative care and provides a methodology for use. Good response rate (67%) in patients with little in the way of other options. Duration of response generally good.

##### Weaknesses:

Not a randomized or blinded study. No real statistical analysis. Small study of 39 patients.

##### Relevance to Palliative Care:

We should consider wider use of ketamine in appropriate patients.