

KETAMINE-INDUCED MANIC EPISODE: CASE REPORT

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ABSTRACT: The present work consists of a case report of a patient admitted to a Reference Psychiatric Hospital, diagnosed with severe Major Depressive Disorder (MDD) and Obsessive Compulsive Disorder (OCD), who presented with an episode of mania after Ketamine sessions.

Keywords: Ketamine, mania, depression

TEXT

Ketamine is a drug that acts as a non-competitive antagonist of the NMDA receptor. Classically used as an anesthetic, in recent years several studies have associated the use of anesthetic subdoses of ketamine with a rapid antidepressant effect and a reduction in suicidal ideation in patients with major depressive disorder (MDD) and suicidal behavior.

In this context, we report the case of a male individual, 45 years old, Caucasian, single, artisan, admitted to a Reference Psychiatric Hospital, with a history that, approximately 03 months after admission, he began experiencing sadness, anhedonia, psychomotor slowing, insomnia, fatigue, easy crying, social isolation and suicidal ideation in addition to obsessive compulsive symptoms with a predominance of compulsive behaviors. He reported his first depressive episode at age 25, with no history of a previous episode of mania or psychotic symptoms. He denied consuming legal or illicit drugs. The patient had a positive family history of MDD.

He was admitted for hospitalization with hypotheses of severe MDD and obsessive compulsive disorder (OCD), according to the criteria of the International Classification of Diseases (ICD-10). Upon admission, he scored 25 on the Hamilton Depression Scale (HAM-D), with 21 items.

Upon admission, treatment with Fluoxetine was started, with dose progression up to 60mg/day and Clomipramine with progression up to a dose of 75mg/day. Due to the persistence of suicidal ideation despite the treatment already instituted, 10 sessions of ketamine were scheduled, at a dose of 0.5mg/kg, intravenously, 03 times during the week.

After the 8th Ketamine session, the patient scored 19 on the HAM-D scale, with remission of suicidal ideation and improvement in psychomotor slowing. On the first day after the 9th session, the patient experienced a change in mood, presenting euphoria, increased energy, reduced need for sleep, visual and auditory hallucinations, and persecutory delirium, persisting in subsequent days.

Given the manic episode identified, diagnosed according to the ICD-10 criteria, the Ketamine, Fluoxetine and Clomipramine sessions were suspended. Lithium Carbonate up to a dose of 900 mg/day and Olanzapine up to a dose of 20 mg/day were introduced, progressing with gradual improvement in the manifest symptoms. The patient was discharged with remission of his mood and partial improvement of his obsessive-compulsive symptoms.

The present case raises the possibility of inducing a manic episode with the use of intravenous Ketamine therapy, although the effects of other medications used by the patient during the sessions cannot be excluded. Given the case report, we conclude that patients who are using Ketamine must be monitored for the presence of manic symptoms, which can be induced by the substance. This episode made it possible to reevaluate the diagnostic hypothesis and allow appropriate treatment for the patient.

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