Ketamine facilitated high dose opioid rotation in a patient who has chronic non-cancer pain – case study

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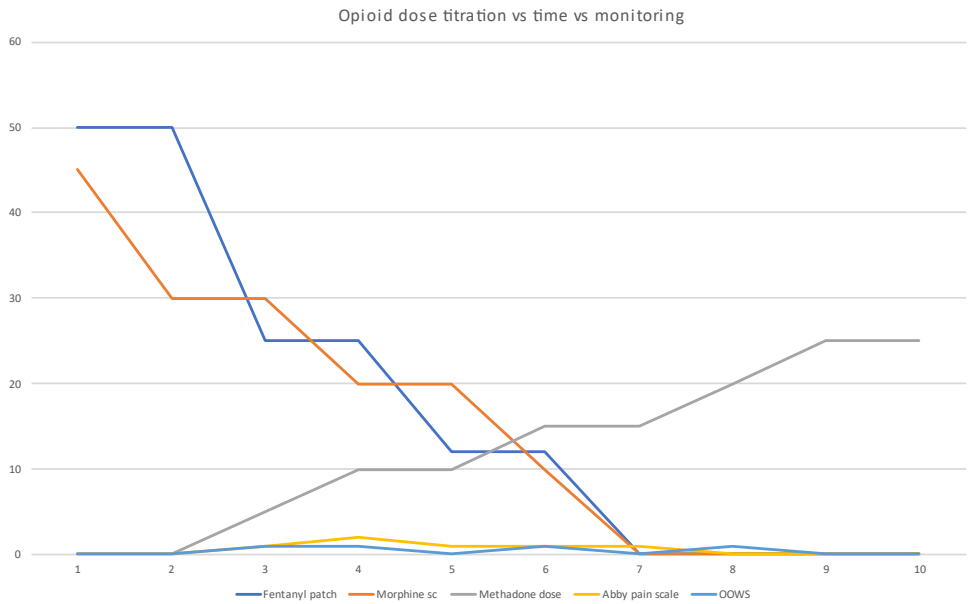
Introduction and Aims: It is common practice to use pharmacotherapies targeting opioid and adrenergic receptors to treat opioid use disorders and opioid withdrawal syndromes. With complexities like comorbid chronic pain, we need novel pharmacotherapies like ketamine, an NMDA receptor antagonist, as it has known properties in minimising opioid withdrawals, promoting analgesia and mitigating opioid induced hyperalgesia (OIH)(1-3).

Design and Methods: 22-year-old single man with chronic pain secondary to recurrent joint dislocations related to merosin deficient congenital muscular dystrophy. This patient was on long-term high doses of transdermal fentanyl and subcutaneous morphine equating to 400mg oral morphine daily dose. The decision was made to cross titrate to as low a dose as viable of methadone (physeptone), within a short period. In an inpatient setting, we used low dose ketamine by subcutaneous infusion 2mg/hour for initial five days (2). The patient was monitored with Objective Opioid Withdrawal Scale (OOWS), Abby Pain Scale (APS) and sedation score.

Results: We were able to cease all previously used opioids via rotation to methadone 25mg/day within 7 days, without any significant opioid withdrawals, pain escalation nor sedation. There were no side effects reported with Ketamine infusion.



Discussions and Conclusions: There is a probability that ketamine might have helped in this patient to keep opioid withdrawals at very low levels, prevented pain exacerbation and facilitated achievement of a satisfactory, very low final dose of methadone (anti-OIH)(1-3). Randomised case-control studies to replicate the above case study might inform a broader uptake of this strategy in clinical practice (1,3).

Disclosure of Interest Statement:
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