

INFUSION THERAPY FOR CHRONIC PAIN CONDITIONS A COMPARISON



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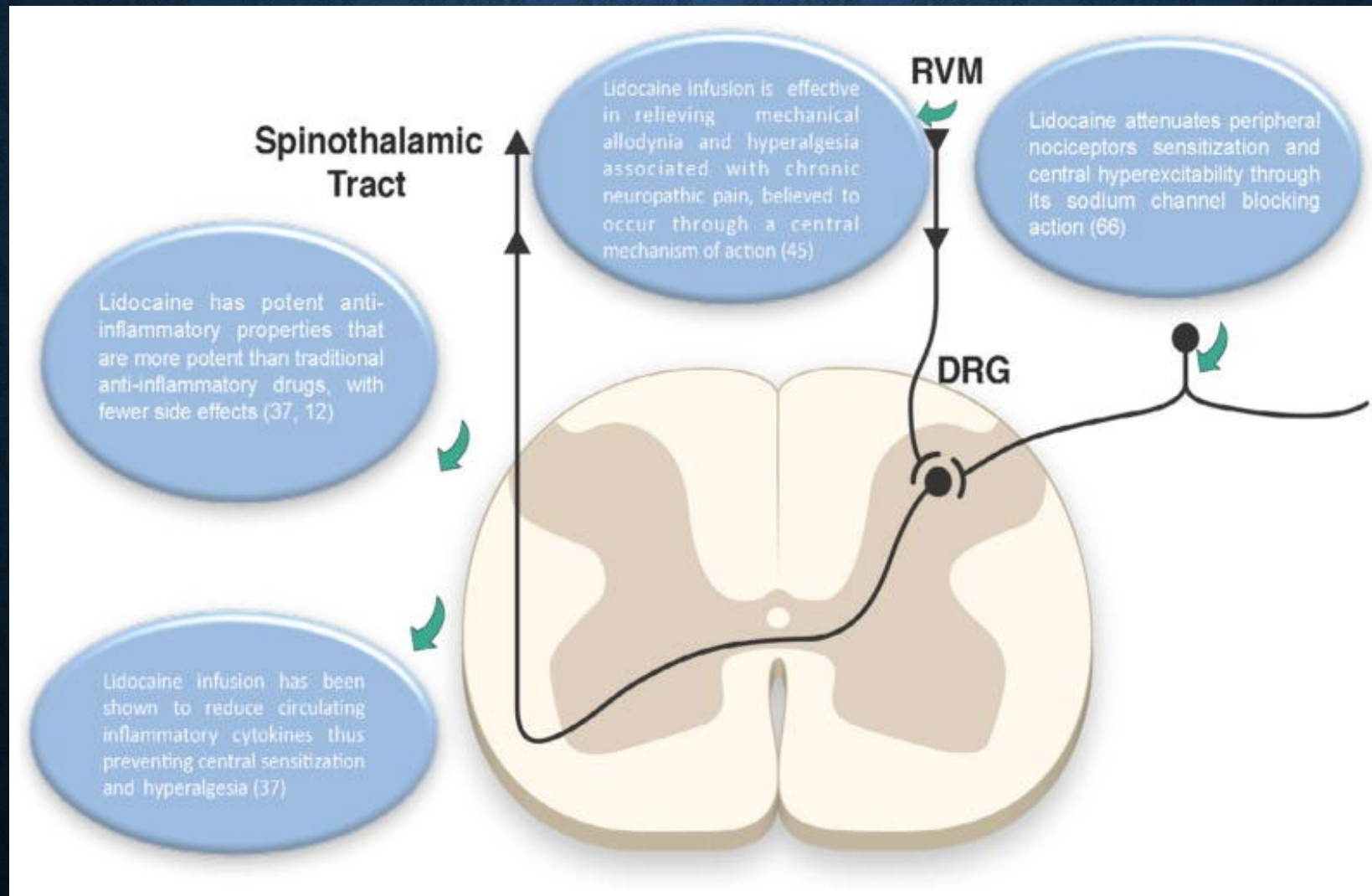


DISCLOSURES

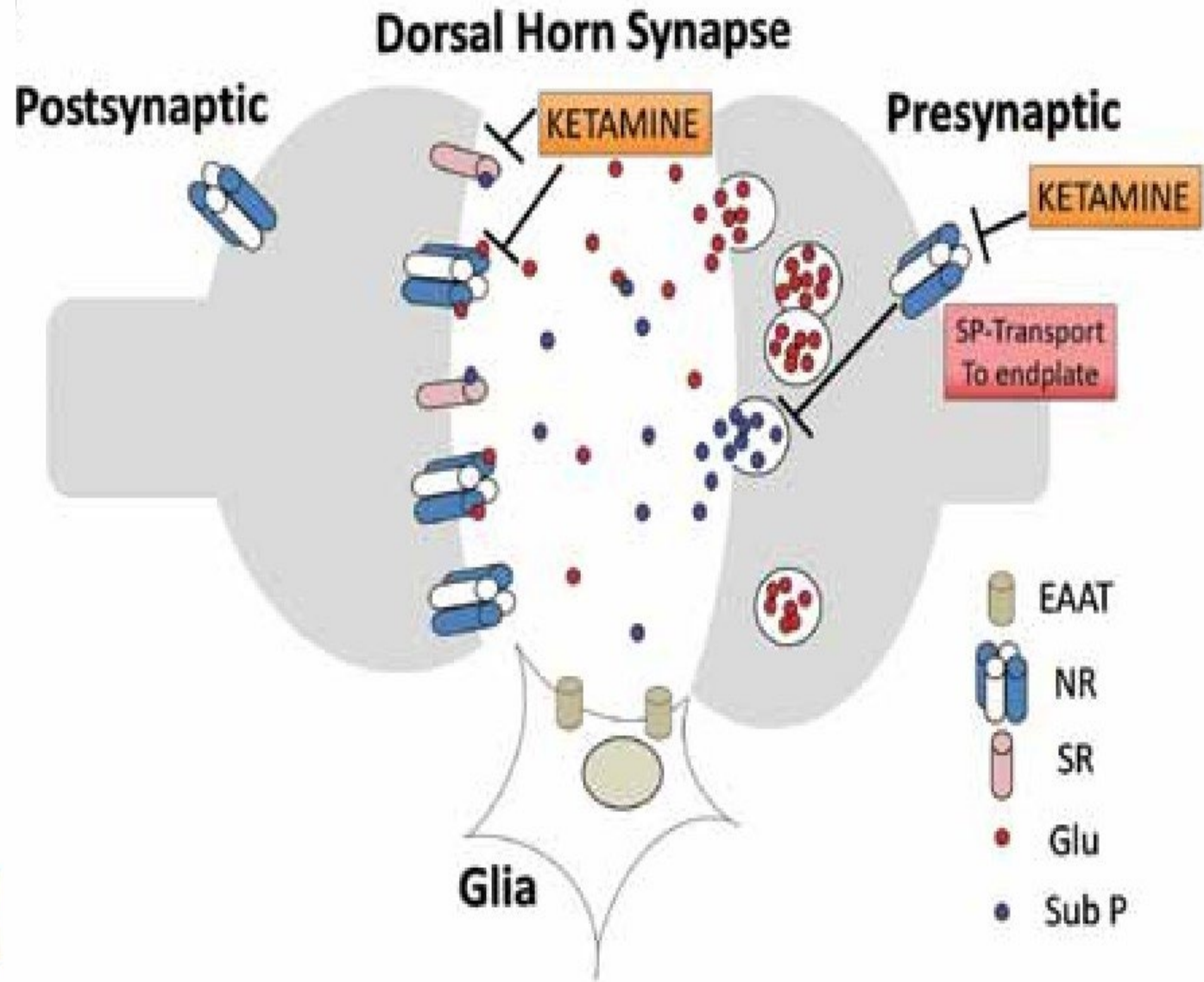
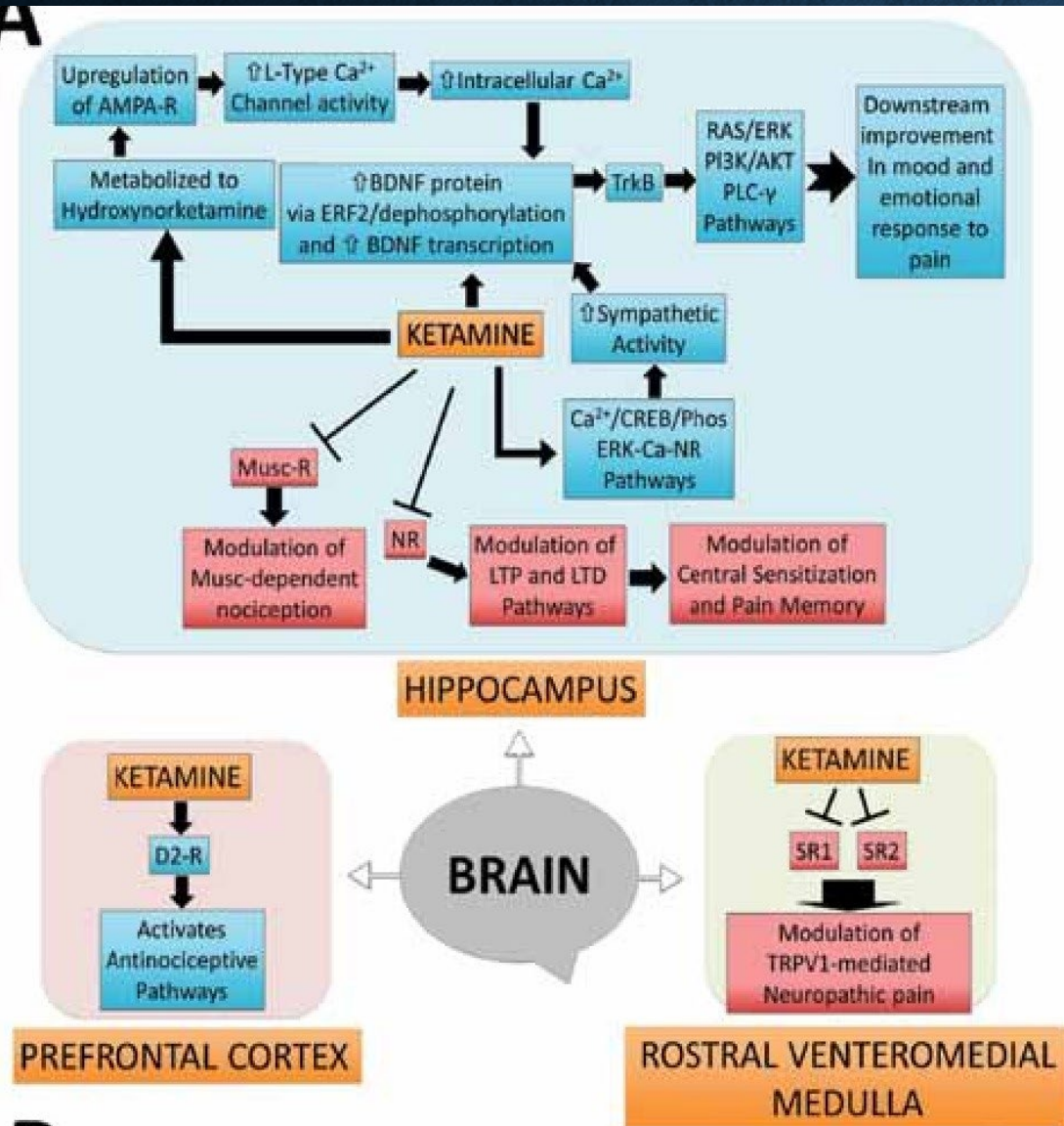
None To Declare
No External Funding

KETAMINE VS LIDOCAINE INFUSIONS

LIDOCAINE MECHANISM



KETAMINE MECHANISM



B

INFUSION RESPONSE

Chronic Pain Condition	Type of Infusion	Responders (Number)	Responders (%)
Osteoarthritis	Ketamine	4	100.00%
	Lidocaine	0	0.00%
Multiple Sclerosis	Ketamine	2	100.00%
	Lidocaine	0	0.00%
Chronic Abdominal Pain	Ketamine	6	75.00%
	Lidocaine	2	25.00%
Migraine Headaches	Ketamine	6	66.67%
	Lidocaine	3	33.33%
Fibromyalgia	Ketamine	17	60.71%
	Lidocaine	11	39.29%
Polyneuropathy	Ketamine	6	60.00%
	Lidocaine	4	40.00%
CRPS	Ketamine	6	37.50%
	Lidocaine	10	62.50%

EXISTING EVIDENCE AND INDICATIONS FOR KETAMINE

Ketamine infusions, according to the American Society of Anesthesiologists and American Society of Regional Anesthesia and Pain Medicine Practice Guidelines for Chronic Pain Management, have indications with the following evidenced-based dosing recommendations:

- Moderate evidence: CRPS, medium-term improvement. 22 mg/h for 4 days or 0.35 mg/kg/h for 4 hours repeated in 10 consecutive days.
- Weak evidence: Pain related to spinal cord injury, short-term improvement. Investigators used variable methods, one protocol used a total dose of 80 mg infused over 5 hours.
- Little to no supporting evidence: Conditions such as mixed neuropathic pain, phantom limb pain, fibromyalgia, migraine headache, low back pain, ischemic pain, and postherpetic neuralgia



DIRECTIONS FOR FUTURE STUDIES

1. Comparing total success to failures
2. Expanding list of treated conditions
3. Varying frequencies of infusions or increased dosage
4. Synergistic effects of infusions with other therapies
5. Joint evaluations with psychiatry for confounding comorbidity treatment pre-existing conditions

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