



Evaluating the Effectiveness of a Multidisciplinary Patient Education Workshop for Ketamine Infusions: Are We Properly Preparing Patients?

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Introduction

- Ketamine infusions used for refractory neuropathic pain
- We developed pre-infusion Multidisciplinary patient ketamine education sessions (MPKES) to:
 - improve patient preparedness
 - clarify clinical care expectations
 - explore coping strategies for infusion
- 136 patients and 52 care partners have attended

Table. 2: Pre-infusion Characteristics

	Responders (n=41) ≥30% Reduction in NRS	Non-Responders (n=87) <30% Reduction in NRS	Analysis (T Test/ Chi-square)
Age (years)	49.6±13	51.9±13	P > 0.1
Gender (F:M)	27: 14 (66% : 34%)	56: 31 (64%: 36%)	P > 0.1
Diagnosis			
PSPS	1 (2%)	8 (9%)	P > 0.1
CRPS	7 (17%)	6 (7%)	
Neuropathic Pain	29 (71%)	54 (62%)	
Craniofacial Pain	5 (12%)	18 (21%)	
Other	1 (2%)	2 (2%)	
NRS (0-10)	6.88±1.6	6.84±1.7	P > 0.1
OMEQ	76.24±294.2	68.58±221.5	P > 0.1
GAD-7	8.71±5.2	10.13±6.0	P > 0.1
PHQ9	12.54±6.2	14.00±6.8	P > 0.1
DN4			P < 0.05
(≥4)	32 (78%)	52 (60%)	
(<4)	9 (22%)	35 (40%)	
PCS	20.05±12.6	27.44±12.9	P < 0.01
NDI	42.15±16.7	46.07±19.2	P > 0.1
ODI	40.65±22.2	45.35±21.2	P > 0.1

Total Research Cohort: 128

Table. 1: MPKES Survey Results

	No (Disagree/ Neutral)	Yes (Agree)
I felt like I was well prepared for my Ketamine Infusion (s)	7 (8.4%)	76 (91.6%)
I felt the ketamine education session helped prepare me for my ketamine infusion(s)	11 (13.3%)	72 (86.7%)
I was aware of the contact information for the nurse coordinator and the pain clinic and that I could contact the nurse coordinator if I had any questions or concerns before, during or after my infusion(s)	4 (4.8%)	79 (95.2%)
I felt all my questions were answered prior to my ketamine infusion(s)	3 (3.6%)	78 (96.4%)
I understand what I should and should not do before and after my ketamine infusion(s)	5 (6.0%)	78 (94.0%)
I was aware of coping tools, resources available (i.e. mindfulness, mobile phone apps, websites).	6 (7.2%)	77 (92.8%)
I made a psychology comfort and coping toolkit to assist me during the infusion (i.e. music playlist, eye mask, photograph, etc.)	13 (15.7%)	70 (84.3%)
I used these coping resources to help me during and after the infusion.	17 (20.5%)	66 (79.5%)

Total Survey respondents: 83

WHAT DO I NEED TO KNOW?

OUR PRE-INFUSION EDUCATION SESSION (MPKES) EFFECTIVELY PREPARES PATIENTS:

- Increased psychological readiness
- Increased use of coping tools during infusion
- Improved patient experience

CLINICAL OUTCOME DATA:

- Ketamine infusions provide meaningful pain relief for select patients with refractory neuropathic pain
- 32% responders
- Responders had greater reductions in anxiety, depression, pain catastrophizing and opioid use
- Responders had lower pre-infusion catastrophizing scores

Method

- Survey developed to evaluate efficacy of MPKES
- Overall clinical response to infusions evaluated
- Responders defined as > 30% improvement in pain at 1 month

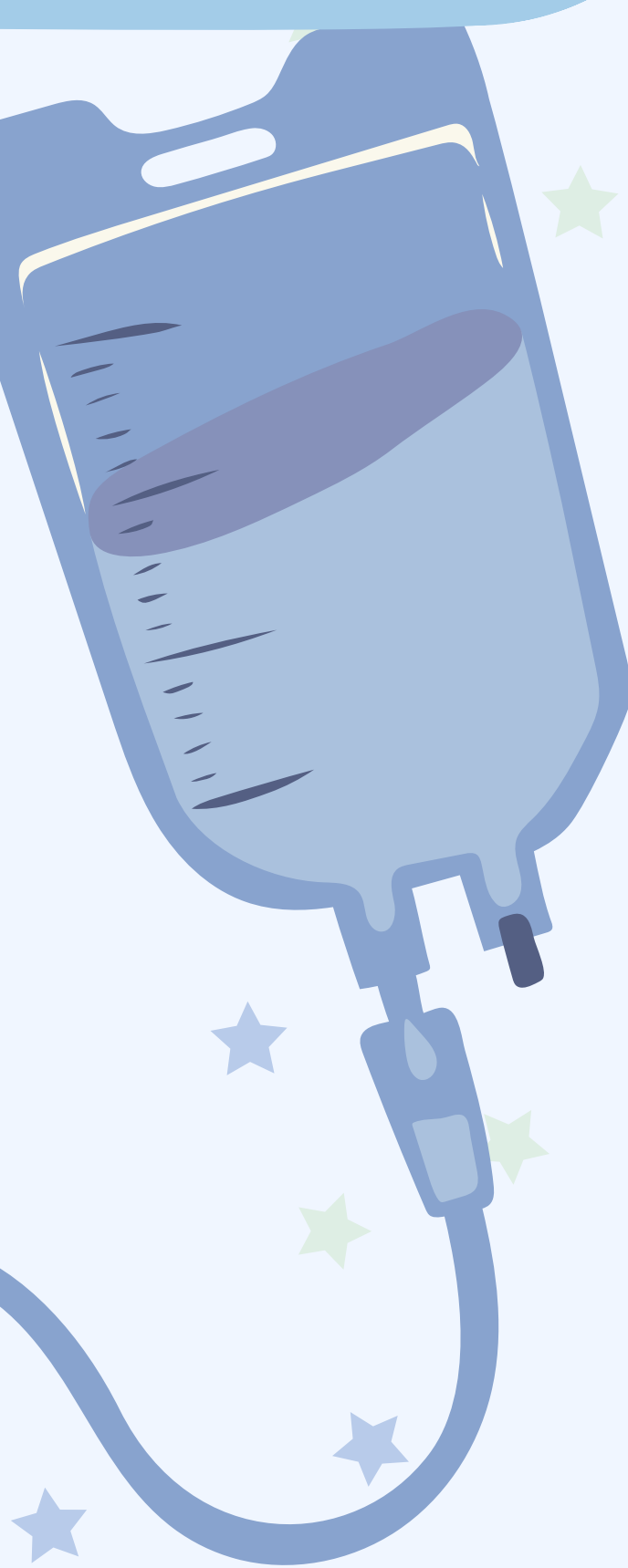


Table. 3: One Month Post-infusion Characteristics

	Responders (n=41) ≥30% Reduction in NRS	Non-Responders (n=87) <30% Reduction in NRS	Analysis (T Test/ Chi-square)
Infusion Length			P<0.001
Single Day	15 (37%)	60 (69%)	
Multi-Day	26 (63%)	27 (31%)	
NRS (0-10)	2.59±1.5	6.59±1.74	P<0.001
OMEQ	6.13±13.9	43.50±75.47	P<0.01
GAD-7	4.82±4.1	9.24±1.7	P<0.001
PHQ-9	7.11±5.1	12.17±6.7	P<0.001
DN4			P = 0.06
(≥4)	31 (82%)	53 (65%)	
(<4)	7 (18%)	29 (35%)	
PCS	13.22±10.2	25.89±12.2	P<0.001
NDI	28.69±20.4	43.48±22.2	P<0.01
ODI	29.56±20.5	45.20±22.0	P <0.01
PGIC			P<0.001
Worse	1 (3%)	14 (18%)	
No Change	3 (9%)	27 (34%)	
Improved	31 (90%)	39 (49%)	

Total Research Cohort: 128