

Beyond the Headlines: A Closer Look at IV Ketamine Therapy in Practice

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As a co-owner and co-founder of an IV ketamine clinic in Florida, I read the article *The Ketamine Economy: New mental health clinics are a 'Wild West' with few rules*^[1] from Health News Florida. I found it to be full of misinformation regarding the logistics of day-to-day clinic operations and its description of ketamine's implications in mental health treatment. I feel it's essential to delve deeper into the issues this article raised about ketamine clinics and provide a more comprehensive perspective on not only the logistical aspects but also the fundamental scientific aspects of IV ketamine treatment.

The portrayal of ketamine clinics as “for-profit” get-rich-quick schemes seeking to exploit patients overlooks the reality of healthcare provision as a whole. Like any medical clinic, ketamine clinics require financial sustainability to continue operations. If the clinic doesn't make money, the owners can't pay its staff to provide care and patients can't continue to receive treatment. Our clinic, for instance, was founded not out of a desire to “get rich quick,” but from a genuine belief in ketamine's potential to alleviate suffering in those with treatment-resistant depression, PTSD, and anxiety. The term “for-profit” carries an undeserved negative connotation, suggesting a misalignment of priorities. In reality, any clinic's survival hinges on its ability to cover costs and reinvest in its services, ensuring patients receive the highest quality care. This includes paying for skilled staff, upholding safety and sanitation standards, and investing in ways to facilitate the ideal setting for treatment.

Criticism of ketamine's off-label use as a radical departure from established medical practice fails to acknowledge the substantial

body of research supporting its efficacy. This evidence dates back to 1973 in Iran and was first brought to the United States formally in 2000 by physicians Robert Berman and John Crystal at Yale University. By the time the article suggests skepticism was widespread, academic journals had already published many different studies from additional respected institutions such as Stanford, Johns Hopkins, and Harvard. This abundance of scholarly research underscores ketamine's therapeutic benefits and, in my opinion, challenges the portrayal of its application in mental health as unfounded.

The article's description of the patient experience in ketamine clinics, particularly the use of sensory aids like blankets, headphones, and eye masks, is misleading at best and purposefully dissuasive at worst. I have met many providers from across the US and attended national conferences like the American Society of Ketamine Providers (ASKP3). I have met precisely zero clinicians in the ketamine space who provide these tools to enhance the dissociative effects. Instead, these therapeutic aids foster patient comfort, reduce external stimuli, and allow patients to focus inwardly. To be clear, the goal of the treatment is introspective self-reflection and trauma processing, not going on a dissociative “trip.” It's a gross misrepresentation to suggest these practices aim at anything other than optimizing the psychotherapeutic experience, underscoring a fundamental misunderstanding of the treatment's objectives.

Regarding treatment costs, the article's focus on the raw cost of ketamine without considering the broader economic context of healthcare provision is overly simplistic. The assertion that clinics significantly mark up

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the price of ketamine to exploit patients ignores the complex reality of healthcare economics. The author claims the cost of ketamine is \$1 per patient and cites no source for this claim. This is just plain false. While the cost of ketamine is nowhere near astronomical (like one would expect to see for a rare chemotherapy medication), using the click-bait \$1 figure is just that: click-bait.

The article then goes on to contrast this figure by saying that the average cost of treatment is \$600-1000 per treatment, with no citation included. The price of treatment at my clinic is \$375/infusion. This encompasses not just the drug itself but also the nursing care provided by board-certified registered nurses (RN), the use of medical equipment to ensure the safety of the treatment, and facility overhead costs, including but not limited to rent, insurance, malpractice, utilities, electronic medical record-keeping, sanitation services, medical supplies, etc. No large corporations or pharmaceutical companies are providing us with the funding to implement care. Our clinic is self-funded, and we take pride in the level of care we can provide and the affordable cost at which we are able to offer it to our community.

Furthermore, the critique of ketamine's cognitive effects is based on a selective interpretation of the evidence. The article's reference to research suggesting adverse cognitive outcomes overlooks significant findings to the contrary. Studies have shown that at therapeutic doses, IV ketamine can have positive effects on cognition, particularly in patients with treatment-resistant depression. This body of research indicates potential benefits that the article fails to consider, contributing to a skewed portrayal of ketamine's risks and benefits.

In challenging the narrative presented in the article, it's crucial to advocate for a balanced and informed discussion on the role of IV ketamine in mental health treatment. Misinformation and sensationalism can alienate

those needing help and hinder the progress of innovative therapies. A nuanced understanding of the scientific, economic, and ethical considerations involved in providing IV ketamine therapy is essential for anyone engaged in this conversation.

In conclusion, the media portrayal of IV ketamine clinics and their practices requires a more nuanced and evidence-based discussion. By addressing the misconceptions and providing a clearer picture of the motivations, economic realities, and scientific basis for IV ketamine therapy, we can foster a more informed and constructive dialogue on its place in mental health care. Through such discussions, we can ensure patients have access to safe, effective, affordable, and compassionately provided treatments that hold the promise of alleviating suffering and improving quality of life.

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