

Analyzing the Impact of Matthew Perry's Death on Ketamine Clinics and Psychedelic Research

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The unexpected and tragic loss of actor Matthew Perry took an unforeseen turn when his autopsy report noted that ketamine played a role in his death^[1]. Expectedly, after this news broke, a wave of increased scrutiny was cast upon Ketamine Clinics, and calls were made to make changes to the safety and regulatory guidelines. These sequences of events share similarities with the cultural backlash waged against psychedelics in the late 1960s and early 1970s, which should serve as a cautionary reminder for all those involved in psychedelic research and the psychedelic space at large. A failure to adequately address and respond to the concerns raised by the media and general public about the safety and efficacy of psychedelic and psychedelic-like compounds could result in increased apprehension by the public, a reduction in funding through grants or private entities, and possibly even another psychedelic research embargo. Ketamine and its associated derivatives serve as a significant test case for future psychedelic treatments, and the lessons we have learned, such as the medicalization model and the regulatory framework associated with esketamine, are valuable pieces of information as we approach MDMA and psilocybin approval.

Ketamine clinics have rapidly emerged and increased over the last decade and have played a significant role in providing treatment for psychiatric disorders to patients who had insufficiently responded to other treatments. However, despite the successes that these clinics have had, there are concerns, particularly around the misuse and potential risks associated with ketamine. Highlighting Matthew Perry's case, the likely use of oral ketamine, given that Ketamine was found in his stomach, in combination with his infusion schedule,

raises significant concerns about patients utilizing psychedelic or psychedelic-like compounds outside of a medicalized setting. Companies like Mindbloom are trying to bridge the gap between in-office treatments and medically unsupervised uses of ketamine by offering remote monitoring. However, remote telemonitoring still presents several patient safety issues, particularly in patients who may be using other medications, such as opioids or sedatives, which increases the risk of a life-threatening adverse event. It is imperative that if ketamine is prescribed for home use, this be done responsibly and that appropriate patient safety precautions are in place prior to dosing sessions.

The regulatory framework for esketamine is an important contrast to at-home oral ketamine. While many ketamine providers feel that the Risk Evaluation and Mitigation Strategies (REMS) are excessive or overly burdensome, they do provide structure for enhanced patient safety, especially compared to at-home oral ketamine. At a minimum, for those providers who still elect to utilize at-home oral ketamine, partial adoption of some of the esketamine REMS standards should be strongly encouraged—specifically, intermittent observation, vital sign assessments during treatment, and post-treatment safety evaluation. Additionally, having abortive medications pre-prescribed should be strongly recommended in the event of adverse experiences. The need for further research and standardized protocols is essential to harness the full potential of psychedelics in mental health care. In light of Matthew Perry's tragic death, Ketamine Clinics and researchers in psychedelic medicine must prioritize patient safety, adherence to best practices, and transparency in

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their operations. Striking a balance between innovation and caution is vital to advancing mental health treatments while mitigating potential risks associated with these powerful substances.

Matthew Perry's untimely demise serves as a sobering reminder of the complexities surrounding the use of ketamine in mental health care. As we navigate this evolving landscape, ketamine providers must collaborate, share knowledge, and uphold ethical standards to ensure that ketamine therapies and psychedelic research continue to offer hope and healing to those in need. This editorial calls for a collective effort to learn from Perry's tragedy, strengthen regulations, enhance patient care standards, and foster responsible innovation in the realm of ketamine clinics and psychedelic research. Only through a concerted commitment to safety and efficacy can we honor Perry's memory by advancing mental health treatments that positively impact individuals' lives.

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Kjorvestad, T, (2024, March). Analyzing the Impact of Matthew Perry's Death on Ketamine Clinics and Psychedelic Research. *The Journal of Psychedelic Psychiatry*, 6(1).

REFERENCES:

1. Stevens, M., & Taylor, D. B. (2023, December 15). *Matthew Perry died of "acute effects of ketamine," autopsy says*. The New York Times. <https://www.nytimes.com/2023/12/15/arts/matthew-perry-cause-death-friends.html>

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