

THE OFFICIAL JOURNAL OF THE AMERICAN SOCIETY OF CLINICAL PSYCHOPHARMACOLOGY

Supplementary Material

Article Title: Ketamine Safety and Tolerability in Clinical Trials for Treatment-Resistant Depression

- Author(s): Le-Ben Wan, MD, PhD; Cara F. Levitch, BA; Andrew M. Perez, MD; Jess W. Brallier, MD; Dan V. Iosifescu, MD, MMSc; Lee C. Chang, MD; Alexandra Foulkes, MS; Sanjay J. Mathew, MD; Dennis S. Charney, MD; and James W. Murrough, MD
- **DOI Number:** 10.4088/JCP.13m08852

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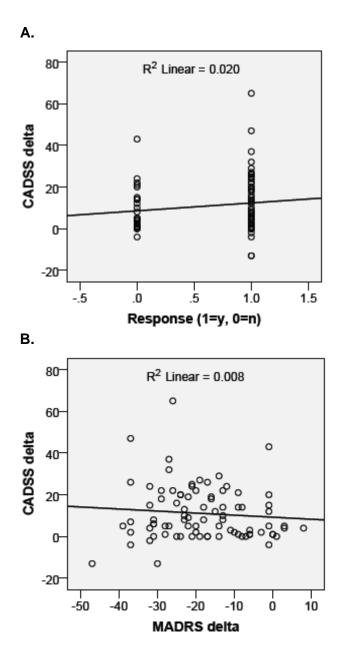
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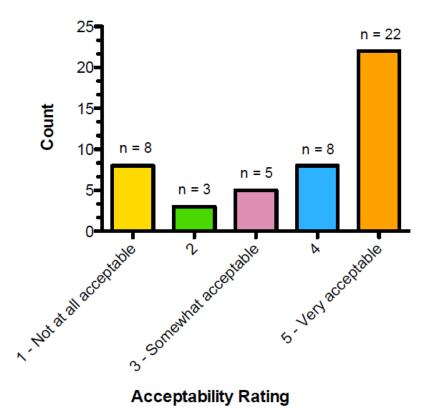
Supplementary eTable 1. Long-Term Follow-Up Data Summary

Item	Yes, Count	Notes
Physical Problems	0	-
Emotional/Psychological Problems	1	Resolved 1 month post-study
Cravings for Ketamine	0	-
Use of Ketamine	0	-
Cravings for Other Substances	0	-
Increased Use of Other Substances	0	-

n=46, average follow-up time 2.9±0.2 years



Supplementary eFigure 1. Lack of Correlation between Acute Dissociation and Subsequent Antidepressant Response. Scatter plots showing change in CADSS score at 40 min post-infusion versus ketamine responder status (A; r=0.14; p=0.20) and change in MADRS score (B; r=0.09; p=0.34) at 24 hrs post-infusion. Results are based on 84 unique subjects.



Supplementary eFigure 2. Distribution of Responses to Ketamine Acceptability Questionnaire. Graph depicts frequency histogram of responses to a questionnaire assessing patient report of the potential acceptability of ketamine as a treatment for depression. 1 = not at all acceptable, 3 = somewhat acceptable, and 5 = veryacceptable. n=46 subjects re-contacted for long-term follow-up. **eAppendix 1.** Adapted from Perry EB Jr, Cramer JA, Cho HS, et al. Psychiatric safety of ketamine in psychopharmacology research. Psychopharmacology (Berl). 2007;192(2):253-260.

- Since your participation in the study, have you experienced any physical problems that you believe are related to ketamine?

- Since your participation in the study, have you experienced any emotional or psychological problems that you believe are related to ketamine?

- Since your participation in the study, have you had any cravings for ketamine?

- Since your participation in the study, have you used ketamine outside of a research setting?

- Since your participation in the study, have you had cravings for any other illicit drug?

- Since your participation in the study, have you used any other illicit drug?

- Using a 5-point scale, where "1" is not at all acceptable, "3" is somewhat acceptable, and "5" is very acceptable, how acceptable would ketamine be to you for the treatment of your depression if ketamine were to become an approved treatment option in the future? In deciding on the acceptability of the treatment, please consider factors including perceived benefit compared to risk, convenience, and potential stigma of the treatment.