Self-Reported Changes in Depressive Symptoms among Cannabis Consumers with Major Depressive Disorder before and after Ketamine-Assisted Psychotherapy: Results from a Pilot Study Comparing Psycholytic and Psychedelic Approaches

Kyra Berwitz[1], Daniella Batievsky[2], Shari Kaplan, LCSW[3], Michelle Weiner, DO[3], and Denise C. Vidot, PhD[1]

[1]University of Miami School of Nursing and Health Studies, [2]University of Pennsylvania, [3]Nova Southeastern University

GLOBAL ENTHEOGENIC RESEARCH COLLABORATIVE

Background

❖ Ketamine, primarily known as the most widely used anesthetic in the world, has recently been established to effectively treat depressive disorders.

❖ Randomized controlled trials have demonstrated intravenous ketamine's efficacy, feasibility, and tolerability for major depressive disorder.

❖ While Ketamine is approved by the FDA and legal for use, little is documented about the impact of the co-use of ketamine and cannabis on depressive symptoms.

❖ This study aimed to conduct a sub-analysis of cannabis consumers who participated in a pilot Ketamine-Assisted Psychotherapy (KAP) intervention study to examine changes in depressive symptoms over the duration of the study.

Methods

❖ Cannabis consumers (N=10) from a pilot intervention study comparing psychedelic and psycholytic KAP approaches in patients with major depressive disorder and chronic pain were analyzed in the current study.

❖ The Beck Depression Inventory (BDI) was used to assess depressive symptoms via summed scores collected prior to and after participant's first, third, and sixth treatment sessions.

❖ According to the BDI scoring guidelines, a score of 17-20 is borderline clinical depression, 21-30 is moderate depression, a score of 31-40 is severe depression, and extreme depression is present if they score above 40.

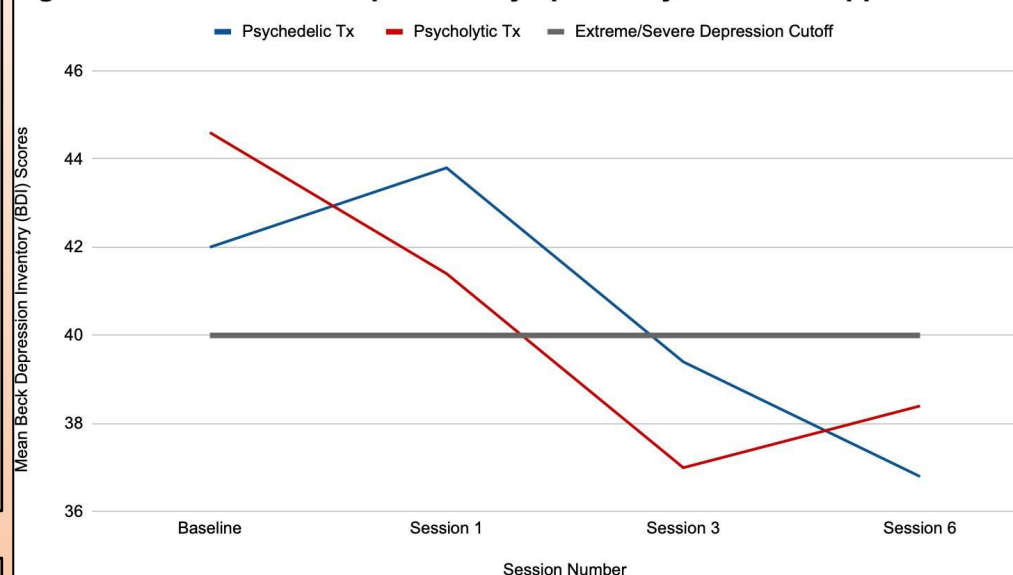Fig. 2: KAPT's Effect on Depressive Symptoms By Treatment Approach

Figure 2. Average changes in total Beck Depression Inventory (BDI) scores at 4 timepoints (baseline and after sessions 1, 3, and 6) in both the psychedelic ketamine and the psycholytic ketamine treated groups.

	Baseline	Session 1		Session 3		Session 6	
	Mean (SD)	Mean (SD)	P-Value	Mean (SD)	P-Value	Mean (SD)	P-Value
Psychedelic Tx	42.0 (15.5)	43.8 (17.7)		39.4 (15.3)		36.8 (13.5)	
Psycholytic Tx	44.6 (15.9)	41.4 (15.8)		37.0 (13.1)		38.4 (11.6)	
Psychedelic vs. Psycholytic Tx			0.83		0.79		0.84

KAPT's Impact on Depressive Symptoms (Beck Depression Inventory) by Treatment Approach: Descriptive Statistics and P-Values

Results

❖ The participants in the psychedelic group (n=5) enrolled in the study with a mean BDI score of 42 and left the study with a mean BDI score of 36.8.

❖ The participants in the psycholytic group enrolled in the study with a mean BDI score of 44.6 and left the study with a mean BDI score of 38.4.

❖ All participants transitioned from extreme to severe after their third treatment session (T-2); psychedelic group scores declined from a mean of 43.8 to a mean of 39.4 and psycholytic group scores declined from a mean of 41.4 to 37.0.

❖ Both psychedelic and psycholytic treatment approaches were associated with participants' improvement in depression severity; their decrease in symptoms moved their depression status from extreme to severe.

Conclusion

❖ Results from this sub analysis among cannabis consumers found that KAP reduced depressive symptoms over time in both the psychedelic and psycholytic treatment groups.

❖ Future studies should examine among larger samples sizes and of diverse socioeconomic status.

Contact

❖ Contact Dr. Denise C. Vidot for more information at drvidot@Miami.edu