

Psychiatric Outcomes Following Ketamine Administration for Orthopedic Surgical Anesthesia

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Introduction

- What is ketamine and what are the common medical settings in which we see its use?
- Ketamine has different indications and effects in the psychiatric and anesthetic worlds.
- What are the negative side effects seen in its use?
- We looked at its use in orthopedic surgery and observed the psychiatric side effects of various patient populations.

Methods

- This was a retrospective analysis of the TriNetX health database looking specifically at patients undergoing orthopedic surgeries with anesthesia.
- We used CPT codes to identify patients having surgery on various joints/bones including but not limited to spine, shoulder, hip, and knee.
- We then performed four total group analyses between cohorts of patients receiving ketamine and cohorts not receiving ketamine.
- We had three sets of analysis based on age stratification and one ageless: pediatric (<18 years), adult (18–60 years), elderly (>60 years), and a reference analysis of all patients.
- We observed and compared outcomes in the 30-day postoperative period involving diagnoses of various psychiatric-related disorders.

Results

Event—ICD10 code	Event N	Absolute risk	Risk diff.	Odds ratio	95% CI	P-value	Event—ICD10 code	Event N	Absolute risk	Risk diff.	Odds ratio	95% CI	P-value
Opioid related disorders—F11							Other anxiety disorders—F41						
Everyone	600	0.30%	+0.2%	3.26	(2.77-3.83)	0.00	Everyone	3,997	1.90%	+1%	2.17	(2.04-2.31)	0.00
Peds (<18)	10	0.10%	0%	1.00	(0.42-2.4)	1.00	Peds (<18)	268	1.50%	+1%	2.88	(2.28-3.65)	0.00
Adult (18-60)	423	0.40%	+0.3%	3.82	(3.11-4.69)	0.00	Adult (18-60)	1,670	2.10%	+1.3%	2.53	(2.31-2.75)	0.00
Elderly (>60)	181	0.20%	+0.1%	2.73	(2.07-3.61)	0.00	Elderly (>60)	1,225	1.90%	+0.8%	1.76	(1.61-1.93)	0.00
Nicotine dependence—F17							PTSD—F43.1						
Everyone	1,257	0.80%	+0.1%	1.08	(0.99-1.17)	0.07	Everyone	375	0.20%	+0.1%	1.98	(1.67-2.36)	0.00
Peds (<18)	32	0.20%	0%	1.38	(0.81-2.36)	0.23	Peds (<18)	16	0.10%	0%	1.14	(0.56-2.34)	0.71
Adult (18-60)	921	1.20%	+0.3%	1.30	(1.18-1.43)	0.00	Adult (18-60)	297	0.20%	+0.2%	2.60	(2.1-3.23)	0.00
Elderly (>60)	329	0.30%	+0.2%	0.79	(0.61-0.83)	0.00	Elderly (>60)	65	0.10%	0%	1.39	(0.89-2.02)	0.08
Other psychoactive substance disorder—F19							Sleep disorders not substance or psych related—F51						
Everyone	999	0.50%	+0.3%	2.25	(2-2.53)	0.00	Everyone	363	0.20%	+0.1%	2.56	(2.11-3.1)	0.00
Peds (<18)	30	0.20%	+0.1%	3.00	(1.47-6.13)	0.00	Peds (<18)	14	0.10%	0%	1.40	(0.62-3.15)	0.42
Adult (18-60)	658	0.70%	+0.4%	2.40	(2.09-2.76)	0.00	Adult (18-60)	198	0.20%	+0.1%	2.48	(1.91-3.21)	0.00
Elderly (>60)	239	0.30%	+0.1%	1.32	(1.09-1.6)	0.02	Elderly (>60)	160	0.20%	+0.1%	2.29	(1.74-3.04)	0.00
Non-mood psychotic disorders—F20-29							Altered cognition—R41						
Everyone	1,916	0.90%	+0.3%	1.46	(1.36-1.57)	0.00	Everyone	3,21	1.90%	+0.9%	1.90	(1.8-2.01)	0.00
Peds (<18)	13	0.10%	0%	1.18	(0.53-2.64)	0.68	Peds (<18)	557	3.10%	+2.4%	4.35	(3.6-5.24)	0.00
Adult (18-60)	1,127	1.0%	+0.5%	1.75	(1.58-1.93)	0.00	Adult (18-60)	1,387	1.50%	+0.9%	2.15	(1.94-2.35)	0.00
Elderly (>60)	820	1.00%	+0.1%	1.09	(0.99-1.2)	0.00	Elderly (>60)	1,642	2.20%	+0.8%	1.57	(1.46-1.7)	0.00
Delusional disorders—F22							Dizziness/giddiness—R42						
Everyone	485	0.20%	+0.1%	1.31	(1.14-1.5)	0.00	Everyone	2,574	1.60%	+0.7%	1.98	(1.86-2.12)	0.00
Peds (<18)	10	0.10%	0%	1.00	(0.42-2.4)	1.00	Peds (<18)	446	2.40%	+1.7%	3.41	(2.82-4.15)	0.00
Adult (18-60)	288	0.30%	+0.1%	1.80	(1.48-2.18)	0.00	Adult (18-60)	1,215	1.30%	+0.6%	1.98	(1.8-2.18)	0.00
Elderly (>60)	202	0.20%	0%	0.83	(0.69-1)	0.05	Elderly (>60)	956	1.30%	+0.5%	1.65	(1.49-1.83)	0.00
Bipolar disorder—F31							Hallucinations—R44.3						
Everyone	214	0.10%	0%	1.10	(0.91-1.34)	0.33	Everyone	684	0.30%	+0.1%	1.30	(1.23-1.69)	0.00
Peds (<18)	10	0.10%	0%	1.00	(0.42-2.4)	1.00	Peds (<18)	23	0.10%	+0.1%	1.92	(0.98-3.86)	0.06
Adult (18-60)	182	0.20%	0%	1.17	(0.91-1.47)	0.17	Adult (18-60)	389	0.40%	+0.2%	1.90	(1.6-2.27)	0.00
Elderly (>60)	51	0.10%	0%	0.65	(0.46-0.92)	0.02	Elderly (>60)	330	0.40%	0%	1.12	(0.95-1.31)	0.17
Depressive episode—F32							Suicidal/homicidal ideation—R45.85						
Everyone	2,166	1.30%	+0.5%	1.62	(1.51-1.73)	0.00	Everyone	496	0.20%	+0.2%	2.26	(1.91-2.62)	0.00
Peds (<18)	109	0.60%	+0.3%	2.48	(1.75-3.52)	0.00	Peds (<18)	10	0.10%	+0.1%	2.41	(1.15-5.03)	1.00
Adult (18-60)	1,212	1.50%	+0.7%	2.04	(1.86-2.23)	0.00	Adult (18-60)	206	0.20%	+0.2%	2.23	(1.86-2.68)	0.00
Elderly (>60)	894	1.40%	+0.3%	1.28	(1.16-1.41)	0.00	Elderly (>60)	206	0.20%	+0.1%	1.61	(1.29-2.02)	0.00
Anhedonia—R45.84													
Everyone	571	0.30%	+0.20%	0.41	(0.382, 0.513)	0.00							
Peds (<18)	24	0.10%	+0.10%	0.42	(0.190, 0.949)	0.02							
Adult (18-60)	365	0.40%	+0.20%	0.45	(0.373, 0.539)	0.00							
Elderly (>60)	194	0.20%	+0.10%	0.62	(0.494, 0.778)	0.00							

95% CI, 95% confidence interval; N, number; OR, odds ratio; P, p-value; PTSD, post-traumatic stress disorder.

Table 1. Event risk and odds ratio by cohort age.

- Figure 1 contains the odds ratio for each outcome of interest, where numbers <1 indicate a reduced risk and numbers >1 indicating increased risks, and asterisks denoting a statistically significant difference.
- Eleven of 15 outcomes had results for specific events, including cohort size, absolute risk, odds ratio with 95% confidence interval, and p-values are compiled in Table 1.

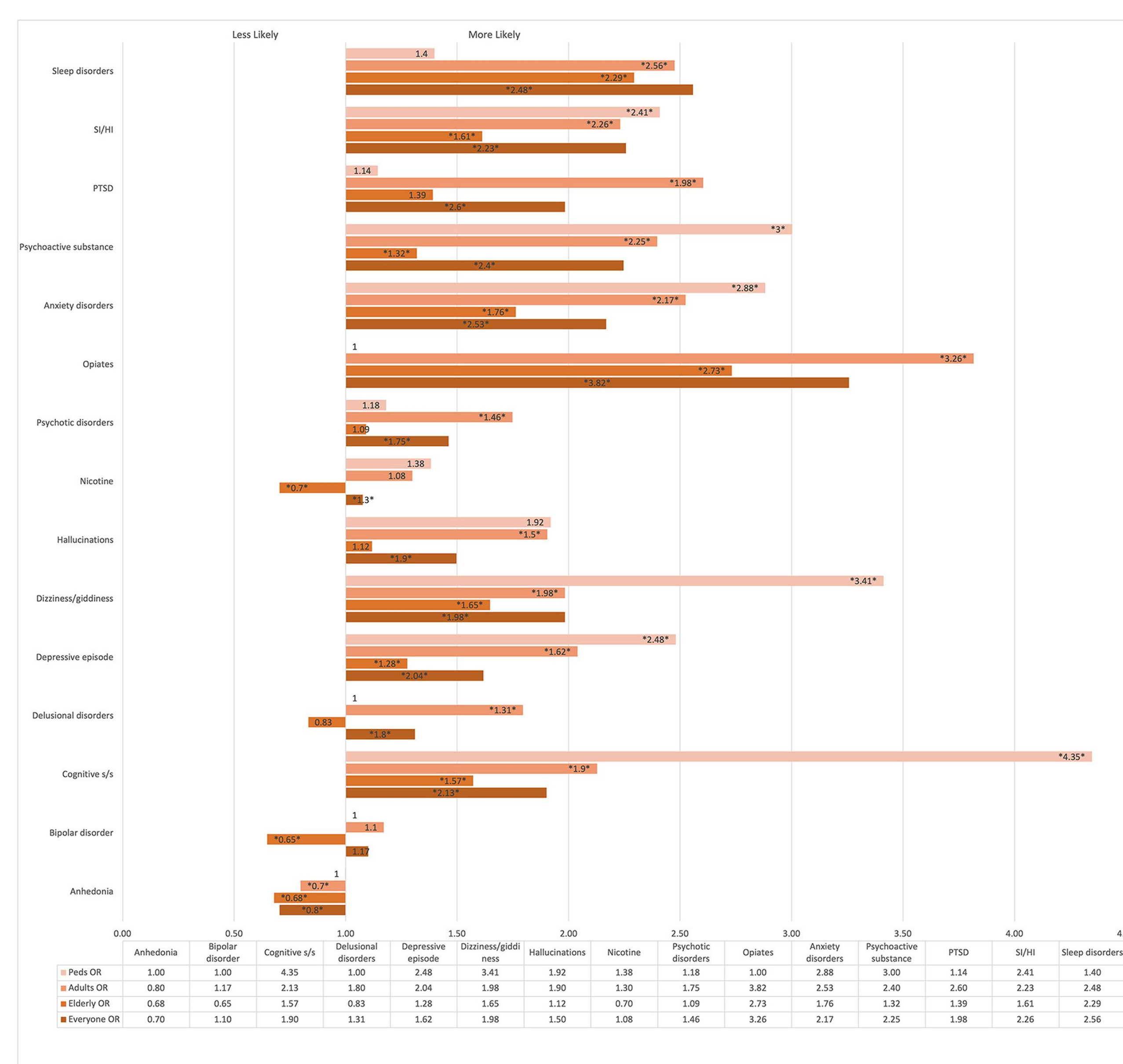


Figure 1. Odds ratio comparing cohorts receiving ketamine to matched peer cohorts. *Asterisked* values indicate a statistically significant 95% CI.

Conclusions

- Nearly every measured event displayed an increased risk for patients receiving ketamine in at least 2 cohorts.
- Anhedonia and nicotine use were the major outliers.
- There were different major outcomes for different age groups. Considerable differences in the outcomes for pediatric vs. elderly.
- Ketamine should be investigated further in different age groups and with corresponding psychiatric outcomes as current research is still limited.

Implications/Considerations

- Cohorts with “no difference” or minor risk changes as a result of pre-test probability of disease given age.
- Differences between groups could also be explained by difference in the administration of ketamine and the nature of orthopedic procedures.
- Those without disease were excluded from the start, again possibly changing outcomes.
- Not to change practice as a result of this, but to keep in mind as future data arises.

Disclosures

- I declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.