Methods: For this purpose, major search engines such as Pubmed, medline, Science Direct, and journals specializing in sociology were contacted, with the introduction of keywords (ketamine-Esketamine-resistant depression) and the selection of literature reviews but also articles deemed relevant for this review.
Results: The initial demonstration of ketamine's antidepressant effects was gradual, rather unusually in a treatment-resistant patient population. First administered in single doses in studies, ketamine showed a rapid and robust antidepressant effect, but not sustained over time. However, studies of repeated doses, spread over a period of a few weeks, then revealed that it was possible to prolong and even improve the clinical response. It is important to mention that the use of ketamine to treat depression still remains.
In 2000, the first randomized-controlled, double-blind clinical study used a crossover design, in which each participant received two infusions over 40 minutes, alternating between one week and one infusion of ketamine (0. 5 mg/kg) and a placebo infusion. A statistically significant antidepressant effect of ketamine compared to placebo was observed as early as 240 minutes after treatment and reached a maximum after 3 days; of the 8 patients treated with ketamine, 7 had an improvement in their symptoms of at least 30% and 4 of at least 50%
In 2006, Zarate et al. carried out the first replication study of the results obtained by the group from Yale University . In this study, 71% and 29% of the 17 patients who received ketamine achieved a response and remission, respectively ,the significant effect of ketamine was revealed after 110 minutes of treatment and until the end of the 7-day post-infusion follow-up.However, one week later, only 35% of patients had reached the clinical response threshold.
In 2010, Diazgranados et al. published the first study of ketamine treatment for bipolar depression. While the first two studies required patients to take no other psychotropic drugs, patients in this study had to show unresponsiveness to a therapeutic dose of lithium or valproic acid, two agents used in the treatment of bipolar disorder. Again here, 71% of patients who received ketamine achieved a clinical response
Conclusions: Finally, note that the discovery of the antidepressant action of ketamine has opened the door to the search for other molecules targeting the glutamatergic system, which will possibly provide an even greater

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"Keeping an eye on amylase". Side effects of antidepressants

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Introduction: Both in consultations with the general practitioner and with the psychiatrist, antidepressants are one of the most used drugs (1). These have multiple indications, and there are different groups according to their mechanism of action. In relation to this case, we are going to talk about Venlafaxine, a dual-type antidepressant, that is, it inhibits the reuptake of serotonin and norepinephrine. One of the most common side effects is digestive discomfort, which usually resolves after a few weeks (2). However, we should not ignore these symptoms, since they can hide something more serious.
Objectives: Presentation of a clinical case on a patient who presented an increase in pancreatic amylase after starting treatment with Venlafaxine.
Methods: Bibliographic review including the latest articles in Pubmed on side effects of antidepressant treatment, and more specifically at the gastrointestinal level (in this case we will talk about pancreatitis).
Results: We present the case of a 49-year-old woman, who was hospitalized 2 years ago, due to a first depressive episode. During this admission, psychopharmacological treatment was started for the first time, on that occasion with a selective serotonin reuptake inhibitor (SSRI), treatment of first choice (3). The patient had no side effects at that time, but the response was very modest, so it was decided to replace that antidepressant with Venlafaxine (with dual action), up to 150mg. The depressive symptoms improved markedly, however the patient began to feel digestive discomfort (which at first did not seem to be of great importance). A general analysis was performed, in which an increase in lipase (978 U/L) and amylase (528 U/L) was detected. An echoendoscopy, an abdominal scan, and a magnetic resonance cholangiography were performed; Pancreatitis secondary to drugs was suspected (a severe condition). Luckily, no significant lesions were found in the tests, and the levels of amylase and lipase decreased when Venlafaxine treatment was withdrawn (without reaching the normal range). The patient was discharged and continued to attend consultations. In the last control, amylase had dropped to 225 U/L. His abdominal pain disappeared. Treatment with Vortioxetine (a multimodal antidepressant) was started, however the amylase levels continue to be monitored, and the patient continues to see the gastroenterologist.
Conclusions: Gastrointestinal side effects are very common when taking antidepressant treatment, and in most cases they do not usually represent a serious problem.
However, it is described in the scientific literature that in some cases, acute pancreatitis secondary to some drugs, including Venlafaxine, can occur (4). In order to detect it, it is necessary to perform a blood test and sometimes also other complementary tests.
For its treatment, the fundamental thing is to withdraw the causing drug, trying to find other alternatives, and carry out a control to monitor possible complications

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