Why esketamine will force doctors to rethink office visits for depressed patients

The Food and Drug Administration approved esketamine (Spravato) for treatment-resistant depression to be administered under physician supervision. It's a derivative of ketamine, a drug commonly used for anesthesia.

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Yet in its approval of esketamine, the FDA overlooked one essential issue: while psychiatrists provide "talk therapy" and others dispense medications, it's almost unheard of for a doctor to dispense a psychiatric medication and supervise the reaction for up to two hours. In a mental health care system where waitlists are already weeks long, will the system adapt to allow for this additional period to supervise the immediate effect of the medication?

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Herein lies the tension with esketamine and for two other psychedelics — MDMA (known on the street as ecstasy or Molly) and psilocybin — that are currently in the pipeline for FDA approval for refractory mental health conditions. Such drugs require a fundamental shift in how psychiatric care is delivered and the amount of time each patient may require with a health provider for a given session. Doctors will need to rethink the role of longer, and more in-depth patient encounters in a system that places a premium on the revolving door of mental health care.

Read full, original post: Esketamine and psychedelics will require restructuring mental health care visits