Select Criteria Denote High-Risk SLE Pregnancies

BY M. ALEXANDER OTTO
FROM THE INTERNATIONAL CONGRESS ON SYSTEMIC LUPUS ERYTHEMATOSUS
VANCOUVER, B.C. – Monthly monitoring by rheumatologists of every pregnancy in women with systemic lupus erythematosus may be unnecessary, according to Dr. Michelle Petri.

A relatively small list of criteria can distinguish high-risk pregnancies in women with systemic lupus erythematosus (SLE) – ones that carry a higher likelihood of miscarriage, extreme prematurity, and SLE flare – from others, and signal the need for intensive monitoring by obstetricians and rheumatologists, Dr. Petri said at the meeting.

At present, however, there is little effort to make such distinctions, so most SLE pregnancies are subjected to monthly visits to rheumatologists and obstetricians, and, starting at week 26, weekly monitoring by obstetricians.

That’s not always necessary; women who are at increased risk for depression, extreme prematurity, and SLE flare might be less likely to develop postpartum depression or chronic pelvic pain, she said. Dr. Laurie Chalifoux of the University of Alberta, Edmonton, also said a single intravenous dose of ketamine might be less effective at reducing postpartum low dose of ketamine significantly reduced pain for up to 6 weeks after cesarean delivery compared with placebo, but there were no significant differences in chronic pain or depression between the two groups at 1 year, in a randomized, double-blind study of 82 women.

Low doses of the N-methyl-D-aspartate (NMDA) antagonist ketamine have been shown to decrease postoperative opioid requirements, and the drug has also been shown to have an antidepressive effect (Arch. Gen. Psychiatry 2006;63:856-64). Those data led to the hypothesis that women who receive a single intravenous dose of ketamine might be less likely to develop postpartum depression or chronic pelvic pain, said Dr. Laurie Chalifoux of Northwestern University, Chicago.

A total of 188 women were randomly assigned to receive either 10 mg IV ketamine or saline by a blinded obstetrician 5 minutes after cesarean delivery. All received scheduled IV ketorolac 30 mg every 6 hours for 24 hours, along with 1 or 2 tablets of acetaminophen 325 mg/hydrocodone 10 mg every 4 hours as needed for breakthrough pain.

Among those 188 women, the group who received ketamine reported significantly less pain ratings (on a scale of 1-10) than did those receiving saline.

However, there were no differences at any other time point, Dr. Chalifoux reported at the meeting.

The 82 patients who were available for an interview 1 year later were asked to report pain scores (1-10) and whether they had a self-diagnosis of depression at both 6 weeks and 1 year post partum. Patients in the ketamine group reported significantly less pain at 6 weeks post partum, with scores of 1.3 vs. 2.3.

Depression did not differ at 6 weeks, with just one woman (2%) from each group reporting that she was depressed at that point.

At 1 year, pain scores were nearly 0 in both groups and did not differ significantly (0.1 with ketamine vs. 0.0 with saline).

Depression also did not differ significantly, although there were two women (5%) who reported being depressed at 1 year in the saline group compared with none in the ketamine group.

Dr. Chalifoux noted that a higher dose of 10 mg might have had a greater impact, given that the previous studies showing analgesic and antidepressive effects used doses ranging from 0.15 to 1.0 mg/kg.

However, the potential side effects of ketamine are concerning, including dysphoria, memory loss, hallucinations, seizures, nystagmus, hypertension, tachycardia, and nausea/vomiting – suggest that dosages should be kept in the lower ranges, Dr. Chalifoux noted.

Also, it’s possible that ketamine might not have a large impact among healthy parturients, but it might among those who are at increased risk for depression or chronic pain, she said.

Ketamine Reduces Post C-Section Pain at 6 Weeks

BY MIRIAM E. TUCKER
FROM THE ANNUAL MEETING OF THE SOCIETY FOR OBSTETRIC ANESTHESIA AND PERINATOLOGY
SAN ANTONIO – A single postpartum low dose of ketamine significantly and persistently reduced pain for up to 6 weeks after cesarean delivery. Patients in the ketamine group reported significantly less pain at 6 weeks post partum, with scores of 1.3 vs. 2.3.

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