The Consumer's Guide to NMDA Receptor Antagonists for Major Depressive Disorder

5 FAQS ABOUT NMDA RECEPTOR ANTAGONISTS FOR MDD

Common questions, answered.

1. How soon will I begin feeling better after I start taking an NMDA receptor antagonist?

It can take a week or two for the esketamine nasal spray to have a noticeable effect on MDD symptoms, says Dan Iosifescu, MD, an associate professor of psychiatry at NYU Grossman School of Medicine and the director of clinical research at the Nathan Kline Institute for Psychiatric Research in New York. The bupropion-dextromethorphan pill typically starts working in two to four weeks.

In phase 3 of a clinical trial for the bupropion-dextromethorphan pill, patients with MDD who took the medication experienced significant improvements in depressive symptoms in as little as a week.

2. How long will I need to take an NMDA receptor antagonist?

Given there are no long-term studies on these drugs, it's hard to say. But the goal for many people is to lower the dose over time and eventually stop taking it altogether. If your depression symptoms then reemerge, you can work with your doctor to restart NMDA receptor antagonist treatment or try a different drug.

3. How will my doctor decide which NMDA receptor antagonist is best for me?

Among other factors, this will depend on how debilitating your symptoms are; if you're thinking of hurting yourself or have already tried; and your risk of certain medical or neuropsychiatric symptoms.

"Someone who's severely depressed or even depressed and suicidal may benefit from the rapid and more powerful effect of ketamine or esketamine," says Dr. Iosifescu. Then, if you become less depressed and don't need something so immediate, you may be able to transition to the oral combo pill, but Iosifescu stresses that this practice isn't approved by the FDA or proven by studies.

4. Can I become addicted to an NMDA receptor antagonist?

Based on short-term studies, it appears the risk of dependence on these medications is likely low. While esketamine is a form of ketamine, which has a risk of addiction, the amount of this chemical in the nasal spray is much lower than the ketamine in anesthetic drugs.

Although there have been cases of people abusing dextromethorphan alone (particularly when in cough syrup), the concentration of this drug in the bupropion-dextromethorphan pill is very low. You'd have to take an enormous number of them to become addicted. But it's worth noting that long-term risks haven't been determined.

5. Will I need to make any changes to my lifestyle or other medications to take an NMDA receptor antagonist?

If you drink alcohol, your doctor may suggest you cut back or even stop. The same is true if you take a benzodiazepine, such as alprazolam (Xanax). Both have sedative effects that can interfere with NMDA receptor antagonists.

Some doctors also advise against using marijuana and opioid-based pain medication, because they may increase the risk of psychotic symptoms during treatment, adds Paul Kim, MD, PhD, an assistant professor of psychiatry and behavioral sciences at the Johns Hopkins University School of Medicine in Baltimore.

NOTES: