

Postpartum low-dose esketamine aids moms with prenatal depression

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A single low dose of esketamine after childbirth reduces depressive episodes at 42 days postpartum among mothers with prenatal depression, according to a study published online April 10 in *The BMJ*.

Shuo Wang, M.D., from Peking University First Hospital in Beijing, and colleagues conducted a randomized, [double-blind trial](#) with two parallel arms involving 364 mothers aged 18 years and older from five tertiary care hospitals in China with at least mild prenatal depression.

Participants were randomly assigned to receive 0.2 mg/kg esketamine or placebo infused intravenously over 40 minutes after childbirth (180 and

181 women, respectively).

The researchers found that a [major depressive episode](#) was observed in 6.7 and 25.4 percent of mothers in the esketamine and placebo groups, respectively, at 42 days postpartum (relative risk, 0.26). The esketamine group had lower scores on the Edinburgh Postnatal Depression Scale at seven days (median difference, -3) and 42 days (median difference, -3).

The esketamine group also had lower Hamilton Depression Rating Scale scores at 42 days postpartum (median difference, -4). The esketamine group had a higher incidence of neuropsychiatric adverse events (45.1 versus 22.0 percent); however, the symptoms lasted less than one day and did not require [drug treatment](#).

"Low-dose esketamine should be considered in mothers with symptoms of prenatal depression," the authors write.

More information: Efficacy of a single low dose of esketamine after childbirth for mothers with symptoms of prenatal depression: randomised clinical trial, *The BMJ* (2024).
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