Table 1: UK spontaneous suspected ADR reports associated with ketamine and/or esketamine between 01/01/2019-31/05/2025 where indication in the Psychiatric Disorders SOC was reported and/or event term in the Off Label Uses HLT was captured.

Year Received by the MHRA	Case	Ketamine or Ketamine S-Isomer Report	Drug Indication(s)
2019	1	KETAMINE	Light anaesthesia
	2	KETAMINE	Depression
	3	KETAMINE	Depression suicidal
2020	4	KETAMINE	Depression
	5	KETAMINE	Status epilepticus
	6	KETAMINE	Abdominal pain upper
	7	KETAMINE	Depression
	8	KETAMINE	Depression
	9	KETAMINE	Depression
2021	10	KETAMINE S-ISOMER	Perinatal depression
	11	KETAMINE S-ISOMER	Depression
	12	KETAMINE S-ISOMER	Depression
	13	KETAMINE S-ISOMER	Depression
	14	KETAMINE S-ISOMER	Depression
	15	KETAMINE S-ISOMER	Depression
	16	KETAMINE S-ISOMER	Depression
	17	KETAMINE	Drug abuse
	18	KETAMINE	Complex regional pain syndrome
	19	KETAMINE S-ISOMER	Depression
	20	KETAMINE	Epilepsy

2022	20	KETAMINE	Status epilepticus
	21	KETAMINE S-ISOMER	Depression
			Psychotic symptom
	22	KETAMINE S-ISOMER	Major depression
2023	23	KETAMINE	Complex regional pain syndrome
	24	KETAMINE S-ISOMER	Depression
	25	KETAMINE S-ISOMER	Major depression
	26	KETAMINE	Depression
2024	27	KETAMINE	Abdominal pain
			Neuralgia
	28	KETAMINE	Complex regional pain syndrome
	29	KETAMINE S-ISOMER	Depression
	30	KETAMINE S-ISOMER	Depression
2025	31	KETAMINE	Drug abuse
	32	KETAMINE S-ISOMER	Depression
	33	KETAMINE	Status epilepticus
	34	KETAMINE	Agitation
			Sedation
	35	KETAMINE	Drug abuse

When considering the spontaneous data within this response, it is important to be aware of the following points:

• The number of reports received via the Yellow Card scheme does not directly equate to the number of people who experience adverse events and therefore cannot be used to determine the incidence of a reaction. Adverse event reporting rates may be influenced by multiple factors including the seriousness of adverse events and their ease of recognition.

• A reported reaction does not necessarily mean it has been caused by the drug or medical device, only that the reporter had a suspicion it may have. The fact that symptoms occur after use of a drug or medical device, and are reported via the Yellow Card scheme, does not in itself mean that they are proven to have been caused by the drug or medical device. Underlying concurrent illnesses, a range of recognised complications or patient/user factors may be responsible and such events can be coincidental. The data provided, therefore, is not a summary of known or proven adverse reactions and must not be interpreted and used as such.

• The number of reports is accurate at the time of data extraction and minor changes in numbers can occur if the reporter provides further detail later.

• The MHRA continuously monitors the safety of medicines and medical devices through a variety of pharmacovigilance processes, including the Yellow Card scheme. As part of our signal detection processes, adverse event reports received by the Yellow Card scheme are assessed, and cumulative information is reviewed at regular intervals. If appropriate, regulatory action would be taken if any serious risks were confirmed