## Exploring ECG Variability and Complexity in Disorders of Consciousness: Insights from a Clinical **Trial Investigating Ketamine**

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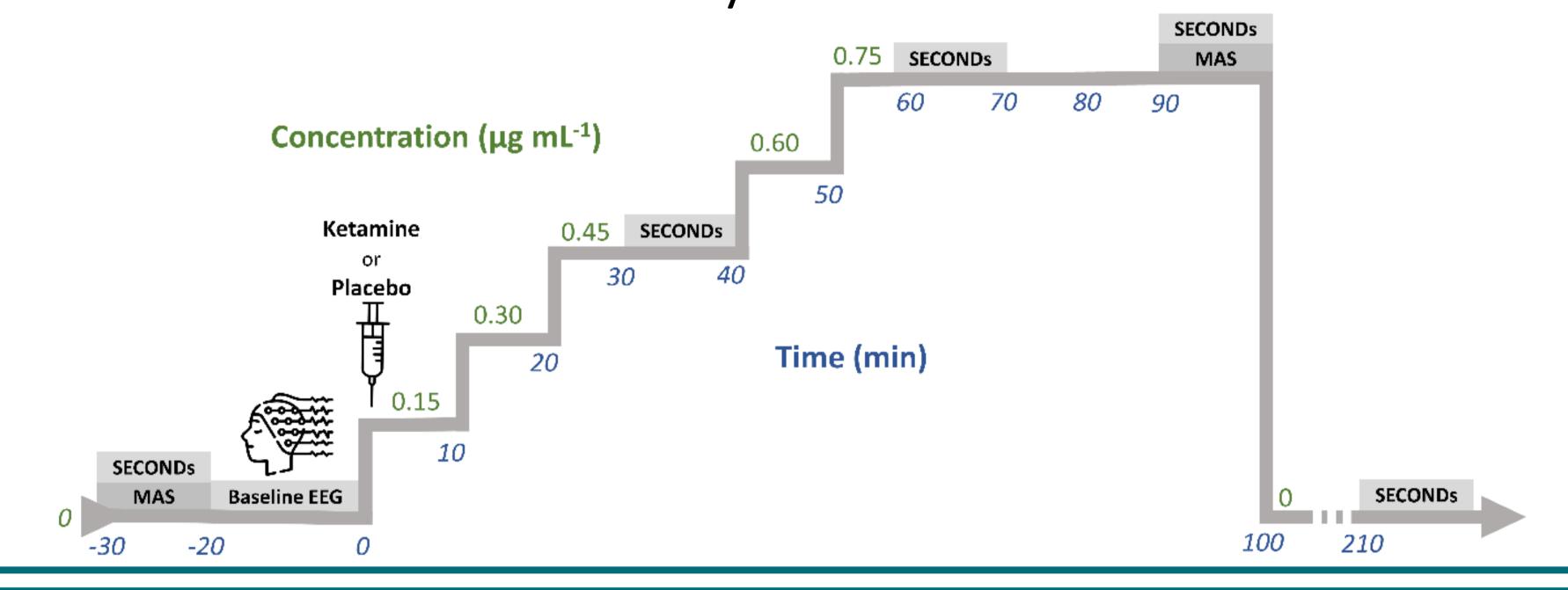
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#### Introduction

- Brain complexity, the degree of integration and differentiation of brain activity, covariates with state of consciousness<sup>1-3</sup>
- Patients with chronic disorders of consciousness (DoC) have low complexity. Their consciousness could be increased by enhancing complexity<sup>4,5</sup> via sub-anesthetic ketamine (psychedelic effect)
- ECG complexity has recently been proposed as a complementary tool to assess psychedelic interventions<sup>6</sup>

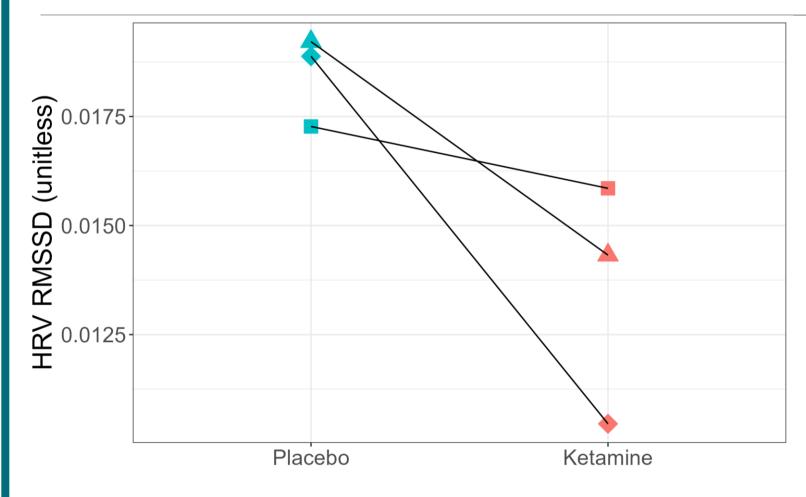
### Methods

- Double-blind, randomized, placebo-controlled pilot study (N=3)
- Incremental IV ketalar with TCI (0.15 µg/ml steps every 10', max 0.75 μg/ml). High-density EEG and ECG measurements
- We measured heart-rate variability (HRV) with RMSSD, HRV complexity with ApEn and SampEn, brain complexity with LZC. Measures were corrected for the Mean NN if they correlated with it



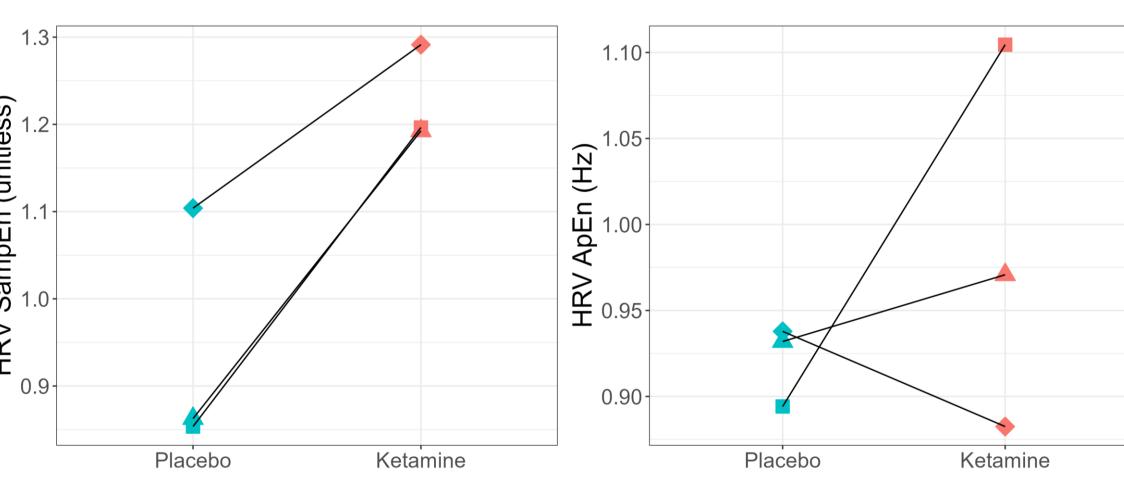
#### Results

#### HRV



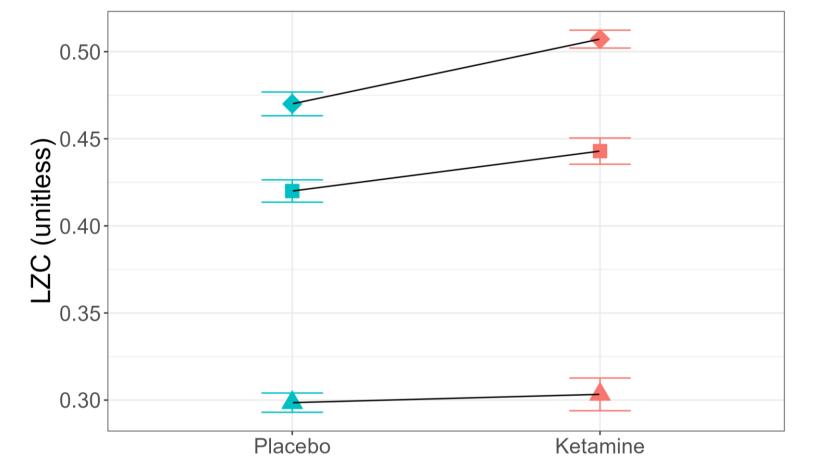
Corrected RMSSD seems to decrease under ketamine, compared to placebo

# HRV complexity



- SampEn increases during ketamine compared to placebo
- ApEn, once corrected, is less clear

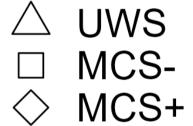
### **Brain complexity**



- EEG LZC increases during ketamine
- Highest increase in the MCS+ patient

#### △ UWS

Subject

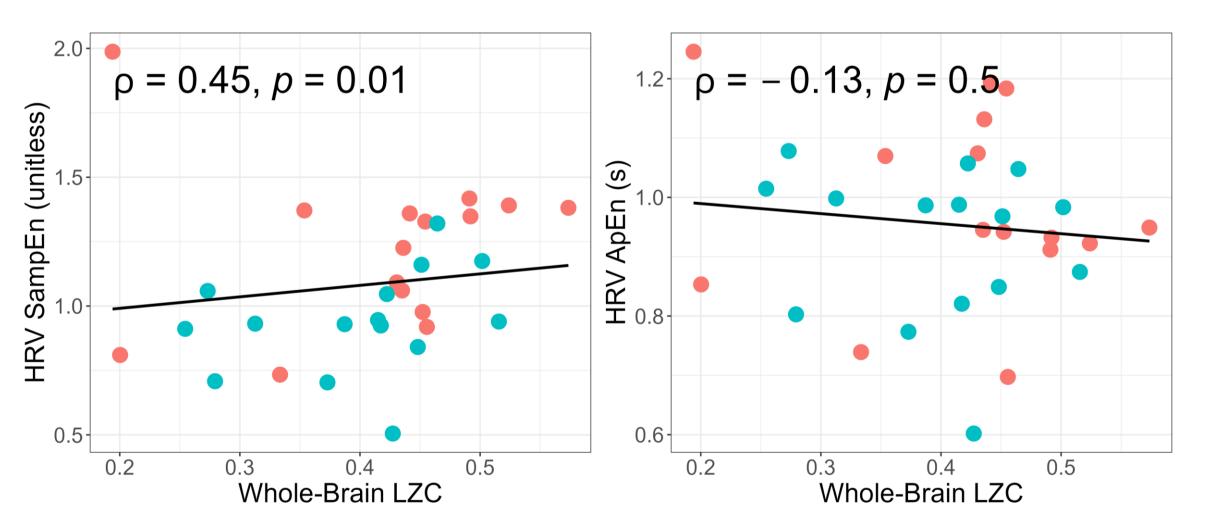


Session

Ketamine

Placebo

#### Correlation between HRV and brain complexity



Considering all concentrations, significant correlation between LZC and SampEn, but not between LZC and ApEn

When taking into consideration the concentration, there is no clear effect over measure of interest

## Conclusions

- 1. No adverse effect reported. Ketamine could be safely administered in patients with DoC
- ECG might be a valuable tool to investigate pharmacological interventions in DoC
- SampEn and EEG complexity correlate
- More work with more patients on (non-)pharmacological intervention is needed

# Opinion paper















**Bibliography** 

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