Naurex’s GLYX-13 Demonstrates Robust, Sustained Antidepressant Effects and Excellent Tolerability in Phase 2b Study

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The New York Times
Special K, a Hallucinogen, Raises Hopes and Concerns as a Treatment for Depression

By Andy Pollack
December 9, 2014

It is either the most exciting new treatment for depression in years or it is a hallucinogenic club drug that is wrongly being dispensed to desperate patients in a growing number of clinics around the country.

It is called ketamine — or Special K, in street parlance.

While it has been used as an anesthetic for decades, small studies at prestigious medical centers like Yale, Mount Sinai and the National Institute of Mental Health suggest it can relieve depression in many people who are not helped by widely used conventional antidepressants like Prozac or Lexapro.

And the depression seems to melt away within hours, rather than the weeks typically required for a conventional antidepressant.

But some psychiatrists say the drug has not been studied enough to be ready for use outside of clinical trials, and they are alarmed that clinics are springing up to offer ketamine treatments, charging hundreds of dollars for sessions that must be repeated many times.

“We don’t know what the long-term side effects of this are,” said Dr. Anthony J. Rothschild, a professor of psychiatry at the University of Massachusetts Medical School.

Pharmaceutical companies hope to solve the problem by developing drugs that work like ketamine but without the side effects, which are often described as out-of-body experiences.
On Tuesday, at a medical conference in Phoenix, a privately held company called Naurex reported that its drug caused no such psychotic side effects in a midstage trial involving about 400 patients. The drug, called GLYX-13, showed signs of reducing depression in about half the patients tested.

“It’s definitely the most promising compound in the depression space in terms of effect and durability,” said Harry M. Tracy, the publisher of the newsletter NeuroPerspective, which follows companies developing drugs for psychiatry.

Naurex, based in Evanston, Ill., recently raised $80 million and will start a Phase 3 trial to confirm the safety and efficacy of GLYX-13 next year with hopes of receiving approval from the Food and Drug Administration in 2019, said Norbert G. Riedel, the chief executive.

GLYX-13 is given by intravenous injection every week or two weeks. Naurex is also working on a version that can be taken orally. Cerecor, a privately held company in Baltimore, hopes to have results from a midstage study of a once-a-day pill this month. Johnson & Johnson is in midstage trials of a nasal spray containing esketamine, a derivative of ketamine.

But achieving safety and efficacy for this type of drug can be challenging, and some attempts have failed. About a year ago, AstraZeneca dropped an experimental drug after it failed in a clinical trial.

Some doctors and patients are not waiting for the pharmaceutical industry. Because ketamine has long been approved for anesthesia, doctors are allowed to use it off-label to treat depression. Clinics charge from $300 to more than $1,000 per treatment. Insurance rarely covers the cost. Schedules vary by clinic and by patient, but some patients are treated every few days at first, then every two weeks to two months.

Critics say that severely depressed patients might be too desperate to adequately weigh the risks of the experimental therapy.

“We are talking about a population that is particularly vulnerable,” said Dominic A. Sisti, an assistant professor of medical ethics at the University of Pennsylvania, who was one of the authors of a recent commentary in a journal expressing concern about the clinics.

He and other critics say that some clinics are run by anesthesiologists who are familiar with ketamine but do not provide overall psychiatric treatment. Others are run by psychiatrists who might not have experience administering the drug.

Besides the psychotic-like effects, ketamine can raise blood pressure and heart rate. Evidence from people who abuse the drug indicates that it can cause a decline in brain function and bladder problems.

Some patients say they are ready to take that risk.

“I look at the cost of not using ketamine — for me it was certain death,” said Dennis Hartman, 48, a businessman from Seattle.

He said that after a lifetime of severe depression, he had chosen a suicide date when he entered a clinical trial of ketamine at the National Institutes of Health two years ago. His depression lifted and since then he has gone to
a clinic in New York every two months or so for infusions. He started the Ketamine Advocacy Network to raise awareness of the treatment.

Advocates say that the dose used for depression is smaller than that used for anesthesia or by abusers and can be given safely.

Dr. David Feifel, a professor of psychiatry at the University of California, San Diego, said that what is essentially a psychedelic trip is over quickly after the treatment is ended.

“More often than not, they really like it,” said Dr. Feifel, who is one of the only academic psychiatrist to offer ketamine as a treatment, as opposed to in a clinical trial, though only to people who have exhausted other options. He said that if he did not offer the drug, “I’m consigning you to lose another decade until ketamine might be ready. I just don’t feel that presumptuous.”

One of his patients, Maggie, said that when she got her first infusion she was aware enough to change the tunes on her iPod, albeit slowly, but was “transported into a completely different dimension.” She added, “Everything there is completely vibrant or molten.”

The trip ended quickly, but within hours, a lifetime of depression began to lift. “Never ever ever before have I felt like that,” said Maggie, 53, who lives in Orange County, Calif., and spoke on the condition that her full name not be used because of the stigma associated with depression. “I woke up the next morning, and I didn’t take an antidepressant for the first time in 20 years.”

A common refrain among ketamine advocates is that questions about its safety are emanating from drug companies, which have no financial incentive to develop ketamine because it is generic, but see it as a threat to their proprietary products.

“Let’s trash ketamine to justify producing something patentable and turn it into a blockbuster,” said Dr. Glen Z. Brooks, an anesthesiologist who runs NY Ketamine Infusions, a clinic in Manhattan.

Drug company executives say that ketamine itself has too many problems to ever gain wide acceptance for long-term use, especially as an off-label treatment.

There is clearly a need for new drugs. “Almost half of depressed patients are not being treated adequately by existing drugs,” said Dr. Sheldon H. Preskorn, a professor of psychiatry at the University of Kansas School of Medicine-Wichita.

That, he said, is because virtually all the antidepressants used in the last 60 years work essentially the same way. They raise levels of serotonin or one or two other neurotransmitters, chemicals that transmit signals in the brain.

Ketamine would represent a new mechanism of action. It is believed to work mainly by blocking receptors in the brain for N-methyl-D-aspartate, or NMDA, which interact with a different neurotransmitter called glutamate. The blockage sets a cascade of changes that are not yet completely understood.

“Synaptic connections that help us to cope seem to grow back,” said Dr. John H. Krystal, chairman of psychiatry at Yale and a pioneer in the study of ketamine for depression. He dismissed any suspicions that people are
simply getting high and not experiencing a true antidepressant effect, saying the lifting of depression occurs after the side effects end.

Naurex says its drug avoids the side effects because it interacts with the NMDA receptor in a different way, not totally blocking it. Cerecor says its drug blocks only a particular subunit of the receptor.

Dr. Feifel said the biggest obstacle to ketamine use is not the side effects but that its effect on depression wears off so quickly.

To stretch the time between visits, some clinics are now providing ketamine that patients can inject themselves at home, or ketamine capsules prepared by a compounding pharmacy. That is a departure from the standard practice of closely monitoring patients while they take the drug.

The need for repeated treatments has been a problem for Tiffaney Israel-Ritchey, 41, of Lubbock, Tex., who said she was suicidal until she first tried ketamine in December 2012. “It saved my life,” she said.

But she had to stop in October 2013 because she could no longer afford the infusions, which cost $750 to $1,000. Now her depression is back, she said, though it is not as bad as before.

FierceBiotech
Naurex posts the positive PhIIb data that helped it reel in $80M

By Nick Paul Taylor
December 11, 2014

Fresh from raising $80 million and being featured in The New York Times, Naurex has posted Phase IIb data to back up its belief it will be the company that finally turns the receptor affected by party drug Special K into a viable target for treatment of depression.

Evanston, IL-based Naurex hinted the data for its NMDA receptor modulator--GLYX-13--were solid when it revealed it had raised $80 million for a Phase III trial last week. Now, it has presented the first detailed breakdown of the numbers. The trial gave GLYX-13 to 386 people who had failed to respond to other drugs and continued until a clinical response was seen, which happened in 53% of patients. These 53% of people stayed in the trial--the rest left--and started taking a placebo to force a relapse.

More than two-thirds of people relapsed within two weeks and were put on to a weekly dose of either GLYX-13 or placebo. The one-third of people who were slower to relapse started a biweekly dosing schedule. Almost half of people who received biweekly doses of GLYX-13 were in remission--as defined by the HDRS scale--at the end of six weeks of treatment. Across the whole trial population, GLYX-13 outperformed placebo.

Importantly, the trial suggests the effect of GLYX-13 wanes slowly. Short-lived effects have scuttled other NMDA drugs, but Naurex reported HDRS-17 scores stayed low even in patients who received 10 weeks of placebo after
their initial regimen of GLYX-13. The challenge now is to replicate the success in Phase III, but Naurex has done enough already to capture the attention if the psychiatric community.

"It's definitely the most promising compound in the depression space in terms of effect and durability," Harry Tracy, the publisher of the newsletter NeuroPerspective, told the NYT.

- read the release
- and the NYT feature

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BioCentury Extra
Naurex heads for Phase III on unexpected results

December 10, 2014

Naurex Inc. (Evanston, Ill.) intends to begin a Phase III trial next year of GLYX-13 as an adjunctive therapy to treat major depressive disorder (MDD) even though the compound missed the primary endpoint of a Phase IIb trial. The company said GLYX-13's effects unexpectedly lasted longer than the trial's withdrawal period.

The study's 386 patients were first given IV GLYX-13 for six weeks to stabilize treatment, then were randomized into treatment or placebo arms for another six weeks, followed by a four-week wash-out period. The primary endpoint was difference in Hamilton Depression Rating Score (HDRS-17) between the treatment and placebo arms during the second six-week period.

Naurex said HDRS-17 scores had improved 12.5 points from baseline after six weeks, corresponding to a change from moderate-to-high depression to mild depression. Although the company said it expected scores to worsen in the placebo arm during the second six weeks, it said both the treatment and placebo arms maintained improvement in HDRS-17 scores at weeks 12 and 16.

Naurex said it has updated the design of its Phase III trial to account for the unexpected apparent effects. It said the results are consistent with an earlier Phase IIa trial of GLYX-13 in MDD.

The company raised $80 million last week (see BioCentury Extra, Dec. 13).

Naurex presented the findings at this week's American College of Neuropsychopharmacology meeting in Phoenix.

Correction: Naurex Inc. (Evanston, Ill.) said the primary endpoint of a Phase IIb study of GLYX-13 was difference in Hamilton Depression Rating Score (HDRS-17) between subjects who continued receiving GLYX-13 and subjects who had GLYX-13 withdrawn and received placebo instead during the study's second, randomized withdrawal stage. The endpoint was not change in Hamilton Depression Rating Scale Score at 6, 12 and 16 weeks, which ClinicalTrials.gov lists as the endpoint, as reported in the Dec. 10 BioCentury Extra.
Naurex Inc., of Evanston, Ill., presented phase IIb data at the American College of Neuropsychopharmacology annual meeting in Phoenix showing that repeat-dose adjunctive treatment with GLYX-13, an NMDA receptor modulator, resulted in robust and sustained antidepressant effects in subjects with inadequate responses to their current antidepressants. Responders demonstrated a significant difference between responses to drug vs. placebo during the treatment stabilization period, showing an average 2.8 point decrease in HDRS-17 scores (improvement of depressive symptoms) in the week after receiving GLYX-13 and an average 3.1 point increase in HDRS-17 scores (worsening of depressive symptoms) in the week after receiving placebo (p = 0.03). During the treatment stabilization period, reductions in depression scores were compounded incrementally with each dose of GLYX-13. For subjects responding to GLYX-13, the first dose resulted in an average reduction in HDRS-17 scores of 4.9 points from baseline; that effect increased to a cumulative average reduction in HDRS-17 scores of 12.5 points from baseline by the end of the six-week stabilization period. GLYX-13 was well tolerated with no drug-related serious adverse events reported, including no sign of the psychotomimetic, or psychosis-like, effects associated with NMDA receptor antagonists such as ketamine.

The hallucinogenic drug ketamine, or Special K as it’s known on the street, has been used as an anesthetic for decades. Now, it’s being used to treat severe cases of depression – but there are some critics.

Unlike other depression drugs like Prozac or Lexapro, ketamine is said to relieve symptoms in hours, not weeks. The problem is, there isn’t enough research out there to eliminate the risk of side effects. Regardless, clinics are offering the expensive treatment to those who are willing to do whatever it takes to feel better.

At a medical conference in Phoenix on Tuesday, a privately held company called Naurex reported that its drug caused no such psychotic side effects in a midstage trial of the drug GLYX-13 involving about 400 patients. Reportedly, the drug showed signs of reducing depression in about half the patients tested.
“It’s definitely the most promising compound in the depression space in terms of effect and durability,” said Harry M. Tracy, the publisher of the newsletter NeuroPerspective, which follows companies developing drugs for psychiatry.

Besides they hallucinogenic qualities with the drug, which can make people trip for the first few hours, there are other risks, like increase in blood pressure, heart rate and potential decrease in brain function.

But the reason why ketamine (usually in the form of injections ranging in cost from about $300 – $1000 per treatment) is in such demand is because of it’s instant effects. Most people suffering from debilitating depression, even becoming suicidal, don’t have a lot of time to experiment with other drugs.

“I look at the cost of not using ketamine — for me it was certain death,” said Dennis Hartman, 48, a businessman from Seattle.

He said that after a lifetime of severe depression, he had chosen a suicide date when he entered a clinical trial of ketamine at the National Institutes of Health two years ago. His depression lifted and since then he has gone to a clinic in New York every two months or so for infusions. He started the Ketamine Advocacy Network to raise awareness of the treatment.

Though the treatments seem to be helping a lot of people (again, no research yet on long-term affects), there are questions about how quickly the affect wears off and how reasonable it is for these patients to be able to afford such an expensive drug or procedure when it’s not covered by insurance.

The market of these ketamine variations seem to be trying to make a difference and save lives, even if it does mean capitalizing on the urgency that comes with severe depression.

Digital Journal/Business Insider
Miraculous help with depression from hallucinogenic drug

By Stephen Morgan
December 10, 2014

Potentially the "most exciting new treatment for depression in years" is how the New York Times is reporting the results of a new, medical study to assess the effects of the popular, hallucinogen drug, ketamine, on mood disorders.

Ketamine or "Special K" as it is nicknamed on the street, is one of the new generation of party drugs. Its hallucinogenic effects give out-of-body experiences, but it has also been found to be surprisingly effective in reducing depression and doing so far more quickly than traditional medications.
Other studies carried out by highly-respected mental health centers like Yale, Mount Sinai and the National Institute of Mental Health back up the new findings.

The New York Times quotes Harry M. Tracy, the publisher of the newsletter NeuroPerspective, who said, “It’s definitely the most promising compound in the depression space in terms of effect and durability,” Ketamine seems to act within hours of being taking, rather up to a month’s wait with current, pharmaceutical treatments. However, some experts in the field are expressing concern that the use of the drug might not be safe and should not yet be used outside clinical trials. They fear that ketamine may lead to cognitive damage and other unforeseen negative side effects such as amnesia.

“We don’t know what the long-term side effects of this are,” said Dr. Anthony J. Rothschild, a professor of psychiatry at the University of Massachusetts Medical School.

The U.S. Drug Enforcement Administration describes it as a dissociative anesthetic with hallucinogenic properties. Too high dosages can cause terrifying hallucinations known as a "K-hole" by party-goers and induces anxiety, which is frequently a co-morbid condition suffered by depressed people.

However, according to the Huffington Post, ketamine has already been used for a long time in anesthesia and pharmaceutical companies hope to eliminate this threat by developing drugs that mimic ketamine, without provoking its undesirable side effects.

A private company, called Naurex, announced at a medical conference in Arizona this week, that their version of the drug had not caused any bad side-effects. The study involved some 400 patients and the drug, called GLYX-13, reduced depression in about 50 percent of those participating.

The lead author of the recent study into the effectiveness of ketamine, Dr. Rupert McShane, a psychiatrist at Oxford University did warn that there was still a lot to be done to make ketamine as safe as possible for long term usage. Nevertheless, the results, which were published Thursday in the Journal of Psychopharmacology, are impressive.

The BBC reports that in the Oxford study, researchers looked at 28 people with persistent, chronic depression, some suffering for up to 20 years and including people who were suicidal and, for whom existing medications had failed. They were given three to six injections of ketamine during a three week period and then observed over the next six months.

The effects were almost immediate in many patients — 30 percent reported a huge improvement after only three days with positive effects from 25 days to eight months. The media site SCPR reports that four of the patients are continuing with ketamine and one of them even says that his symptoms of depression have not come back, despite stopping all his medications.

Another study by Houston’s Baylor College of Medicine and New York’s Mount Sinai School of Medicine, had similar results. It found that 64 percent of patients reported fewer depressive symptoms after treatment with ketamine.

What is particularly interesting is that ketamine works in a different way than existing drugs. Most of them focus on the release of neurotransmitters like serotonin. Ketamine, however, blocks receptors in the brain for N-
methyl-D-aspartate, or NMDA, which interact with a different neurotransmitter called glutamate. Experts say that it has opened entirely new roads for research.

Dr. John H. Krystal, chairman of psychiatry at Yale said “Synaptic connections that help us to cope seem to grow back,” and also refutes any idea that people are just getting a pleasant trip, because its anti-depressive effects occur after the side effects have passed.

The NYT quotes one of the trial subjects, who said that it took just a few hours for the symptoms of depression to lift. “Never ever ever before have I felt like that,” said Maggie, 53, from Orange County, Calif. “I woke up the next morning, and I didn’t take an antidepressant for the first time in 20 years.” Other participants on the verge of suicide said it had saved their lives.

Clearly ketamine will have to be tested and fine-tuned, but some clinics are already giving it to patients who can inject themselves at home or take capsules. Unfortunately, treatment is very expensive, costing anywhere between $300 to $1,000.

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Mic
A Popular Club Drug May Help Solve Depression (And It's Not Ecstasy)

By Tom McKay
December 10, 2014

Scientists have discovered a fascinating new way to treat depression: Special K.

Yes, the powerful anesthetic and club drug ketamine is now being used in clinics around the country to help treat depression in cases where patients don't respond to traditional drugs like Prozac and Lexapro. Apparently it's highly effective and can lift deep depression in hours instead of days. But since ketamine is such a potent substance, doctors don't yet know what the long-term side effects of repeat use could be, if any.

This week, the New York Times reported pharmaceutical company Naurex completed initial testing of the ominously named GLYX-13, a synthetic substance that should mirror ketamine's anti-depressant effects without carrying its more harmful side effects:

"[The drug] showed signs of reducing depression in about half the patients tested.

"It's definitely the most promising compound in the depression space in terms of effect and durability," said Harry M. Tracy, the publisher of the newsletter NeuroPerspective, which follows companies developing drugs for psychiatry.

GLYX-13 is given by intravenous injection every week or two weeks. Naurex is also working on a version that could be taken orally. Cerecor, a privately held company in Baltimore, hopes to have results from a
midstage study of a once-a-day pill this month. Johnson & Johnson is in midstage trials of a nasal spray containing esketamine, a derivative of ketamine.

But in the meantime, the Times reports, doctors are already allowed to prescribe ketamine to patients since it's already been approved for use as an anesthetic. Typical off-label treatments cost $300 to $1,000 a session and are rarely covered by insurance, starting daily then eventually given every two weeks to two months. Patients aren't staring into a K-hole, either. The doses are typically much smaller than those of recreational users or those necessary to put someone under for a medical procedure.

The scientific evidence for ketamine as an anti-depressant is well-established. An October 2013 study found the drug had "rapid antidepressant effects in an optimized study design," though it also warned that more research was necessary before use in a clinical setting. In another study, Mayo Clinic researchers had similar conclusions about the efficacy of prolonged, low-dose intravenous injections of ketamine.

Co-author Dr. Timothy Lineberry told Medical News Daily:

"It's surprising both that it works and how rapidly it has effects. It sometimes can work in hours to reduce depressive symptoms and suicidal ideation. Our goal is to begin to determine how the drug can be administered safely in routine treatment."

Improvement persisted for three weeks in a remarkable 29% of patients and lasted for over two months in 15%. For patients who don't respond to other drugs, this is major. For example, Scientific American spoke to one patient who took "five different anti-depressants over the course of six months before confirming that none of them worked. The debilitating disorder kept her out of school for extended periods of time."

Why you should care: Ketamine isn't just a dangerous recreational drug. It may one day be key to developing new psychiatric drug therapies.

"Feeling better faster, getting the mood to improve faster: That's why ketamine is very promising," Lenox Hill Hospital psychiatrist Dr. Alan Manevitz told WebMD.

But he added, "Ketamine is not a miracle drug at all. It may momentarily take them away from that catastrophic place they're in with depression, but you're not addressing the rest of the patient. It's a complex issue to treat psychiatric issues, and you have to treat the whole patient."

Still, ketamine has some immediate uses. Researcher Elizabeth Ballard told WebMD that ketamine had significant potential for use during emergency interventions. Since it works so quickly and helps elevate mood for up to several days, it provides critical time to connect a patient in crisis with psychiatric resources.

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**Newsmax Health**

**Club Drug 'Special K' Treats Depression: Researchers**
December 10, 2014

Research is mounting that the hallucinogenic club drug called ketamine, or Special K, eases severe depression in people who haven't responded to conventional antidepressants, such as Prozac and Lexapro.

In addition to providing relief, ketamine appears to work in hours, as opposed to pharmaceutical antidepressants which usually take weeks.

Ketamine, which is most widely known as a party drug, has been used for decades as an anesthetic, says an article in the New York Times. Even though small studies done at prestigious medical center such as Yale University, Mount Sinai, and the U.K.'s University of Oxford have shown positive results at relieving resistant depression, some psychiatrists say the drug needs to be studied more before being used outside of clinical trials.

"We don’t know what the long-term side effects of this are," Dr. Anthony J. Rothschild, a professor of psychiatry at the University of Massachusetts Medical School, told the New York Times.

Known side effects include raised blood pressure and heart rate, a decrease in brain function, and bladder problems.

Another problem of using ketamine is it has side effects described by some patients as out-of-body experiences. Pharmaceutical companies have been trying to develop drugs that work similar to ketamine, but without the disturbing side effects.

On Tuesday, the drug company Naurex released the results of a new mid-stage study. They found that their drug called GLYX-13 relieved depression in about half of the 400 patients who participated without causing psychotic side effects.

GLYX-13 is administered by intravenous injection every week or every two weeks, but the company is working on an oral version. Other companies are also in trials of ketamine-like drugs. The company Cerecor is testing a daily pill, and Johnson & Johnson is testing a nasal spray.

Some doctors are already using ketamine off-label, charging from $300 to more than $1,000 for a single treatment. In these cases, the drug is not covered by insurance. To read the entire New York Times article, go here.

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Special K: When street drugs treat depression http://bit.ly/1vPdcZO

Damian Garde @DamianFierce
The @nytimes digs into the medicinal ketamine issue, with cameos from Naurex, Cerecor and $JNJ http://www.nytimes.com/2014/12/10/business/special-k-a-hallucinogen-raises-hopes-and-concerns-as-a-treatment-for-

André Picard @picardonhealth
Club drug ‘Special K’ get a serious look as a treatment for #depression http://nyti.ms/1zrVuMS via @nytimeshealth #mentalhealth

John Tozzi @jtozz
breaking: people are less depressed on hallucenogens. [actually a serious article on ketamine, worth reading] http://buff.ly/1qwGZFM

Ron Lieber @ronlieber
I’d not gotten the memo that Special K was legal. The news-you-can-use, where-do-I-get-it link is midway through. http://nyti.ms/1vFzurO
Barbara Strauch @bstrauch
Depression that melts away? This new/old drug helps some and drug companies have big plans. But can it work? http://nyti.ms/1ByXWTR

Jennifer Ouellette @JenLucPiquant
Special K (ketamine), a Hallucinogen, Raises Hopes and Concerns as a Treatment for Depression http://nyti.ms/1zrVuM5

Matthew Herper retweeted peter smith @petersm_th
Special K (not the breakfast cereal) for $1,000 a pop: http://nyti.ms/1B84beq

Katie Thomas @katie_thomas
The club drug Special K is either an exciting new treatment for depression, or an over-hyped and unproven panacea: http://nyti.ms/1zrVuM5

MGH Psychiatry @MGHPsychiatry
Hallucinogenic drug raises hopes and concerns as treatment for #depression via @nytimes http://ow.ly/FFNLD

Michael Johns @michaeljohns
My thoughts: If ketamine helps those with clinical #depression @US_FDA should move urgently to assess safety: http://goo.gl/sAQuXp

Steven Dickman @cbtadvisors
MT @Bionerd51 Ketamine more efficacious than selective serotonin uptake inhibitors for depression? @nytimes http://www.nytimes.com/2014/12/10/business/special-k-a-hallucinogen-raises-hopes-and-concerns-as-a-treatment-for-depression.html ...

UPenn Medical Ethics @UPenn_MedEthics
Special K for Depression? @domsisti - "We are talking about a population that is particularly vulnerable" http://nyti.ms/1zrVuM5
Jessica Misener @jessmisener
Special K is being used to treat patients with depression

Brad Loncar @bradloncar
Privately-held Naurex (and others) is featured in this NYT story on ketamine:

DRUDGE REPORT @DRUDGE_REPORT
Special K Raises Hopes and Concerns as Treatment for Depression...
http://drudge.tw/1wZLX00

Medill Reports @MedillChicago
Scientists exploring street drug "Special K" to treat depression http://bit.ly/1wij6kH

Steven Kotler retweeted
Pam Lord @plordbio
We CAN improve upon ketamine http://prn.to/12NHboK good read @kotlersteven
MT altered consciousness cure #depression http://onforb.es/1wehSrR

Business Insider @businessinsider
Another study says party drug Ketamine is the most promising depression treatment — via @digitaljournal http://read.bi/1z7lfA

Mandy Jackson @ScripMandy @MartinEglitis What did you think of Naurex data?

ARK Genome @ARKgenome
Startup #Naurex developing #depression treatment based on club drug #SpecialK anesthetic also known as #ketamine http://nyti.ms/1yA67JA
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Great article Andy NY Times for #GLYX-13 and #Naurex - ...Hopes and Concerns as a Treatment for Depression http://nyti.ms/1D6E78e

BioPortfolio Bipolar @Bipolar_bio
#Bipolar News: Naurex's GLYX13 Demonstrates Robust Sustained Antidepressant Effects and Excellent Tolerability in ... http://ow.ly/2RRCTJ

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Naurex posts the positive PhIIb data that helped it reel in $80M. http://www.fiercebiotech.com/story/naurex-posts-positive-phiib-data-helped-it-reel-80m/2014-12-11 ... by @NickPaulTaylor

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Naurex heads for Phase III on unexpected results http://www.biocentury.com/dailynews/clinical/2014-12-10/naurex-heads-for-phase-iii-on-unexpected-

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Northwestern Prof. Moskal's Startup Naurex in NYT article on Depression Treatments http://nyti.ms/1zrVuMS @NU_McCormick