



MAGNOLIA FUNCTIONAL WELLNESS

## Ketamine Therapy in DFW

Ketamine Therapy in DFW: How It Works for Depression and Anxiety When Nothing Else Has

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**TL;DR** IV ketamine produces antidepressant effects within hours — not weeks — in patients who have failed multiple antidepressants, with 50-70% response rates in treatment-resistant depression. It also has established evidence for anxiety, PTSD, and chronic pain. Magnolia offers IV infusion exclusively — the delivery method with the strongest evidence base — with Dr. Abdullah present and monitoring throughout every infusion, individualized weight-based dosing, comprehensive pre-treatment psychiatric screening, and post-infusion integration support. Dr. Abdullah evaluates every ketamine patient personally. As an attending hospitalist, he sees the downstream consequences of undertreated treatment-resistant depression — the revolving door of psychiatric admissions — and built this program around what those patients needed years before they got there.

## What I See From the Other Side

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I want to start with something I see as a hospitalist, not as a ketamine provider. I've admitted the same patients multiple times. The 47-year-old with major depressive disorder who's been on four different antidepressants over eight years, none producing sustained remission, admitted again after a crisis. The 38-year-old with PTSD whose anxiety is so refractory that her outpatient psychiatrist has run out of first-line options. The 52-year-old with chronic pain and secondary depression whose quality of life has deteriorated to the point where he stopped leaving the house.

These aren't rare cases. They're a pattern — the revolving door of psychiatric admissions that happens when treatment-resistant conditions go unaddressed because the tools available in standard care have been exhausted. Ketamine is not a last resort. But for these patients — and the many more who haven't yet reached inpatient acuity but are living with conditions conventional approaches haven't touched — it's often the most significant clinical intervention available.

The evidence for IV ketamine in treatment-resistant depression is among the strongest in interventional psychiatry. Response rates in patients who have failed multiple antidepressants run 50-70% in clinical trials — a number no standard antidepressant class comes close to matching in that population. I built Magnolia's ketamine program around what the evidence supports and what those patients actually needed.

**IV ketamine works on a completely different biological mechanism than standard antidepressants.** SSRIs and SNRIs target monoamine neurotransmitters — serotonin, norepinephrine, dopamine. Ketamine is an NMDA receptor antagonist that works on the glutamate system, triggering synaptogenesis in prefrontal cortical regions that atrophy in chronic depression. This is why it works within hours rather than weeks — and why it works in patients whose monoamine-targeting medications have failed.

## What Conditions Respond to Ketamine Therapy

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### Treatment-resistant depression

Defined clinically as failure to achieve adequate response after two or more antidepressant trials of adequate dose and duration. Multiple RCTs and a substantial real-world outcomes literature show 50-70% response rates in this population. A 2014 two-site RCT in the American Journal of Psychiatry demonstrated rapid, significant antidepressant effects in treatment-resistant patients.<sup>2</sup> For context, a new antidepressant trial in a treatment-resistant patient produces response in approximately 10-20%.

### Anxiety and PTSD

Ketamine's NMDA receptor mechanisms are implicated in fear memory consolidation and extinction — the neurological processes disrupted in PTSD. Emerging evidence shows ketamine may facilitate fear memory extinction and reduce hyperarousal symptoms, with a 2014 JAMA Psychiatry RCT demonstrating significant PTSD symptom reduction versus placebo in a treatment-resistant population.<sup>4</sup> For refractory anxiety where SSRIs have provided incomplete relief, ketamine offers a mechanism-based rationale that conventional medications don't.

## **Chronic pain**

NMDA receptor sensitization drives central sensitization — the process by which chronic pain becomes self-perpetuating. Ketamine's NMDA antagonism directly interrupts this process, with established evidence in complex regional pain syndrome, fibromyalgia, neuropathic pain, and refractory migraine. Pain-modulating effects can be additive with mood effects — particularly relevant for patients with both chronic pain and secondary depression, a combination common in inpatient medicine.

## **6 Ways Ketamine Clinics in DFW Are Failing Patients**

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### **Failure 1: No physician present during infusion**

Ketamine is a dissociative anesthetic. At therapeutic doses it produces altered perception, dissociation, and cardiovascular effects — transient blood pressure and heart rate changes are common. Many DFW ketamine clinics run infusions supervised by nurses or NPs, with a physician available by phone. At Magnolia, Dr. Abdullah is present and monitoring throughout every infusion. Not available. Present.

### **Failure 2: No psychiatric screening before treatment**

Ketamine is contraindicated or requires careful evaluation in patients with history of psychosis, active mania, active substance use disorder, and uncontrolled hypertension. A brief intake form is not an adequate pre-treatment evaluation. At Magnolia, every patient completes a comprehensive intake including psychiatric history, current medication review, substance use history, and cardiovascular baseline before any infusion is scheduled.

### **Failure 3: One-size-fits-all dosing**

Standard IV dosing starts at 0.5 mg/kg — but body weight, renal function, concurrent medications, and individual response all affect optimal dosing. Clinics applying a single standard dose to every patient aren't practicing individualized medicine. At Magnolia, dosing is determined per patient at each session and adjusted across the series.

### **Failure 4: No integration support or follow-up plan**

The neuroplasticity window following ketamine infusion — when the brain is in heightened synaptic reorganization — is clinically significant. Patients who engage in integration support during this window show better long-term outcomes. Ketamine without integration is a procedure. Ketamine with integration is a program. At Magnolia, every patient receives a post-infusion follow-up plan and referral for integration-supportive therapy where appropriate.

### **Failure 5: Treating ketamine as standalone rather than part of a broader protocol**

Ketamine's effects are finite. The clinical goal is to use the neuroplasticity window to support broader therapeutic changes: psychotherapy, lifestyle intervention, medication optimization, hormonal and metabolic evaluation where relevant. A clinic that provides infusions without any broader clinical context is providing a procedure, not a program.

## Failure 6: No physician actually managing your case

Treatment-resistant depression is serious. The patients seeking ketamine have often failed multiple treatments and are at meaningful psychiatric risk. They deserve a physician who has reviewed their full history, understands their medication picture, and is present — not available — during their infusion. At Magnolia, Dr. Abdullah evaluates every ketamine patient personally and is present throughout every infusion.

## The Magnolia Ketamine Protocol: Specifically What We Do

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These are the attributable standards Dr. Abdullah applies for every ketamine patient.

**Comprehensive pre-treatment evaluation.** Psychiatric history, current medication review, substance use history, cardiovascular baseline, contraindication screening. A clinical evaluation — not an intake form.

**IV infusion exclusively.** The delivery method with the strongest evidence base and most precise dosing. Magnolia does not offer IM, nasal, or oral ketamine.

**Individualized weight-based dosing, adjusted per session.** Starting at 0.5 mg/kg, adjusted based on response, tolerability, and clinical picture. Every patient. Every session.

**Dr. Abdullah on-site throughout every infusion.** Every patient evaluated personally before the series begins. NP administers under direct on-site physician supervision. Immediate physician availability — not by phone — if anything changes clinically.

**Standard series of six infusions over two to three weeks.** The evidence-based induction protocol. Maintenance infusions scheduled based on individual response.

**Post-infusion integration support.** Follow-up plan after every infusion. Referral to integration-supportive therapy where appropriate.

**Broader clinical context.** Ketamine evaluated in the context of full clinical picture — hormonal status, metabolic health, sleep, inflammation. Contributing factors that are addressable should be addressed concurrently.

## What to Expect: The Infusion Experience

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An IV ketamine infusion at Magnolia takes approximately 40-60 minutes for the active infusion, plus preparation and recovery time. Patients are seated in a comfortable recliner in a calm, private setting. Vitals are monitored continuously. At therapeutic doses, most patients experience mild to moderate dissociation — a dreamlike or floating sensation, altered perception of time, sometimes visual changes. Dr. Abdullah is present throughout.

Most patients can leave within 30-60 minutes of infusion completion once vitals stabilize. Driving is not permitted on infusion days. Antidepressant effects, when they occur, are typically noticed within 24-72 hours of the first or second infusion — sometimes within hours. The standard six-infusion series produces more durable effects than a single infusion because of cumulative neuroplasticity.

## Why Physician On-Site Supervision Isn't Standard in DFW — and Why It Should Be

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Texas law allows a physician to supervise a ketamine clinic through a prescriptive authority agreement without being physically present during infusions. In practice, a significant portion of DFW ketamine clinics operate with a physician reachable by phone — sometimes from another clinic, sometimes from home — while an NP administers and monitors on-site. This is legal. It is not the same as physician on-site supervision.

Ketamine produces dissociation and reliable cardiovascular effects at therapeutic doses. In the rare event of an adverse reaction — laryngospasm, significant hypertensive response, psychiatric emergency — clinical response time when a physician is in the building is measured in seconds. When a physician is available by phone, it's measured in minutes.

At Magnolia, Dr. Abdullah is physically on-site throughout every infusion. Every patient is evaluated personally before the series begins. A qualified NP administers and monitors under direct on-site physician supervision. If anything changes clinically, physician judgment is immediately available. That's a staffing model — and it's the standard Magnolia holds because the patient population seeking ketamine therapy deserves it.

## Frequently Asked Questions

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### **Am I a candidate for ketamine therapy?**

Good candidates have typically failed two or more adequate antidepressant trials, or have anxiety, PTSD, or chronic pain that hasn't responded to standard treatments. The evaluation at Magnolia identifies both candidacy and contraindications. The best way to find out is a consultation.

### **How is IV ketamine different from Spravato (esketamine nasal spray)?**

IV racemic ketamine has a substantially larger and longer clinical evidence base than Spravato. IV administration also produces more precise plasma levels than nasal spray. Magnolia uses IV ketamine — not Spravato — for this reason.

### **How quickly does ketamine work?**

Most patients who respond notice improvement within 24-72 hours of their first or second infusion — some within hours. Standard antidepressants require 4-6 weeks. This speed of action is clinically significant for patients in acute distress.

### **How long do the effects last?**

After a six-infusion series, many patients experience sustained improvement for weeks to months. Some require maintenance infusions every 4-8 weeks. Individual duration of response cannot be reliably predicted before treatment — which is why the maintenance strategy is discussed at the outset.

### **Does ketamine interact with my current medications?**

Some medications require evaluation before infusion — particularly benzodiazepines, lithium, stimulants, and MAOIs. This is part of the pre-treatment evaluation. Do not adjust or stop current medications before your consultation.

### **How do I know if a ketamine clinic has a physician present during infusion?**

Ask directly: Is the physician on-site during infusions, or available by phone? In Texas, a physician can satisfy supervisory requirements while being genuinely off-site. At Magnolia, Dr. Abdullah is physically on-site throughout every infusion, every patient is evaluated personally before treatment, and physician judgment is immediately available on-site — not a phone call away.

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## References & Further Reading

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3. Abdallah CG, Sanacora G, Duman RS, Krystal JH. Ketamine and rapid-acting antidepressants: new neurobiology for mood disorder therapeutics. *Annu Rev Med*. 2015;66:509-523. PMID 25341009
4. Feder A, Parides MK, Murrough JW, et al. Efficacy of intravenous ketamine for treatment of chronic PTSD. *JAMA Psychiatry*. 2014;71(6):681-688. PMID 24740528
5. Sigtermans MJ, van Hilten JJ, Bauer MC, et al. Ketamine produces effective and long-term pain relief in CRPS type 1. *Pain*. 2009;145(3):304-311. PMID 19604642
6. Magnolia Functional Wellness — Ketamine Therapy: [magnoliafunctionalwellness.com/services/ketamine-therapy](http://magnoliafunctionalwellness.com/services/ketamine-therapy)

**If antidepressants haven't worked, there's a clinical reason — and a different approach available.**

IV Ketamine Therapy at Magnolia Functional Wellness — Southlake, TX

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