

Psilocybin: Wirkmechanismen und Anwendung in der Depression

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Themen

1. Kurze Geschichte der Pschedelika-Forschung (Schweiz)

2. Was sind Psychedelika?

- Neuropharmakologie
- Psychologische Perspektive - Phänomenologie

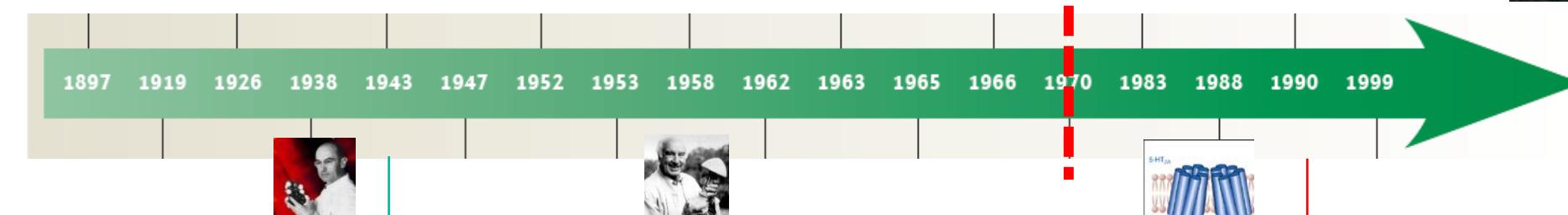
3. Ergebnisse früher klinischer Studien und postulierte psychologische Wirkmechanismen

4. Neurokognitive Modelle der Depression und postulierte Wirkmechanismen von Psilocybin

- Emotionsregulation
- Selbst und selbst-referenzielle Prozesse (Body self)
- Soziale Kognition

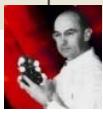
5. Ergebnisse aktueller klinischer Studien mit Psilocybin: Depression und Angst

Brief History of Psychedelic Research (PUK/CH)



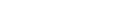
«revival of clinical use»

CH: 2010 (Gasser)
USA/GB: 2016 (Grob)



1988. Sander-Bush

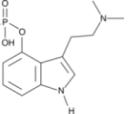
1947: LSD as model of psychosis (Stoll)



1948: LSD as adjunct in depression (Condrau and others)



1959-ff: Psilocybin as adjunct in psychotherapy (Gniss, Heimann and others)



1950-1970:

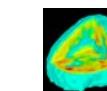
Psycholytic Therapy (Europe)(e.g., Sandison, Leuner, Bastiaans)

Psychedelic Therapy (US)(e.g., Richards, Pahnke, Cohen)

1975-1986: Psychology of psychedelics, 5D-ASC (Dittrich, Angst, Scharfetter and others)



1988-1993ff: SAePT: **Psychedelic-assisted psychotherapy** (Styk, Gasser, Oehen and others),



1992-ff: **Neurobiology of Psychedelics** (Vollenweider)

- Phenomenology
- Neuropharmacology, Safety
- Neurophysiology (e.g. perception, emotion, self)
- Molecular basis and behavior (neuroplasticity) (Pryce)

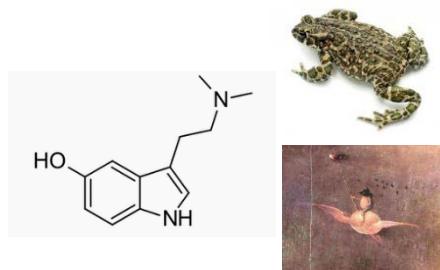


2018-ff: **Proof-of-concept Clinical Trials with Psilocybin** (depression, alcohol use disorder)

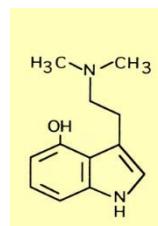


Chemical Classification: Psychedelics (or classic Hallucinogens)

- Tryptamines (Indoleamines)

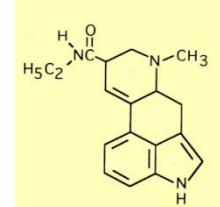


DMT in Ayahuasca

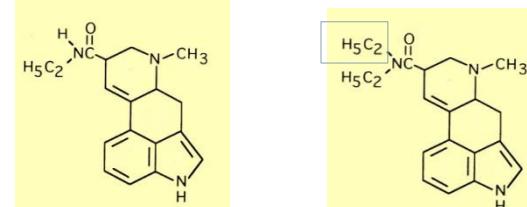


Psilocybin

- Ergoloides

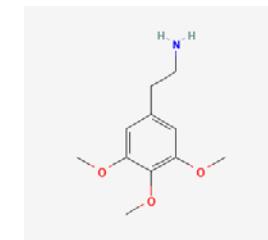


LSA



LSD

- Phenylethylamines



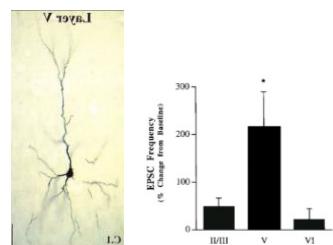
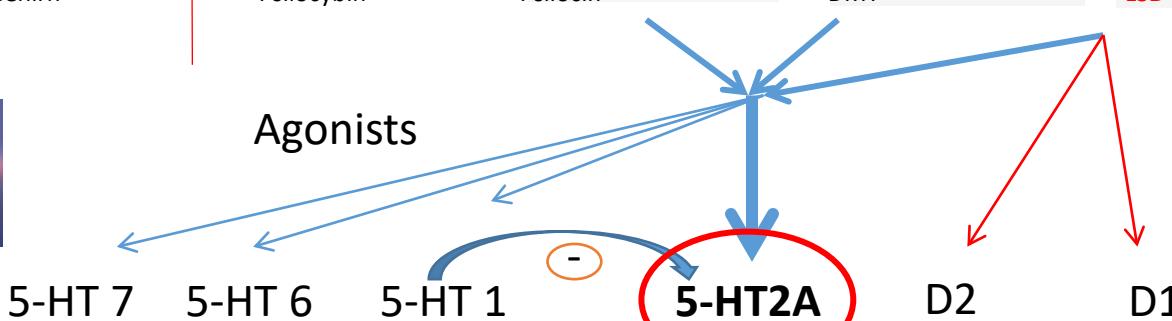
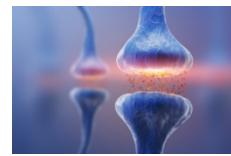
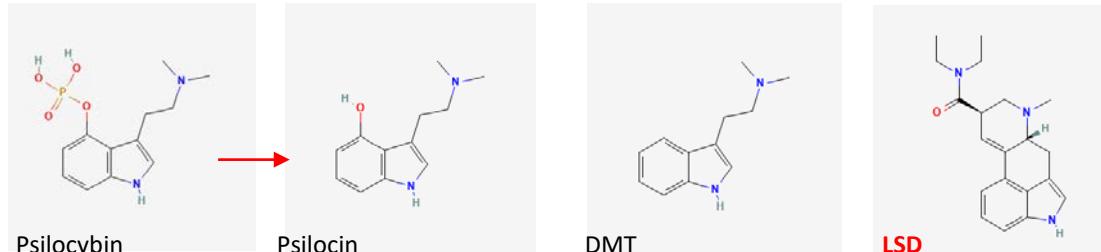
Mescaline



Eleusis, Plotin



Neuropharmacology: Serotonergic mechanisms and downstream effects



MRS: mPFC GABA(+)
Mason et al. 2020

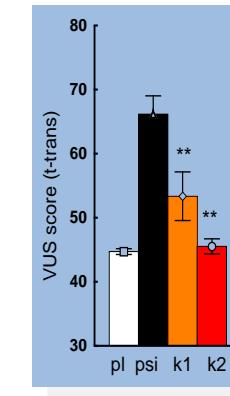
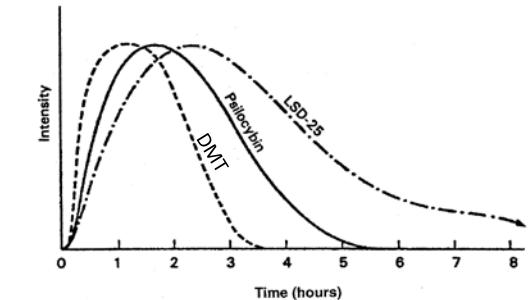
PET: DA (+) ventr. Str.
Vollenweider et al 1999

MRS: PFC GLU (-), Hipp Glu (+)
Mason et al. 2020

NMDA

Learning, memory

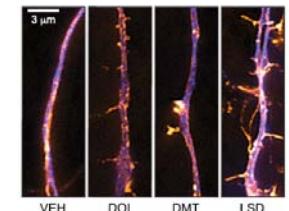
AMPA
BDNF > neuroplasticity
trkB
mTOR



Psilocybin
LSD

5-HT2A Antagonist
Ketanserin

Vollenweider et al. 1998
Preller et al. 2016



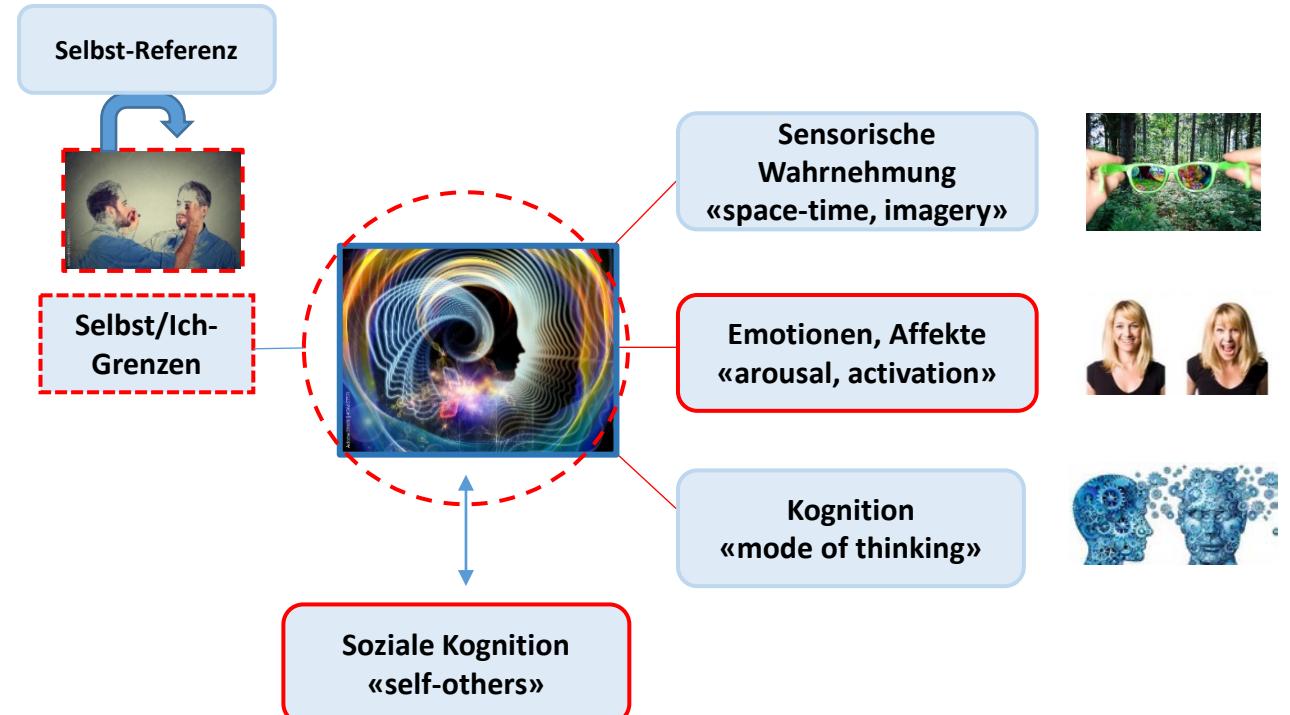
Ly et al. 2018
De Gregorio et al. 2020
Shao et al. 2021

Phänomenologie der Psychedelika-Erfahrung (1. Pers.-Perspektive)

Veränderter Wach-Bewusstseinszustand (ASC)

charakteristische Veränderungen:

- *Sensorischen Wahrnehmung*
- *Affekte, Emotionen*
- *Cognition und Meta-Cognition*
- *Selbstwahrnehmung, Selbst-Umweltabgrenzung*



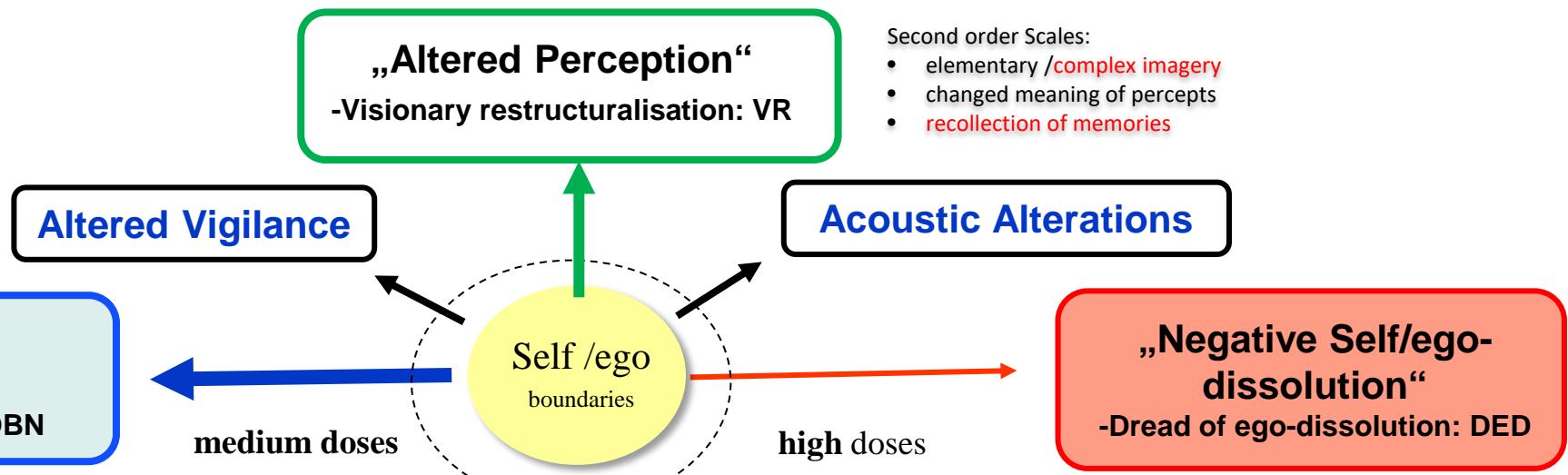
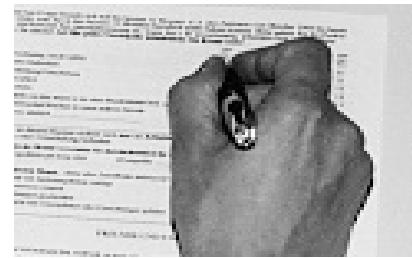
Ähnliche Erfahrungen:

z.B. im Traum, in meditativen Zuständen oder visionären Ekstasen



Assessment of Psychological basic Dimensions of Psychedelics States (5 main factors)

5D-ASC Scale (96 vis. AS)



11D-ASC Scale

OBN-tot Score \leftrightarrow MEQ-tot Score
R=0.68-0.8

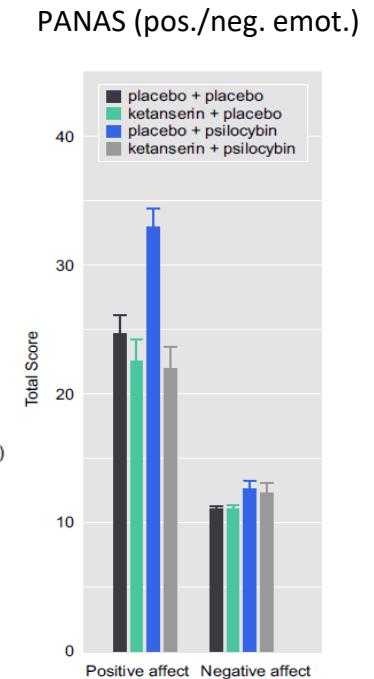
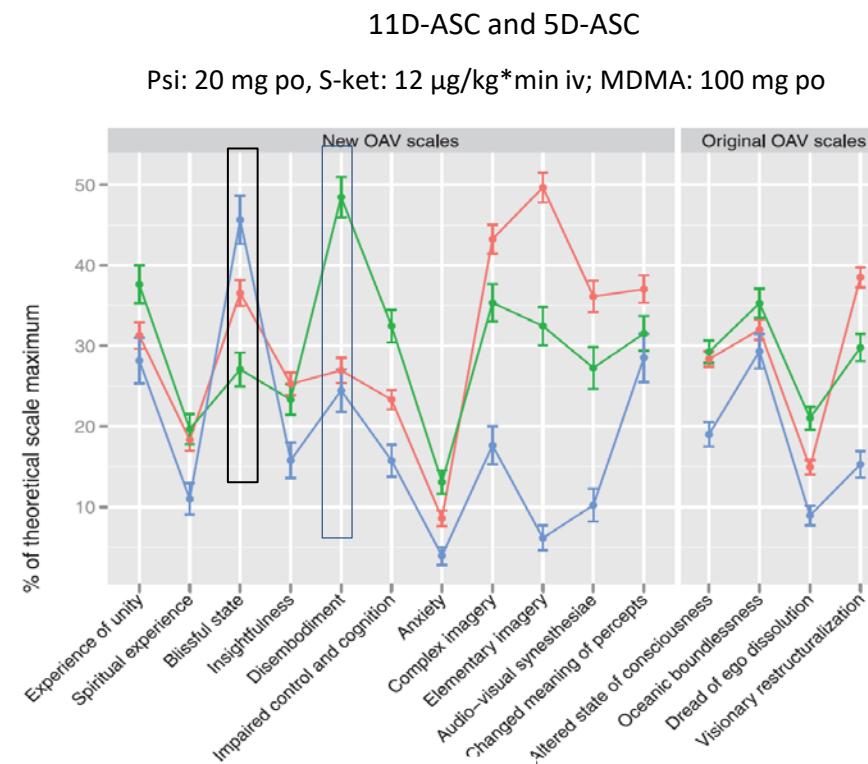
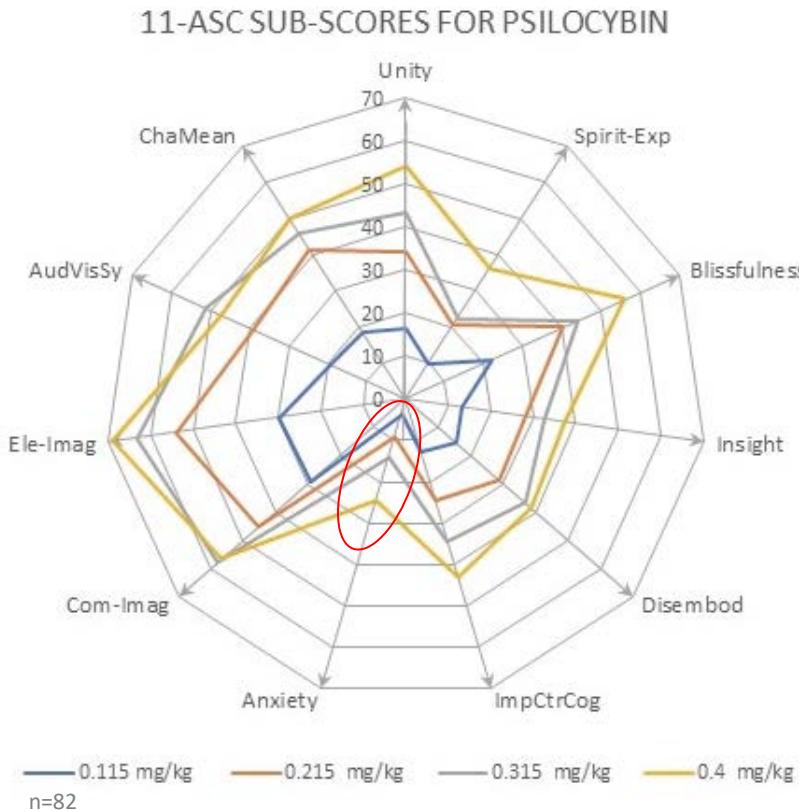
MEQ (30 categ. items) (Mystical Experience Scale)

experience of unity
inner subjectivity
ego-loss
altered space-time sense
ineffability
positive emotions
sacredness
noetic quality

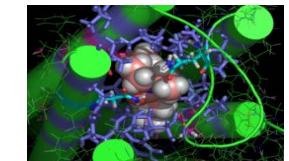
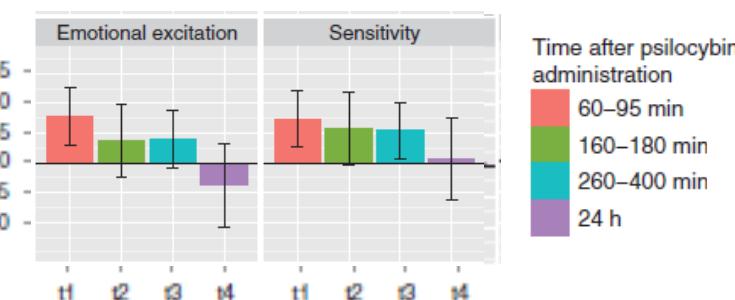
EDI Inventory (16 items)

R=0.73

Dose-response relationship and discrimination of Psychedelics and related compounds



The 5-HT2AR antagonist Ketanserin: blocks the increase in pos. emotions

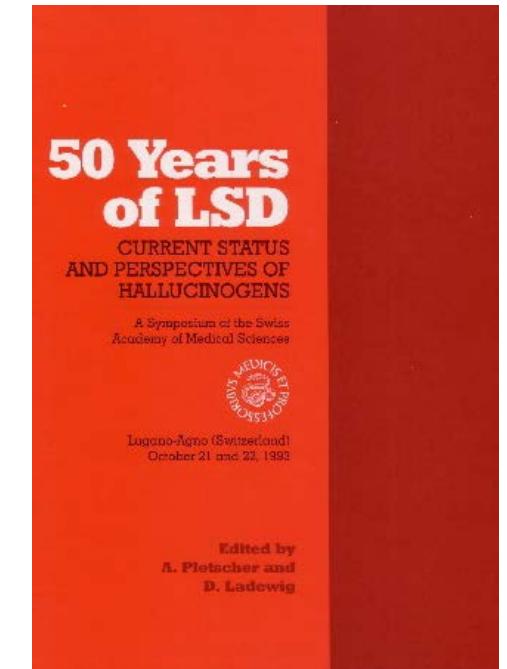


Kometer et al. 2013

Frühe klinische Ergebnisse zur Psychedelika Therapie

1956 - 1972: > 150 Publikationen zu psychodynamisch-orientierten (vorwiegend „*psycholytischen*“) Psychotherapien mit LSD und Psilocybin:

- Leuner 1994 (n=422): Verbesserung der Symptomatik bei Patienten mit **therapie-resistenten Depressionen (64%)**, **Angsterkrankungen (56%)**, **Alkoholabhängigkeit (46%)**
- Mascher 1967: Metaanalyse von 42 Studien (n=1603): Verbesserung der Symptomatik bei Patienten mit „**neurotischen Depressionen (68%) und Angsterkrankungen (70%)**“
- Panke 1968 (Maryland Psychiatric Research Center, Spring Grove) „*Psychedelische*“ Therapie, Existentiell-humanistischer Therapieansatz: sign. **Angstreduktion bei terminalen Krebspatienten** (n=132)



Kritische Re-Analyse

- Rucker et al. 2016: Metaanalyse von 19 Studien (n= 423): 79.2% klin. sign. Verbesserung bei Patienten mit **unipolarer Depression** (Kontrollbedingungen oft mangehaft, unterschiedliche Anzahl an drug sessions)

Therapie-Design und postulierte Psychologische Wirkmechanismen von Psychedelika (n. Leuner 1982)

Formale Elemente des Therapieprozesses:

Vorbereitung (3-4 Sitzungen)

- Vertrauensbildung (ther. Allianz und Rapport)
- Themenfokussierung, **Intension**
- Bedeutung & Haltung des Therapeuten
- Erwartungen des Patienten
- Aufklärung des. Pat. über mögliche Erlebnisformen



Substanz-Sitzung(en) (1-2 S. im Abstand 2-4 Wo.)

- Therapeut: **empathisch supportive Haltung**
- korrigierende Neuerfahrung
- (Musik bis über Peak-Erfahrung)
- erste Integration der Erfahrung nach akuten Wirkung

Integration: Nachsitzungen (7-12 S.)

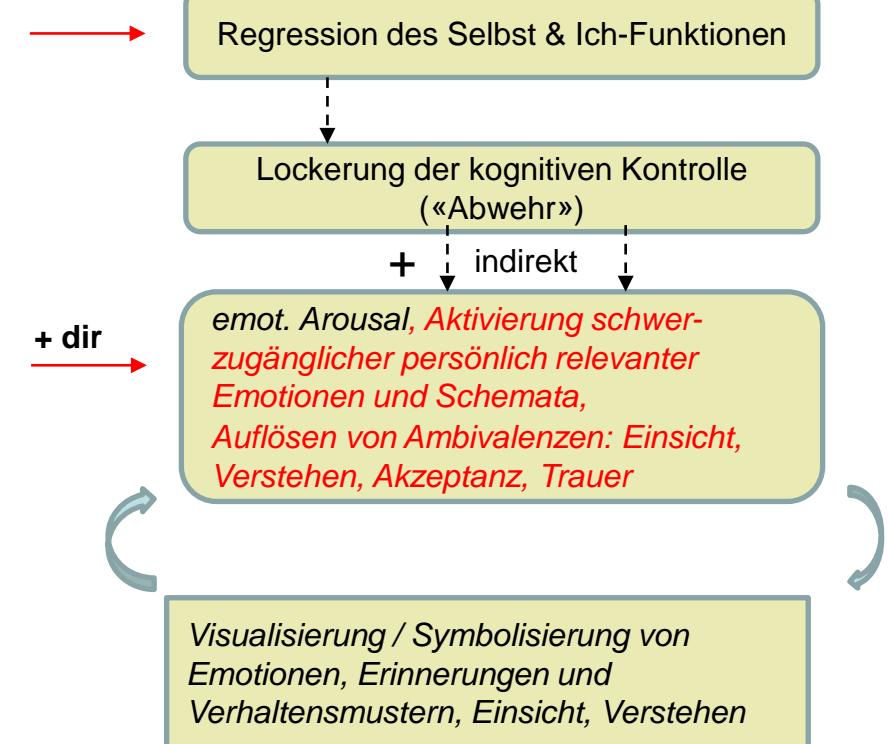
- Verstehen und »Durcharbeiten« der Erfahrungen und Einsichten und deren Übernahme in den Alltag
- korrigierende Neuerfahrung

6-12 Wochen

*Neue Studien: Kombination mit CBT,
Emotion-focused Therapy
Mindfulness Übungen als Vorbereitung*



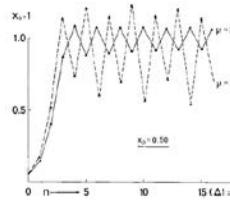
Inhaltliche Elemente des Therapieprozesses



Grundformen und Dynamik des akuten Psychedelischen Erlebens

Fluktuierend-szenische, «oneiroide» Verlaufsform

Psycholytisch bis psychedelisch:

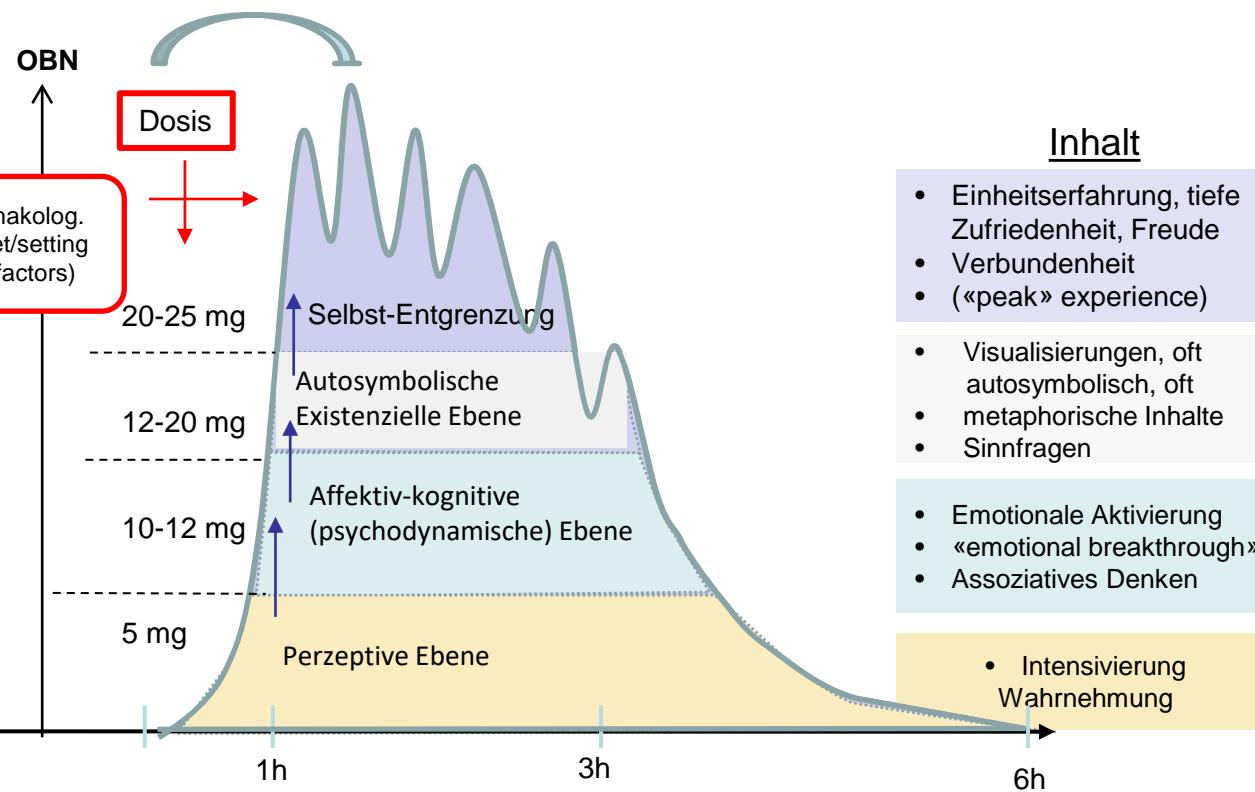
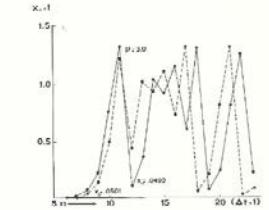


Dosierung

Ziel:
Aufrechterhaltung der
kognitiven Einsicht

Stagnierend-fragmentarische, «psychotische» Verlaufsform

mit höheren Dosis steigt die
Inzidenz für angstvolle Erfahrungen



Prozesse:

- Selbstrepräsentanz
- Selbsterferenz
- soziale Kognition

- Imagination
- Körperwahrnehmung

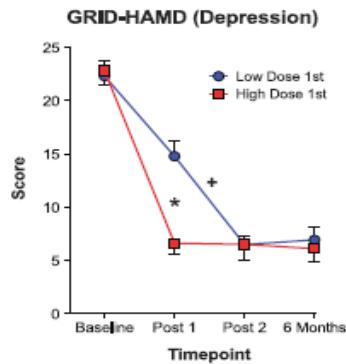
- Emotions-Regulation
- Kognition
- kognitiv-emotionale Interaktion

Modulation durch Psychedelica?

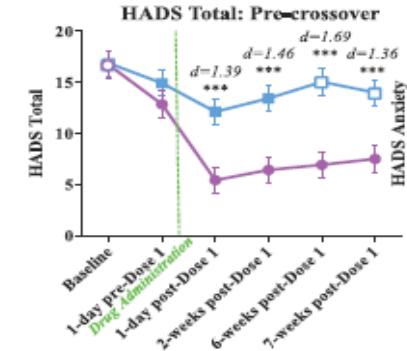
Relevanz für den therapeutischen outcome?

«Rivival»: Neue Studien: Psilocybin – Pos. Selbstentgrenzung und Symptomreduktion

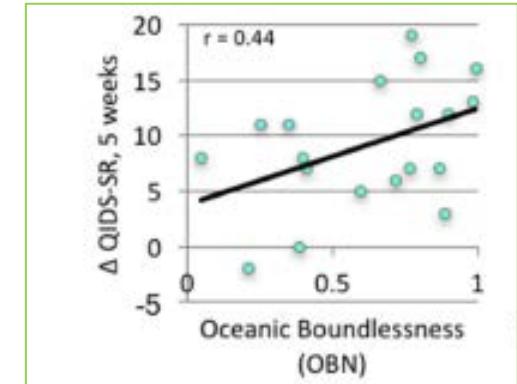
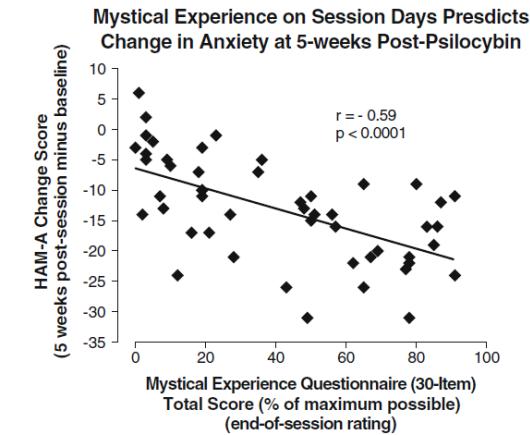
- **Summenscore** für “mystical-type experience” (MEQ) sowie “positive Selbst-Entgrenzung (OBN) mediert /korreliert mit der Reduktion von Angst und Depression bei Patienten mit MDD und TRD



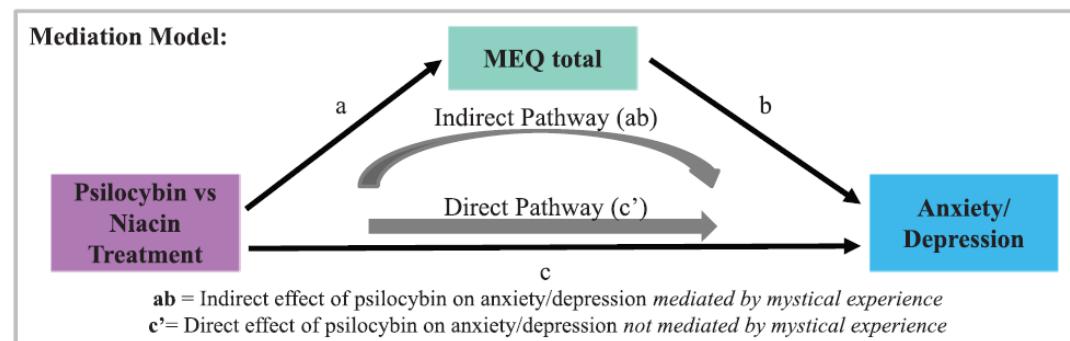
Griffith et al., JP 2016, 2022



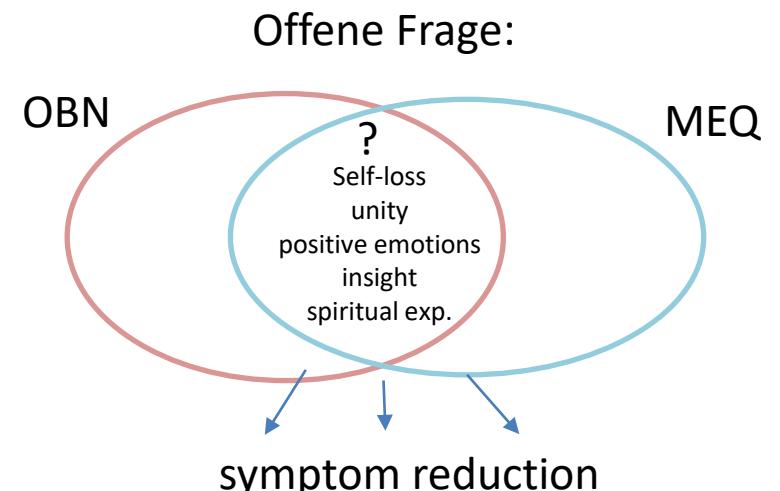
Ross et al., JP 2016, 2018



Roseman et al. 2018



Griffiths et al. 2016, 2011, Ross et al. 2016, MacLean et al. 2001, Smigielski et al. 2019, Carhart-Harris et al. 2016



Neurokognitive Modelle der Majoren Depression

Neurocognitive Perspektive:

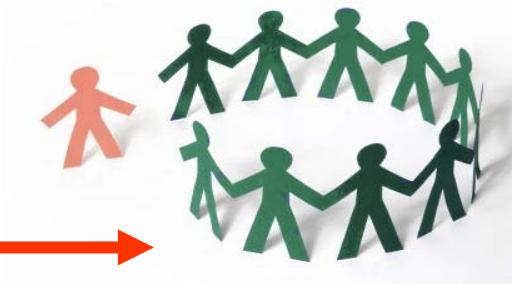
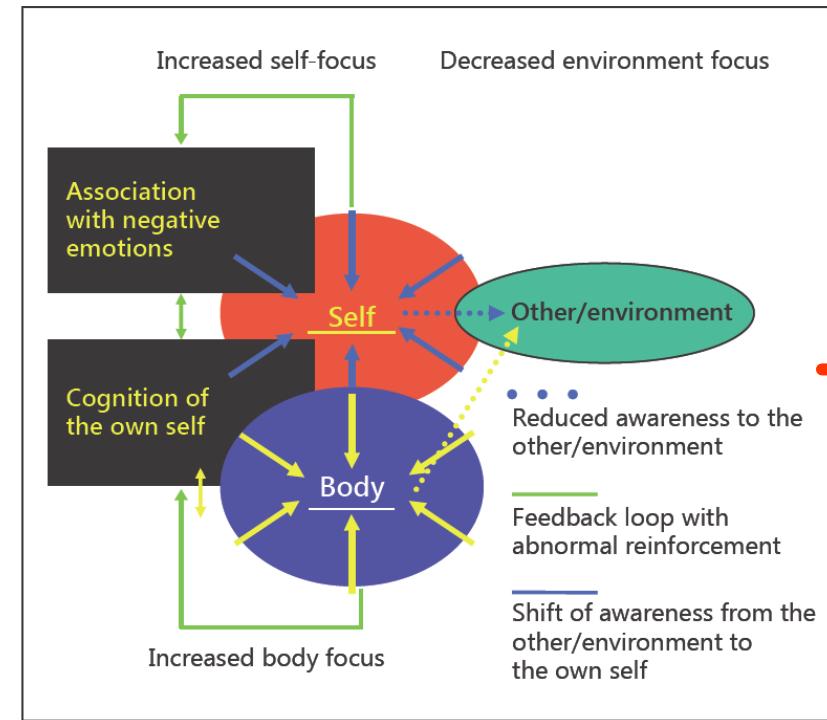
negativer Bias bezüglich Emotionsverarbeitung und Denkmuster

Selbst-Selbstreferenz: erhöhter **Selbst-Fokus und Body-Fokus**

Sozial Kognition: erniedrigte Umweltwahrnehmung, z.B. Empathiefähigkeit

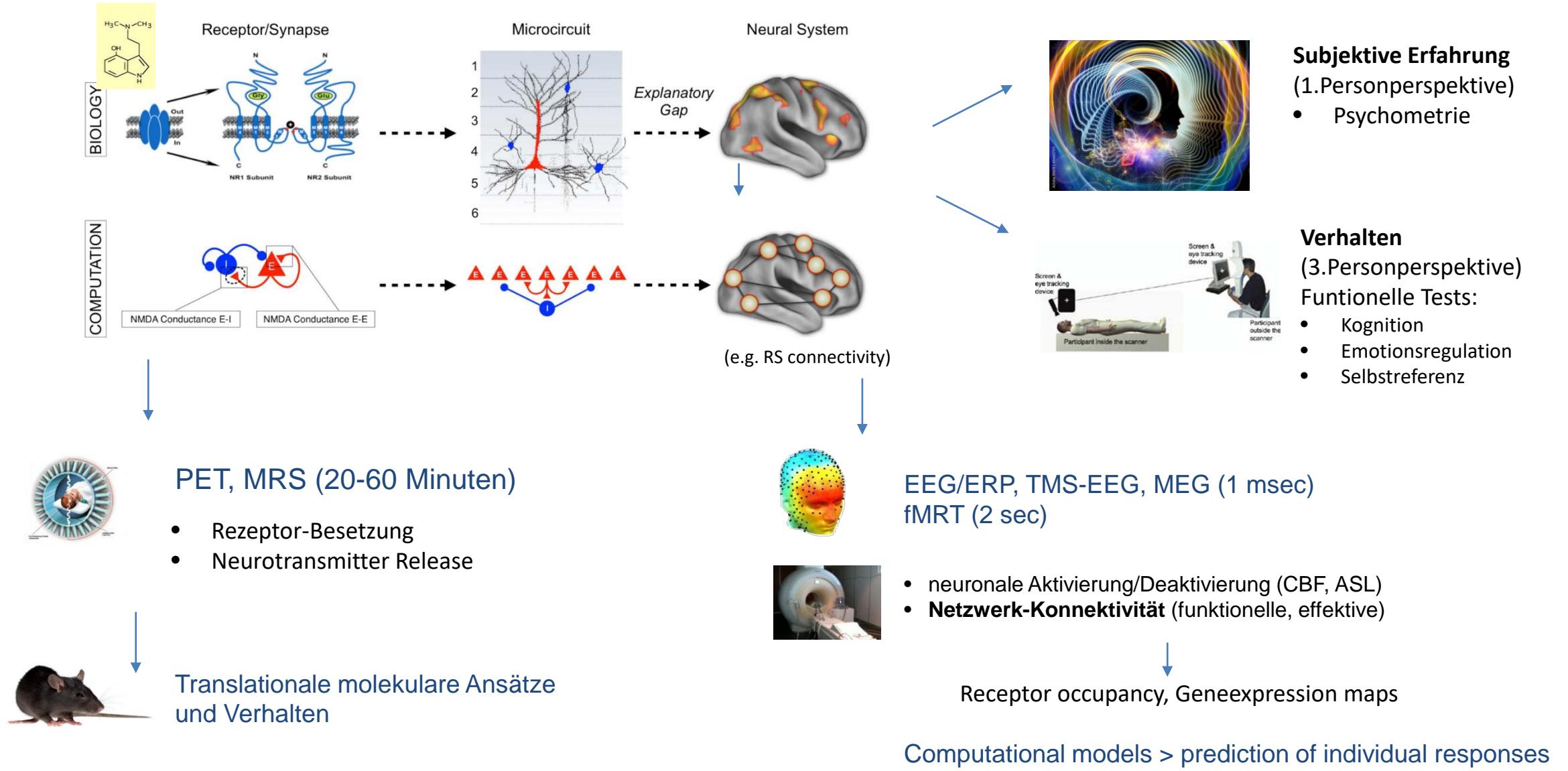


- z.B. negative emotionale Selbstattribuierung
- Rumination
- Somatisierung



- z.B. verarmte soziale Interaktion

Hin zu Neurobiologischen Mechanismen der Psychedelika-Wirkung



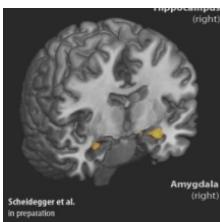
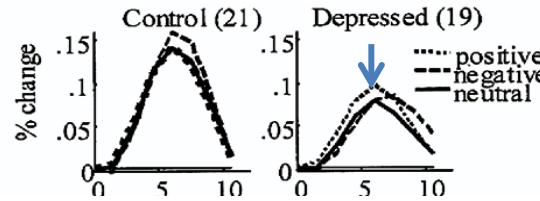
Emotional Bias und neurale Korrelate der Emotionsverarbeitung in der Depression



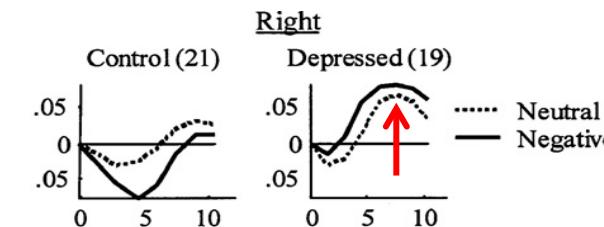
Depression: erhöhte neuronale Reaktion auf negative Stimuli, z.B. emotionaler Gesichtsausdruck



DLPFC/VLPFC:
reduzierte Aktivierung



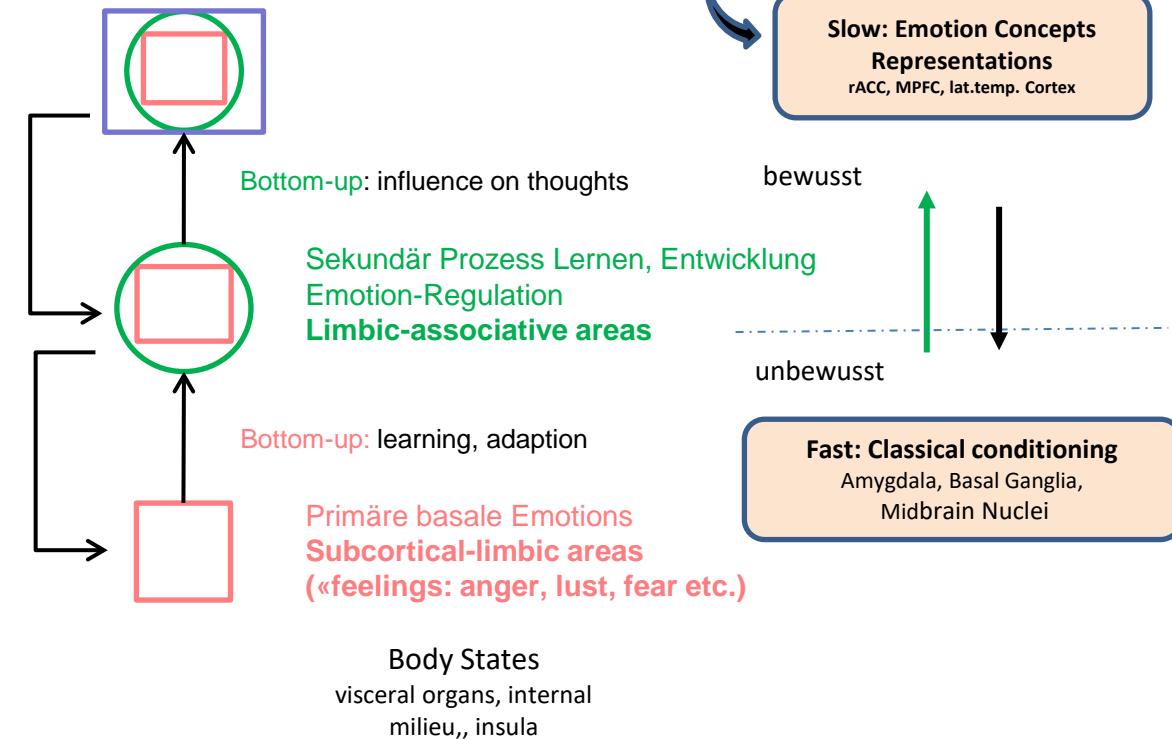
Amygdala (v.a. rechts)
erhöhte Aktivierung



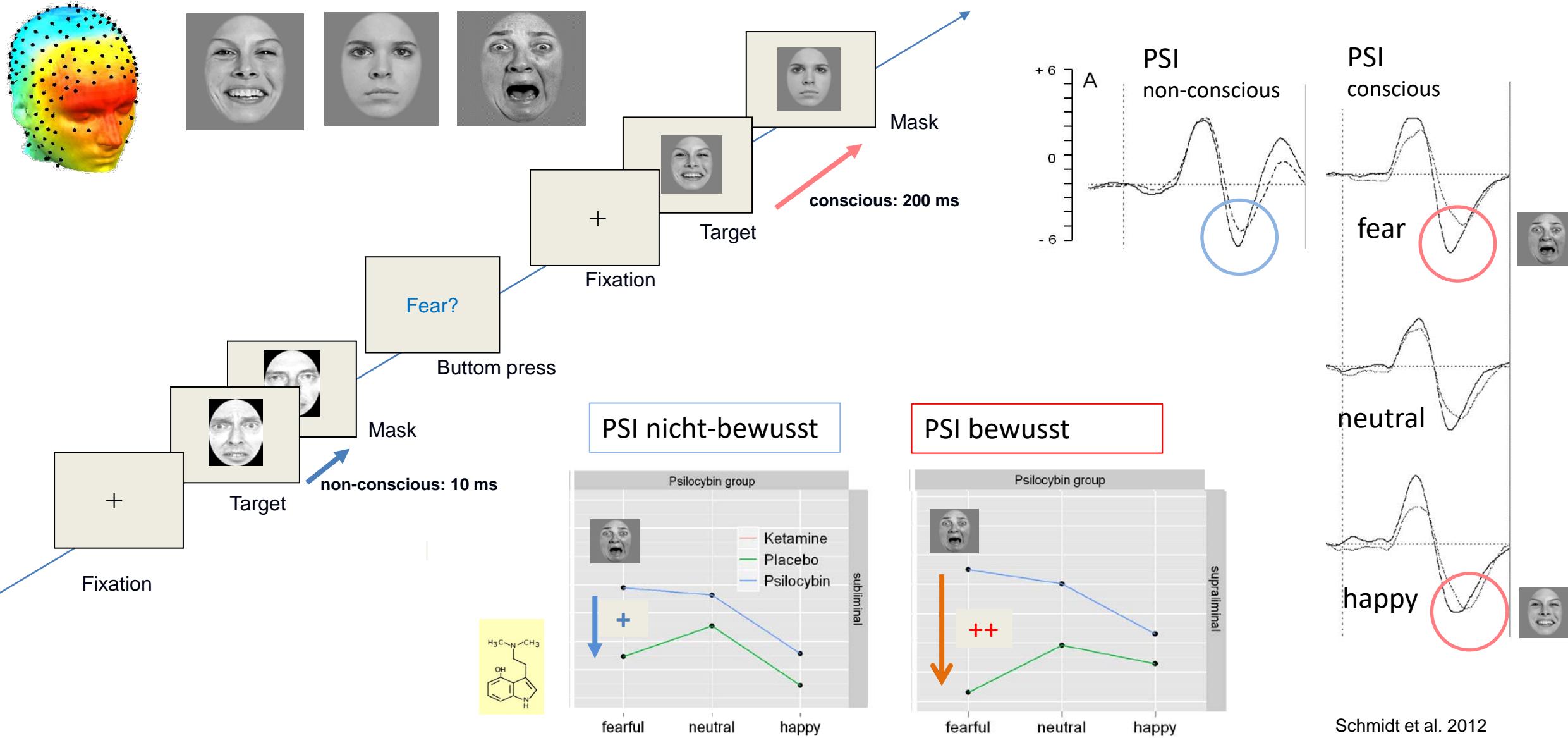
Cognitive
Regulation

- Suppression
- Neubewertung
- Adaptation

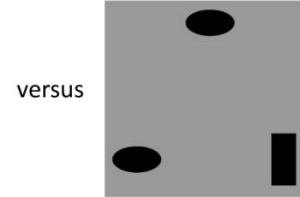
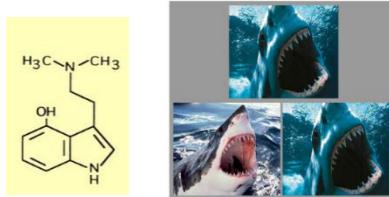
Konditionierte
Responses



Wirkung von Psilocybin auf die unbewusste und bewusste Emotionsverarbeitung (N170, ERP-EEG)



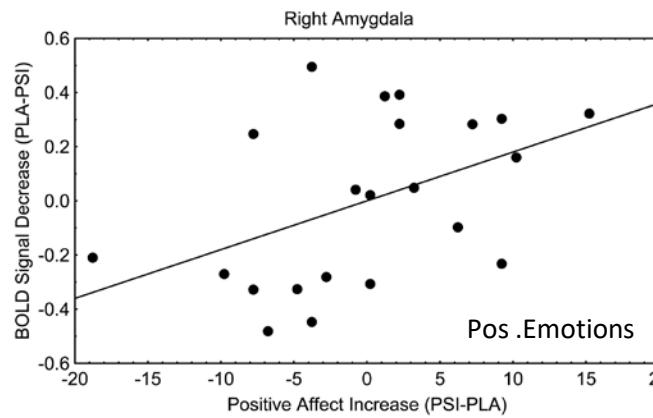
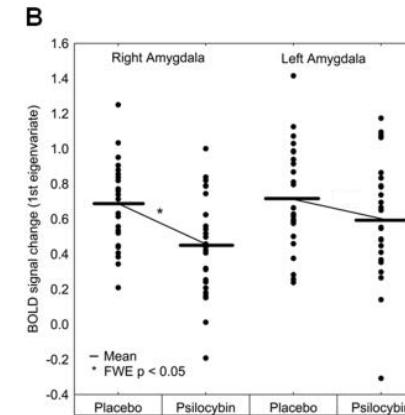
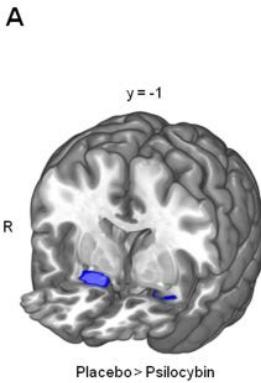
Neuronale Korrelate der Wirkung von Psilocybin auf Stimmung und Emotionsverarbeitung



versus



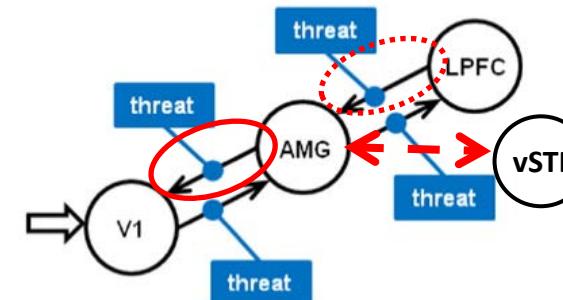
A



Veränderte cortico-limbische Regulation:

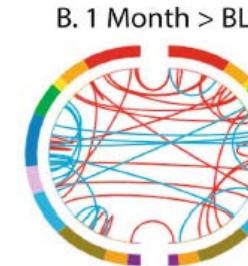
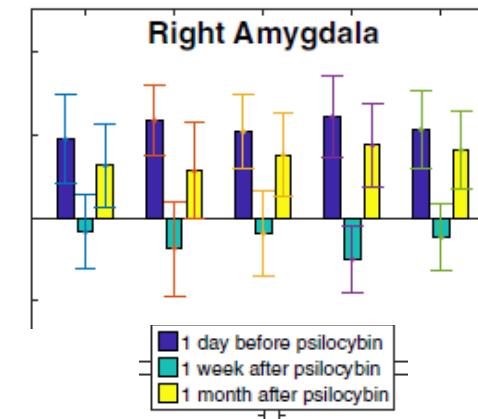
gerichtete CON: Amygdala – V1

fCON: ventral Striatum – Amygdala (saliency detection)



Abschwächung der Salienz
(limbisch, dopaminerg)
> «decentring»: a state allowing
a broader spectrum of emotions
and thought patterns

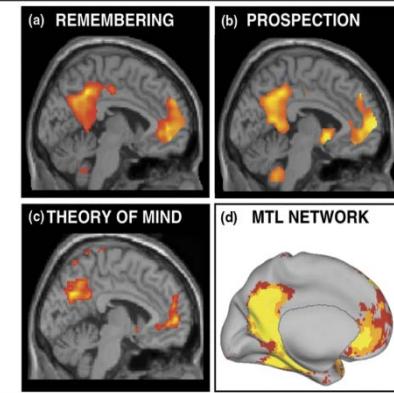
Reduzierte Amygdala-Reaktion
**dauert bei Gesunden bis zu einem
Monat an nach 1 Dosis Psilocybin**



Veränderte fCON:
frontal cortex - amygdala

Barett et al. Sci.Rep.2020

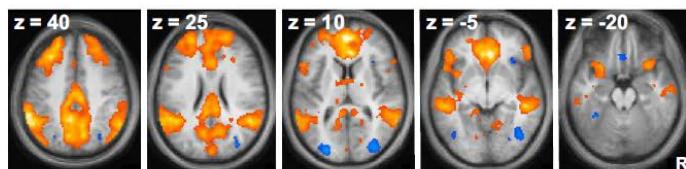
Wirkung von Psilocybin auf die Selbstwahrnehmung - Korrelate von OBN (RS DMN - 5-HT2AR occupancy)



Cortical-subcortical midline structures (MS) overlapping with the Default Mode network (DMN) are involved in differentiating *self- versus non-self-referential* stimuli

MS and DMN hubs:

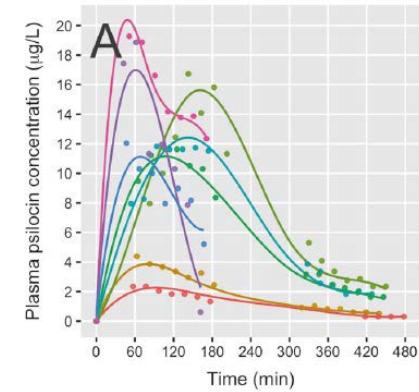
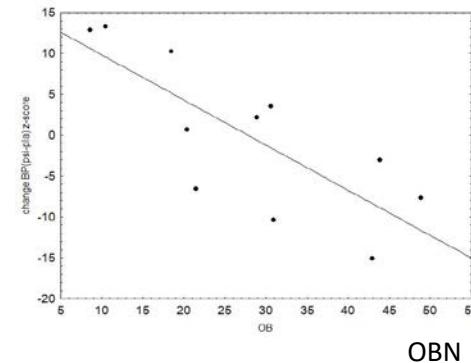
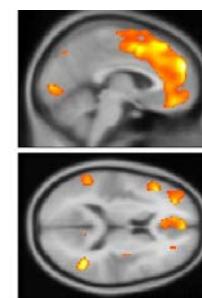
- d/v medial prefrontal cortex : self
- anterior cingulate cortex (ACC) : self
- posterior cingulate cortex (PCC) and tempoparietal junction (TPJ) : self-other
- precuneus, hippocampus :
- insula : body-self



Self-referential processing is proposed to be a pre-requisite for the development a «concept» of one's own self (self perspective, ego):

In addition to one's own **cognitions**, also **emotions** and internal and external stimuli of **body perception** are examined in regard to self-reference

Psilocybin-induced **positive self-dissolution (OBN)** correlated with decreased 5-HT2AR Binding Potential (PET) in cortical regions



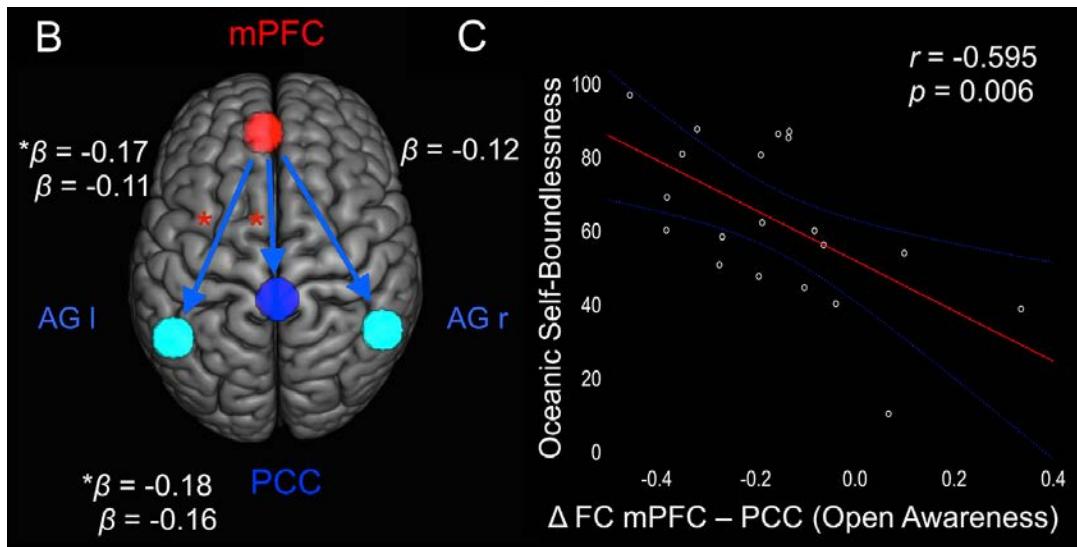
OBN: dm/dl PFC, dACC, tem. Cx, angular Cx, insula

Hasler & Vollenweider 2011, Quednow et al. 2012

3-30 mg psilocybin ~72% Rec. Occup.
Approx. linear dose-response effect

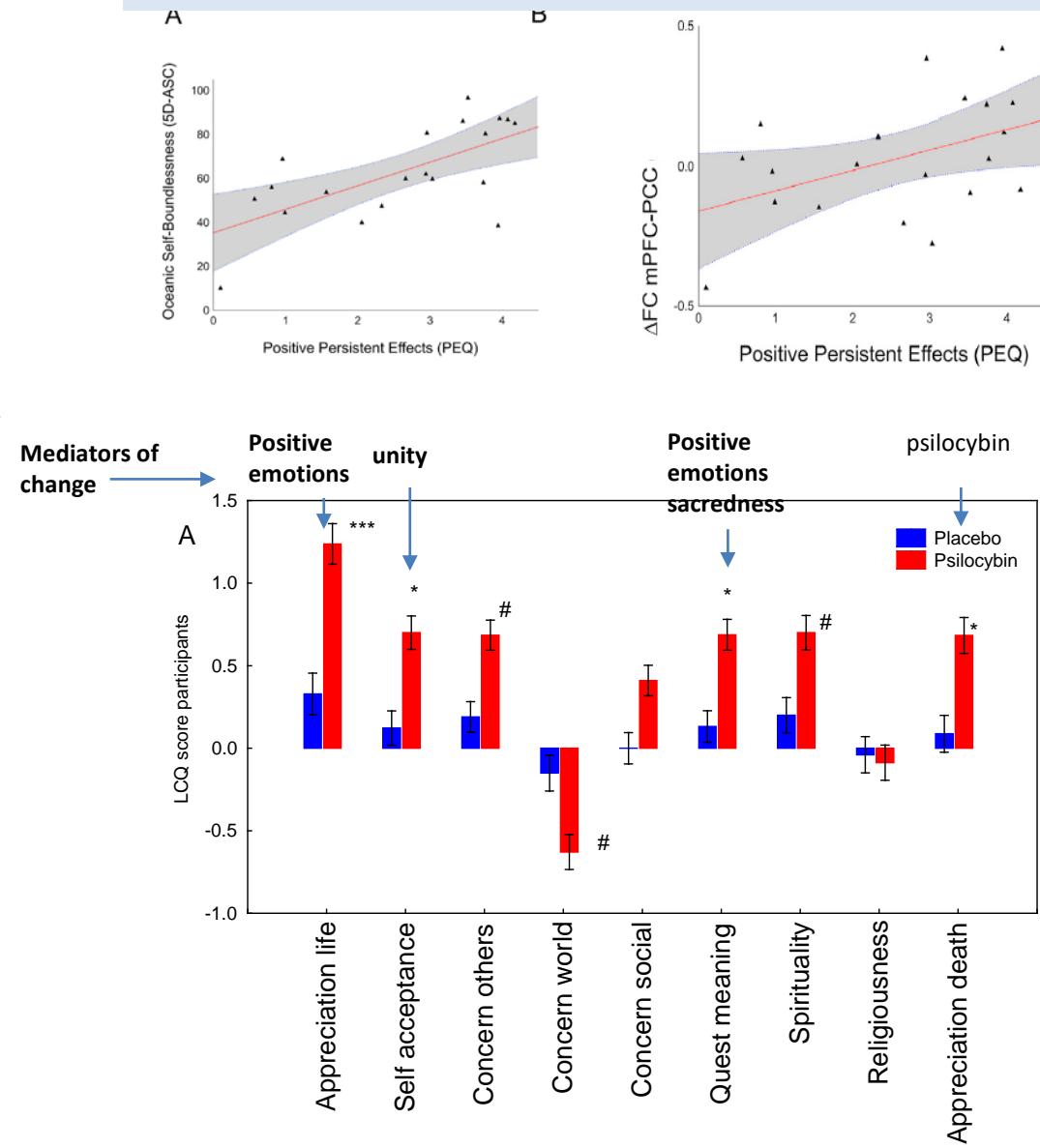
Madsen et al. 2019

Selbstentgrenzung (OBN) korreliert mit veränderter default mode network (DMN) mPFC-PCC-Konnektivität



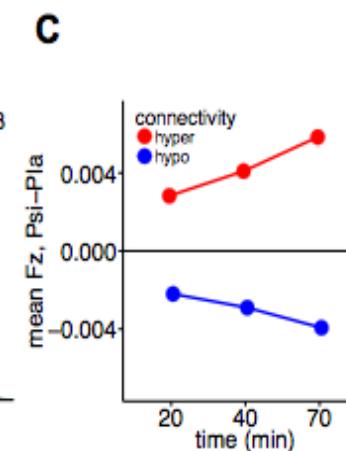
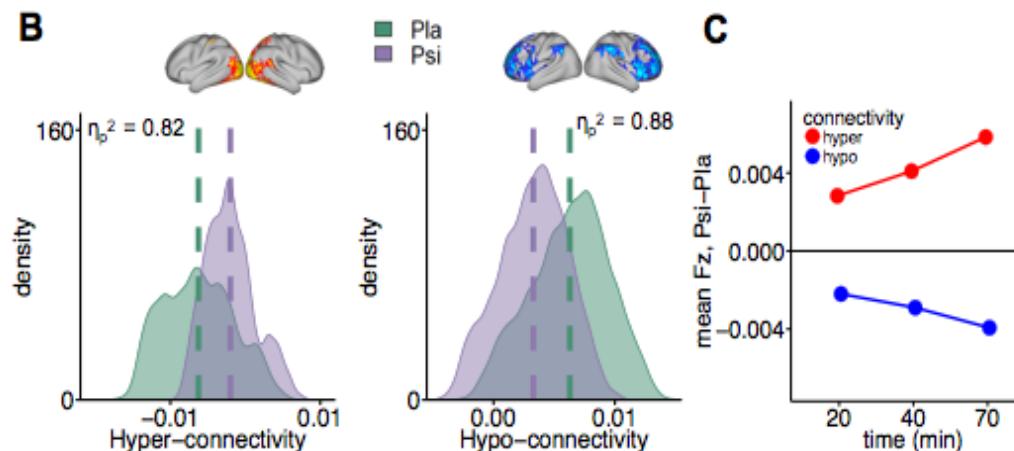
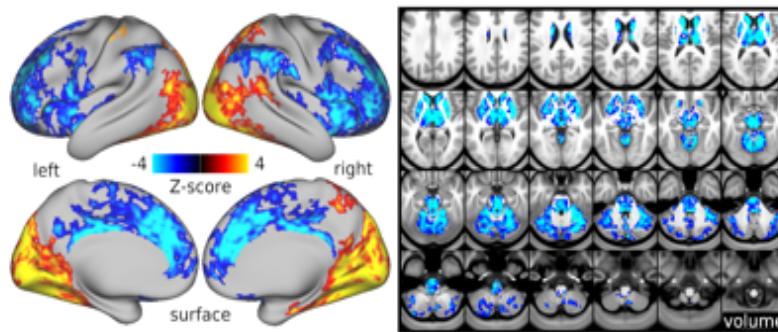
- medial prefrontal cortex (mPFC/ACC) : self
- right angular gyrus; left angular gyrus: body
- posterior cingulate cortex: self-other
- Psilocybin reduziert die **funktionelle Konnektivität zwischen mPFC und PCC (2 Tage nach Einnahme)**
(n=39 , trained meditators: mindfulness/ZEN Buddhists)

Reduzierte fCON korreliert mit anhaltenden positive psychosozialen Veränderungen (4 month follow-up)

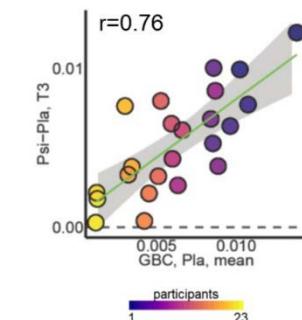


Wirkung von Psilocybin/LSD auf die global func. resting state connectivity und Selbstentgrenzung

Psilocybin and GBC over time

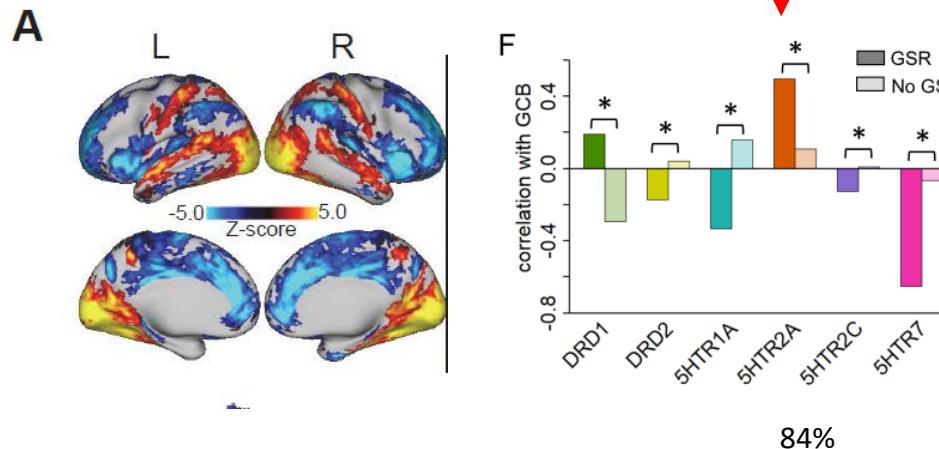


Baseline RS CON als Response predictor
Baseline Connectivity Correlates with Magnitude of Psilocybin Effects

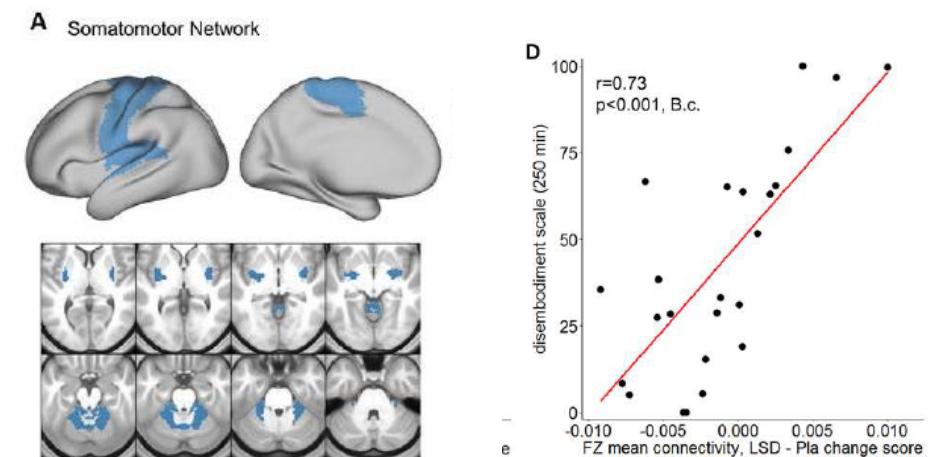


Preller et al. Biol.Psych.2020

LSD and GBC and Cortical 5-HT2A gene expression maps

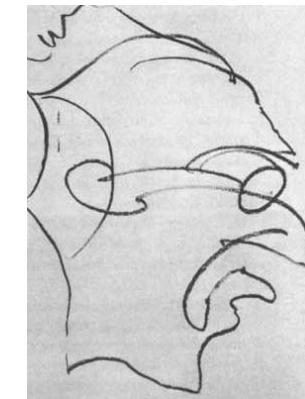


Dysconnection of somatosensory network and disembodyment (OBN)



Preller et al. eLIFE 2018

Körperselbst-Wahrnehmung unter Psychedelica (LSD) - embodies self



(at peak 2-3h)

Künstler (n=30) wie
Mac Zimmermann
Erich Brauer,
Arnulf Rainer,
F. Hundertwasser
Alfred Hrdlicka
F. Scheurer
.....

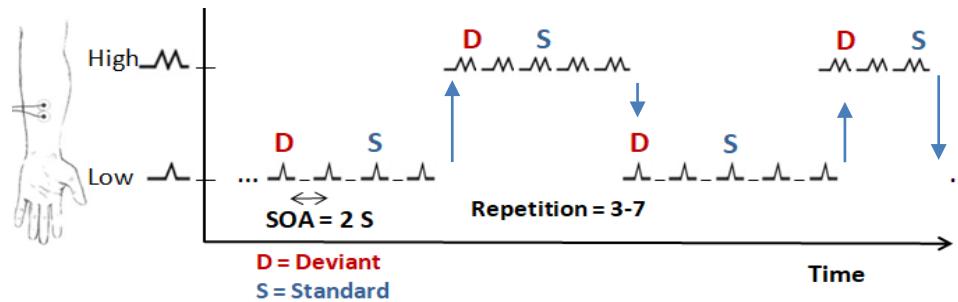
R.P. Hartmann 1976, Malerei aus Bereichen des Unbewussten, Künstler experimentieren mit LSD (n=125), mit MPI München

Körperselbst-Wahrnehmung: taktilen mismatch Response – prediction error processing (EEG-fMRT co-Registrierung)

- Das Gehirn lernt aus eintretenden sensorischen Reizen ein **Modell** der Körperwahrnehmung zu konstruieren und minimiert dabei unerwarteter Abweichungen (**surprises**) über die Vorhersage der möglichen Körperrepräsentationen
- Die **Diskrepanz** zwischen dem **verhergesagten** Modell (predicted) und dem **aktuell generierten** Inhalt (Bild, Reiz) produziert ein Vorhersagefehler Signal (**prediction error signal, PE**)

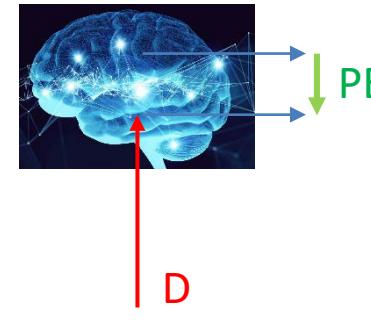
Roving Somatosensory Oddball Task during EEG-fMRT Co-registration (psi/pla, n=21)

- Induktion von taktilen mismatch **responses**: Applikation einer Serie an taktilen Stimuli randomisiert mit hoher (Doppelpulse) und niedriger (Siglepulse) Intensität, Wiederholungen 3-7

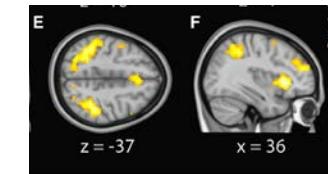
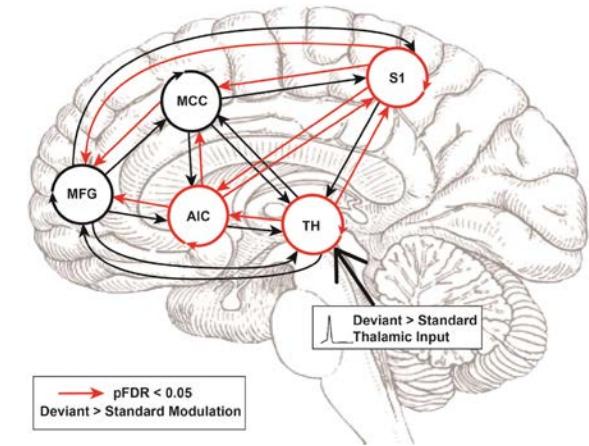


- Unpredicted stimuli: Deviant (D)

Top-down: Vorhersage



Bottom-up sensorischer Reiz



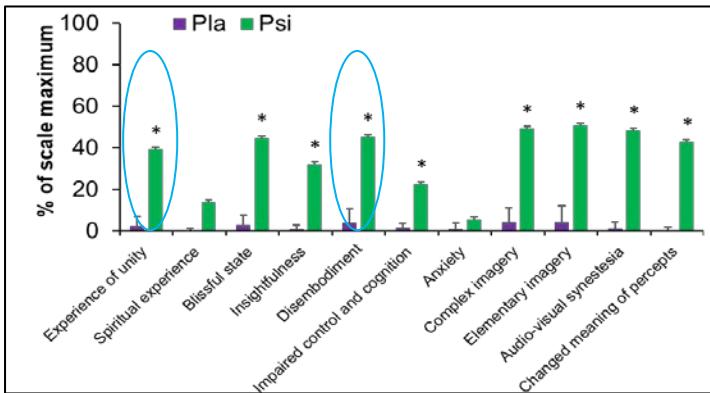
Result: Placebo; Deviant > Standard

Medial cingulate Cortex, medial frontal Cortex, dorsal medial PFC, Thalamus, Primary Somatosensory Cortex, Insula

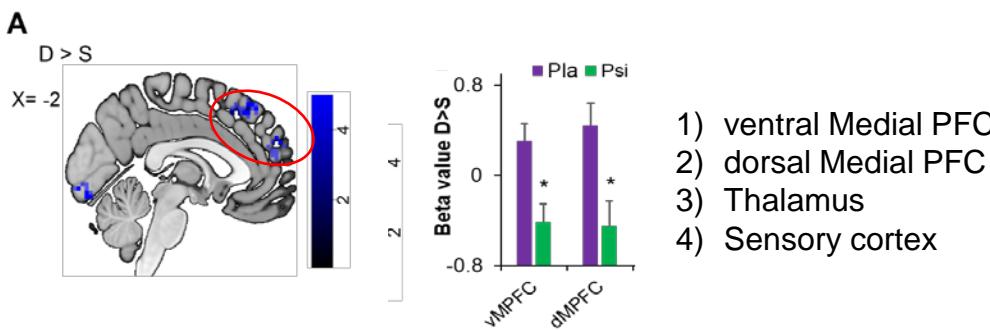


Psilocybin induces aberrant prediction error processing for tactile mismatch responses

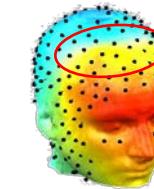
- Psychometrics: Unity, Disembodiment



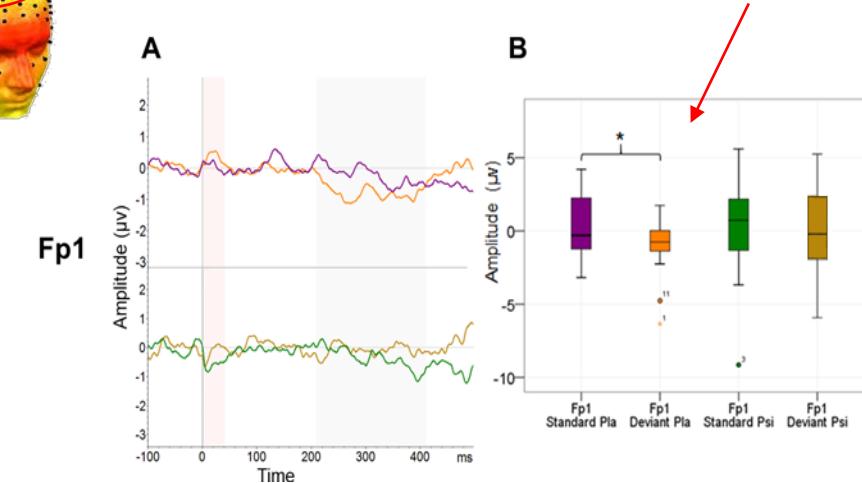
- fMRI: Psilocybin reduced the response to Unpredicted stimuli versus Standard in brain regions implicated in bodily-awareness



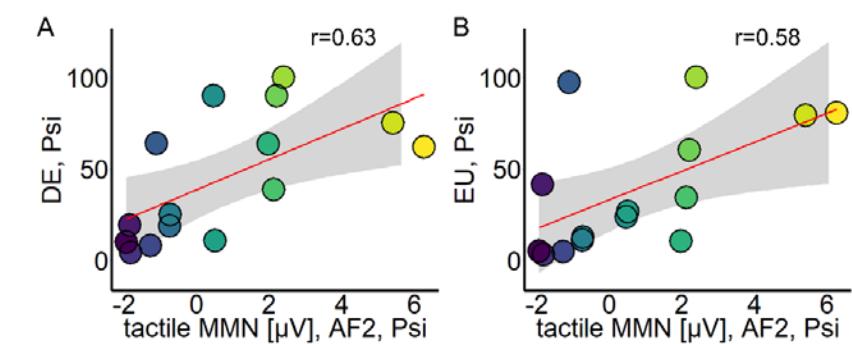
Psilocybin alters integration of tactile stimuli through (top-down) aberrant PE signalling



- ERP: Psilocybin reduced MMN in frontal Cortex electrodes

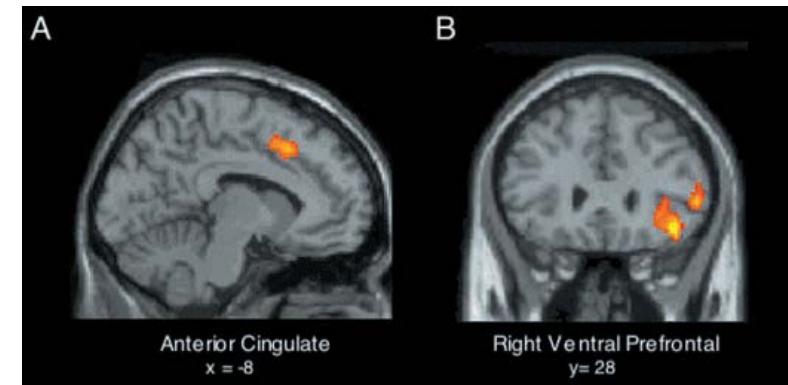


- MMN change and Altered Self-Experience



reduced tactile MMN (EEG) responses at frontal electrodes correlates with altered body- and self-experience:
disembodiment and unity

Soziale Kognition: Sozialer Ausschluss (Cyberball) Test; fMRT-MRS



- „Social Pain“, Eisenberger, Science, 2003
- Ausschluss vom Ballspiel führt zu einem social pain Signal in ACC (Preller et al. PNAS 2016)**

You are connected



Michael



Sara



participant's name

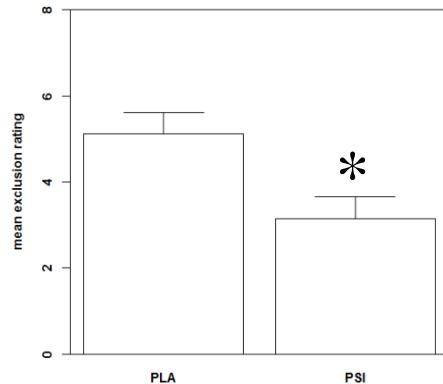
participant's
photo

Study:
N=32 (17 men; 15 women, age 26.72 ± 5.34)

Psilocybin (0.21 mg/kg) vs placebo

Results: Psilocybin reduziert «social pain signal» und erhöht emotionale Empathie

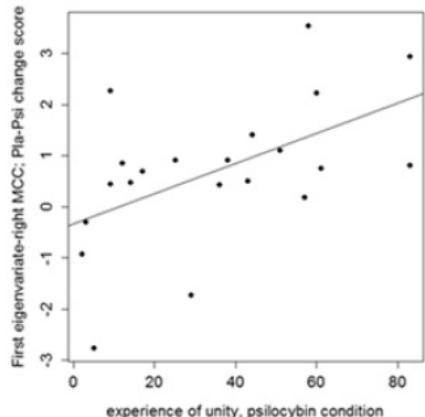
Behavioral Results



- Mean exclusion rating

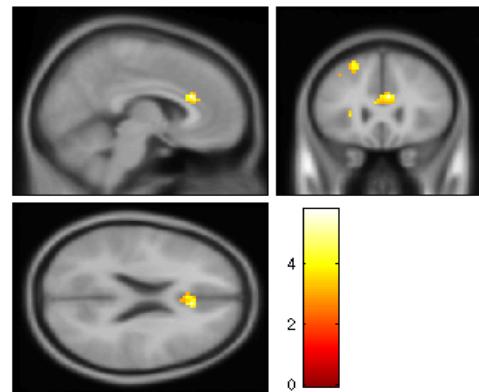
Psilocybin subjects felt less excluded
No other behavioral parameters were affected
-> attention, aware of the exclusion

Change in BOLD response and altered Self experience



- the reduced BOLD signal in ACC correlated with feelings of „unity“ (connectedness)
- Self-processing and social cognition are intertwined

fMRI: reduced BOLD Signal in ACC

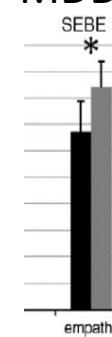


Placebo > Psilocybin
Exclusion > Inclusion

Preller et al. PNAS 2016

Empathy-related processes are thought to motivate prosocial behavior,
caring for others, and to inhibit aggression

MDD



What is this person feeling?

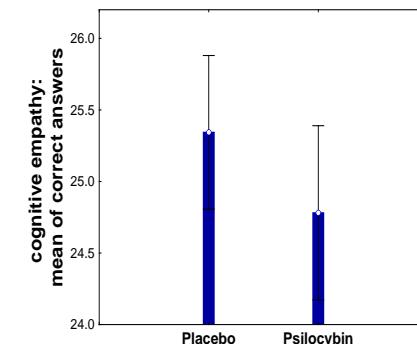


How concerned are you for this person?

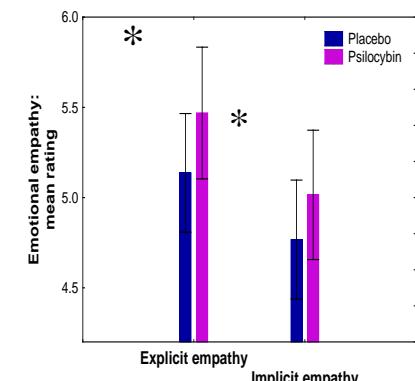


Wilbertz et al., 2010

Cognitive Empathy



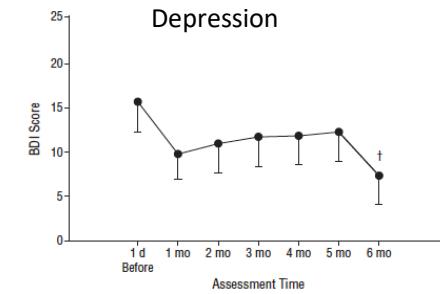
- Psilocybin increased emotional empathy correlated with altered meaning of percepts



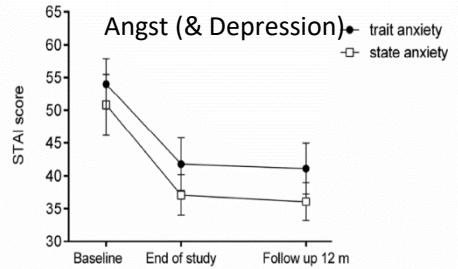
Revival der klinischen Forschung mit Psilocybin & LSD

2011-ff: Erste neue state-of the-art kontrollierte Studien:

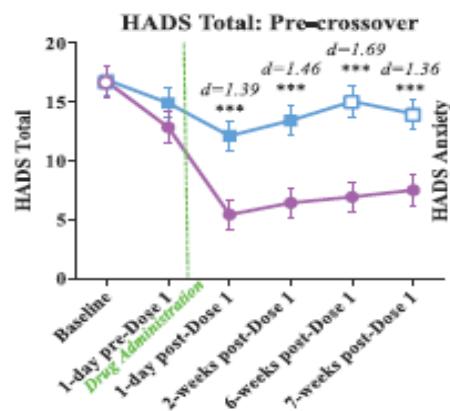
- **Grob et al. 2011:** UCLA Studie, **Reduktion von Depression und Angst**
bei terminalen Krebspatienten (n=2x12) nach 15 mg Psilocybin, bis zu 6 Monaten follow-up
- **Gasser et al. 2012, CH Studie: Reduktion von Angst und Zunahme des Wohlbefindens**
bei Krebspatienten (n=12) nach 2 x 200 µg LSD (vs 20 µg), anhaltend **bis 12 Monaten** follow-up
- **Ross et al. 2016, NY University: Reduktion von Depression** bei Krebspatienten (n=29)
nach 22 mg (vs 0.3 mg/kg, cross-over) **Psilocybin, anhaltend bis 7 week follow-up, kombiniert mit CBT**
- **Griffith et al. 2016, John Hopkins University, sign. Reduktion von Depression und Angst** bei Krebspatienten (n=59)
nach 22 mg (vs 1/3 mg, cross-over) Psilocybin, anhaltend bis 6 Mt. follow-up, kombiniert mit „Spiritual Awareness Practice“



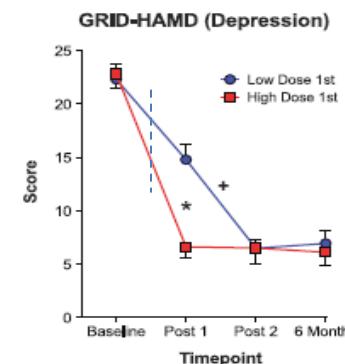
Grob et al. AJP 2011



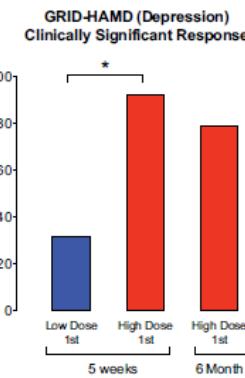
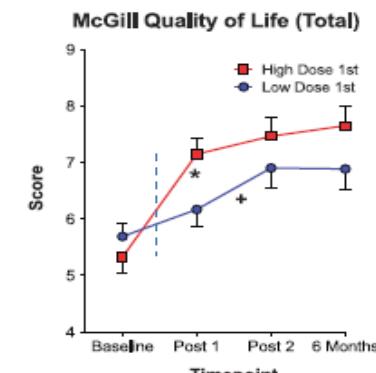
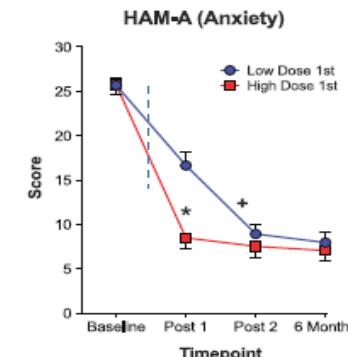
Gasser et al. JP 2012



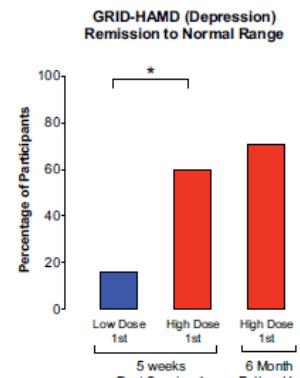
Ross et al., JP 2016



Griffith et al., JP 2016



Griffith et al. 2018



Effects of Psilocybin-Assisted Therapy on Major Depressive Disorder

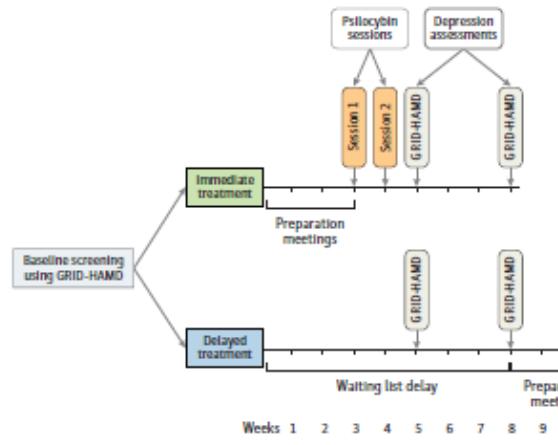


Figure 3. Comparison of GRID Hamilton Depression Rating Scale (GRID-HAMD) Scores Between the Delayed Treatment and Immediate Treatment Groups

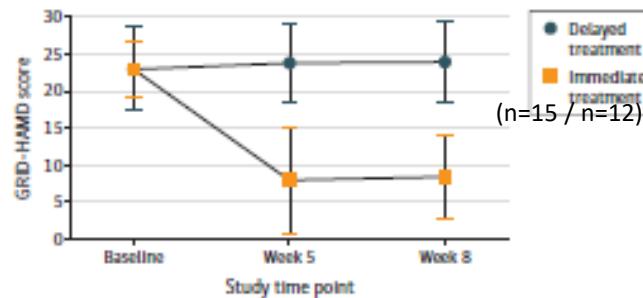
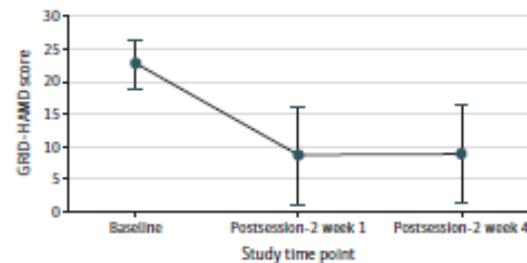
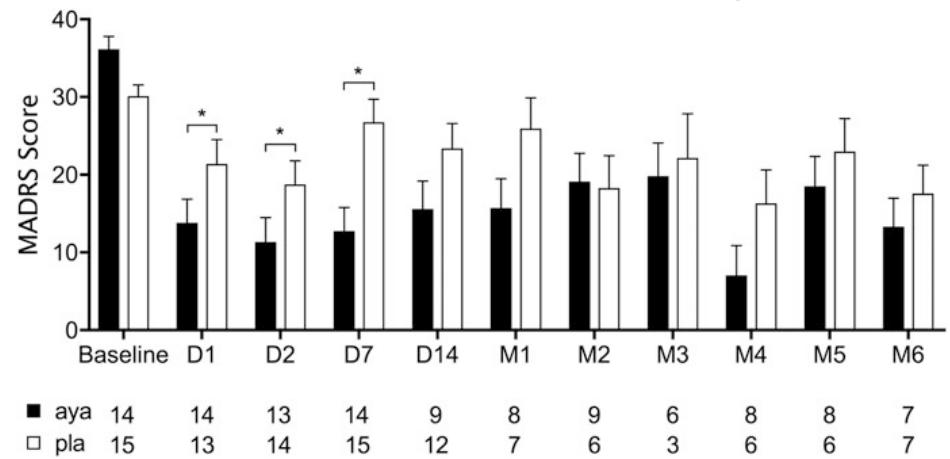
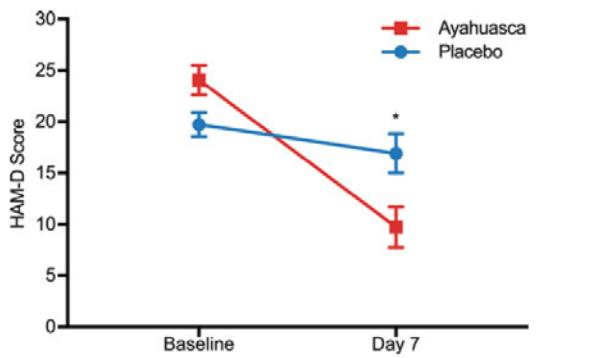


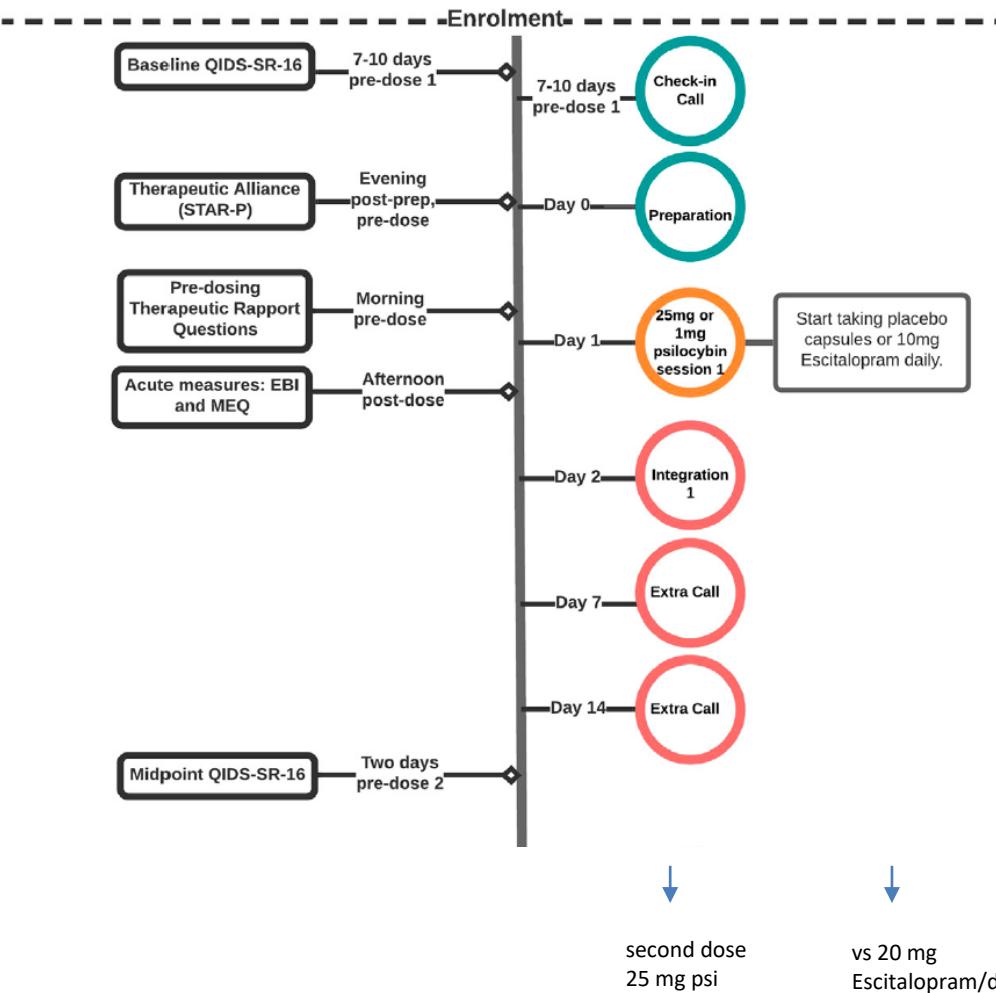
Figure 4. Decrease in the GRID Hamilton Depression Rating Scale (GRID-HAMD) Scores at Week 1 and Week 4 Postsession-2 Follow-up in the Overall Treatment Sample



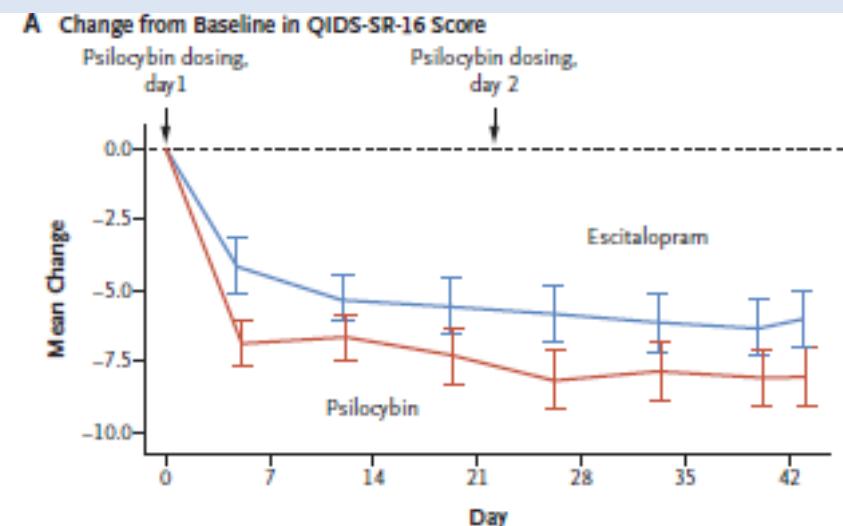
Effects of the psychedelic ayahuasca in treatment-resistant depression: a randomized placebo-controlled trial (n=19)



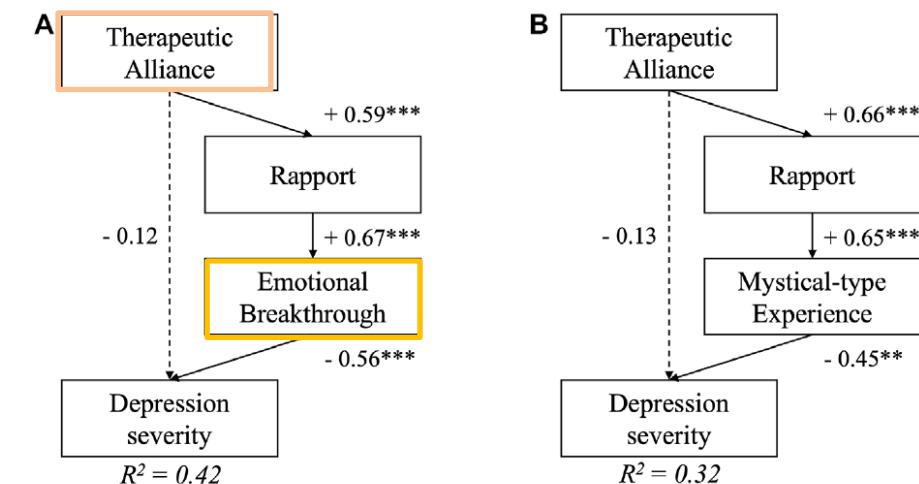
Effects of psilocybin vs escitalopram in treatment resistant depression (TRD), a double-blind randomized trial (n=30/29)



total 35-40h
davon 2x 6h für drug session



Carhart-Harris et al 2021

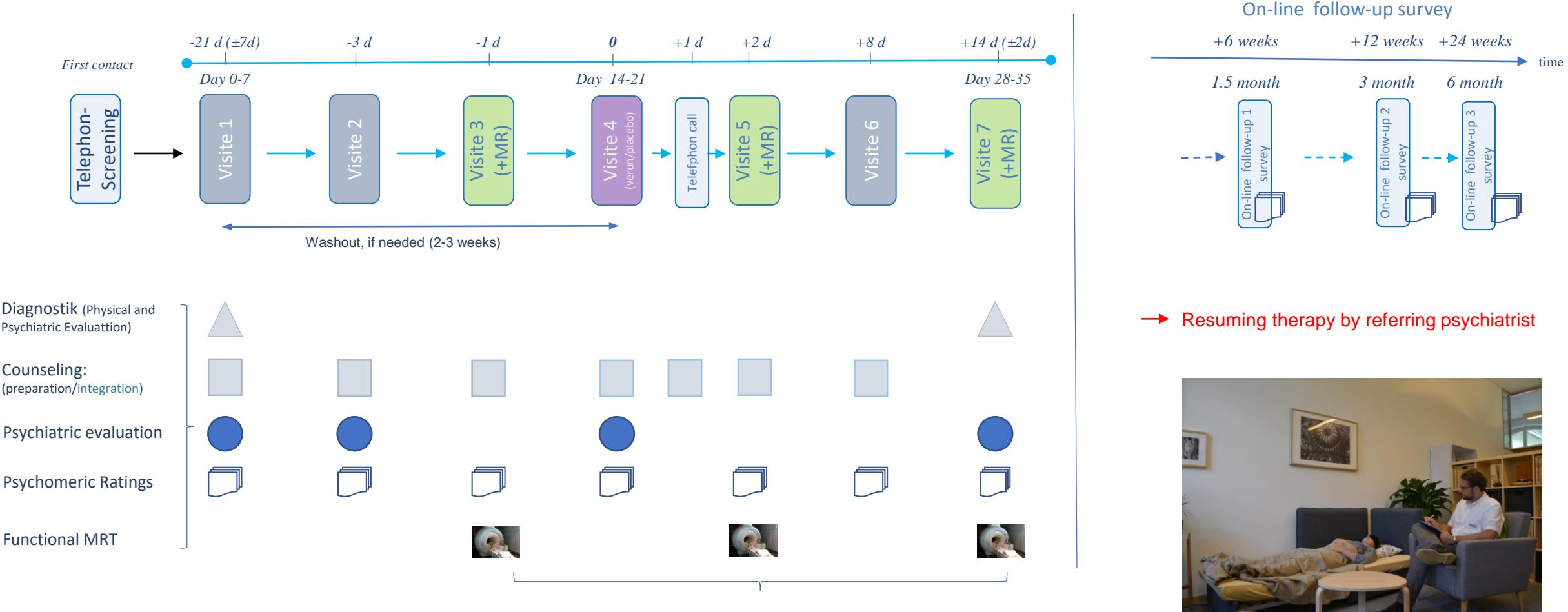


Emotional Breakthrough Scale:

Emotional release, overcoming difficult emotions or memories or previously inaccessible emotions, gainig personal or interpersonal insight

Murphy et al. 2022

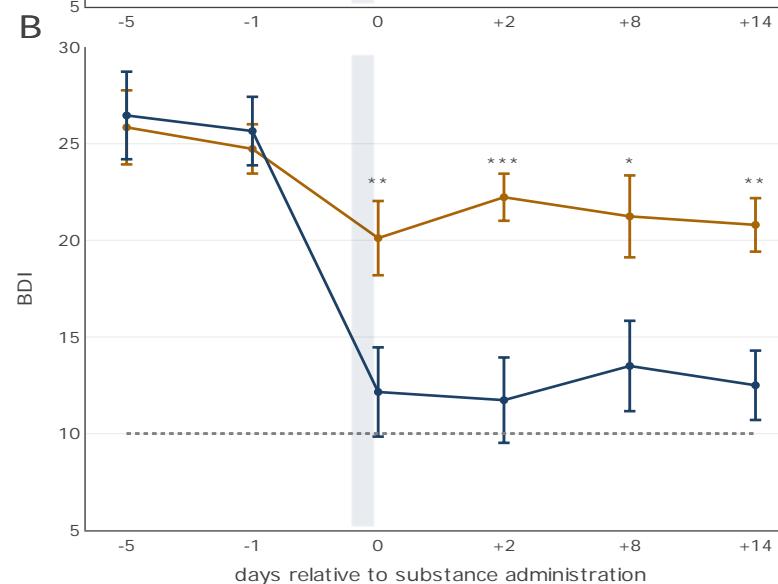
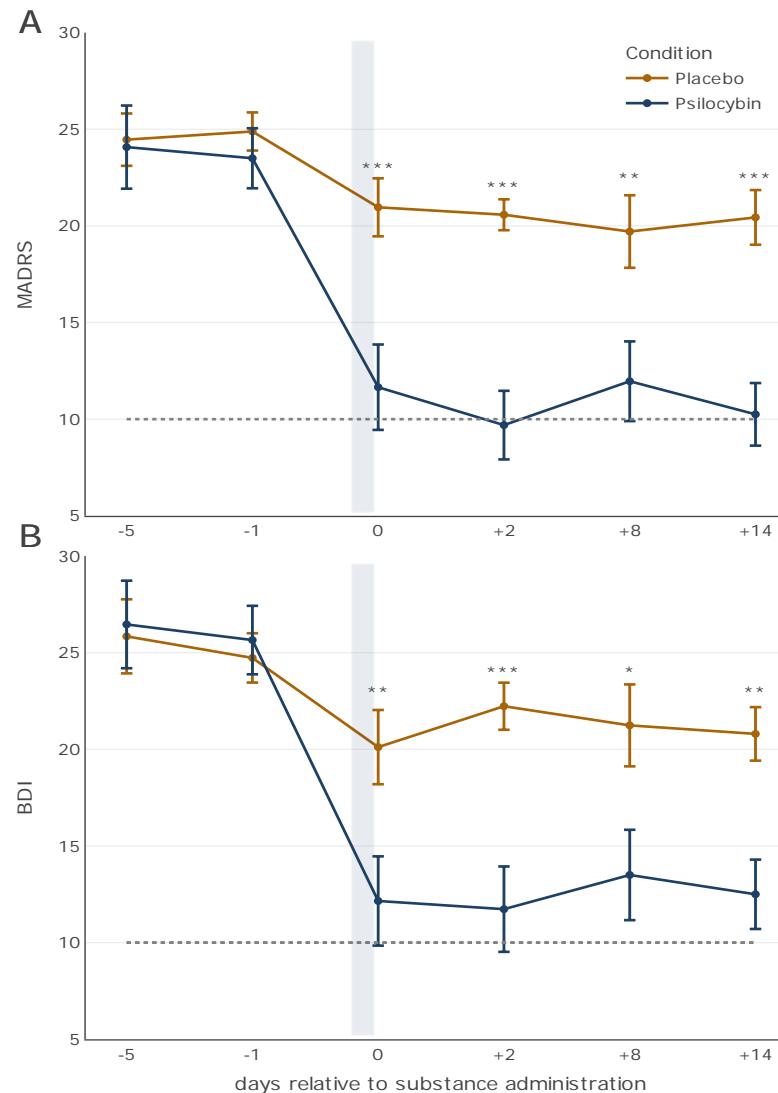
Proof-of-concept Phase II randomized, double-blind, placebo-controlled parallel group study of psilocybin in major depression (MDD, n=2 x 30)



Primary outcomes: depression severity on **MADRAS, BDI**

Secondary outcomes: RS fMRT, emotion- and self-regulation task, Multifaceted Empathy Task, & BDNF at -1 ,+2,+14d

Results: Effect of a single dose of psilocybin vs placebo on depressive symptoms (MADRS,BDI)(follow-up:14days)



Dose: single moderate dose of 0.215 mg/kg Psilocybin vs placebo

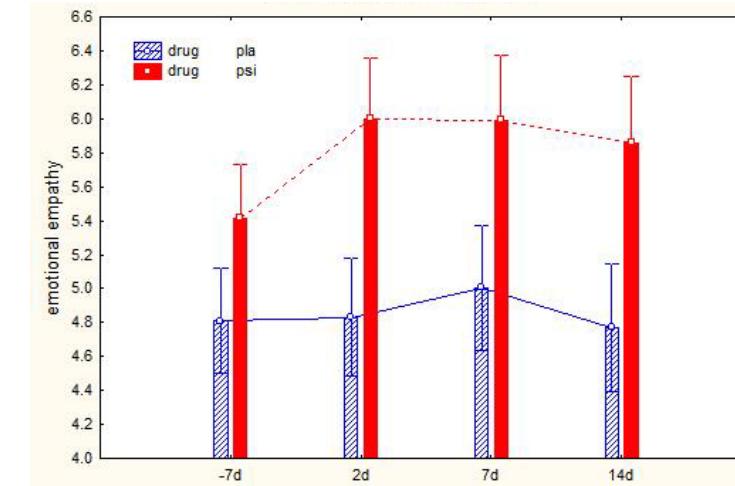
Response rate: 50% symptom reduction

Remission: MADRS <=10

Psi: Suicidal ideation: 14 day post-drug: none (no change from baseline)

Psi: Main AES: Mild headache in psi group the next day (11%)

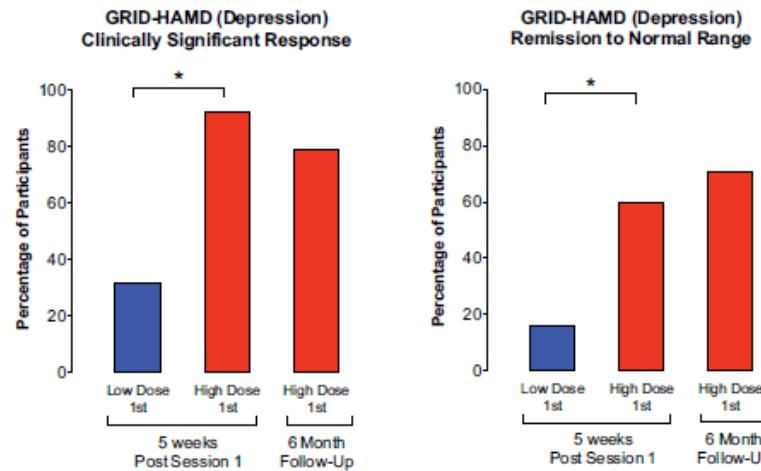
Multifaceted Empathy Task



Meta-Analysis: Persisting effects of 1 or 2 doses of psilocybin on depressive Symptoms (MADRS, HAM-D, BDI)

Table 1. Included studies.

Study	Population	Treatment	Sex (% female)	Age (years)	Depression scale	Score baseline	Main findings	Carhart-Harris et al., 2018	Resistant MDD	Psilocybin 10 mg then 25 mg 7 days after	30	44.1	HAM-D	24.1	Significant decrease of depressive symptoms at week 1; 2; 3; 5 and 3 and 6 months compared with baseline score
Grob et al., 2011	Depressive symptoms in patients with advanced-stage cancer	Psilocybin 0,2 mg/kg	91.7	36 to 58	BDI	16.1	No difference between 1 day prior to 2 weeks after administration. Difference became significant at the 6 months follow up	Sanches et al., 2016	Recurrent MDD	Ayahuasca 1,76 mg/kg	82.4	42.7	MADRS	25.65	Significant decrease of depressive symptoms at 40; 80; 140; 180 minutes day 1; 7; 14; and 21 compared with baseline score
Griffiths et al., 2016	Depressive symptoms in patients with life-threatening cancer	Psilocybin 20 to 30 mg/70kg	49	56.3	HAM-D	22.58	Significant decrease of depressive score after psilocybin at 5 weeks and 6 months	Palhano-Fontes et al., 2019	Resistant MDD	Ayahuasca 0,36 mg/kg	78.6	39.7	MADRS	36.14	Significant decrease of depressive symptoms compared with control group at day 1; 2 and 7.
Ross et al., 2016	Depressive symptoms in patients with life-threatening cancer	Psilocybin 0,3 mg/kg	62	56.3	BDI	15	Significant decrease of depressive symptoms compared with control group	Gasser et al., 2014	Depressive symptoms in patients with Life-threatening Diseases	LSD 200 µg twice at 1 week	36.4	51.7	HADS	13.3	No statistical analysis
Carhart-Harris et al., 2016	Resistant MDD	Psilocybin 10 mg then 25 mg 7 days after	50	42.7	MADRS	31	Significant decrease of depressive symptoms at week 1; 2; 3; 5 and 3 months compared with baseline score								(8 studies)



Dose: 10 und 25 mg

(remission: 3-6 m)

Griffith et al. 2016,2021

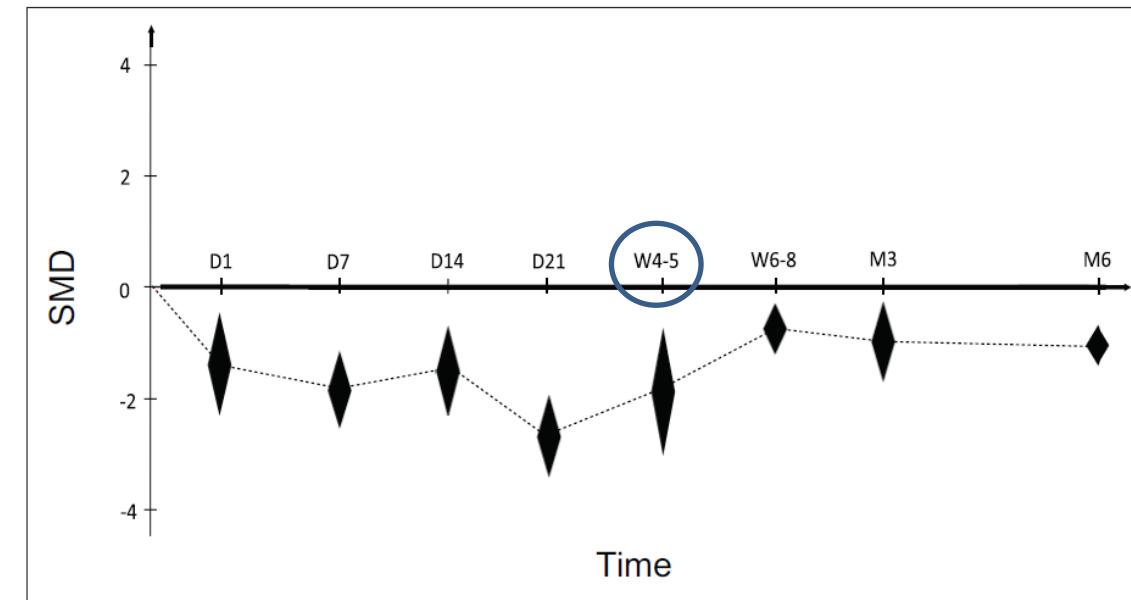


Figure 1. Time-course of overall standardized mean differences (SMD) between baseline and each time point of depressive score.

Romeo et al. 2022

Zusammenfassung möglicher therapeutischer Mechanismen

Selbst-Prozessierung

- Positive Selbst-Auflösung
- Unity, oneness
- Lockerung vorbestehender «beliefs»
- Systems (cognition) und Perspektivenwechsel
- Veränderung in der DMN Aktivierung & ACC-PCC Konnektivität



Emotionsverarbeitung

- Angehobene Affektivität
- Reduzierte Verarbeitung negativer Stimuli (decentring)
- Emotional breakthrough, and insight
- Veränderungen in der Amygdala Aktivierung und Konnektivität

Cognition

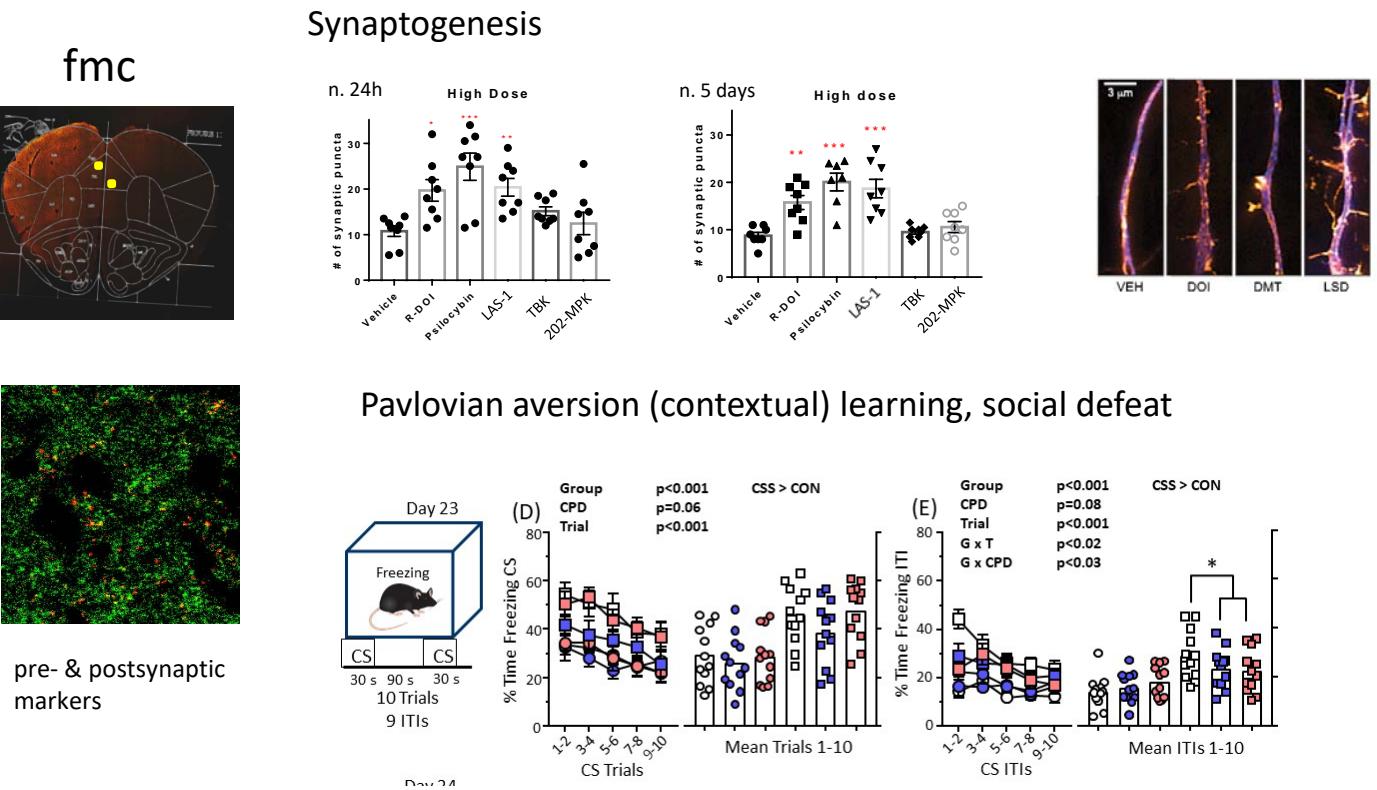
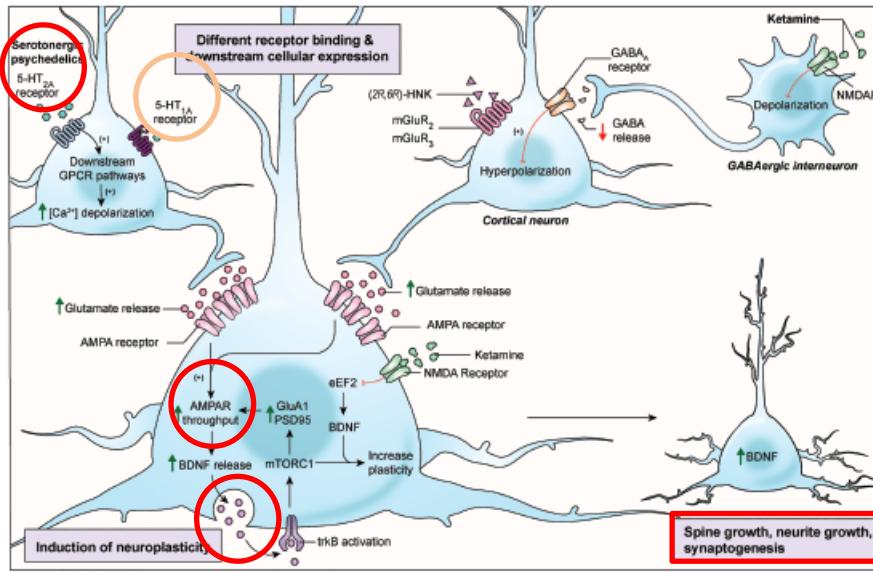
- Verminderte top-down Kontrolle
- erleichterte Kognitive Flexibilität
- Divergentes Denken
- «insight»



Soziale Cognition

- Verbundenheit (connectedness)
- Gesteigerte Empathie
- Reduzierte Kränkbarkeit (rejection sensitivity)
- «Pro-Spiritualität»

Outlook: Neuroplastizität (Psilocybin) und Verhaltensveränderungen (z.B. fear mem. extinction)



Psychedelika aktivieren die Synaptogenese im Cortex und Hippocampus, und erleichtern «fear memory extinction» im Mausmodell.

Offene Fragen

Einfluss der Erwartungshaltung von Patient und Therapeut

Qualität der therapeutischen Allianz und outcome

Welche therapeutischen Interventionen optimieren den outcome? Wieviele Substanzsitzungen sind notwendig?

Verblindung als Problem (kleine gegen hohe Dosis? Niacin und andere Vergleichssubstanzen)



Thanks to



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Katrin Preller
Social Cognition
EEG/fMRI

Michael Kometer
Imagery, Cognition
EEG/ERP

Andres Ort
TMS-EEG, fMRI

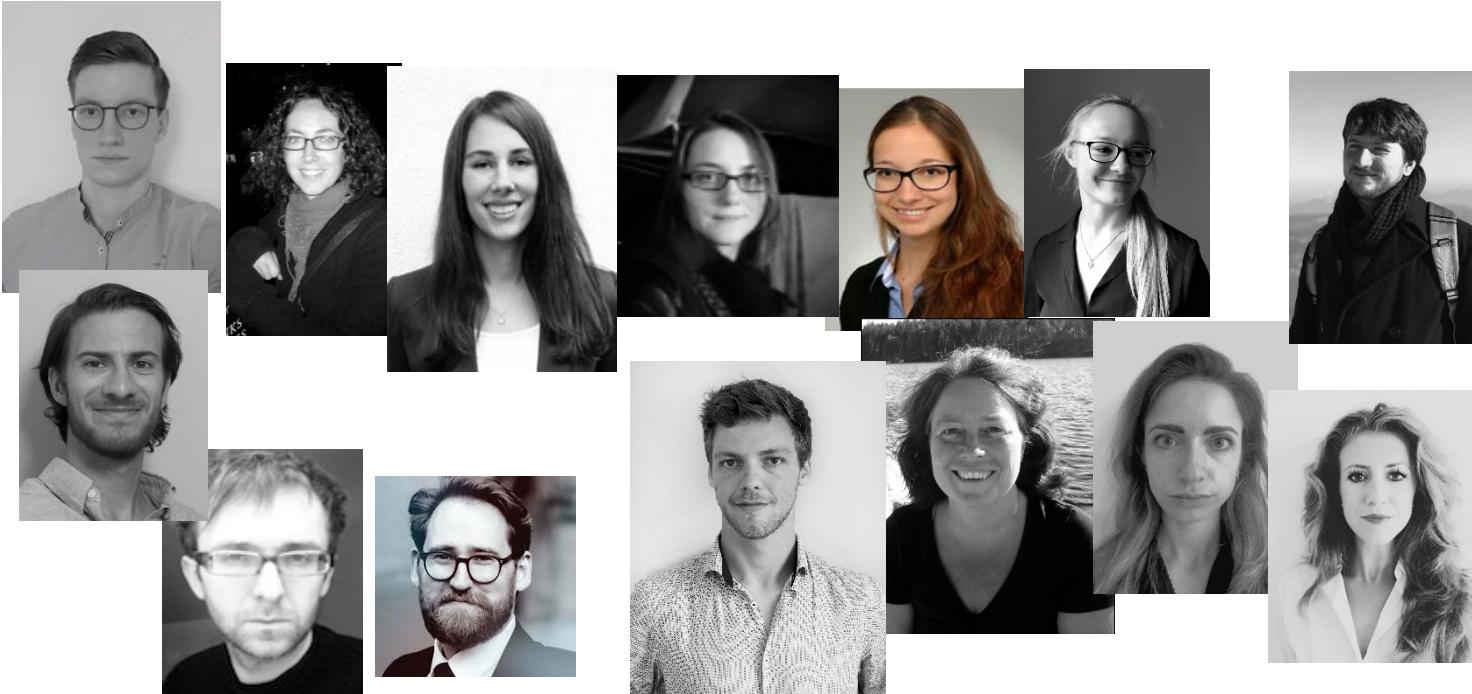
Eva Schindowski
Clinical Research
Depression

Markus Herdener
Clinical Research,
Head, Addiction

Chris Pryce
Translational Res.
Head Preclinical Lab.

Philipp Stämpfli,
Head MTI Centre

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Isabel Dziobek

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UCSD:

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Paul Allen Institute Seattle

Christof Koch

Yale University:

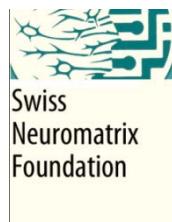
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