

Psychedelics and Pain: Understanding the Roles of Psychedelics and Clinicians in Facilitating Brain Change

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Disclosures

My spouse/partner and I have the following relevant financial relationship with a commercial interest to disclose:

- Consultant, Cala Health, Inc.
- Consultant, Click Therapeutics, Inc.



Why Psychedelics for Chronic Pain?



Mechanisms for developing chronic pain not completely understood → likely involve interplay between

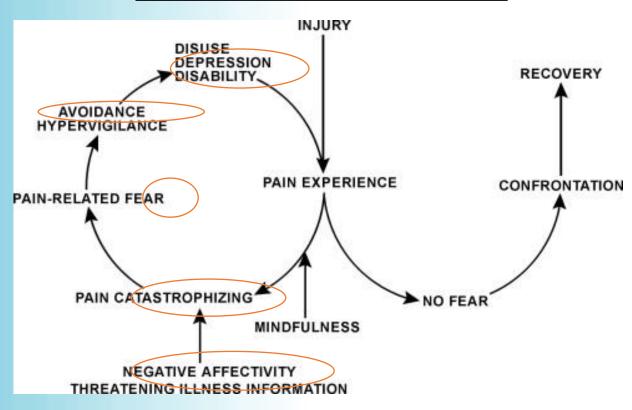
- somatic/visceral afferent input
- peripheral & central sensitization
- emotional state
- behavior & cognition



Why Psychedelics for Chronic Pain?

- 30% prevalence in adult US population (Johannes, et al. 2010)
- Difficult to treat → system changes affecting sensory, emotional, & cognitive processes (Varrassi, et al. 2010)
- 70% of chronic neuropathic pain patients fail to respond to opioids or other conventional analgesics

Fear-Avoidance Model of Chronic Pain



McCracken, et al. 1992. Waddell, et al. 1993. Vlaeyen, et al. 1995. Asmundson, et al. 1999.

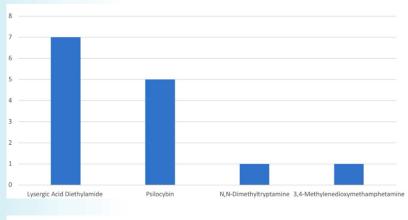


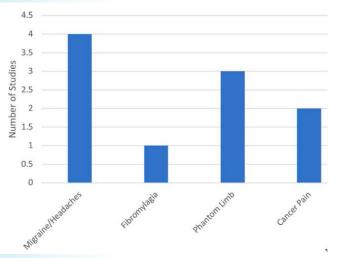
Why Psychedelics for Chronic Pain?

- Limited literature on classic psychedelics and chronic pain → mainly reviews (e.g., Goel, et al. 2023)
- Psychedelics-induced analgesia
 - LSD for cancer pain (Kast & Collins, 1964)
 - LSD &/or psilocybin for phantom limb pain (Kuromaru, et al. 1967, Fanciullacci, et al. 1977, Ramachandran, et al. 2018)
 - LSD &/or psilocybin for cluster headaches (Sewell, et al. 2006, Karst, et al. 2010, Schindler, et al. 2015, Andersson, et al. 2017)

Efficacy across different chronic pain conditions: pain relief, shorter cluster periods, reduced frequency/severity of symptoms

→ But: 1960's/1970's studies, newer studies needed



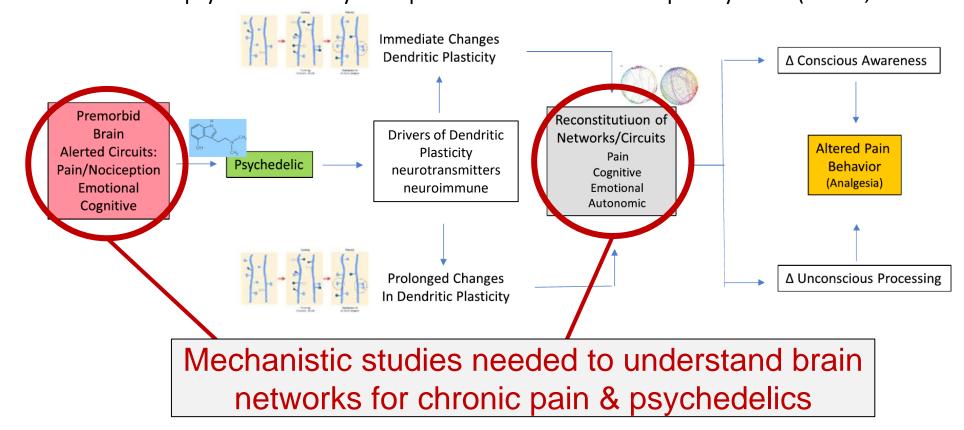


Goel, et al. 2023.

Model: Psychedelics Target Brain Network Plasticity?



Model "How psychedelics may alter pain behavior": effects on pain systems (Elman, et al. 2022)

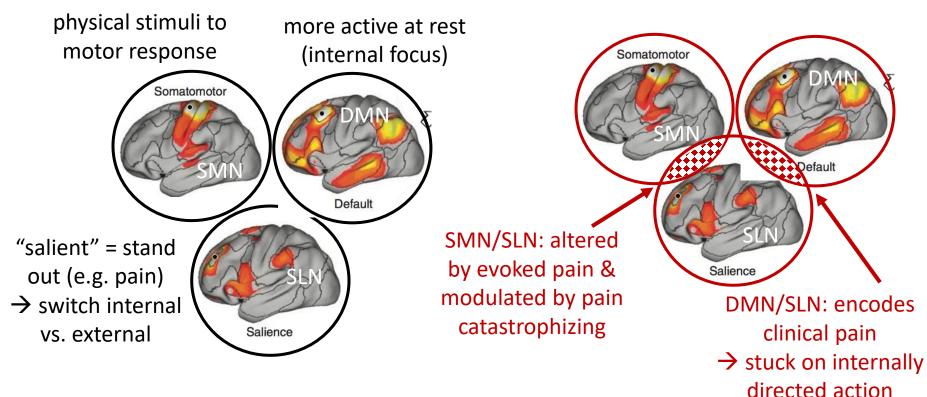


Chronic Pain Characterized by Brain Network Enmeshment



Healthy

Chronic Pain



Chronic Pain Characterized by Brain Network Enmeshment

- <u>Psychedelics-assisted therapy</u> to optimize pain management skills vs. analgesic effects (see PTSD/depression approaches)
 - Psychedelic experience: might induce heightened cognitive clarity and increased emotional receptivity > enhanced/renewed recognition of intrinsic meaning of life, a closer connection to loved ones, nature and religion?
 - Potential cognitive reattribution processes that target dysfunctional thoughts towards pain (i.e., catastrophizing)
 - Boosting therapeutic alliance i.e., a positive patientclinician relationship → increased range of positive emotions, interpersonal trust, and heighten state of empathic rapport





Therapeutic Alliance Important for Pain and Depression



Ferreira, et al. 2013

RCT of spinal manipulation, exercise for cLBP (N=182): patient-clinician "therapeutic alliance" was predictor and moderator of pain and other outcomes → authors suggest: boost efficacy of interventions by enhancing therapeutic alliance

Wampold, 2015

 psychotherapy meta-analysis: effect size for contextual factors (empathy, alliance) > specific factors



Upregulating Neuroplasticity for Enhanced Therapy





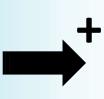




clinician therapeutic alliance?



How to investigate the neural mechanisms supporting guided therapy and patient/



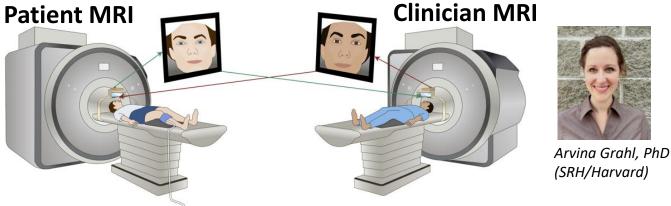
guided therapy





Hyperscanning Brain Mechanisms of Therapeutic Alliance



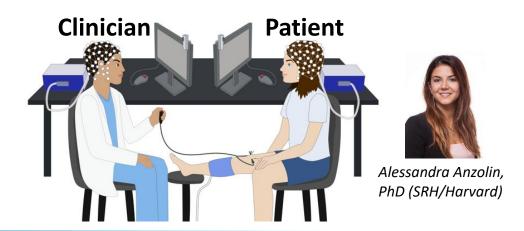


MRI: high spatial resolution

→ precise location of involved brain regions

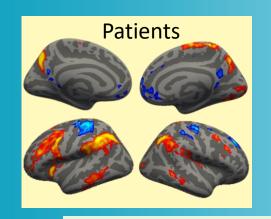
EEG: high temporal resolution

→ temporal dynamics of underlying processes



Hyperscanning Brain Mechanisms of Therapeutic Alliance

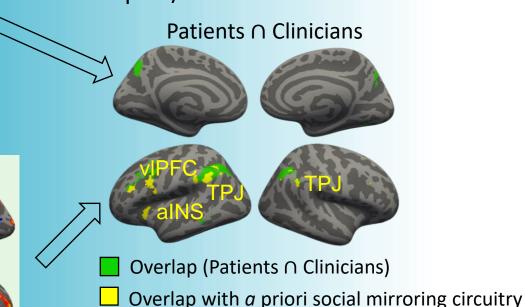




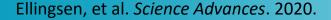
Clinicians

Right

Brain responses during anticipation of pain/treatment



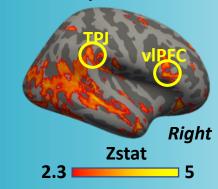
TPJ known region processing social mirroring and theory of mind (ToM)



Hyperscanning Brain Mechanisms of Therapeutic Alliance



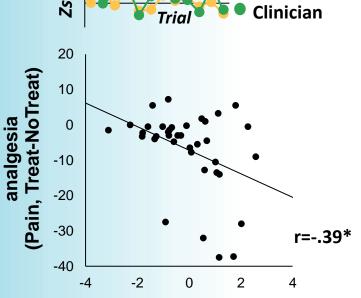
Clinicians' dynamic concordance with patients' rTPJ



Social Interaction > No Interaction

Summary: Greater TPJ concordance and facial expression mirroring associated with greater analgesia → ToM processing via facial mirroring (i.e., non-verbal) supporting socially-mediated analgesia during clinical context





Patient-Clinician rTPJ concordance

Ellingsen, et al. Science Advances. 2020.

Hyperscanning MDMA-Guided Therapy for Pain

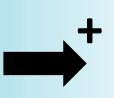


guided therapy

pro-social psychedelic (MDMA)

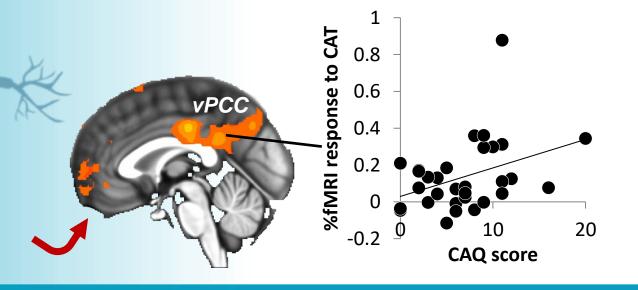






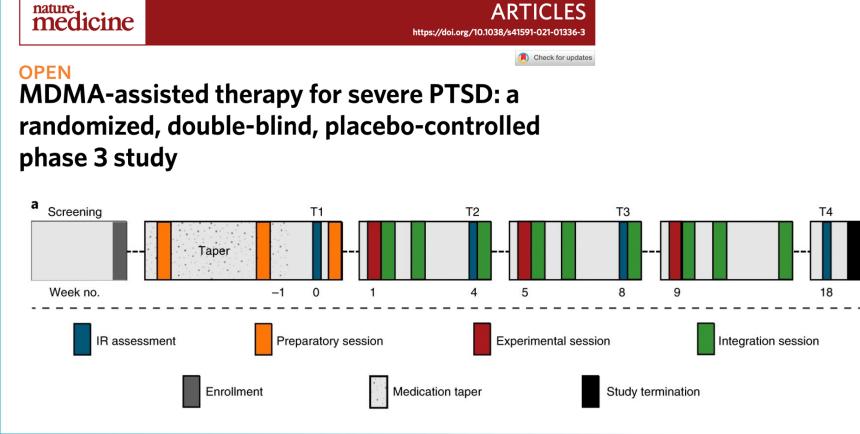








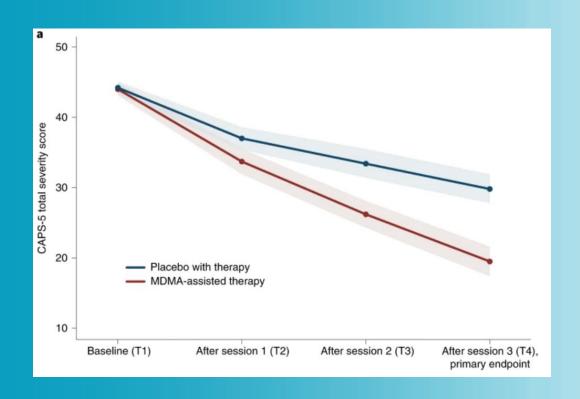
MDMA-Assisted Therapy for PTSD



Mitchell, et al. 2021.



MDMA-Assisted Therapy for PTSD



- Reduced severity scores on the structured Clinically Administered PTSD Scale (CAPS-5)
- "By about the end of 2023, MDMA is very likely to become FDA-approved for PTSD" – Kelan Thomas, PharmD, Touro Univ., Pharmacy Times

MDMA-Assisted Therapy for PTSD Pain





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MDMA-assisted therapy is associated with a reduction in chronic pain among people with post-traumatic stress disorder

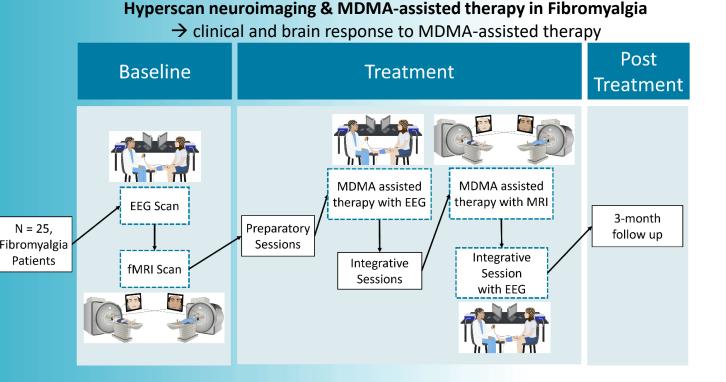
- Analysis of Phase 2 MAPS-sponsored study data
- 84% of PTSD patients reported suffering from pain
- Significant pain reduction reported for patients in severe and moderate pain subgroups

Christie, et al. 2022.

Hyperscan Neuroimaging & PSYCHIATRY ACADEMY MDMA-Assisted Therapy in Fibromyalgia

 Therapeutic alliance: positive patient-clinician relationship → acknowledged as an essential component for MDMA-assisted therapy

Our study is now FDA approved, awaiting IRB approval (enrollment 2024)



MASSACHUSETTS



Summary

- Hyperscan fMRI and EEG and can be used to study the brain mechanisms supporting pain patient/clinician interactions and therapeutic alliance
- The psychedelic experience may change how pain patients relate to clinicians and vice versa, potentially enhancing therapeutic alliance and clinical outcomes → <u>establish</u> <u>importance of guided therapy for chronic pain in psychedelic</u> <u>medicine</u>

Future directions:

- What type of guided therapy works best with which psychedelic substance?
- What is role of short-term vs long-term therapy for brain and clinical outcomes?
- If "connection" is the essential ingredient, what characteristics of therapists allow for better alliance during psychedelic medicine?





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