

## "Психоделічно асистована терапія в лікуванні посттравматичних станів: міжнародний досвід та перспективи впровадження в Україні"

4 травня працівники Центру психологічного консультування та психокорекції МАУП взяли участь у Міжнародній науково-практичній конференції "Психоделічно асистована терапія в лікуванні посттравматичних станів: міжнародний досвід та перспективи впровадження в Україні".

Ознайомились з результатами останніх наукових досліджень психоделічно асистованої терапії (ПАТ). Кращі закордонні експерти в даній галузі розповіли про міжнародну практику застосування ПАТ та міжнародний досвід її законодавчої регуляції. Українські експерти говорили про вітчизняні проблеми психічного здоров'я. Українські та іноземні військові ділилися власним досвідом ПАТ.

Logos: Forest Glade, UPRA (Ukrainian Psychiatric Research Association), heal UKRAINE TRAUMA, BORDERLANDS Foundation, Olaf Pine FOUNDATION.

Міжнародна науково-практична конференція  
**Психоделічно асистована терапія в лікуванні посттравматичних станів**  
Міжнародний досвід та перспективи впровадження в Україні

**LU MC** Psychedelic Clinical Trials 2010-2021 (excluding ketamine)

**NEWS FEATURE** 27 JANUARY 2021  
**How ecstasy and psilocybin are shaking up psychiatry**  
Regulators will soon grapple with how to safely administer powerful psychedelics for treating depression and post-traumatic stress disorder.

**PSYCHEDELICS TAKE FLIGHT**  
Over the past decade, there has been an increase in clinical trials testing psilocybin, MDMA and LSD for use in psychiatric conditions, including depression, drug dependency and anorexia nervosa.

| Year | Psilocybin | MDMA | LSD | Total |
|------|------------|------|-----|-------|
| 2010 | 0          | 0    | 0   | 0     |
| 2011 | 0          | 1    | 0   | 1     |
| 2012 | 0          | 1    | 0   | 1     |
| 2013 | 0          | 1    | 0   | 1     |
| 2014 | 0          | 1    | 0   | 1     |
| 2015 | 0          | 1    | 0   | 1     |
| 2016 | 0          | 1    | 0   | 1     |
| 2017 | 1          | 1    | 0   | 2     |
| 2018 | 1          | 1    | 1   | 3     |
| 2019 | 1          | 1    | 1   | 3     |
| 2020 | 1          | 1    | 1   | 3     |
| 2021 | 1          | 1    | 1   | 3     |

Legend: ■ = 1 trial, ■ Psilocybin, ■ MDMA, ■ LSD

©nature

[https://ips.ligazakon.net/document/KP000770?ed=2014\\_12\\_26](https://ips.ligazakon.net/document/KP000770?ed=2014_12_26)



# Центр психічного здоров'я та реабілітації «Лісова поляна» МОЗ України:

## 9 років досвіду

### Мультимодальна модель відновлення психічного здоров'я



## Чи корисний кетамін саме при ПТСР?

- Мета-аналізи:
- 14 статей показали, що кетамін є перспективним препаратом для лікування ПТСР (Albuquerque T. et al, 2022)
- 10 досліджень за участю 705 пацієнтів довели, що кетамін може значно полегшити симптоми хронічного ПТСР. Застосування є безпечним для пацієнтів і добре переноситься з лише короткочасними психічними та гемодинамічними побічними ефектами (Du R. et al, 2022).
- При застосуванні кетаміну в поєднанні з психотерапією, досягається помітно кращий ефект терапії (Pradhan B. et al, 2018).



## Psychedelic Psychiatry



Cell

### Psychedelic Psychiatry's Brave New World

David Nutt,<sup>1,2</sup> David Ejlertson,<sup>3</sup> and Robin Carhart-Harris<sup>1,2</sup>  
<sup>1</sup>Centre for Psychedelic Research, Department of Psychiatry, Imperial College London, London W12 0AZ, UK  
<sup>2</sup>Conspicuousness, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

After a legally mandated, decades-long global arrest of research on psychedelic drugs, investigation of psychedelics in the context of psychiatric disorders is yielding exciting results. Outcomes of neuroscience and clinical research into 5-Hydroxytryptamine 2A (5-HT2A) receptor agonists, such as psilocybin, show promise for addressing a range of serious disorders, including depression and addiction.

**Introduction—Why the Psychedelic Revolution in Psychiatry?**  
Research leading to the discovery of new pharmacological treatments for psychiatric disorders has been painfully slow. With a few exceptions, including the use of certain antagonists for insomnia, current medicines are derivatives of drugs discovered in the 1950s through serendipity and refined through pharmacological modifications. For these reasons, most major pharmaceutical companies have retreated from researching brain targets, threatening to halt a progression in research knowledge and possibly including the same sort of stark age that antibiotic research has found itself in.

Since psilocybin was an experimental medicine supplied by Sandoz as "Nobex" but, however, since LSD became used recreationally by young people, it was banned and most other psychedelics were pushed into the legislative research on their potential therapeutic efficacy granted to a halt. In the past decade, research on these compounds has been re-established by a few groups across the world, culminating in new centers for psychedelic research at Imperial College London and Johns Hopkins University.

Because psilocybin is a Schedule I controlled drug, meaning that it has been defined as having high potential for abuse with limited therapeutic utility, it has been illegal in the United States since 1966. There have also been studies showing efficacy in alcoholism and tobacco dependence (Boggs et al., 2011), and similar studies in anxiety, obsessive-compulsive disorder (OCD), chronic pain, and spinal cord injury are being developed.

This might seem a strange and disparate set of disorders for a single medicine to work in, and this speaks to the invasive nature of psychedelic therapy. In most studies, the psychedelic is given just once through in a few studies, twice in a few times over a period of weeks as part of an ongoing psychotherapy course, in complete contrast to currently available medications, which are given at least

Leading Edge Commentary

### Psychedelic medicine outlook

#### Bridging the clinical divide

Clinical trials impose constraints that make it difficult to judge how effective psychedelic drugs will be in treating people with mental health conditions, says Paul S. Appelbaum.

The prospect of using psychedelic drugs to treat people with psychiatric disorders has generated considerable excitement among mental health professionals and the public alike. Early reports that people with severe treatment-resistant depression responded to psychedelic treatment, for example, created excitement for controlled clinical trials and directly enabled therapeutic efficacy. As these trials are planned, however, it will be crucial for their design to address the problems that are likely to arise in the real world.



**It is incumbent on the field to identify the components that are likely to be the most important to the success of the intervention.**

Clearly, if the only data continue to come from clinical trials with each individual evaluation, we will not know whether people with these conditions are as likely to respond to psychedelic treatment as other groups, or whether they are more or less likely to suffer adverse effects. Moreover, the extent to which these groups are likely to respond to the treatment of these conditions is a question that is not addressed by the design of these studies.



For example, a group of people that is perceived as higher risk will be more likely to be included in the study, and the extent to which they are included in the study will be determined by a series of factors, such as the extent to which they are able to participate in the study, and the extent to which they are able to tolerate the treatment. These complications are likely to be more pronounced in the real world, where people are not as likely to be included in the study, and the extent to which they are included is likely to be determined by a series of factors, such as the extent to which they are able to participate in the study, and the extent to which they are able to tolerate the treatment.

**Paul S. Appelbaum** is a professor and senior advisor at the Center for Communications Programs, Harvard Medical School, Boston, MA. He is also a professor of psychiatry at Harvard Medical School, Boston, MA. He is also a professor of psychiatry at Harvard Medical School, Boston, MA. He is also a professor of psychiatry at Harvard Medical School, Boston, MA.



MAPS-sponsored  
**Phase 3 Pivotal Clinical Trial**

Published in  
**Nature Medicine**  
10 May, 2021



**ARTICLES**  
**OPEN**  
**MDMA-assisted therapy for severe PTSD: a randomized, double-blind, placebo-controlled phase 3 study**

Josiah M. Manson<sup>1,2\*</sup>, Michael B. Speer<sup>3,4,5\*</sup>, Alex Dimitroff<sup>6</sup>, Charlotte Harrison<sup>7</sup>, Sarah Almonte<sup>8</sup>, Kelly Parker-Guthrie<sup>9</sup>, Marissa DiMatteo<sup>10,11</sup>, Wade Grant<sup>12</sup>, Casey Paine<sup>13</sup>, Nigam Garg<sup>14</sup>, Christopher Nickerson<sup>15</sup>, Michael Krasner<sup>16</sup>, Cameron Gable<sup>17</sup>, Bruce Pechter<sup>18</sup>, Ann Mitchell<sup>19</sup>, Sylvain Dumais<sup>20</sup>, Gregory Mello<sup>21</sup>, Sukhpreet S. Khosla<sup>22</sup>, Ronald Lee-Rollé<sup>23</sup>, Anne Mackay<sup>24</sup>, Rachel Anand<sup>25</sup>, Raj Wadhwa<sup>26</sup>, Scott Diamond<sup>27</sup>, Joshua D. Woolley<sup>28</sup>, Cole Martyn<sup>29</sup>, Vignayya Gullapalli<sup>30</sup>, Emma Maguire<sup>31</sup>, Simon Anwar<sup>32</sup>, Nir Malhotra<sup>33</sup>, Ronald Brown<sup>34</sup>, Scott Hasbani<sup>35</sup>, John B. Wang<sup>36</sup>, Allison Carter<sup>37</sup>, Rebecca Krawinkel<sup>38</sup>, Alessandro Borsoi<sup>39</sup>, Boris Vozar Klizinski<sup>40</sup>, Amy Emerson<sup>41</sup> and Rick Doblin<sup>42</sup>

Post-traumatic stress disorder (PTSD) remains a global public health problem as well as a costly medical condition with a mortality burden. We report the findings of a randomized, double-blind, placebo-controlled, parallel-group phase 3 clinical trial of MDMA-assisted therapy for severe PTSD. The study was conducted in a controlled, supportive environment. Participants received 12 sessions of MDMA-assisted therapy over 12 weeks. The primary endpoint was the percentage of participants who achieved a clinically significant reduction in PTSD symptoms. The study was funded by MAPS and the National Institute of Mental Health (NIMH).

**P**ost-traumatic stress disorder (PTSD) remains a global public health problem as well as a costly medical condition with a mortality burden. We report the findings of a randomized, double-blind, placebo-controlled, parallel-group phase 3 clinical trial of MDMA-assisted therapy for severe PTSD. The study was conducted in a controlled, supportive environment. Participants received 12 sessions of MDMA-assisted therapy over 12 weeks. The primary endpoint was the percentage of participants who achieved a clinically significant reduction in PTSD symptoms. The study was funded by MAPS and the National Institute of Mental Health (NIMH).

