Peak Experiences: Lessons Learned from a Feasibility Study of Psilocybin-assisted Therapy for Demoralization in Patients Receiving Hospice Care

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Learning Objectives

• Briefly review the landscape of research on psychedelic-assisted therapies (PAT) in patients with serious illness

• Discuss the rationale and study design for a pilot feasibility study of PAT for patients receiving hospice care

• Present two clinical cases of study participants receiving PAT, emphasizing relevant features to the CL psychiatrist
Psychedelics as medicine

Life magazine publishes Gordon R. Wasson’s account of 1955 Mazatec mushroom ritual with curandera Maria Sabina

Ceremonial use of *psilocybe* mushrooms in Mesoamerica

- Albert Hofmann synthesizes psilocybin, after isolating and identifying the compound in 1957
- Dame Cecily Saunders & the birth of the hospice movement

Early wave of studies using LSD-assisted psychotherapy in terminal illness

Psychedelics listed as Schedule 1 under Controlled Substances Act

Resurgence of pre-clinical and clinical academic research

Usona receives Breakthrough Therapy Designation. NYU and JHU publish cancer studies in 2016

Advances in cancer care, patients living longer, psychosocial oncology and palliative care increasingly recognized

Increasing public interest in psychedelic-assisted therapies

Early psychedelic research in patients with serious illness 1964 – 1977

Early therapeutic signals on cancer pain → QOL / psycho-existential distress


Psychotherapeutic process / set & setting; mystical experience; death anxiety / psycho-existential distress

Contemporary psychedelic research in patients with serious illness


Anderson BT et al. (2020) *Psilocybin-assisted group therapy for demoralized older long-term AIDS survivor men: An open-label safety and feasibility pilot study*. EClinical Medicine


Agrawal et al. (2023) *Psilocybin-assisted Group Therapy in Patients with Cancer Diagnosed with a Major Depressive Disorder*. Cancer

Lewis et al. (2023) *HOPE: A Pilot Study of Psilocybin Enhanced Group Psychotherapy in Patients with Cancer*. Journal of Pain and Symptom Management 2023
Ongoing studies in patients with serious medical illness

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<th>Treatment</th>
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<td>Pragmatic Trial of Psilocybin Therapy in Palliative Care (PT2PC): A Multi-center Triple-blind Phase 2 Randomized Controlled Trial of Psilocybin Therapy for Demoralized Adults Near the End of Life</td>
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Hospice: a model of care

- Provides services for individuals with a **terminal illness** and a **life expectancy of less than six months**

- Dame Cecily Saunders in UK 1964 --> to the US in 1967

- Dying is a normal part of life, restoration of dignity, improving QoL and comfort

- Provided across the care continuum (inpatient, nursing facilities, home)

- Interdisciplinary by nature (physicians, nurses, APN, SW, chaplain, aides)

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Hilma af Klint, *The Ten Largest, No. 4 Youth* (1907).
First study to attempt implementation of PAT into the hospice care model
Partnership between Dana-Farber Cancer Institute and Care Dimensions Hospice House (community hospice agency)

Our therapist team:
Principal Investigator: Yvan Beaussant, MD, MSc
- 4 MDs (2 psychiatrists- 1 CL trained, 1 HPM trained; 1 heme-onc HPM trained, 1 neurologist HPM trained)
- 1 PhD level music therapist
- 1 PhD level SW
PATH Trial: Study Design

Eligibility criteria:
- Patients with any terminal illness on home hospice
- PPS ≥ 40 %
- Moderate to severe demoralization

Outcome measures
- **Feasibility**: Enrollment, retention, assessments completion, acceptability
- **Safety**: vital signs, AEs/SAEs, suicidality, delirium
- **Efficacy**: physical, psychological, social and spiritual QOL; Mystical experiences

- Concurrent mixed-method pilot trial
- n = 15 (at least 10 treated)
- Psilocybin 25 mg x 1, open label
- Collaboration with IDT at every step
- Family caregiver and hospice staff interviews
• To date: 13 patients enrolled, 8 patients treated with psilocybin
  • Feasibility issues: illness progression, withdrawing consent
• Majority with neoplastic disease as primary hospice diagnosis (GI cancers); ILD
  • Mixed profile of pre-existing MH diagnoses and treatments
• Collaboration with hospice IDT essential at each step
• Involvement of family/caregivers
Participant 3, “Sam”

• 47yo married homemaker, mother of two teenage daughters
• Hospice diagnosis is chronic rejection of a lung transplant 8 years prior for idiopathic pulmonary fibrosis
• Psychiatric history of depressive symptoms secondary to transplant rejection
  • Managed on citalopram 40mg daily, bupropion XL 150mg daily, weekly supportive psychotherapy
• Strong performance status, independent in ADLs, minimal physical symptom burden
Participant 3, “Sam”: Preparation

- Demoralization: isolation, “dealt a crappy hand”
- Personality style: proactive, intellectual
- Did not identify as spiritual
- One prior psychedelic experience (LSD age 16)
- Intention: connect with her “heart center” and feel more present
Participant 3, “Sam”: Dosing

• Delayed start (HTN)
• Quiet, inward
• Profound mystical experience (MEQ 137/150)
• Early processing: unity

“the universal stream”

“I’ve lived a thousand lives”
Participant 3, “Sam”

“At one point, there was this stream and everyone and everything in the universe was just kind of dipping in and out, dipping in and out. And it's kind of like, you know what, it’s okay! [...] I worked out a lot of grief and distress. [...] I am definitely more at peace with things.”
Participant 3, “Sam”: Integration

*From* isolation *toward participation* through *unity*

Engaging with grief, successful mourning

Increased presence to:

- Her self, emotions ("boxes under the bed")
- Her body (the coughing fit)
- Her family (the sleepover)
- Her hospice team (purses)
Participant 5, “Peter”

- 81yo M widowed, retired probation officer with chronic respiratory failure from ILD and multiple medical comorbidities
- Living with son & family, semi-independent in ADLs
- Frail with high respiratory symptom burden accompanied by anxiety and often nausea
- Symptoms managed with O2, morphine, haloperidol PRN
Participant 5, “Peter”: Preparation

- Demoralization: meaninglessness
  - Co-occurring complicated bereavement
- Personality style: concrete, service-oriented, well-related
- Strong Catholic faith
  - Hospice chaplain, grounding practice

Intention: "I want to live, not just exist."
Participant 5, “Peter”: Dosing

- Difficulty settling
  - "Stop!", request to change song
- Frequent requests for PRN morphine (first dose at hour 4)
- Sharing of intense dysphoric experience
- Chaplain & family intervention: anointment ceremony and sharing mutual appreciation
  - Giving and receiving love makes him of value to God

Francis Bacon, Pope, 1958
Participant 5, “Peter”: Integration

- Closer to god, profound truth in his purpose to give and receive love
- Unmet expectations
- Emphasis on chaplain
- More relatedness/reciprocity: son's birthday party, hospice team
- Anointment as symbol

Bryce Canyon, UT 2020
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