Theme: Psychedelics in psychiatry; are we in for a good or bad trip?

The Psychiatric Eye

The London Division e-Newsletter

Welcome to the Winter edition 2018/19 of The Psychiatric Eye. In this edition we are discussing the use of psychedelics in psychiatry, along with our other regular features.

When I was a medical student, one of the favourite stories of my friend's grandmother, who was a psychiatry trainee in the 1950s, was the afternoon she and her fellow trainees were all given a tab of LSD, the idea being to "experience psychosis" first hand. I heard the story more than once, but never really knew if this was true or not. To my medical student ears, she sounded convincing.

That was in a different age though, when psychedelics in the treatment of psychiatric disorders were the new promising thing. From our 2018 perspective, the whole idea of psychiatry having anything to do with mind altering drugs may just seem a little…bizarre.

As always with these things, we may have come full circle. After a summer of the UK media becoming obsessed with cannabis being the cure-all for epilepsy (well, "medicinal cannabis" if you read the small print), drugs more commonly associated with recreational use (or abuse) are back on the radar as treatments of psychiatric disorders. So, what better time to ask the question, Psychedelics in psychiatry; are we in for a good or bad trip?
Thank you to all of our contributors to this edition. We hope you enjoy the range of views presented here, along with our regular Conference Watch and Culture Vulture pieces. Congratulations to Lara Lavadino, who is the prize winner for this edition with her article "And the pattern repeats".
We hope you enjoy reading this edition and don't forget to join the conversation @RCPsychLDN

Editorial from Dr Matthew Francis & Dr Stephanie Young

Inside this issue

Chair's Message

Dr Peter Hughes

Chair of the London Division Executive Committee

The London Division continue to work on ways of engaging with its members. We want to engage with each Trust through the medical staff committees, as well as looking at other ways to make the London Division relevant for all members in London.

We recently held a number of London Division events, including one of our most successful SAS events to date, with a focus on the theme of suicide awareness/prevention in coordination with World Suicide Prevention Day 2018. The London Division also held a successful 'Discover Psychiatry' event; this was a recruitment event for medical students and foundation doctors which was organised by our #ChoosePsychiatry Recruitment Committee. It is a very challenging but exciting time for the committee, who continue to look at ways to improve recruitment into Psychiatry.

I would like to emphasise the importance of the lived experience in all of our work at the College. We can learn from each other in London about innovations in practice and from outside. London faces particular challenges for our profession; we are priced out of living in London and we have Physician Associates coming along. This is both an opportunity and, we must say, a potential risk to our profession. We have little idea of how Brexit will affect us in the next few months and the London Division has a role to shout loudly for the hard working, beleaguered London Psychiatrist in the face of all of these challenges, and for patient care.

I would like to thank the editorial team and all the contributors, and hope you enjoy this newsletter edition. We would love to receive more articles from our members so please keep a look out for our call for articles and feel free to contact the committee at; ThePsychiatricEye@rcpsych.ac.uk

SAS Event

Discover Psychiatry Event

Annual Academic Event

Themed article: And the pattern repeats...

Dr Lara Lavadino

Recently there has been a lot of discussion about the use of certain substances (informally called psychedelic substances) for the treatment of mental health conditions. This is very interesting, taking into account that these substances were pioneered back in the 1950s and 60s and a significant amount of research was done to establish their different uses and safety. However, for various reasons, particularly political and social scepticism as it has been recorded in the documentation available, these drugs were dismissed and fell into oblivion. They were never included as a regular option for mental health treatment despite initial positive results from research and clinical trials.[1]

Some could argue that if we look back to our history, there appears to be a pattern of discovery, scepticism, oblivion and then, only for some years later the discussion to be reopened and treatment or therapies might eventually be accepted. Improvements in anaesthetic medications during the Victorian era seemed to follow this pattern; one can easily find similarities when reflecting on the narrative of the psychedelic substances in our century.

H. Osmond and R.Sandison, as good examples of pioneers in using these substances, were able to demonstrate the positive effect of the psychedelic substances in various conditions such as alcoholism, depression or anxiety.[2] In particular, they highlighted the useful function of these substances in combination with psychotherapy as an adjunct to "open the gate" and make available unconscious (suppressed) memories that otherwise could not be accessed during the therapeutic work.

One can't help but wonder. Maybe it is not about the substances themselves, maybe it has nothing to do with them; with their safety or their pharmacological mechanism, as some have argued. Maybe it is a matter of timing, judgment, acceptance and perception. Maybe these pioneers were ahead of their time and society was not ready for that discovery, so the pattern of scepticism and oblivion repeated. Maybe now is the time to reopen the discussion about psychedelic substances. They may offer potential for improved therapies in psychiatry and psychology. Maybe we will get to be the lucky ones who live at the time when psychedelic treatment are developed and welcomed and with then the prognosis of certain mental health conditions could be improved. Maybe if we continue this route, we will be able to gain knowledge and develop these resources so at some point we will start another pattern for future generations.

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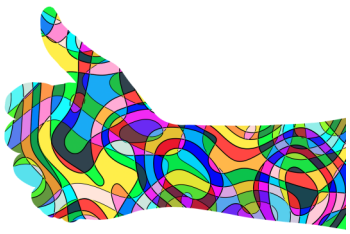
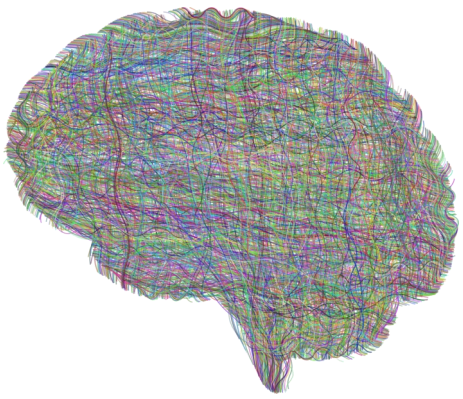


Themed article: Clinical research with psilocybin in the UK (and why it's a 'good' thing)

Dr James Rucker

The tendency of society (and psychiatrists) to ascribe drugs as either 'good' or 'bad' objects is implied in the theme of this edition. I'd say this was rather archaic. Drugs are tools. We need to work out in which contexts they are helpful and in which they are unhelpful. Good quality clinical research is essential in this venture and underpins evidence-based practice.



Psychedelics like psilocybin are being reinvestigated for their use in non-psychotic mental health problems, with the low hanging fruit currently treatment resistant depression (TRD) [1]. Compared to the suffering and socioeconomic disadvantage conferred by TRD itself, I argue that the reinvestigation of a drug class that is not associated with end organ physiological toxicity[2] and was previously showing promise prior to politically-motivated prohibition[3] is actually quite logical. The UK government appears to agree, given that it has funded me to the tune of ~£1.2M to perform a randomised controlled trial of psilocybin in TRD at King's College London. Society may be changing its views too. A UK based pharma start-up company with very significant venture-capital backing is now funding multicentre trials of psilocybin in TRD and manufacturing medicinal quality psilocybin capsules with matching placebo capsules[4]. If the treatment is ever licensed (and it is a big 'if'), it would be delivered on a day-case basis in specialist centres with no ongoing medication to take home. Diversion would be very unlikely.

Some appear to fundamentally disagree with the reinvestigation of psychedelics as therapeutic tools on the basis that recreational use can lead to harmful outcomes and legitimising psychedelics by establishing a medical utility will lead to increased abuse. Unlike other legally Scheduled drugs also being investigated in psychiatry (ketamine, for example), psychedelics are not classically rewarding in animal models[5]. This is reflected in humans, with patterns of recreational use showing intermittent experimentation leading into abstinence[6]. The UK government does not routinely collect data on deaths attributable to classical psychedelics, like it does opiates, amphetamines and alcohol. Why? Because there are so few. If we used a recreational harm argument to restrict medical research and clinical use, then opiates and amphetamines should have been banned years ago. An evidence-based drug regulation policy with a focus on mental health and social cohesion (as has been the case for nearly 20 years in Portugal) is a no-brainer. But, I digress.

Others have argued that psychedelics don't fit easily into modern paradigms of trial design[7]. This is true, but nor do antidepressants or any other psychotropic drug. It isn't a reason not to do the research. Besides, clinical trials seek mainly to establish objective data regarding safety and feasibility of a treatment. This is perfectly possible with psychedelics, and the focus of current research[8]. Efficacy, whilst probed in phase 3 trials (and necessary for licensing), is better analysed in 'real-world', post licensing, phase 4 studies.

Ultimately, in the 'real world', we never prescribe drugs outside of a context. Indeed, psychiatry is all about individuals and their complex biopsychosocial contexts. Psychedelics are interesting because it's the context, along with the drug, that appears to mediate either a 'good' or a 'bad' trip. So, perhaps, they have something to teach us, and our patients, about the role of 'contexts' in mental ill health. As such, maybe it's time to stop focussing so much on whether the drugs themselves are 'good' or 'bad', and time to focus more on the 'good' and 'bad' contexts we (often for rather arbitrary reasons) create around them. Meanwhile, the clinical trial evidence will speak for itself.

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Themed article: Psychedelics in Psychiatry, Hold on to Your Rational Hat

Dr Andrew John Howe

The word *psychedelic* means more than just a 5HT2A receptor agonist. From its literal translation from the Greek *soul revealing*, to its meaning in art and music, to its images of illegality and danger, it conjures up a wealth of affect- laden content. It is this that our rational minds need to contend with when we consider the use of psychedelics in psychiatry.

Beginning with the facts, psychedelics have been shown to improve symptoms of depression and help those with addictions. These facts are important to remember in the debates that will likely ensue if further clinical trials prove the efficacy of psychedelic therapy. It is this grounding in evidence, as with any other treatment, that will be the foundation of the acceptance of psychedelic therapy.

The controversy we encounter likely finds its roots in the war on drugs that began in the 1970s. It can be argued that this 'war' was politically motivated, and it is therefore important to bear in mind that many of the 'facts' about psychedelics that entered society were tinged with propaganda. Nevertheless, the reputation of psychedelics remains as possibly dangerous, even life-threatening substances. This is not reflected in statistics of the dangers of their use however, which shows them as relatively safe compared to other recreational drugs both legal and illegal. Their public perception keeps them firmly in the arguably undeserved Class A/Schedule 1 category which drastically inhibits research. Furthermore, their reputation as a recreational drug in the first instance makes their acceptance as a treatment even more difficult. After all, the most accepted recreational drugs, nicotine and alcohol, have no well-known medical benefits.

As psychiatrists we are also subject to this public image of psychedelic therapy as their use is not, as of yet, part of our practice. Nevertheless, I believe psychiatry can embrace psychedelic therapy, and if continued robust evidence is forthcoming, then it must, lest we risk doing a disservice to those with mental health difficulties. Embracing controversial therapies is not new to psychiatry with clear parallels drawn with electro convulsive therapy and its professional vs. public reception. Yet ECT remains a treatment that has benefitted many and has saved lives.

As has been mentioned by those researching psychedelic therapy, this is not a panacea, not everyone will benefit. However, if there is a chance that psychedelics could alleviate suffering for some, it would be ethically wrong not to consider their use. Psychedelic therapy should be seen as no different than any other novel therapy currently being investigated.

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Themed article: Psychedelics, soul stirring and consciousness alteration

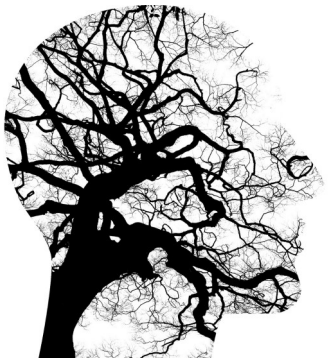
Dr Olusegun Claudius-Adeniyi

Conscious of the hippy counterculture of the mid-60s and the endemic and perennial drug abuse problem for which the society is paying a heavy price, the idea of psychedelics as a form of therapy of mental disorders may sound outrageous [1]. However, a cursory trip into history is important to get a balanced view of these controversial drugs.

The concept of therapeutic benefits of psychedelics started with the discovery of LSD by Albert Hoffman in 1938. The excitement generated led to the Saskatchewan experiments in the 50s where Humphry Osmond and Abram Hoffer treated about 2000 patients with alcoholism using single large doses of LSD. Ronald Sandison later founded the first LSD clinic in the world at the Powick Hospital, Worcester [2]. However, his efforts were to cost the NHS thousands of pounds in compensation to his former patients years later. Two forms of LSD therapies emerged eventually – the psychedelic and psycholytic therapies. Psychedelic therapy was based on the use of single large therapeutic dose while psycholytic approach employed use of several small doses as per Sandison's regime [3].

Approximately 40,000 patients were treated with one form or another of LSD between 1950 and 1965 and for various ailments including neurosis, schizophrenia and psychopathy. LSD was even prescribed to children with autism, demonstrating an unrestricted use. There have been lots of publication on LSD use but most suffer from publication bias making their results unreliable.

It is unclear as to how LSD or other psychedelics effect their therapeutic benefits. The early pioneers postulated that the drugs could "produce profound changes in consciousness by inducing a new level of self-awareness". In fact, Huxley stated that hallucinogenic drugs work by "opening a reducing valve in the brain that normally limits our perception"[4] while Carhart-Harris stated that they can "reset" the brains of people with untreatable depression with the Amygdala and other parts of the brain being actively involved [5]. In achieving therapeutic effect, Sandison discovered that psychedelics could induce "dream-like hallucinations" in patients [6].



For a drug with unclear mechanism of action but with vast hallucinogenic and mind-altering potentials, the risks to patients include dependence and abuse. These drugs could also induce "bad trips" which may predispose patients to harm via loss of control. Psychedelics may worsen underlying mental health problems and cause psychotic reactions in predisposed patients. In attempting to heal the mind, are we sufficiently equipped to manage the vast problems that the stirring of the soul may unleash? How many more addicts can the society afford to cater for? It is difficult to see mainstream psychiatry embracing such a group of powerful drugs without adequate trials, guarantees and safeguards.

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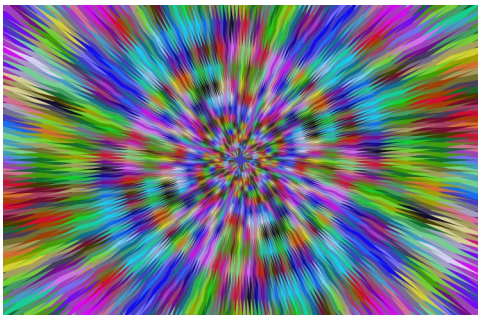
Themed article: Psychedelics or phanerothyme?

Dr Mamas Pipis

In 1953, English psychiatrist Humphrey Osmond asked for advice from Aldous Huxley, author of Brave New World (1932) and Doors of Perception (1954), as to how he should name the effect LSD had on the mind. Huxley suggested phanerothyme, from the Greek words phanero ("to show") and thymo ("spirit"). Osmond reflected on that and replied: "To fathom Hell or soar angelic/Just take a pinch of psychedelic."[1] Psychedelic, from the Greek words psyche ("soul" or "spirit") and deloun ("show"), was coined for the first time and then announced officially at the New York Academy of Sciences meeting in 1957.



From their inception, psychedelics found their place in psychiatry as a therapeutic tool either in themselves or in conjunction with other forms of talking therapies. After moving to Canada, Osmond worked along psychiatrist Abram Hoffer in Saskatchewan, using LSD to treat some 2,000 patients with alcoholism between 1954-1960. Abram reported that, across studies of psychedelic therapy for alcoholism, around 50% of patients treated with LSD were able to remain sober or to drink much less[2]. Depression, anxiety, adjustment disorders, pain and distress in cancer are also domains where psychedelics have been found to have positive and long lasting ameliorating effects[3].

Unfortunately for patients who were enjoying the benefits of psychedelic-assisted therapies, these substances were banned and deemed controlled substances in most countries from the late 60s to early 70s. This was likely in reaction to cultural upheavals (these substances were considered to be fuelling the anti-war movement), and concerns about possible health risks and dangers with their widespread illicit use.

Nearly half a century later, it is evident that these initial concerns are now being more or less addressed in a scientifically robust way. '*Classic hallucinogens possess remarkably low physiological toxicity and are not associated with end organ damage, carcinogenicity, teratogenicity, lasting neuropsychological deficits, or overdose fatalities'* [4].

In terms of acute and prolonged psychiatric effects, these are found to be minimal if set (personality/ expectations), setting and dose are well tailored and controlled[5]. For example, there were initially major concerns that psychedelics might trigger psychosis in healthy individuals. However, this has not been supported by clinical evidence[6]. Similarly, with 'bad trips', it was shown that this tends to happen in 'poorly prepared individuals who use the substance in an uncontrolled setting and who have psychological risk factors (e.g., severe mental illness, recent trauma)'[7].

Following from the above, and based on the accumulated knowledge around possible beneficial effects psychedelics can have on our patients, mainstream psychiatry has the unique opportunity to overcome its concerns and trepidations. This can be done not in a 'leap of faith' way, but in a calculated, evidence-based manner, in which psychedelics can be integrated in our therapeutic toolbox.

So in answering the article's cardinal question, bad trips come only where there's bad preparation and poor understanding of how psychedelics work.

Psychiatry can invite into its practice substances that have been used by humans for healing for five millennia with the added wealth of scientific knowledge that has been accumulated over the past half century. There's no reason not to anticipate a good trip for our patients if this is approached with the rigor and open-mindedness that distinguishes good science and good medicine.

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Conference Watch: *'Neurology for Old Age Psychiatry'* - Faculty of Old Age Psychiatry Winter Meeting

Dr Sophie Gascoigne-Cohen

I consider neurology and psychiatry as bedfellows, whose beds are often in separate NHS Trusts. It was therefore exciting to see that the Faculty of Old Age Winter Meeting theme was 'Neurology for old Age Psychiatrists'. It was held on 8th October 2018 at the Royal College of Psychiatrists and was chaired by Dr Amanda Thompsell and Dr Mani Krishnan.

The morning session focussed on cognitive disorders. Dr Kate Gordon launched the report on Young-Onset Dementia in Mental Health Services, published in October 2018. She encouraged us to consider service design addressing the needs for young adults diagnosed with dementia. Dr Jeremy Isaacs then gave a thought-provoking reflection on the complicated reality of dementia and the benefits of integrating mental health and neurology in cognitive disorder services.

The mid-morning sessions focussed on diagnosis and treatment. Dr Neil Archibald taught us a neurological examination tailored to psychiatrists that could be completed in 10 minutes. He referred to it as 'The Mini Monty' and recommended we leave 'The Full Monty' to our neurology colleagues. His helpful clinical examination videos are available on Tees Neuro. Dr Archibald spoke separately about clozapine in Parkinson's psychosis. It was very informative to hear about the clinical rationale and evidence base for clozapine in this patient group and to also learn about his role as an honorary psychiatrist to be able to prescribe it. I imagine this was a take-home message about treatment for many psychiatrists. Dr Michael Zandi then provided an update on the complex research into autoimmune encephalitis and the relevance of autoantibodies in psychosis encephalitis. We were encouraged to learn about MindEd for Families, a free online educational resource about mental health in older adults, at their stall during the lunch break.

The afternoon provided academic and clinical overviews of various disorders. Professor Alan Thomas spoke about research into the neurobiology of late-life depression. We learnt about sleep disorders from Dr Guy Leschziner, whose 1950s Disney clips to illustrate REM sleep behaviour disorder were a memorable highlight. The final session, by Dr Suresh Komati, covered brain injury in older adults. He reflected on prognoses and epidemiology, highlighting that falls are the most common major trauma in older adults, referring us to an interesting report on Major Trauma in Older People.

Overall, it was a stimulating day, as evidenced by the many questions at every panel session. I hope that we continue to see the integration of neurology and psychiatry at future Faculty events.

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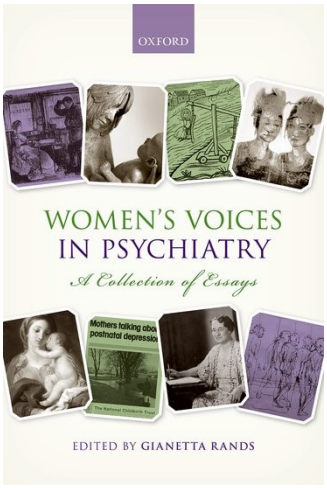
Specialty Doctor in Old Age Psychiatry

Culture vulture: Women's Voices in Psychiatry; A Collection of Essays. Edited by Gianetta Rands.

Book review by Dr Elizabeth Tyrrell-Bunge



Women's Voices in Psychiatry begins with the book's editor, Gianetta Rands, reflecting on her own career and sets the scene for the ensuing essays. It describes the personal journey of a female psychiatrist through the latter half of the 20th century, which sees the closure of asylums, the advent of the CMHT, the fight for part time working and support for working mothers, and the ongoing struggle to close the gender pay gap. While Dr Rands highlights areas of progress yet to be made, we also learn that if Henry Maudsley were still alive today he would almost certainly have been hauled up against a disciplinary panel for his public declaration that furthering the education of women would be the cause of societal breakdown ('It would be an ill thing, if it should so happen, that we got the advantages of a quantity of female intellectual work at the price of a puny, enfeebled and sickly race'.) It was somewhat comforting that this quote read as so sensationalist 146 years after its publication.

There are comments and reflections, ranging from women's experiences in perinatal psychiatry, forensics and mental health nursing, to the value of women's mental health units. There is a chapter on old age, women and dynamic psychotherapy, which explores ingrained societal myths about older women and why we should be moving past these stereotypes.

A later elegant essay by Jo O'Reilly uses the archetypal mother or 'maternal lap' to discuss Mental Health Trusts and their ability to hold a patient's distress and struggles and make them more tolerable.

One of the final chapters by our current Royal College president, Wendy Burn, is titled 'How to succeed in Psychiatry without really trying', a title which perhaps does some disservice to the brilliantly anecdotal description of her career from nursery school (and how to get out of eating carrots) to the very top of her profession that in fact reads as a lifetime of dedication and hard work.

An essay on 'Reducing the risk of dementia' refers to crystallised intelligence being the knowledge and experience gained over a lifetime that one can add to over the years. While this collection jumps from subject to subject in a slightly haphazard way at times, its value lies in its ability to crystallise women's experiences in psychiatry and its wide ranging tales of those who have gone before us (including Dame Fiona Caldicott, Barbara Robb and Nori Graham) in order to pave the way for psychiatry as it stands today.

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CT3

Executive Excerpts

Highlights from the London Division Executive meeting

2019 Events: The Committee discussed the plan for the London Division 2019 Events schedule. Preparation is strongly underway with the StartWell Event on the 12th of March 2019 for a whole day event considering multiple workshop options. Speakers have been approached regarding the Annual CPD event on the 7th May 2019 as well as discussion around the format for the London Division summer school event it hosts annually.

London Division Projects: Connection with the MAC Chairs in London Trusts remains a priority, as well as recruitment of a patient representative onto the Committee. The Committee also discussed what information they would like to know from their members and how best to ask this in a survey. This is to be decided upon at the next Committee meeting and sent to the division members early in 2019.

Keep an eye out for the call for articles via email and twitter for the next themed newsletter:

Mental health in the workplace, training, university

Congratulations to Dr Lara Lavadino, winner of the best article Winter 2018 Edition — read it on page 3!

Join us!

We're looking for a new member to join the PsychEye newsletter team! Enthusiasm, creativity, and interest in writing and editing are vital. Please send us an e-mail if you're interested in getting involved!

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Kindly note that The Psychiatric Eye Twitter will be merging with the London Division account. Jump on over and follow us @RcpsychLDN.

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