Perspectives on the Therapeutic Use of Psychedelics in Eating Disorders

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Introduction

Research into the therapeutic use of psychedelics has gathered significant momentum, with psychedelics being investigated in several mental health disorders[1-3]. Recently these compounds have been explored in eating disorders (EDs), with pilot research[4-6] informing an ongoing phase 2 trial[7]. EDs are associated with high mortality and serious psychological, physical and social impact[8]. Treatment drop-out[9] and recovery rates[10] remain poor, and research into EDs presents challenges, including low participation and retention[11]. As diagnoses of EDs rise[12], there is a pressing need for novel treatments and an adaptation of current research methods.

Public and patient involvement (PPI) can improve research quality and accountability by ensuring research is conducted "with" patients and not "to" them[13]. By involving those with lived experience, PPI can increase recruitment to, and utilisation of, research[14,15]. Despite this, PPI has been underutilised in both psychedelic and ED research[16], with numerous psychedelic clinical trials failing to mention PPI[1-3]. This study was a service development project which sought to engage current and former service users with EDs to explore their thoughts regarding the use of psychedelics as a treatment for EDs.

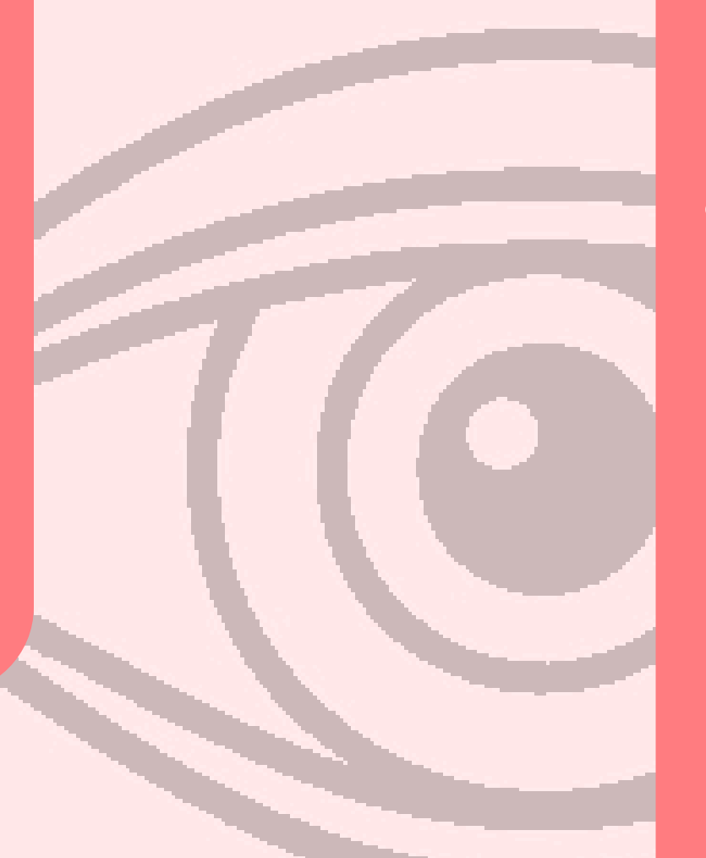
Methods

A lived experience research ambassador with lived experience of an ED informed the design and delivery of this project. Two focus groups were conducted - one in-person and one online. Recruitment was from the public via word of mouth. The facilitation team included an ED psychiatrist, a lived experience research ambassador and a medical student. Transcription was performed and thematic analysis undertaken in NVIVo12 using Braun and Clarke's reflexive thematic analysis (RTA). RTA uses an inductive approach, where themes are not pre-defined, but are generated from the coded data[17]. Specialist research ethics and governance advice was sought via the Sheffield Health and Social Care Research Development Unit, with instruction to deliver the project as a service development project. Written consent was sought, trauma-informed principles were applied, and harm reduction messaging provided at the end of both groups.

Results

Groups were held in August 2024. Each focus group had five participants; the first group comprising five females and the second group comprising four females and one male. There was representation for anorexia nervosa, bulimia nervosa, binge-eating disorder and avoid-restrictive food intake disorder across both groups, but this was not formally collected. Thematic analysis is summarised below; four themes and twelve sub-themes were generated.

Subjective Experience



Reclaiming identity through recovery

"…I could almost see my own brain, and I saw the eating disorder as an illness in my brain, so it gave me that sense of… seeing yourself as separate to the illness."

Treating underlying processes

"… I sort of feel like there is a connection between eating disorders and past trauma, and I feel like if psychedelics were to be used to treat eating disorders it would have to be looking at that underneath bit rather than all about the food."

Connectedness

"When I'm really knee deep in the eating disorder, I feel really disconnected from everything, and I sort of maybe see the potential in some form of use of psychedelics to help connections."

Setting

Environment and physical safety

"Totally safe environment, great, blankets, cosy stuff, wonderful, but for me, it meant having someone there who wasn't high with me, who I knew, and who I felt would keep me safe if something went awry."

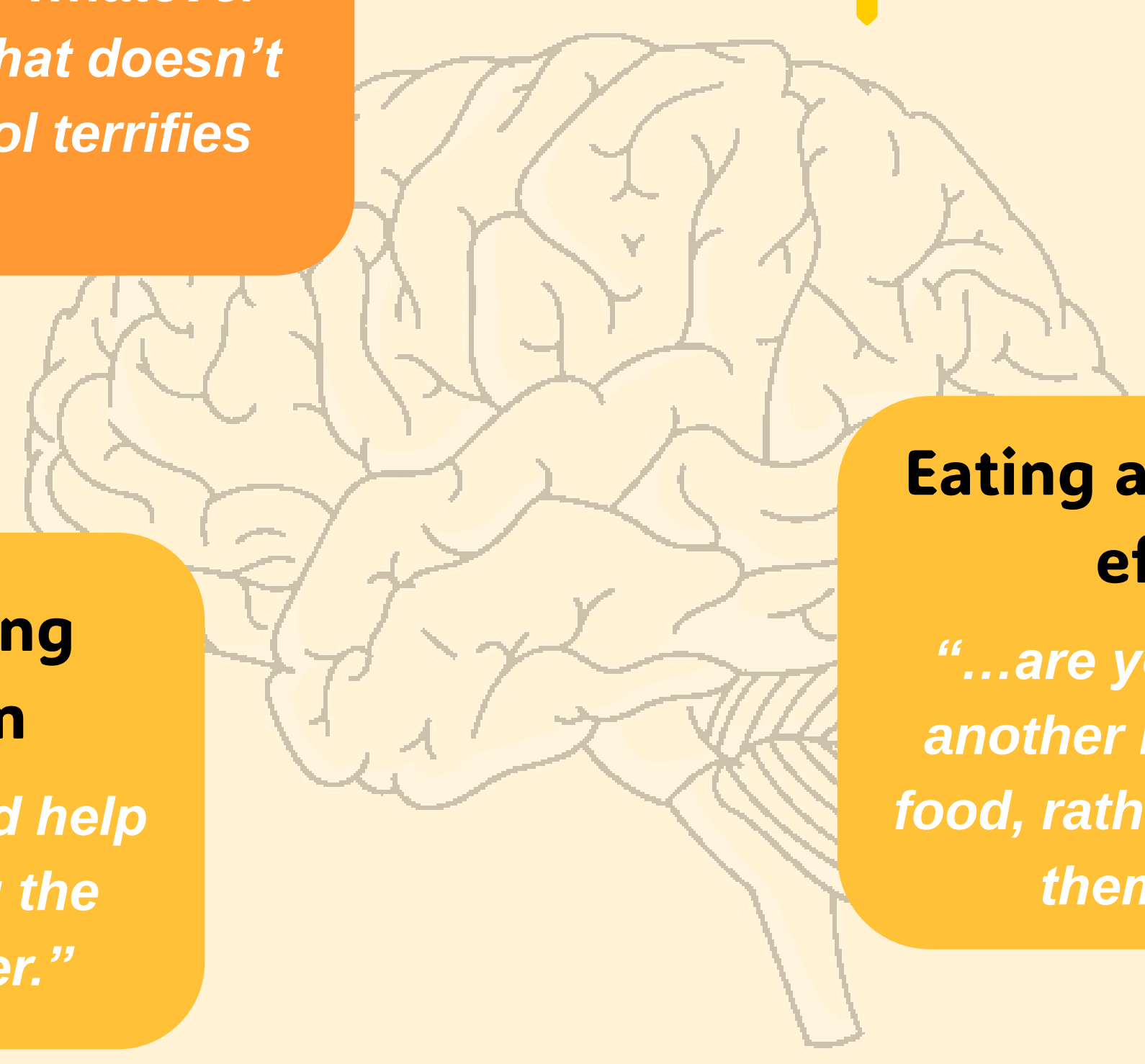
Trust and the therapeutic relationship

"I'd want a therapist that I knew, and someone medical I think"

Psychedelic-assisted therapy

"And yeah, embedded into a wider care plan. Instead of just, here's some acid."

ED-specific concerns



Fear and loss of control

"I think I'd prefer to take as little dose as possible and not …feel any like…psychoactive effects really… the feeling, whatever high or whatever you experience that doesn't feel in my control terrifies me."

ED as a coping mechanism

"But then it could help lessen needing the eating disorder."

Eating and physical effects

"…are you adding in another ritual around food, rather than taking them away."

Stigma and Perception

Internalised responsibility for therapeutic outcomes

"… I think with my temperament, it would just go horribly wrong immediately…"

Social stigma

"There's just a big stigma around it. … it's a similar sort of stigma you get around cannabis … and that stigma is still there in professions, and the police and medicine."

Need for information

"I would like to see studies, I would like to see a bit of evidence."

Discussion

Treatment Barriers

- Fear of losing control
- Fear of losing ED as an escape from difficult emotions
- Stigma preventing seeking or discussing treatment
- A lack of trust in healthcare services

Addressing Barriers

- More information and preparation
- Peer support networks
- Focus on trust and therapeutic relationships
- Provide therapy sessions after dosing

Therapeutic Mechanism

Participants thought psychedelic treatment may help to:

- Treat underlying processes in ED, such as trauma
- Find an identity outside the ED
- Facilitate increased connectedness, addressing disconnectedness felt to be caused by EDs

Conclusion

This project engaged service users with EDs and thematically analysed their perspectives on the use of psychedelics treatment in EDs. Barriers to treatment included concerns about the psychedelic experience leading to a loss of control or a worsening of symptoms. Participants explored numerous provisions to address identified barriers, including the use of peer support networks. Participants felt that the purpose of this treatment in EDs may be in treating underlying processes or in reclaiming an identity outside of the ED, and suggested group therapy as a means of facilitating this treatment. Further PPI work is recommended to shape future service design.

References