

PTSD

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MDMA and PTSD

Review

Post Traumatic Stress Disorder is a condition that is associated where an individual fails to recover from terrifying experienced that they witnessed (Germain & Nofzinger, 2010). This condition may last for months or even years. Triggers associated to PTSD bring back traumatic memories associated with intense physical and emotional reactions. Symptoms to PSTD include nightmares, trauma, anxiety, or depression. Various medications and psychotherapies have been put forward in order to help treat this condition. It is seen that PSTD treatments is difficult. However, it is seen that MDMA has greater benefits to individuals suffering from PTSD.

MDMA is also known as 3, 4-methylenedioxymethamphetamine. This is a psychoactive chemical substance that forms the main component for the recreational drug (Sessa, Higbed, & Nutt, 2019). Clinical trials are currently being conducted where MDMA is used for the treatment of PTSD as an adjunct therapy (Sessa, 2017).

The main approach behind the use of MDMA in the treatment of PTSD is that the key symptom of this condition is anxiety, avoidance of emotions, and trauma. Commonly referred to as an “empathogen” or “entactoge”, this drug tends to acceleerate empathy feelings and trust. This is important in that it allows an individual with this condition have an increased awareness of inner experience. Therefore, MDMA appears to decrease anxiety feelings related to traumatic event. This allows for an increased memory insight.

MDMA stimulates the release of serotonin, that helps in mood regulation, sleep, appetite, and temperature (Sessa, Higbed, & Nutt, 2019). Clinical trials have it that when PTSD individuals take MDMA, it tends to trigger significant amounts of serotonin that improves mood, feelings of

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Format problem. This is not the format I asked for. Please follow the instructions. You need to separate and identity each review following the specified format in the instructions.

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happiness, and confidence. Additionally, positive social behavior is enhanced (Sessa & Nutt, 2015). When MDMA is used in a controlled setting, the side effects are very limited. Moreover, extensive experimental practices have found out that there are no long term effects of this drug (Sessa, Sakal, O'Brien, & Nutt, 2019).

Early clinical research has demonstrated effective results where research argue that one “MDMA assisted psychotherapy session can generate results equivalent to five months of weekly therapy” (Sessa & Nutt, 2015). However, in 1986, research on the use of MDMA drug shut down after it was found out that the drugs was being increasingly used for recreational purposes (Knopf, 2016). In 1990, the US FDA lifted the ban on MDMA research an approved the use of the drug as a psychotherapy adjunct (Knopf, 2016). The FDA in 2017, referred to the use of this drug in PTSD treatment as a major therapy breakthrough and this drug was endorsed in clinical trials.

This is not what I asked for, please follow the instructions. You have provided some very general information on MDMA and you mention a lot of articles at the references, but you analyze nothing in terms of the empirical and methodological studies. What clear evidence have you found in these studies? How was this evidence presented and justified? How was it measured? Remember the whole point of this class is to see the application of the principles of EBP. I am being flexible this time, but you need to do this correctly. You need to go into more detail on the methods, samples and quantitative results that explain the evidence found; among other things (please read the instructions, which were discussed on the first day of class).

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Commented [n5]: ¿%? =How much or what quantity? (quantitative information missing)
H.W.M.= How was it/they measured? (or what instrument were used)
L.A.R.= Lacks analysis of results

References

- Germain, A., & Nofzinger, E. A. (2010). Efficacy of Adjunct Sleep Interventions for PTSD (EASI-PTSD). doi:10.21236/ada542260
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- Sessa, B. (2017). MDMA and PTSD treatment. *Neuroscience Letters*, 649, 176-180. doi:10.1016/j.neulet.2016.07.004
- Sessa, B., Higbed, L., & Nutt, D. (2019). A Review of 3,4-methylenedioxymethamphetamine (MDMA)-Assisted Psychotherapy. *Frontiers in Psychiatry*, 10. doi:10.3389/fpsy.2019.00138
- Sessa, B., & Nutt, D. (2015). Making a medicine out of MDMA. *British Journal of Psychiatry*, 206(1), 4-6. doi:10.1192/bjp.bp.114.152751
- Sessa, B., Sakal, C., O'Brien, S., & Nutt, D. (2019). First study of safety and tolerability of 3,4-methylenedioxymethamphetamine (MDMA)-assisted psychotherapy in patients with

alcohol use disorder: preliminary data on the first four participants. *BMJ Case Reports*, 12(7), e230109. doi:10.1136/bcr-2019-230109

Commented [n6]: All of these studies were reviewed in 3 pages? I do not see all of them integrated nor referenced; you only explicitly referenced two of them. Also I asked for meta-analysis and from this list I can't tell which of them are.