

**UCSF** Weill Institute for  
Neurosciences

Department of  
Psychiatry and  
Behavioral Sciences

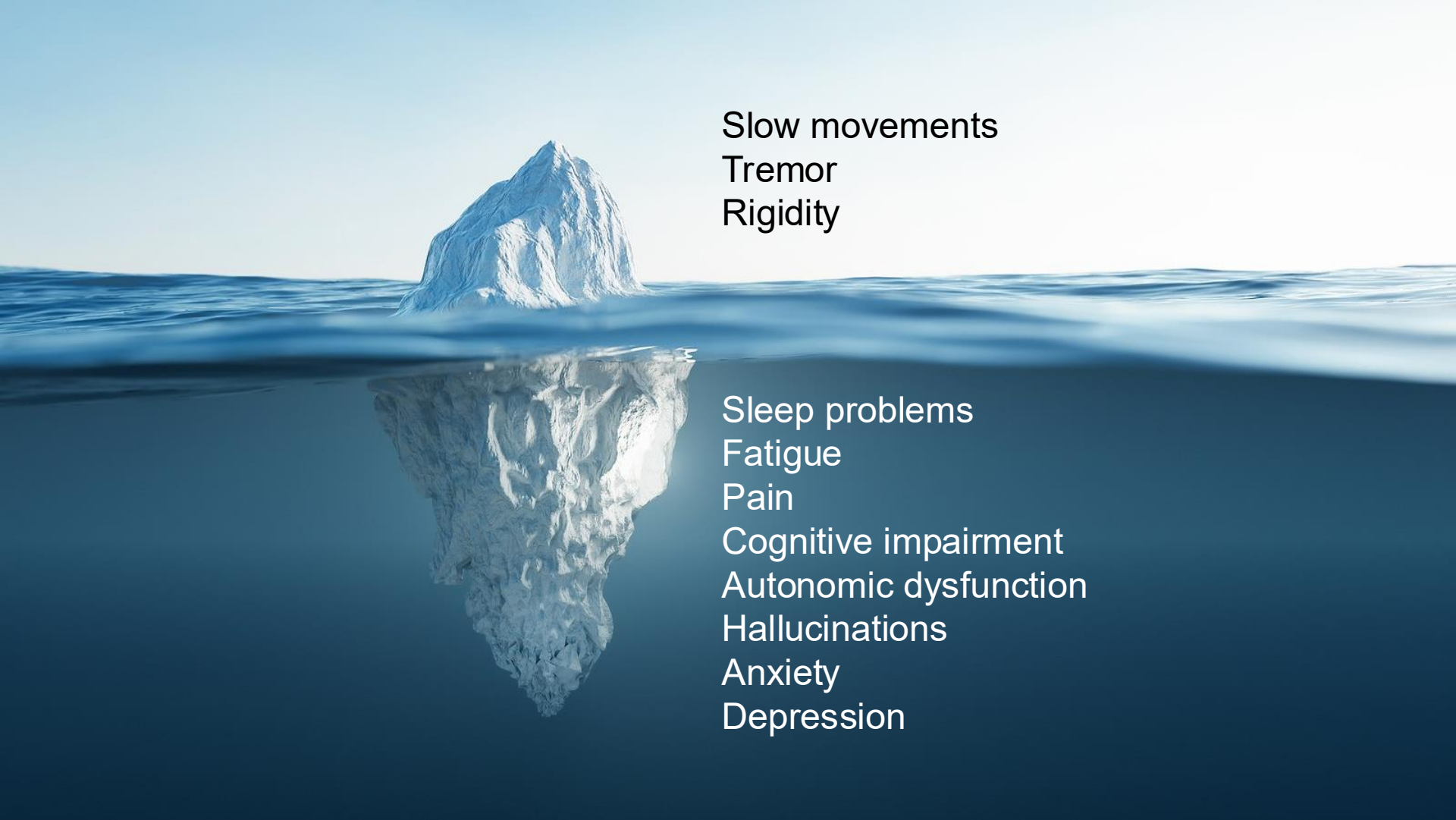
# Psychedelics for depression in Parkinson's disease

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Slow movements

Tremor

Rigidity

Sleep problems

Fatigue

Pain

Cognitive impairment

Autonomic dysfunction

Hallucinations

Anxiety

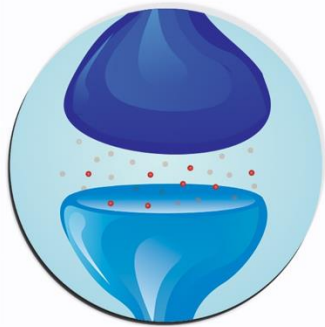
Depression

Depression in  
Parkinson's is  
**common,**  
**impactful,** and  
**undertreated**

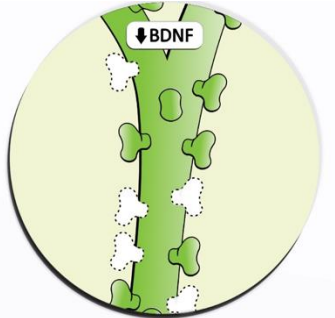


# What might contribute to depression in Parkinson's disease?

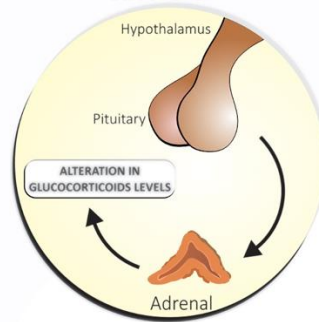
Imbalanced monoamines



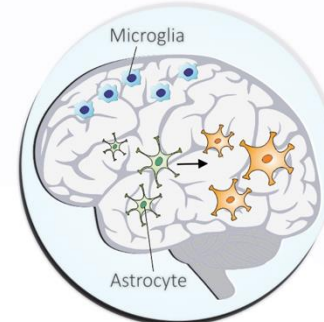
Decreased trophic support



Dysregulated HPA axis



Neuroinflammation



Oxidative stress & mitochondrial dysfunction



# Life circumstances and psychiatric illness



“Adolf Merckle, the German billionaire whose speculation in volatile Volkswagen stock had pushed his sprawling business empire to the edge of ruin, has committed suicide ... ‘No longer being able to handle the situation ... he ended his life.’”

*-New York Times.*  
January 6, 2009.



“John Updike, the kaleidoscopically gifted writer ... died ... The cause was cancer.”

*-New York Times.*  
January 28, 2009.

We tend to adopt meaningful explanations for feelings and behaviors. These help us cope with stressors and connect to each other.

# The trap of meaning: finding an explanation that seems meaningful and adopting it as causal

- May not provide the true cause of depression symptoms
- Can reduce the likelihood that providers will initiate treatment
- Contributes to multiyear delays in psychiatric diagnosis and care



## What can we do?

- ✓ Observe what people are experiencing without interpreting
- ✓ Ask people directly about their psychological distress



How do we **treat** depression in Parkinson's today?

# Treating depression in Parkinson's disease



Behavioral  
activation



Cognitive behavioral  
therapy (CBT)



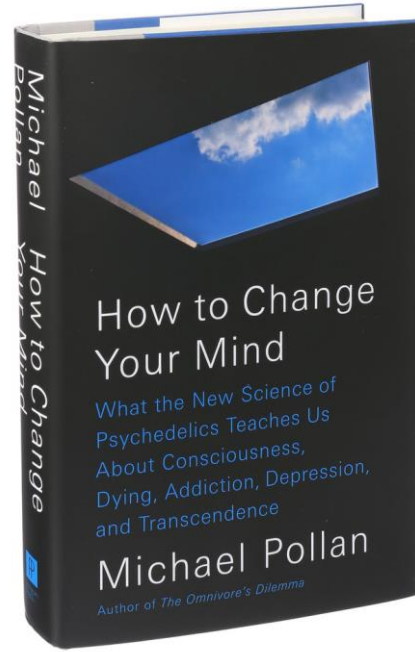
Medications



Could **psilocybin therapy** improve depression in Parkinson's?

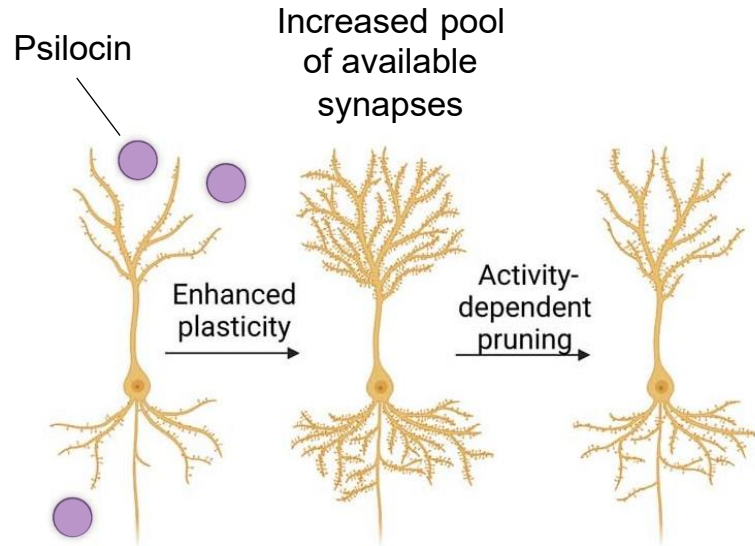


~1500 BCE



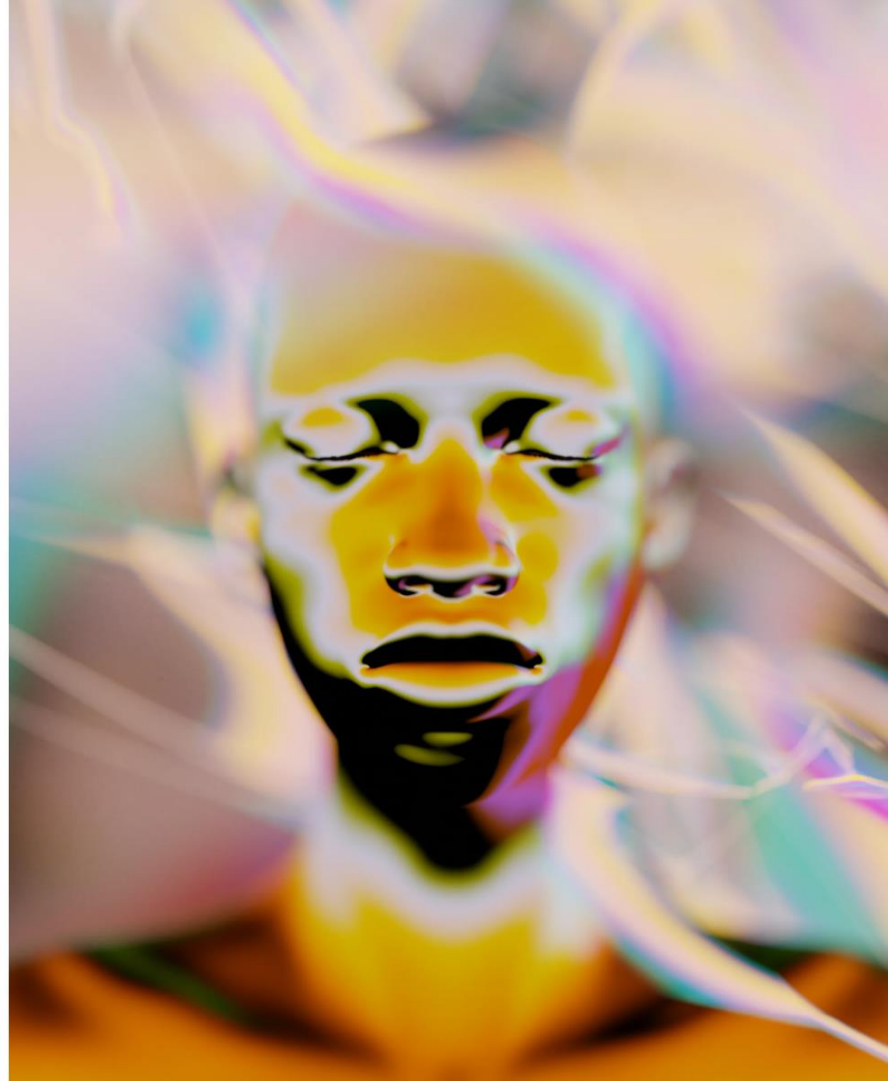
2018

# Psychedelics are *psychoplastogens*



*Can these drugs open a window for adaptive learning in humans?*

The psilocybin  
experience depends  
on **dose** and **context**



# *Psilocybin therapy* is a **combined treatment** of drug + talk therapy

## 1. Preparation



## 2. Psilocybin session

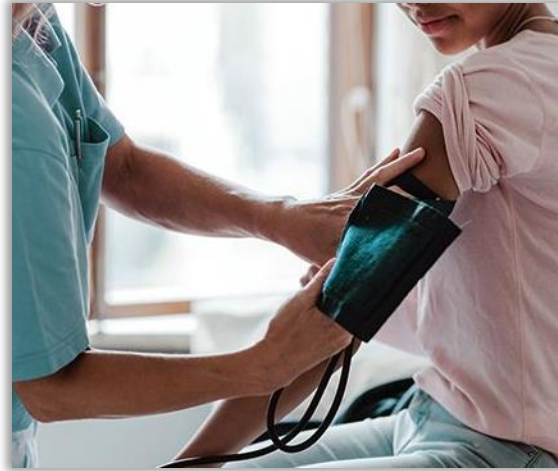


## 3. Integration

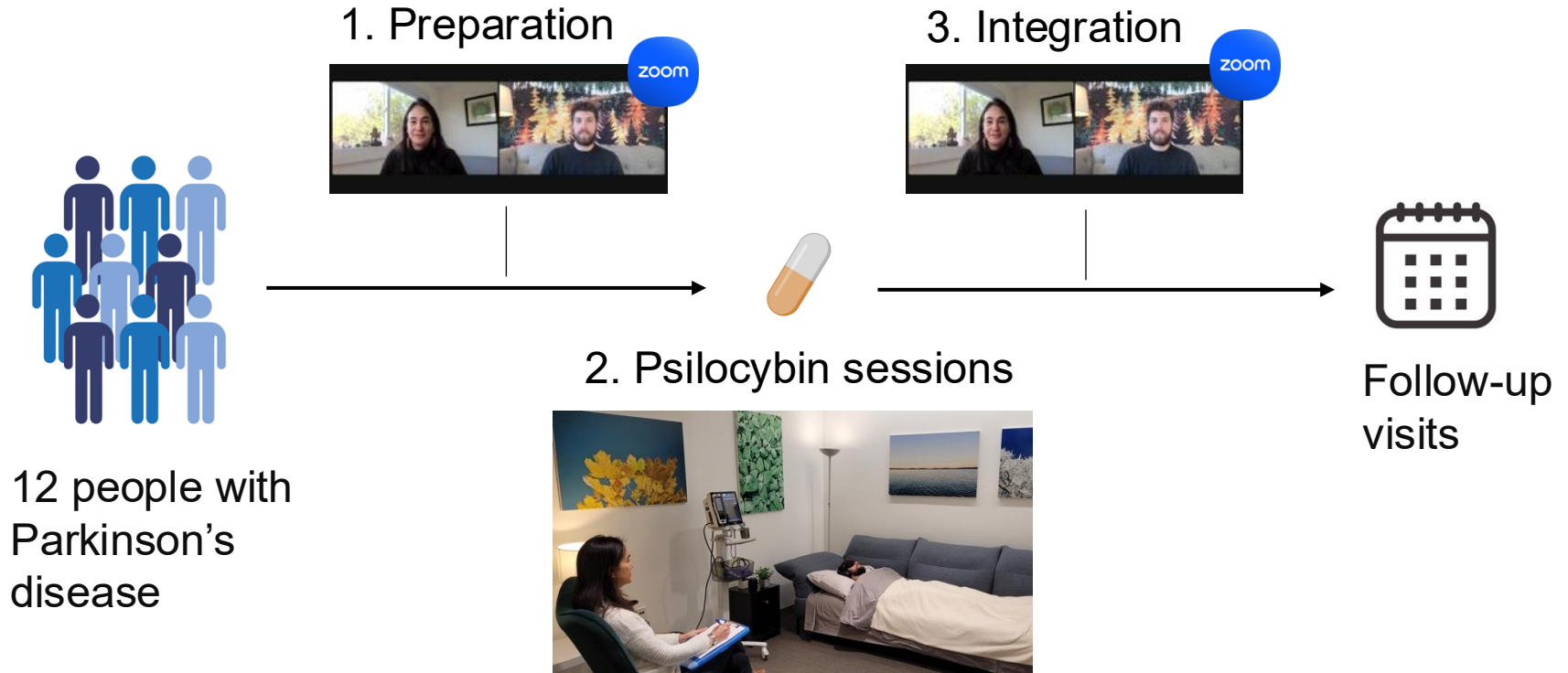




# Potential negative effects of psilocybin



# First-in-human pilot trial at UCSF





## Pilot data: safety and tolerability of psilocybin therapy in PD

**0**

'serious' adverse events

**No emergency medications**

needed to manage cardiovascular effects

**No worsening**

of psychotic symptoms

**High treatment**

**satisfaction**

reported by participants and their care partners

# Pilot data: improved symptoms after psilocybin therapy in PD



Participants were  
**less depressed**



They reported  
**better motor  
function**



And these effects  
**lasted for weeks**  
after taking  
psilocybin



University of California  
San Francisco

# Living with Parkinson's Disease and feeling depressed?



You may be eligible for a UCSF clinical trial of psilocybin therapy.

We are recruiting people with **mild to moderate** stage PD who:

- Are **40-80** years old
- Are currently experiencing **depression**
- Can attend **visits** at the UCSF Mission Bay campus


To learn more, please contact us: (415) 935-3489 or [pdp2@ucsf.edu](mailto:pdp2@ucsf.edu)



## Frequently asked questions



1. Do I need to have a formal **diagnosis of depression** to participate?
2. I have PD, but I'm **not depressed**. Can I still participate?
3. Could I get a **placebo** instead of psilocybin?
4. Will I eat **mushrooms** in this study?
5. Can I participate if I have other **health issues** aside from PD?
6. Can I participate if I have a deep brain stimulator (**DBS**)?
7. Aside from the treatment, **what else will I do** as part of this study?
8. Who is **paying** for this study?

A person wearing a blue jacket, black pants, and a red backpack is hiking through a vast, snow-covered mountain landscape. The person is seen from behind, walking along a path of footprints in the snow. The background features large, snow-covered mountain peaks under a clear blue sky. The overall scene is bright and expansive.

Thank you for  
partnering with us!

# Our multidisciplinary team

Director: Josh Woolley, MD/PhD



Translational Psychedelic  
Research Program



PD study  
coordination team



Kim Sakai



Brigette Sosa



Sophie Bax



Brittany  
Nielsen

Funding: Anonymous donor

UCSF Weill Institute for Neurosciences

Movement Disorders and  
Neuromodulation Center



Jill Ostrem, MD



Carlie Tanner,  
MD/ PhD



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FOR PARKINSON'S RESEARCH