

Is the 3,4-Methylenedioxymethamphetamine assisted psychotherapy a novel approach to managing post-traumatic stress disorder?

Taha Nafees,¹ Hafiz Abdul Wase,² Muhammad Faisal Amir Malik³

Madam, Posttraumatic stress disorder (PTSD) is a 'trauma and stressor-related' mental disorder which develops following exposure to trauma and is characterized by re-experiencing the trauma, hyper-arousal, intrusive, and avoidance symptoms. A study in Pakistan found that 'over a quarter of the students screened positive for probable PTSD.'¹ This study also recognized the high prevalence of violence in urban society and the risk of PTSD as a result.

3,4-Methylenedioxymethamphetamine (MDMA), commonly known as 'ecstasy', is a stimulant drug, which is widely abused due to its hallucinogenic properties. The United States Drug Enforcement Agency (DEA) placed it on Category I of scheduled drugs in 1985. Since then, research on the therapeutic effects of MDMA has been limited.² MDMA has unique pharmacological properties that translate well to assisting trauma-focused psychotherapy. Several studies^{3,4} in recent years have investigated the potential role of MDMA-assisted psychotherapy as a treatment for post-traumatic stress disorder. A careful analysis of the potential benefits versus the risks must be considered when conducting such research.²

MDMA imparts a sense of safety to the patients who are more likely to open up regarding their past trauma(s). As a part of the process, the patients can recall their trauma without feeling overwhelmed by the negative emotions that normally accompany such revisiting of trauma. After 1985, the first randomized clinical trial to assess the benefits of MDMA as an adjunct to psychotherapy in MDMA was carried out in 2011.³ It involved twenty patients with chronic PTSD 'refractory' to both psychotherapy and psychopharmacology.^{1,3} This study found the rate of clinical response in patients receiving MDMA (83%) to be significantly higher than the group

that received placebo (25%). The side effects observed included the potential for addiction, anxiety, and transient elevations in systolic BP and body temperature. However, there were no resulting medical complications and no pharmacological intervention was required for controlling side effects.³ A meta-analysis comparing MDMA assisted psychotherapy with prolonged exposure (PE) therapy reports that the effect size for MDMA assisted psychotherapy is larger than that of PE therapy. Also, the dropout rates for MDMA assisted psychotherapy were lower.

There are no studies done on MDMA assisted psychotherapy in Pakistan. But given the increasing prevalence of PTSD, particularly due to terrorism and organized violence,⁵ and the potential insufficiency of our mental health apparatus in dealing with this condition, it is suggested that we explore this option.

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^{1,2}Karachi Medical and Dental College, Karachi, ³Al-Hamd Medical Centre, Rawalpindi.

Correspondence: Muhammad Faisal Amir Malik.

Email: faisalamir797@gmail.com