PSYCHEDELIC RESEARCH SNAPSHOT

Psilocybin as a Transdiagnostic Treatment for Eating Disorders and Comorbid Psychopathology

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES
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Background

- Eating disorders are complex psychiatric conditions associated with significant psychological, physical, and social impairment.
- They frequently co-occur with other mental health conditions, including depression, anxiety disorders, trauma-related symptoms.
- Existing treatments can be effective, but many individuals experience incomplete remission, relapse, or treatment dropout.
- Remission rates across evidence-based eating disorder treatments are only about 20%–40%.
- Treatment dropout rates range from 25%–73%.
- Traditional diagnostic systems, such as the DSM and ICD, separate disorders into categories that may not fully reflect overlapping mechanisms.

Study Purpose

- Current treatment models may not fully address the complexity of eating disorders.

- A transdiagnostic approach means a treatment model that targets shared processes across multiple disorders rather than focusing on one diagnosis in isolation.

- transdiagnostic approaches focus on underlying symptom dimensions, such as emotional distress, fear, cognitive rigidity, and reward processing, instead of relying only on separate diagnostic labels.

- This paper examines whether psilocybin treatment may have potential as a transdiagnostic intervention for eating disorders and common comorbid psychiatric conditions.

Methodology

- The authors conducted a narrative review of research on psilocybin treatment, eating disorders, and psychiatric comorbidity.

- The paper synthesizes existing clinical, mechanistic, and conceptual research.

- They searched major academic databases, including PubMed, PsycINFO, and Web of Science, from database inception to February 2026.

- Eligible sources included clinical trials, observational studies, neuroimaging research, preclinical studies, systematic reviews, and theoretical or methodological papers.

Findings

- There is no other published synthesis of evidence for transdiagnostic effects of psilocybin treatment, eating disorders and comorbid psychopathologyYour paragraph text

How the findings were organized:

- Clinical evidence: What research already exists, and what does it show so far?

- Transdiagnostic framework (HiTOP and RDoC): Should we think about eating disorders as separate diagnoses, or as overlapping patterns of distress?

- Shared mechanisms: Why might psilocybin help across different mental health conditions?

Findings

Clinical evidence

- Psilocybin has historically been used transdiagnostically with a concentration on depression, substance use disorder and existential distress.

- Preliminary evidence suggests that psilocybin treatment may be feasible and acceptable in clinical settings.

- possible reductions in eating disorder symptoms, depression, anxiety, and psychological inflexibility.

- Psilocybin treatment has been well tolerated by those with eating disorders, achieving 40% remission at a 3 month follow up (Peck et al., 2023).

Findings

Transdiagnostic frameworks

HiTOP (Hierarchical Taxonomy of Psychopathology) suggests that eating disorders share common emotional and psychological patterns.

Eating disorders and conditions such as depression, anxiety, and OCD share underlying issues:

- Emotional dysfunction
- Cognitive rigidity
- Altered reward processing

RDoC (Research Domain Criteria)links psilocybin's proposed mechanisms (e.g., 5-HT2A receptor agonism).

Findings

Shared mechanisms

The authors argue that these mechanisms may target shared vulnerabilities across disorders, especially patterns related to emotional dysfunction, rigid beliefs, avoidance, distress, and impaired reward processing.

Proposed mechanisms include:

- 5-HT2A serotonin receptor activity
- increased neuroplasticity
- changes in functional brain connectivity
- reduced cognitive rigidity
- increased psychological flexibility
- shifts in self-perception and emotional processing

Limitations

- Much of the existing evidence is early-stage, with small sample sizes and limited controlled trial data.

- Most eating disorder studies have focused on anorexia nervosa, limiting generalizability across the full eating disorder spectrum.

- Long-term safety, effectiveness, optimal dosing, and best therapeutic models remain unclear.

Conclusion

- Psilocybin is not confirmed as a stand-alone treatment for eating disorders. Instead, it is positioned as a promising but still emerging area of research.

- Psilocybin treatment should be understood as a complex intervention, the effects depending not only on the drug itself but also on preparation, therapeutic support, integration, patient characteristics, and clinical context.

- Its potential significance lies in its ability to target shared psychological and neurobiological processes across eating disorders and related psychiatric conditions.

- Future research should move toward more personalized, dimensional, and transdiagnostic treatment models.

Reference

Psilocybin as a Transdiagnostic Treatment for Eating Disorders and Comorbid Psychopathology: Implications for Clinical Nosology and Research Directions

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