PLACEBO EFFECTS AND NEUROMODULATION: IMPLICATIONS FOR RESEARCH AND CLINICAL PRACTICE



MATTHEW BURKE, MD FRCPC

COGNITIVE NEUROLOGIST, NEUROPSYCHIATRY PROGRAM MEDICAL DIRECTOR, TRAUMATIC BRAIN INJURY PROGRAM NEUROPSYCHIATRY LEAD, UNIVERSITY OF TORONTO NEUROLOGY ASSOCIATE SCIENTIST, HURVITZ BRAIN SCIENCES PROGRAM SUNNYBROOK HEALTH SCIENCES CENTRE ASSISTANT PROFESSOR, UNIVERSITY OF TORONTO











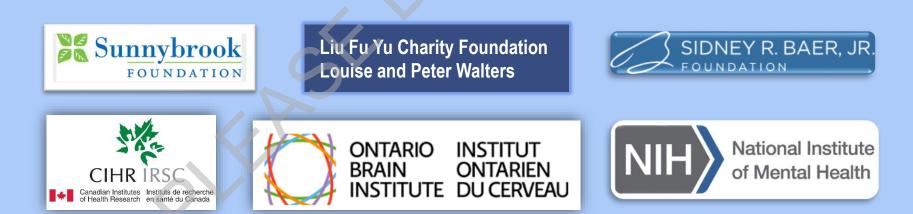
DISCLOSURES

No relevant conflicts of interest

Research Funding Sources:

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RELEVANT AFFILIATIONS Program in Placebo Studies & HARVARD **Therapeutic Encounter (PiPS)** EDICAL SCHOOL Beth Israel Deaconess Beth Israel Deaconess Medical Center / Harvard Medical School Medical Center Could studying the placebo effect change the way we think NEUROETHICS PAN CANADIAN Sunnybrook UNIVERSITY OF TORONTO THICS CONSORTIUM Pan-Canadian Neurotechnology Ethics Consortium Working to create a forum for collaborative scientific and ethical discussion relevant to emerging neurotechnologies across Canadian health and social landscapes





OBJECTIVES

- \mathcal{R}
- 1. Gain an understanding of placebo effects terminology, principles and neurobiology
- 2. Appreciate the factors that contribute to placebo effects in clinical settings
- 3. Develop a framework for how placebo effects impact clinical trials and measurements of efficacy in research
- 4. Appreciate specific placebo-related issues relevant to the field of non-invasive brain stimulation
- 5. Debate ethical considerations of placebo effects in medicine and society





SECRET OBJECTIVE







TRAINING IN NEUROMODULATION & BRAIN STIMULATION



The Berenson-Allen Center for Noninvasive Brain Stimulation was established with the generous support of Helaine B. Allen and Alvin B. Allen z"l; Theodore S. and Cynthia L. Berenson through the Theodore W. and Evelyn G. Berenson Charitable foundation.

We are a world leader in research and development, clinical application, and teaching of noninvasive brain stimulation.

We use noninvasive brain stimulation to gain novel insights into the human brain and mind.

Our work has been fundamental in establishing noninvasive brain stimulation as a valuable tool in clinical and fundamental neuroscience, improving the technology and its integration with several brain-imaging methodologies, and helping to create the field of therapeutic noninvasive brain stimulation.

We are committed to provide education and training on the use of noninvasive brain stimulation for both clinical practice and research.







NON-INVASIVE BRAIN STIMULATION



HANDBOOK OF CLINICAL NEUROLOGY

ELSEVIER

Series Editors: MICHAEL J. AMINOFF, FRANÇOIS BOLLER,

Handbook of Clinical Neurology; Vol. 163 (3rd series) The Frontal Lobes' M. D'Esposito and J.H. Grafman, Editors https://doi.org/10.1016/19978-0-12-804281-6.00005-7 Copyright '2019 Elsevier B.V. All rights reserved

Chapter 5

Transcranial magnetic stimulation: Neurophysiological and clinical applications

MATTHEW J. BURKE¹, PETER J. FRIED¹, AND ALVARO PASCUAL-LEONE^{1,2,3,*} ¹Berenson-Allen Center for Noninvasive Brain Stimulation and Division of Cognitive Neurology, Department of Neurology, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, United States ²Guttmann Brain Health Institute, Institut Guttmann de Neurorehabilitacio, Universitat Autonoma de Barcelona, Barcelona, Spain ³Marcus Institute for Aging Research, Hebrew Senior Life, Harvard Medical School, Boston, MA, United States





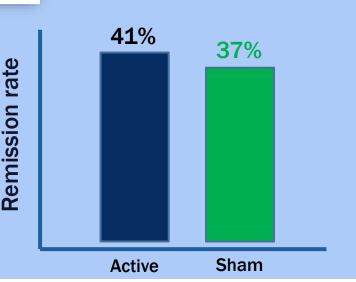
REVIEWING CLINICAL TRIALS

JAMA Psychiatry | Original Investigation

Effect of Repetitive Transcranial Magnetic Stimulation on Treatment-Resistant Major Depression in US Veterans A Randomized Clinical Trial

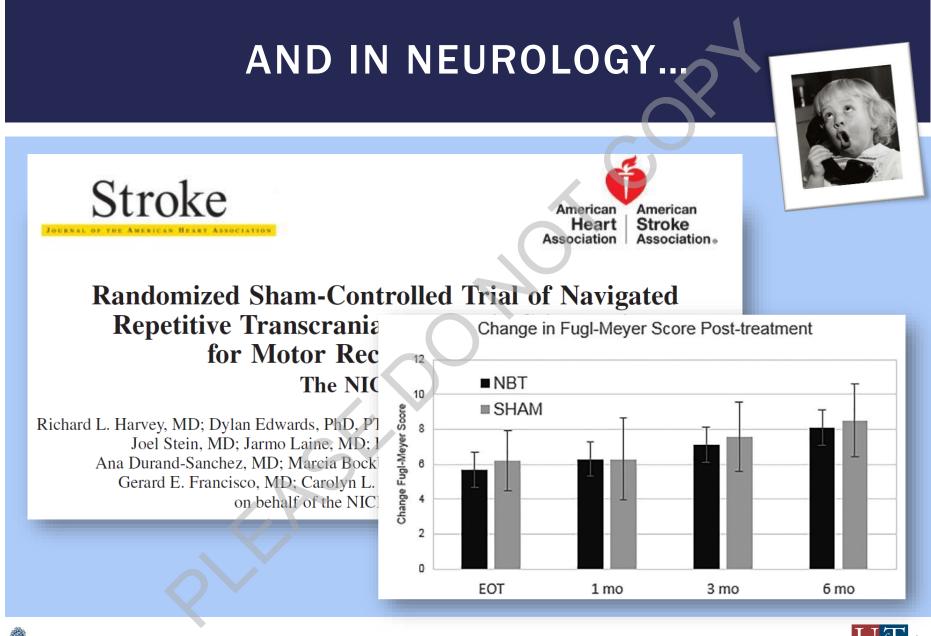
Jerome A. Yesavage, MD; J. Kaci Fairchild, PhD; Zhibao Mi, PhD; Kousick Biswas, PhD; Anne Davis-Karim, PharmD; Ciaran S. Phibbs, PhD; Steven D. Forman, MD, PhD; Michael Thase, MD; Leanne M. Williams, PhD; Amit Etkin, MD, PhD; Ruth O'Hara, PhD; Gerald Georgette, RN; Tamara Beale, MA; Grant D. Huang, MPH, PhD; Art Noda, MS; Mark S. George, MD; for the VA Cooperative Studies Program Study Team











Psychiatry UNIVERSITY OF TORONTO

CONVENTIONAL ATTITUDES







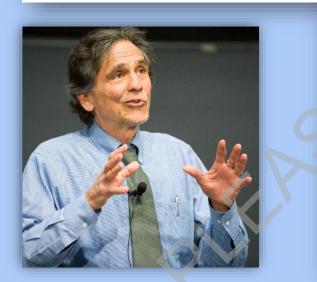
HARVARD PROGRAM IN PLACEBO STUDIES

Placebo Effects in Medicine

Ted J. Kaptchuk and Franklin G. Miller, Ph.D.



N ENGL J MED 373;1 NEJM.ORG JULY 2, 2015



FEATURE

The New York Times Magazine

What if the Placebo Effect Isn't a Trick?

New research is zeroing in on a biochemical basis for the placebo effect — possibly opening a Pandora's box for Western medicine.





RECENT BRIEF SYNOPSIS

THE LANCET Psychiatry

CORRESPONDENCE | VOLUME 10, ISSUE 5, P316-317, MAY 2023

A fundamental change is needed for appraising placebo responses in psychiatry

Matthew J Burke 🖾

Published: May, 2023 DOI: https://doi.org/10.1016/S2215-0366(23)00068-8











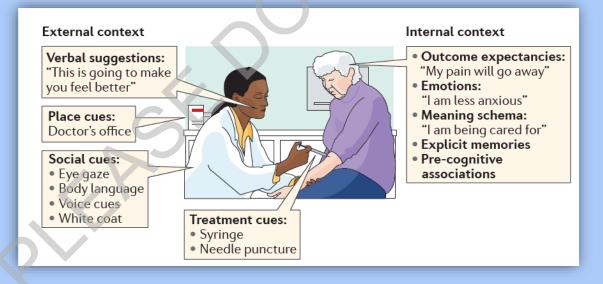


PLACEBO EFFECTS

The neuroscience of placebo effects: connecting context, learning and health

Tor D. Wager¹ and Lauren Y. Atlas²

NATURE REVIEWS NEUROSCIENCE







NEUROIMAGING STUDIES

Science Science

Placebo and Opioid An Expectation and Dopamine Release: Mechanism of the Placebo Effect in Parkinson's Disease Predrag Petrovic, Eija Kalso, K Raúl de la Fuente-Fernández, Thomas J. Ruth, Vesna Sossi, Michael Schulzer, Donald B. Calne and A. Jon Stoessl

Science **295** (5560), 1737-174 *Science* **293** (5532), 1164-1166. DOI: 10.1126/science.1067176 DOI: 10.1126/science.1060937

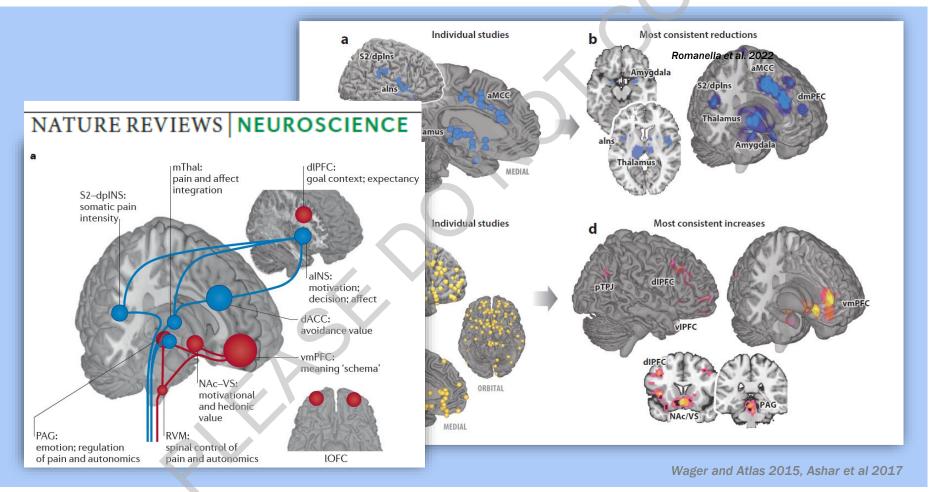
A Opioid ne	Table 1.	. Striatal RAC	binding potent	ial (mean	± SD)	of PD	patients	(group	1) scanned	l at open b	aseline
	and afte	r receiving pl	lacebo $(n = 6)$.								

Site	Open baseline	Placebo	Mean percent change (range)
Head of caudate Putamen	1.964 ± 0.221	1.638 ± 0.230	16.6 (8.4–25.1)
Rostral	2.398 ± 0.342	1.976 ± 0.321	17.6 (5.3–26.3)
Intermediate	2.621 ± 0.438	2.142 ± 0.389	18.2 (7.4–27.0)
Caudal	2.095 ± 0.269	1.646 ± 0.261	21.2 (8.8–32.6)





CURRENT NEUROIMAGING

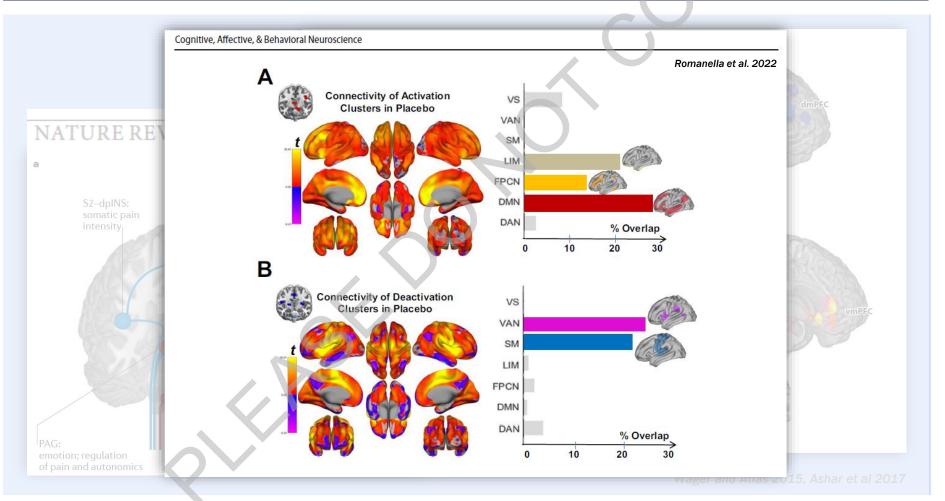


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CURRENT NEUROIMAGING





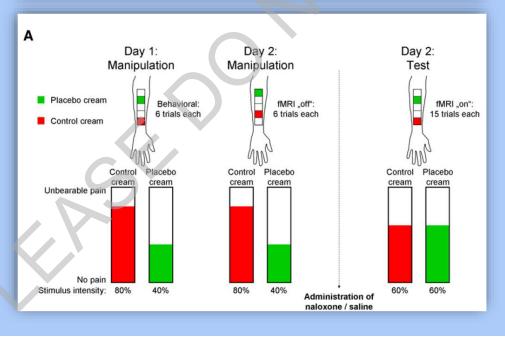
NEUROLOGY

BLOCKING STUDIES

Article Activation of the Opioidergic Descending Pain Control System Underlies Placebo Analgesia

Neuron

Falk Eippert,^{1,*} Ulrike Bingel,² Eszter D. Schoell,¹ Juliana Yacubian,¹ Regine Klinger,³ Jürgen Lorenz,⁴ and Christian Büchel¹







BLOCKING STUDIES

Article

Biological, clinical, and ethical advances of placebo effects

Damien G Finniss, Ted J Kaptchuk, Franklin Miller, Fabrizio Benedetti

Lancet 2010; 375: 686-95

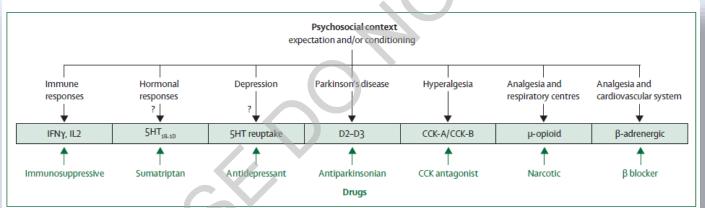


Figure 2: Receptor pathways activated by both psychosocial context and drugs

Social stimuli around the treatment might activate, through expectation or conditioning mechanisms, several receptor pathways in different diseases and therapeutic interventions (the involvement of serotonin [5-hydroxytryptamine; 5HT] receptors in hormonal responses and depression is not definitive). These receptors are the same to which different drugs bind, suggesting that psychosocial factors are capable of modulating the action of drugs. This interference has implications for our understanding of drug action: when a drug is prescribed, the very act of giving it to a patient (ie, the psychosocial context) might affect the system and change the response to the drug. Reproduced with permission from reference 39. IFNY=interferon Y. IL2=interleukin 2. CCK=cholecystokinin.

naloxone / saline





DOSE-RESPONSE RELATIONSHIP

Mean (SE)

BMJ

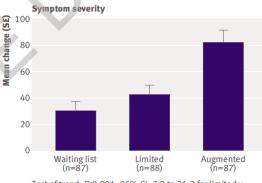
Components of placebo effect in patients with irritable bowe

Ted J Kaptchuk, associate professor of medicine,¹ Johstatistics,² Lisa A Conboy, instructor of medicine,¹ Robiostatistics,³ Catherine E Kerr, instructor of medicine, psychology,⁵ Rosa N Schyner, research associate,¹ Bresearch fellow,¹ Min Park, research coordinator,¹ And research coordinator,¹ Efi Kokkotou, assistant professimedicine,⁶ Peter Goldman, professor emeritus,⁷ Ant

Augmented = placebo + "patient-practitioner relationship augmented by warmth, attention, and confidence"

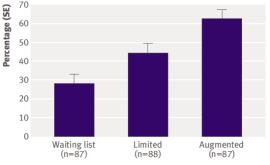


Test of trend: P<0.001; 95% CI 0.18 to 0.90 for limited v waiting list; 0.32 to 1.11 for augmented v limited



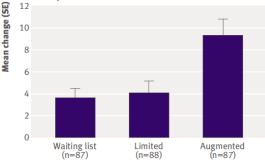
Test of trend: P(0.001; 95% CI - 7.9 to 31.2 for limited v) waiting list; 16.2 to 63.2 for augmented v limited

Adequate relief



Test of trend: P<0.001; 95% Cl 2.7 to 30.7 for limited v waiting list; 3.2 to 32.3 for augmented v limited

Quality of life



Test of trend: P<0.001; 95% CI -2.1 to 3.2 for limited v waiting list; 1.7 to 8.8 for augmented v limited



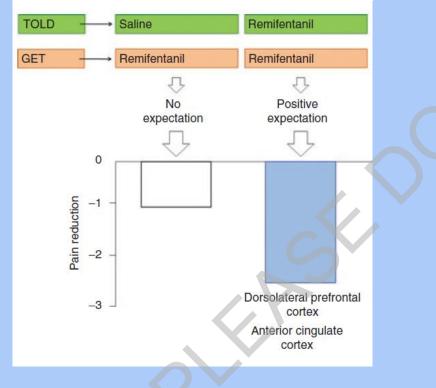


Fig 2 | Outcomes at three week end point

KNOCK-OUT MODELS

Hidden Administration of Drugs

F Benedetti^{1,2}, E Carlino^{1,2} and A Pollo^{1,2}



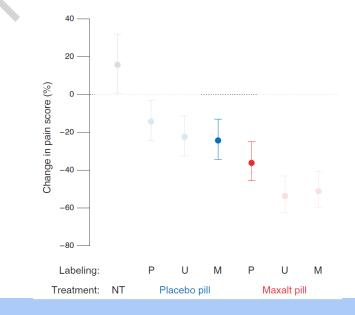
RESEARCH ARTICLE

MIGRAINE



Altered Placebo and Drug Labeling Changes the Outcome of Episodic Migraine Attacks

Slavenka Kam-Hansen,¹ Moshe Jakubowski,² John M. Kelley,^{3,4,5} Irving Kirsch,^{5,6} David C. Hoaglin,⁷ Ted J. Kaptchuk,⁵* Rami Burstein²*[†]







UNDERLYING PRINCIPLES & MODELS

The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

Allan H. Ropper, M.D., Editor

Placebo and Nocebo Effects

Luana Colloca, M.D., Ph.D., and Arthur J. Barsky, M.D.

D LACEBO AND NOCEBO EFFECTS ARE THE EFFECTS OF PATIENTS' POSITIVE and negative expectations, respectively, concerning their state of health.^{1,2} These effects occur in many clinical contexts, including treatment with an active agent or a placebo in clinical practice or in a clinical trial, the informedconsent process, the provision of information about medical treatments, and public health campaigns. Placebo effects cause beneficial outcomes, and nocebo effects cause harmful and dangerous outcomes.

Variation in the ways that patients respond to treatments and experience symptoms is partly attributable to placebo and nocebo effects.³⁻⁶ The frequency and intensity of placebo effects in clinical practice are difficult to determine, and the range of effects in experimental settings is wide.⁷ In many double-blind clinical trials of treatments for pain⁸ or psychiatric disorders,⁹ for example, the responses to placebo are similar to the responses to active treatment, and up to 19% of adults and 26% of elderly persons taking placebos report side effects.¹⁰ Furthermore, as many as one quarter of patients receiving placebo in clinical trials discontinue it because of side effects,^{11,12} suggesting that a nocebo effect may contribute to discontinuation of or lack of adherence to active treatments.

N ENGLJ MED 382;6 NEJM.ORG FEBRUARY 6, 2020

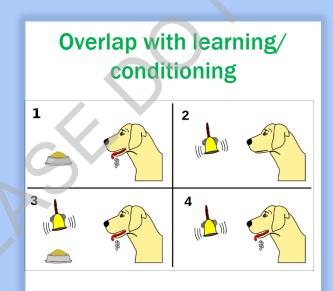






EXPECTANCIES

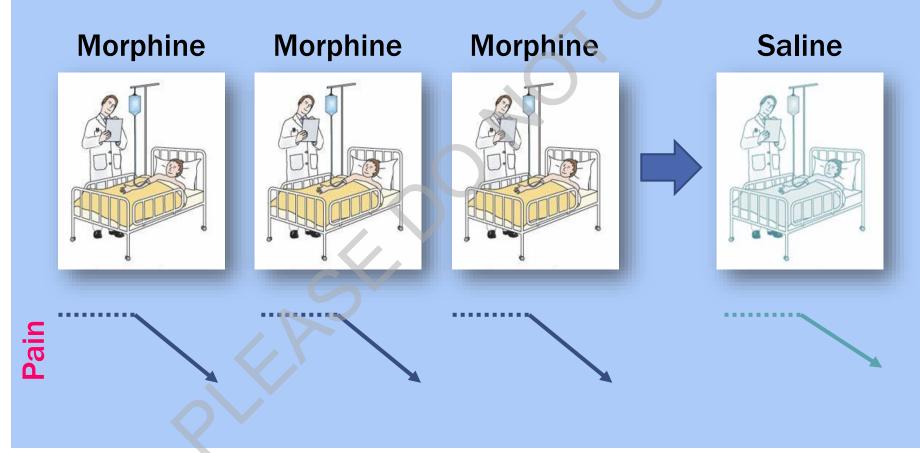
- Expectancies be acquired in a number of ways:
 - **1. Prior experience of treatment effects** (e.g., analgesia after taking a medication)







CONDITIONING







EXPECTANCIES

- Expectancies be acquired in a number of ways:
 - **1. Prior experience of treatment effects** (e.g., analgesia after taking a medication)
 - 2. Verbal instructions or suggestion (e.g., being told that a treatment will reduce pain)
 - 3. Social observation

(e.g., observing symptom relief in another person taking same medication)

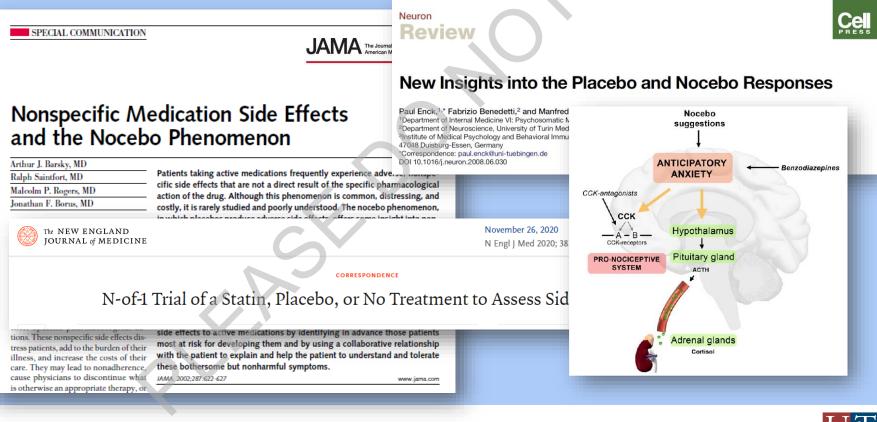






NOCEBO EFFECTS

Nocebo effects = new or worsening symptoms in response to negative healthrelated information, beliefs, and/or experiences

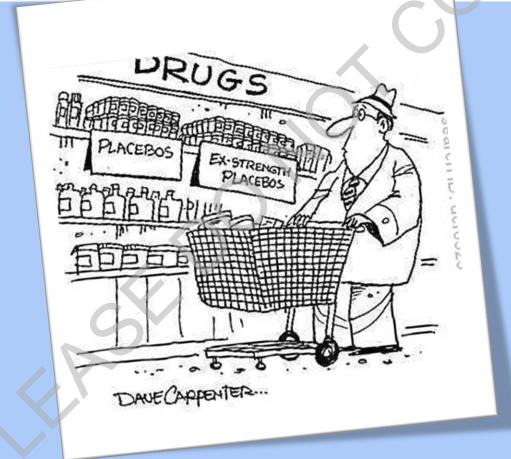


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2 PLACEBO EFFECTS IN MEDICINE







TWO MAIN CONSIDERATIONS

The Patient

The Treatment





A CURE ALL?









PATIENT POPULATIONS OF INTEREST

Placebo Effects in Medicine



Ted J. Kaptchuk and Franklin G. Miller, Ph.D.

Chronic Pain Anxiety Disorders Irritable Bowel Syndrome Parkinson's Disease Asthma Fibromyalgia Depression Migraine Functional Neurological Disorder Concussion Insomnia Allergy syndromes Chronic Fatigue







CASE EXAMPLE 1 "FUNCTIONAL" BRAIN DISORDERS

Views 25,950 | Citations 0 | Altmetric 1304 | Comments 8 JAMA Neurology This Issue

Viewpoint

September 16, 2019

"It's All in Your Head"—Medicine's Silent Epidemic

Matthew J. Burke, MD, FRCPC^{1,2}

✓ Author Affiliations

¹Division of Cognitive Neurology, Department of Neurology, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, Massachusetts

²Department of Psychiatry, Hurvitz Brain Sciences Program, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, Ontario, Canada

JAMA Neurol. 2019;76(12):1417-1418. doi:10.1001/jamaneurol.2019.3043

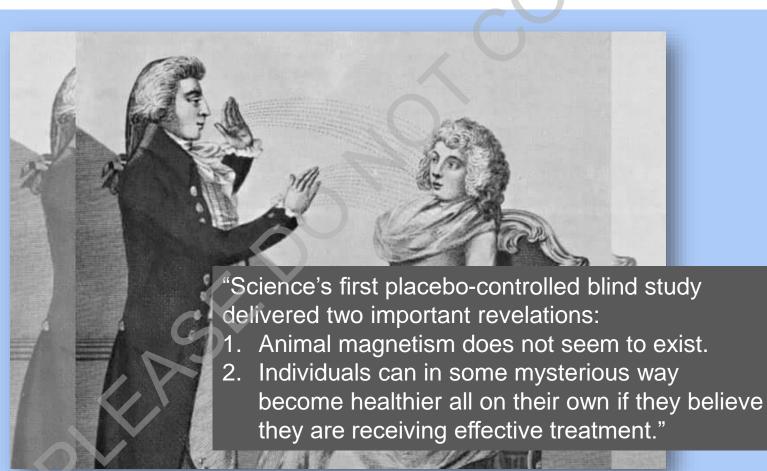
Full Text

"It's all in your head" is a phrase sometimes said by physicians to patients presenting with symptoms unexplained by medical disease. As a neurologist specializing in neuropsychiatry, nothing bothers me more than overhearing medical colleagues proclaim this one-liner at the bedside or snicker about these patients during rounds. Unbeknownst to them, I also hear my patients' version of being on the other end of this phrase and find myself constantly trying to repair the damage that these words can cause. Whether physicians like to admit it or not, medically unexplained symptoms encompass a vast terrain of clinical practice. In neurology, these symptoms fall under functional neurological disorder, but every specialty has their own variants and favored terminologies (eg,





LONG AND DARK HISTORY RELATED TO PLACEBO EFFECTS

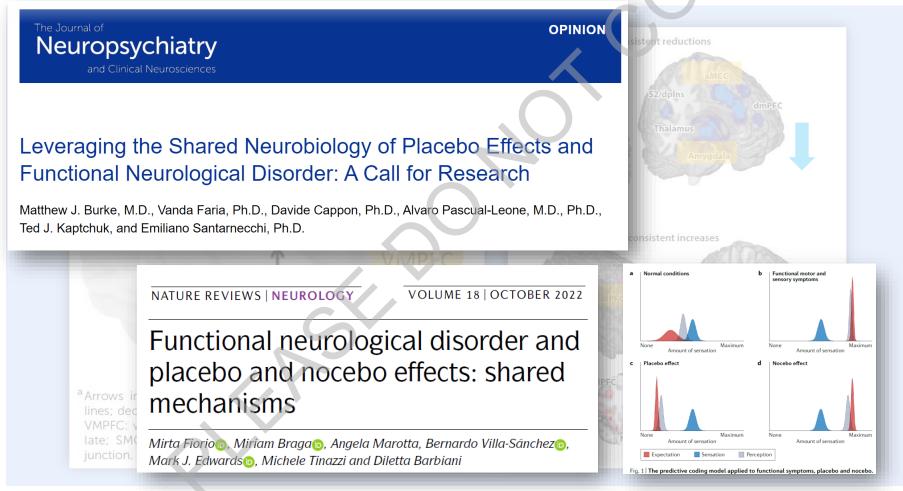


Genetic Literacy Project





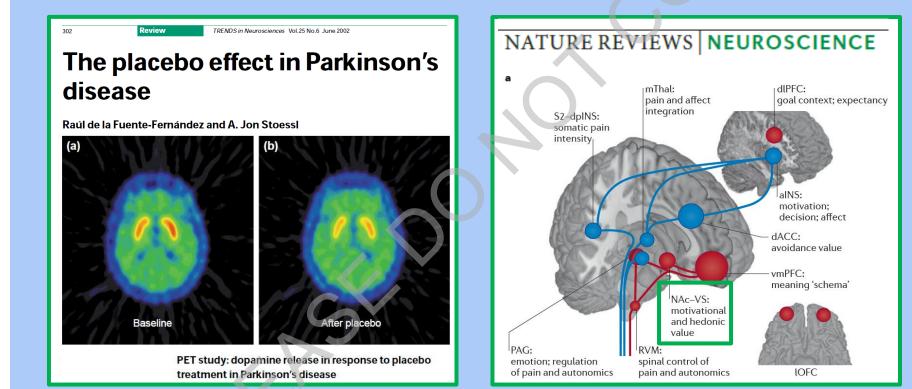
OVERLAP IN IMPLICATED BRAIN REGIONS





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CASE EXAMPLE 2 "STRUCTURAL" BRAIN DISORDER



Placebo responsiveness ≠ "fake" disorder





CASE EXAMPLE 3 GENERAL MEDICAL DISORDER

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

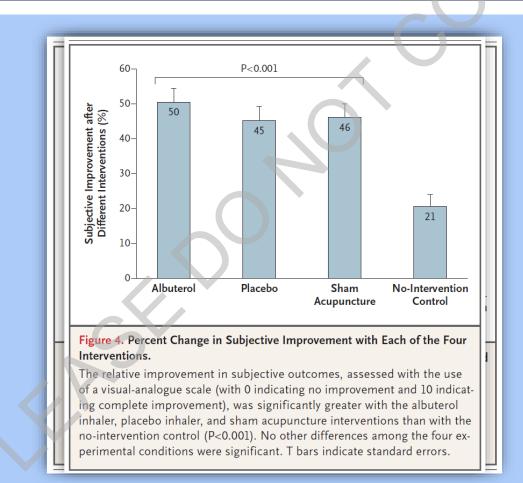
Active Albuterol or Placebo, Sham Acupuncture, or No Intervention in Asthma

Michael E. Wechsler, M.D., John M. Kelley, Ph.D., Ingrid O.E. Boyd, M.P.H., Stefanie Dutile, B.S., Gautham Marigowda, M.B., Irving Kirsch, Ph.D., Elliot Israel, M.D., and Ted J. Kaptchuk





PLACEBO EFFECTS?







PATIENT LEVEL HETEROGENEITY

the place	CelPress and the placebo effect: bome oseph Loscalzo ³ , and Ted J. Kaptchuk ^{1,2}	
Table 1. Polymorphisms in ca Placebo pathway Gene na Dopamine Catecho Monoam Dopamin Dopamine Serotonin Serotonin Tryptopl 5-Hydrox Serotonin Opioid Opioid r Opioid Fatty act	Systematic Review and Meta-Analysis PAIN PAIN PAIN PAIN Association between persona	matic review
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TWO MAIN CONSIDERATIONS

The Patient

The Treatment





FACTORS IMPACTING PLACEBO EFFECTS

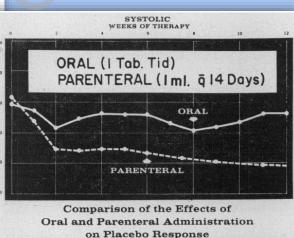
124

J.A.M.A., April 15, 1961

URE

A Double-Blind Study of the Treatment of Hypertension

Raymond F. Grenfell, M.D., Arthur H. Briggs, M.D., and William C. Holland, M.D., Jackson, Miss.



and door of the RAPY DIASTOLIC

NEUROLOGY



SHAM-CONTROLLED SURGICAL TRIALS

ANNALS OF SURGERY Vol. 235, No. 2, 303–307 © 2002 Lippincott Williams & Wilkins, Inc.

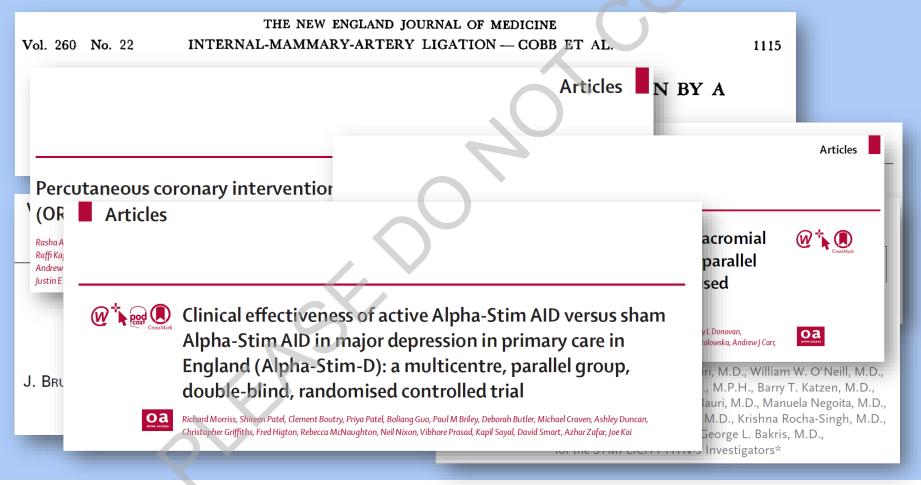
Surgical "Placebo" Controls

Robert Tenery, MD, Dallas, TX-Chair; Herbert Rakatansky, MD, Providence, RI-Vice-Chair; Frank A. Riddick, Jr., MD, New Orleans, LA; Michael S. Goldrich, MD, Highland Park, NJ; Leonard J. Morse, MD, Worcester, MA; John M. O'Bannon, III, MD, Richmond, VA; Priscilla Ray, MD, Houston, TX; Sherie Smalley, MD, Salt Lake City, UT-Resident Member; Matthew Weiss, Chicago, IL-Student Member. Staff to the Council on Ethical and Judicial Affairs: Audiey Kao, MD, PhD, Acting Vice President, Ethics Standards Group, American Medical Association; Karine Morin, LLM, Council Secretary and Staff Author; Andrew Maixner, Council Staff Associate; Sam Seiden, Council Staff Associate.





SHAM-CONTROLLED SURGICAL/PROCEDURAL TRIALS



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TREATMENT INTENSIVENESS

Placebo interventions for all clinical conditions (Review) Hróbjartsson A, Gøtzsche PC

"Meta-regression analyses showed that larger effects of placebo interventions were associated with physical placebo interventions" (e.g. sham devices)

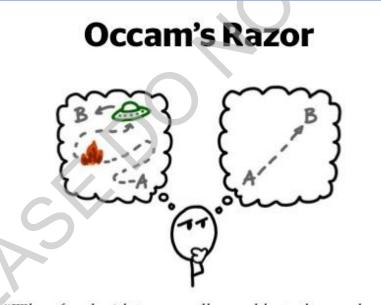
> THE COCHRANE COLLABORATION®





COMMON DENOMINATOR

Conclusion: 1) little/no mention of placebo effects AND/OR
2) there must be something "active" about our sham?



"When faced with two equally good hypotheses, always choose the simpler."



vectorstock



OTHER FACTORS

Cost, perceived innovation, branding, pill shape/colour...

Placebo effect of medication cost in Parkinson disease

A randomized double-blind study

Alberto J. Espay, MD, ABSTRACT

MSc

MEng

FRCPC

PhD

Correspondence to Dr. Espay:

alberto.espay@uc.edu

Alok Dwivedi, PhD

Matthew S. Smith, BS

Christi Banks, CCRC

Jane B. Allendorfer, PhD

Anthony E. Lang, MD,

David E. Fleck, PhD

Michael J. Linke, PhD

Jerzy P. Szaflarski, MD,

Objective: To examine the effect of cost, a traditionally "inactive" trait of interver Matthew M. Norris, utor to the response to therapeutic interventions. Methods: We conducted a prospective double-blind study in 12 patients with more James C. Eliassen, PhD

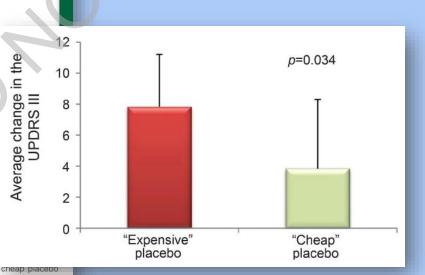
Parkinson disease and motor fluctuations (mean age 62.4 ± 7.9 years; mean c 11 ± 6 years) who were randomized to a "cheap" or "expensive" subcutaneous ' dopamine agonist" placebo (normal saline). Patients were crossed over to th approximately 4 hours later. Blinded motor assessments in the "practically de before and after each intervention, included the Unified Parkinson's Disease Rat subscale, the Purdue Pegboard Test, and a tapping task. Measurements of bra performed using a feedback-based visual-motor associative learning functional effect was examined using stratified analysis.

Results: Although both placebos improved motor function, benefit was greate were randomized first to expensive placebo, with a magnitude halfway between the cebo and levodopa. Brain activation was creater upon first-given cheap but not expensive placebo or by levodopa. Regardless of order of administration, only cneap placebo

increased activation in the left lateral sensorimotor cortex and other regions.

Conclusion: Expensive placebo significantly improved motor function and decreased brain activation in a direction and magnitude comparable to, albeit less than, levodopa. Perceptions of cost are capable of altering the placebo response in clinical studies.

Classification of evidence: This study provides Class III evidence that perception of cost is capable of influencing motor function and brain activation in Parkinson disease. Neurology® 2015;84:794-802





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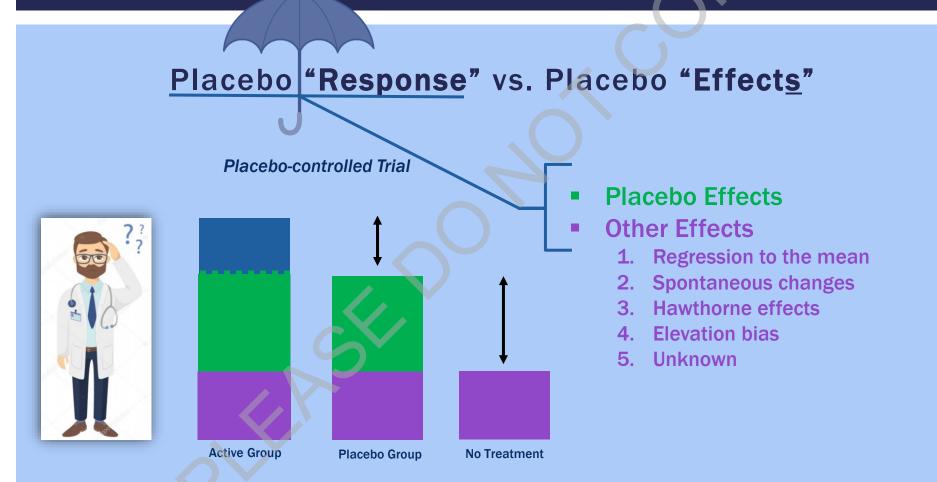






Edsurge

PLACEBO TERMINOLOGY FOR RCTS



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CHALLENGES TO CONVENTIONAL FRAMEWORK







1) BLINDING INTEGRITY

THE LANCET

COMMENT | VOLUME 375, ISSUE 9721, P1144-1146, APRIL 03, 2010

CONSORT 2010 changes and testing blindness in RCTs

Kenneth F Schulz 🖾 🛛 Douglas G Altman 🖉 David Moher 🖉 Dean Fergusson

Published: March 24, 2010 • DOI: https://doi.org/10.1016/S0140-6736(10)60413-8





Jens EUROPEAN JOURNAL OF NEUROSCIENCE

European Journal of Neuroscience, Vol. 38, pp. 2973-2977, 2013

doi:10.1111/ejn.12307

TECHNICAL SPOTLIGHT

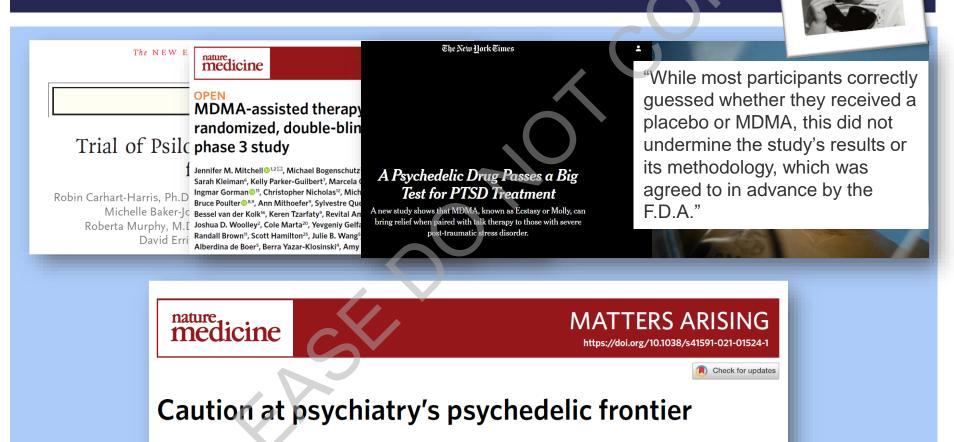
TECHNICAL SPOTLIGHT Challenges of proper placebo control for non-invasive brain stimulation in clinical and experimental applications

Nick J. Davis,¹ Edward Gold,² Alvaro Pascual-Leone² and R. Martyn Bracewell^{1,3,4}





NOT A UNIQUE ISSUE FOR TMS



Matthew J. Burke^{1,2,3,4} and Daniel M. Blumberger^{1,5}

NATURE MEDICINE | www.nature.com/naturemedicine





2) THE IMPACT OF DIFFERENTIAL PLACEBO EFFECTS

ANNALS of Neurology

January 2019

NEUROLOGY GRAND ROUNDS

Challenges of Differential Placebo Effects in Contemporary Medicine: The Example of Brain Stimulation

Matthew J. Burke, MD,¹ Ted J. Kaptchuk,² and Alvaro Pascual-Leone, MD, PhD¹





BRAIN STIMULATION TECHNOLOGIES







HOW THE TREATMENT IS FRAMED



RESEARCH ARTICLE

Presenting a sham treatment as personalised increases the placebo effect in a randomised controlled trial

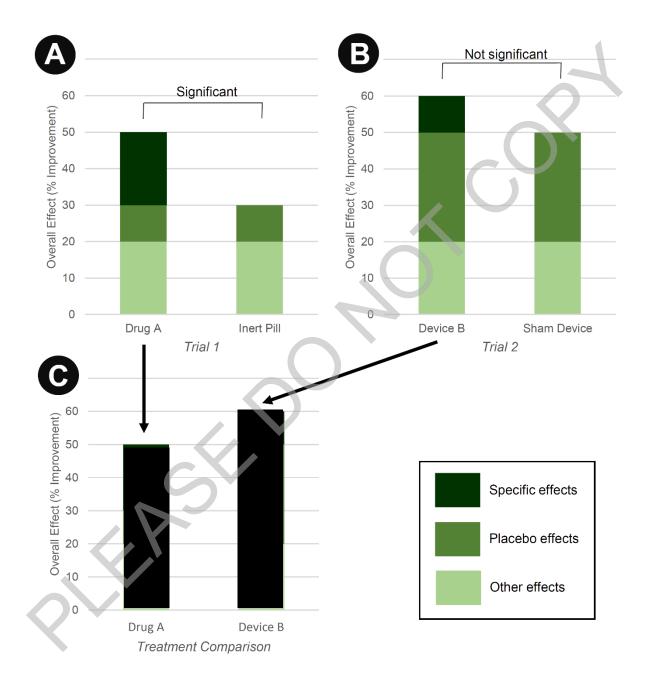
Dasha A Sandra¹*, Jay A Olson^{2†}, Ellen J Langer², Mathieu Roy³

¹Integrated Program in Neuroscience, McGill University, Montreal, Canada; ²Department of Psychology, Harvard University, Cambridge, United States; ³Department of Psychology, McGill University, Montreal, Canada





CC



3) IMPACT OF SHARED MECHANISMS BETWEEN PLACEBO EFFECTS & TREATMENT

Molecular Psychiatry

www.nature.com/mp natureportfolio

Check for updates

ARTICLE

Placebo effects and neuromodulation for depression: a meta-analysis and evaluation of shared mechanisms

Matthew J. Burke 1,2,3,12^{IM}, Sara M. Romanella^{3,4,12}, Lucia Mencarelli^{3,4}, Rachel Greben², Michael D. Fox^{3,5,6}, Ted J. Kaptchuk⁷, Alvaro Pascual-Leone^{8,9,10} and Emiliano Santarnecchi^{3,11^M}

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PLACEBO NEUROIMAGING META-ANALYSIS

Main search terms: "placebo", "expectation" combined with "functional magnetic resonance imaging", "position emission tomography", their acronyms, and "functional neuroimaging"



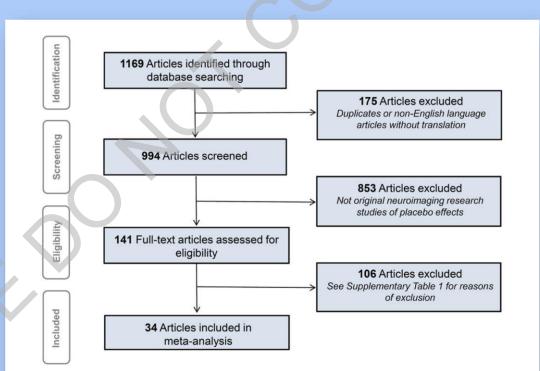
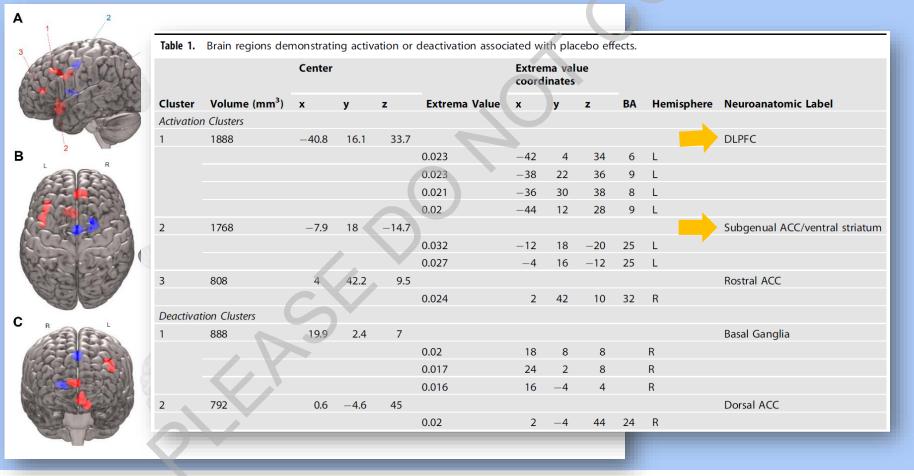


Fig. 1 Flowchart outlining selection of placebo effects neuroimaging studies. After exclusions during screening and review, 34 articles were included for meta-analysis.





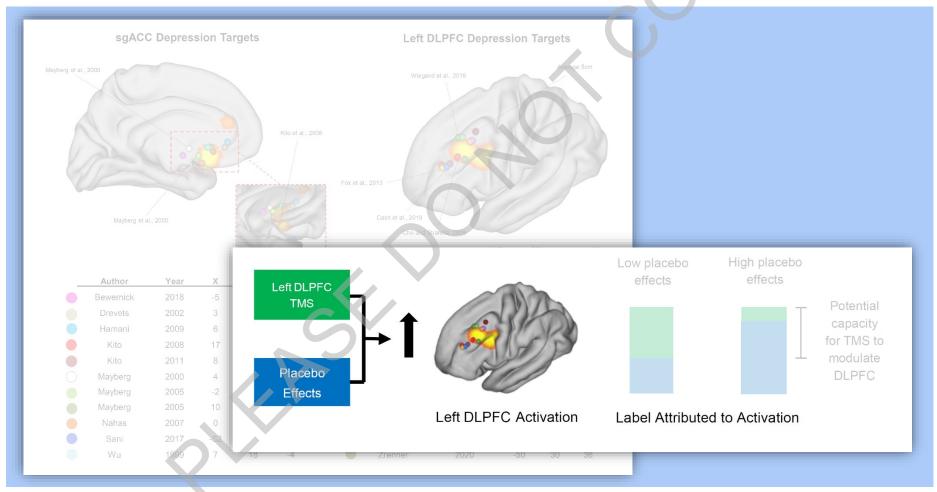
PLACEBO NEUROIMAGING META-ANALYSIS





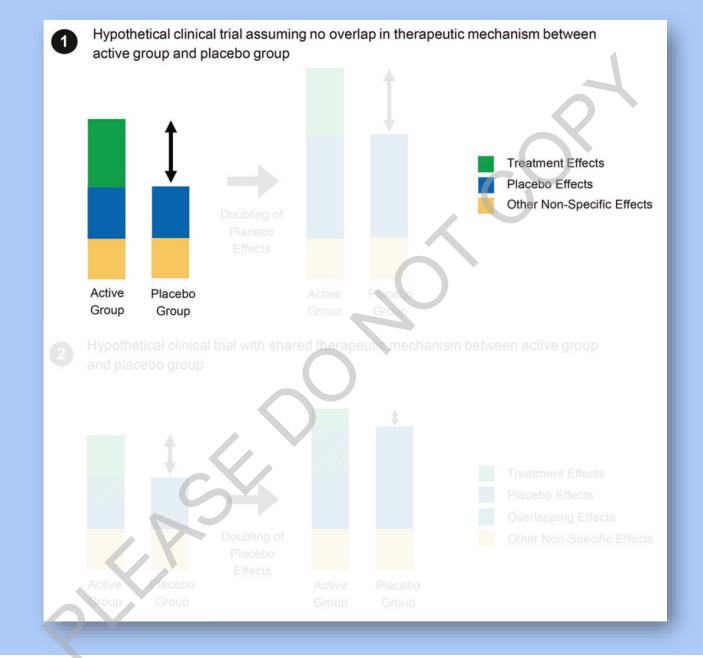
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COMPARATIVE ANALYSES WITH NEUROMODULATION TARGETS





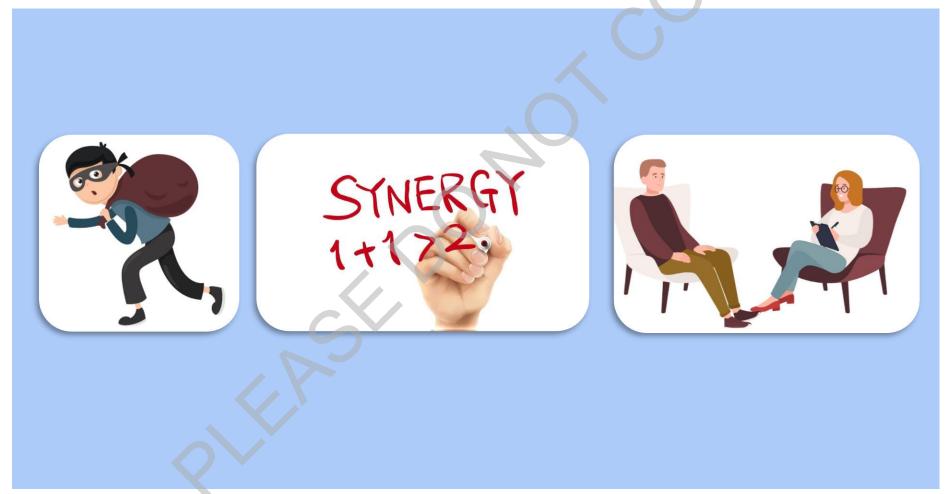








IMPLICATIONS ON RESEARCH AND PRACTICE







THE ART OF DELIVERING PLACEBO EFFECTS WITHOUT THE "PLACEBO"?





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Placebo Effects: From the Neurobiological Paradigm to Translational Implications

Fabrizio Benedetti^{1,*} ¹Department of Neuroscience, University of Turin Medical School and National Institute of Neuroscience, 10125 Turin, Italy *Correspondence: fabrizio.benedetti@unito.it http://dx.doi.org/10.1016/j.neuron.2014.10.023

OPINION

NATURE REVIEWS DRUG DISCOVERY

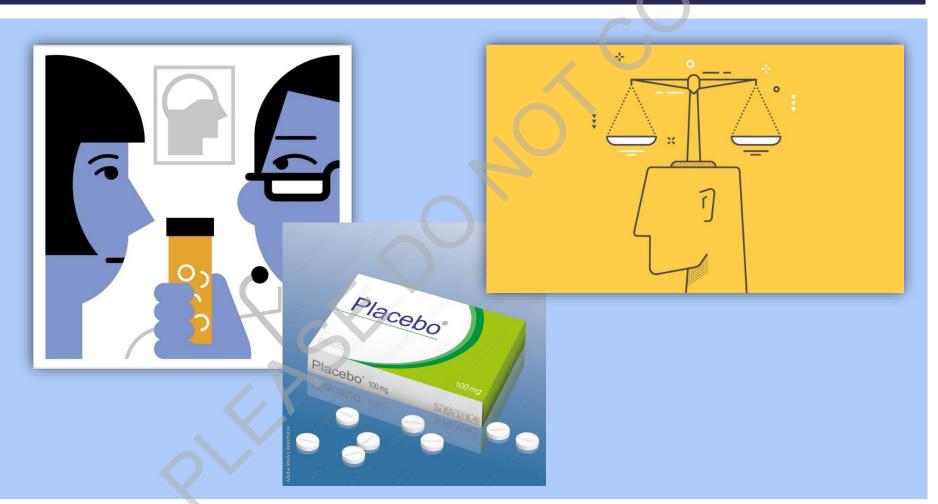
The placebo response in medicine: minimize, maximize or personalize?

Paul Enck, Ulrike Bingel, Manfred Schedlowski and Winfried Rief





APPROACHES







IN THE MEANTIME... REAL-WORLD DATA

CNN Health » Food | Fitness

Does Go Gwyneth

By Maggie Veatch and Roni So Updated 5:51 AM ET, Sat Apr



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Note: Works for (

Related Article: Gwyneth Paltrow's Goop brand hit with penalties for 'unsubstantiated claims' Burke emphasizes that the changes from placebos are real and not imagined or mystical. "It's becoming clear that placebo effects in themselves are extremely meaningful. If you were to take a placebo during an fMRI scan, we would see specific areas of the brain light up," he said.

Sear

Having someone endorse the effectiveness of a product, fancy packaging and an expensive price tag can all increase the effectiveness of a placebo. In certain clinical settings, these effects have been shown

to persist even when people know that they are getting a placebo.

Because of this, Burke thinks the summit could make a positive difference in people's health. "Absolutely, the summit could legitimately cause biological changes to the brain through the placebo effect." However, he warns, "this alone should not replace addressing other factors that may be contributing to an individual's symptoms or given health state."

goop

Goop has no issue with this possibility. "If it's the placebo effect, that's great too," Chief Content Officer Elise Loehnen wrote in an email.





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Alaina Demopoulos Thu 7 Sep 2023 11.00 BST



Burke, the neuroscientist, believes that a wellness sticker *could* potentially help someone chill out - though not for the reason advertised.

"If these products work, it's almost certainly because of the placebo effect," he said. "The likely explanation is that these stickers help people through the psychological intervention of making them feel like they are being treated."

When people are put in a state where they expect to get better, it changes the brain biologically. The placebo effect kicks off a reaction that releases endorphins and dopamine, two neurotransmitters known for making people feel good. Those effects won't cure anyone - a patient with cancer will still have cancer - but they might feel a little less depressed, more hopeful, in less pain.

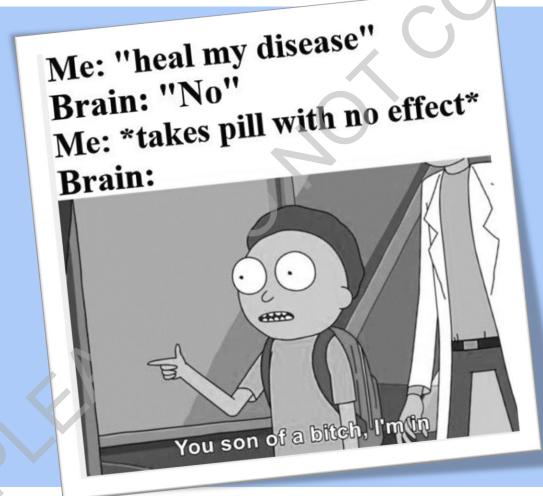
Is that such a bad thing? Burke warned that when people feel good because of a placebo, they're less likely to seek out treatment that might work more permanently.

"If someone believes that their bio-frequencies are out of whack, they might not address some of the actual underlying factors that might be driving their depression, insomnia, or pain," Burke said.





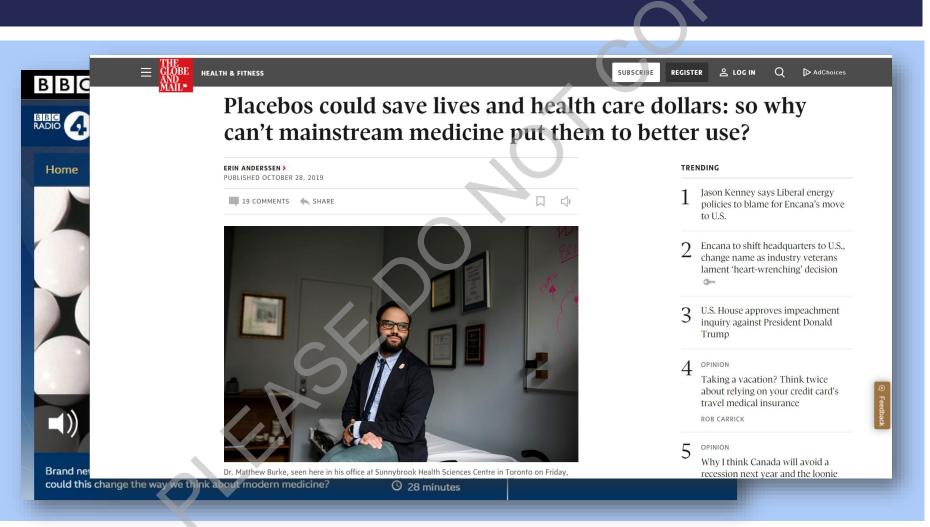
SO HOW DO WE MOVE FORWARD?







SHIFTING THE SPIN







THANKS!



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QUESTIONS





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