



Brain mechanisms and implications of the placebo effect

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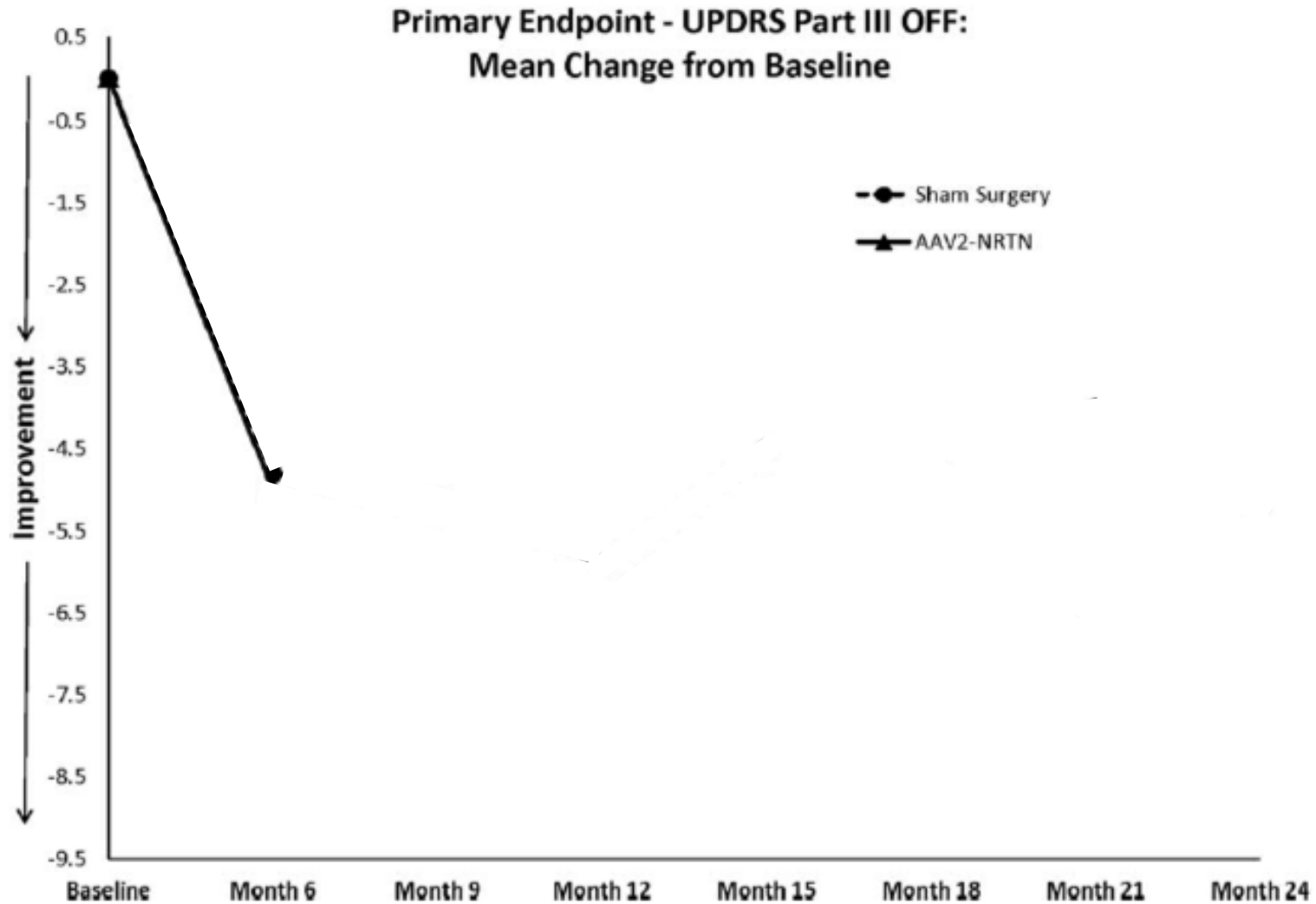
S.D.G.

<http://psych.colorado.edu/~tor>

“...the patient, though conscious that his condition is perilous, may recover his health simply through his contentment with the goodness of the physician”

*Hippocrates. Volume II: on decorum and the physician.
London:William Heinemann, 1923.*

Gene therapy for Parkinson's disease: A randomized, placebo-controlled trial





45%

...of physicians reported
using placebo treatments in
clinical practice in 2007

45%

...of Americans use prayer
for health reasons

Faith by the numbers



\$235,400,000,000

U.S. pharmaceutical sales (2004)

\$89,000,000,000

Pharma R&D budget (2004)

\$4,746,000,000

NIH behavioral science spending, 2013 (est).

- Most research directed towards molecular/genetic causes and treatments, rather than psychology and behavior
- ...even when we know behavior is very important (heart disease, lung cancer, pain, depression, anxiety)
Crow, Nature, 2011

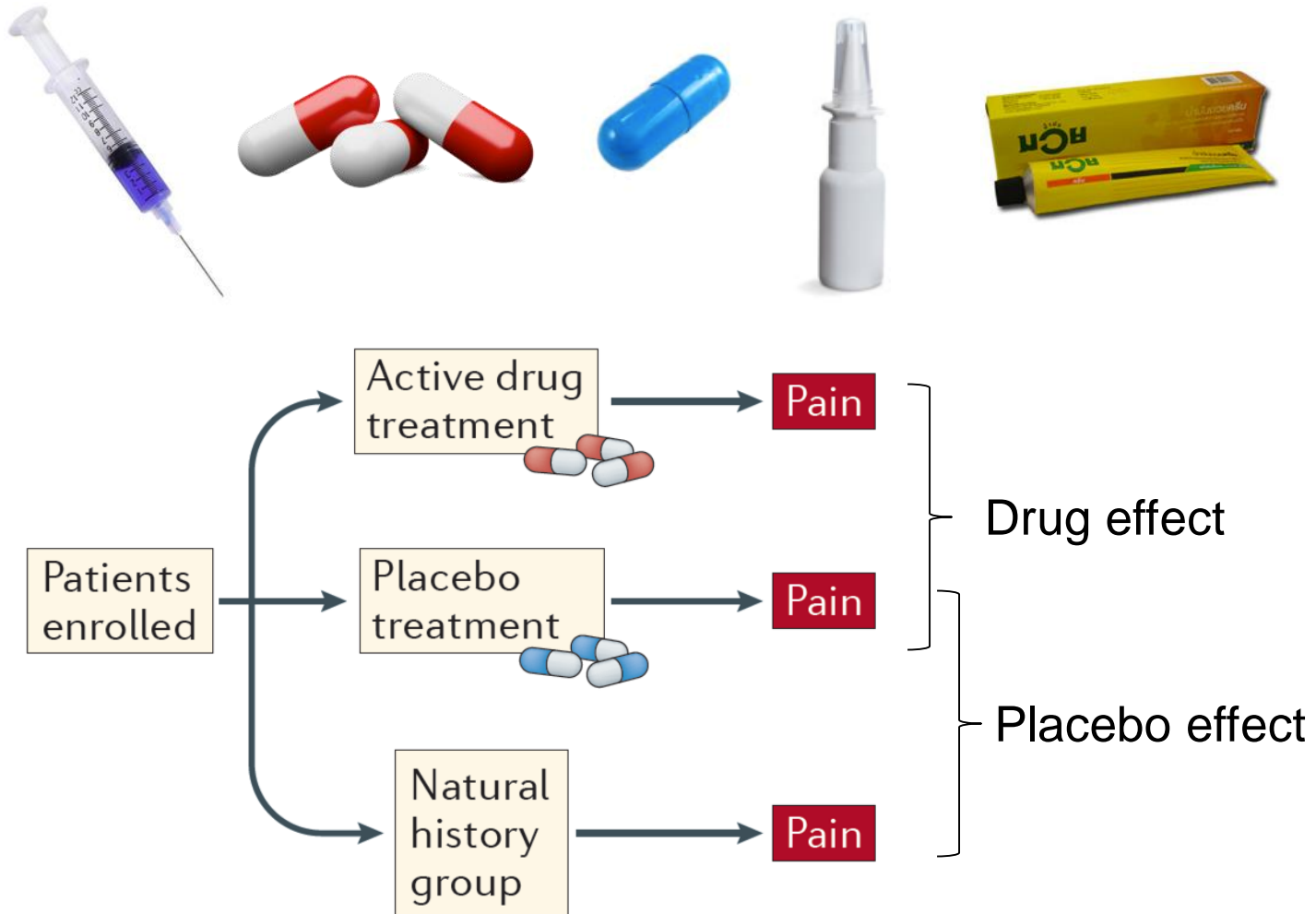
Gagnon, Lexchin et al. 2008 (2004 data)

InnoThink Center For Research In Biomedical Innovation; Thomson Reuters Fundamentals via FactSet Research Systems; CDC Advance Data Report #343. 2004; NIH

Placebo effects: A common thread



- Causal effect of a treatment context on outcomes

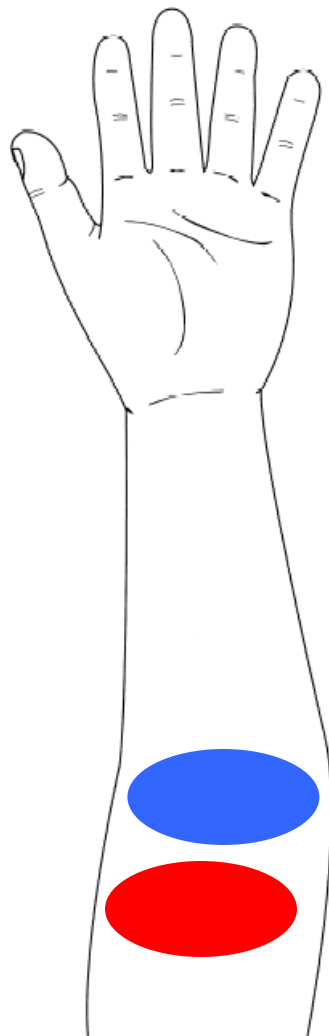


Experimental manipulation of expectation: Placebo analgesia

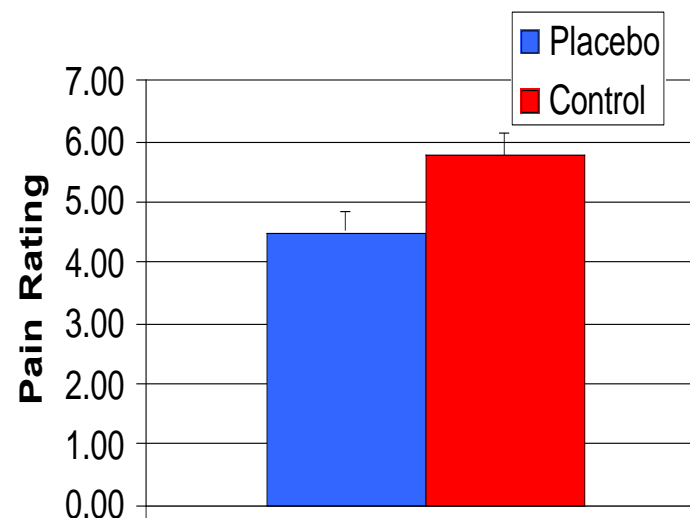


Placebo cream
“This is lidocaine”

Control cream
“Will have no effect”



Identical temperatures



Assimilation to expectations

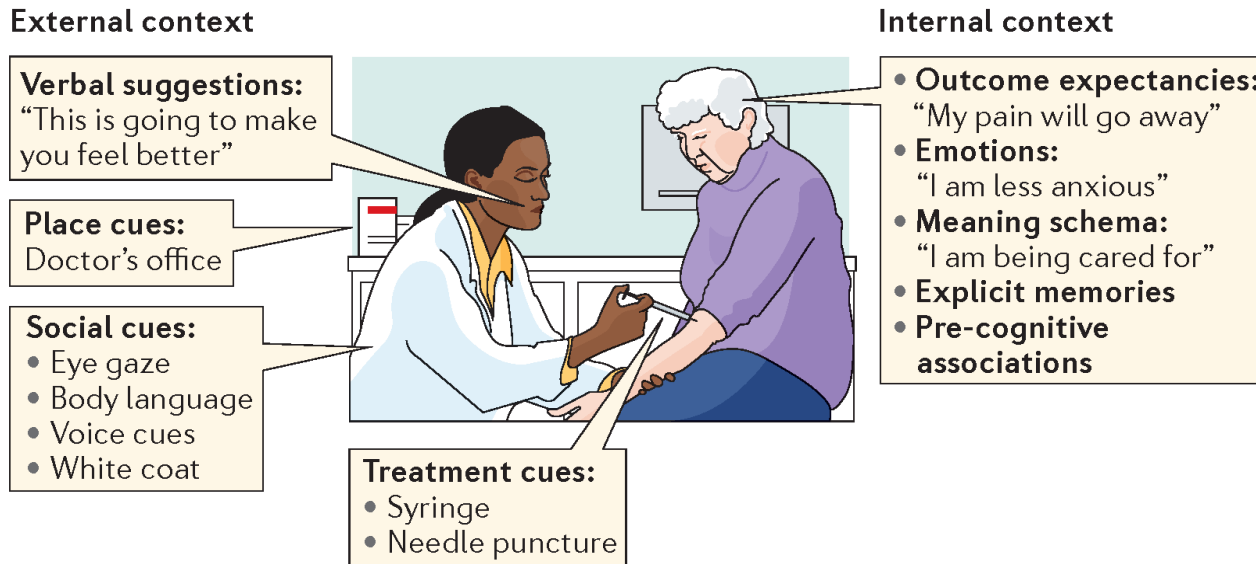
Benedetti et al., 1999; Bingel et al., 2006;
Price et al. 1999, Montgomery and Kirsch,
1996; Vase et al., 2003; Voudouris et al.,
1990; Wager et al., 2004, 07; many others

Placebo effects across domains

- **Pain** (Benedetti, 2007; Benedetti & Amanzio, 1997; De Pascalis, Chiaradia, & Carotenuto, 2002; Liberman, 1964; Montgomery & Kirsch, 1997; Price et al., 1999; Vase, Robinson, Verne, & Price, 2005; Voudouris, Peck, & Coleman, 1985; Wager, Matre, & Casey, 2006; Wager, Scott, & Zubieta, 2007, many more)
- **Asthma** (Kemeny et al., 2007; cf. Kaptchuk 2011 NEJM)
- **Depression** (Mayberg et al., 2002; Kirsch 2008; Rutherford and Roose 2008, 2010)
- **Parkinson's Disease** (Benedetti et al., 2004; Colloca, Lopiano, Lanotte, & Benedetti, 2004; de la Fuente-Fernandez et al., 2001; Pollo et al., 2002; Lidstone et al. 2010; Schmidt et al. 2014)
- **Conditioned immunosuppression** (Goebel et al., 2002, 2005; Exton et al. 2011)
- **Insomnia** (Storms & Nisbett, 1970)
- **Autonomic responses** (Benedetti et al., 1998; Benedetti, Amanzio, Baldi, Casadio, & Maggi, 1999; Lanotte et al., 2005; Pollo, Vighetti, Rainero, & Benedetti, 2003; Meissner et al. 2011; Nakamura et al., 2010)
- **Cortisol release** (Benedetti, Amanzio, Vighetti, & Asteggiano, 2006; Benedetti et al., 2003; Johansen, Brox, & Flaten, 2003)
- **Hormone modulation** (Benedetti et al. 2003 [growth hormone]; Crum et al. 2011 [ghrelin])

See Wager & Atlas (2015) Nature Reviews Neuroscience

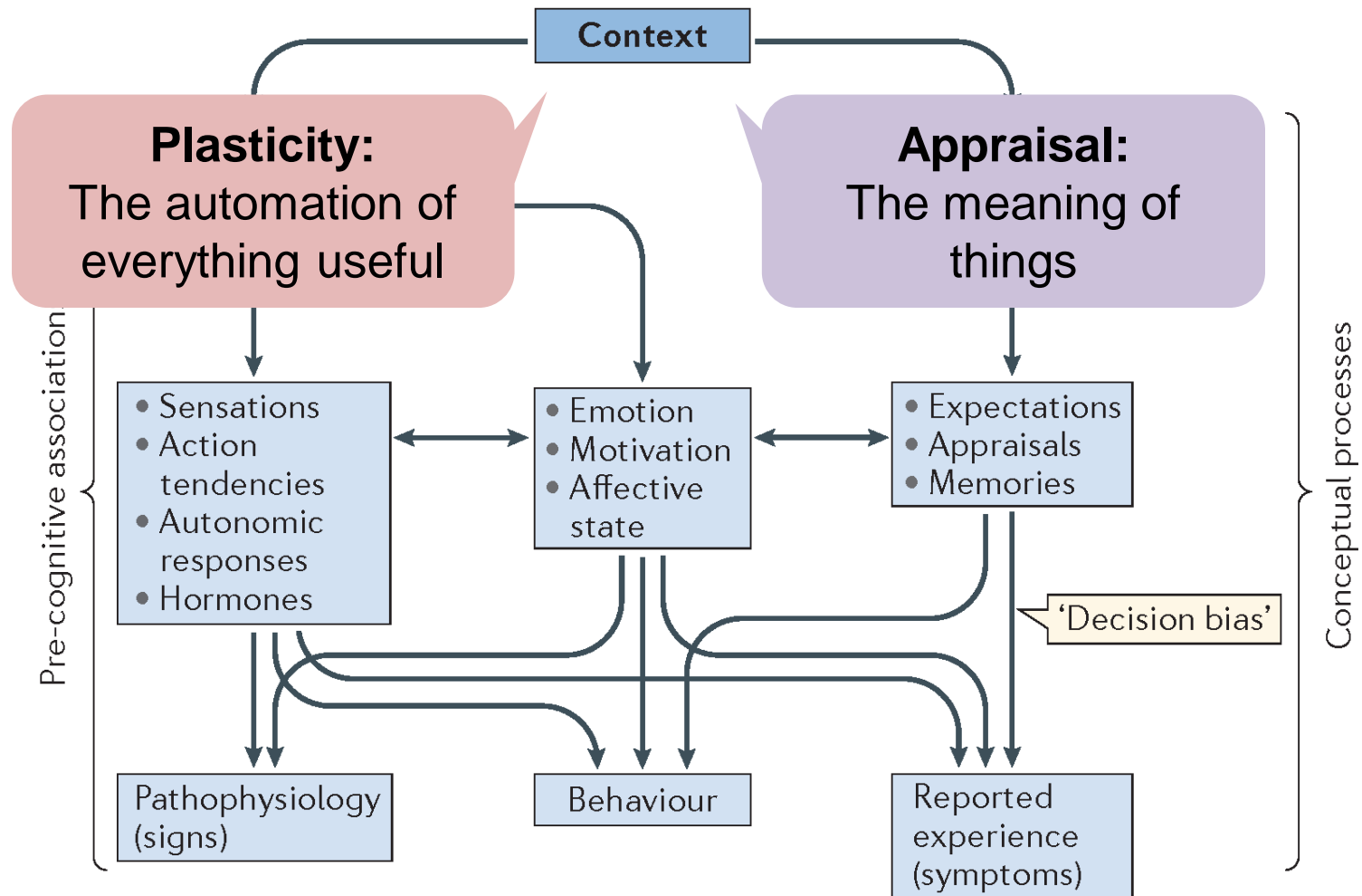
Placebo effects: Windows into treatment context



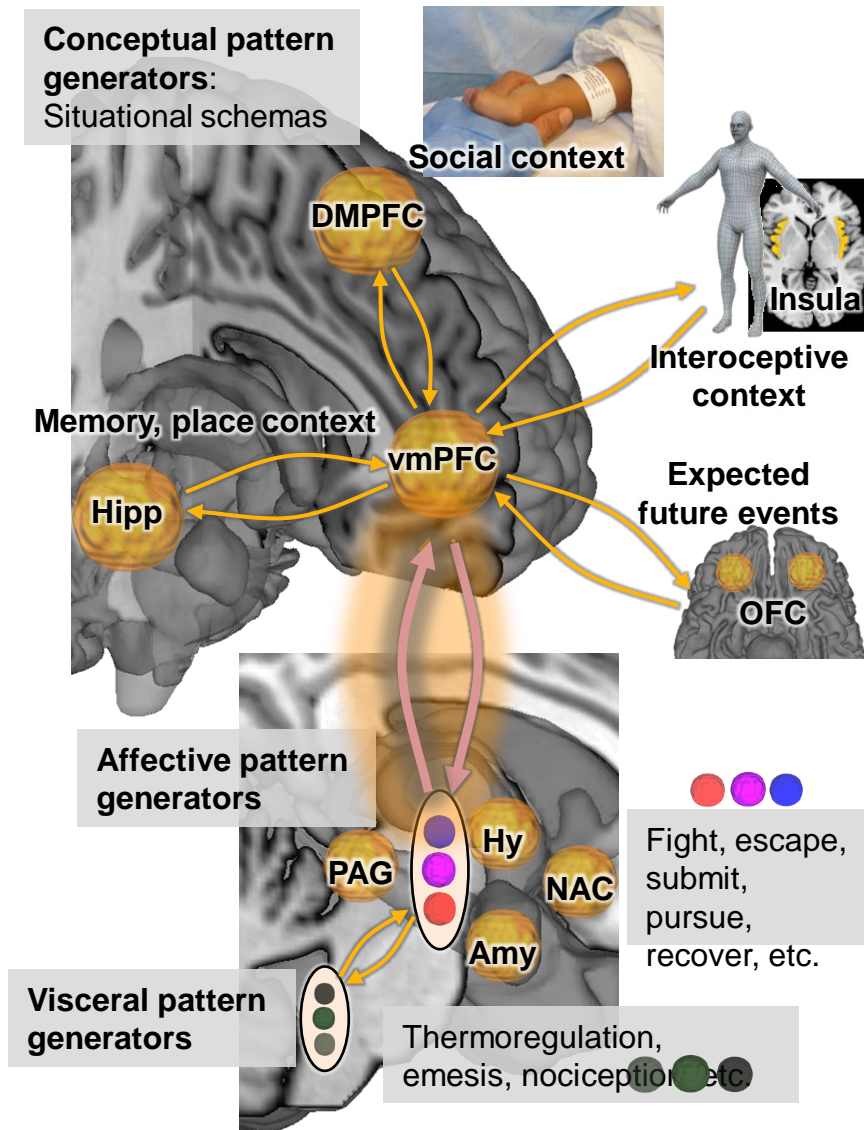
Nature Reviews | **Neuroscience**

- Giving fake drugs (patient deception) is not a viable strategy
- But there are many aspects of treat context that should be used!

Many effects, many mechanisms



Placebo, context and brain



Appraisal:
Situational *meaning*
“Self in context”

Expression:
Emotion, autonomic and neuroendocrine responses, decisions

Plasticity:
Pathways that are used become stronger

The dance of the placebos

Plasticity:
The automation of
everything useful



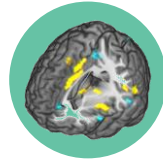
Appraisal:
The meaning of
things

Outline

Principles



Key brain findings



The meaning axis



Ingredients



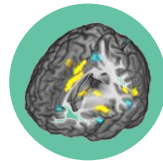
1. Two principles: Appraisal and plasticity
2. Key brain findings
3. The meaning axis
4. Two ingredients

Outline

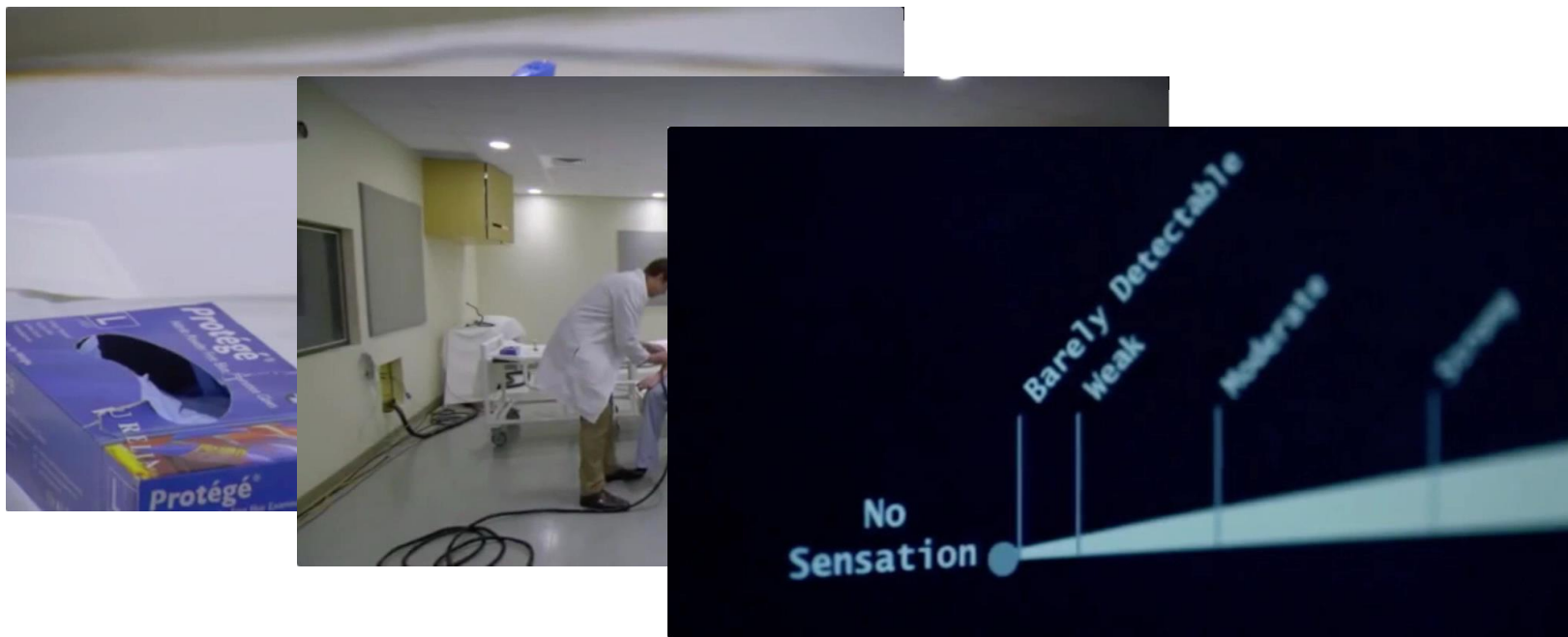
Principles



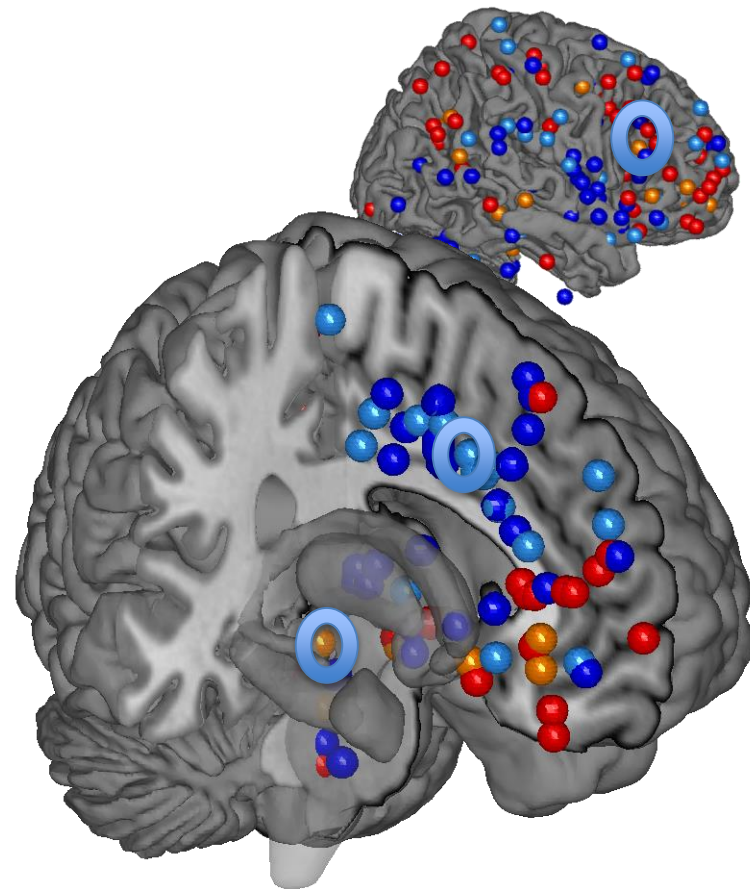
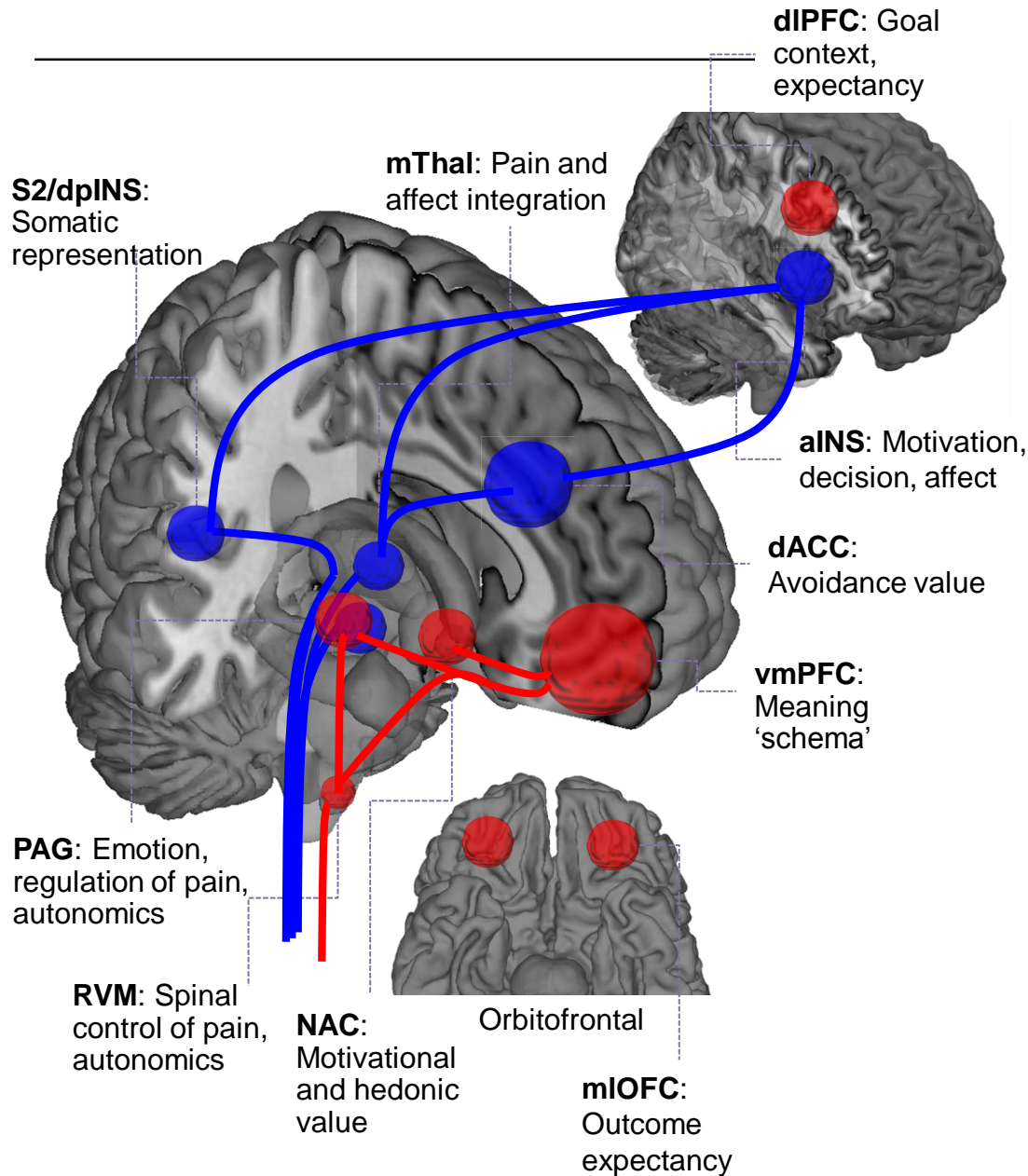
Key brain findings



Placebo fMRI Study Procedures



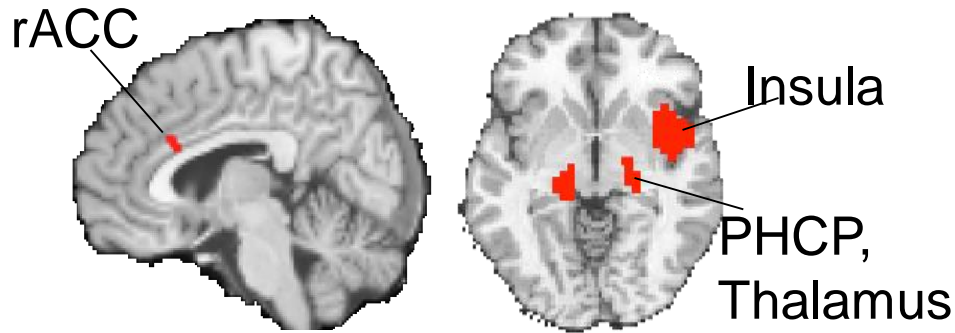
The neurophysiology of placebo analgesia



Placebo analgesia: Key results

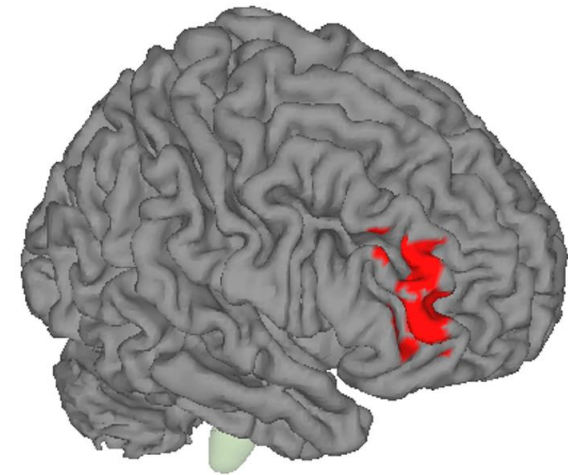
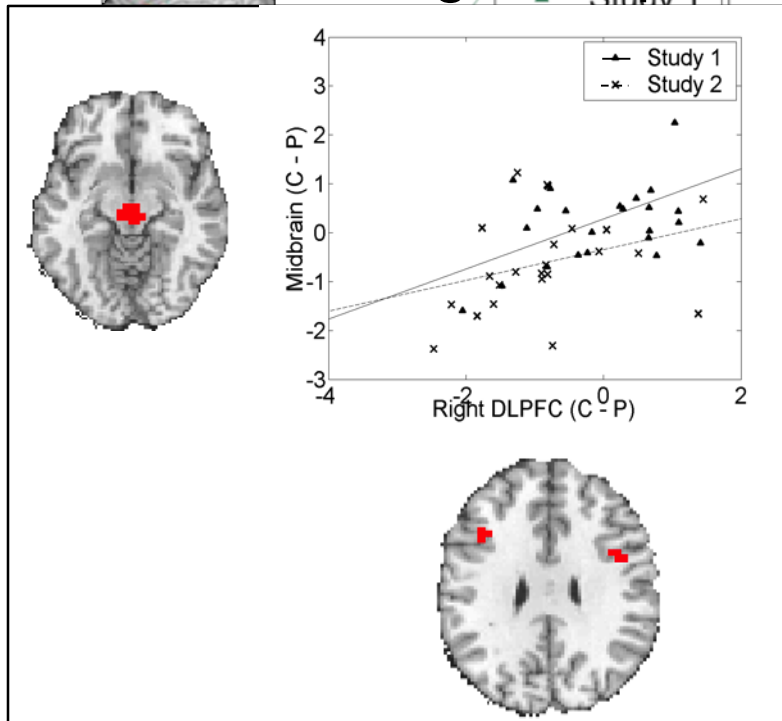


Reduced response to painful stimulation



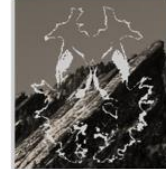
- Opioids and PAG are major

Increases during anticipation

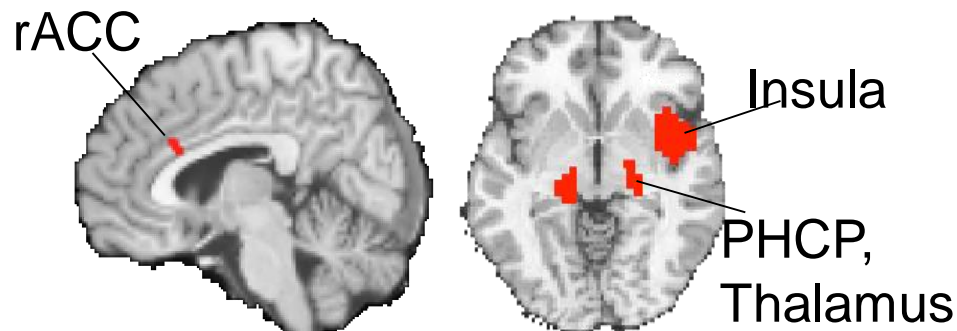


Benedetti (1999); Fields & Levine (1981);
Eippert et al., 2009; cf. Gracely et al.
(1984)

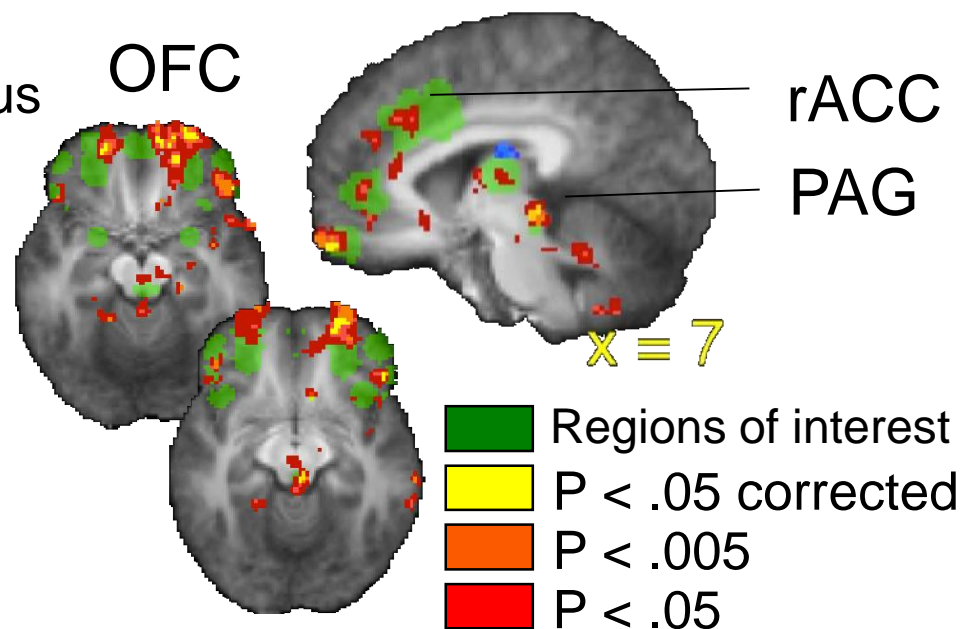
Placebo analgesia: Key results



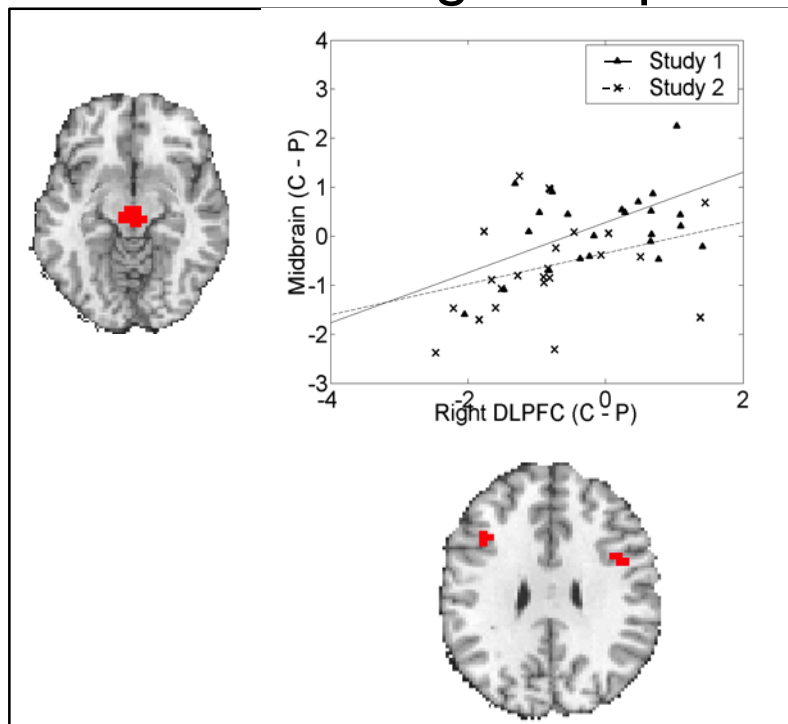
Reduced response to painful stimulation



Opioid release (PET)



Increases during anticipation

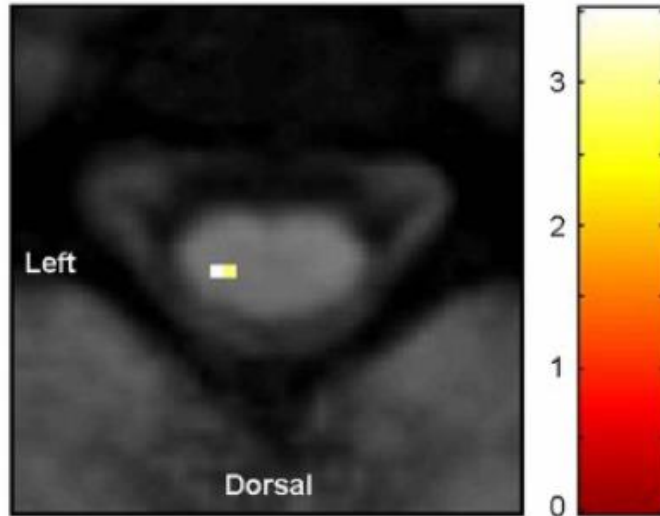
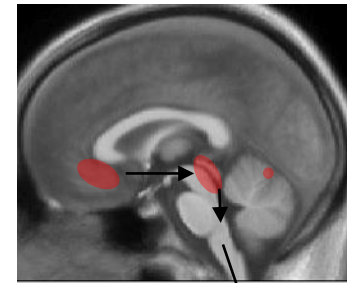


Wager, Scott, & Zubieta, 2007, *PNAS*;
See also Scott et al., 2007, 2008

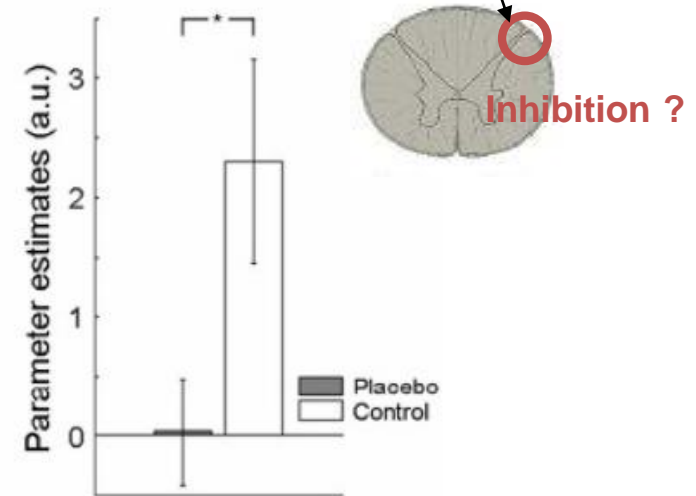
Effects on potential descending modulatory systems



Spinal cord fMRI



C6 ipsilat to stimulation



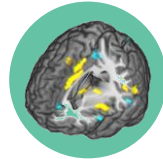
Evidence for spinal cord involvement in placebo analgesia

Outline

Principles



Key brain findings



The meaning axis

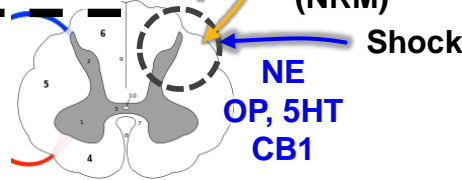
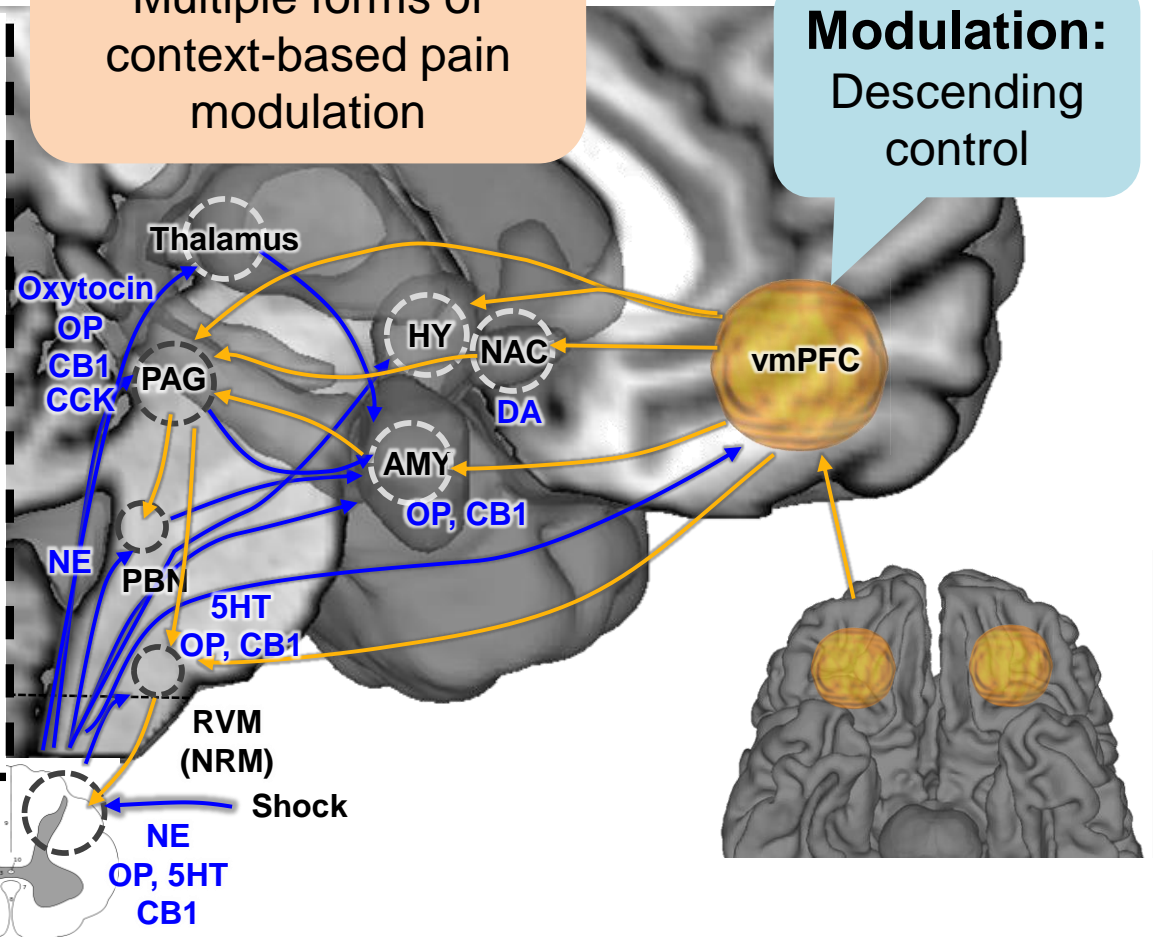
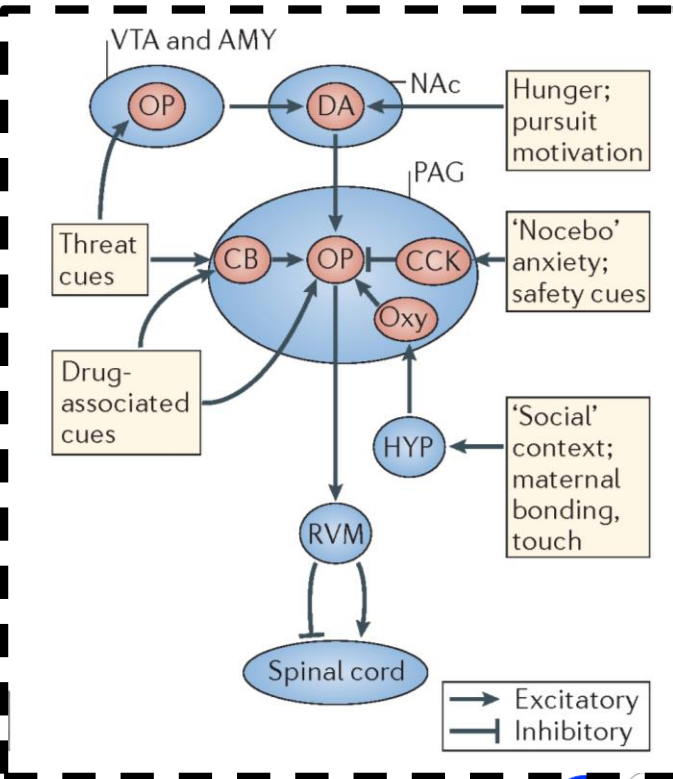


Descending pathways from ventromedial prefrontal cortex: Pain regulation



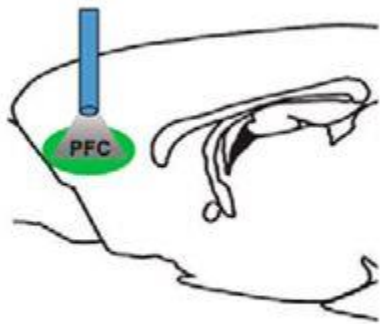
PAG-RVM axis:
Multiple forms of context-based pain modulation

Modulation:
Descending control

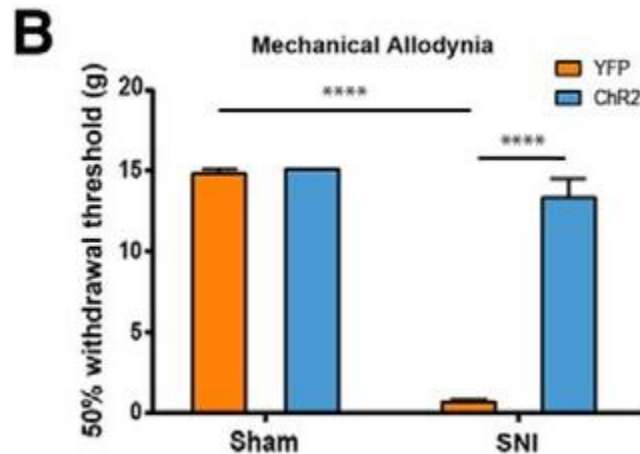


Brain stimulation:

Optogenetic stimulation of vmPFC-NAC pathway and pain relief

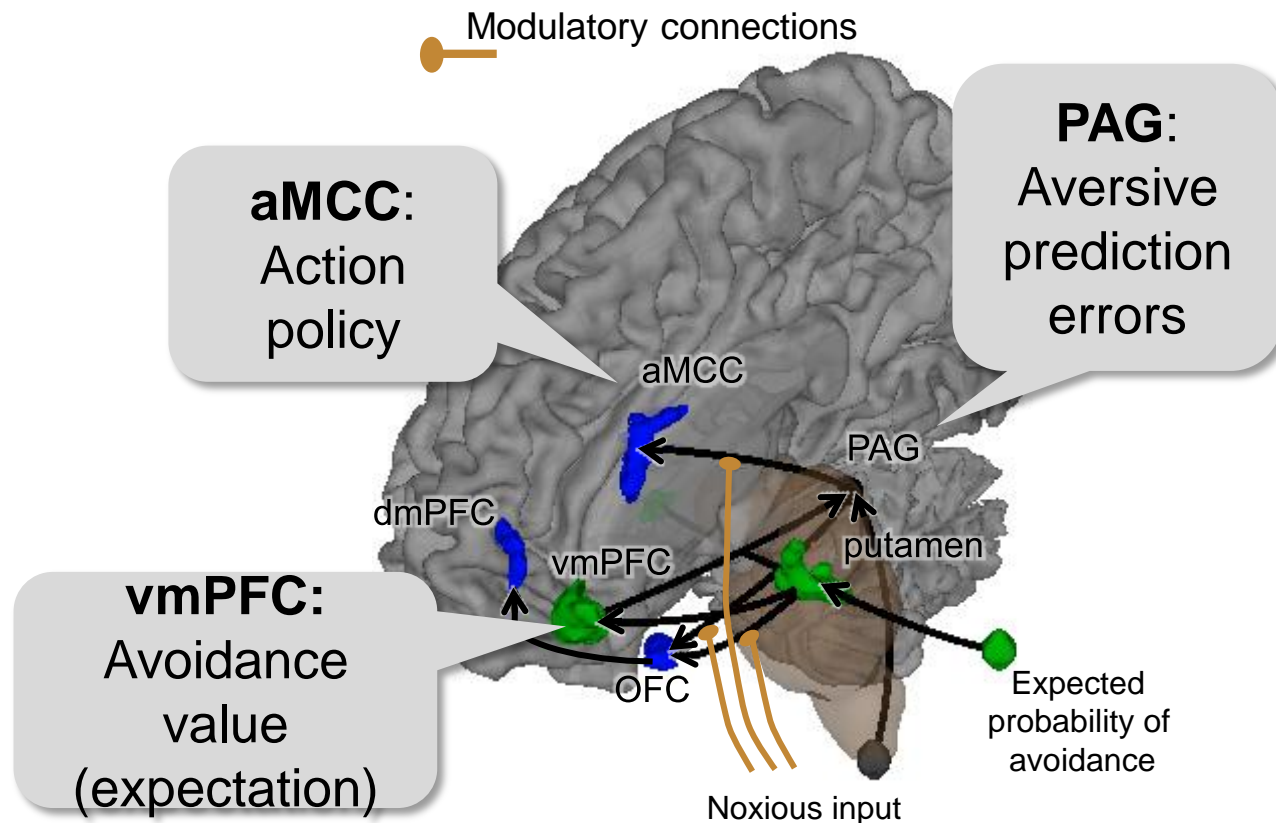


Lee et al. 2015, *J Neuro*,



Optogenetic activation of vmPFC (prelimbic)-accumbens pathway reduces allodynia and depression-like behavior after spared nerve injury

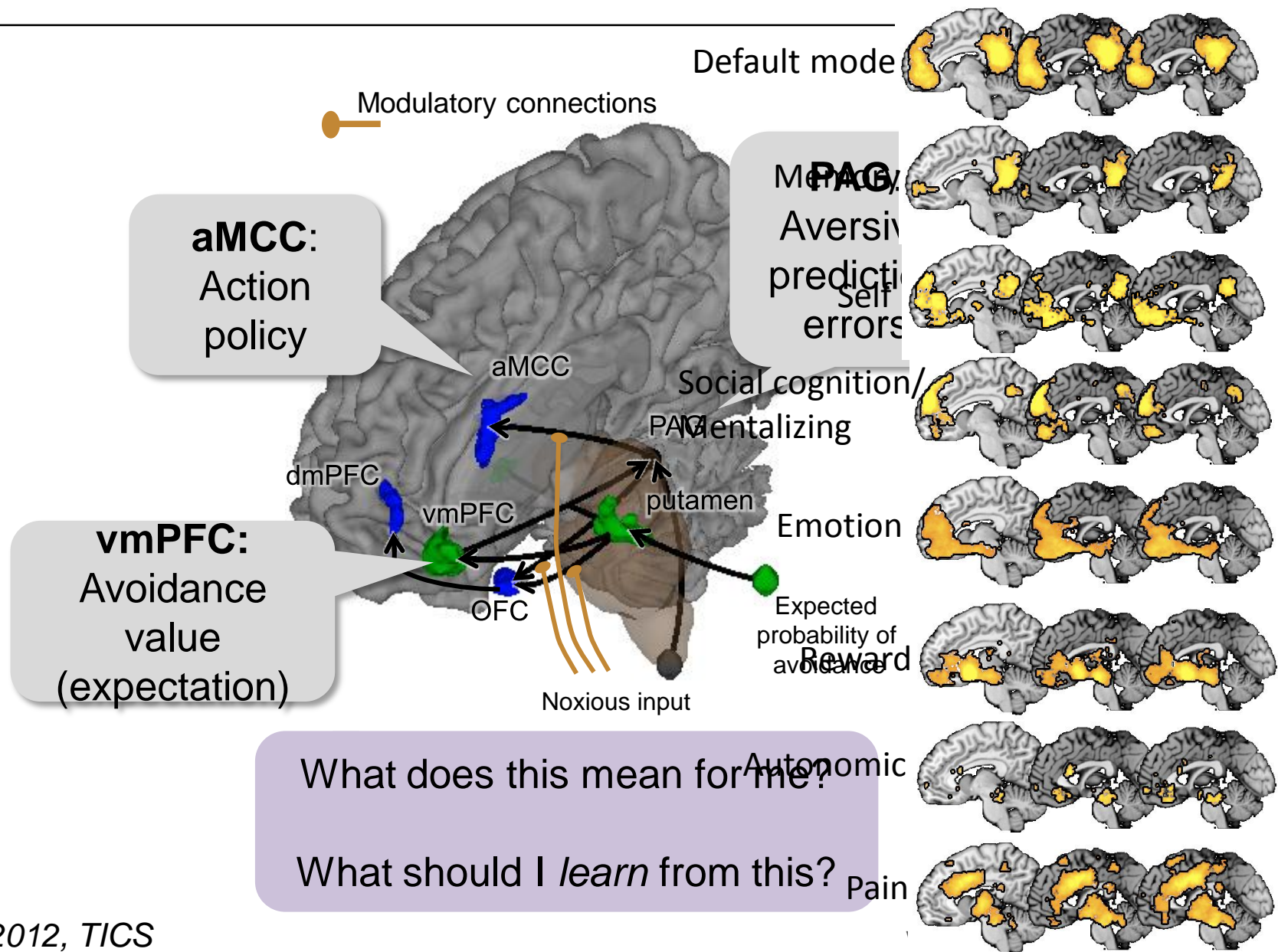
Ventromedial prefrontal cortex: Appraisal, emotion, and decision-making



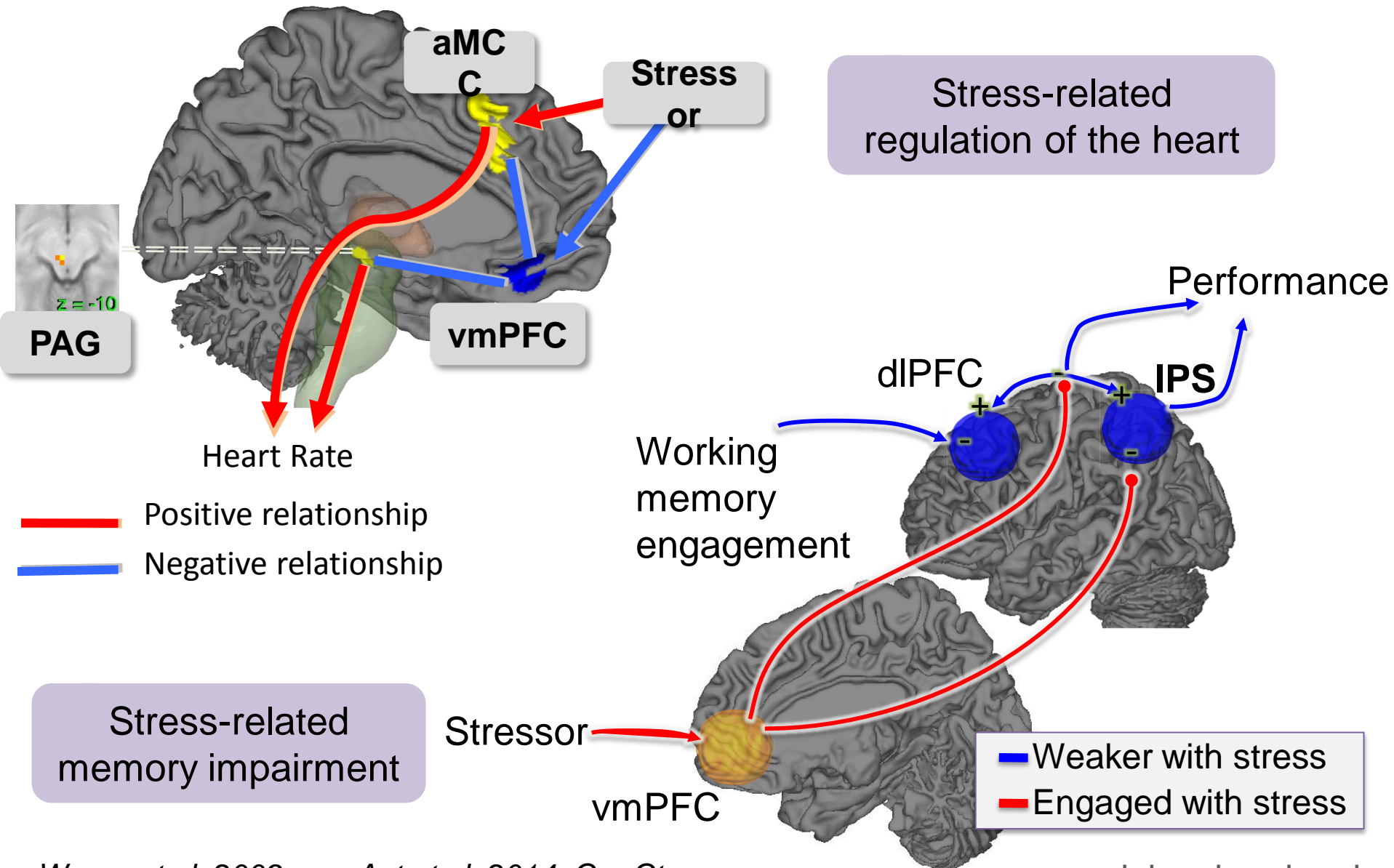
What does this mean for me?

What should I *learn* from this?

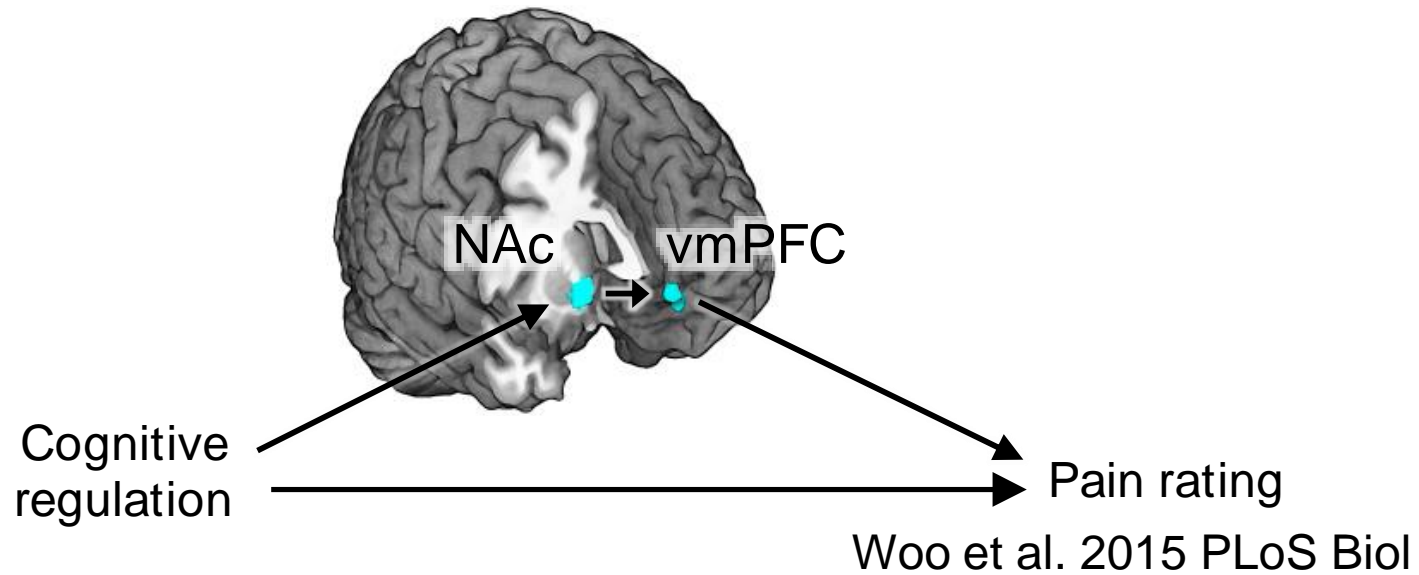
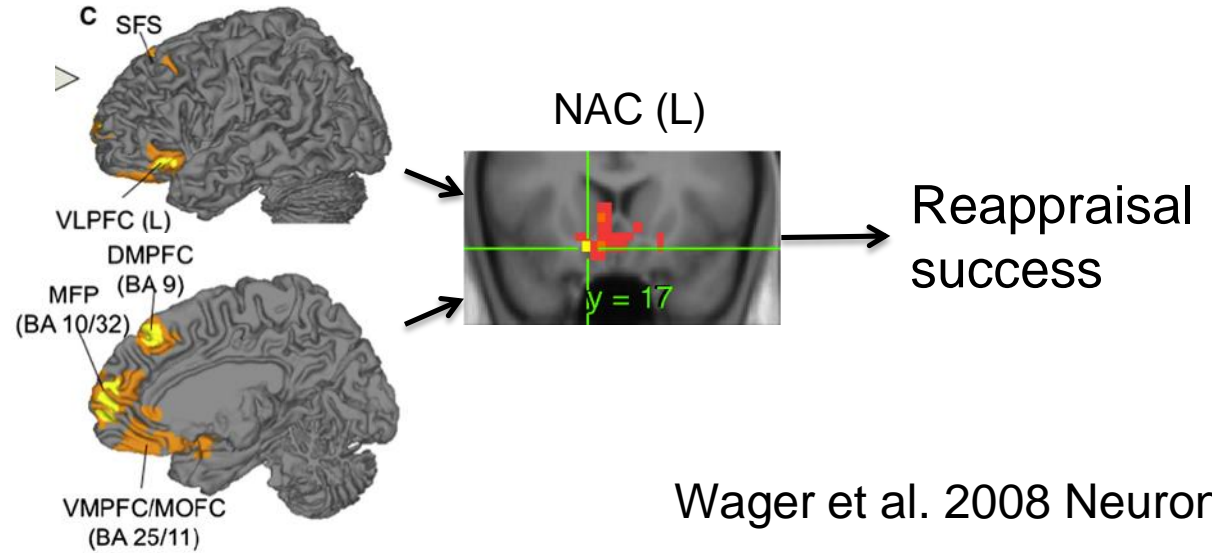
Ventromedial prefrontal cortex: Appraisal, emotion, and decision-making



Key regions and pathways



Links with cognitive self-regulation

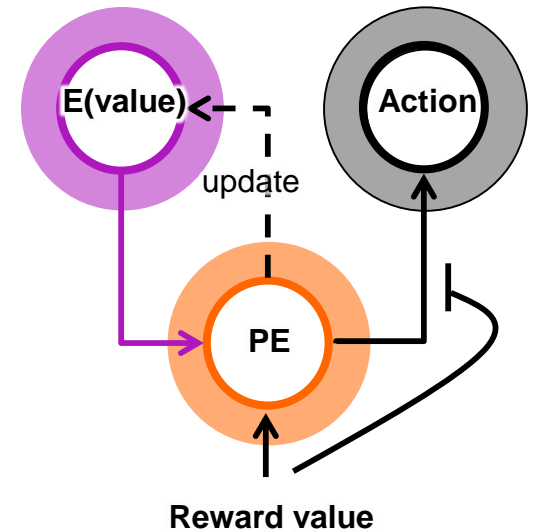
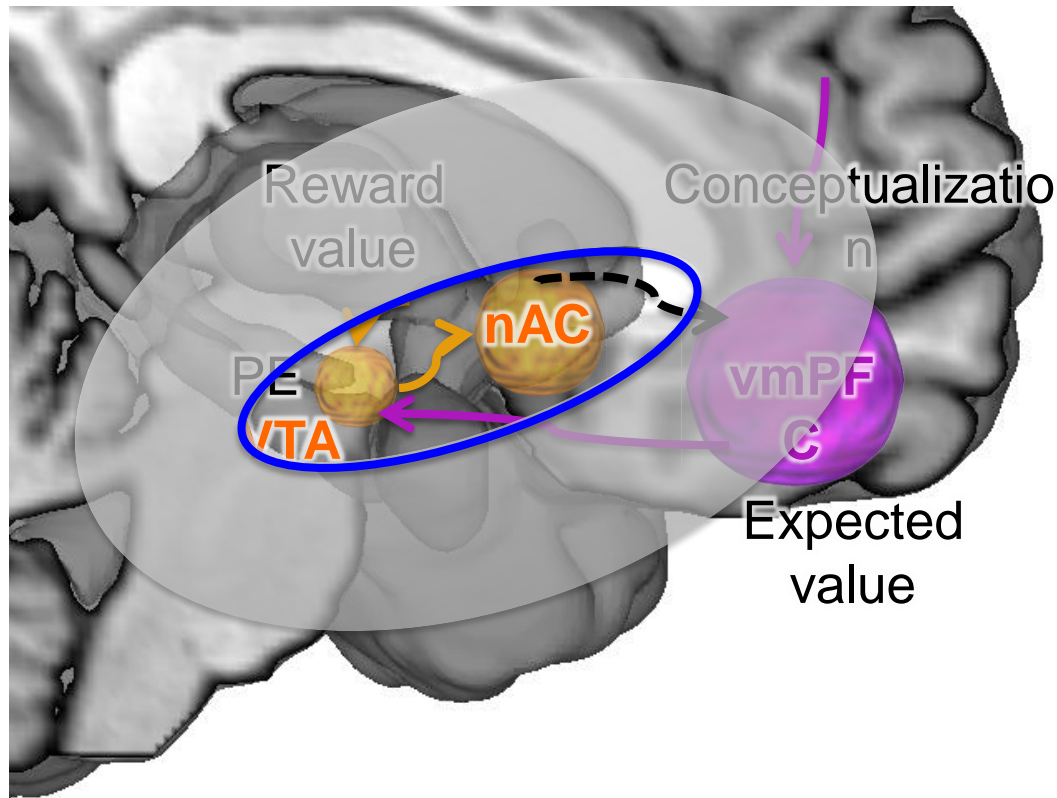


Parkinson's Disease and reward learning

Different disorder, similar circuit?



Mesolimbic prediction error (PE) closely associated with dopamine

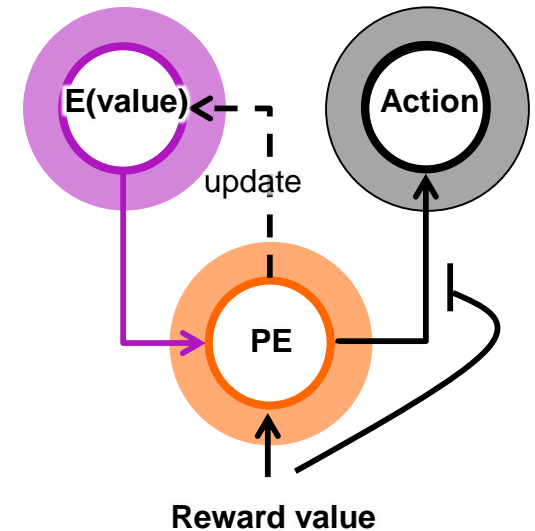
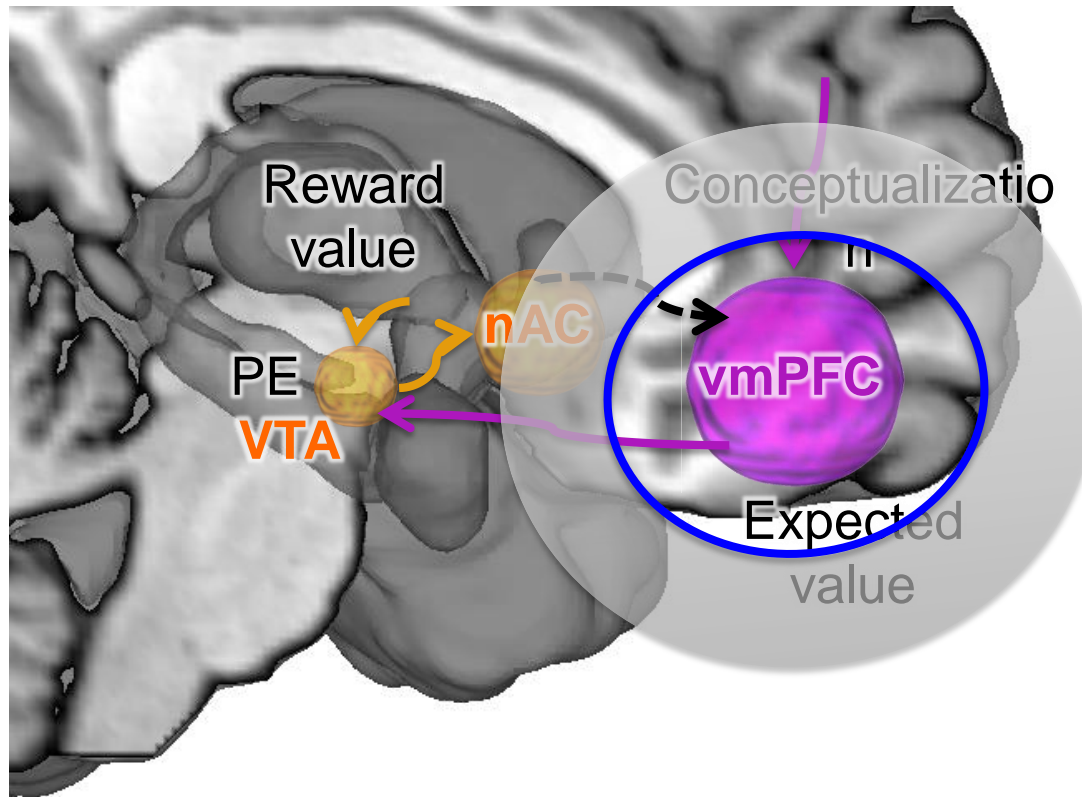


Parkinson's Disease and reward learning

Different disorder, similar circuit?



vmPFC 'value' related circuit: expected value of potential gain, reliable placebo effects in pain studies

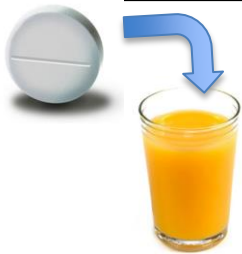


Parkinson's disease study: Experimental design

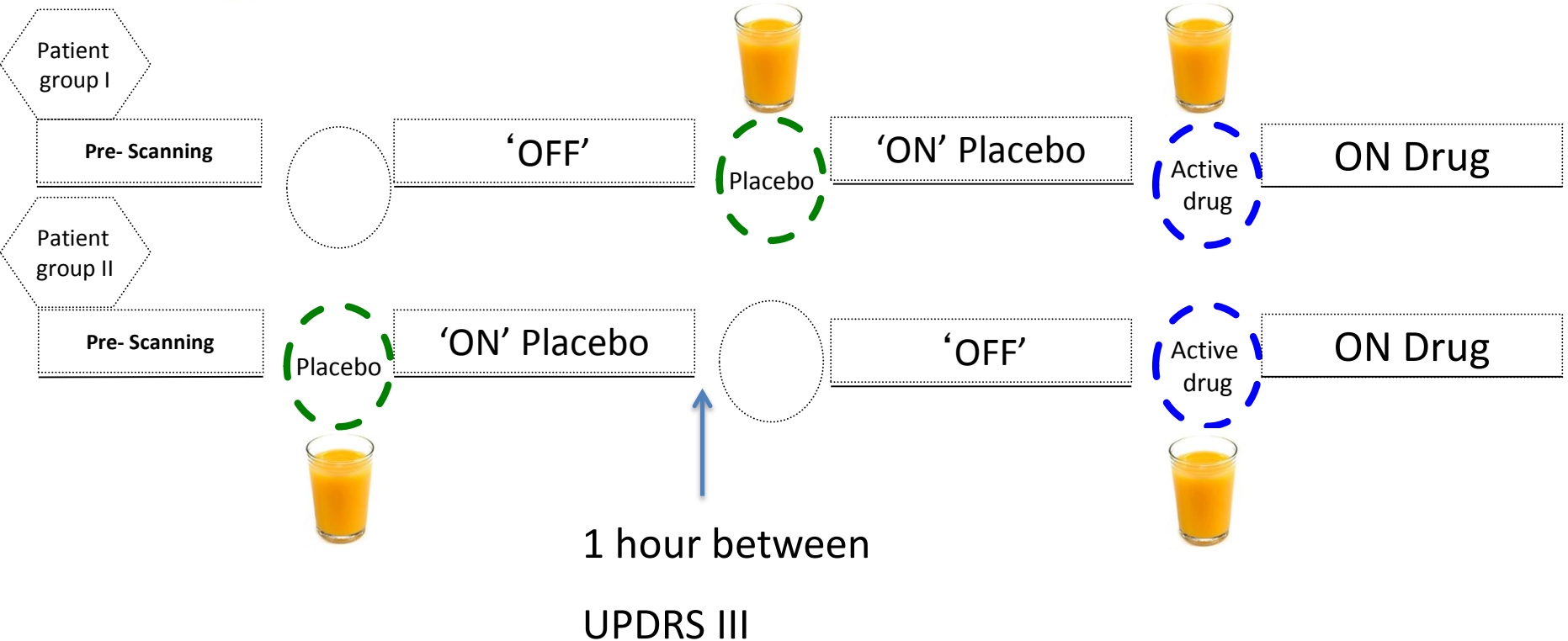


Liane Schmidt

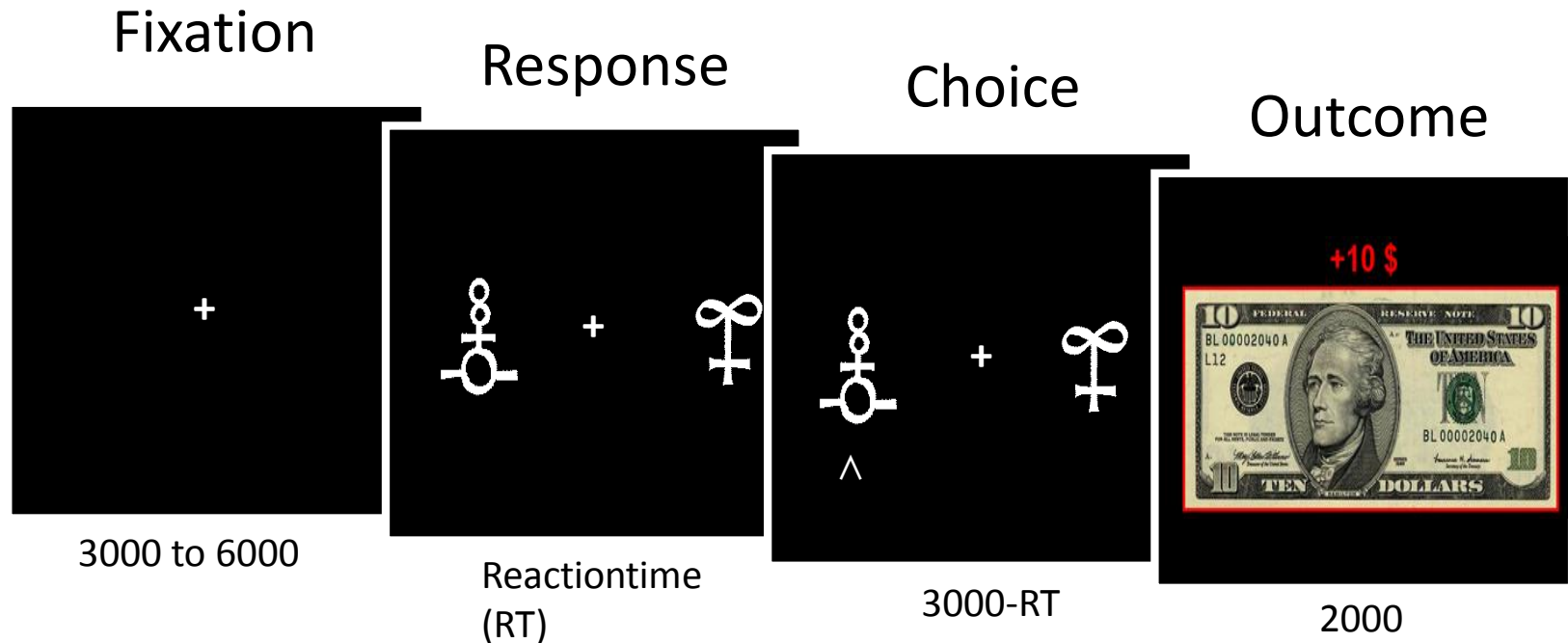
Daphna Shohamy



- Daily medication dissolved in orange juice
- Within-subject crossover design (placebo vs. control)



Operant learning task



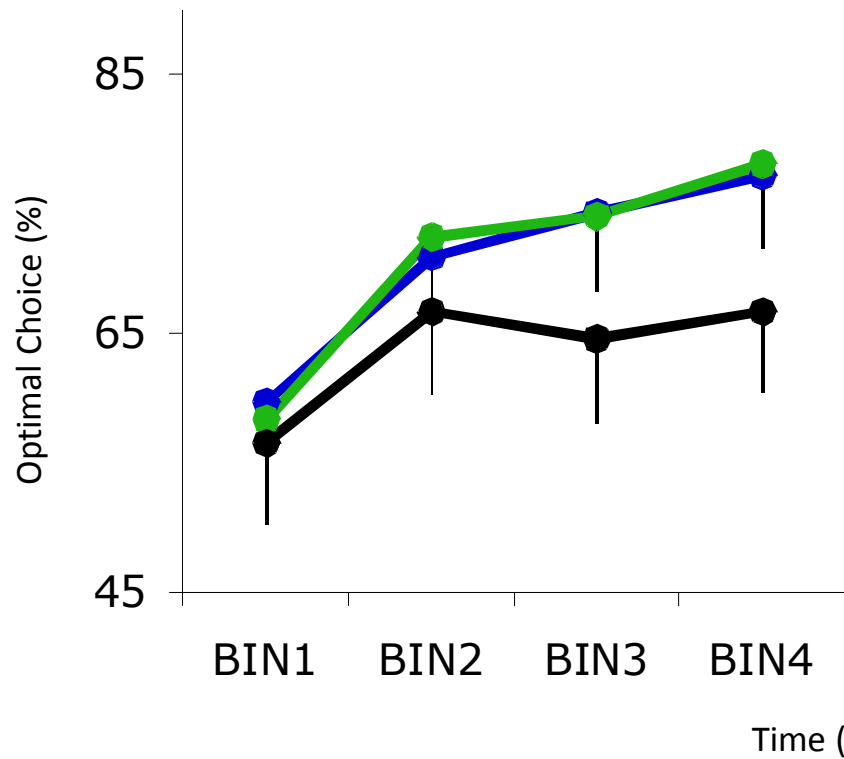
Reward learning: Which symbols are associated with reward?

Results: Learning performance

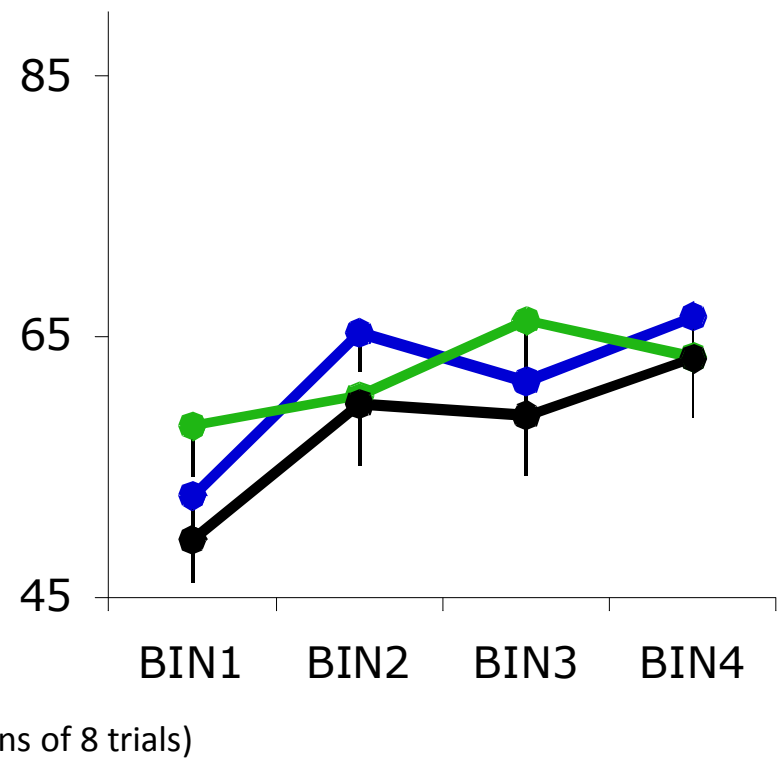


- OFF drug
- ON Placebo
- ON Drug

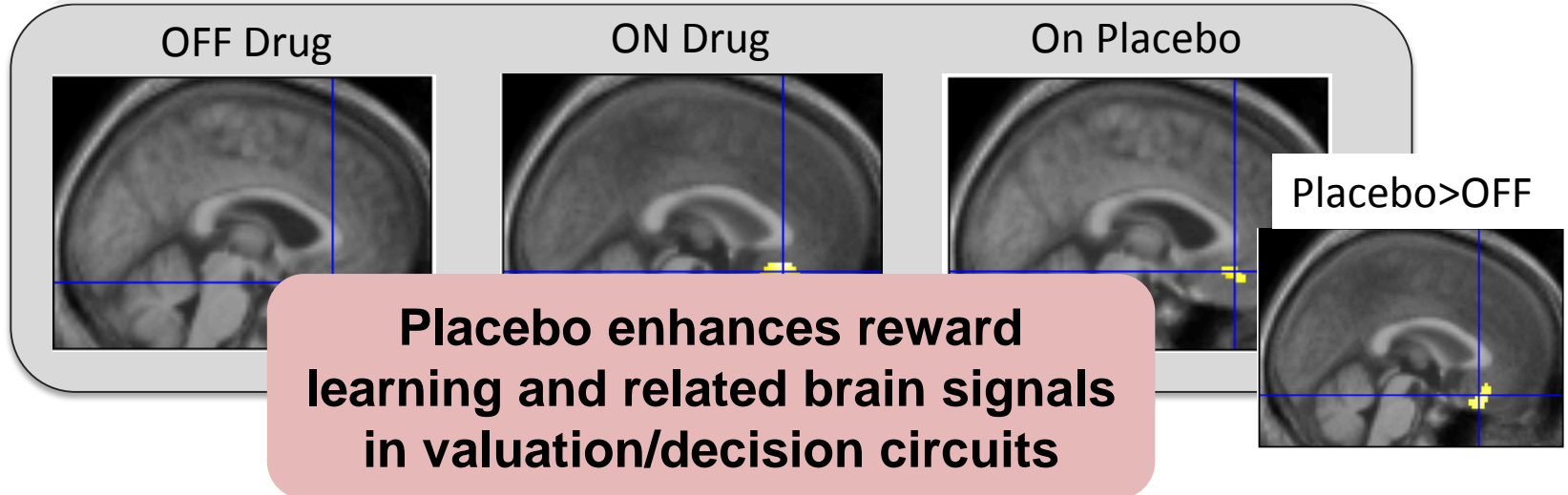
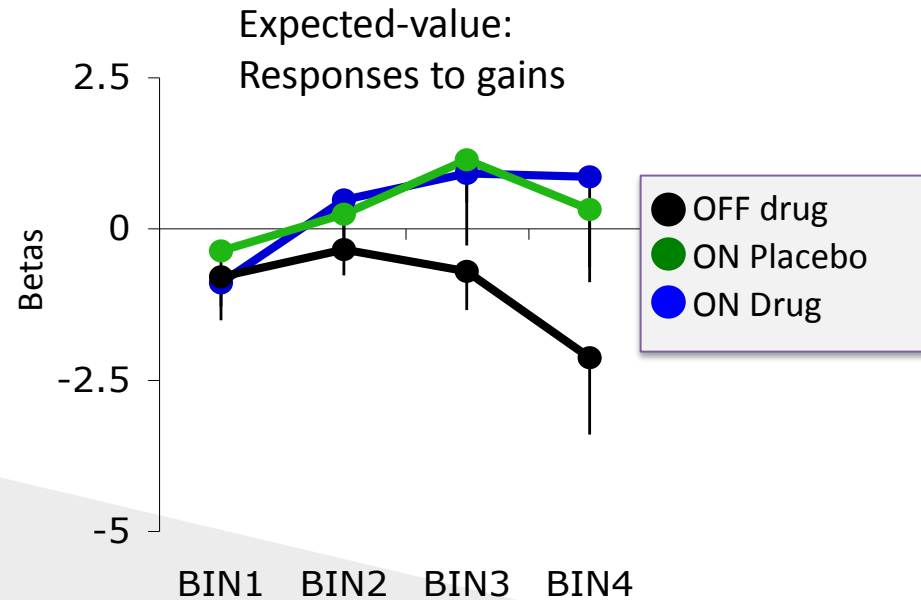
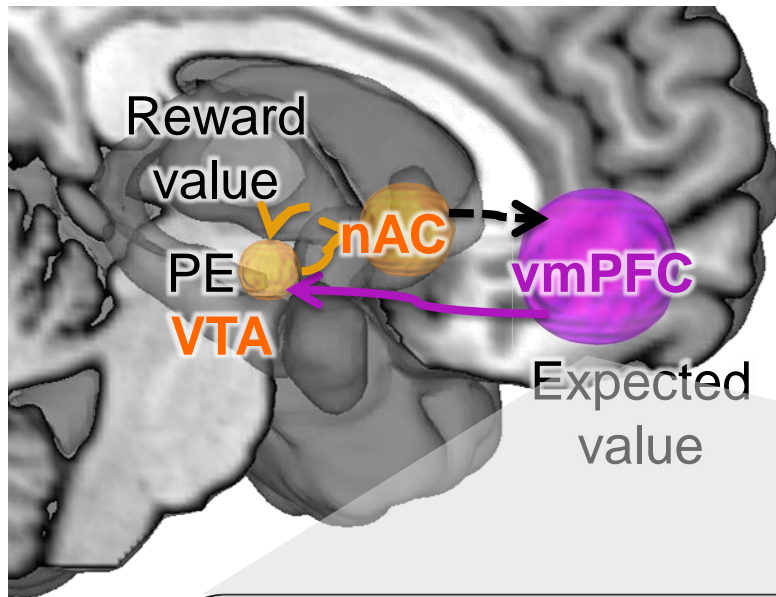
Learning from reward



Learning from punishment

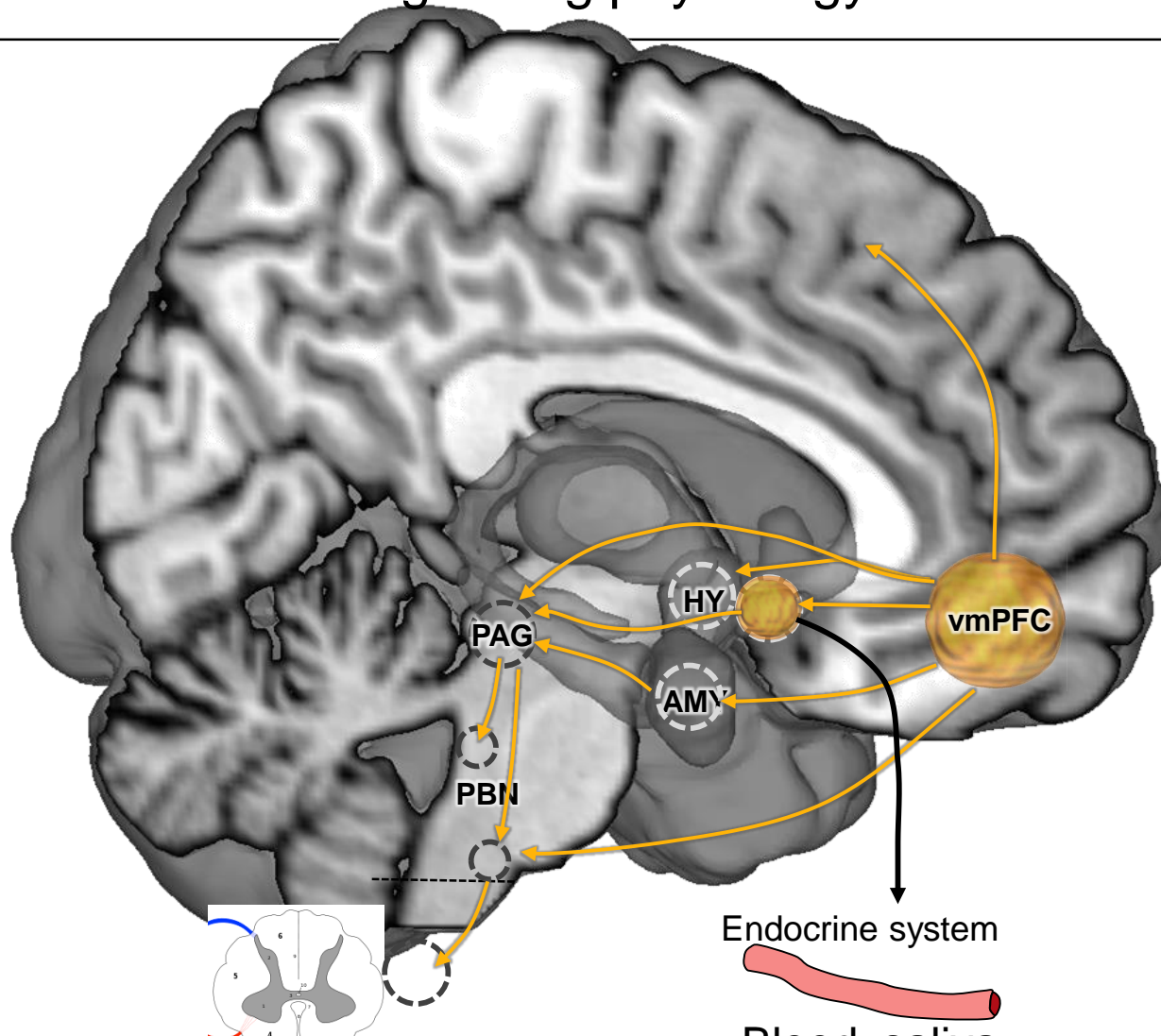


Placebo effects in Parkinson's Disease



“Systems for survival”

Dual functions in regulating physiology and motivated behavior



Indirect:
Motivation,
decision-making,
health behaviors

Direct:
Visceromotor and
neuroendocrine



Innervation of Organs:
Cholinergic system (Ach), Vagus
Adrenergic system (NE), sympathetic

Endocrine system
Blood, saliva
Biochemical: cortisol

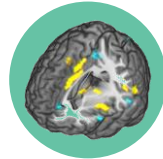
e.g., J. Price, 1999; Roy et al. 2012 TICS

Outline

Principles



Key brain findings



The meaning axis



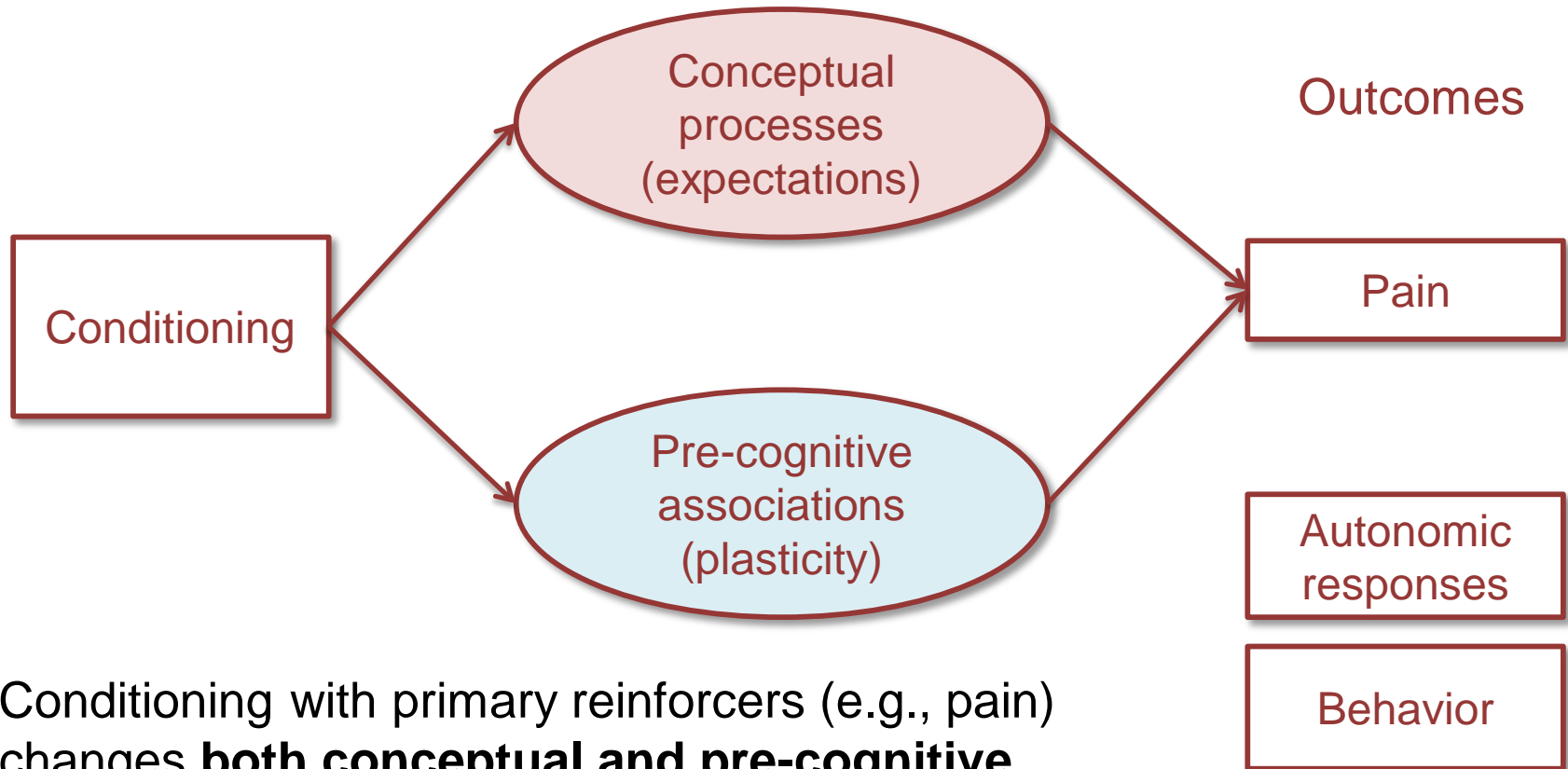
Ingredients





Two key ingredients: Reinforcement and *Belief*

Modulation of pain and physiology without reinforcement?

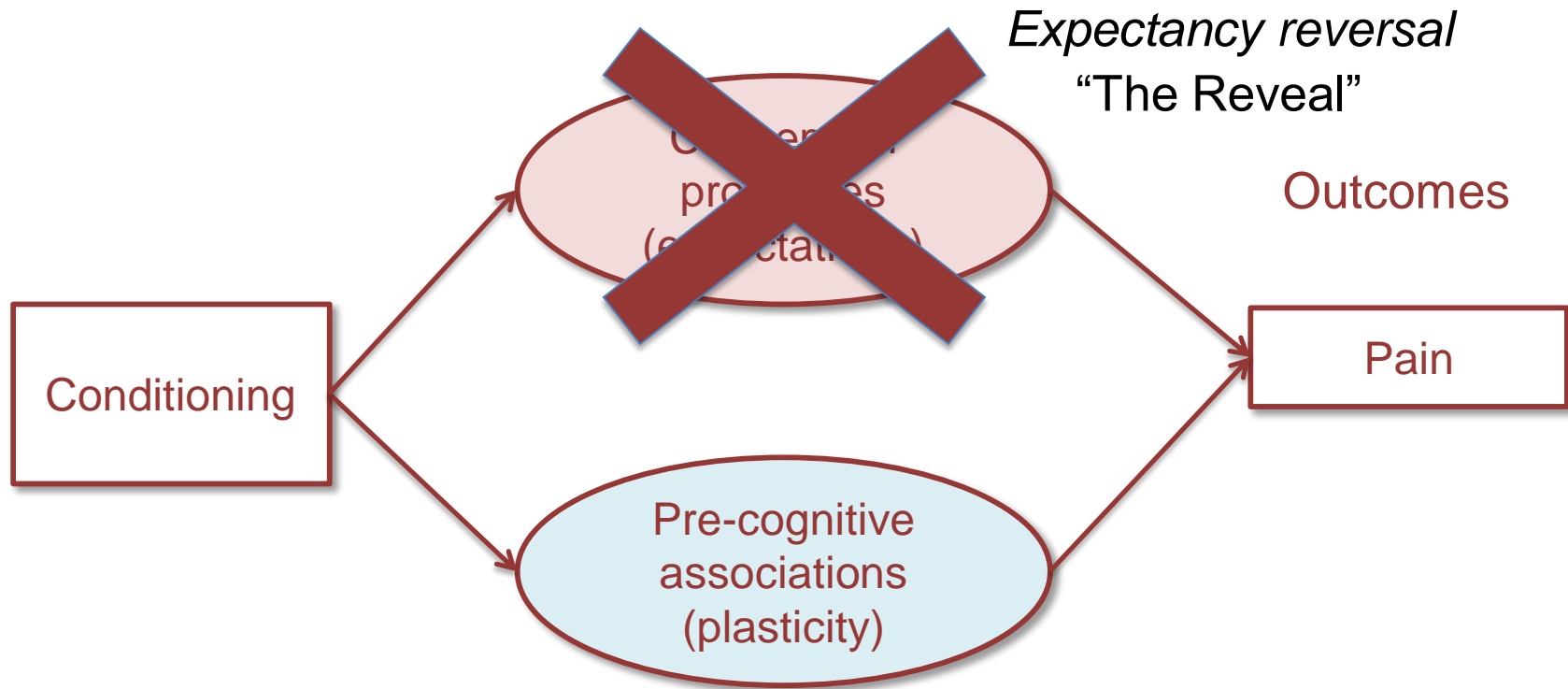


Conditioning with primary reinforcers (e.g., pain) changes **both conceptual and pre-cognitive processes**

Ingredient 1: Reinforcement



Placebo without expectations?

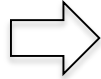


Ingredient 1: Reinforcement



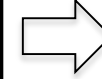
Placebo effects without expectations?

SHORT:
Conditioning
x 1 day

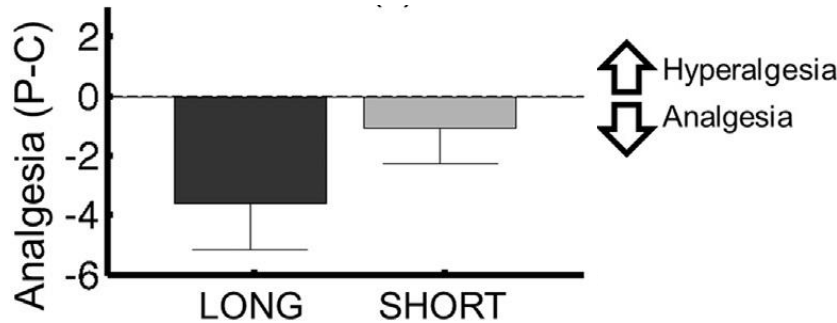


Placebo vs.
control test

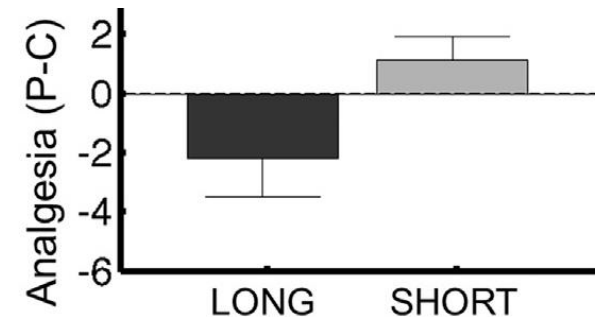
LONG:
Conditioning
x 4 days



Placebo vs.
control test



“The Reveal”

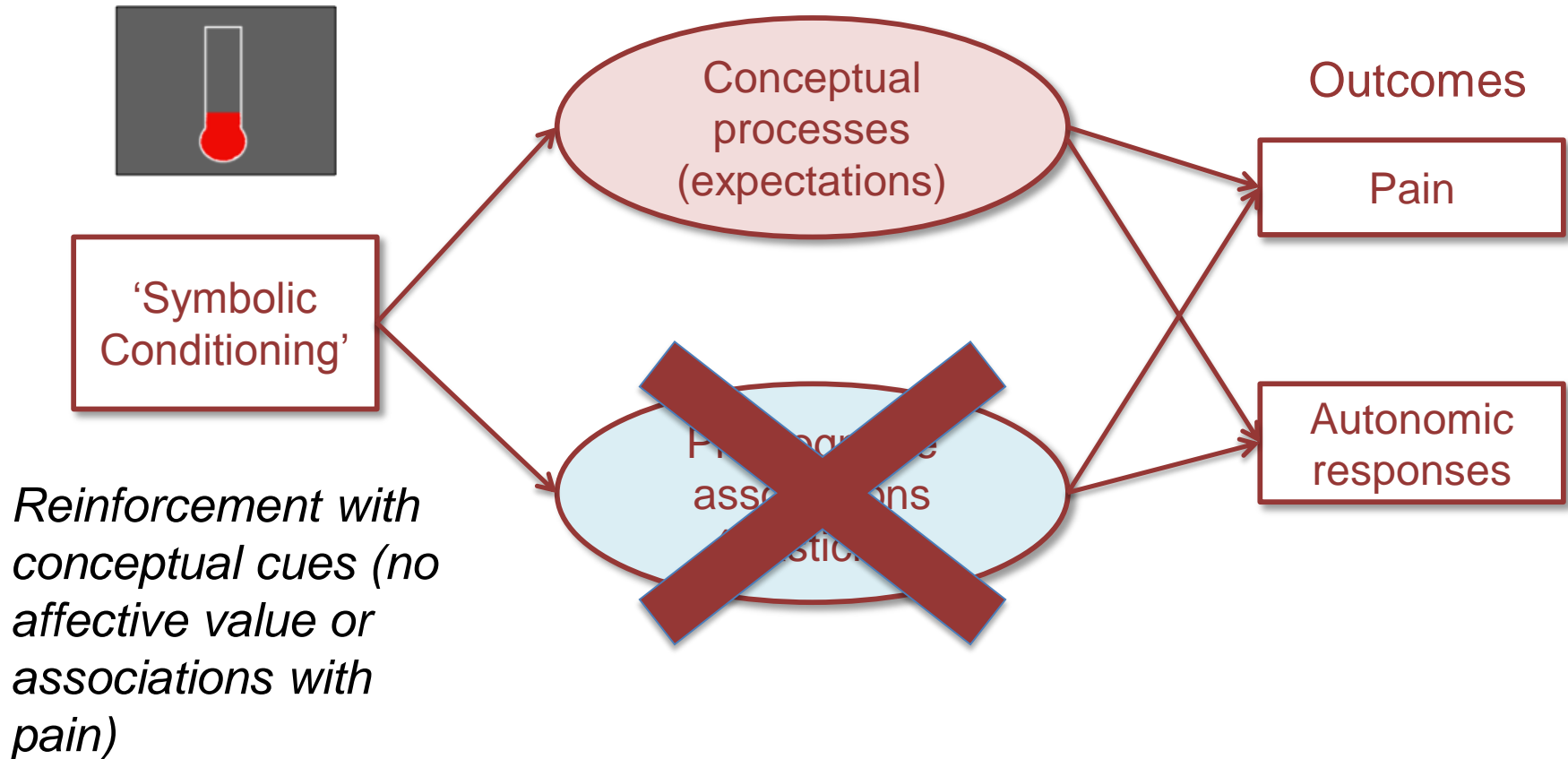


Yes: After 4 days of conditioning, placebo effects persist without expectations.

Ingredient 2: Belief



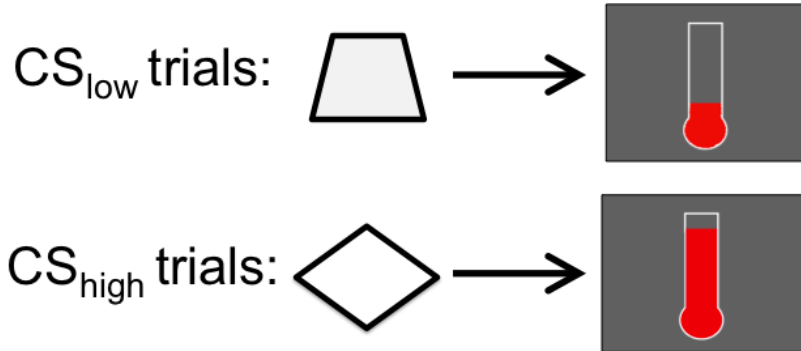
Strengthening beliefs without conditioning



Symbolic conditioning: Conditioning to a cognitive representation of pain

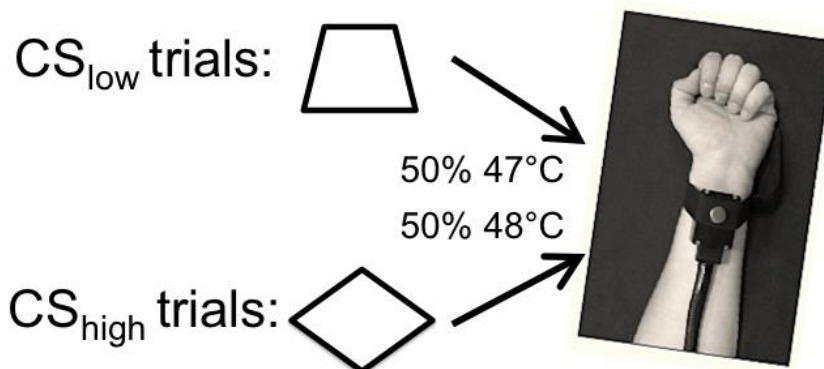


'Symbolic conditioning' phase:



Shape-heat associations are learned, but with *no primary reinforcement.*

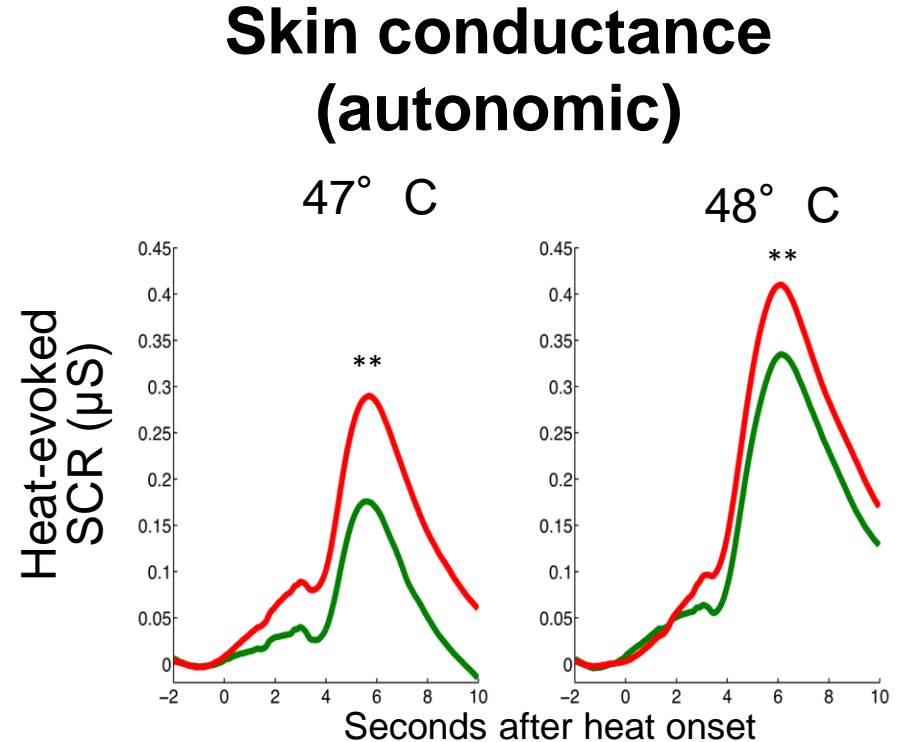
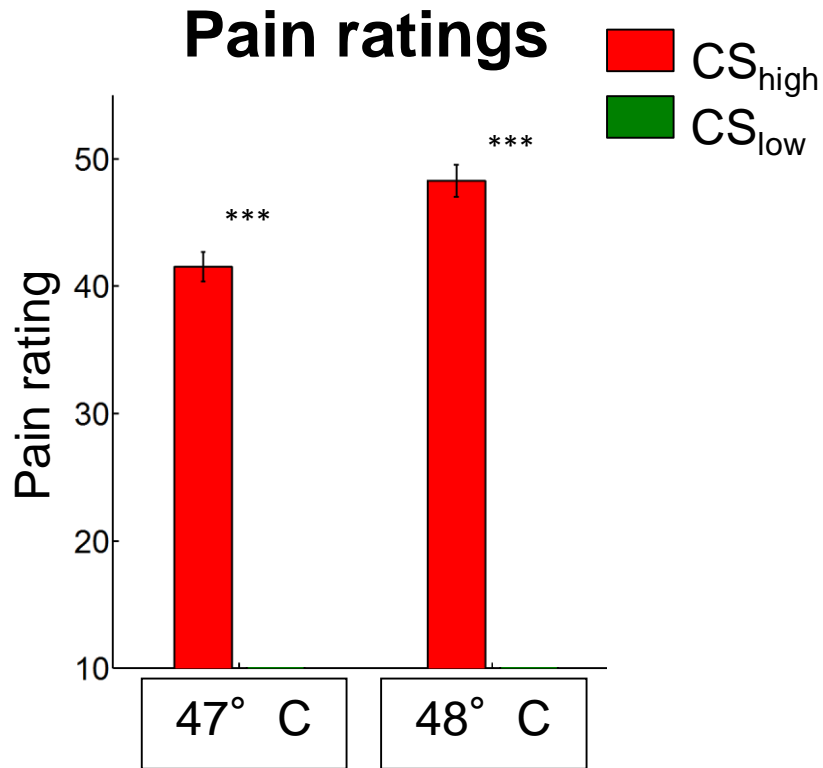
Test phase: Noxious heat



Heat intensity matched across cues
Test causal effects of cue value on pain

Symbolic conditioning:

Cue effects on pain and physiology in the test phase



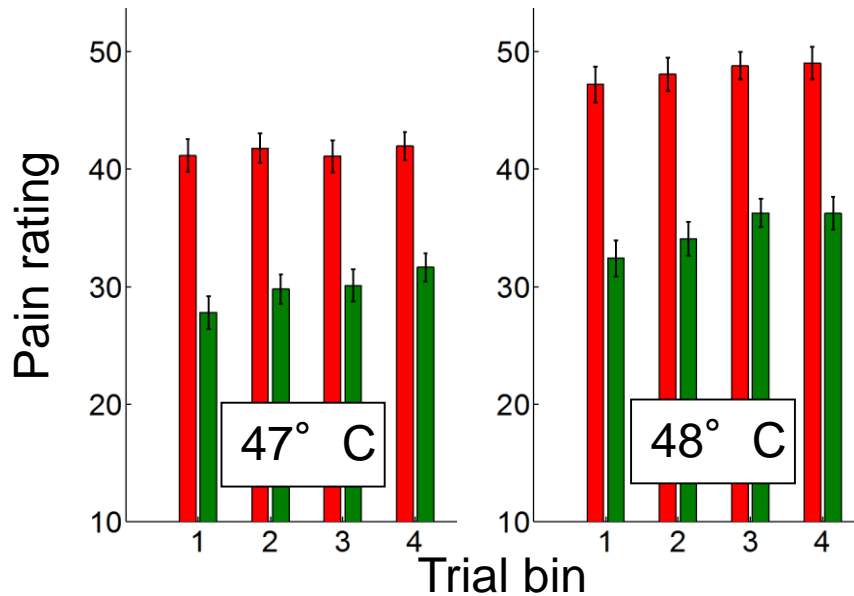
Both pain and skin conductance are:

Primary reinforcers (e.g., shock/pain) are not required for conditioned pain modulation: Conceptual associations can have powerful effects

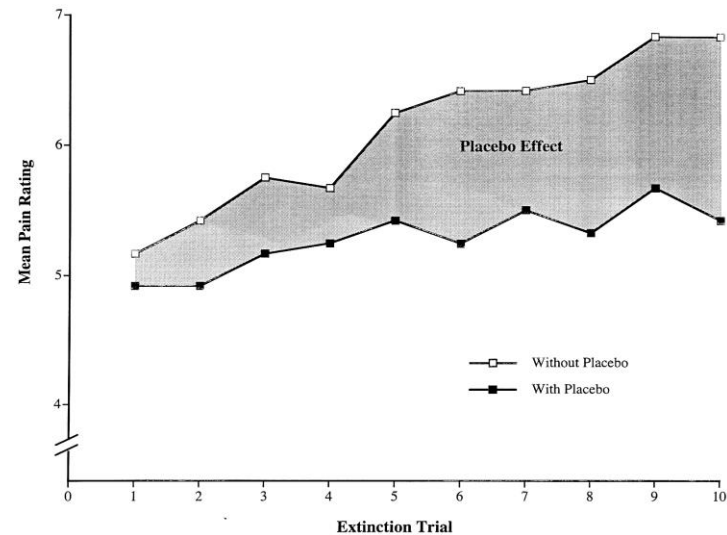
Stability across time: Self-reinforcing placebo effects?



Effects remain stable without reinforcement



Placebo responses can be 'self-reinforcing'



Montgomery & Kirsch, 1997

The dance of the placebos



Plasticity:

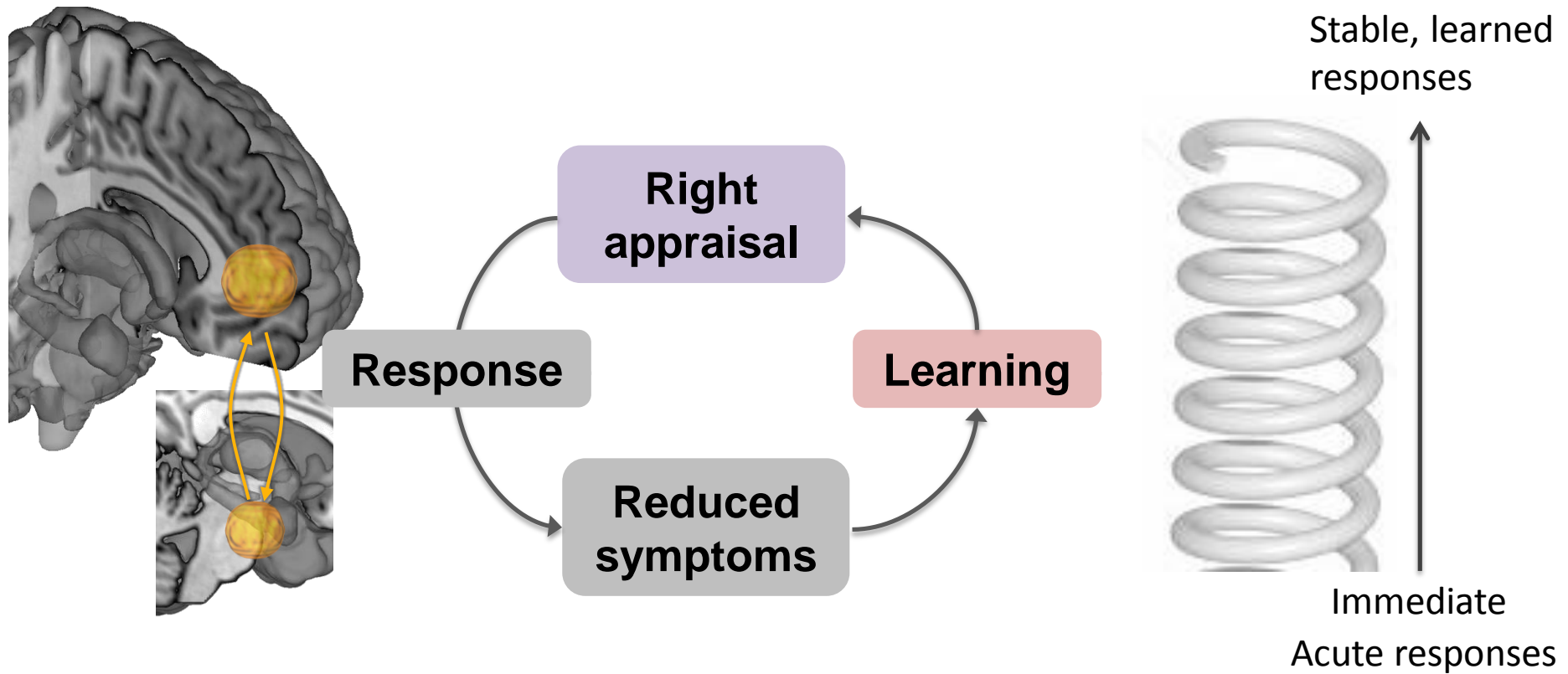
The automation of
everything useful



Appraisal:

The meaning of
things

Stability across time: Self-reinforcing placebo effects?



Acknowledgements

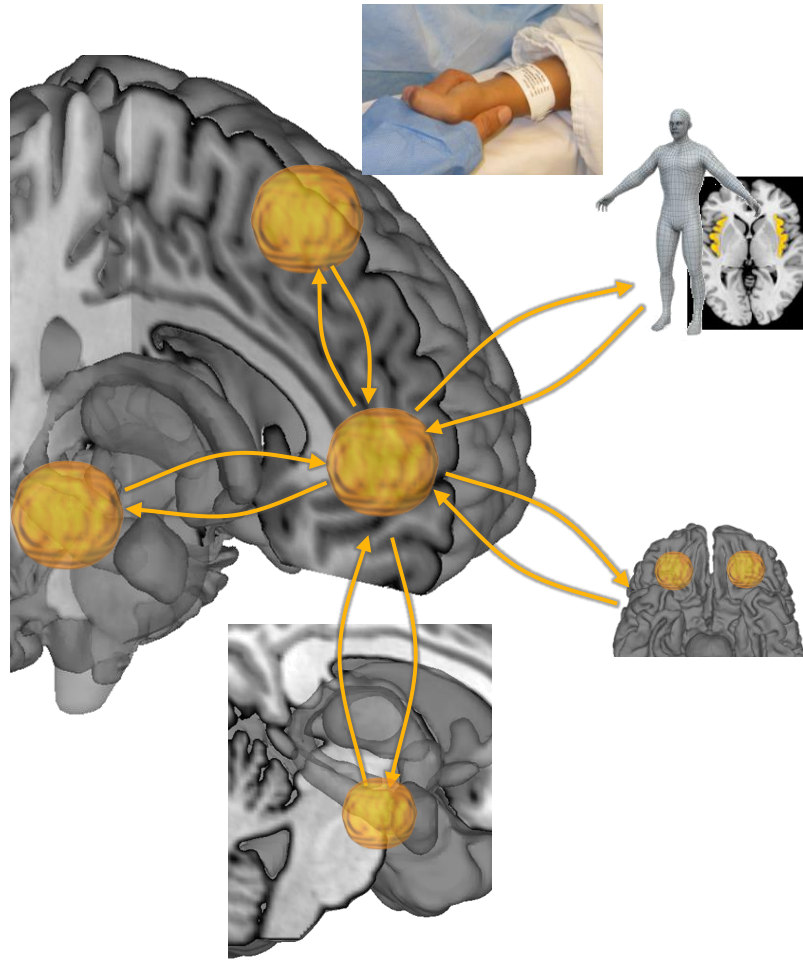
Current and former Lab:

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Israel Liberzon
Martin Lindquist
Doug Noll
Kevin Ochsner
Russ Poldrack
Jim Rilling
Bob Rose
Daphna Shohamy
Ed Smith
Nomita Sonty
David Scott
Stephen Taylor
David Van Essen
Christian Waugh
Rob Whittington
Jon-Kar Zubieta



- S.D.G.

Placebo analgesia: fMRI setup

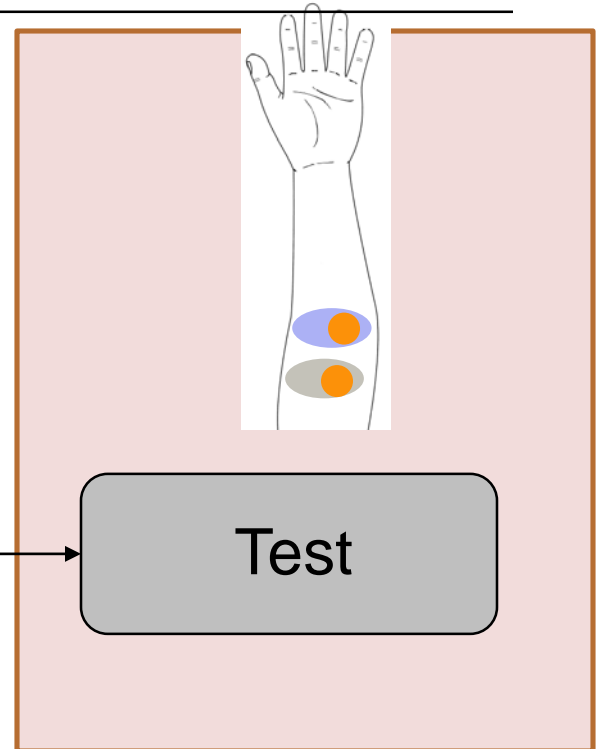


Apply
creams

fMRI Scanning



Placebo
Control



Calibration

Manipulation

Test

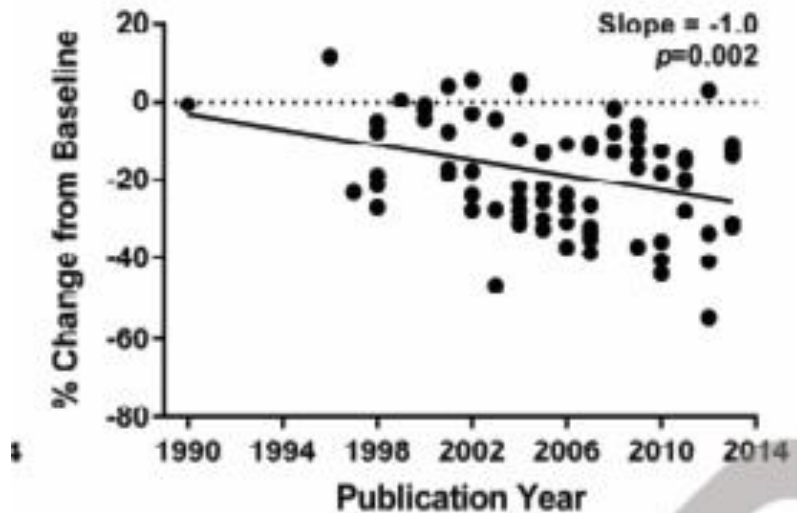
Choose temperatures
Subjective Levels
2, 5, and 8 on 10-point scale

Increase expectancy
Stim. At Level 8 on Control region;
Reduce temperature to Level 2 on Placebo region

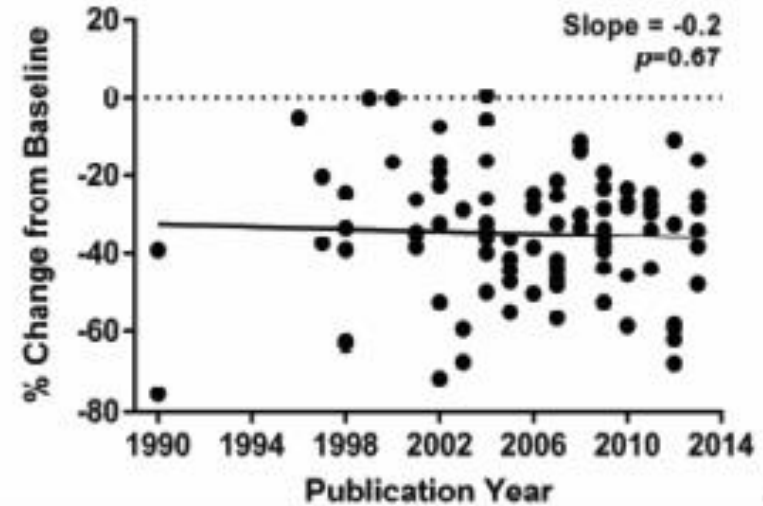
Stimulation at Level 5 on both Placebo and Control regions; order counterbalanced

Problems for clinical trials

B. Placebo Response



C. Drug Response



Placebo responses in pain trials are growing across years

- Specifically in the U.S. (not Europe)
- Drug responses are not growing, causing more trials to fail
- One likely cause is direct-to-consumer marketing coupled with subjective pain measures