

The background of the slide is a conceptual illustration. It features a dark, atmospheric scene with a warm, golden light source in the upper right corner. In the foreground, a person is silhouetted sitting on a bench, looking towards the right. The rest of the scene is filled with numerous glowing human figures of varying sizes. These figures are interconnected by a complex web of thin, glowing lines, suggesting a network or social connection. The overall mood is one of digital connectivity and human interaction.

Emerging Treatments for Social Disconnection in Psychiatric Illness

Anya Bershad, MD, PhD

Assistant Professor-in-Residence

UCLA-Semel Institute for Neuroscience and Human Behavior

“The voices get quiet during book club.”



Outline

Social disconnection



Social symptoms of psychiatric illness



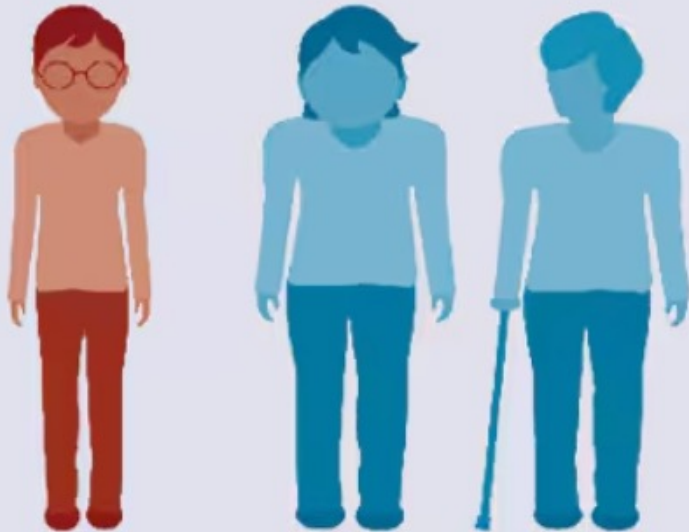
Social psychopharmacology: two examples



Take-aways and future directions

How Common is Lack of Social Connection?

Feeling Lonely



About 1 in 3 adults in the U.S.

Lack of Social & Emotional Support



About 1 in 4 adults in the U.S.

Health effects of social disconnection and loneliness

- Physical health effects (Holt-Lunstadt 2024, Na et al. 2023)
 - Cardiovascular disease
 - Weakened immune system
 - Higher mortality
- Mental health effects (Lutz et al. 2021)
 - Depression and anxiety
 - Suicide
 - Substance abuse
 - Cognitive symptoms



Problems with social function span the spectrum of psychiatric illness



Autism

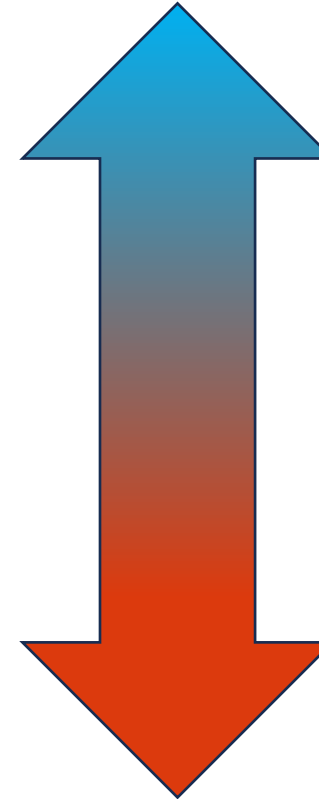
Personality
disorders

Mood
disorders

Psychotic
disorders

Social symptoms

- Social anhedonia (lack of social pleasure)
- Asociality (low social motivation)
- Social cognitive problems
- Social anxiety
- Paranoia



Reduced reactivity to positive social input

Heightened reactivity to negative social input

Social psychopharmacology: How can we use drugs to improve social function?

How can we measure social symptoms?

Clinical interviews

- Symptom ratings

Self-report

- Subjective ratings

Behavioral measures

- Attention bias tasks
- Performance-based measures

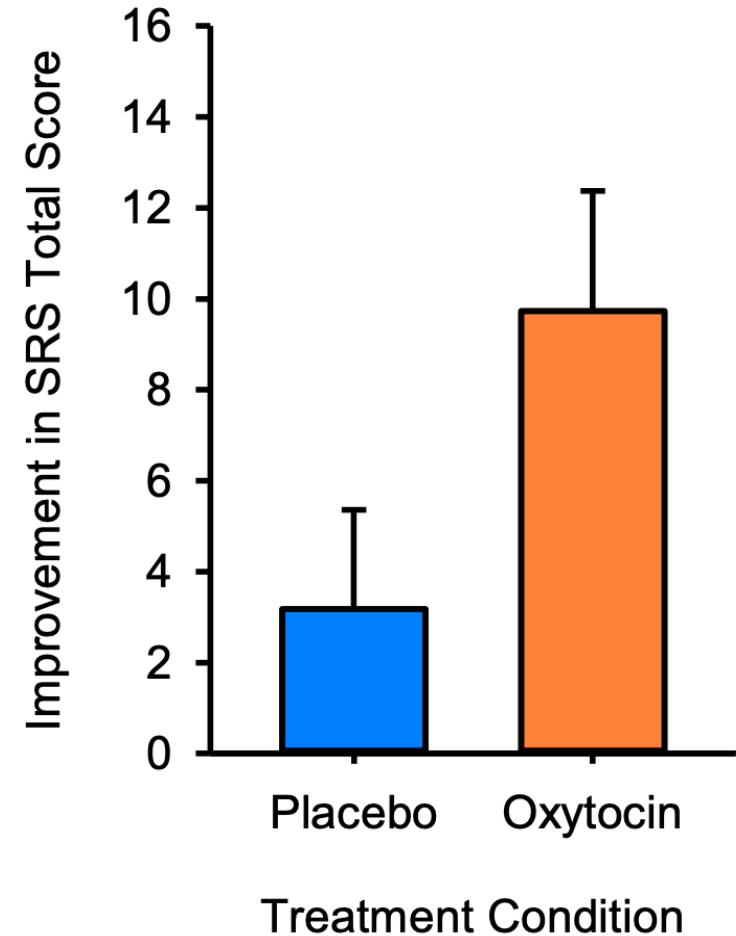
Brain-based measures

- fMRI
- EEG

Oxytocin: the “love hormone?”



Intranasal oxytocin to treat social deficits?



Problems with oxytocin

- Absorption
- Social context
- Personal factors
 - Personality
 - Sex
 - Menstrual cycle phase



Psychoactive drugs in the treatment of social deficits

"I felt like hugging everyone. Hugging was the most rewarding, comforting, uplifting experience."

–Ecstasy experience report,
www.erowid.com

Two examples:

- Buprenorphine
- MDMA



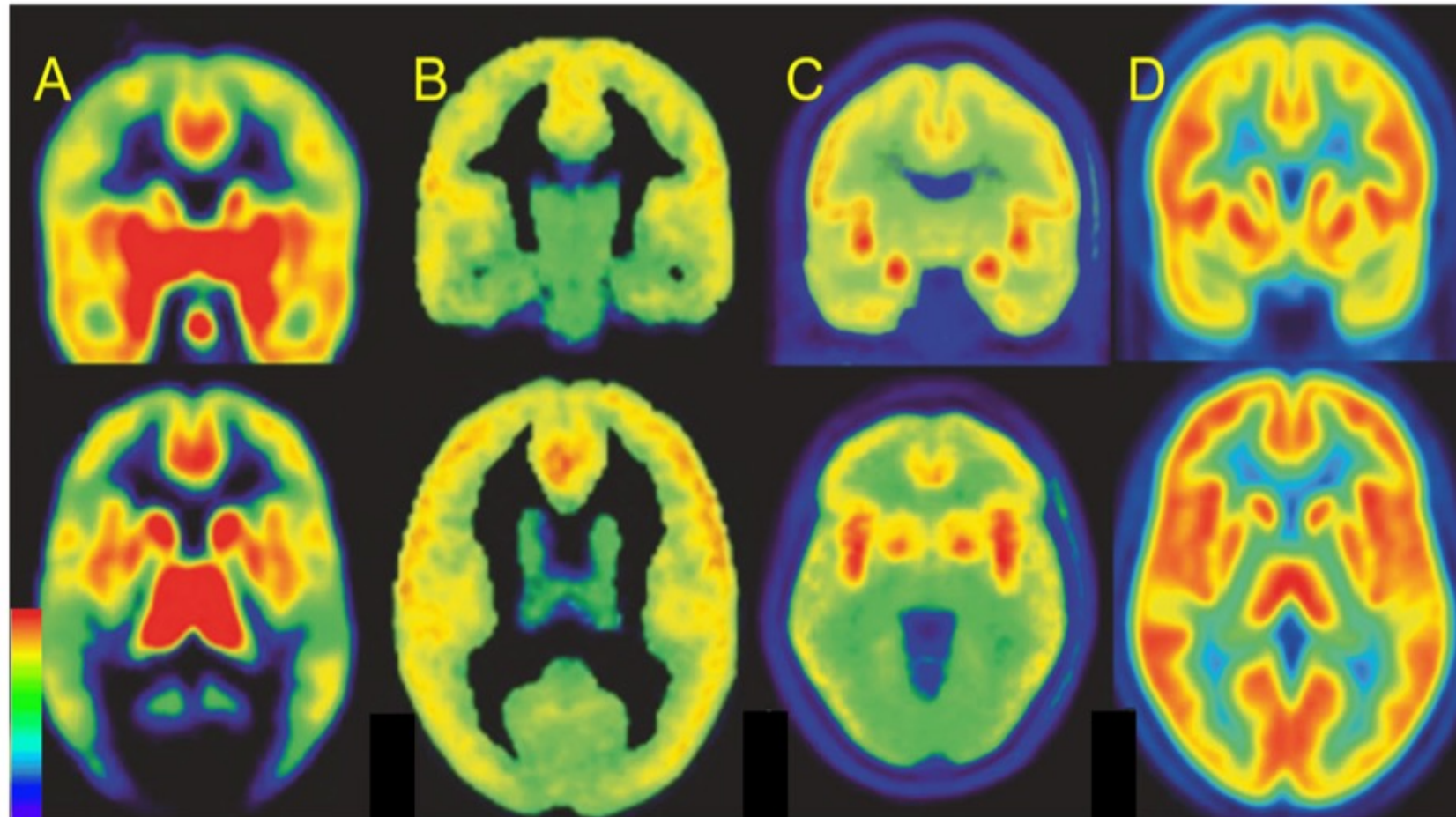
The endogenous opioid system

Mu (MOR)

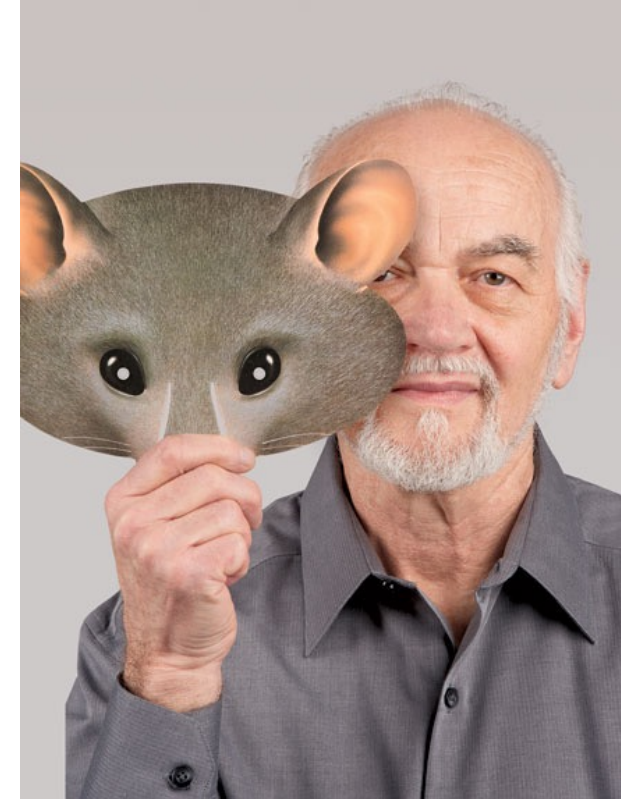
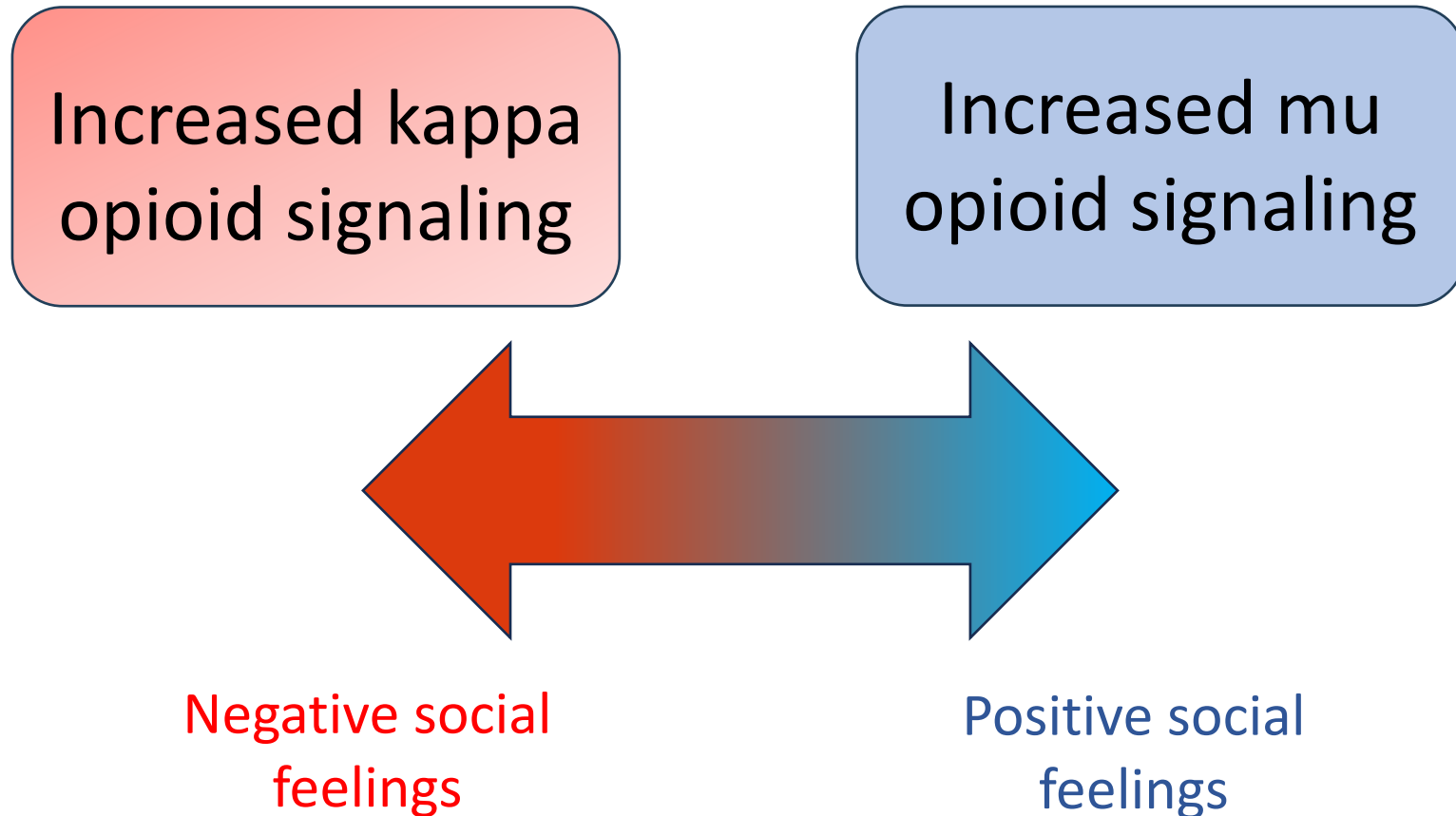
Delta (DOR)

Kappa (KOR)

Nociceptin (ORL1)



The social effects of mu- and kappa-opioids



Jaak Panksepp
"The Brain-Opioid Theory of
Social Attachment"

Buprenorphine: An opioid social buffer?

- Compound action on mu and kappa opioid systems
- Treats opioid use disorder at higher doses and suicidality at lower doses
- May increase positive social feelings and reduce negative social feelings



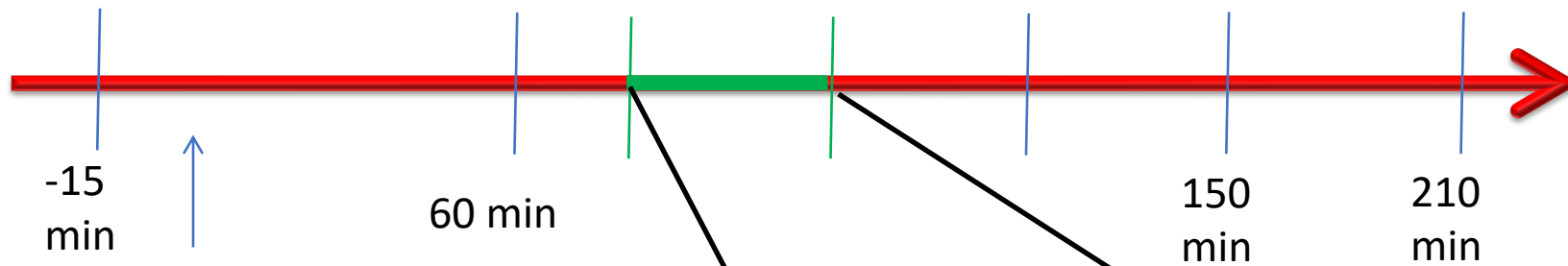
Does buprenorphine reduce responses to social stress?

- Healthy adult participants (N=45)
- Placebo controlled, randomized
- Three groups:
 - Placebo
 - 0.2mg buprenorphine
 - 0.4mg buprenorphine
- Two sessions:
 - Trier social stress test
 - Non-stressful control task



“Living room style” laboratory

Session Timeline

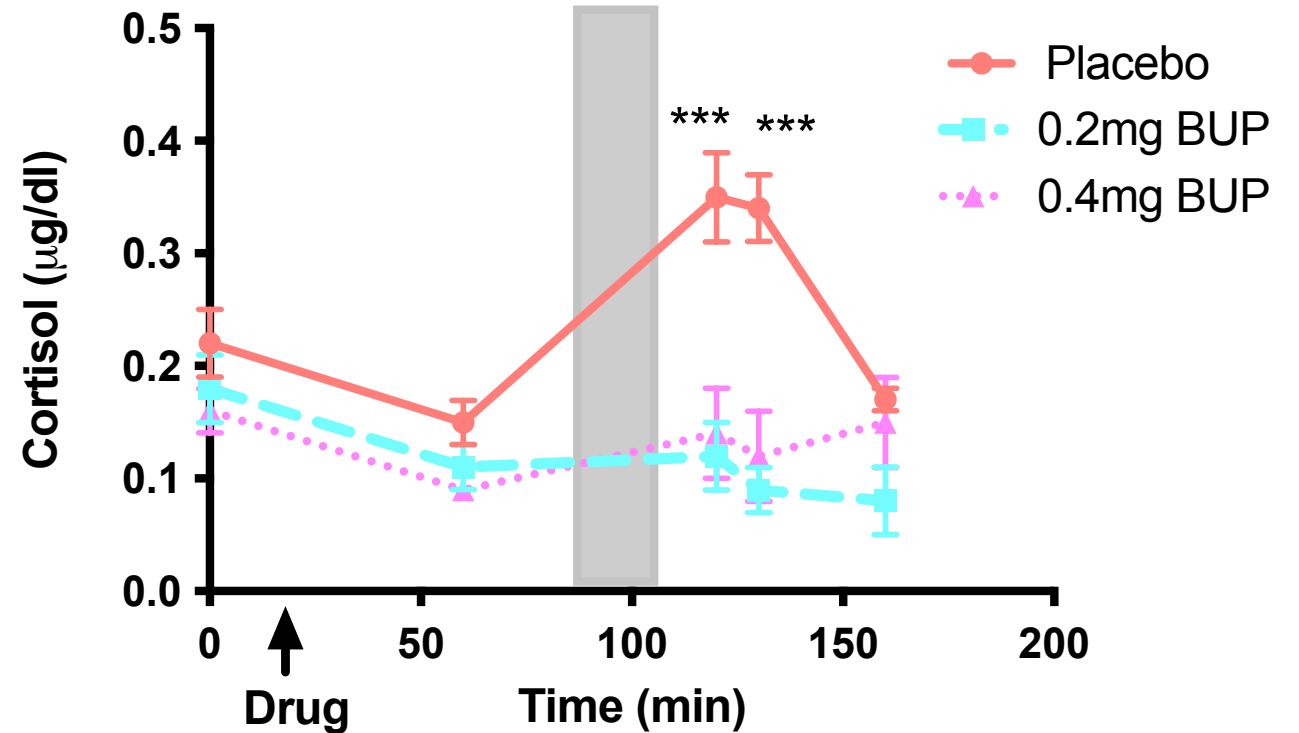
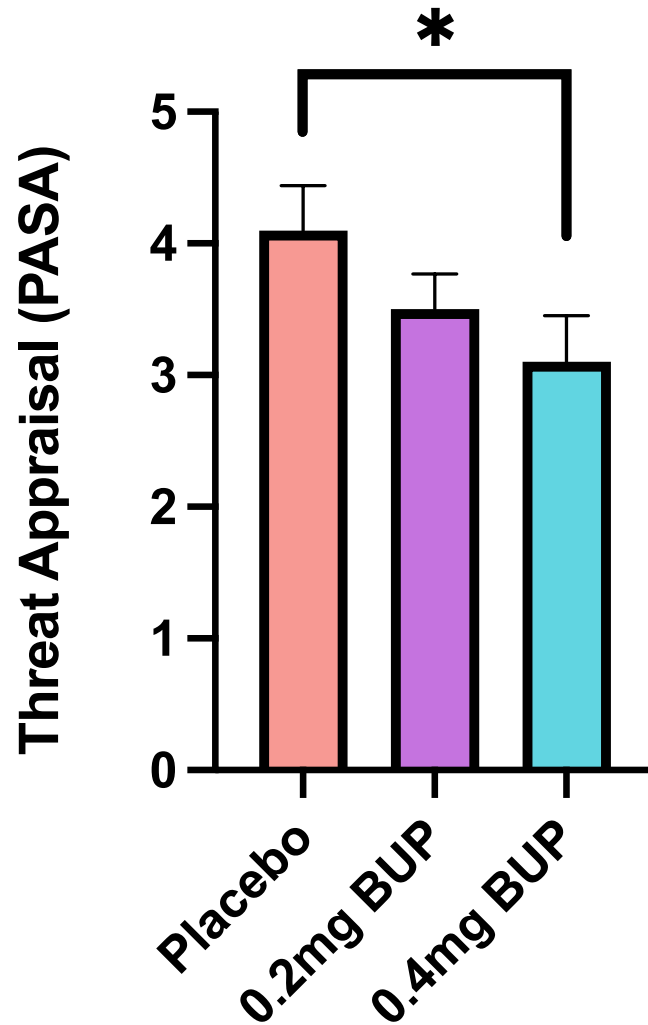


Consume
tablet
(0 min)

Simulated social stress

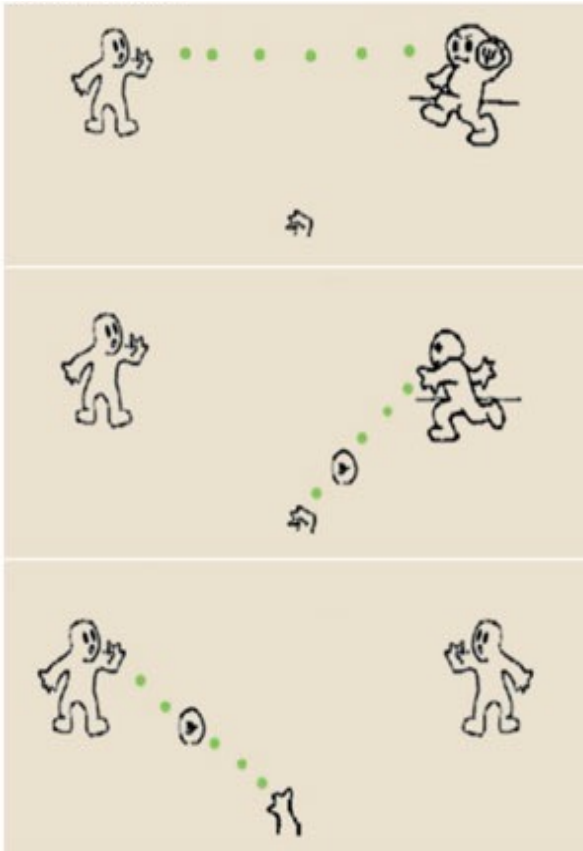


Buprenorphine reduces responses to social stress

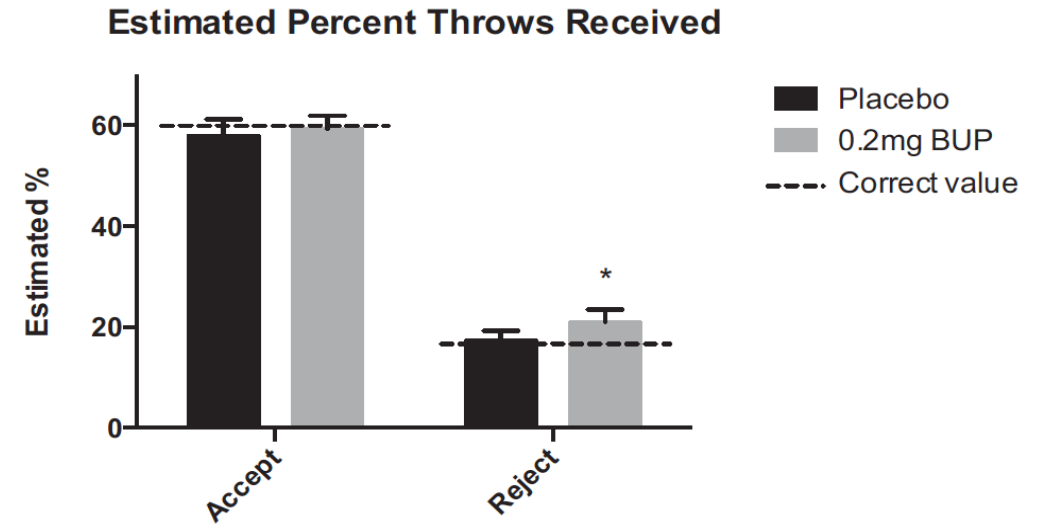
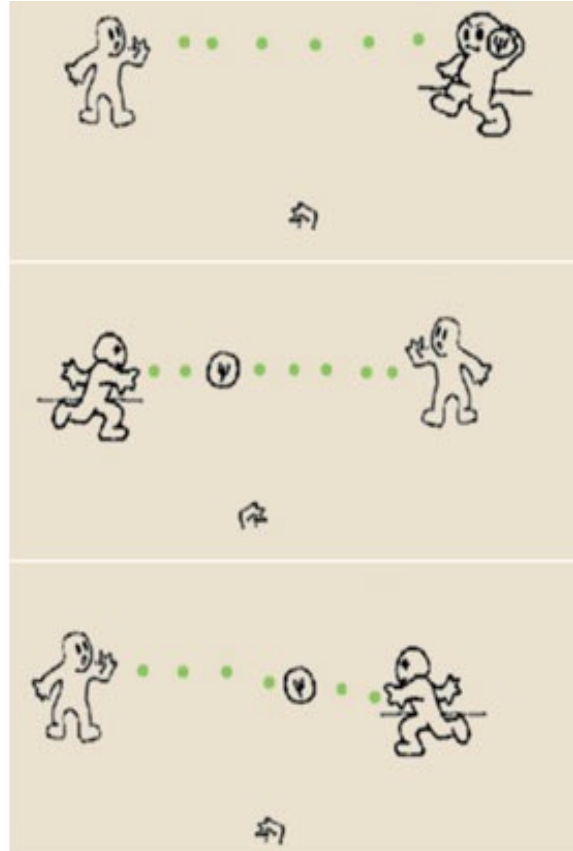


Buprenorphine reduces responses to social rejection

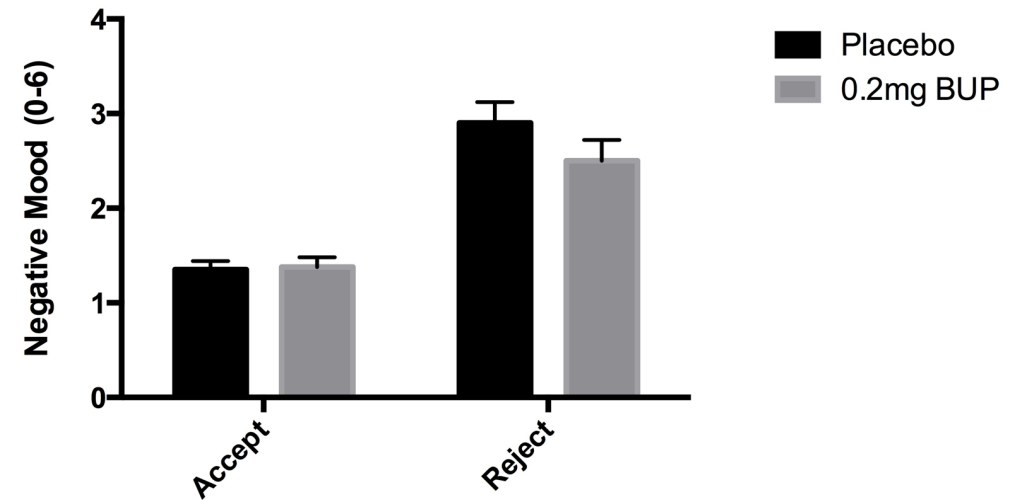
Accept condition



Reject condition



Self-Reported Negative Mood

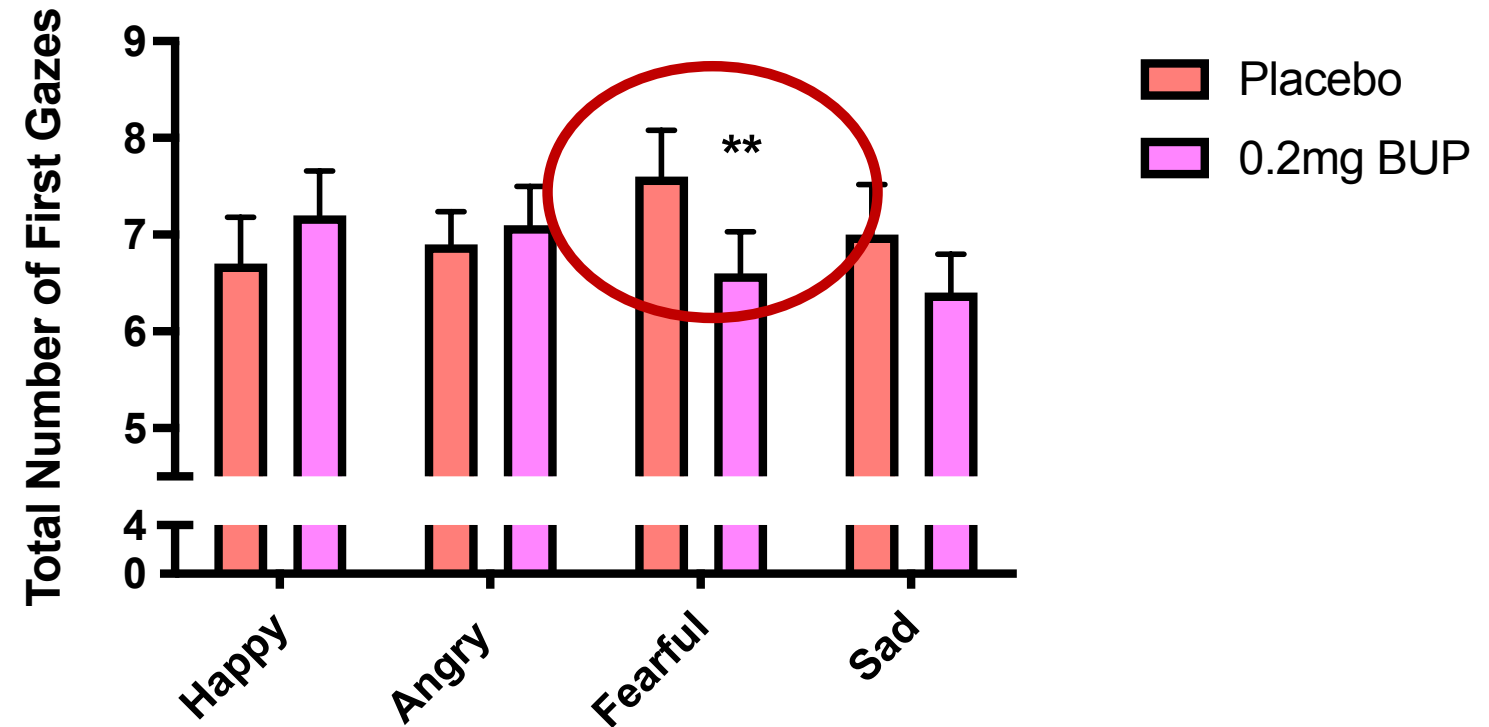
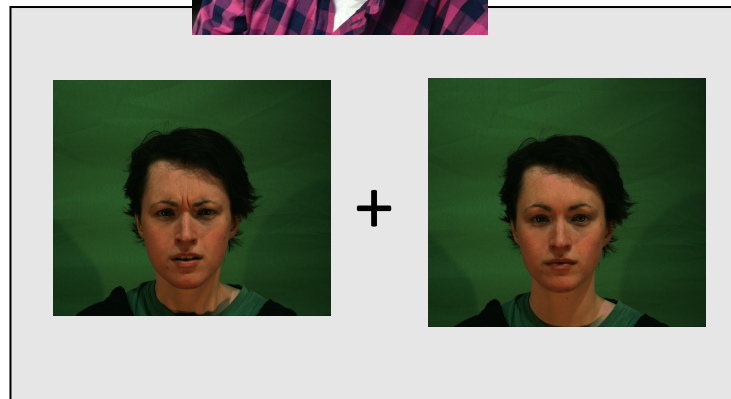


Social Attention Bias Task

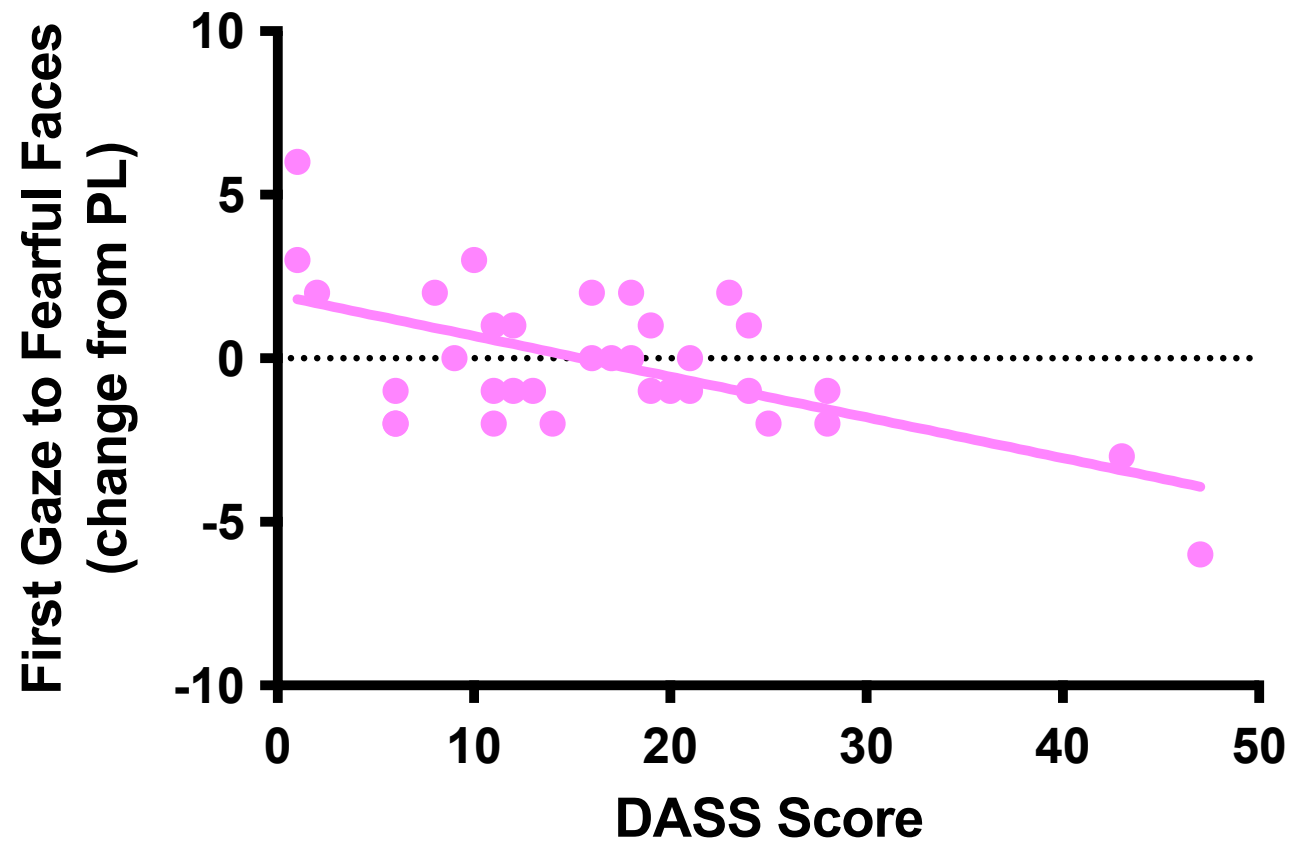
- “Social seeking”
- Emotive and neutral faces side-by-side
- Electro-oculography or eye tracking
- Measure where participant looks



Buprenorphine reduces attention to fearful facial expressions



Buprenorphine more effective in patients with symptoms of depression and anxiety



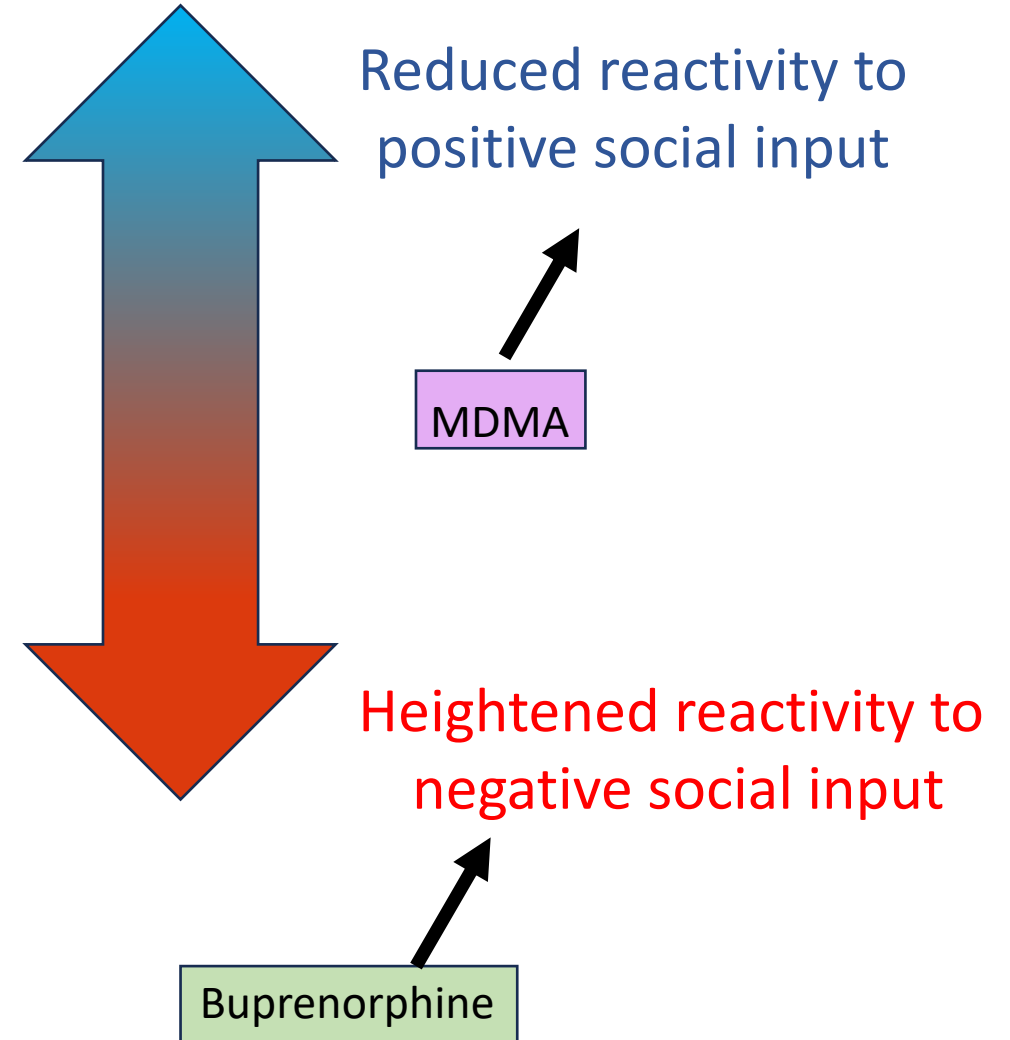
Does buprenorphine facilitate social connection in individuals with schizophrenia?

- Participants:
 - Diagnosis of schizophrenia (N=40)
 - Socially disconnected
- Design:
 - Double-blind, placebo-controlled
 - Two sessions: Buprenorphine (0.15mg) or placebo
- Social synchrony
 - Facial affect synchrony
 - Vocal synchrony
 - Neural synchrony



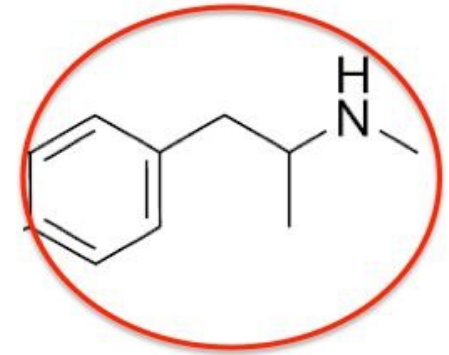
Social symptoms

- Social anhedonia (lack of social pleasure)
- Asociality (low social motivation)
- Social cognitive problems
- Social anxiety
- Paranoia

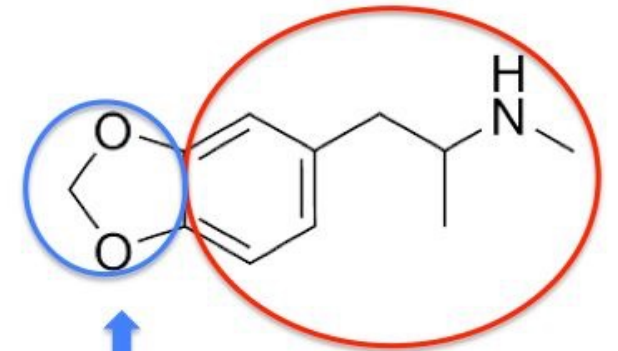


± 3,4-methylenedioxyamphetamine (MDMA)

- **Amphetamine derivative**
 - Stimulant-like effects: alertness, euphoria
 - Dopamine, norepinephrine
- **Unique prosocial effects**
 - Commonly used in social settings
 - “Empathogenic” effects
 - Serotonin? Oxytocin?
- **Clinical trials of MDMA-assisted therapy for PTSD**

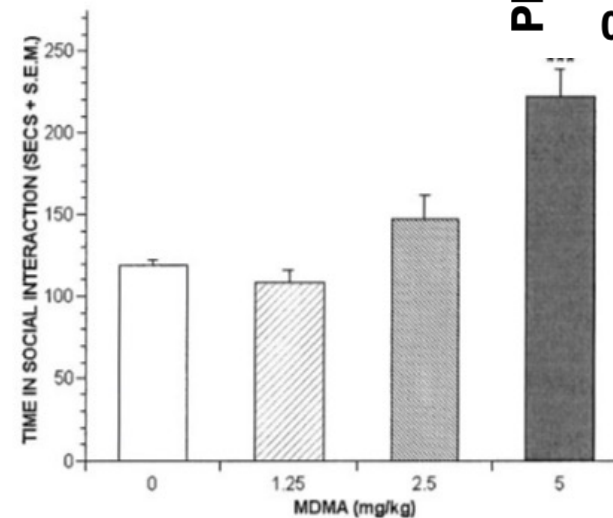
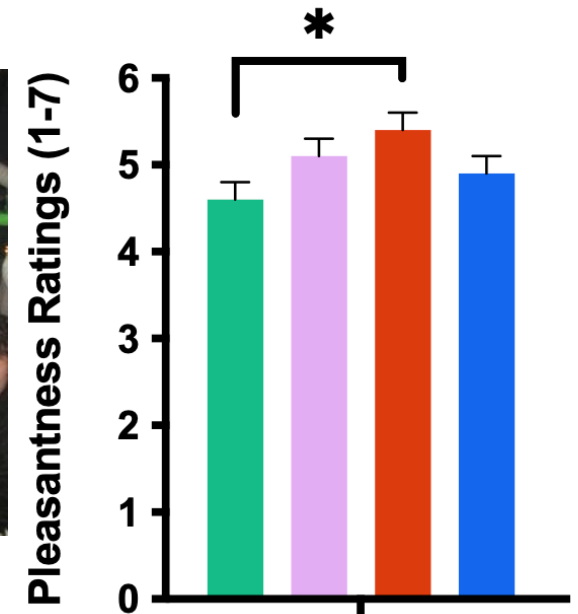


Methamphetamine
(Meth, crystal meth)



Methylenedioxyamphetamine
(Ecstasy)

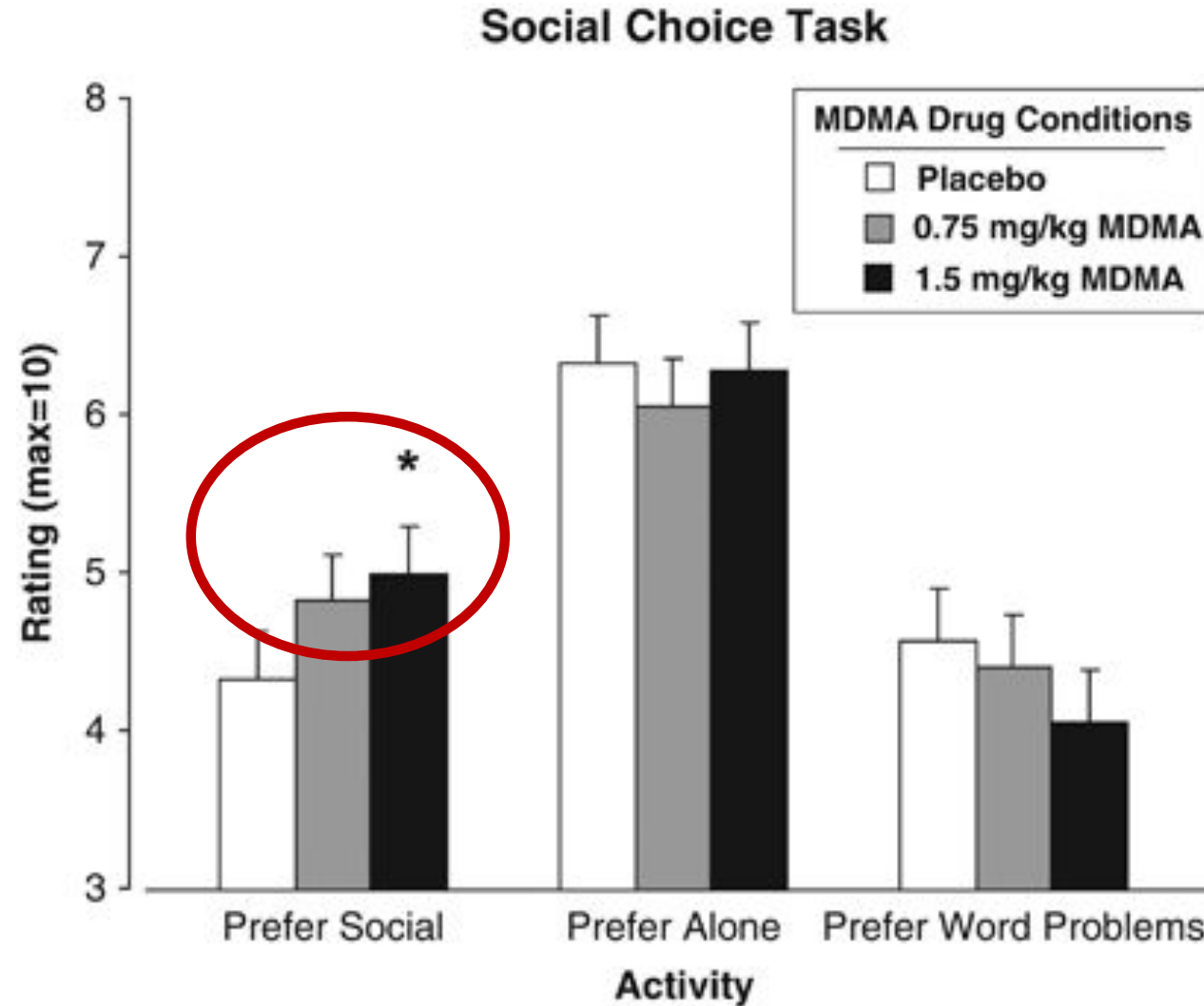
MDMA enhances rewarding social behaviors like cuddling



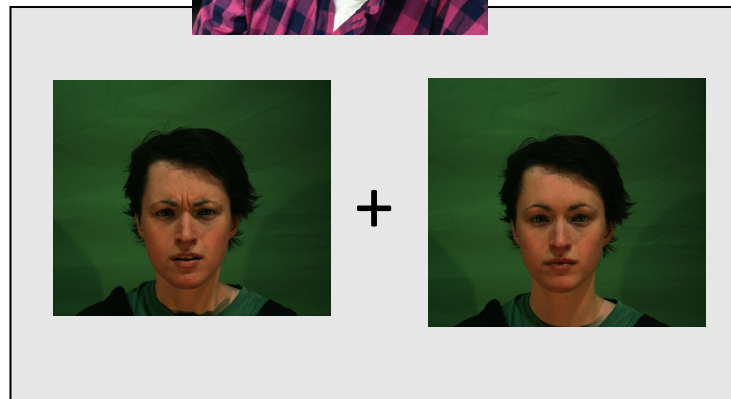
- Placebo
- 0.75mg/kg MDMA
- 1.5mg/kg MDMA
- 20mg MA

Bershad et al. 2019, Morley and McGregor 2000

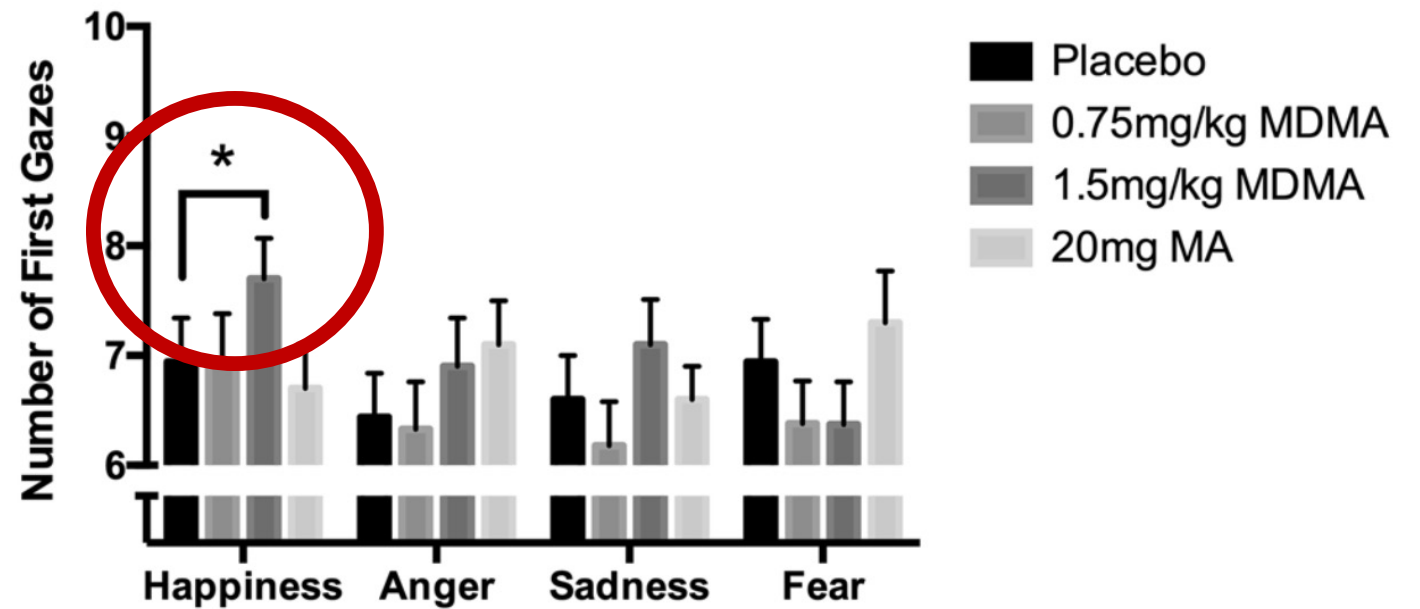
MDMA increases desire to socialize



MDMA enhances attention to happy facial expressions

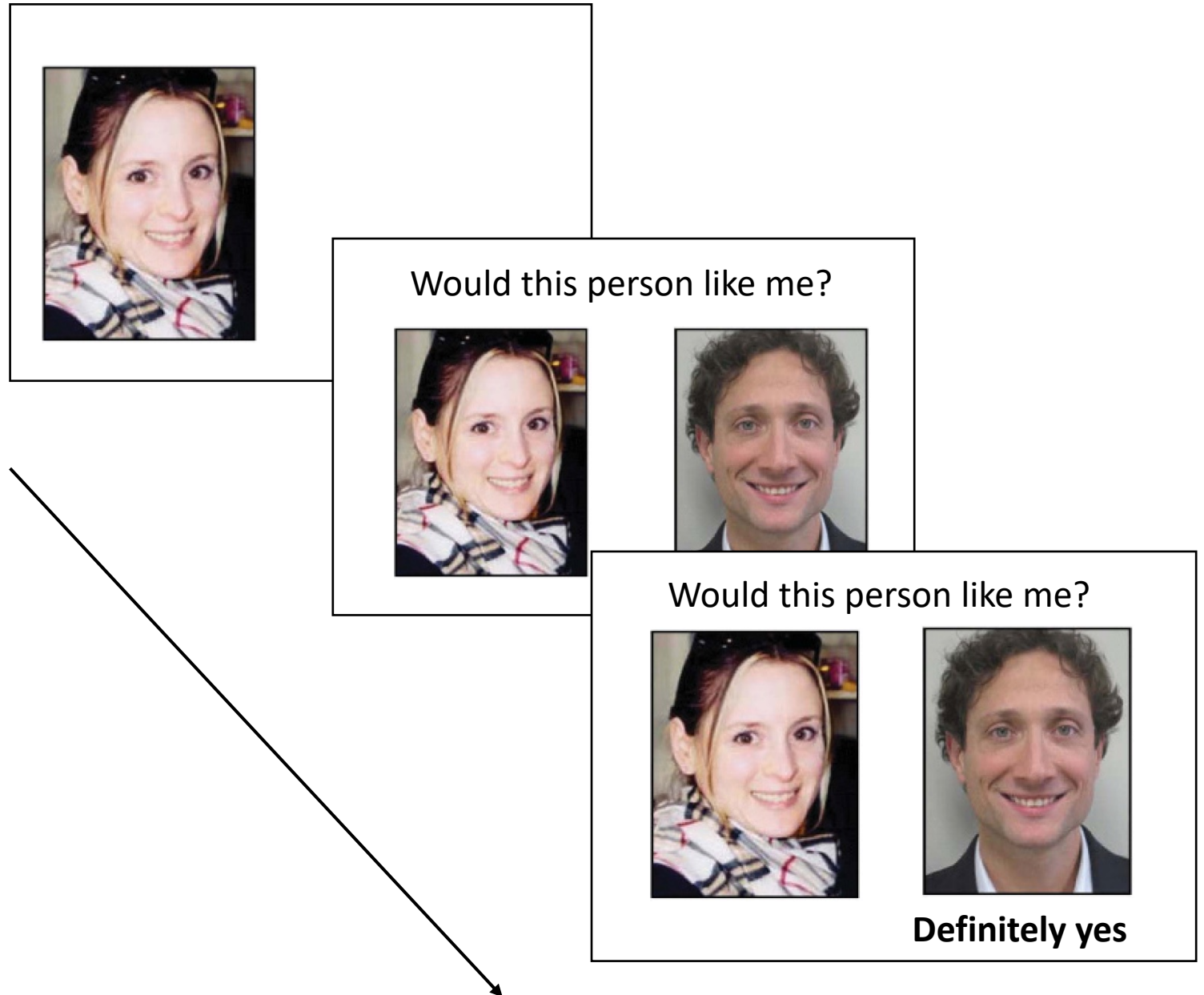


Visual attention to facial expressions

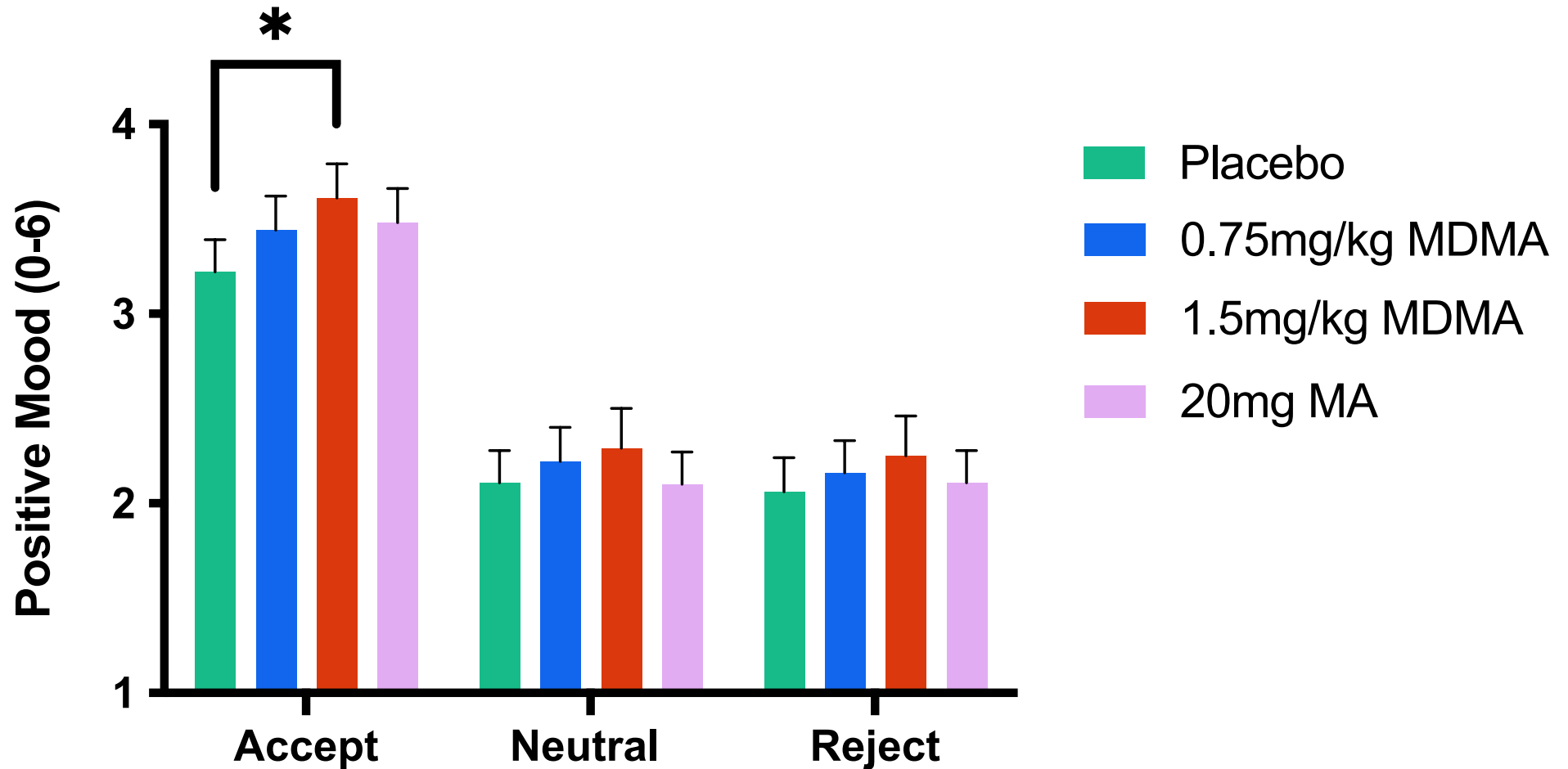


Social Feedback Task

- Subjects rate profiles 1-7
 - “Would I like this person?”
- Top 10% selected for task
- Shown each profile with feedback
- Mood questionnaire after each trial

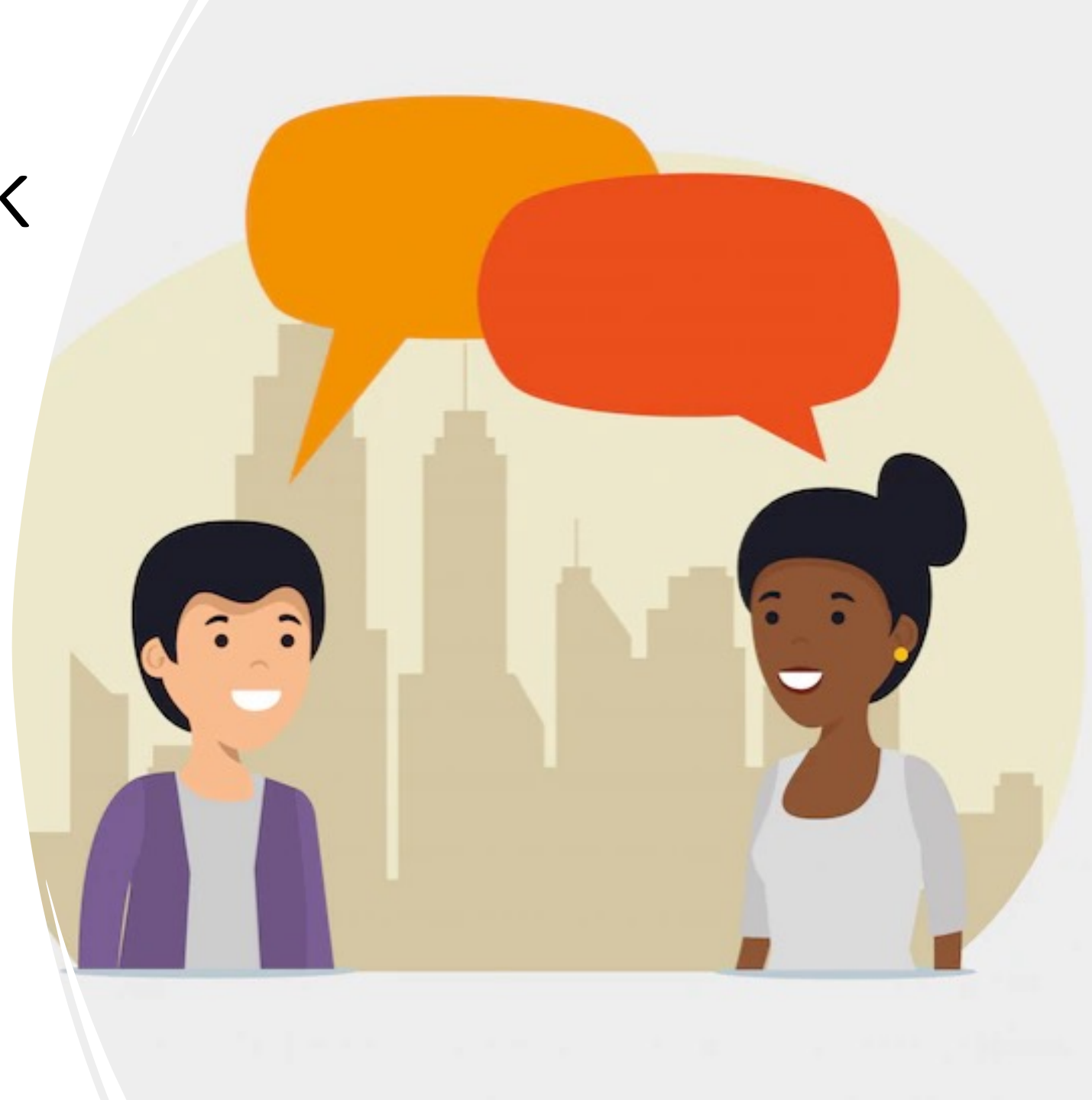


MDMA enhances affective responses to positive social feedback

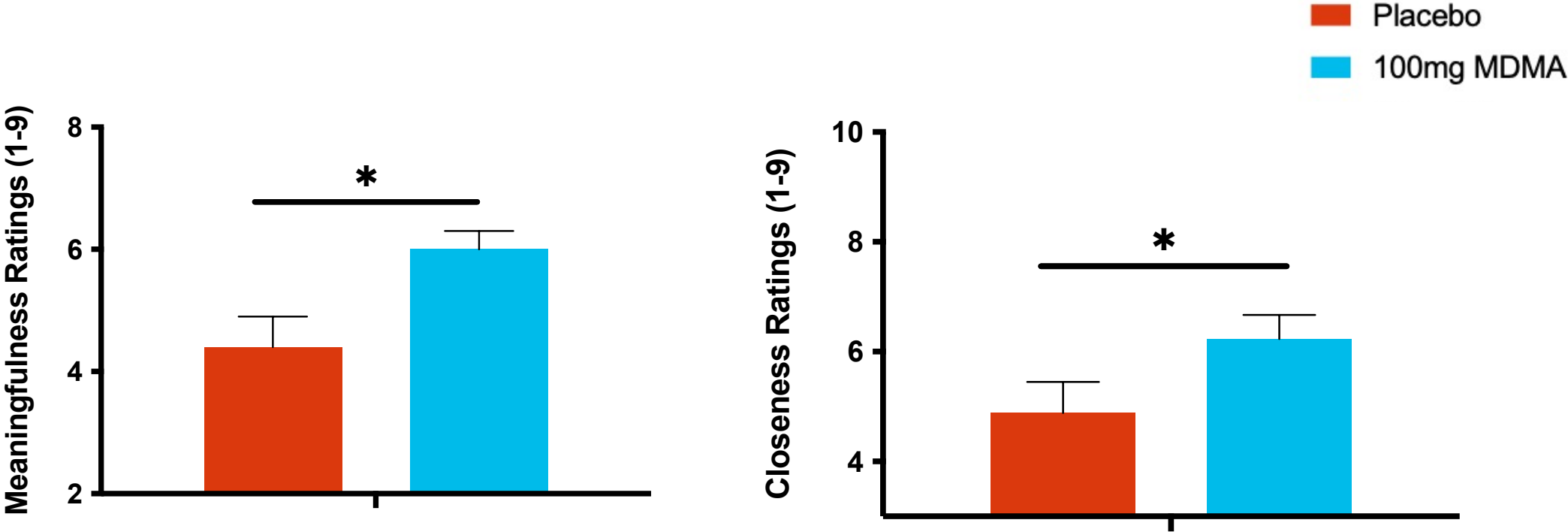


Conversation Task

- 45 minutes of semi-structured conversation
- Laboratory confederate
- “How did you spend last Halloween?”
- Post-conversation questionnaire



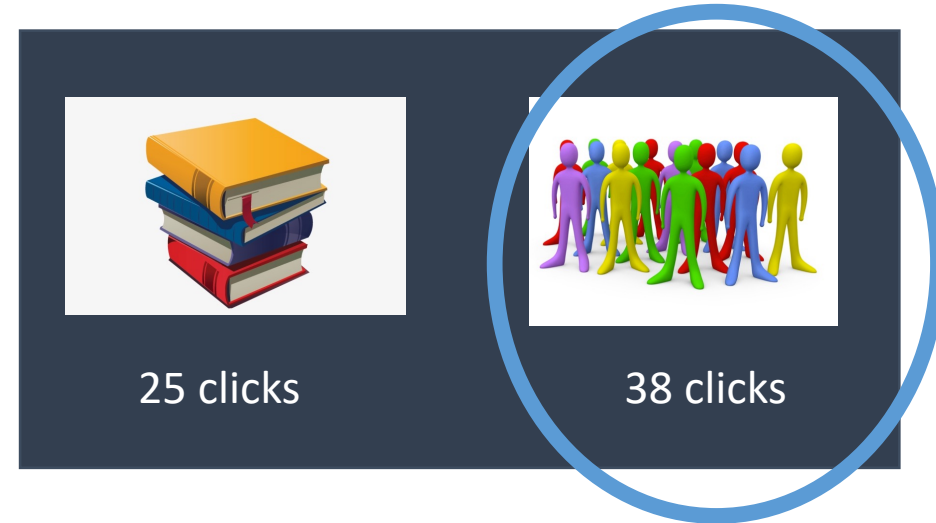
MDMA enhances connectedness during a conversation



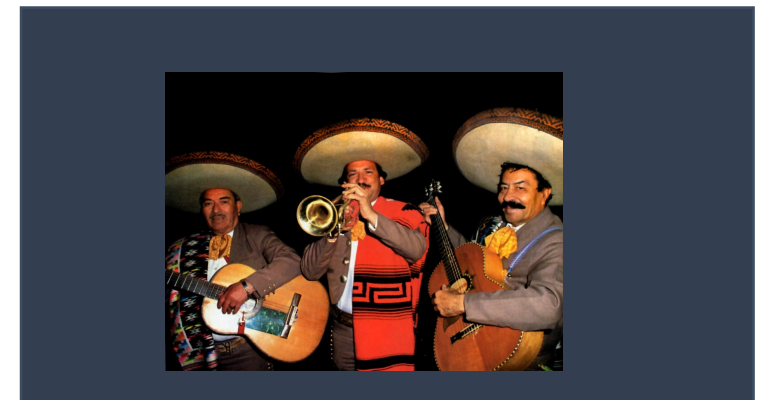
What about social motivation?

Social Effort-Based Task

- Measures effort (button presses) to see a social vs. nonsocial stimulus
- May be an indicator of real-world social function

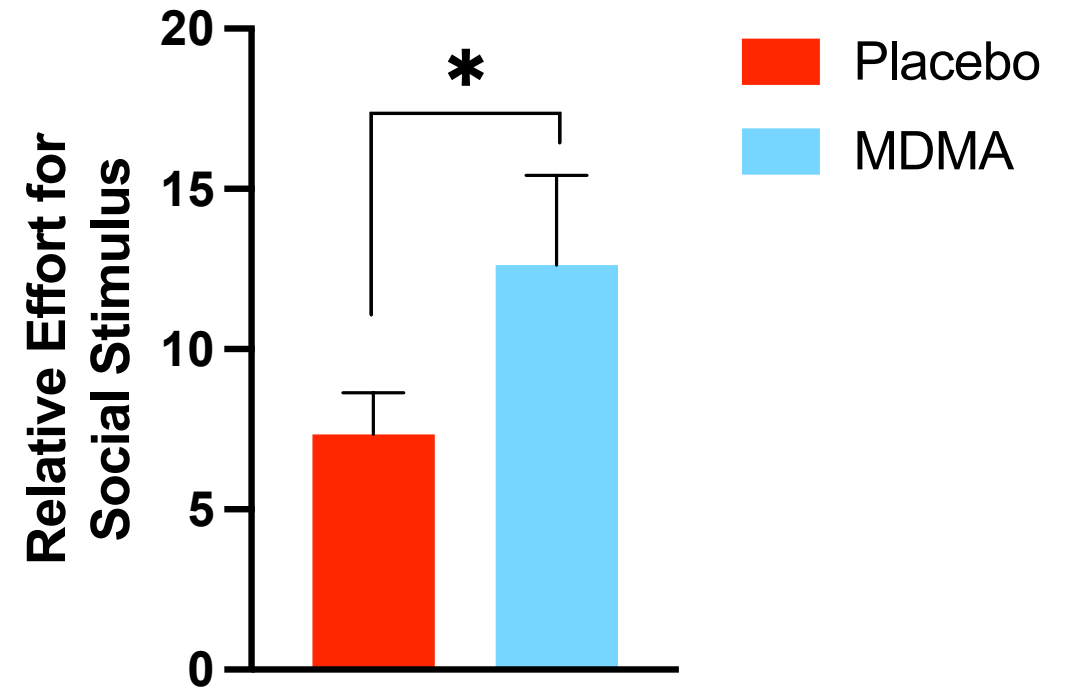


In collaboration with Eric Reavis



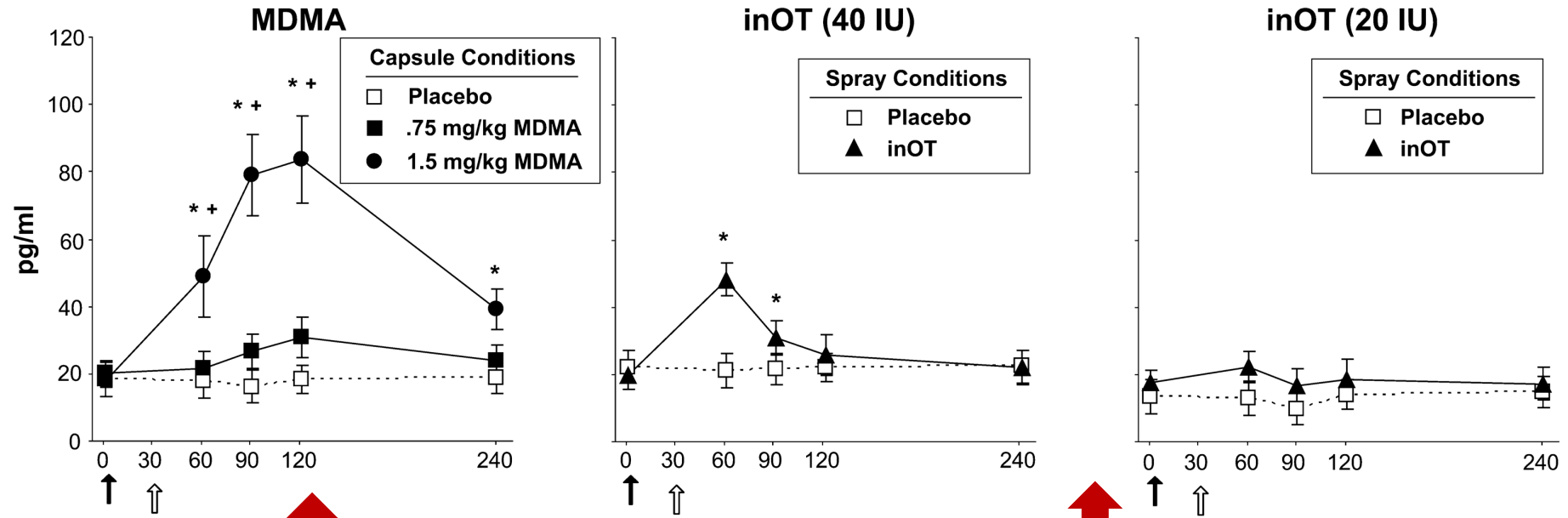
MDMA increases social motivation and may be useful in schizophrenia

- MDMA increases willingness to work for a social reward
- Time-limited treatment model
- MDMA in schizophrenia?



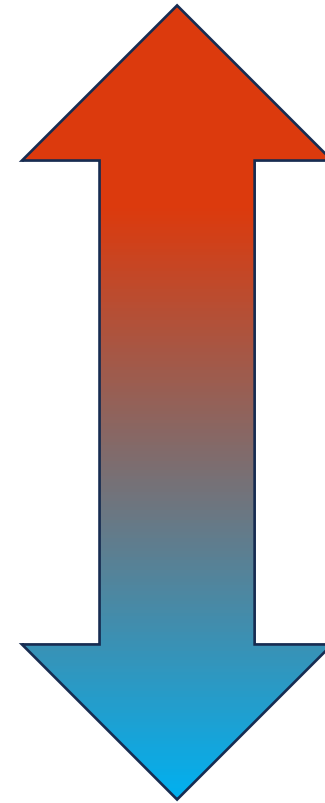
MDMA increases plasma oxytocin

Plasma Oxytocin Concentrations



Two examples of psychoactive drugs in the treatment of social symptoms: summary

- Buprenorphine
 - Social stress
 - Social rejection
 - Attention to fearful faces
- MDMA
 - Desire to socialize
 - Attention to happy faces
 - Responses to positive feedback
 - Connection during a conversation
 - Social effort-based decision making

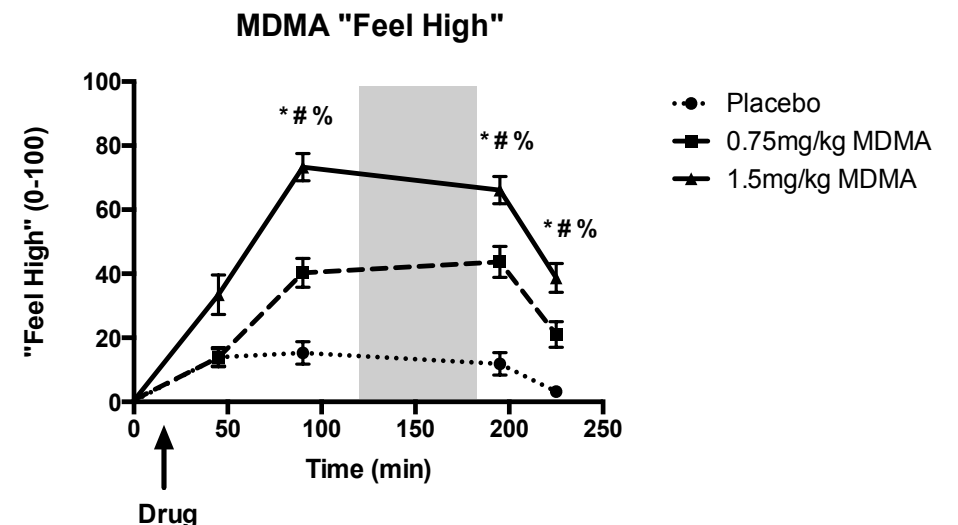
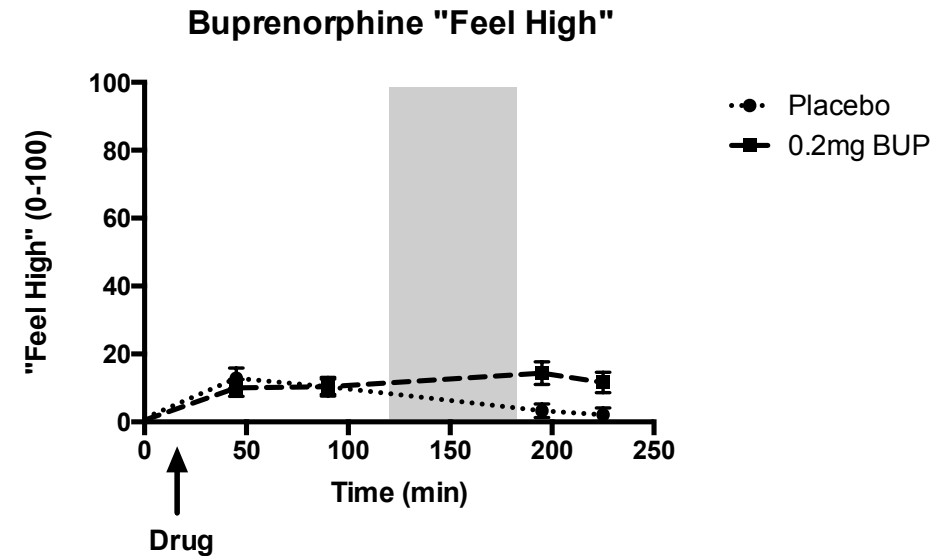


Reduces reactivity to negative social input

Enhances reactivity to positive social input

Considerations in trials with psychoactive drugs

- Psychoactive drugs are psychoactive
- Purpose of a placebo
 - Allows for the separation of expectancy effects and drug effects
- Blinding is important
 - How to maintain the blind?
 - Active comparator drugs
 - Assess blinding efficacy
 - “What do you think you received?”
 - “How confident are you?”



What about risks?

- Side effects
- Risk of abuse
- Need further research
- Risk mitigation strategies





Unknowns (there are many!)

- Effects in populations with psychiatric symptomatology
- Psychoactive drugs have risks
- Setting is important
- How long do the effects last? Lowest effective dose?
- Which psychosocial interventions are best?

Take-Aways

- The problem of social disconnection
- No current pharmacologic treatments
- Some psychoactive drugs may offer benefit, but must be studied rigorously
 - Documentation of adverse events
 - Proper control conditions
 - Proper blinding
- New treatment model



Thanks to:

- Dr. Harriet de Wit
- Dr. Steve Marder
- Dr. Michael Green
- Dr. Eric Reavis
- Dr. Hanna Molla
- Gerard De Vera
- Noah Moreno
- Jake Isenman
- Ioana Ciuperca
- All of you for listening!

If you are interested in participating in our studies, please contact Gerard De Vera
gdevera@mednet.ucla.edu

