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Corrigendum to “Decreases in Suicidality Following Psychedelic Therapy: A Meta-Analysis of Individual Patient Data Across Clinical Trials”

To the Editor: Our group recently published in JCP the first meta-analysis of patient-level data on the effects of psychedelics on suicidality.¹ While not described in our article, it is noteworthy that 2 suicidality-related events that had been deemed not attributable to the administration of a psychedelic (by the authors of the primary outcome studies) occurred within the studies included in our meta-analysis.

Griffiths et al² describe in their supplementary materials that 1 individual in their very low-dose (placebo-like) psilocybin condition completed suicide 11 days after being administered 1 mg/70 kg psilocybin. The individual reported feeling bored during the session and was discontinued from the study after leaving the session early. They also report that there was no behavioral impairment or adverse sequelae during the follow-up later that day or on subsequent days. Andersen et al³ report that 1 individual attempted suicide approximately 2 months after being administered an active dose of psilocybin (21–25.2 mg/70 kg). The suicide attempt occurred after the individual learned about the sudden death of a former partner, subsequently used methamphetamine and crack cocaine, and then experienced a brief psychotic episode. They reported that the actual lethality of the attempt was 0 and the potential lethality was a 2 on the Columbia Suicide Severity Rating Scale.

Although these events are likely not attributable to psychedelic therapy itself, they are nonetheless worthy of consideration and suggest the importance of closely monitoring patients in all treatment arms throughout and following psychedelic therapy trials.

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