

Rehana K. Naik Olson, BA^{1,2}, Leonardo J. Caraballo, PsyD, ABPP³, Amber Hampton, MSN^{1,2}, Payton Flores, MPH^{1,2}, Alexandra R. Tribo, BA, BS^{2,3}, and Aaron S. Wolfgang, MD^{3,4}

¹ Center for the Study of Traumatic Stress, Department of Psychiatry, Uniformed Services University, Bethesda, MD, USA

² Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc., Bethesda, MD, USA

³ Walter Reed National Military Medical Center, Bethesda, MD, USA

⁴ Department of Psychiatry, Uniformed Services University, Bethesda, MD, USA

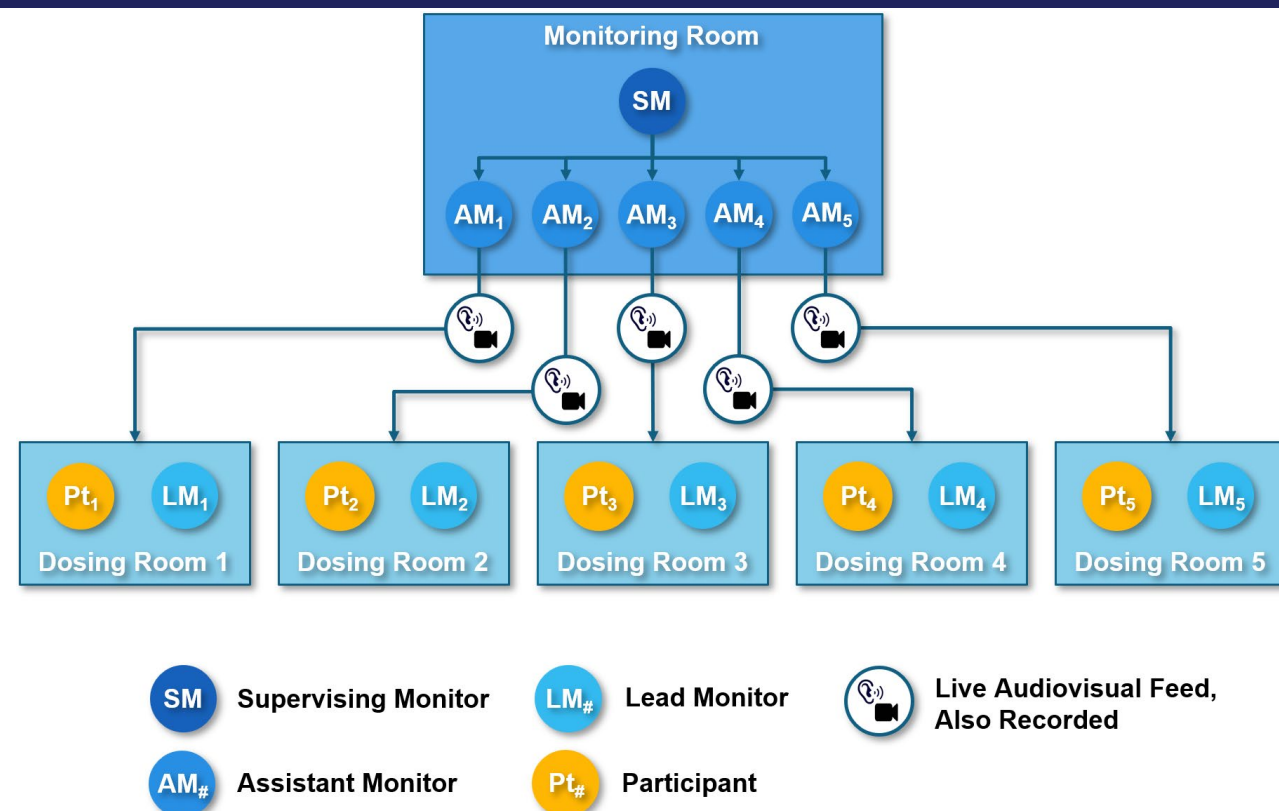
INTRODUCTION

- Posttraumatic stress disorder (PTSD) is the most common psychiatric cause of medical discharges in the military.¹
- Current gold-standard treatments such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) lead to loss of PTSD diagnosis in 28-40% of participants. However, about 40% drop out of treatment.²
- With midomafetamine-assisted therapy (MDMA-AT), 67-71% are no longer diagnosable with PTSD and <10% drop out despite the longer course of treatment.^{1,3,4}
- Evidence of MDMA-AT for Active Duty, National Guard, or Reserve Service Members (SMs) with PTSD does not exist.

METHODS

- We intend to conduct a randomized, double-blind, active-controlled clinical trial of MDMA-AT for SMs with PTSD.
- The Randomized cohort would receive either a variable high-dose or low-dose MDMA combined with Acceptance and Commitment Therapy (ACT) for PTSD.
- We intend to recruit **86 SMs** with moderate to severe PTSD. Total duration of study engagement for a participant will be approximately **7-8 months** (see Figure 1).

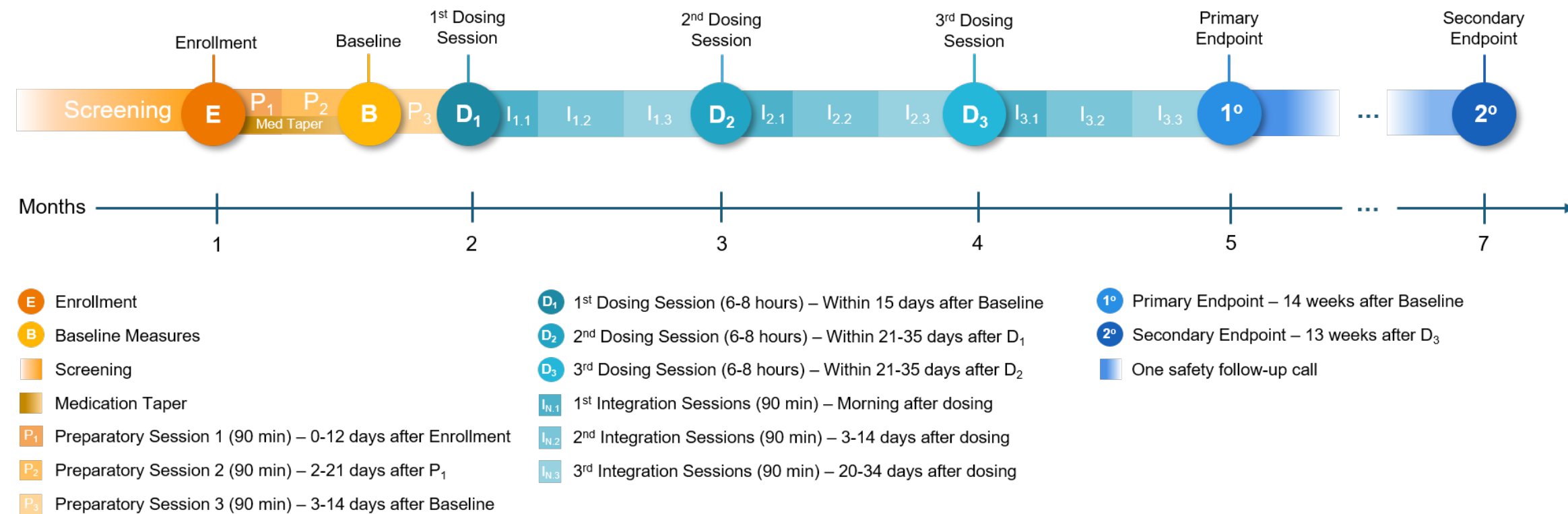
FIGURE 2. Simultaneous Dosing Model



FUNDING SOURCE: This work is supported by funding from CDMRP DMRDP.

DISCLAIMERS: The opinions and assertions expressed herein are those of the author(s) and do not reflect the official policy or position of the Uniformed Services University of the Health Sciences or the Department of War. The views expressed in this presentation are those of the author(s) and do not necessarily reflect the official policy or position of the Defense Health Agency, Department of War, nor the U.S. Government. The contents of this publication are the sole responsibility of the author(s) and do not necessarily reflect the views, opinions or policies of The Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc. Mention of trade names, commercial products, or organizations does not imply endorsement by the U.S. Government.

FIGURE 1. Study Schema Diagram



STUDY TIMELINE

- Each participant will undergo three dosing sessions each one month apart, with live audio-video monitoring.
- The first dosing session is preceded by three 90-minute preparatory ACT sessions. Each of the three dosing sessions is followed by three 90-minute integration ACT sessions.
- Follow-up will occur at one month (primary endpoint) and three months (secondary endpoint) after the last dosing session (see Figure 1).

SIMULTANEOUS DOSING MODEL

- There will be up to five rooms conducting dosing sessions simultaneously (see Figure 2).
- One therapist will be in the dosing room with the participant, with an Assistant Monitor monitoring each room and a Supervising Clinician monitoring all rooms.
- Support Events (when a study team member enters the dosing room to assist) will be analyzed to evaluate the Simultaneous Dosing Model's safety and feasibility.

CONCLUSIONS

- With PTSD being the leading psychiatric cause of medical discharges, establishing safe treatment options with high efficacy and durability is a major opportunity to improve retention and readiness.
- The Simultaneous Dosing Model approach aims to improve resource-efficiency and treatment access if it is implemented within clinical settings.
- Our study will gather data from the military health system and inform Department of War PTSD treatment policies.

REFERENCES

1. Wolfgang AS, Fonzo GA, Gray JC, et al. MDMA and MDMA-Assisted Therapy. *American Journal of Psychiatry*. 2025;182(1):79-103. doi:10.1176/appi.ajp.20230681
2. Steenkamp MM, Litz BT, Hoge CW, Marmar CR. Psychotherapy for Military-Related PTSD: A Review of Randomized Clinical Trials. *JAMA*. Aug 4 2015;314(5):489-500. doi:10.1001/jama.2015.8370
3. Mitchell JM, Ot'alora GM, van der Kolk B, et al. MDMA-assisted therapy for moderate to severe PTSD: a randomized, placebo-controlled phase 3 trial. *Nat Med*. Oct 2023;29(10):2473-2480. doi:10.1038/s41591-023-02565-4
4. Mitchell JM, Bogenschutz M, Lilienstein A, et al. MDMA-assisted therapy for severe PTSD: a randomized, double-blind, placebo-controlled phase 3 study. *Nature Medicine*. 2021/05/10 2021;doi:10.1038/s41591-021-01336-3

CONFLICT OF INTEREST STATEMENT: The authors report no conflict of interest.