

Should I dose grandpa?

Well only with his consent or that of his POA.

But “Should I dose grandpa for Alzheimer’s?” might be the title of my next paper.

But for now, the basis is here—

“The potential of psychedelics for the treatment of Alzheimer’s disease and related dementias”

Michael James Winkelman, Attila Szabo, Ede Frecska

European Neuropsychopharmacology 76 (2023) 3–16

It is available here--

[https://www.researchgate.net/publication/372389776\\_The\\_potential\\_of psychedelics\\_for\\_the\\_treatment\\_of\\_Alzheimer%27s\\_disease\\_and\\_related\\_dementias](https://www.researchgate.net/publication/372389776_The_potential_of psychedelics_for_the_treatment_of_Alzheimer%27s_disease_and_related_dementias)

Or at [doi.org/10.1016/j.euroneuro.2023.07.003](https://doi.org/10.1016/j.euroneuro.2023.07.003)

I should probably stop there, good enough.

But I am inspired to seek something more: A Citizen Science Project to assess the effectiveness of diverse psychedelics for AD and dementia.

This paper is in our minds a justification for immediate plans to study psychedelic treatments for AD. We are not alone, we cite many other studies that make the same conclusions. However, because of the generally prohibitive regulatory environment, we need a citizen science approach employing procedures that involve the procurement and administration of the substances and recording of effects by the patients and their families rather than by the researchers.

I have had some interest expressed by a couple of highly qualified researchers who might join such a multi-site multi-arm project under a novel approach that has recently been gaining attention in the biomedical sciences, that involving citizen science and N of 1 studies. The concept of citizen science is that the public is directly involved in generation of scientific data which is gathered under the principle of “N of 1 studies” that involve a double blind placebo cross-over design. We would employ a telephone-based data collection program for recording of treatments and periodic AD assessments to measure possible treatment effects. If you would like to learn more about these novel methodologies, I can provide some relevant literature on Citizen Science and N of 1 studies.

The power of the proposed citizen science approach is that it can allow us to bypass the FDA (or other governmental) approval process by collecting data directly from people who are self-treated (or treated with the cooperation of their caregivers). I envision a project that eventually has a number of virtual sites (i.e., US, Canada, European Union, Australia, Brazil, Argentina, Jamaica) to take advantage of diverse laws in different jurisdictions to promote the study of different substances (i.e., LSD, psilocybin, DMT or 5MEO-DMT, harmine, ibogaine, ayahuasca) in the citizen science protocols, and possibly with the open collaboration of relevant institutions in jurisdictions where specific psychedelics are legal.

I nonetheless envision a study designed along conventional clinical science protocols for assessment. We need someone with skills as a director of clinical research, an expert in

assessment of AD for developing the best instruments, and a statistician who can help determine n of 1 sample sizes necessary to have sufficient statistical power to find relatively minor differences in improvements in AD symptomology as assessed by standard assessment tools.

So, as I have shared this idea it has morphed into something more specific in the idea for of a registry to document and follow up on treatments of dementias with psychedelics.

If you would like to get involved, please email me.

If you know someone who might be interested, please forward this.

And in any case, please share the info about our article widely, it is about time people without effective treatment have hope for curing dementias.

[Michaeljwinkelman@gmail.com](mailto:Michaeljwinkelman@gmail.com)