

Supplementary Material

Article Title: Efficacy and Safety of a Single Dose of Psilocybin for Chronic Suicidal Ideation: An Open-Label Trial

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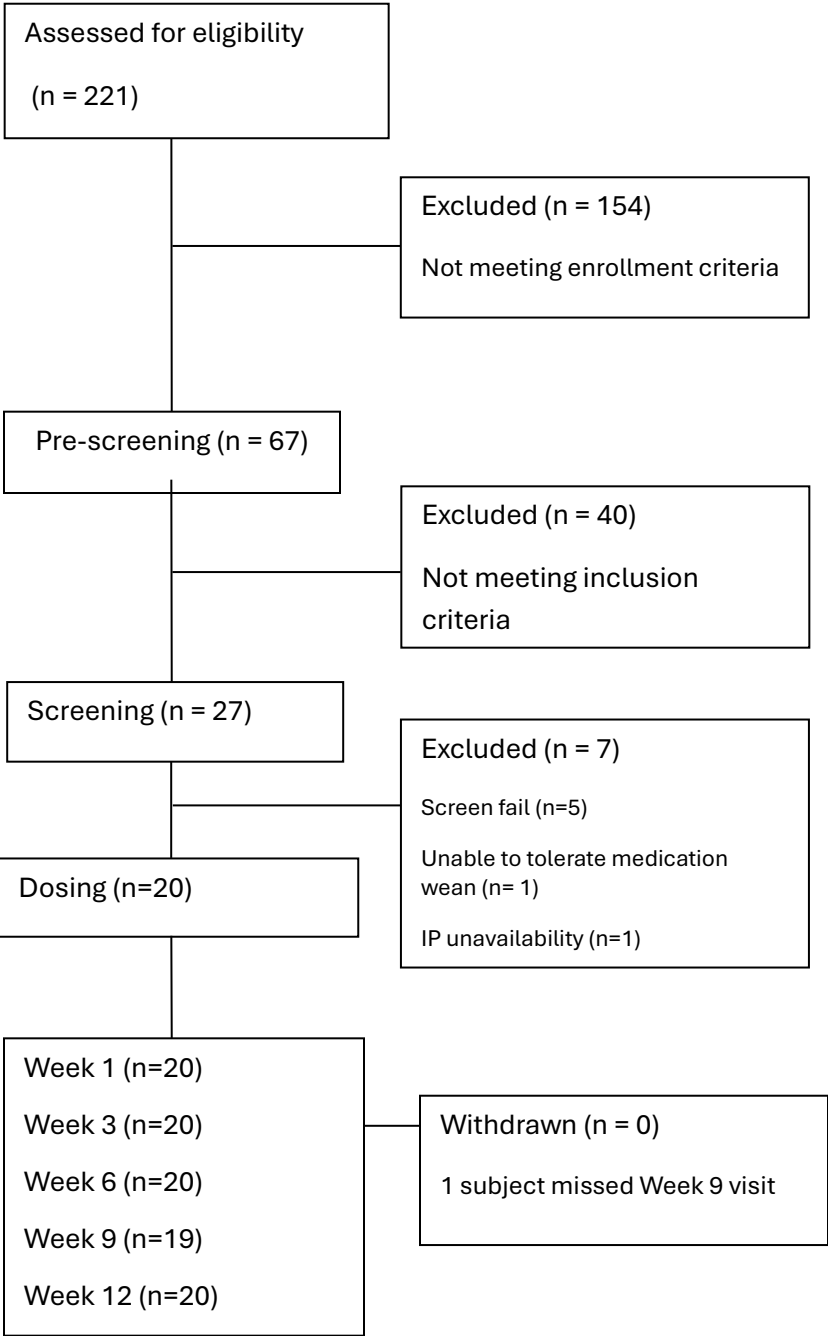
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Supplementary Figure 1: CONSORT Diagram



Supplementary Table 1. Psychotropic medication restarts and new starts during the 12-week follow-up.

Participant	Medications Tapered at Study Start	Medications Restarted During Study	New Medications Started During Study
1	Citalopram Brexpiprazole Lithium Bupropion	--	--
2	Mirtazapine	Mirtazapine (Week 6)	--
3	Ketamine (Weekly)	--	--
4	Desvenlafaxine	--	Vilazodone (Week 4)
5	Bupropion Clonazepam	--	--
6	Escitalopram Esketamine Buspirone	--	Fluvoxamine (Week 6)
7	Duloxetine	--	Lamotrigine (Week 3)
8	Bupropion	--	Bupropion (Week 8)
9	Bupropion Paroxetine Aripiprazole Lithium Esketamine	--	--
10	--	--	Ketamine (Week 9)
11	Quetiapine	Quetiapine (Week 3)	--
12	DXM/Bupropion	--	--
13	Bupropion	--	Venlafaxine (Week 8)
14	Nortriptyline Quetiapine	--	DXM/Bupropion (Week 4)
15	--	--	--
16	Bupropion	--	Lorazepam (1mg one time on dosing day) Clonazepam (0.5mg prn for 3 weeks)
17	Bupropion Sertraline	--	--
18	Vortioxetine Mirtazapine	--	--
19	Fluvoxamine Bupropion	--	DXM/Bupropion (Week 11)
20	Methylphenidate ER	--	Mirtazapine (Week 8)

The table lists psychotropic medications prescribed for Major Depressive Disorder (MDD). All MDD medications were tapered and discontinued during the study lead-in, prior to baseline assessments. Restarts or new starts of medications for MDD occurred no earlier than after the Week 3 assessment, with exception of prn benzodiazepines administered to one participant with co-morbid PTSD who experienced a panic attack on the day of psilocybin dosing and for the subsequent 3 weeks. Medications prescribed exclusively for insomnia or for non-mood, non-psychotic indications (e.g., ADHD) are not included.

Supplementary Table 2. Distribution of C-SSRS Suicidal Ideation Severity Scores (Items 1–5)

SI Severity Score	Screening (past 12 mo.)	Baseline (n)	Week 1 (n)	Week 3 (n)	Week 12 (n)
0 (No ideation)	0	1	11	12	9
1	0	1	5	2	5
2	0	4	2	5	2
3	15	14	1	1	4
4	4	0	1	0	0
5	1	0	0	0	0
Total	20	20	20	20	20

SI severity per the C-SSRS (highest endorsed item 1-5) was assessed at screening, with since-last-visit scales at subsequent Baseline and post-treatment assessments. Analyses of change from baseline used an ordinal mixed-effects model with a cumulative logit link and subject-level random intercepts. Participants demonstrated significantly lower suicidal ideation severity at Week 1 (OR = 0.02, 95% CI 0.003–0.10, $p < .001$), Week 3 (OR = 0.02, 95% CI 0.003–0.10, $p < .001$), and Week 12 (OR = 0.04, 95% CI 0.007–0.18, $p < .001$). As shown in Supplementary Table 2, these effects corresponded to a marked shift toward lower ideation severity categories, with the majority of participants reporting no suicidal ideation at post-baseline assessments.

Supplementary Table 3. C-SSRS Intensity of Ideation (Items 6–10)

Timepoint	n	Mean (SD)
Baseline	20	14.9 (3.8)
Week 1	20	6.9 (8.1)
Week 3	20	5.9 (7.5)
Week 12	20	7.8 (7.4)

Changes in C-SSRS Intensity of Ideation (sum of items 6-10) were examined using a linear mixed-effects model with subject-level random intercepts. Intensity of ideation decreased significantly from baseline at Week 1 ($\Delta = -8.0$, 95% CI -11.1 to -4.9), Week 3 ($\Delta = -9.1$, 95% CI -12.1 to -6.0), and Week 12 ($\Delta = -7.2$, 95% CI -10.2 to -4.1 ; all $p < .001$). No significant differences were observed among post-baseline timepoints.