RESEARCH QUESTIONS

- What is the feasibility and safety of MDMA-assisted therapy (MDMA-AT) in anorexia nervosa (AN), bulimia nervosa (BN), and binge-eating disorder (BED)?
- Does MDMA-AT reduce trauma-related symptoms in ED patients with comorbid PTSD?
- Can MDMA-AT improve cognitive flexibility and reduce rigidity in ED patients?
- How does MDMA-AT affect social reward processing and emotional regulation in EDs?
- What integration strategies are optimal for ED populations?

RATIONALE

High rates of trauma and PTSD in EDs, combined with emerging evidence from PTSD trials, justify exploring MDMA-AT as a novel intervention. Mechanistic overlaps (emotional numbing, shame, rigid cognition) make EDs a promosing but high-risk target population.

STUDY DESINGS

Open-label feasibility trials for each ED subtype (n=10-15)	Randomized pilot trials comparing MDMA-AT to treatment-as-usual for ED+PTSD	Cross-over neurocognitive studies pre/post MDMA session	fMRI and psychophysiological studies of emotional processing	Mixed-methods qualitative integration studies

KEY OUTCOMES

- Adverse events, retention, and acceptability
- PTSD symptom change (CAPS-5, PCL-5)
- ED symptom change (EDE-Q, weight/BMI stability)
- Neurocognitive flexibility (e.g., WCST performance)
- Functional connectivity changes (fMRI)
- Thematic shifts in self-compassion and meaning-making

SPECIAL ED CONSIDERATIONS

- Medical fragility in AN (BMI, cardiovascular status)
- Electrolyte disturbances in BN and AN
- Risk of triggering restrictive behaviors post-session
- Need for body image–specific preparatory and integration work
- Culturally sensitive and gender-informed protocols