Research Evidence Sheet

SEO recommendation topic: **Topic 1 - Depression**

Single-Dose Psilocybin for a Treatment-Resistant Episode of Major Depression

Goodwin GM, Aaronson ST, Alvarez O, et al. N Engl J Med. 2022;387:1637-1648.

Developing controlled evidence

Study design	Phase 2 double-blind dose-ranging randomized trial of 25 mg, 10 mg, or 1 mg psilocybin with psychological support.
Population	233 adults with treatment-resistant depression: 79 in 25 mg, 75 in 10 mg, and 79 in 1 mg groups.
Why it matters to this SEO topic	One of the largest phase 2 psilocybin depression trials and particularly relevant to treatment-resistant depression.

What the study found

• At week 3, the 25 mg group had a significantly greater reduction in MADRS depression score than the 1 mg control group.

• The 10 mg group did not differ significantly from the 1 mg group on the primary comparison.

• Adverse events were common; suicidal ideation/behavior or self-injury occurred across dose groups.

• Sustained response through 12 weeks was not as clearly supportive as the short-term primary result.

Important limitations / boundaries

• Treatment-resistant population and proprietary clinical protocol limit generalization to all people with depression.

• Short primary endpoint and important safety findings require balanced presentation.

• The trial does not establish what outcomes to expect in Oregon psilocybin services.

How this can be used responsibly in Satya content

• Supports cautious language that a large phase 2 TRD trial found short-term benefit at 25 mg compared with a 1 mg control.

• If cited, mention adverse effects and need for larger/longer studies.

Important: Clinical-trial results are evidence about the study population and protocol. They do not establish that Oregon psilocybin services at Satya will reproduce the same outcomes, and they should not be presented as a guarantee of benefit.

Official source / access

Open the official study page

DOI: 10.1056/NEJMoa2206443

Evidence library reviewed: August 7, 2026