THE MAGIC (PSILOCYBIN) MUSHROOM INTERACTION REPORT

Created and maintained by a team of licensed pharmacists with PharmD degrees, residency training and board certifications. All hold expertise in psilocybin pharmacology and drug interactions.

[Med]:

The risk of using this medication in combination with psilocybin is expected to be low to moderate.
This type of medication has been shown in research to reduce the effects or experience of MACRO-dosed psilocybin for many people. However, it is important to note some people taking this type of medication do not experience reduced psilocybin effects.
Contrary to widespread belief, the risk of serotonin syndrome with this medication and psilocybin is low and published reports are rare. The low risk is thought to be due to psilocybin's partial rather than full agonism of 5HT2A receptors, and its inability to increase serotonin levels in the brain. However, if you are taking other serotonin-increasing medications, the overall risk is higher.

Caution: Reducing the dose of this medication or briefly stopping it will likely not improve psilocybin's effects due to the brain's serotonin receptor down-regulation (i.e. loss of sensitivity to psilocybin) with chronic use of this medication. Reducing or suddenly stopping this medication on your own could also cause a withdrawal reaction or unstable mood. This can negatively affect your mindset, physical comfort and overall outcome of the psilocybin experience.

The following strategies are not based on evidence but on expert opinion:
To help overcome the possible reduced effects of MACRO-dosed psilocybin, the dose of psilocybin ----------
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These methods are not recommended without skilled facilitator support.
---------- has been used to determine if there might be any perceptible response to psilocybin while still taking the medication. ----------
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Tapering off: Tapering off the medication should only occur with close mental health provider and/or pharmacist oversight. The medication taper may require several weeks, although anyone may require a duration unique to their needs and response. Several weeks completely off the medication should be considered before psilocybin therapy. Studies report it can take up to 3 months for full psilocybin sensitivity to return after this type of medication is discontinued.

Alternatively, psilocybin may be tried without going off the medication, with the understanding that psilocybin's effects could be reduced. Another reasonable option while taking this medication is to avoid psilocybin.

If using this medication in combination with MICRO-dosed psilocybin, no serious interactions are anticipated. However, unexpected reactions are always possible and should be monitored for.

References:

Gukasyan, N., Griffiths, R. R., Yaden, D. B., Antoine, D., & Nayak, S. M. (2022, October 28). Serotonergic antidepressant use is associated with weaker psilocybin effects. https://doi.org/10.31234/osf.io/2zys9

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Goodwin, G. M., Croal, M., Feifel, D., Kelly, J. R., Marwood, L., Mistry, S., O'Keane, V., Peck, S. K., Simmons, H., Sisa, C., Stansfield, S. C., Tsai, J., Williams, S., & Malievskaia, E. (2023). Psilocybin for treatment resistant depression in patients taking a concomitant SSRI medication. Neuropsychopharmacology : official publication of the American College of Neuropsychopharmacology, 48(10), 1492–1499. https://doi.org/10.1038/s41386-023-01648-7

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Henssler, J., Schmidt, Y., Schmidt, U., Schwarzer, G., Bschor, T., & Baethge, C. (2024). Incidence of antidepressant discontinuation symptoms: a systematic review and meta-analysis. The lancet. Psychiatry, S2215-0366(24)00133-0. Advance online publication. https://doi.org/10.1016/S2215-0366(24)00133-0

[Med]:

The risk of using this medication with MACRO-dosed psilocybin is expected to be high. This combination should generally be avoided. This medication may lead to accidents and injuries during a psilocybin journey. The medication may abort or severely reduce the journey's effects.
The risk of using this medication with MICRO-dosed psilocybin is expected to be low.

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If you are physically dependent on this medication, it is recommended to not attempt to skip doses or stop this medication on your own as it can cause a serious withdrawal reaction. Skipping doses or stopping the medication can also negatively affect your mindset, physical comfort and overall outcome of a psilocybin journey. Any changes to this medication should be made with oversight by a mental health provider and/or pharmacist.
Based on expert opinion: If you take ---------- it may be advisable to avoid use at least 48h prior to a psilocybin journey. Some people with liver or kidney disease, elderly age, or who take ---------- ---------- may require a longer time off the medication before a psilocybin journey.

Under extreme/rare circumstances where there are no other options to manage a severely distressing trip or psychological emergency, this medication might be used to abort a journey. However, doing this alone can be very risky -------- ---------- Too high of a dose could lead to respiratory depression, coma, or death. Too low of a dose could be ineffective and/or introduce side effects that could be dangerous while alone and mid-journey. Difficult journeys can often be managed with appropriate guidance of a skilled facilitator/guide or therapist, without the need for a trip-aborting medication.

References:

Yates, G., & Melon, E. (2024). Trip-killers: a concerning practice associated with psychedelic drug use. Emergency medicine journal : EMJ, 41(2), 112–113. https://doi.org/10.1136/emermed-2023-213377

[Med]:

The risk of using this medication with MACRO-dosed psilocybin is expected to be moderate to high.
This medication could significantly reduce the effects of psilocybin. This combination should generally be avoided.

This medication is a ---------- Since the effects of psilocybin are mainly carried out through activating serotonin 2A receptors, ---------- can abort those effects by opposing the action of psilocin (psilocybin's active metabolite).

The risk of using this medication with MICRO-dosed psilocybin is unknown. While not expected to cause toxicity, it is unclear if this combination might diminish the benefits of one or both substances.

If you have schizophrenia, bipolar disorder or other condition that is known to cause symptoms of psychosis or mania, psilocybin------- ---------- Very limited evidence currently demonstrates possible benefit of MACRO-dosed psilocybin in bipolar II but the overall risks vs benefits are still unclear. ---------- MICRO-dosed psilocybin in schizophrenia, bipolar disorder or other conditions known to cause symptoms of psychosis or mania,---------- ----------

Under extreme/rare circumstances where there are no other options to manage a severely distressing trip or psychological emergency, this medication has been used to abort a journey. However, this can be a risky approach, especially when used alone. Difficult journeys can often be managed with appropriate guidance of a skilled facilitator/guide or therapist, without the need for a trip-aborting medication.

References:

Maćkowiak M. (2023). Psychedelics action and schizophrenia. Pharmacological reports : PR, 75(6), 1350–1361. https://doi.org/10.1007/s43440-023-00546-5

Morton, E., Sakai, K., Ashtari, A., Pleet, M., Michalak, E. E., & Woolley, J. (2023). Risks and benefits of psilocybin use in people with bipolar disorder: An international web-based survey on experiences of 'magic mushroom' consumption. Journal of psychopharmacology (Oxford, England), 37(1), 49–60. https://doi.org/10.1177/02698811221131997

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Yates, G., & Melon, E. (2024). Trip-killers: a concerning practice associated with psychedelic drug use. Emergency medicine journal : EMJ, 41(2), 112–113. https://doi.org/10.1136/emermed-2023-213377

[Med]:

The risk of using this medication with psilocybin is expected to be low.
There is currently no or little published evidence pointing to important/serious interactions between this medication and psilocybin.
Based on known mechanisms of action and metabolism of this medication and psilocybin, clinically important interactions are not anticipated.

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If you have reflux, GERD (gastroesophageal reflux disease), or stomach ulcers, the risks of using psilocybin ----------

If MACRO-dosing: reflux or ulcers, especially if severe, can ----------

If MICRO-dosing: the risks with reflux, GERD or stomach ulcers is estimated to be low. However, unexpected reactions are always possible and should be monitored for.
Until more evidence becomes available, it may be advisable to use psilocybin with extra caution if you have reflux, GERD or stomach ulcers; a decision to avoid psilocybin may also be reasonable.

References:

n/a

[Med]:

The risk of using this substance with MACRO-dosed psilocybin is expected to be moderate to high.
The support of a guide/facilitator is advisable with this combination.

------- may intensify a psilocybin MACRO-dose (journey), or increase the risk of an uncomfortable experience or difficult psychotic symptoms. Note hallucinations are considered a psychotic symptom but they are common and often expected during a psychedelic experience and are not always negative or scary. Other symptoms of psychosis less common during a journey but more possible with this combination may include delusions, paranoia, severe agitation, others. This risk is likely greater with ----------

After dose-day, ------- and MACRO-dosed psilocybin may also increase the chances of 'flashbacks' to the psilocybin experience. (A flashback is a recurrence of the drug-like experience after the substance's effects have worn off, or visual perception changes that come and go. They may be negative and unwanted, or pleasant.) However, the phenomenon is relatively uncommon for either substance. This risk is likely greater with ----------

Based on what is known about how ------- interacts with metabolic enzymes (potential inhibition of UGT1A9 and others), it may increase the levels (by reducing clearance) of psilocybin's psychoactive metabolite (psilocin) and therefore increase the effects or duration of the experience–whether pleasant or unpleasant. It is unknown to what degree or how significant this enzyme interaction may be, or whether heavy vs light use of cannabis makes a difference.

If you use ------- ---------- it is unknown if temporarily avoiding use before or during a MACRO-dose of psilocybin would reduce the possibility of the risks described above, but based on expert opinion and case reports, such an approach may not significantly reduce all the risks. Regardless, it still seems reasonable to ---------- the day of a psilocybin journey if possible.

If you use ---------- experts believe the risks described above are likely lower. Since it is more feasible for infrequent users to avoid ------- , it may be ideal/advisable to avoid the substance at least 72h prior to a MACRO-dosed psilocybin journey.

The interaction risk of this substance in combination with MICRO-dosed psilocybin is expected to be low; however unexpected reactions are always possible and should be monitored for.

If you currently have bipolar disorder, schizophrenia or symptoms of psychosis, it is advisable to ----------
------- If you have a history of psychotic symptoms or episodes, it may be advisable to ----------

References:
