

Mechanisms of Placebo Effects in Chronic Pain

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PiNeuro Seminar Series



Overview

Outline the taxonomy of placebo effects

Discuss the relationship between placebo effects and in chronic pain

Identify potential prediction mechanisms for placebo formation.



Why does this matter?

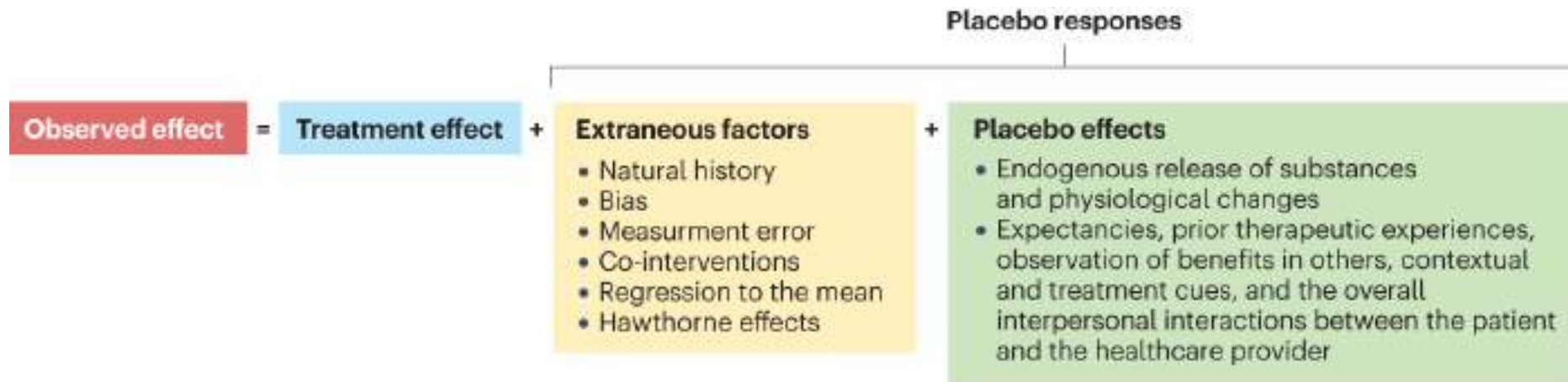
In depression studies, **50% of placebo-controlled randomized controlled trials (RCTs) fail** to show the active drug is superior to a placebo, largely due to high placebo response rates

The placebo response has been estimated to account for roughly **82% of the total drug response observed in some analyses of FDA data**

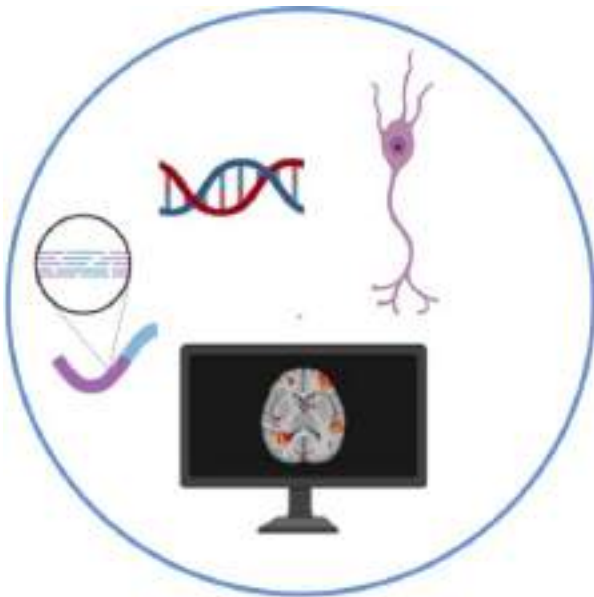
Similar to depression, pain is a subjective and highly placebo-responsive condition.



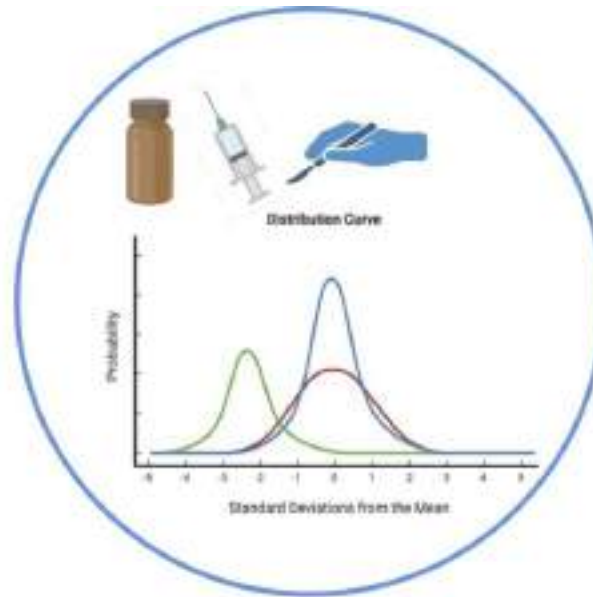
Treatment effects, placebo responses and placebo effects



Milestones in pain and placebo research



Basic and translational neuroscience of placebo and nocebo effects



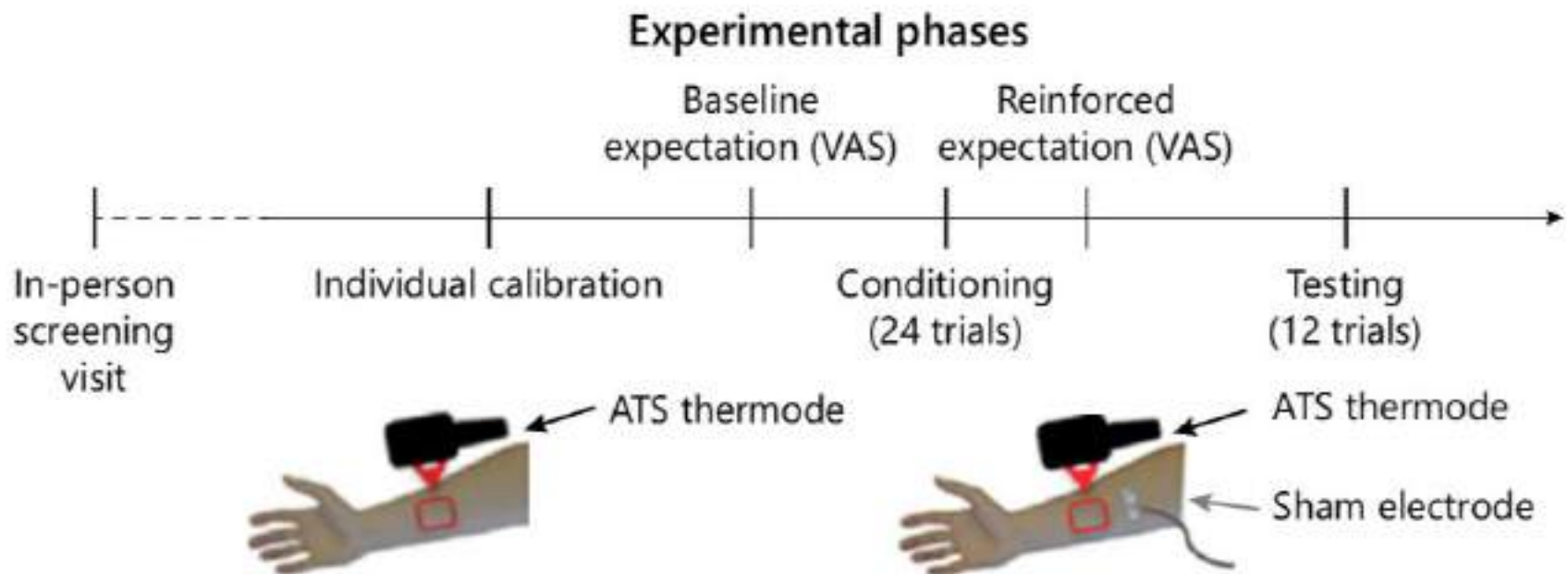
Understanding of the dynamics of expectation updates



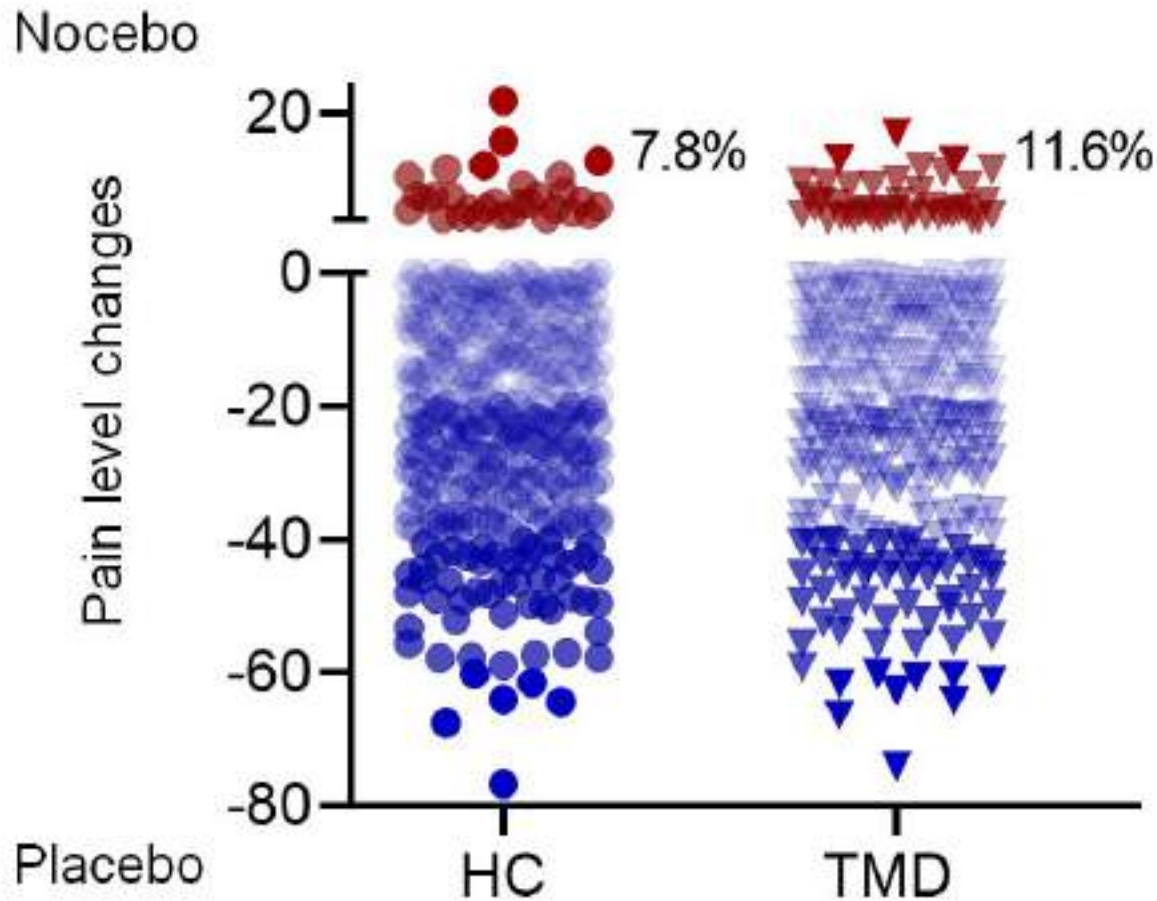
Neuromodulation



Placebo effects: A translational lab model



Distribution of individual placebo effects

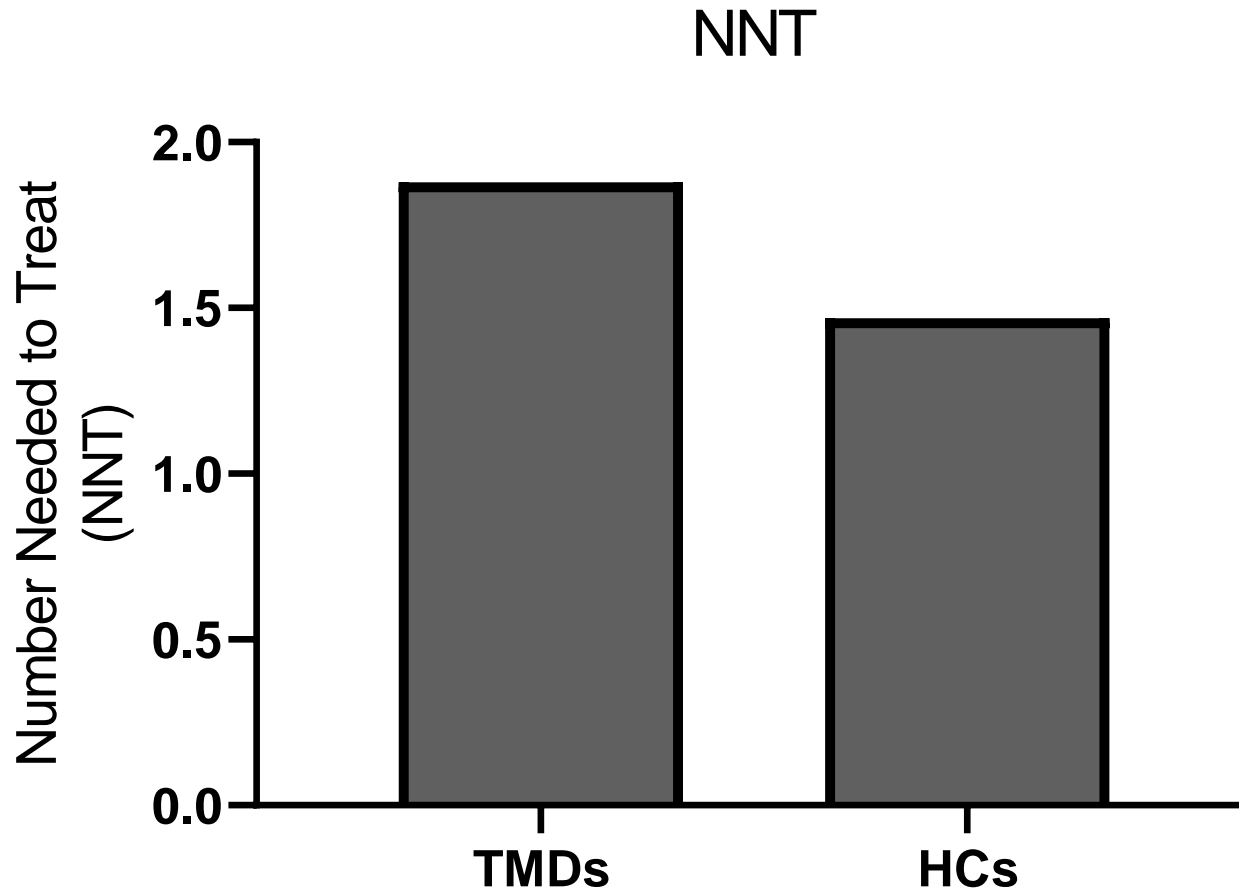


TMD = 384 temporomandibular disorder, HC = 384 Healthy controls

Colloca et al. Psychother Psychosom. 2020
Colloca Ann Review Toxicol and Pharmacology 2024



Placebo effects: Magnitude and number to treat



TMD = temporomandibular disorder; HC = Healthy controls

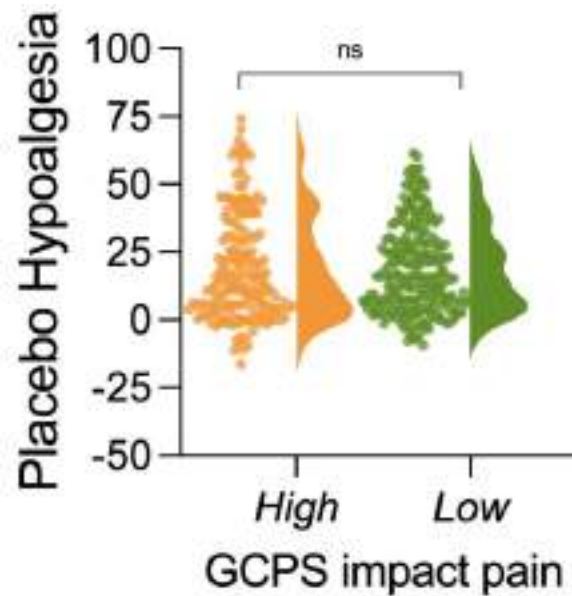
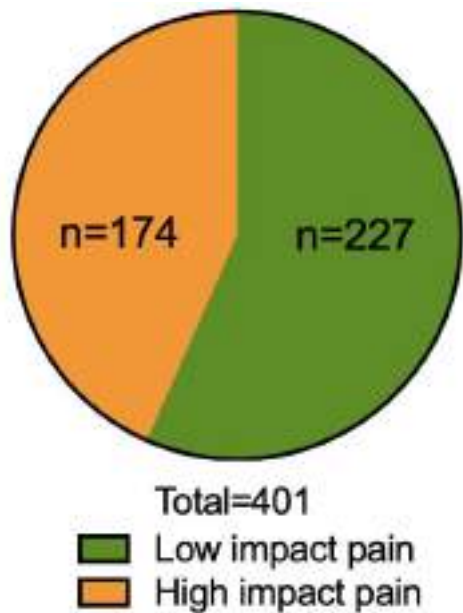
Colloca et al. Psychother Psychosom. 2020.

Lynch et al. Pain Res Manag. 2006.

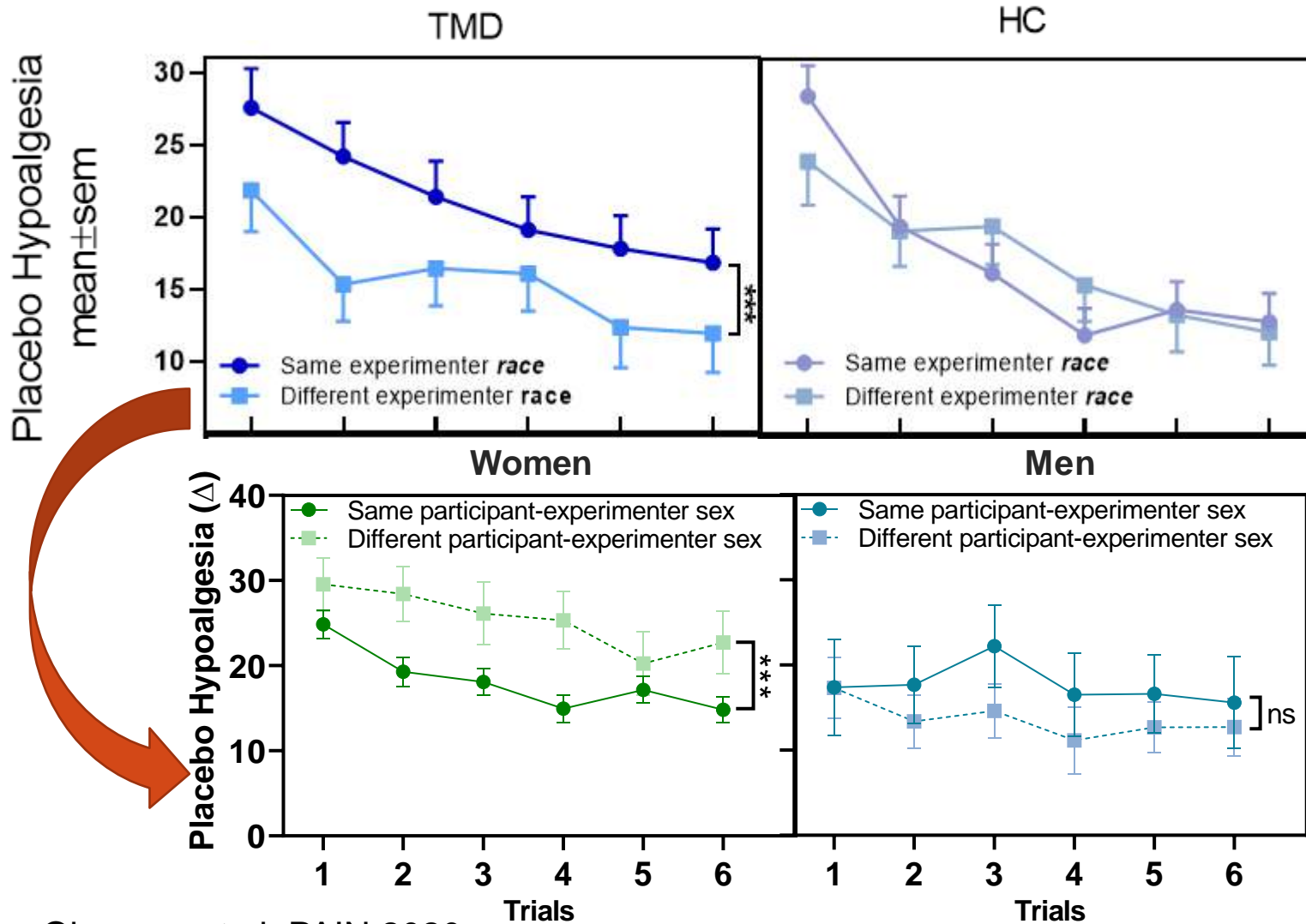
Number Needed to Treat
anticonvulsants and opioids
NNT = 1.7 to 3



PE magnitude is independent of pain severity



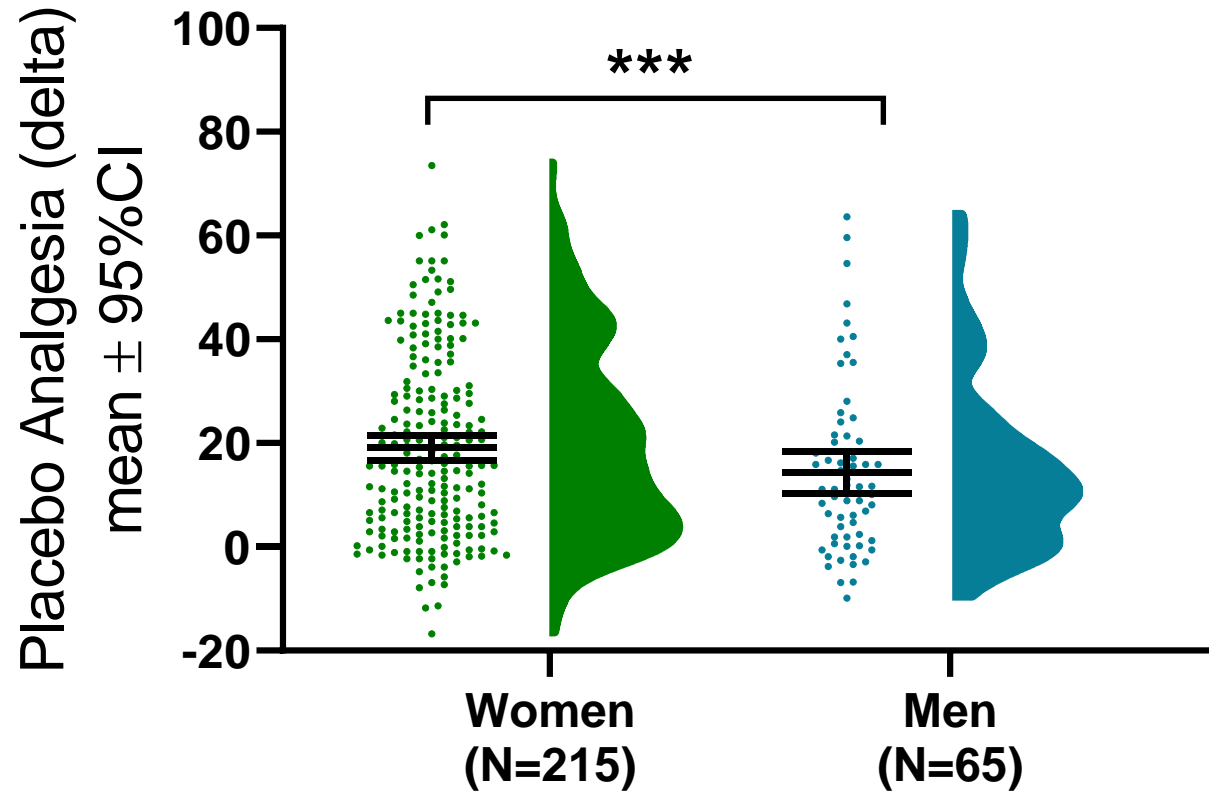
Participant-experimenter race/ethnicity and sex



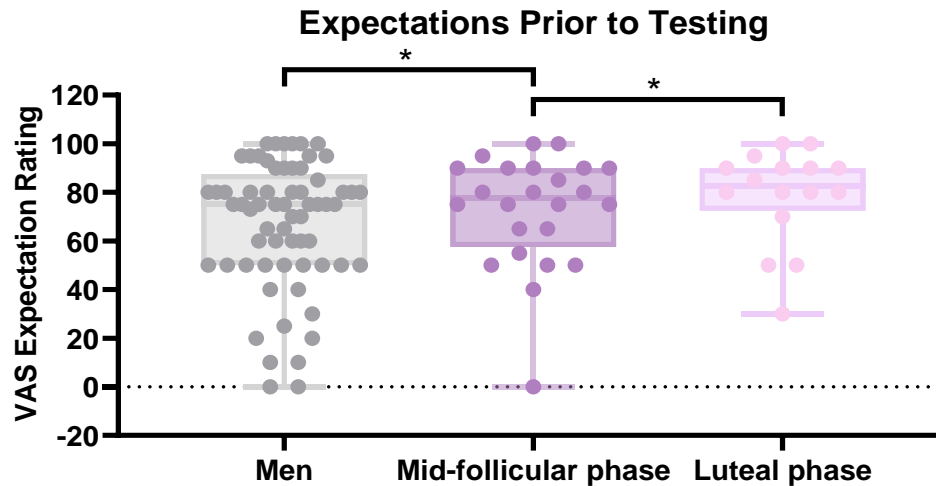
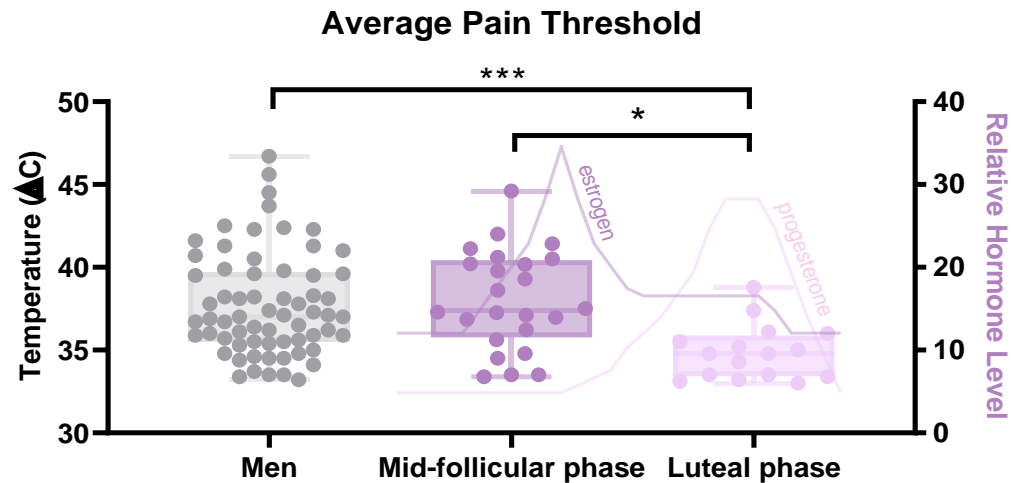
Okusogu et al. PAIN 2020
Olson et al. PAIN 2021



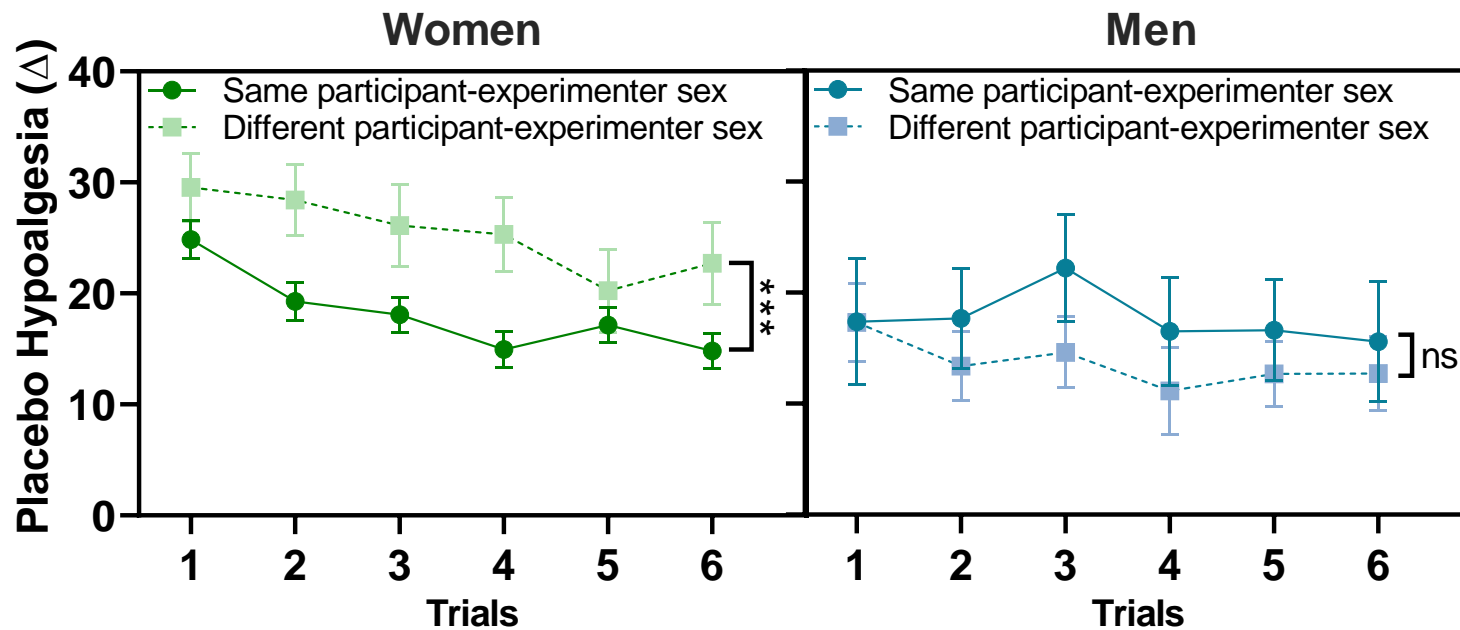
Sex differences in placebo in chronic pain



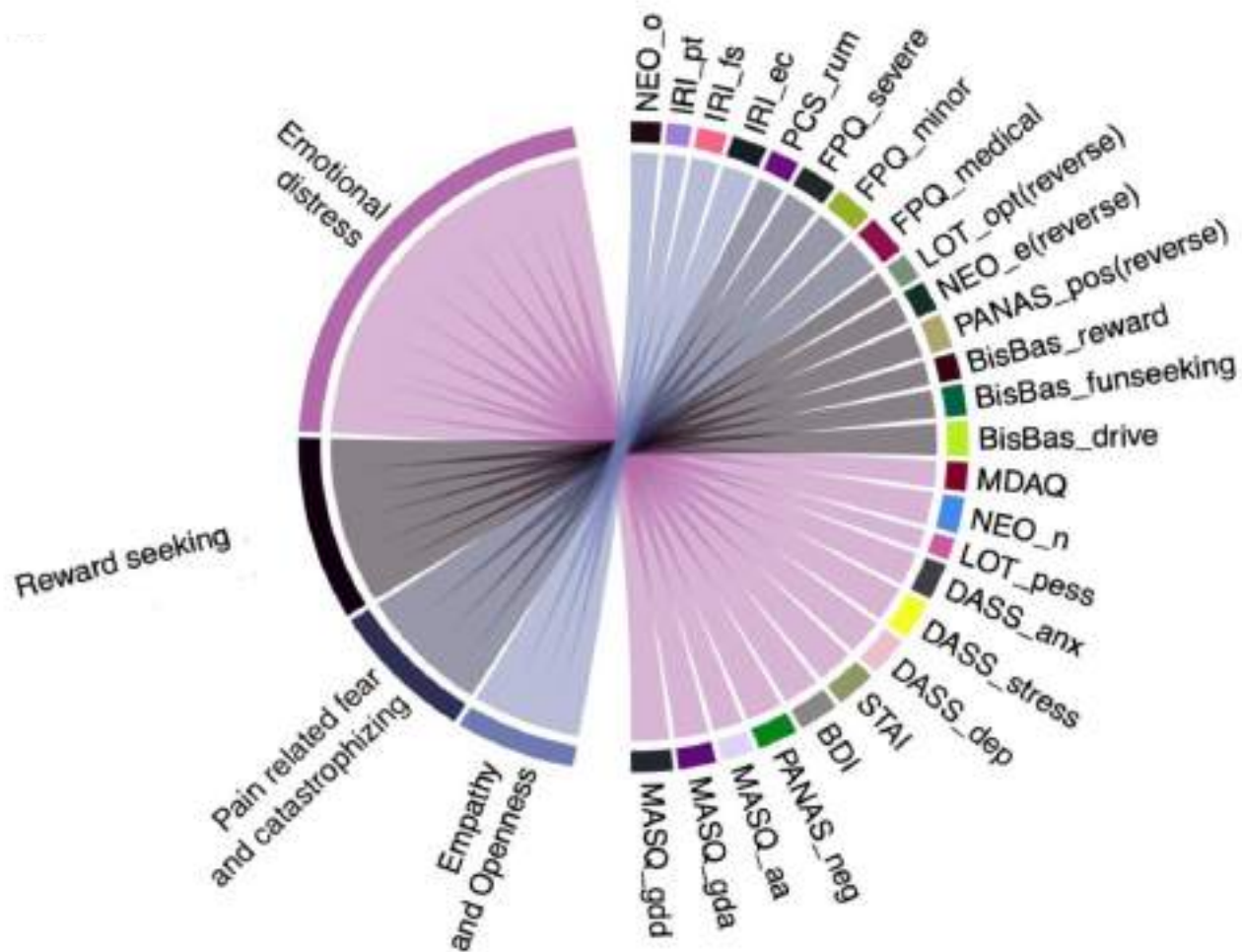
Sex effects in pain tolerance and expectations



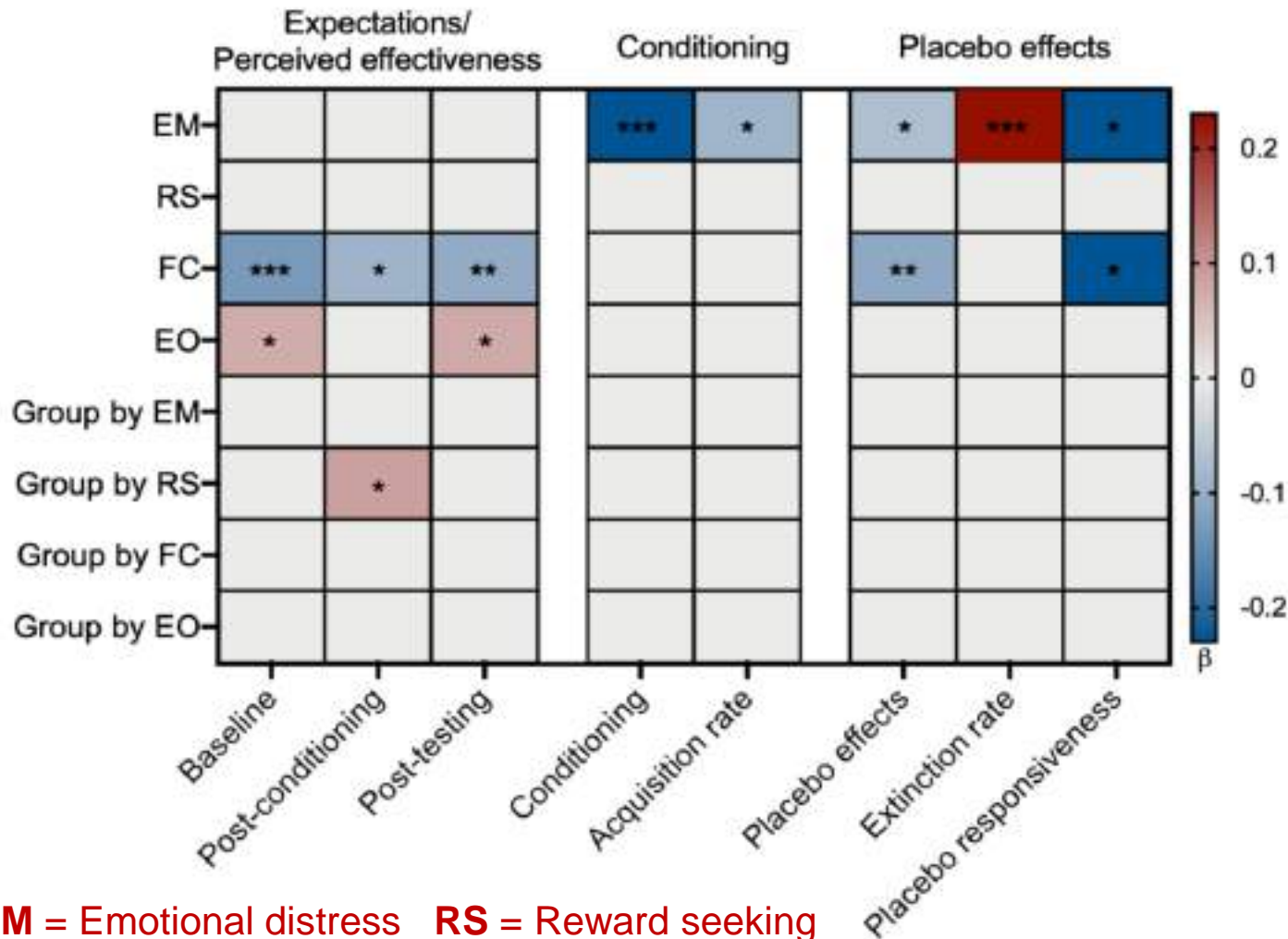
Participant-experimenter sex concordance



Psychological factors as predictors of PE



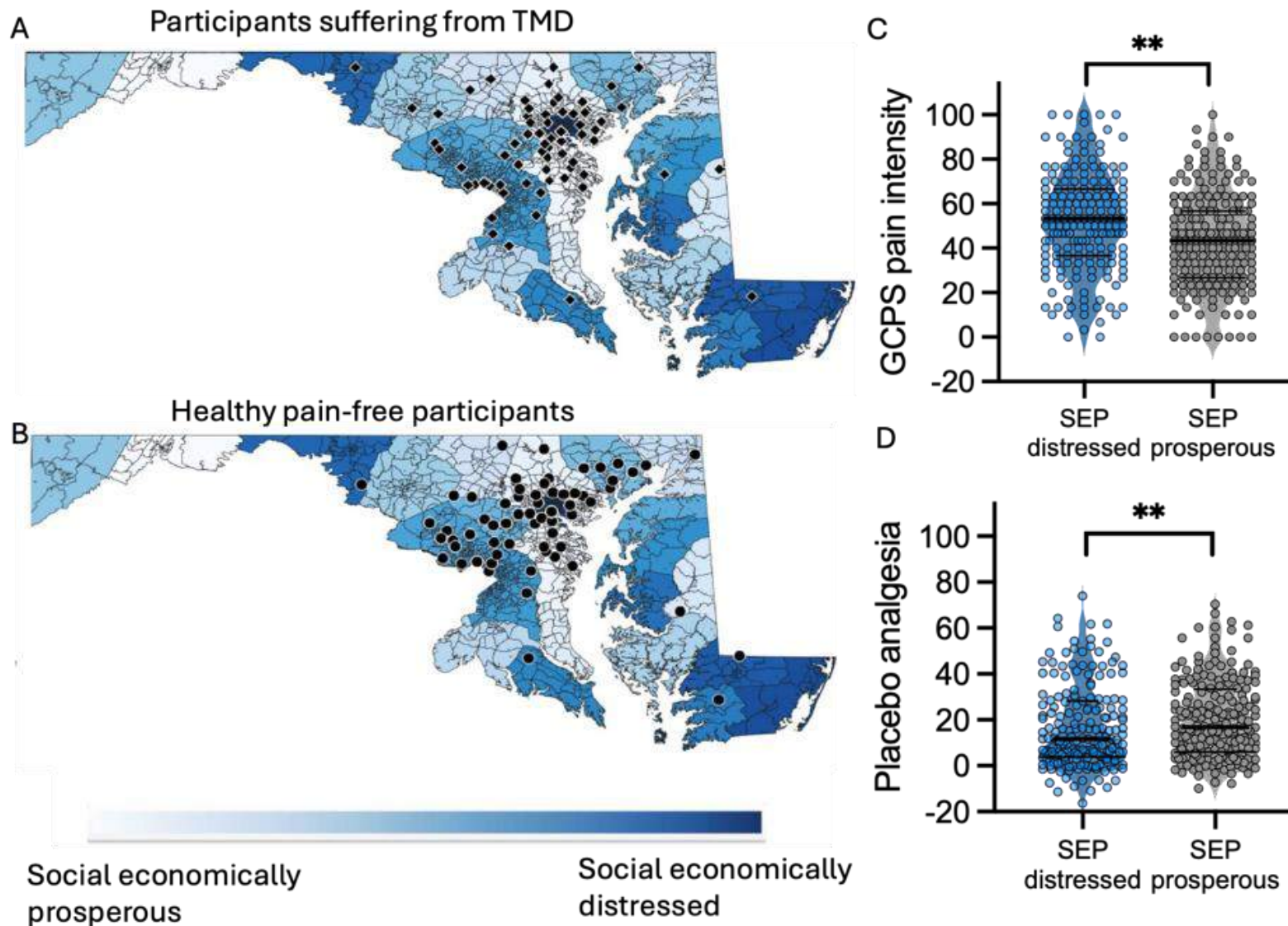
Smaller placebo effects with emotionally distress and catastrophizing



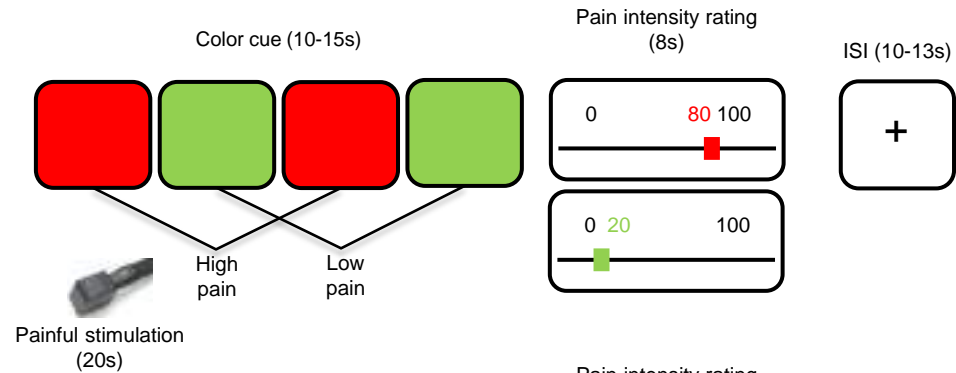
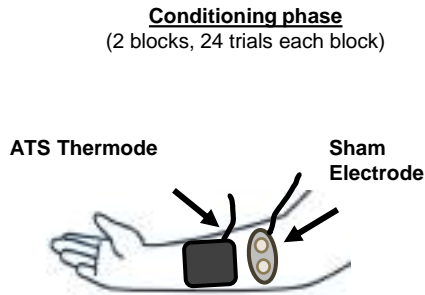
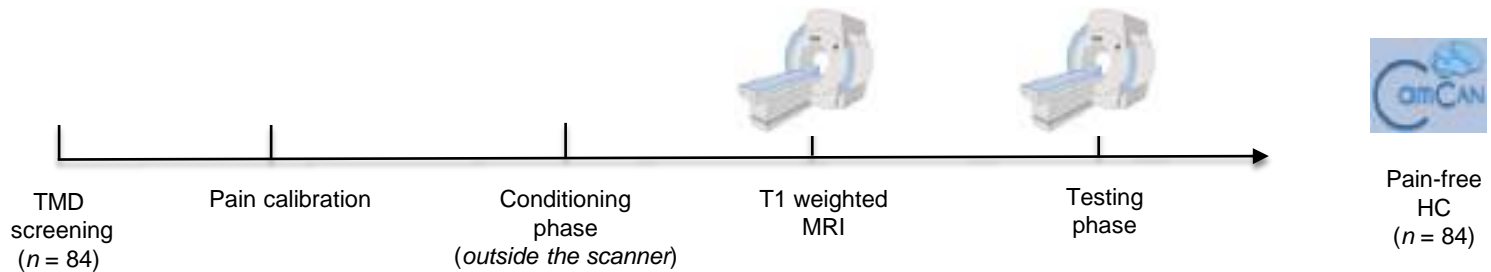
EM = Emotional distress **RS** = Reward seeking
FC = Pain related fear and catastrophizing **EO** = Empathy and openness



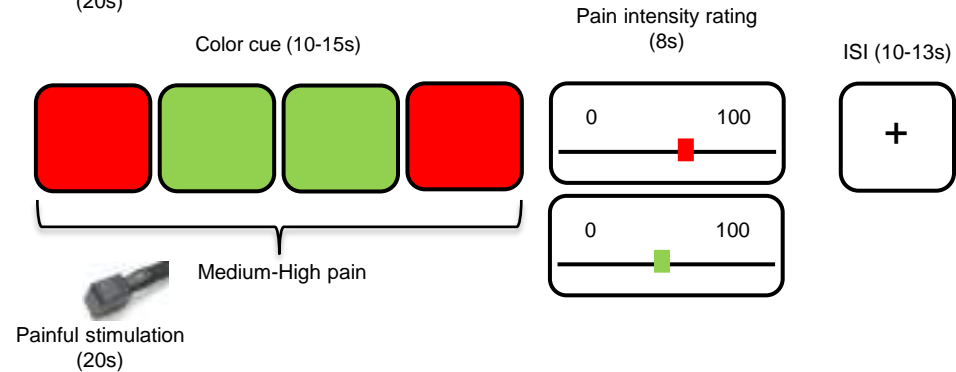
Smaller placebo effects in poor neighbors



Biomarkers of placebo effects



Testing phase
(2 blocks, 12 trials each block)



Brain Ageing and Chronic Pain

- Reduced gray matter volume
- Increased white matter hyperintensities
- Older brain-predicted age vs. pain-free controls
- Affected regions: insula, ACC/PCC, thalamus, hippocampus

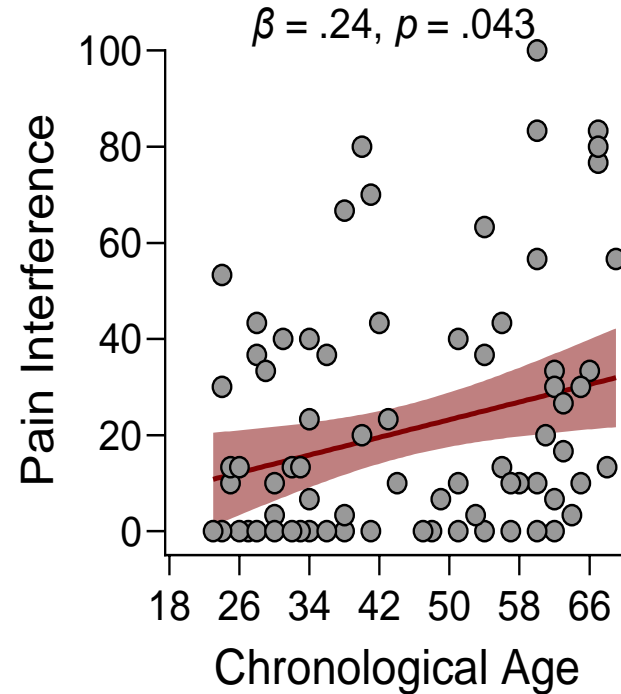
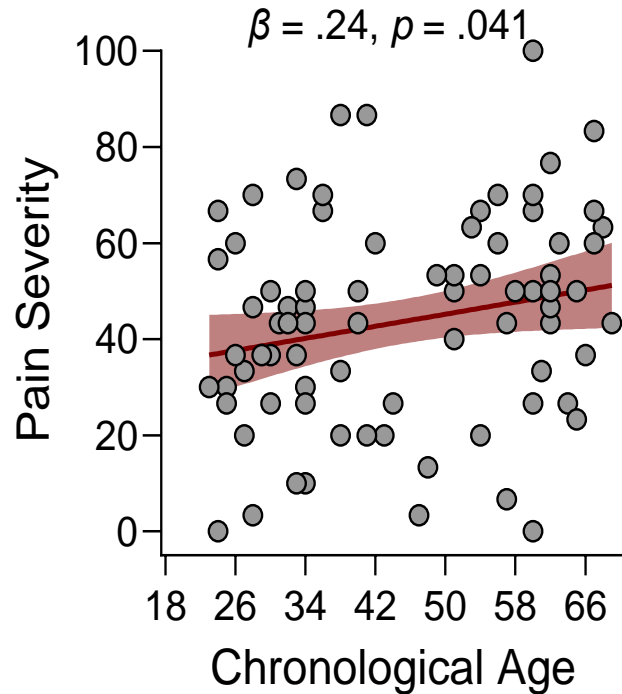
Pain-modulatory networks decline with age

- Reduced functional connectivity among PAG–ACC–insula–amygdala
- Linked to impaired endogenous analgesia and higher chronic pain risk
- Availability of data-driven machine learning techniques to estimate an age based on structural MRI data

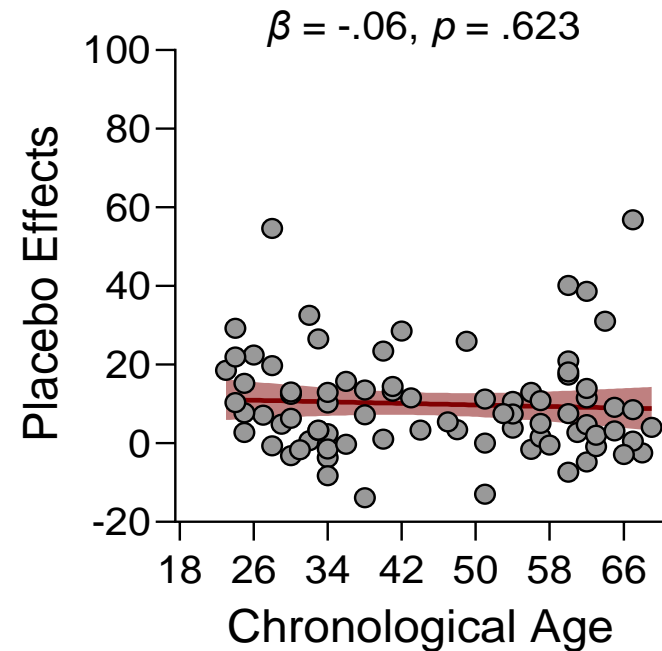
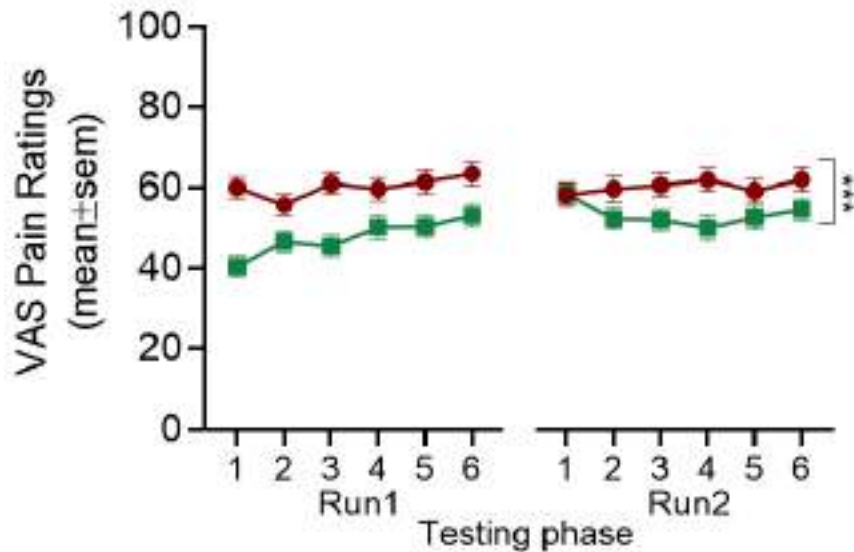
Donovan et al. Nature Neuroscience. 2025; Zhao L et al. Trends in Cognitive Sciences. 2025; Sadlon A, et al. Annals of Neurology. 2023



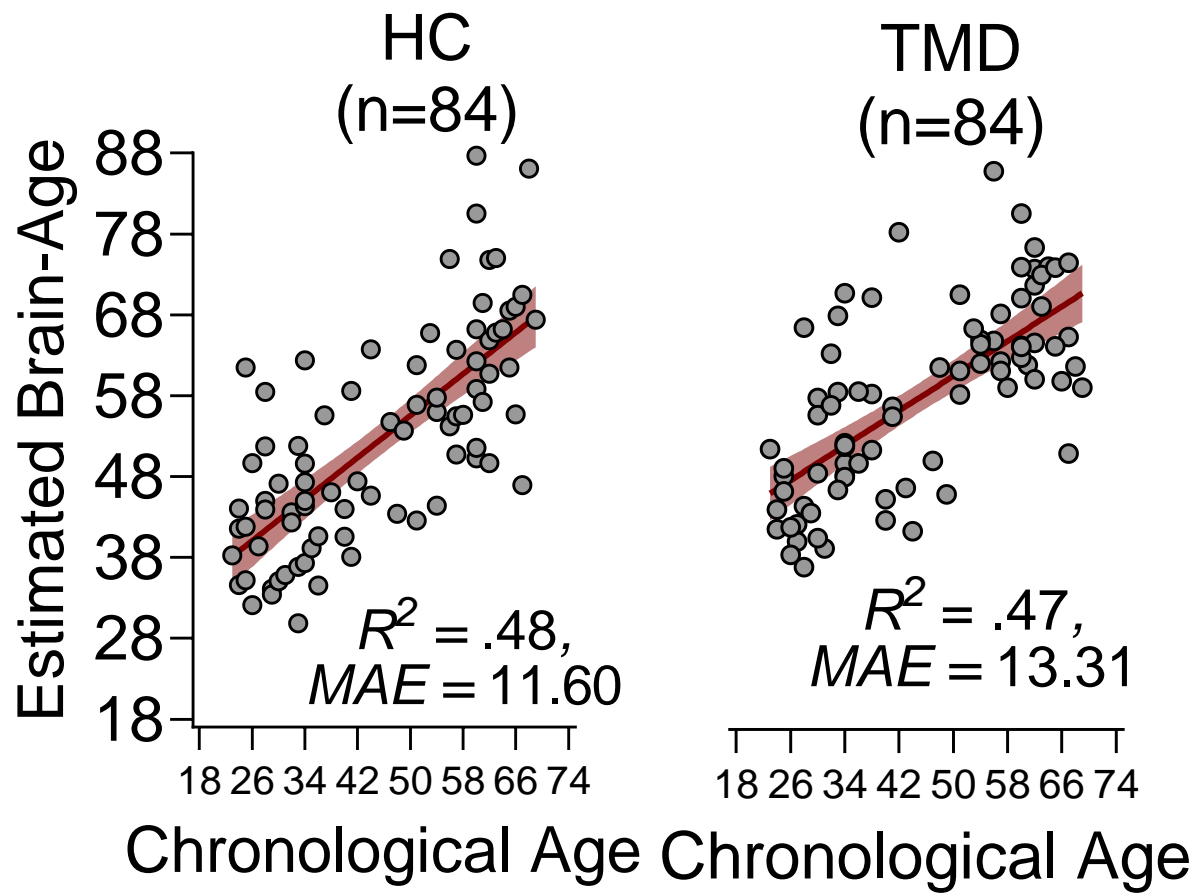
Older chronological age is associated with higher pain disability



Older chronological age is NOT associated with chronological age in adults



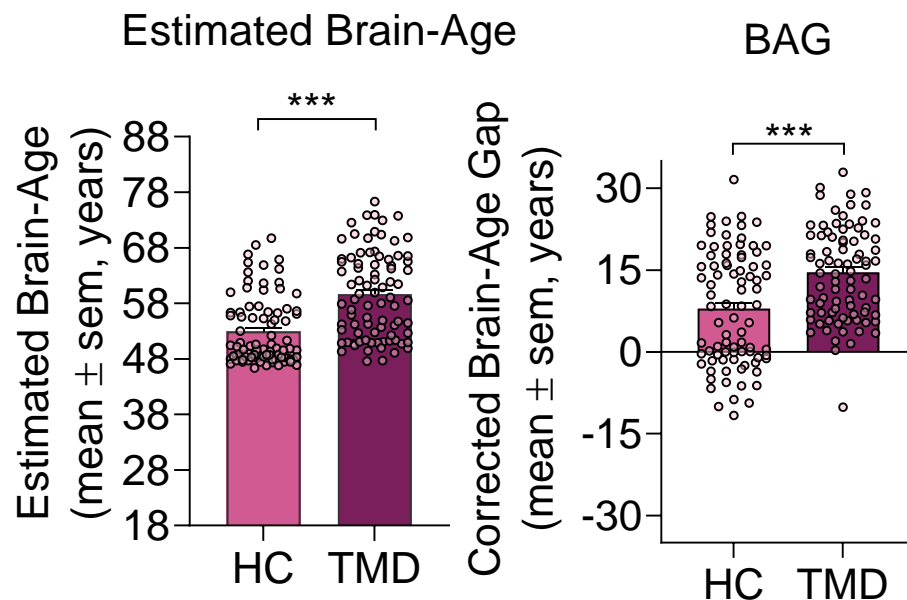
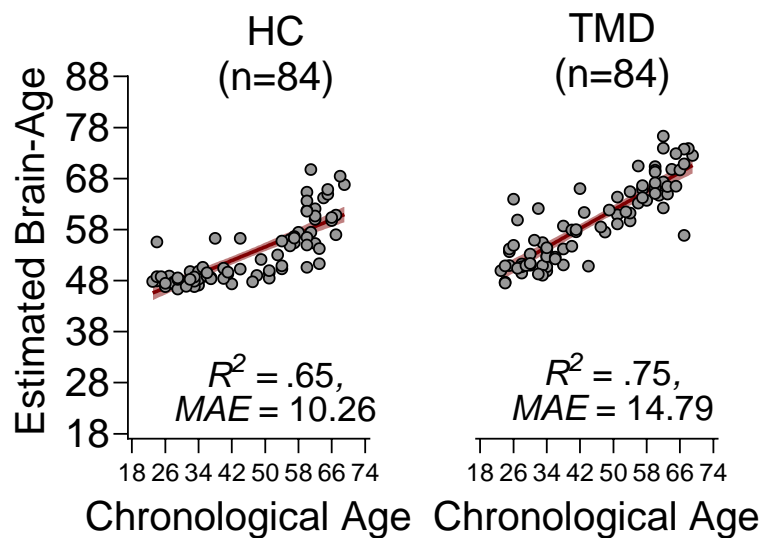
Estimated brain-age explains 48% and 47% variance in chronological age using GPR approach



GPR=Gaussian process regression



Estimated brain-age explains 65% and 75% variance in chronological age using CNN approach

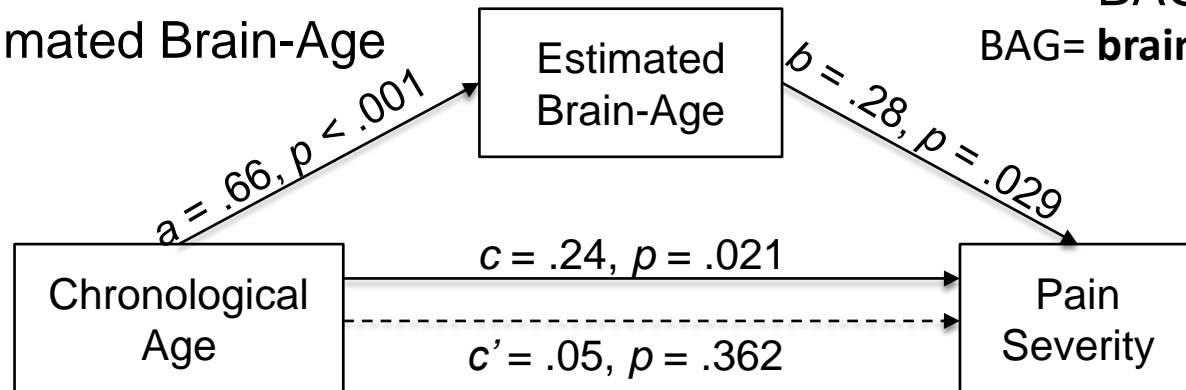
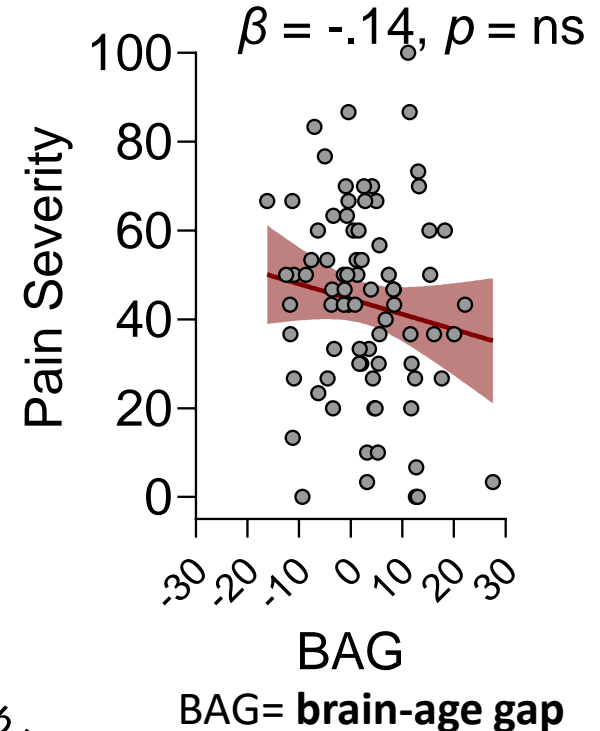
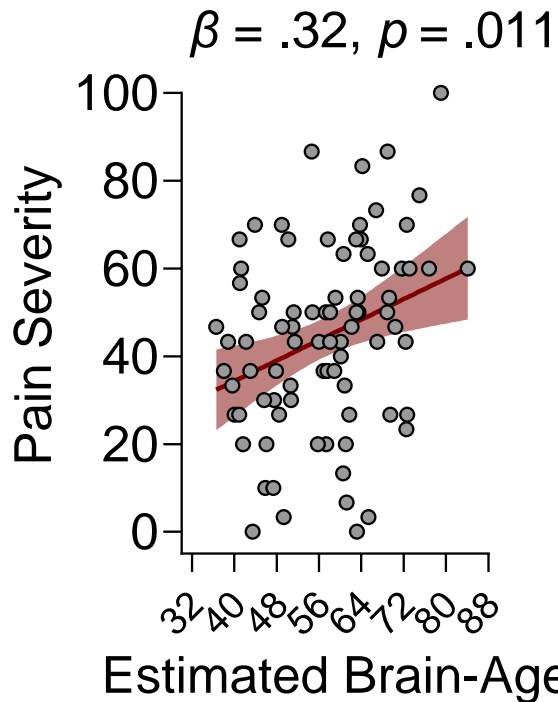


BAG= brain-age gap

CNN=Convolutional neural network



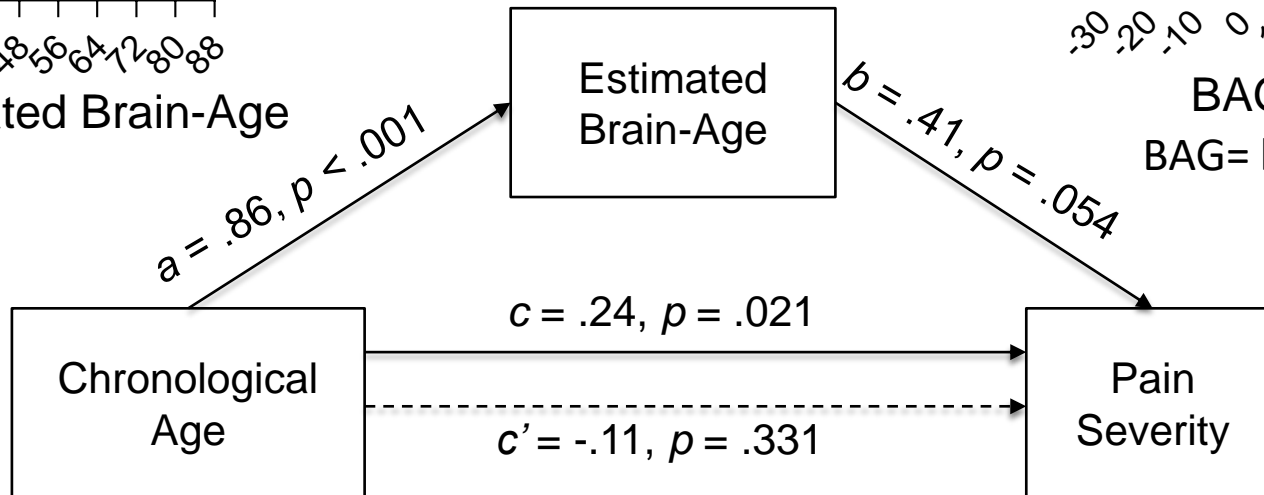
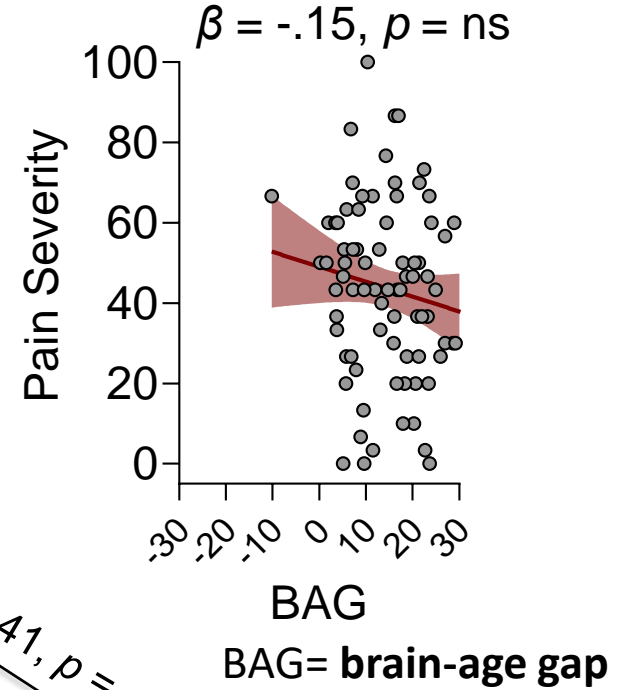
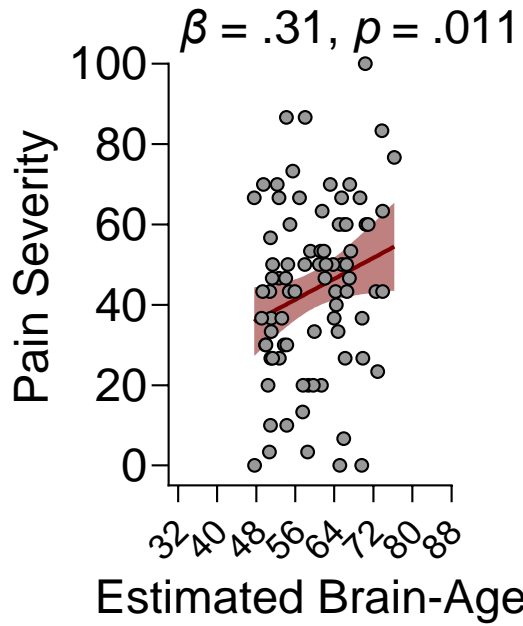
Relationships between brain-age and pain severity (GPR)



Indirect effects: $a*b = .26, 90\% BCI = [.01, .37]$



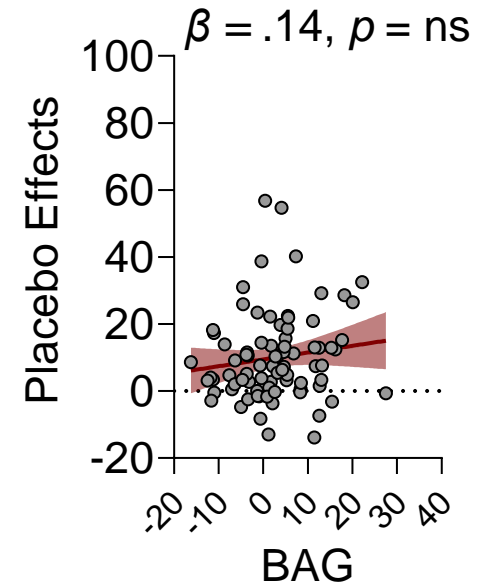
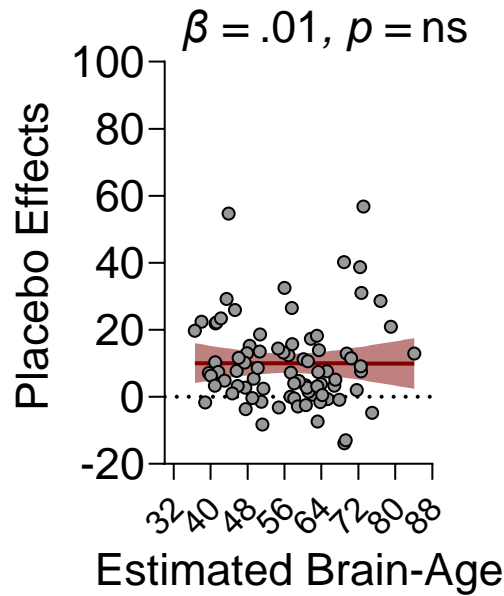
Relationships between brain-age and pain severity (CNN)



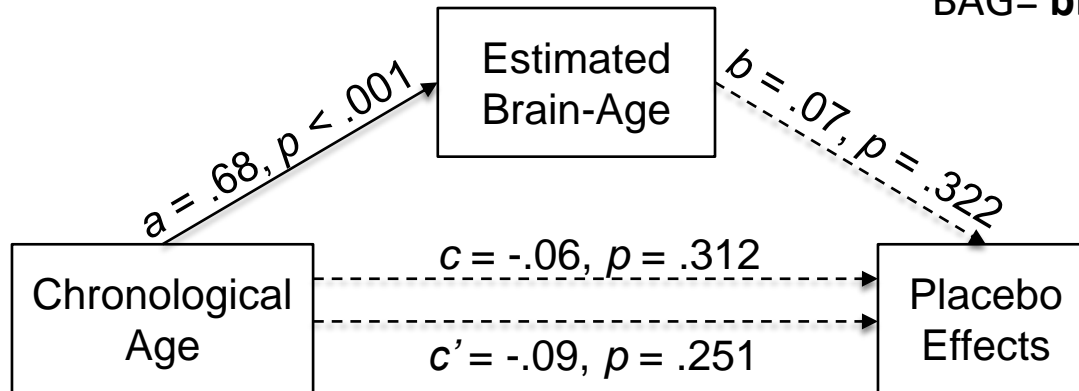
Indirect effects: $a*b = .35, 90\% BCI = [.02, .74]$



Relationship between brain-age and placebo effects (GPR)



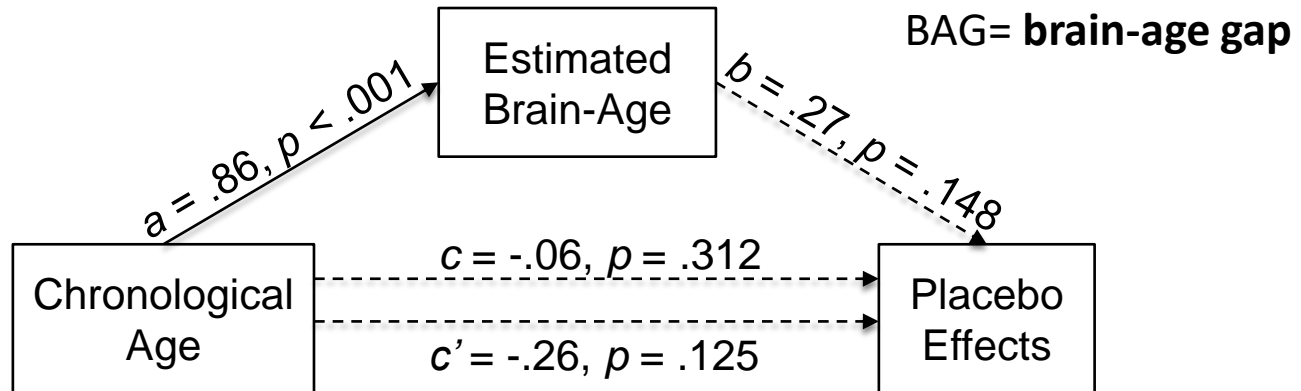
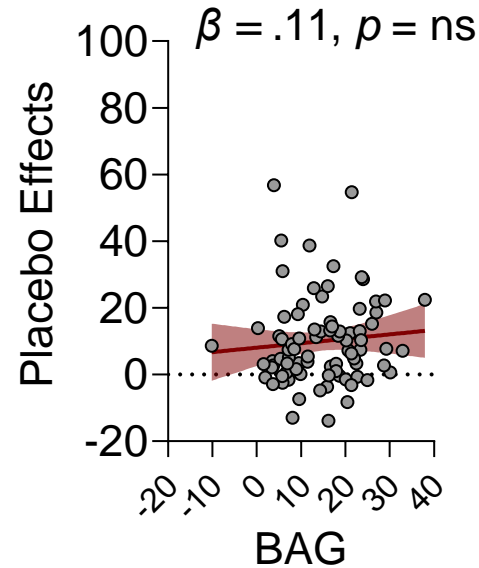
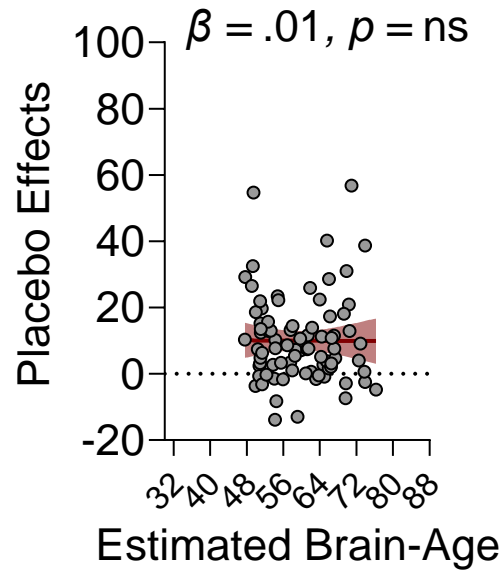
BAG= brain-age gap



Indirect effects: $a*b = .05, 90\% BCI = [-.12, .23]$



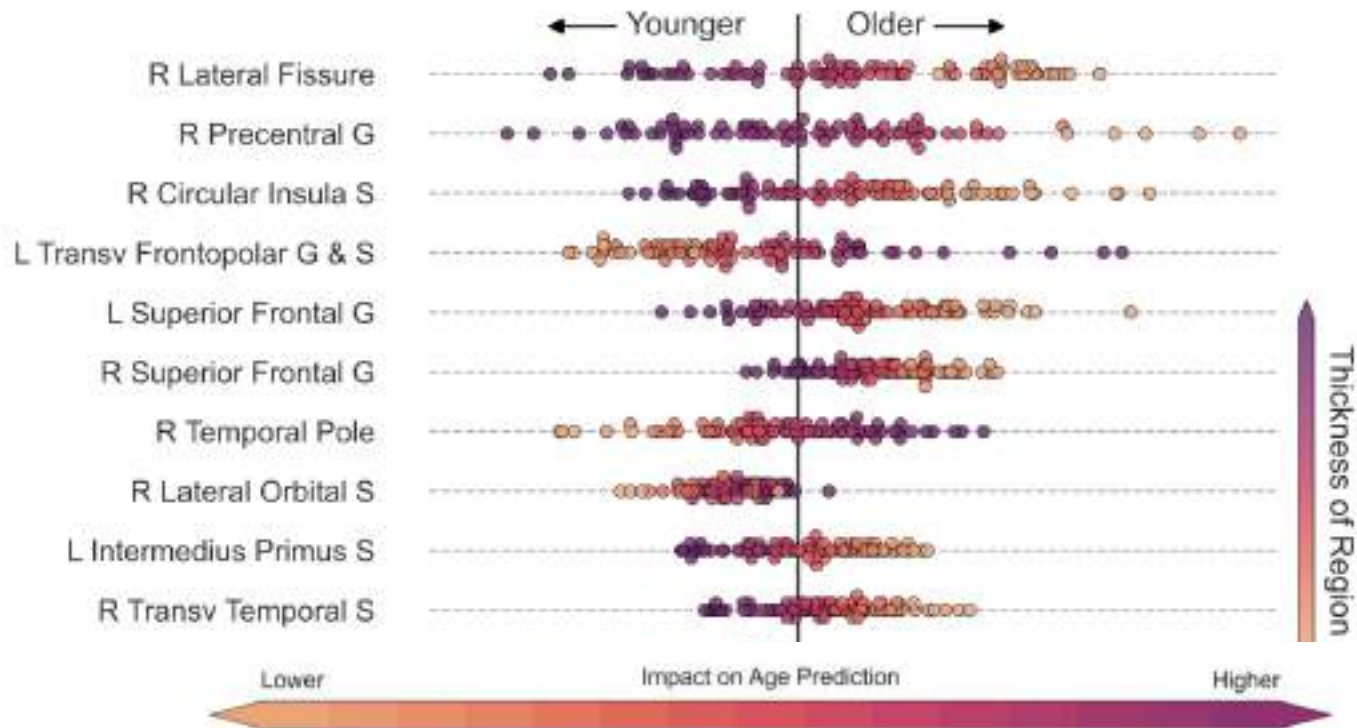
Relationship between brain-age and placebo effects (CNN)



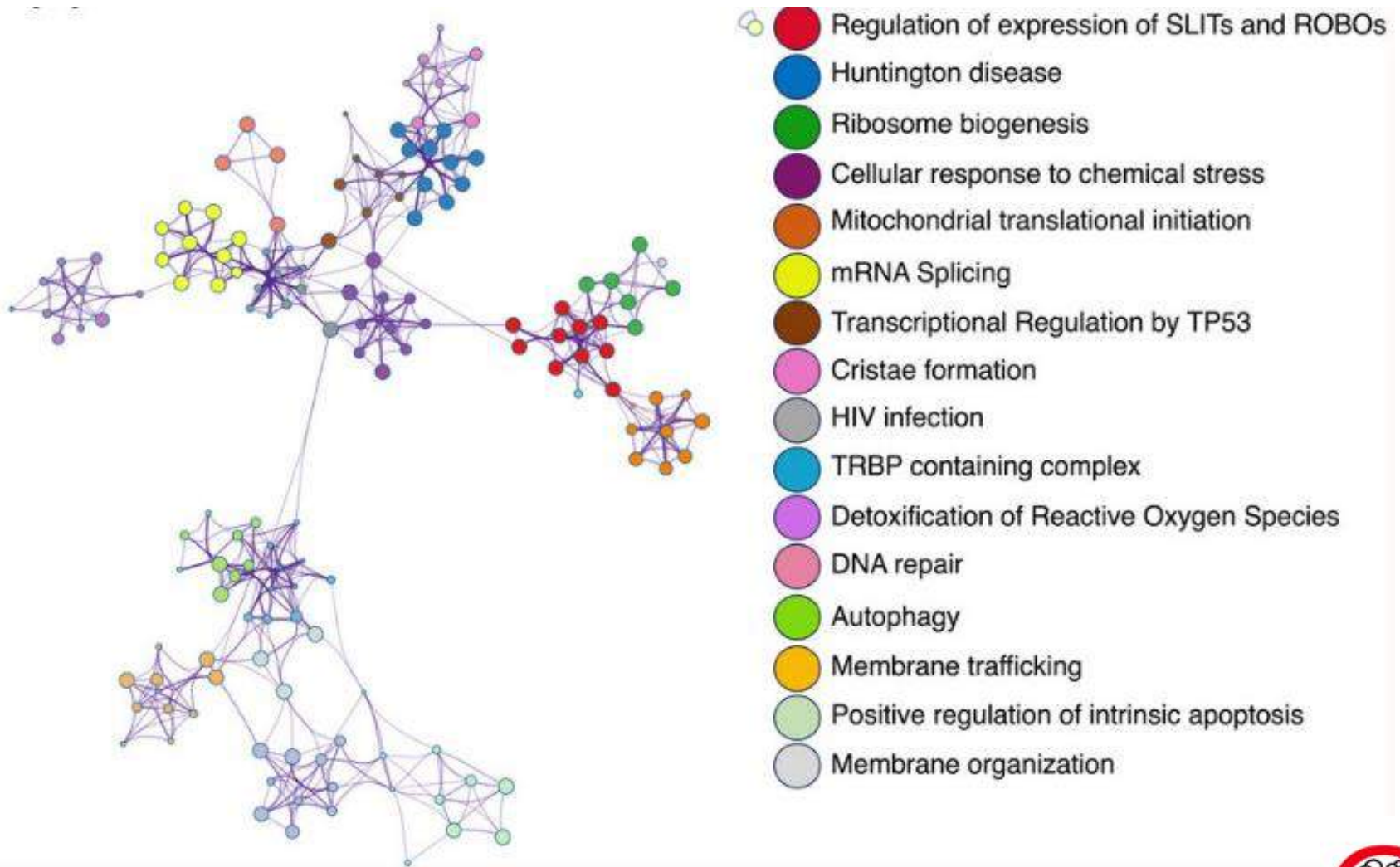
Indirect effects: $a*b = .23, 90\% BCI = [-.10, .59]$



Thickness of the top 15 contributing brain regions in relation to estimated brain age



Omics as predictors of placebo effects

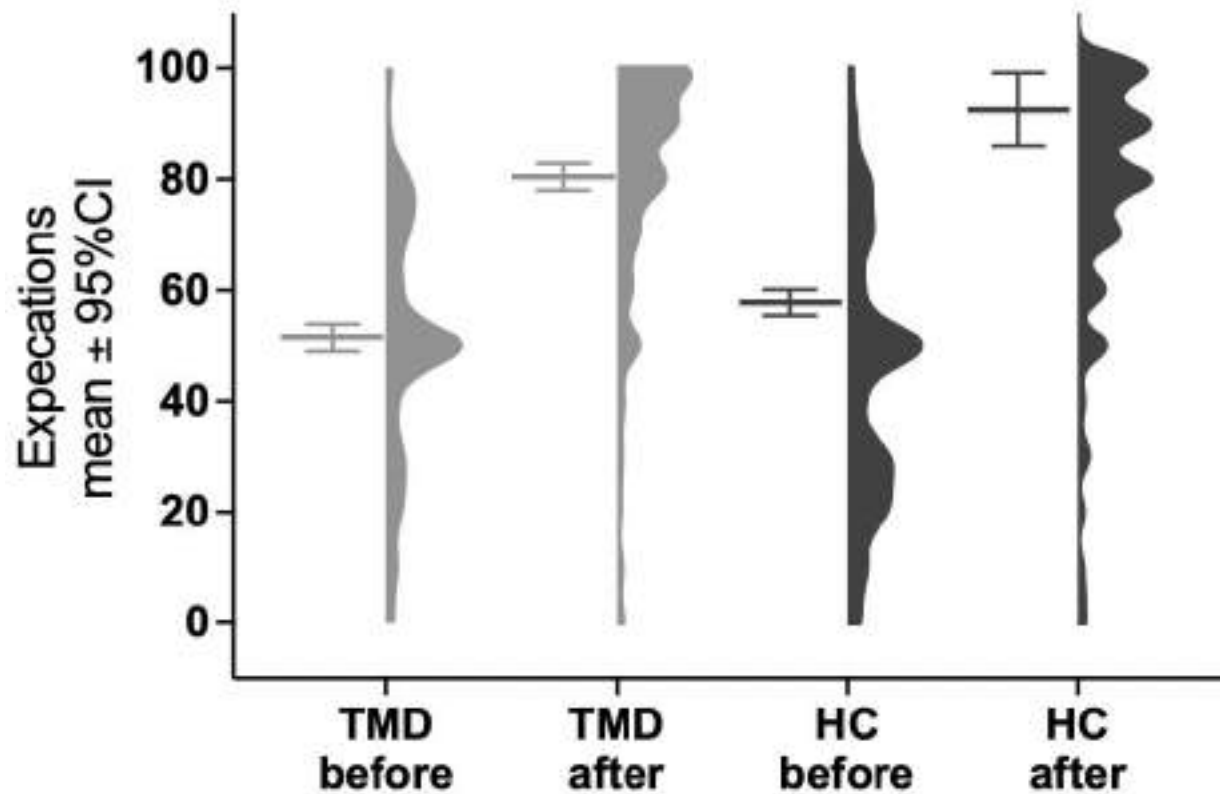


Is there a simple tool to estimate placebo responses and effects?

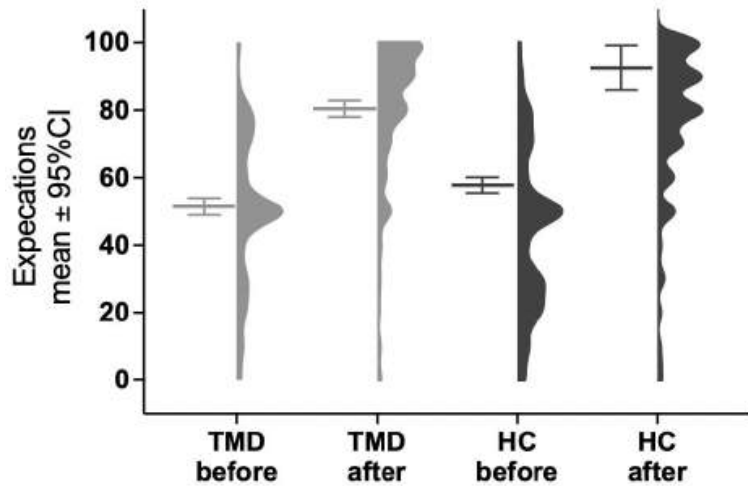
Questionnaires for **expectations**?

- Pain Self-Efficacy Questionnaire (PSEQ)
- Expectation for Treatment Scale (ETS)
- Treatment Expectation Questionnaire (TEX-Q)
- Visual Analog Scale for Expectation of Pain Reduction

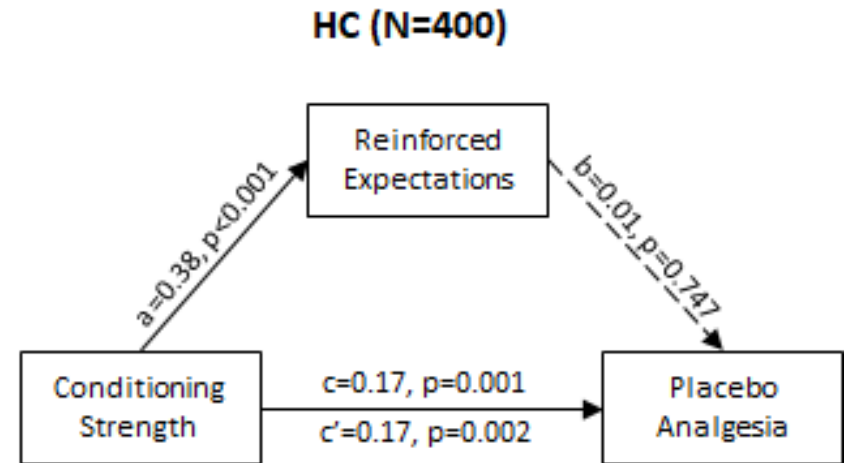
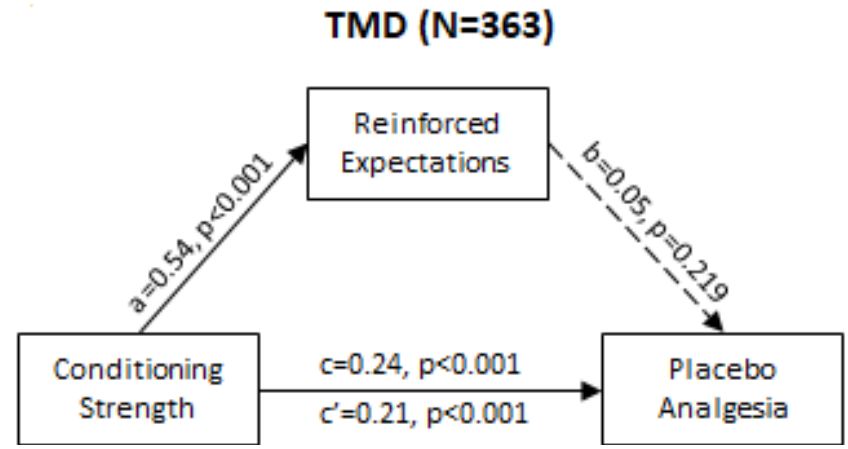
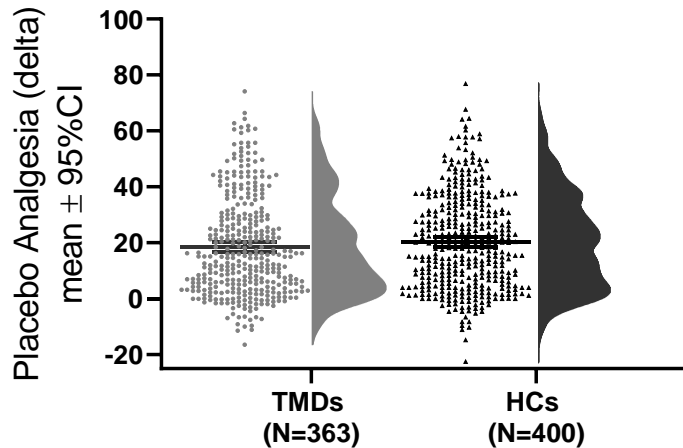
Baseline and post-treatment expectations



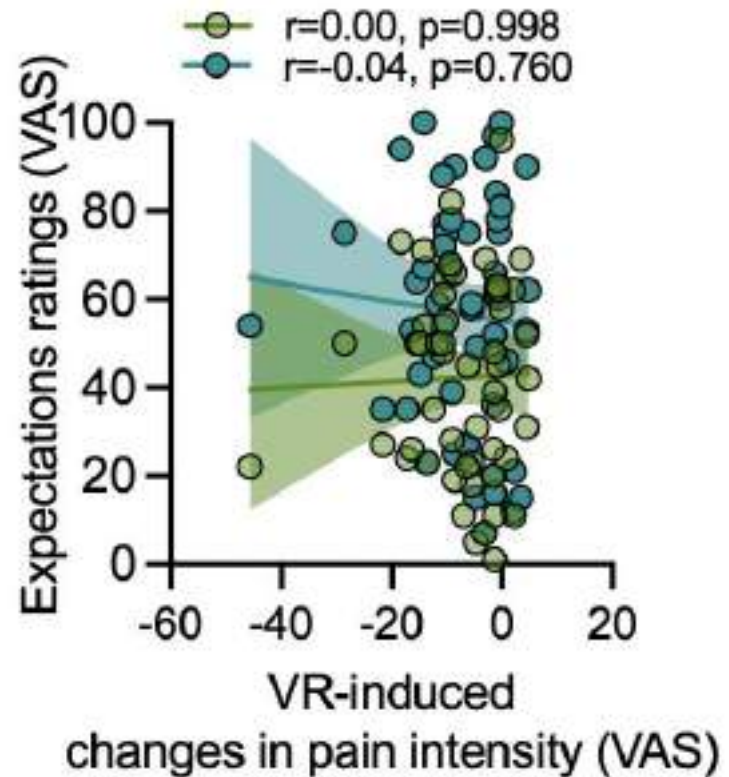
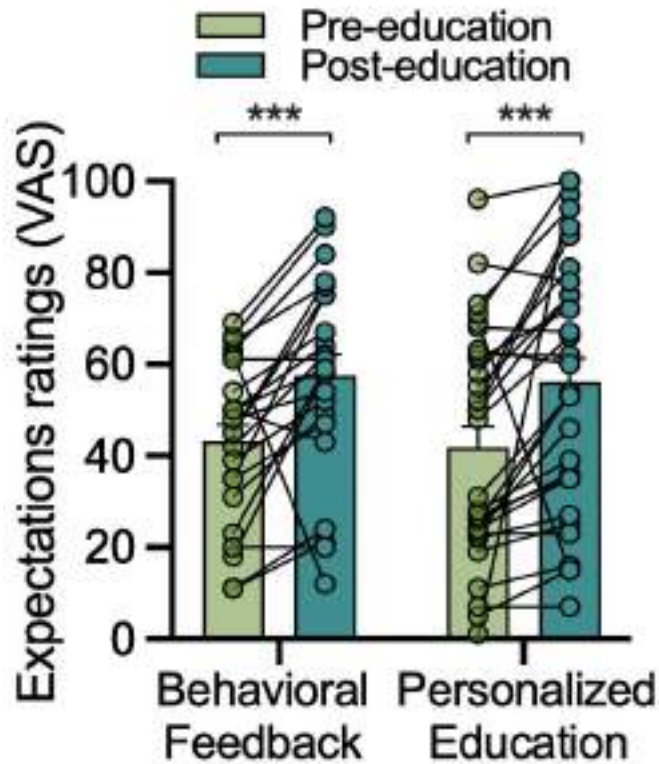
Expectations and placebo effects



Placebo Analgesia



VR effects were independent of expectations



Overall take-home messages

In adults with orofacial pain, male sex, higher neighborhood distress, catastrophizing, and psychological distress were associated with a reduced magnitude of placebo effects.

In terms of brain ageing, neither estimated brain age nor brain age gap was associated with placebo responsiveness. This suggests that age-related brain changes may not explain alterations in placebo effects in chronic pain conditions.

The preservation of placebo effects despite brain ageing and chronic pain raises intriguing questions about the brain's "inner pharmacy" and its resilience to psychiatric and neurodegenerative processes, such as schizophrenia, Parkinson's disease, and Alzheimer's disease.



Funding agencies



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NCCIH (R01AT010333- PI)



NCCIH (R015R01AT011347-PI)
NIAAA (R13 – multiPI)



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