

CLAIMS

What is claimed is:

1. A method of dosing an empathogen/entactogen in treating patients, including the steps of:
assessing patient characteristics before empathogen/entactogen use;
administering empathogen/entactogen to the patient based on the patient characteristics; and
producing maximum positive subjective acute effects in the patient.
2. The method of claim 1, wherein said administering step is performed in a situation chosen from the group consisting of a therapeutic situation or a legal controlled situation in healthy subjects.
3. The method of claim 1, wherein positive subjective acute effects are chosen from the group consisting of good drug effects, drug liking, trust, feelings of closeness, feeling open, oceanic boundlessness, experience of unity, spiritual experience, blissful state, insightfulness, connectedness, mystical experiences, mystical-type effects, positive mood, transcendence of time/space, ineffability, well-being, peak experience, and combinations thereof.
4. The method of claim 1, wherein patient characteristics are chosen from the group consisting of age, sex, drug dose, body weight, previous drug experience, genetics, personality, mood before intake, and combinations thereof.
5. The method of claim 1, wherein patient characteristics include cytochrome P450 2D6 activity, and adjusting a dose based on patients with poor CYP2D6 activity exhibiting higher MDMA concentrations and a stronger MDMA response compared with CYP2D6 extensive metabolizers.
6. The method of claim 1, wherein the empathogen/entactogen is chosen from the group consisting of 3,4-methylenedioxymethamphetamine (MDMA), 3,4-methylenedioxyamphetamine (MDA), 3,4-methylenedioxyethylamphetamine (MDEA), 5,6-methylenedioxy-2-aminoindane (MDAI), mephedrone, methylone, 3-MMC, homologues thereof, analogues thereof, and prodrugs thereof.
7. The method of claim 6, wherein the empathogen/entactogen is MDMA and is administered in a dose of 20-200 mg.

8. A method of determining a dose of an empathogen/entactogen based on body weight, sex, and CYP2D6 activity, including the steps of:
- assessing patient characteristics of body weight, sex, and CYP2D6 activity before empathogen/entactogen use;
 - administering the empathogen/entactogen to the patient based on the patient characteristics; and
 - producing maximum positive subjective acute effects in the patient.
9. The method of claim 8, wherein administering a high dose of empathogen/entactogen per body weight leads to a more intense response to empathogen/entactogen with more positive and more cardiostimulant effects.
10. The method of claim 8, wherein patients with low CYP2D6 activity have higher empathogen/entactogen plasma levels than patients with high CYP2D6 activity.
11. The method of claim 8, wherein women have higher empathogen/entactogen plasma AUC than men.
12. The method of claim 8, wherein positive subjective acute effects are chosen from the group consisting of good drug effects, drug liking, trust, feelings of closeness, feeling open, oceanic boundlessness, experience of unity, spiritual experience, blissful state, insightfulness, connectedness, mystical experiences, mystical-type effects, positive mood, transcendence of time/space, ineffability, well-being, peak experience, and combinations thereof.
13. The method of claim 8, wherein the empathogen/entactogen is chosen from the group consisting of 3,4-methylenedioxymethamphetamine (MDMA), 3,4-methylenedioxyamphetamine (MDA), 3,4-methylenedioxyethylamphetamine (MDEA), 5,6-methylenedioxy-2-aminoindane (MDAI), mephedrone, methylone, 3-MMC, homologues thereof, analogues thereof, and prodrugs thereof.
14. The method of claim 13, wherein the empathogen/entactogen is MDMA and is administered in a dose of 20-200 mg.
15. A method of refining dosing of an empathogen/entactogen, including the steps of:
- using questionnaires including NEO-FFI, STAI-T, and AMRS scales with a patient;
 - evaluating questionnaire responses; and
 - refining dosing of the empathogen/entactogen in the patient based on the questionnaires.

16. The method of claim 15, wherein openness to experience on NEO-FFI predicts a more positive acute response, neuroticism on NEO-FFI predicts negative experiences, trait anxiety on STAI-T predicts negative experiences, and AMRS predicts likelihood of a negative acute effect.

17. The method of claim 15, wherein the empathogen/entactogen is chosen from the group consisting of 3,4-methylenedioxymethamphetamine (MDMA), 3,4-methylenedioxyamphetamine (MDA), 3,4-methylenedioxyethylamphetamine (MDEA), 5,6-methylenedioxy-2-aminoindane (MDAI), mephedrone, methylone, 3-MMC, homologues thereof, analogues thereof, and prodrugs thereof.

18. The method of claim 17, wherein the empathogen/entactogen is MDMA and is administered in a dose of 20-200 mg.

19. A method of predicting future dosing with an empathogen/entactogen, including the steps of:

measuring plasma concentrations of the empathogen/entactogen in a patient after administration of a dose of the empathogen/entactogen;

adjusting the dose of the empathogen/entactogen in the patient, thereby optimizing the positive response to the empathogen/entactogen, and optimizing efficacy and safety of the empathogen/entactogen treatment.

20. The method of claim 19, wherein the empathogen/entactogen is chosen from the group consisting of 3,4-methylenedioxymethamphetamine (MDMA), 3,4-methylenedioxyamphetamine (MDA), 3,4-methylenedioxyethylamphetamine (MDEA), 5,6-methylenedioxy-2-aminoindane (MDAI), mephedrone, methylone, 3-MMC, homologues thereof, analogues thereof, and prodrugs thereof.

21. The method of claim 20, wherein the empathogen/entactogen is MDMA and is administered in a dose of 20-200 mg.

22. A method of evaluating feasibility of patients to receive an empathogen/entactogen as treatment, including the steps of:

assessing patient characteristics; and

evaluating feasibility of the patient to receive the empathogen/entactogen as a treatment.

23. The method of claim 22, wherein patient characteristics are chosen from the group

consisting of age, sex, drug dose, body weight, previous drug experience, genetics, personality, mood before intake, and combinations thereof.

24. The method of claim 22, wherein the empathogen/entactogen is chosen from the group consisting of 3,4-methylenedioxymethamphetamine (MDMA), 3,4-methylenedioxyamphetamine (MDA), 3,4-methylenedioxyethylamphetamine (MDEA), 5,6-methylenedioxy-2-aminoindane (MDAI), mephedrone, methylone, 3-MMC, homologues thereof, analogues thereof, and prodrugs thereof.

25. The method of claim 24, wherein the empathogen/entactogen is MDMA and is administered in a dose of 20-200 mg.

26. A method of optimizing empathogen/entactogen treatment in a patient, including the steps of:

assessing openness in the patient prior to empathogen/entactogen use;

predicting a positive response leading to more openness; and

optimizing empathogen/entactogen treatment including repeated administration in different therapeutic sessions to lead to greater openness and a greater therapeutic response over time.

27. The method of claim 26, wherein the empathogen/entactogen is chosen from the group consisting of 3,4-methylenedioxymethamphetamine (MDMA), 3,4-methylenedioxyamphetamine (MDA), 3,4-methylenedioxyethylamphetamine (MDEA), 5,6-methylenedioxy-2-aminoindane (MDAI), mephedrone, methylone, 3-MMC, homologues thereof, analogues thereof, and prodrugs thereof.

28. The method of claim 27, wherein the empathogen/entactogen is MDMA and is administered in a dose of 20-200 mg.