

极速入门

借助文献工具快速了解未知领域

主讲人 王寅

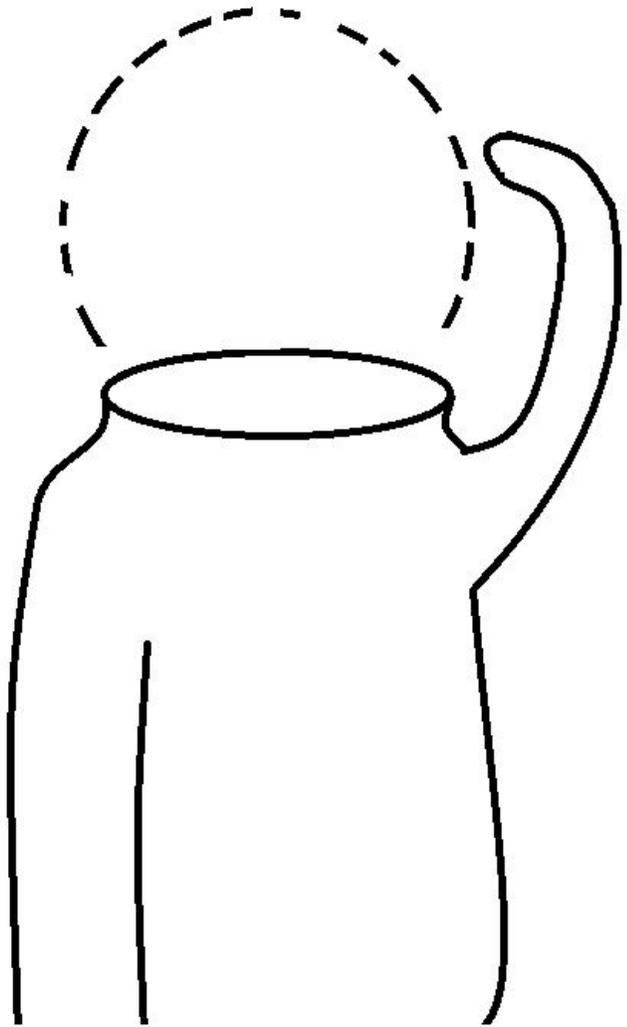
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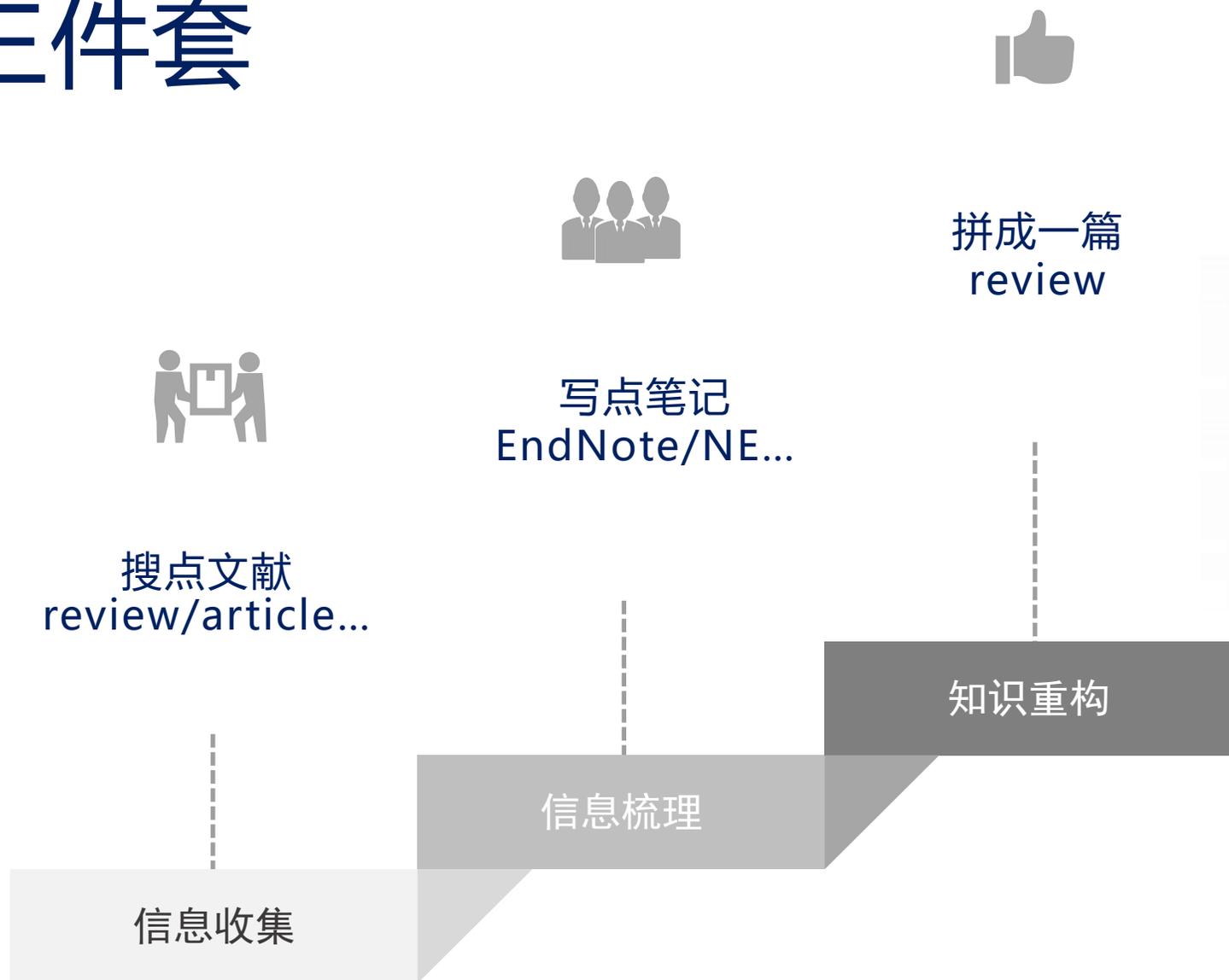
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从Nocebo effect开始

- 反安慰剂效应



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Isawa, M; Kajiyama, M; (...); Mochizuki, M 48 References

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- 1.43 Anesthesiology 740
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- 2.166.1659 Biosimilars 55
- 1.68.236 Statins 39
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- Benedetti Fabrizio 52

- 2 **The Nocebo Effect: A Review of Contemporary Experimental Research** 4
53^{tions}
References
[Bagaric, B; Jokic-Begic, N and Jokic, CS](#)
Jun 2022 | Aug 2021 (Early Access) |
[INTERNATIONAL JOURNAL OF BEHAVIORAL MEDICINE](#) 29 (3) , pp.255-265
Background **Nocebo effect**, the occurrence of adverse symptoms following an inactive treatment, is much less understood than its opposite, placebo **effect**. This systematic re... [Show more](#)
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- 3 **Editorial: The nocebo effect and its consequences for clinical trials and clinical practice** 5
References
[Wartolowska, K; Colloca, L and Amanzio, M](#)
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- 4 **Knowledge of the aetiology and cost of the nocebo effect is increasing, but conceptualising expectancy and partialling out misattribution remain challenges: Comment on Faasse (2019)** 29
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[Colagiuri, B](#)

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2.166
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核心区：相关区：非相关区 = 1 : n : n² (其中n为布拉福德系数)

- 各个学科领域中，少数的核心期刊汇集了绝大多数的重要信息，反映了该方向上最重要的研究成果和进展。

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1 Nonspecific medication side effects and the nocebo phenomenon 539 76^{tions} References

Barsky, AJ; Saintfort, R; (...); Borus, JF
Feb 6 2002 | JAMA-JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION 287 (5), pp.622-627

Patients taking active medications frequently experience adverse, nonspecific side effects that are not a direct result of the specific pharmacological action of the drug. Althou ... Show more

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1 Adverse Reactions to Wheat or Wheat Components 42

Brouns, FR; van Rooy, G; (...); Jonkers, D

Sep 2019 | Jul 2019 (Early Access) |

COMPREHENSIVE REVIEWS IN FOOD SCIENCE AND FOOD SAFETY 18

(5), pp.1437-1452

Wheat is an important staple food globally, providing a significant contribution to daily energy, fiber, and micronutrient intake. Observational evidence for health impacts ... Show more

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| 1 | Bresnick SD Understanding Breast Implant Illness: The Important Role of Nocebo and Placebo-Like Effects AESTHETIC SURGERY JOURNAL. ; : Art. No. sjad015 | 0 | 0 | 1 | 5 |
| 2 | Sansone A, Yuan JL, Hou GD, Zhang L, Gao M, et al. From Waterloo to the Great Wall: A retrospective, multicenter study on the clinical practice and cultural attitudes in the management of premature ejaculation, in China ANDROLOGY. ; | 0 | 0 | 2 | 89 |
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| 5 | Kumar SS, Bano S, Jagan P Placebo hypoalgesic and nocebo hyperalgesic effects in post-extraction patients-A cross sectional study BRITISH JOURNAL OF PAIN. ; | 0 | 0 | 3 | 29 |
| 6 | Bruce MJ, Stasik-O'Brien SM, Hoffmann H Students' psychophysiological reactivity to trigger warnings CURRENT PSYCHOLOGY. ; | 0 | 1 | 1 | 38 |
| 7 | Curie A, Oberlander TF, Jensen KB Placebo effects in children with autism spectrum disorder DEVELOPMENTAL MEDICINE AND CHILD NEUROLOGY. ; | 0 | 0 | 2 | 30 |
| 8 | Nichols CE Inflammatory agriculture: Political ecologies of health and fertilizers in India ENVIRONMENT AND PLANNING E-NATURE AND SPACE. ; | 0 | 0 | 4 | 119 |
| 9 | Stirling NSJ, Bridgland VME, Takarangi MKT Nocebo effects on informed consent within medical and psychological settings: A scoping review ETHICS & BEHAVIOR. ; | 0 | 0 | 17 | 63 |
| 10 | Chin YH, Lim O, Lin C, Chan YY, Kong G, et al. Meta-analysis of the Placebo and Nocebo effects associated with Placebo treatment in randomized trials of lipid-lowering therapies EUROPEAN HEART JOURNAL-QUALITY OF CARE AND CLINICAL OUTCOMES. ; | 0 | 2 | 4 | 49 |
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| 11 | Saadi A, Mahmood A, Sweeney J, Webster RK What Is the Benefit of Adding Placebo Side-Effect Information to Positively Framed Patient Leaflets? An Online Trial EUROPEAN JOURNAL OF HEALTH PSYCHOLOGY. ; | 0 | 0 | 11 | 49 |
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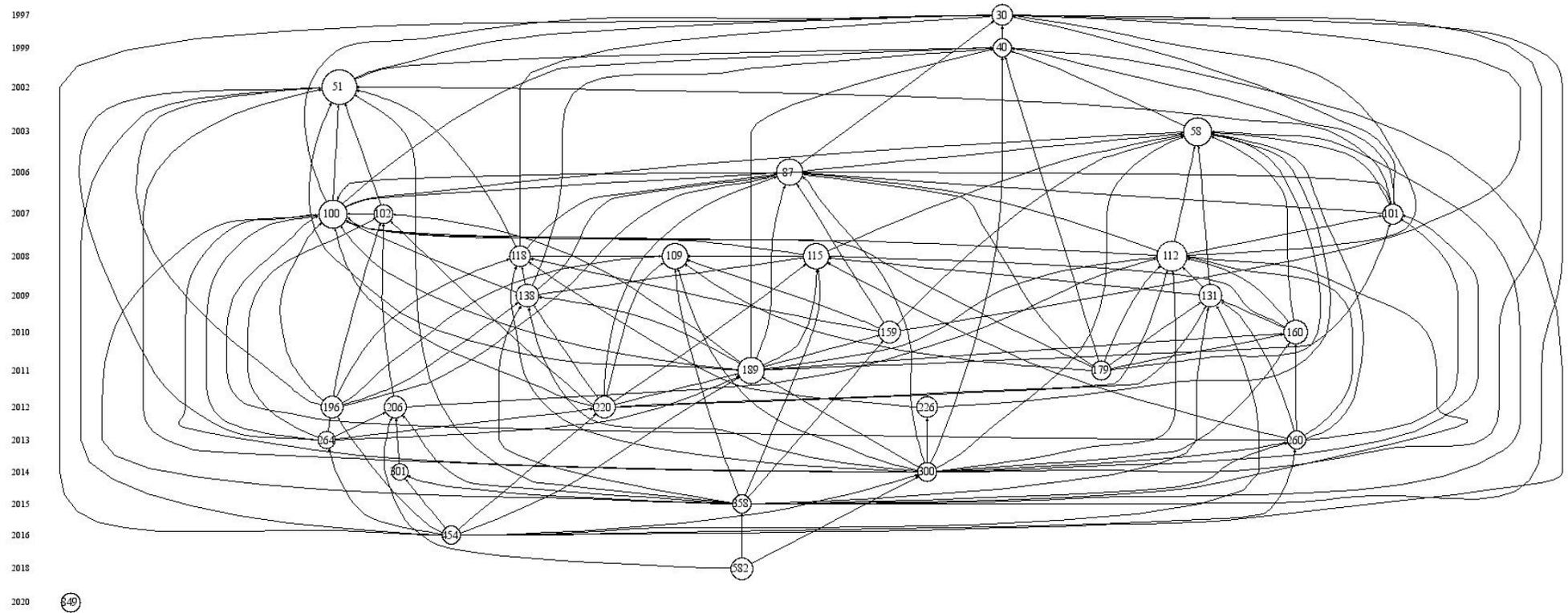
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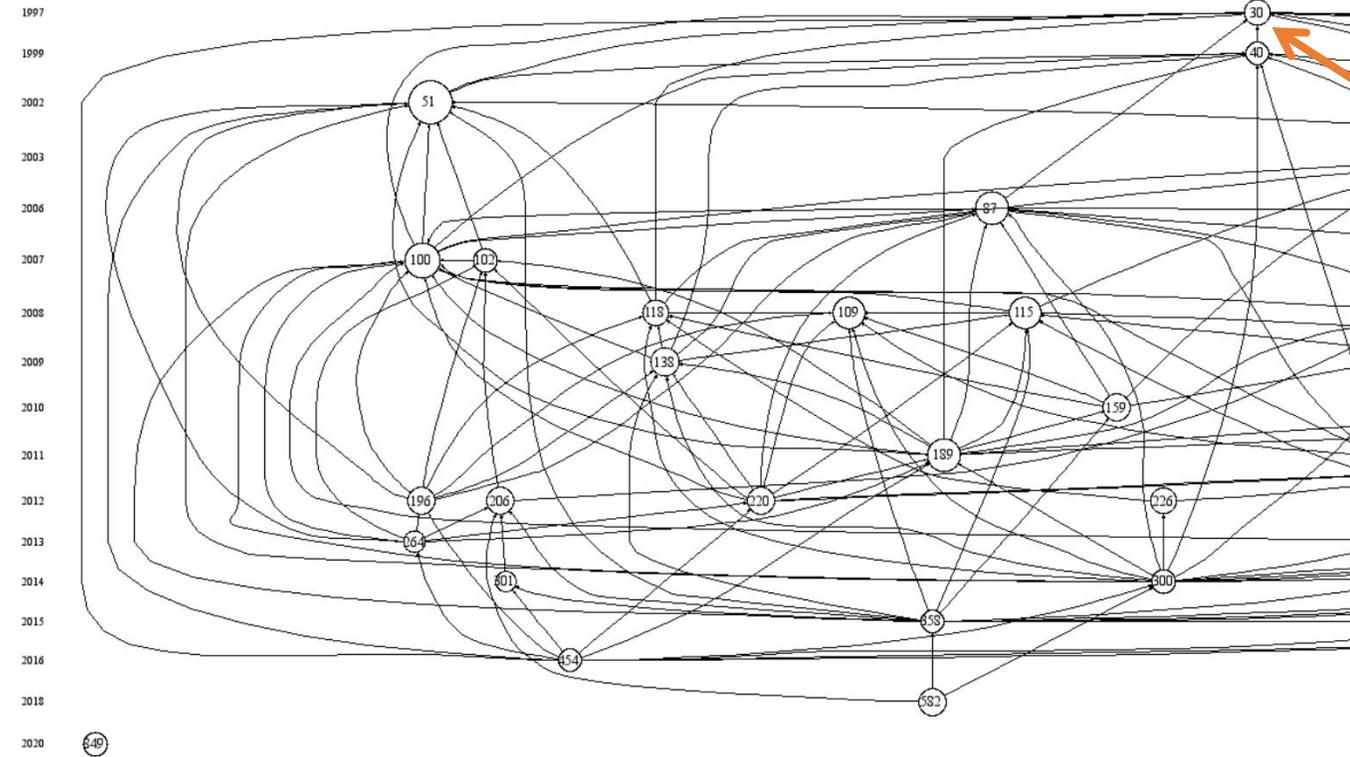
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PAIN

Blockade of nocicebo hyperalgesia by the cholecystokinin antagonist proglumide

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Received 28 October 1996; revised version received 8 January 1997; accepted 15 January 1997

Abstract

In patients who reported mild postoperative pain, we evoked a nocicebo response, a phenomenon equal but opposite to placebo. Patients who gave informed consent to increase their pain for 30 min received a substance known to be non-hyperalgesic (saline solution) and were told that it produced a pain increase. A nocicebo effect was observed when saline was administered. However, if a dose of 0.3 or 5 mg of the cholecystokinin antagonist proglumide was added to the saline solution, the nocicebo effect was abolished. A dose of 0.05 mg of proglumide was ineffective. The blockade of the nocicebo hyperalgesic response was not reversed by 10 mg of naloxone. These results suggest that cholecystokinin mediates pain increase in the nocicebo response and that proglumide blocks nocicebo through mechanisms not involving opioids. Since the nocicebo procedure represents an aversive stimulus and previous studies showed a role for cholecystokinin in anxiety, we suggest that nocicebo hyperalgesia may be due to a cholecystokinin-dependent increase of anxiety. © 1997 International Association for the Study of Pain. Published by Elsevier Science B.V.

Keywords: Nocicebo; Placebo; Anxiety; Pain; Cholecystokinin; Proglumide; Naloxone

1. Introduction

We have recently demonstrated that placebo analgesia can be potentiated by the cholecystokinin (CCK) antagonist proglumide (Benedetti et al., 1995; Benedetti, 1996). Since placebo analgesia is mediated by endogenous opiates (Levine et al., 1978a; Gevert et al., 1983; Fields and Levine, 1984; Levine and Gordon, 1984; Benedetti, 1996) and proglumide enhances opiate analgesia (Katsura and Itoh, 1982; Price et al., 1985; Watkins et al., 1985a; Watkins et al., 1985b; Lavigne et al., 1989), placebo potentiation by proglumide suggests a potentiation of an endogenous opioid system, probably through the blockade of CCK receptors.

Placebo analgesia represents a situation where the administration of a substance known to be non-analgesic produces an analgesic response when the subject strongly believes that pain will decrease. However, the placebo response is bidirectional, i.e., analgesic and algescic, but normally the algescic response is disregarded and subjects reporting pain increase after placebo are labeled as non-responders (Skarzhanev, 1978). To distinguish the pleasing and salubrious effects of placebo from the noxious effects, Kissel and Barracord (1974) introduced the term 'nocicebo' (see also Hahn, 1985; Wall, 1992). Nocicebo hyperalgesia is therefore a phenomenon opposite to placebo analgesia: the administration of a substance known to be non-hyperalgesic produces a pain increase when the subject strongly believes that pain will increase. In this sense, nocicebo, and thus expectation of pain increase, can be considered an aversive (fearful and stressful) procedure. In fact, whereas the placebo procedure represents a positive (hopeful and trust-inducing) stimulus, the nocicebo procedure represents a negative aversive stimulus where, for instance, verbal stimuli anticipate a more painful condition.

It is interesting that previous studies in animal models of anxiety demonstrated the aversive effect of CCK, and its blockade by CCK antagonists (Powell and Barrett, 1991,

* Corresponding author. Tel.: +39 11 670 77 00; fax: +39 11 670 77 08.

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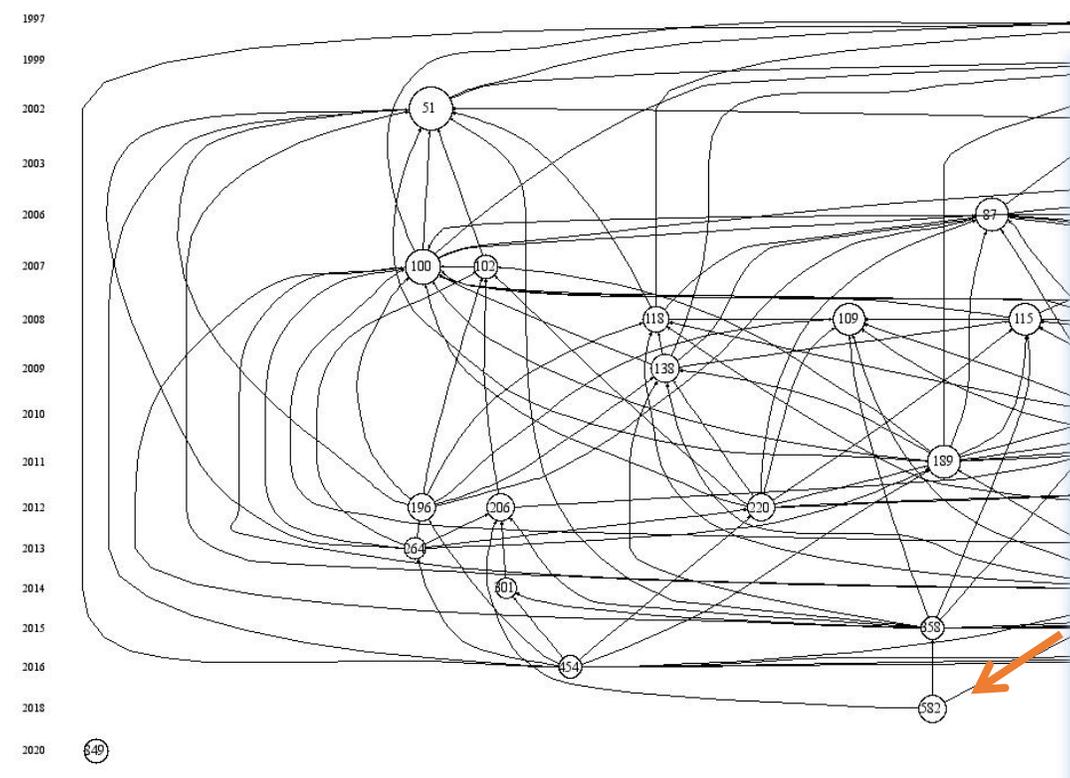
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http://dx.doi.org/10.1124/pr.114.09
 Pharmacol Rev 67:697-730, July

ASSOCIATE EDITOR: MARTIN C. MICHEL

Neuro-Bio-Behavioral Mechanisms of Placebo and Nocebo Responses: Implications for Clinical Trials and Clinical Practice

Manfred Schedlowski, Paul Enck, Winfried Rief, and Ulrike Bingel
 Institute of Medical Psychology and Behavioral Immunobiology (M.S.) and Department of Neurology (U.B.), University Clinic Essen, Essen, Germany; Department of Internal Medicine VI, Psychosomatic Medicine, University Hospital Tübingen, Tübingen, Germany (P.E.); and Department of Psychology, University of Marburg, Marburg, Germany (W.R.)

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PHARMACOLOGICAL REVIEWS

This work was supported by grants from the German Research Foundation (DFG) for the Research Unit FOR 1328 (BI 789/2-1,2; EN 50/30-1; RI 574/21-1,2; RI 574-22-1; SCHE 3417/1-2; and the German Federal Ministry of Education and Research (01GQ0808; to U.B.).
 Address correspondence to: Dr. Manfred Schedlowski, Institute of Medical Psychology and Behavioral Immunobiology, University Hospital Essen, 45122 Essen, Germany. E-mail: manfred.schedlowski@uk-essen.de
 dx.doi.org/10.1124/pr.114.09423

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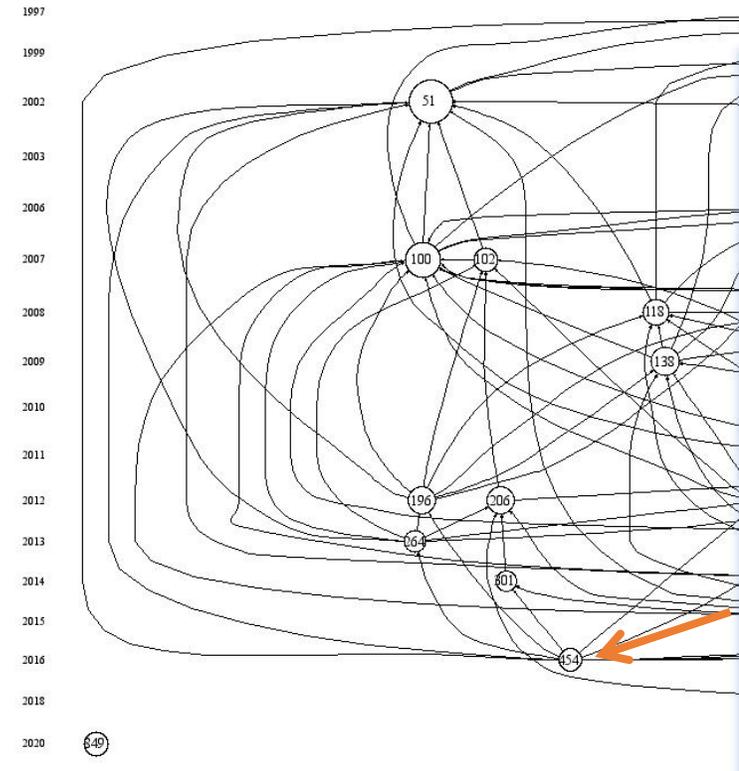
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Health Psychology

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A Systematic Review of Factors That Contribute to Nocebo Effects

Rebecca K. Webster, John Weinman, and G. James Rubin
King's College London

Objectives: Medication side effects are common, often leading to reduced quality of life, nonadherence, and financial costs for health services. Many side effects are the result of a psychologically mediated "nocebo effect." This review identifies the risk factors involved in the development of nocebo effects.

Method: Web of Science, Scopus, MEDLINE, PsycINFO, Journals@Ovid full text, and Global Health were searched using the terms "nocebo" and "placebo effect." To be included, studies must have exposed people to an inert substance and have assessed 1 or more baseline or experimental factor(s) on its ability to predict symptom development in response to the inert exposure. **Results:** Eight-nine studies were included; 70 used an experimental design and 19 used a prospective design, identifying 14 different categories of risk factor. The strongest predictors of nocebo effects were a higher perceived dose of exposure, explicit suggestions that the exposure triggers arousal or symptoms, observing people experiencing symptoms from the exposure, and higher expectations of symptoms. **Conclusions:** To reduce nocebo induced symptoms associated with medication or other interventions clinicians could reduce expectations of symptoms, limit suggestions of symptoms, correct unrealistic dose perceptions, and reduce exposure to people experiencing side effects. There is some evidence that we should do this especially for persons with at-risk personality types, though exactly which personality types these are requires further research. These suggestions have a downside in terms of consent and paternalism, but there is scope to develop innovative ways to reduce nocebo effects without withholding information.

Keywords: inert exposure, nocebo effect, predictors, review, symptoms

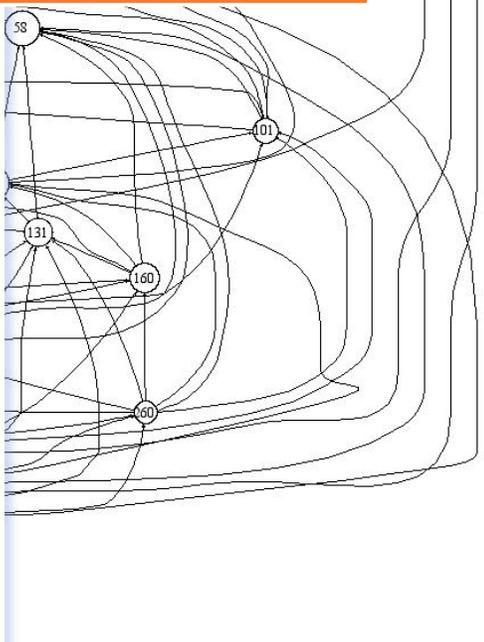
Supplemental materials: <http://dx.doi.org/10.1037/hea0000416.supp>

Adverse drug reactions (ADRs) are common (Davies et al., 2009), and can have serious implications in terms of patient well-being and adherence (Ammassari et al., 2001) as well as significant financial costs for health services (NICE, 2009; Rodriguez-Monquiu, Otero, & Rovira, 2003). However, ADRs are not always related to the physiological action of the medication (Fasse & Petrie, 2013). Only 10.9% of reported ADRs to commonly prescribed drugs are clearly attributable to the medication (de Froot Hemsanz et al., 1994). It is thought a nocebo effect may play a role in the formation of other apparent side effects (Barsky, Saintfort, Rogers, & Bonus, 2002). As well as medication side effects, nocebo effects have been implicated in symptoms attributed to technological exposures such as electro-magnetic

fields (EMF) from mobile phones and Wi-Fi (Baliatsas et al., 2012; Rubin, Cleare, & Wessely, 2008). A nocebo effect is the experience of negative symptoms following exposure to an inert substance, which are triggered or exacerbated by psychological mechanisms such as expectations (Kennedy, 1961). The name "nocebo" was created to distinguish between the desirable ("placebo") and undesirable effects of an inert exposure (Häuser, Hansen, & Enck, 2012), although in practice the distinction between undesirable and desirable is not always clear cut. For example increased alertness may be beneficial in some contexts (e.g., prior to an examination) and detrimental in others (e.g., prior to sleep).

Current literature suggests there are three main mechanisms for a nocebo effect; misattribution, expectation, and learning. Misattribution theory suggests that people misattribute preexisting symptoms to the effects of a new exposure (although some authors believe that misattribution does not technically constitute a nocebo effect, see Colloca & Miller, 2011 and Enck, Bingel, Schedlowski, & Rief, 2013). Symptoms are common in everyday life (Petrie, Fasse, Crichton, & Grey, 2014), and although often harmless and short-lived, when people are subjected to a new exposure, symptoms that were present before or occur coincidentally are available to be mistakenly attributed to it (Petrie et al., 2005; Petrie, Moss-Morris, Grey, & Shaw, 2004). Therefore factors such as high baseline symptoms or high self-awareness may serve as risk factors for nocebo effects resulting from this mechanism. Negative expectations can also mediate nocebo effects (Hahn, 1997), and may in turn arise through explicit suggestions about the effects of an exposure (Jahn & Dalton, 2014; Myers, Cairns, & Singer, 1987), or predisposing factors such as pessimism (Geers, Helfer,

systematic review



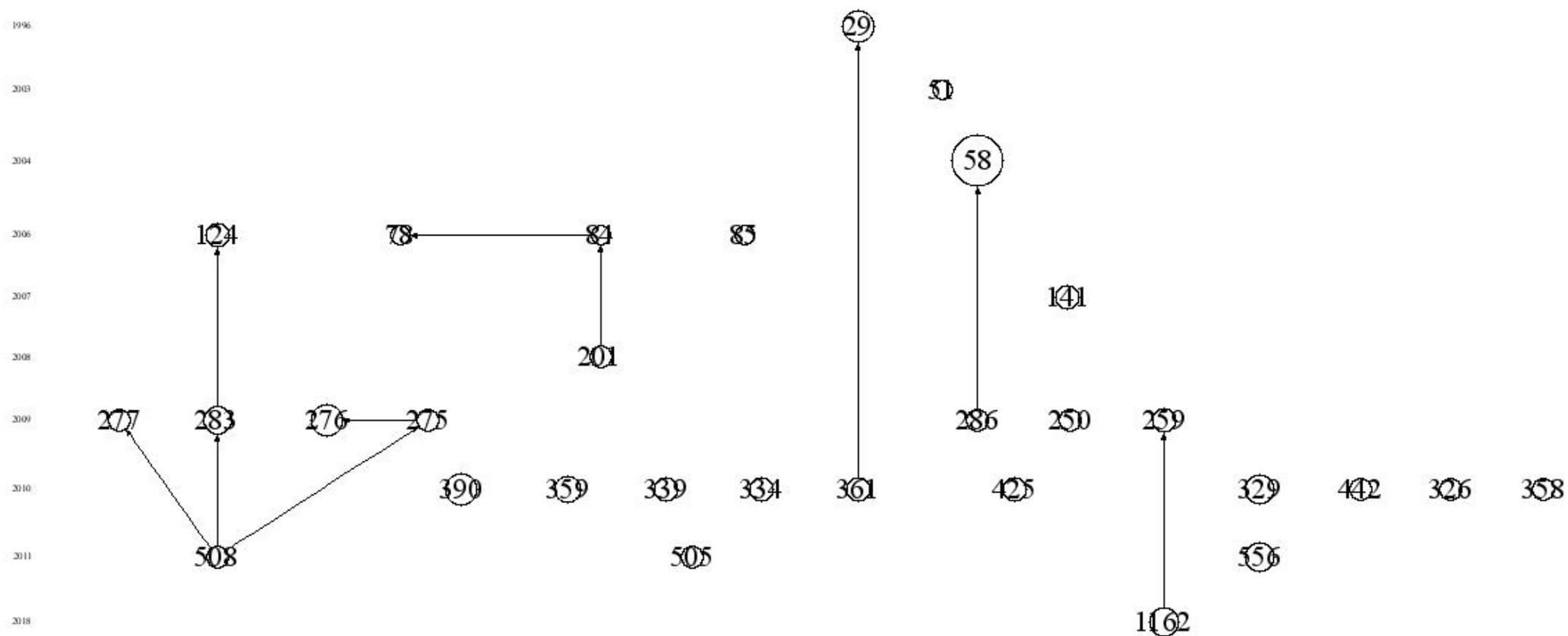
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Rebecca K. Webster, Department of Psychological Medicine, King's College London; John Weinman, Institute of Pharmaceutical Science, King's College London; G. James Rubin, Department of Psychological Medicine, King's College London.

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Correspondence concerning this article should be addressed to Rebecca K. Webster, Department of Psychological Medicine, King's College London, Weston Education Centre, Cutcombe Road, London SE5 9R1, United Kingdom. E-mail: rebecca.webster@kcl.ac.uk

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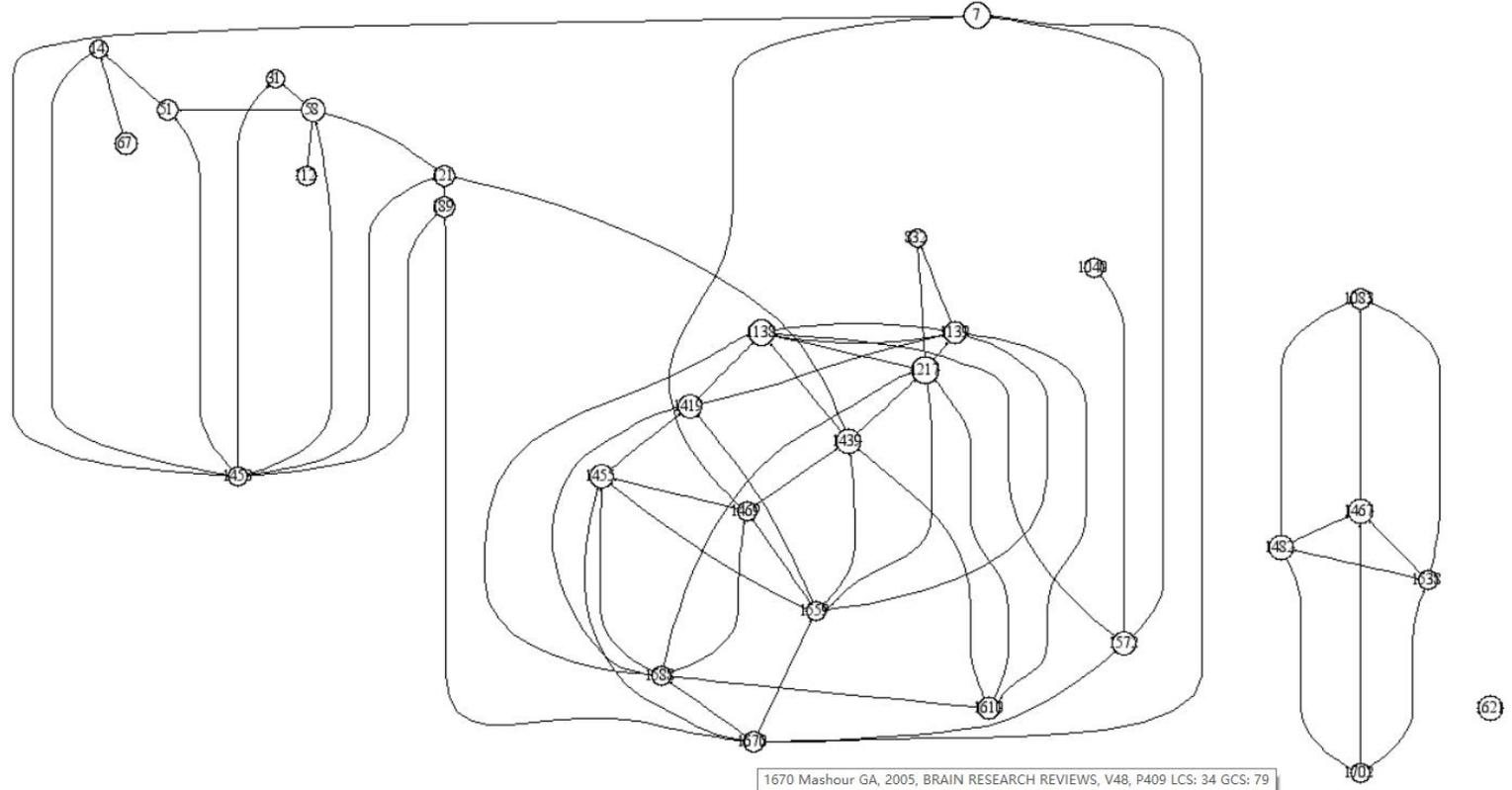
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| 1. | 7 Moniz E, 1937, AMERICAN JOURNAL OF PSYCHIATR, V93, P1379 | 49 | 102 |
| 2. | 14 Strecker EA, 1942, AMERICAN JOURNAL OF PSYCHIATR, V98, P524 | 28 | 32 |
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| 4. | 51 HOFSTATTER L, 1945, ARCHIVES OF NEUROLOGY AND PSY, V53, P125 | 32 | 56 |
| 5. | 58 MEYER A, 1945, JOURNAL OF MENTAL SCIENCE, V91, P411 | 40 | 69 |

信息梳理

➤ 研究趋势——InCites数据库



Search > Results for nocebo effect (T... > Results for nocebo effect (T... > Results for nocebo effect (T...

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1 [Adverse Reactions to Wheat or Wheat Components](#)
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Sep 2019 | Jul 2019 (Early Access) |

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分析

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从头开始，回顾最近的分析，或选择常见用例来启动入门分析。

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Locations LOCATION TYPE Country/Region e.g. India

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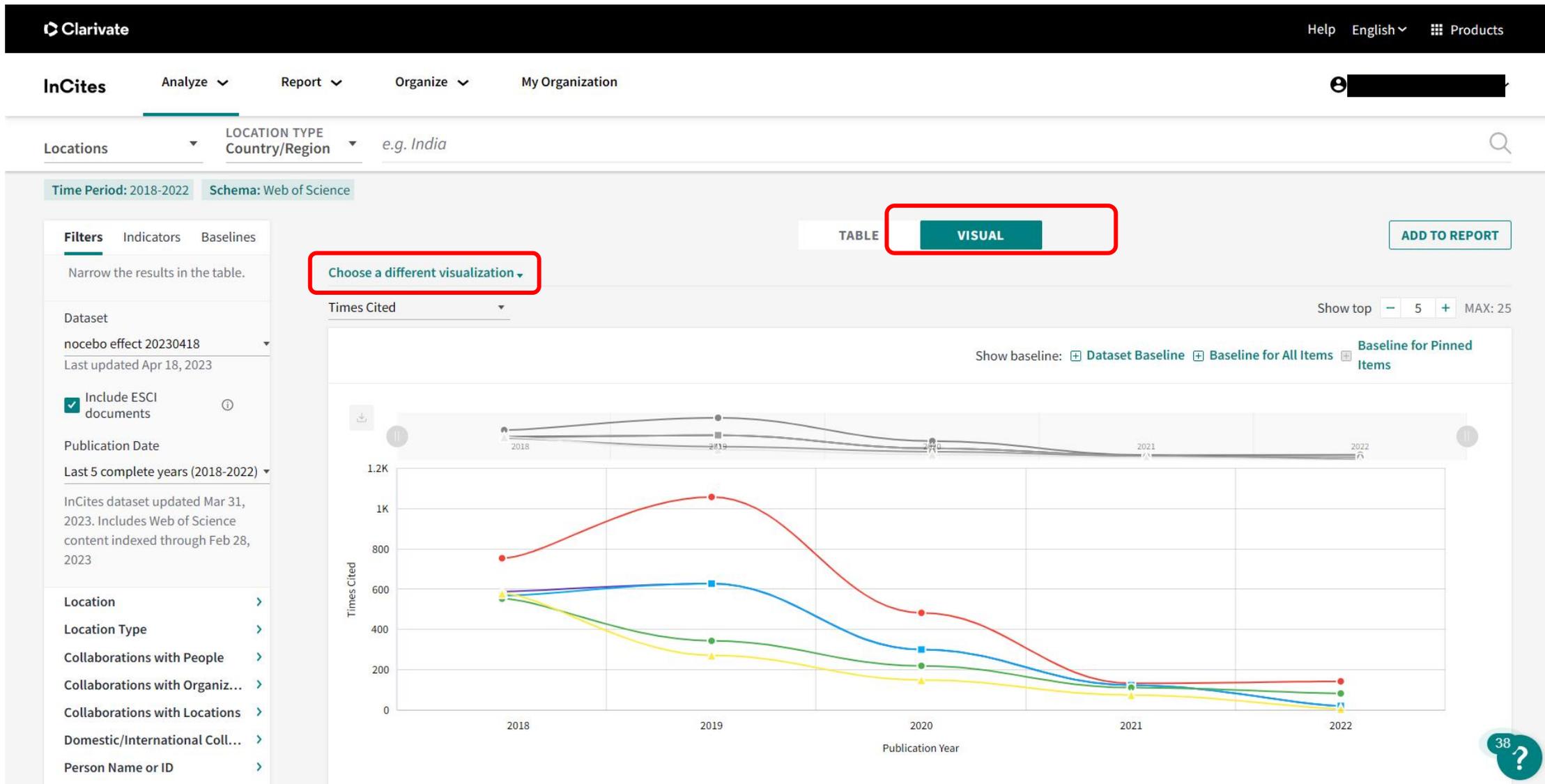
Location Location Type Collaborations with People Collaborations with Organiz... Collaborations with Locations Domestic/International Coll... Person Name or ID

65 locations (655 documents) Find in table Sorted by Times Cited Add indicator Download CSV

| Region Name | Web of Science Documents | Times Cited | Rank | % Documents Cited | Category Normalized Citation Impact |
|--|--------------------------|-------------|------|-------------------|-------------------------------------|
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| <input type="checkbox"/> UNITED KINGDOM | 95 | 1,673 | 2 | 82.11% | 1.8 |
| <input type="checkbox"/> ENGLAND | 93 | 1,652 | 3 | 82.8% | 1.83 |
| <input type="checkbox"/> GERMANY (FED REP GER) | 130 | 1,322 | 4 | 72.31% | 1.41 |
| <input type="checkbox"/> NETHERLANDS | 72 | 1,093 | 5 | 75% | 1.39 |
| <input type="checkbox"/> ITALY | 92 | 1,040 | 6 | 84.78% | 1.57 |
| <input type="checkbox"/> AUSTRALIA | 73 | 746 | 7 | 76.71% | 0.98 |
| <input type="checkbox"/> BELGIUM | 41 | 631 | 8 | 82.93% | 1.5 |
| <input type="checkbox"/> CANADA | 47 | 620 | 9 | 72.34% | 1.15 |
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PERSON ID TYPE: All ▾
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Time Period: 2018-2022 Schema: Web of Science

Filters Indicators Baselines

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 Location >
 Collaborations with People >
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| <input type="checkbox"/> Colloca, Luana | 100% | 24 | 1 | 527 | University of Maryland Baltimore +15 affiliation(s) | DVE-0929-2022 | 1.64 | 0000-0002-6503-4709 |
| <input type="checkbox"/> Rief, Winfried ✔ | 100% | 9 | 2 | 435 | Philipps University Marburg +22 affiliation(s) | ABD-4994-2021 | 3.57 | 0000-0002-7019-2250 |
| <input type="checkbox"/> Benedetti, Fabrizio | 92% | 25 | 3 | 416 | MED & PHYSIOL HYPOXIA +8 affiliation(s) | CGR-0710-2022 | 1.75 | n/a |
| <input type="checkbox"/> Geers, Andrew L. | 72.22% | 18 | 4 | 380 | University of Toledo +3 affiliation(s) | FZX-6204-2022 | 1.94 | 0000-0002-4413-7098 |
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Researchers PERSON ID TYPE GROUP: WoS Author Record ▾ PERSON ID TYPE: All ▾ e.g. OBrian, Conor:Harvard University 🔍

Time Period: 2018-2022 Schema: Web of Science

Filters Indicators Baselines

Narrow the results in the table.

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Publication Date: Last 5 complete years (2018-2022)

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Person Name or ID >

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| <input type="checkbox"/> Bender, F. L. | 100% | 1 | 1 | 40 | Philipps University Marburg | GCA-9175-2022 | 22.62 | 0000-0002-2915-7509 |
| <input type="checkbox"/> Rief, Winfried | 100% | 1 | 1 | 40 | University Medical Center Hamburg-Eppendorf +7 affiliation(s) | GFC-2648-2022 | 22.62 | 0000-0002-7019-2250 |
| <input type="checkbox"/> Haas, Julia W. | 100% | 1 | 1 | 40 | Harvard Medical School +3 affiliation(s) | HGO-9704-2022 | 22.62 | 0000-0002-6501-0221 |
| <input type="checkbox"/> Miller, Franklin G. | 100% | 1 | 1 | 40 | Weill Cornell Medicine +16 affiliation(s) | FQV-6787-2022 | 22.62 | n/a |
| <input type="checkbox"/> Tobert, Jonathan | 100% | 1 | 5 | 258 | University of Oxford +11 affiliation(s) | AAD-2155-2020 | 18.95 | n/a |

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Nocebo Effect

An adverse effect occurring with a medical treatment that is not attributable to the actions of the treatment.
Year introduced: 2014

PubMed search builder options

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Tree Number(s): N05.715.350.350.625.500, N06.850.490.734.875.500
MeSH Unique ID: D064786

Entry Terms:

- Effect, Nocebo
- Effects, Nocebo
- Nocebo Effects
- Nocebo

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- 1 Identifying a biological basis for a placebo effect comprises comparing at least a first biological marker of a first individual or population of individuals to the first biological marker for a second individual or population

WO2005027719-A2; US2005079532-A1; US7335474-B2

Inventor(s) : MARGUS B A; COX D A; (...); COX D

Assignee(s) : PERLEGEN SCI INC

Derwent Primary Accession Number :

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19 ?

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Aslaksen, P. M.
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Vambheim, S. M.
Flaten, M. A.

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Gender Differences in Placebo Analgesia: Event-Related Potentials and Emotional Modulation

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Psychosomatic Medicine

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Pitt, M. C.

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BALANCING PLACEBO AND NOCEBO EFFECTS DURING ELECTROMYOGRAPHY IN CHILDREN REPLY

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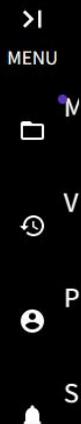
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➤ 关键词——**HistCite (Pro)**



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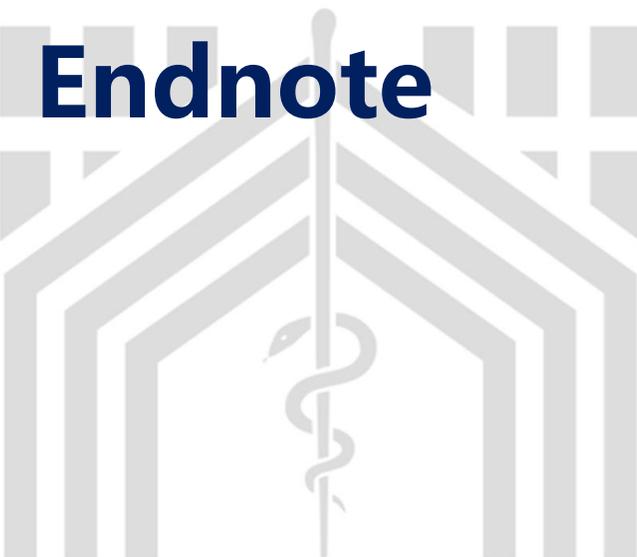
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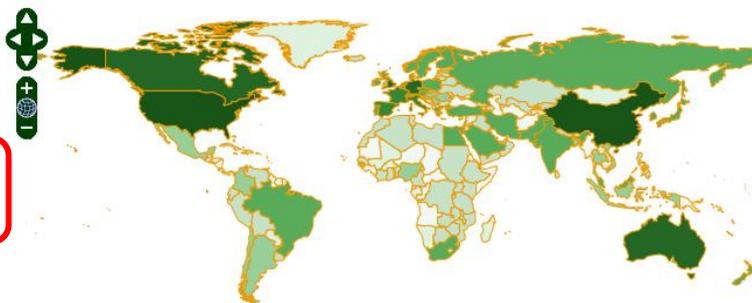
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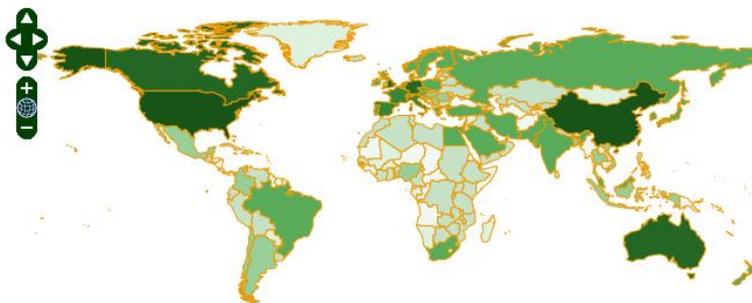
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1 **IMPLICATIONS OF PLACEBO AND NOCEBO EFFECTS FOR CLINICAL PRACTICE: EXPERT CONSENSUS**

By: EVERS, AWM; COLLOCA, L; BLEASE, C; et.al
Source: PSYCHOTHERAPY AND PSYCHOSOMATICS 87 (4): 204-210 2018
Research Fields: PSYCHIATRY/PSYCHOLOGY

Times Cited: 194

Research Front

2 **PLACEBO AND NOCEBO EFFECTS**

By: COLLOCA, L; BARSKY, AJ;
Source: NEW ENGLAND JOURNAL OF MEDICINE 382 (6): 554-561 FEB 6 2020
Research Fields: CLINICAL MEDICINE

Times Cited: 180

Research Front

3 **PSYCHOBIOLOGICAL MECHANISMS OF PLACEBO AND NOCEBO EFFECTS: PATHWAYS TO IMPROVE TREATMENTS AND REDUCE SIDE EFFECTS**

By: PETRIE, KJ; RIEF, W;
Source: ANNUAL REVIEW OF PSYCHOLOGY, VOL 70 70: 599-625 2019
Research Fields: PSYCHIATRY/PSYCHOLOGY

Times Cited: 103

Research Front

信息扩充

- 关键词——HistCite、Endnote、**ESI**
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宣传司 2019-11-21

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医政医管局 2017-02-09

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1 Operant conditioning as a new mechanism of placebo effects

Babel, P

May 2020 | Feb 2020 (Early Access) | EUROPEAN JOURNAL OF PAIN 24 (5) , pp.902-908

Background and Objective Placebo effects are considered to be learning phenomena. There is a growing body of evidence supporting the role of both classical conditioning and Show more

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医院汇 - 健康患教 - 2022-02-28 15:34:12

安慰剂效应的客观证据

那合理的态度就是敬而远之，不跟你打口水仗。不过，在生命科学领域，还真有一个和心诚则灵有关的严肃问题，是不能随便绕过去的。它就是所谓的“安慰剂效应”。你可能听过这个概念。它说的是，在很多时候，哪怕给一个

丁香园 - 分析技术 - 2020-09-06 19:56:14

求助：安慰剂效应的评估

最近在跟一个临床rct，boss给我分配了一个任务——查找安慰剂评价的方法，对课题进行补充...但是我查文章基本都是通过盲法实施或分配隐藏间接的评估（包括让患者猜测自己的干预和分组），不知道

丁香园 - 统计与作图 - 2019-05-03 22:30:57

“安慰剂效应”也是治疗手段？

界，我们称之为健康医疗期望 (healthcare expectation)，也叫作安慰剂效应。健康医疗期望 (healthcare expectations) 被定义为一种主观上的信念

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