

Could Biological State Determine Treatment Response?

ABSURD HEALTH INSTITUTE · 2026-10-16 · Conceptual synthesis; broad predictive model not validated

Abstract

The same psychiatric intervention may help one person and fail another despite broadly similar symptom scores. A state-based hypothesis proposes that sleep, inflammation, metabolic health, substance use, stress physiology, organ function and daily rhythms modify treatment response. This is a plausible systems question, but it must not be inflated into the claim that all nonresponse results from insufficient “coherence” or that a single composite score can guide treatment without validation.

The intervention enters a context

Drug distribution, receptor adaptation, learning, behavioral practice and stress responses occur within a patient whose physiology changes across time. Severe insomnia may worsen attention and emotional regulation, undermining psychotherapy participation. Inflammatory disease can increase fatigue and pain. Sedating medications may produce different burdens depending on occupational demands or respiratory illness. These effects can influence perceived improvement without meaning that the underlying treatment mechanism is wrong.

Why temporal sequencing sometimes matters

An acutely suicidal or psychotic patient may need rapid evidence-based treatment before attempts at broad lifestyle stabilization. Another patient with nonurgent chronic symptoms may benefit from addressing sleep apnea, substance use or endocrine dysfunction while continuing psychiatric care. State-sensitive treatment is therefore about determining urgency, contraindications and capacity, not insisting that every patient complete a nutritional program before receiving medication or psychotherapy.

Falsifiable possibilities

The model could predict that particular baseline measures—sleep variability, specific inflammatory profiles, medication exposure or functional reserve—moderate response to a defined therapy. This is a different claim from saying such variables cause the psychiatric syndrome. A valid state model would outperform simpler explanations, show reproducibility and improve actual decisions. If it does not, it should remain a descriptive clinical heuristic rather than a diagnostic scoring system.

The risk of ideological overreach

Systems language can become as reductionist as receptor language when used carelessly. Assigning every failed treatment to a hidden global state simply protects a favored theory from contradiction. A mature framework acknowledges that certain targeted drugs work exceptionally well, some patients require long-term maintenance and some therapies fail despite apparently favorable systemic conditions.

Conclusion

Biological state likely shapes aspects of psychiatric treatment response, but the size and clinical predictiveness of each influence vary. The next advance will come from identifying which state variables change specific treatment decisions, not from renaming treatment failure as incoherence.

Selected readings

- Bousman et al., CPIC antidepressant pharmacogenetics
- Raison et al., Inflammatory biomarkers and differential response