Cannabis: Clinical Flowchart

Commonly-asked questions from patients REF

Does cannabis work?
"There are some conditions for which cannabis may provide benefit. For most conditions, however, there isn't much evidence to show cannabis is effective, and research is unreliable or ongoing. If you are using cannabis for other health issues, let's discuss them and make sure we are managing them well with treatments that have more evidence." REF

Cannabis is just a plant, isn't it safe?
"Inhaling or consuming cannabis, like tobacco, can have long-term risks to your health including respiratory, reproductive or memory

Why is the research unreliable?

"Many cannabis studies are small, brief, or did not do a placebo comparison. Some excluded people who had never tried cannabis; others are surveys of just a few people. Such research isn't reliable enough to be conclusive. Many topics haven't yet been studied."

Doesn't cannabis help anxiety?
"While many people use cannabis to reduce their anxiety, it may in

Include trauma-informed information

antidepressants, cannabinoid agonists)

the presence of a concurrent disorder.

Online module

Refer if indicated

See BC resources

sharing and motivational interviewing approaches

• Review consequences, readiness to change, goals

If unable to cut down use or experiencing harms from use,

PROBLEM CANNABIS USE

Suspect Cannabis Use Disorder

Does patient meet diagnostic criteria?

More Information

MEDICAL CANNABIS NON-MEDICAL USE SCREENING Patient using cannabis for wellness Patient requests a cannabis product Patient has not mentioned for a medical condition or recreation cannabis use Determine your patient's current cannabis use Screen all patients for current or potential cannabis use "Do you currently smoke cannabis or ingest it in other ways?" e.g. vaporize, synthetics, oils "How much and how often do you use cannabis?" "Have you used any form of cannabis in the past?" Video: Forms of Cannabis "Are you considering using any cannabis products since they are **Highest-risk groups** now legally available?" REF Though research is ongoing, cannabis is generally not Online module: Trauma-informed screening recommended for patients with: Ensure your patient understands safety risks of cannabis · History of substance use disorder* · History of psychosis Nο "There are many potential side effects from cannabis. Can we review them together?" REF Age < 25 years* "Do you plan to work or drive after using cannabis? This may be unsafe or illegal" · Pregnancy or breastfeeding "Do you know how to store cannabis safely to protect children or pets from overdose?" Re-screen when appropriate Cannabis withdrawal may also be more severe in women. "Cannabis is almost never recommended for children. The earlier you use cannabis, the higher your risk of "If you change your mind, I am able serious health conditions." *Exceptions apply. More information to help you review the harms and benefits." Online module: Harms and risk Patients who have previously declined to disclose cannabis use may feel more comfortable in the future. Does your patient have signs of cannabis use disorder? Almost 6-10% of cannabis users become addicted. REF Use a screening tool such as the CUDIT-R or ask patients to consider the following questions REF with regard to the past 3 months. The online module **MEDICAL CANNABIS** discusses limitations of this tool. • Did you ever think your use of cannabis was out of control? Determine whether medical cannabis is right • Did you worry about your use of cannabis or wish you could stop? for your patient • Would it be difficult to stop or go without cannabis? • Have you had issues at work due to cannabis use? • Did your friends, family or significant others have concerns about your cannabis use? • Have you had issues at work due to cannabis use? Online module: Harms and risk Yes to 1 or Patient is requesting cannabis for which condition? more question(s) Treatment or prevention of: Palliative or Spasticity from multiple sclerosis Chemotherapy-induced • Epilepsy Cancer Anorexia nausea/vomiting Neuropathic pain (MS) or spinal cord injury (SCI) Arthritis Fibromylagia · Acute pain **NON-MEDICAL USE** • Dvstonia Parkinson's Addiction Primary care providers can provide brief counselling sessions Glaucoma Asthma • More... Harm reduction: Help patients use See Evidence Grid (page 2) for details on research for specific conditions cannabis in a safer manner Symptoms persist despite Symptoms refractory to standard Symptoms refractory to standard ≥3 medications (neuropathic treatments treatments pain) or ≥2 medications (palliative pain) Consider pharmacologic options for withdrawal symptoms (e.g. Canadian guidelines recommend against Canadian guidelines suggest medical cannabinoids (nabilone or cannabinoids REF Canadian guidelines suggest nabiximols) have the strongest evidence for adjunctive therapy. medical cannabinoids (nabilone) Evidence of benefit is lacking & long-term Palliative pain NNT = $15 \frac{\text{REF}}{\text{Neuropathic pain NNT}} = 3 \frac{\text{REF}}{\text{Neuropathic pain NNT}}$ as adjunctive therapy NNT = 3 harms are unknown. Considering off-label REF Spasticity NNT = 7^{REF} use? See more about the pros & cons further management options are limited. Consider RACE line See Sample Cannabis Rx/Authorization (page 3) phone consult or referral to addictions specialist, especially in Continue to monitor regularly post-prescription at least every 3-6 months REF REF Discuss acute cannabis intoxication REF Discuss cannabis withdrawl REF Discuss strategies for safer cannabis use REF PharmaNet each visit Paranoid delusions, panic • In people who use non-prescribed To lower your risk, limit use as much as possible, and: · Signs of Withdrawal • Avoid inhaling. If you do, avoid breath holding / Confusion and amnesia cannabis >3 times per week, One withdrawal symptom occurs in 57%, • Depression, anxiety using validated tools such as PHQ-9 and • High heart rate, chest pain inhaling deeply Two symptoms 44% REF • Use less THC (e.g. lower strength, less quantity) Auditory/visual hallucinations GAD-7 Respiratory symptoms if inhaled cannabis Rapid or slow breathing/coma • In patients who use cannabis for chronic · Avoid synthetic cannabis • Symptom decline / improvement pain > 3 times per Consider 911 or poison control · Signs of cannabis use disorder See more resources week this increases to 68% REF Changes in medications or medical history Online module: Talking to youth More information How-to: Treat cannabis intoxication Functional decline / improvement using a journal or app **More information** Cannabis Withdrawl Scale





UBC CPD

Additional Information

Side Effects

Patients may experience high rates of cannabis side effects across all medical cannabinoids (NNH = 6), though this may vary based on THC/CBD ratio and may be dose-dependent $\frac{\text{REF REF}}{\text{REF}}$

Drowsiness

Impaired memory

Feeling highDizziness

SedationNumbness

Psychiatric disturbances

(27% if inhaled)

See the online module for comparison table.

"Feeling high" is generally attributed to THC and not CBD. REF However, CBD does have reported side effects especially sedation $\frac{\text{REF}}{}$

- Decreased appetite 22%
- Elevated LFTs 16% note these patients were also taking anti-seizure medication
- Vomiting 15%
- Pneumonia 8%

Pediatric trials on CBD (vs Placebo)

- Somnolence 25% (vs. 8%)
- Irritability or Agitation 9% (vs 2%)
- Aggression/ anger 3-5% (vs 1 %)

Smoked cannabis is not recommended due to unknown risk of lung disease. REF Health Canada recommends against vaping or vaporizing cannabis. REF

Safety and cannabis: Working or driving

The 4-6-8 Rule

Rate of fatal car crashes increases with THC use. REF Avoid driving for 4 hours after inhaling, 6 hours after ingestion, 8 hours if feeling high. REF

Can I work after using cannabis?

Check with your own industry as regulations vary widely. If you feel affected, don't engage in safety-sensitive activities such as driving or operating machinery, Effects usually last at least 6 hours after use, but can last 24 hours.

THC, CBD and more: Cannabis ingredients

Cannabis contains over 500 unique compounds

Principal ingredients: delta-9-tetrahydrocannabinol (89-THC) & cannabidiol (CBD). CBD does not cause a "high." REF