

U.S. Adults With Pain, a Group Increasingly Vulnerable to Nonmedical Cannabis Use and Cannabis Use Disorder: 2001–2002 and 2012–2013

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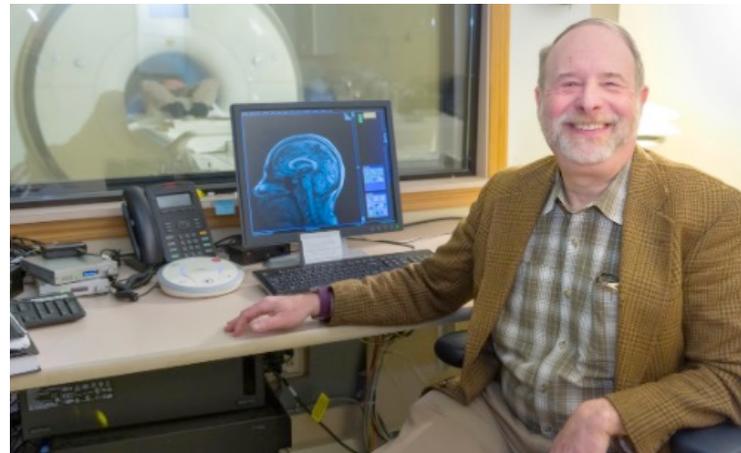
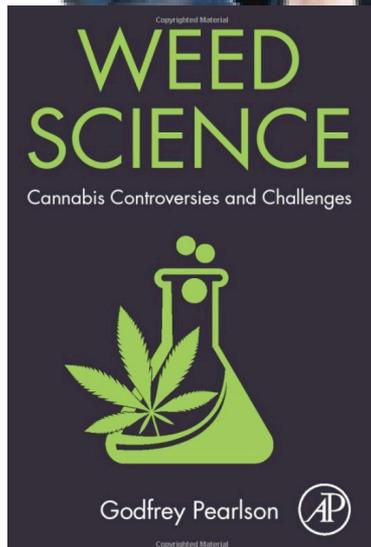


John Santopietro MD @MDSantopietro · Dec 16, 2019

Fantastic TEDx talk by Dr Godfrey Pearlson on driving and #marijuana - who leads the Olin Neuropsychiatric Research Center at the IOL. @HHCBNH @PatriciaRehmer @JCallenMD @drmanejwala @DrHowardLiu @1of2vics



Marijuana and Driving: Watch TEDxHartford Talk By I...
Dr. Godfrey Pearlson, founding director of the Institute
of Living's Olin Neuropsychiatry Research Center, ...
healthnewshub.org





J. Craig Allen, MD @JCAllenMD · Jul 11

"..Arrhythmia in recreational marijuana use"

Don't ignore the science on cannabis dangers.

Healthcare providers want evidence, not hype, legalization propaganda and

medical misinformation. @DrHowardLiu @BartAndrews @drmanejwala @UjjRam

@MDSantopietro @askdrloyd @StuckonSW

The screenshot shows the homepage of the International Journal of Cardiology. At the top, there is a navigation menu with links for 'Articles & Issues', 'For Authors', 'Journal Info', 'Special Issues', 'Virtual Special Issues', and 'ISACHD'. Below the menu is a search bar with the text 'Search all IJC Journals' and a dropdown menu set to 'All Content'. The main content area features the article title 'Burden of arrhythmia in recreational marijuana users' by Rupak Desai, Upenkumar Patel, Abhishek Deshmukh, Rajesh Sachdeva, and Gautam Kumar. The article is dated August 1, 2018, Volume 264, Pages 91-92. The DOI is <https://doi.org/10.1016/j.ijcard.2018.03.113>. The article is available in full text, images, and references. The highlights section lists the following key findings:

- Total of 2.7% of recreational marijuana users developed arrhythmia with a steadily increasing trend from 2010 through 2014.
- Atrial fibrillation was the most common subtype arrhythmia among hospitalized marijuana users.
- The incidence of arrhythmia in male and female marijuana users nearly increased two-fold between 2010 and 2014.
- The all-cause in-hospital mortality in marijuana users with arrhythmias increased from 3.7% in 2010 to 4.4% in 2014.



J. Craig Allen. MD @JCAllenMD · 54s



Recent cannabis use and myocardial infarction in young adults: a cross-sectional study and more information to consider when discussing [#RecreationalMJ](#) and [#MedicalMJ](#) with patients, family and friends



cmaj.ca

Recent cannabis use and myocardial infarction in young adults: a cros...

Background: Cannabis use is increasing among young adults, but its effects on cardiovascular health are poorly understood. We aimed to ...



J. Craig Allen, MD @JCAllenMD · Jun 25

FDA approval of CBD SL Spray means prescriber confidence uniform strength consistent delivery appropriate dosing and evidence based treatment for specific complex serious epilepsy syndromes, now that's [#medicalMarijuana](#) [medscape.com/viewarticle/89...](https://www.medscape.com/viewarticle/89...) via [@medscape](#)

FDA Approves First Cannabis Drug for Rare Forms of Epilepsy

Deborah Brauser

DISCLOSURES | June 25, 2018



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The US Food and Drug Administration (FDA) has given the thumbs up to a purified formulation of cannabidiol (CBD) (*Epidiolex* oral solution, GW Pharmaceuticals) for the treatment of seizures related to two rare forms of epilepsy in patients older than 2 years of age. The two types of epilepsy indicated are Lennox-Gastaut syndrome and Dravet syndrome.

"This is the first FDA-approved drug that contains a purified drug substance derived from marijuana," the agency announced in a press release. "It is also the first FDA approval of a drug for the treatment of patients with Dravet



J. Craig Allen. MD @JCAllenMD · Feb 1

SCARCE evidence [#cannabinoids](#) improve ADHD, TD, PTSD, Psychosis, Dep and Anx DO/SXS. Quality direct examination of cannabinoids effect on MHD needed. [#MedicalMJ](#) [#SUD](#) [@MDSantopietro](#) [@DrHowardLiu](#) [@JudgeWren](#) [@CSMSNews](#) [@AAAP1985](#) [@ASAMorg](#) [@NationalCouncil](#)
thelancet.com/journals/lanps...



[Lancet Psychiatry](#). 2019 Dec;6(12):9

cannabis in psychiat

[Guzza DC](#)¹.

Author information

Comment on

[cannabinoids for the treatment](#)

[9]

Potential drug interactions: Medication metabolism influenced by THC effects on CYP enzymes^a

CYP1A2 substrates

Clozapine
 Duloxetine
 Fluvoxamine
 Melatonin
 Mirtazapine
 Olanzapine
 Ramelteon

CYP3A4 substrates

Alprazolam
 Amitriptyline
 Aripiprazole
 Buspirone
 Carbamazepine
 Citalopram
 Cyclosporine
 Haloperidol
 Imipramine
 Midazolam
 Mirtazapine
 Risperidone
 Sertraline
 Zolpidem

CYP2C9 substrates

Amitriptyline
 Fluoxetine
 Ibuprofen
 Losartan
 Phenobarbital
 Phenytoin
 Valproic acid
 Venlafaxine

^aThis is not an exhaustive list of substrates. THC inhibits CYP2C9 and CYP3A4, potentially increasing availability of the medications listed. THC induces CYP1A2, potentially reducing availability of the medications listed

CYP: cytochrome P450; THC: delta-9-tetrahydrocannabinol

Source: Adapted from references 66,68

Recommendations for your patients who use cannabis **medically** or recreationally



- Cannabis use has health risks best avoided by abstaining
- Delay taking up cannabis use until later in life
- Identify and choose lower-risk cannabis products
- Don't use synthetic cannabinoids
- Avoid smoking burnt cannabis-choose safer ways of using
- If you smoke cannabis, avoid harmful smoking practices
- Limit and reduce how often you use cannabis
- Don't use and drive, or operate other machinery
- Avoid cannabis use altogether if you are at risk for mental health problems or are pregnant

Reference

Fischer, B., Russell, C., Sabioni, P., van den Brink, W., Le Foll, B., Hall, W., Rehm, J. & Room, R. (2017). Lower-Risk Cannabis Use Guidelines (LRCUG): An evidence-based update. *American Journal of Public Health, 107*(8). DOI: 10.2105/AJPH.2017.303818.

Healthcare providers considering medical cannabis for their patients



- Subject cannabis products to the FDA review and approval process ensure safety and effectiveness.
- Healthcare providers who recommend non-FDA-approved products should have:
 - Training with an emphasis on **risk mitigation** and the **prevention, diagnosis, and management** of cannabis use disorder and other substance use disorders.
 - Patient-clinician relationship includes appropriate evaluation, medical record and follow-up visits to assess results and amend the treatment plan as needed.
 - Use caution as with other controlled substance.
 - Discontinue treatment if it is not effective or causes harm.
 - **Only** recommend if there is evidence that the **potential benefits outweigh the potential harms.**
 - **Great caution**, recommending to those with **substance or psychiatric disorders, pregnant or children and adolescents.**
 - **Screen** for cannabis and other substance use disorders and **refer to treatment** before recommending cannabis to be used for medical purposes.
- **Do NOT recommend cannabis use for the treatment of opioid use disorder.**

Other considerations regarding medical cannabis



- **Do NOT recommend cannabis use for the treatment of opioid use disorder.**
- **Potency** of cannabis used for medical purposes should be determined and **clearly displayed** on the label. **Consider the ratio of CBD to THC** with respect to the indication and minimize potential adverse effects.
- Discourage inhalation of combusted cannabis as a drug delivery method.
- Regulation of cannabis use for medical purposes should be overseen by departments of health.
- Indications for medical or mental health conditions should not be specified by legislatures or public referenda.
- Cannabis recommended by clinicians for medical purposes should be reported to Prescription Drug Monitoring Programs those recommending should check the **PDMP** prior to making a recommendation.
- Federal legislation and regulation should encourage scientific and clinical research on cannabis and its compounds, expand sources of research-grade cannabis, and facilitate the development of FDA-approved medications derived from cannabis such as cannabidiol (CBD) or other cannabis compounds. Research needs for cannabis to be used for medical purposes include basic outcomes studies for well-defined conditions using well-defined medical cannabis products.

Larry

25 yo male presents to his new PCP with complaints of back and joint pain.

Medical marijuana card issued



FHx: Paternal alcoholism, maternal substance and mood disorder.

Psych Hx: In psychiatric care since the age of 15, 7 psychiatric hospitalizations the 4 most recent for severe anxiety, paranoid delusions, and suicidality. All strongly associated with marijuana use.

Last hospitalization was a year and a half ago after an outpatient dual diagnosis PHP/IOP course, Larry remained in monthly OP care having achieved 12 months abstinence. 8 months ago, he tapered of his medication (Abilify 20, Wellbutrin XL 300, Sertraline 100mg) and sustained mood stability and had found a job and just started training at Amazon.

But first needed a physical for work.

At our next appointment he tested positive on UDS for THC.

PCP and the community health center had written him a certificate for MM “for my PTSD”.

Patient #2

27 yo single woman with Bipolar disorder, General Anxiety Disorder, Tobacco Use Disorder and Opioid Use Disorder, in remission, on replacement therapy.

Meds: buprenorphine/naloxone 8mg/d, quetiapine 400mg at night, sertraline 100mg and birth control

Psych Hx: Multiple psychiatric hospitalizations for mood lability and suicidality as well as two rehab programs for substance use disorder, the last one extended to three months.

However, for the last 18 months on bup/nalox and in therapy she has been stable. Living with her mother, she has finished a program to be a medical technician and is applying for positions.

During our monthly appointment she presents tearful, slightly disheveled and her UDS is positive for bup and for the first time in a year, positive for THC.

“I have a card”

“He told me I could smoke instead of taking your med for sleep, besides, he says it could make me fat”

“He also told me to get off the bup”



Patient #3

18 yo Caucasian boy with Major Depressive Disorder and generalized anxiety disorder.

Psych Hx: Psychiatrically hospitalized in September of his SR yr after quitting soccer team (co captain as a JR), failing grades and stopped going to school.

Meds: Sertraline 200 mg and Wellbutrin XL 450mg

By January catching up on homework and partially school iday, n February, full time, in June walked with his classmates at graduation.

First appointment of the summer came presenting slightly disheveled, distracted, anxious. After probing he reluctantly tod me he saw a doctor who gave him a MMC.

The retired surgeon had diagnosed him with PTSD

Met one more time, stopped coming. Heard he had not gone to college...

