Cannabinoid Based Medicine in Mental Health Disorders

BEST PRACTICES FORUM

Date:
Wednesday, November 24, 2021

Time: 7:30 – 9:00 pm EST

Practical Applications and Practice Implementation Worksheet

Cannabinoid-Based Medicine In Mental Health: Mood Disorders

1. When choosing the concentration of a product, it is all about the math! When using a high concentration product, a smaller amount will be required than when using a low concentration product.

2. Target ranges include 50-100mg/day of CBD and less than 20mg/day of THC. Do not exceed 40mg of THC /day.

3. CBM can be added as an adjunct medication. Once a patient's dosing of cannabis is stabilized, the appropriateness of tapering prescription medicines can be assessed.

4. Naive cannabis users, without tolerance to THC, are more prone to adverse events. Using a "Start low, Go slow" titration method, while monitoring closely for adverse events, helps to build tolerance.

5. Orally ingested CBMs are often the preferred route of administration, as they provide the greatest consistency for dosage and titration and have no inhalation-related risk.

What are your next steps to implement this learning into your practice?

Are any patients in your practice coming to mind that you feel you need to follow up with?

Cannabinoid-Based Medicine In Mental Health: Sleep Disorders

1. Approximately 13% of adult Canadians suffer from insomnia.

2. Randomized controlled trials of over 2000 patients with 1000 patient-years exposure have demonstrated benefit for balanced THC/CBD in the management of insomnia associated with chronic pain.

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3. Use oral or mucosal formulations of balanced THC/CBD at 5 mg of each cannabinoid at hs. May be up-titrated to 10 mg hs.
4. Cannabis for disordered sleep should be limited to 30 days of continuous use or prn not to exceed 3-4 times weekly.
5. Less than 10% of patients will experience next day somnolence/lethargy/fatigue.
6. Withdrawal after long term use may be associated with rebound insomnia lasting up to 7 weeks.

Cannabinoid-Based Medicine In Mental Health: PTSD

1. Extant treatments are inadequate for many and consequences are severe.
2. Preclinical research has identified an etiological role for the ECS.
3. Substantial anecdote, advocacy and cross-sectional evidence in favour.
4. Nabilone reduced nightmares and improves sleep.
5. Longitudinal evidence is mixed – and methodologically limited
   - Some evidence for negative reinforcement/exacerbation of avoidance.
   - Some evidence for reduced anxiety, depression and suicidal ideation.
6. Evidence for acute symptom improvement with no long term gains.

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