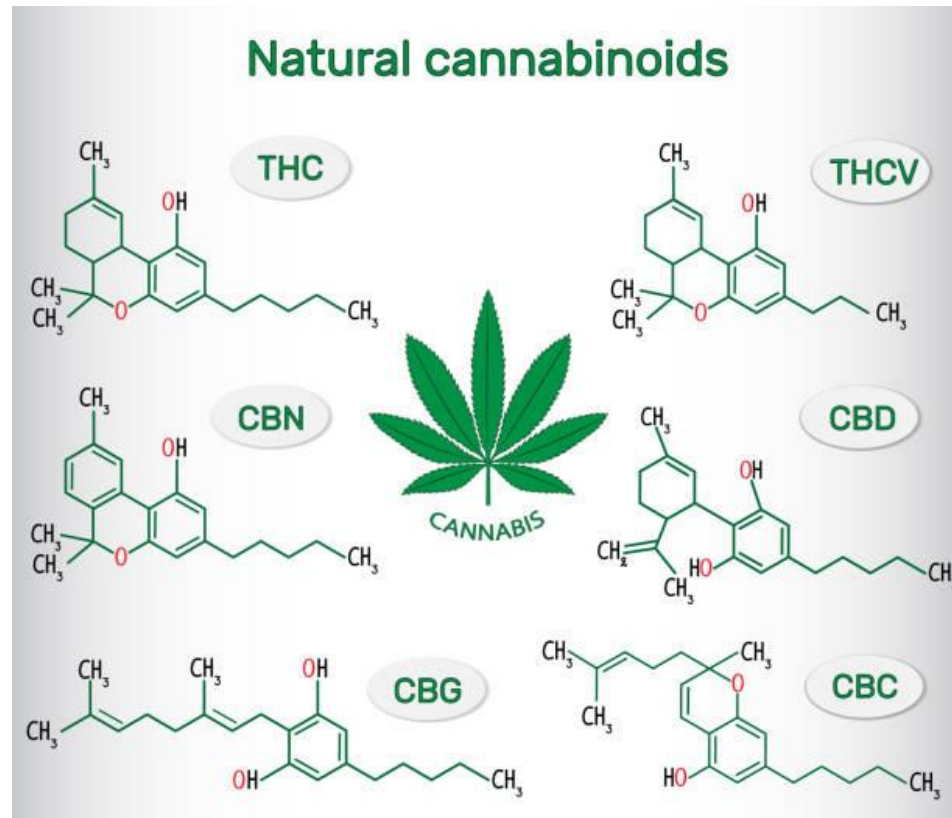


# Cannabinoids: Prevalence of Use, Who, How, Why and When?

# Introduction

- Use of cannabinoid drugs in Denmark is increasing, as the media shows casuistic patient reports with benefits from their use. Consequently, the Danish government has decided to approve cannabis for medical use.
- It is described to have an effect on nausea, pain, wellbeing and recreation in general
- Until January 2018 only 2 cannabinoid drugs were legal, as it has been approved by EMEA. Tablets containing tetrahydrocannabinol (THC) for nausea/loss of appetite and oral spray containing delta(9)-tetrahydrocannabinol and cannabidiol for pain among neurological or palliative patients

# Short overview



# Background

- No other Danish studies have been made over the incidence of use among patients in palliative care.
- There is no evidence that supports the use of cannabis in palliative care, except for the 2 approved drugs, even the effect of those are discussed
- Cannabis may cause psychosis, dependency, and other adverse outcomes.
- Cannabis may cause interactions with prescribed medicine.

# AIM

To describe the incidence of cannabis intake in 80 palliative patients at a single center, Roskilde Palliative Department

## **Primary endpoint:**

To find the incidence of cannabinoid use among palliative patients

## **Secondary endpoints:**

To give an idea of who takes cannabis

To define why they use it

To get an overview of where the patients buy it

# Methods

- We screened 90 patients over a period of 3 ½ months in order to include 80 patients
- 5 were excluded as their condition made them unable to fill out the schedule
- 5 were excluded as they didn't meet the inclusion criterias
- The patients were handed out a questionnaire at the first attendance to the department
- It was a simple questionnaire, anonymized
- Due to the small number of patients there was no statistical analysis performed.

# Results

- Almost 40 % (31/80) tried cannabis
- Around 20 % (16/80) still use.
- Men overrepresented in the cannabis consuming group (68% vs 37%)
- Around 40 % in both groups lives alone
- Around 50% of all the patients get state-provided free medicine, though 1/16 patient among the users didn't know and 7/64 among the non-users

# Results

	Cannabis + (16pts)	Cannabis – (64pts)
<b>Gender:</b>		
Female	6/16 (37%)	40/64(63%)
Male	10/16 (63%)	24/64 (37%)
<b>Educational level:</b>		
Middle school	6 (37%)	11 (18%)
Short education	5 (30%)	26 (40%)
Bachelor or similar	3 (19%)	10 (16%)
University	1 (7%)	6 (9%)
N/A	1 (7%)	11 (17%)
Total	16	64
<b>Age</b>	62 (40-83)	69 (49-90)
<b>Living alone</b>	6/16 (37%)	26/64 (40%)
<b>State provided medicine</b>	8/16 (50 %)	27/64 (40%)
<b>Previous Use of cannabis</b>	5/16 (31%)	5/64 (8%)



# Results

- 1 patient hallucinated, the rest stopped due to dizziness, nausea or lack of effect
- The patients seems to buy the drug illegally 77%(24/31)
- 12 patients did not answer what their educational status was

# Discussion

- The frequency of intake we find, seems to correspond to American studies where 20 % still use it in states with legalized cannabis.
- In American and Canadian studies up to 70 % actually tried cannabis after diagnosis, in our search we find 40 %
- Studies from other countries shows lower incidence (Netherlands 2,6 %, Israel 1,7%, Australia 13%)

# Discussion

- There is an overrepresentation of patients (5/16) having tried cannabis before diagnosis in the patients still using, all of them men.
- 25 % (8/31) of the Danish users expected curative effect on the cancer, and others had a good effect on nausea, loss of appetite, pain, well-being was increased, more relaxed

# Discussion

## Complexity:

- At least 483 different compounds including at least 65 cannabinoids in the plants
- Which ones are active?
- Which ones conflicts or interacts with other medication?
- Content in illegal oil vs legalized

# Discussion

- Why even approve it?
- Political medicine
- The Danish Palliative Society recommend that further prospective randomised studies are needed before prescribing.
- The prescribing physician is personally responsible for side effects

# Discussion

How to handle the patients:

- Openness
- Curiosity
- Accept their use
- Explain why no prescription

# Conclusion

- More studies are needed to make conclusions, but cannabis seems to be commonly used and we need to be aware about possible side-effects in all our patients.
- We need larger studies to conclude anything from the subgroups
- We need large prospective studies to show if there is any benefit of cannabis intake among palliative patients.