

# Our Practice

By pharmacists for pharmacists.



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## Feature Article

### ABC 123 CBD THC? Our Basic Approach to the Cannabis Curious

JILLIAN REARDON, BSC(PHARM), PHARMD, ACPR, RPH

#### Background

On October 17, 2018 the Cannabis Act came into play, permitting the legal sale of certain cannabis products (oil, fresh/dried, seeds, plants) in Canada. Additional forms of cannabis (edibles, extracts and topicals) are expected to be available for legal sale later in 2019. Breaking down the legal barrier and subsequently reducing stigma surrounding cannabis has noticeably increased patient curiosities about its use. Of note, the Health Canada system for allowing access through licensed sellers remains in place for medicinal uses.<sup>1</sup> Although cannabinoids have been promoted for an array of medical conditions, the evidence base suffers from methodologically flawed studies and lack of generalizability given the breadth of formulations studied. Data from meta-analysis of cannabis for medicinal use suggests that adequate evidence exists to support treatment of chronic neuropathic pain, spasticity, and pediatric seizure disorders.<sup>2</sup> For chronic neuropathic pain, cannabinoids are generally considered third in line once patients have failed on standard therapies such as gabapentinoids, SNRIs and tricyclic agents. Evidence is inconclusive or insufficient to broadly recommend cannabis for management of chemotherapy-induced nausea and vomiting, anxiety, fibromyalgia, glaucoma, dementia, Crohn's disease, movement disorders, PTSD or traumatic brain injury.<sup>2,3</sup>

#### Our Approach

As part of our patient assessment and social history we routinely ask about cannabis use and document this in our electronic medical record. We attempt to determine if use is recreational or medicinal and, like any other medication, we inquire about the formulation, route, dose and frequency of use as well as effectiveness and tolerability. In patients who are using cannabis, or considering use, we first ensure no contraindications exist, as follows:<sup>2,3</sup>

- Patients under age 25 (case by case exceptions e.g. refractory pediatric seizure disorders)
- Personal or family history of psychosis and/or schizophrenia (use with caution if current or past history of anxiety or mood disorder)
- Has a current or past cannabis use disorder or other substance use disorder (e.g., alcohol, benzodiazepine, opioids)
- Is pregnant, planning to become pregnant or breastfeeding
- Known cannabinoid allergy

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We find it helpful to determine why patients are seeking out cannabis (e.g. current therapies ineffective, on the recommendation of friend/media etc.) as this fosters meaningful discussion around goals of therapy and how to best optimize both drug and non-drug therapies prior to considering cannabis. Asking if patients have used cannabis before, perhaps recreationally, may also help determine tolerability and anticipate potential side effects based on past experiences. In current and prospective cannabis users, we assess for risk of drug interactions. The table published in the Canadian Pharmacists Association "Cannabis" drug monograph (accessible online through RxTx©) is a helpful resource.<sup>2</sup> Other important pieces include harm reduction education such as favouring oral or vaporized preparations to smoking. It is important to ensure patients are aware that it is illegal to take cannabis across a Canadian border whether or not cannabis is legal in the destination country and regardless of being authorized by Health Canada to use cannabis for medicinal purposes.<sup>1</sup>

## Useful Resources

We often suggest patients who are suitable candidates for a therapeutic trial of cannabis be referred to a physician-staffed medicinal cannabis clinic. These clinics can assist patients navigate the Health Canada access process and provide specific therapeutic recommendations regarding formulations and dosing as well as follow-up. Patients may access these through their primary care provider or in some cases, self-referral. Examples of such clinics include the Medicinal Cannabis Resource Centre (<http://www.mcrci.com/>) in British Columbia and Greenleaf Medical (<https://greenleafmc.ca/>), which provides Canada-wide telehealth service. For pharmacists wanting to learn more, the Canadian Pharmacists Association offers a comprehensive Medical Cannabis online continuing education program (<https://www.pharmacists.ca/education-practice-resources/professional-development/medical-cannabis-ce/>). Furthermore, the College of Family Physicians of Canada has excellent resources and practical guidance documents available here: <https://www.cfpc.ca/cannabis-resources/>.

## References

1. Cannabis in Canada. Government of Canada. 2019. <https://www.canada.ca/en/services/health/campaigns/cannabis/canadians.html>
2. RxTx Ottawa (ON): Canadian Pharmacists Association; c2018. CPS online: Cannabis; Available from: [www.myrxtx.ca](http://www.myrxtx.ca)
3. Allan MG, Ramji J, Perry D, Ton J, Beahm NP, Crisp N. Simplified guideline for prescribing medical cannabinoids in primary care. Canadian Family Physician February 2018, 64 (2) 111-120.

## Case Study

### Where's the Smoke - is Cannabis Effective for Neuropathic Pain?

LARRY LEUNG, BSC(PHARM), RPH



M.P. is a 55-year old male who has been referred by his family physician to a pharmacist for discussion on the effectiveness and safety of medical cannabis for chronic pain. He has tried and failed on multiple therapies and is interested in starting medical cannabis, either inhaled or oral, after hearing about it from his friends. His other medical conditions include generalized anxiety, as a result of his pain, which is not currently treated with medications. He has no history of substance use disorders.

M.P.'s pain (onset 10 years ago) is unilateral, occurring only in his right leg and is described as sharp, stabbing, and electric shock-like in nature that moves up and down the leg. There is slight tingling in his right foot, but physical assessment shows no areas of sensory loss, skin sensitivity, or concurrent musculoskeletal pain. The pain is intermittent, occurring randomly throughout the daytime, at least 5-6 times per day. Pain severity ranges from 5-8/10 on a numeric rating scale with 10 being the worst possible pain. There are slight gait abnormalities when the pain is severe, affecting his daily activities, such as driving or walking long distances. There are no relevant lab results. He was seen by two neurologists that have both ruled out, through investigation, any underlying causes for his condition, including other medical conditions or medications. He has been diagnosed with chronic peripheral neuropathic pain, that is idiopathic in nature.

He is not currently managing his pain with any medications. Past medications that have been tried and failed, due to lack of efficacy or intolerable adverse effects, include amitriptyline 50 mg daily, gabapentin 1800 mg daily, pregabalin 150 mg daily, duloxetine 60 mg daily, venlafaxine 150 mg daily, acetaminophen with codeine, tramadol and topical lidocaine. Intolerable adverse effects experienced by the patient for listed medications include drowsiness, dry mouth and cognitive impairment.

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## Background

Neuropathic pain is a disorder in which nerves exiting the central nervous system are damaged and is characterized by weakness, pain, and numbness.<sup>1</sup> Types of neuropathic pain include nerve root pain, carpal tunnel syndrome, postherpetic neuralgia, trigeminal neuralgia, and idiopathic peripheral neuropathy.<sup>1</sup> The primary goal of therapy is to reduce the pain and improve quality of life for the patient.<sup>1</sup> Established first line agents with strong evidence include tricyclic antidepressants, gabapentinoids, and serotonin-norepinephrine reuptake inhibitors. Second- or third-line agents consists of topical agents and tramadol.

With the legalization of non-medical cannabis, questions from patients on the use of different forms of cannabis for a variety of medical conditions, such as seizures, nausea, spasticity, and pain have increased. Efficacy of medical cannabis on these medical conditions is limited at best, which makes it more challenging to communicate benefits and risks.<sup>2</sup> In this particular case, guidelines are inconsistent with recommendations on cannabinoid use in neuropathic pain treatment, leading many clinicians to wonder how to best communicate appropriate effectiveness and safety to patients.

## Discussion

In regards to M.P.'s question on medical cannabis, we conducted a search with a focus on the effectiveness and safety of medicinal cannabis for the treatment of neuropathic pain. Allan *et al.* propose a simple prescribing algorithm for medical cannabinoids for neuropathic pain: consideration can be made for medical cannabinoid (e.g. nabilone) as adjunctive therapy for neuropathic pain, if a patient has tried > 3 medications for neuropathic pain.<sup>2</sup> A 2015 systematic review and meta-analysis of 5 randomized controlled-trials (n=178) suggests that inhaled cannabis may provide short-term relief (30% reduction in pain) for 1 in 5-6 patients (NNT=6) with neuropathic pain from different causes.<sup>3</sup> However, the review only included a small number of studies with a small number of participants, with high risk of performance and detection bias, given the lack of allocation concealment and appropriate blinding and loss to follow-up. Another systematic review published in 2016, consisting of 15 RCTs (n=1,078) looking at the efficacy, tolerability and safety of any cannabinoids for treatment of chronic neuropathic pain found a 30% reduction in pain for 1 in 14 people (NNT=14).<sup>4</sup> In both reviews, median follow-up was about 4 weeks, with study duration ranging between 2-15 weeks.<sup>3,4</sup> Adverse effects include sedation, dysphoria, confusion, and dizziness, among others.<sup>3,4</sup> Despite our patient fulfilling the simple prescribing algorithm criteria (Allan *et al.*) to start medical cannabis, the lack of strong evidence regarding sustained long-term benefits and safety concerns/risks identified in both studies, makes it difficult to strongly recommend the use of medical cannabis regularly in our patient.

We discussed with the patient the importance of finding a balance between adequate pain relief and acceptable adverse effects from medication therapy, and given his concerns with drowsiness with past medication trials and his comorbid anxiety, he decided not to proceed with cannabis. We discussed the multi-faceted and holistic approach necessary for pain management and provided the patient other non-pharmacological options such as physiotherapy, mindfulness, and exercise.

## References

1. DynaMed Plus [Internet]. Ipswich (MA): EBSCO Information Services. 1995 - . Record No. T474253, Peripheral neuropathy; [updated 2018 Dec 04, cited April 16, 2019]. Available from <https://www.dynamed.com/topics/dmp-AN-T474253>. Registration and login required.
2. Allan GM, Ramji J, Perry D, et al. Simplified guideline for prescribing medical cannabinoids in primary care. *Clinical Practice Guidelines. Canadian Family Physician.* February 2018; 64(2): 111-120
3. Andrae MH, Carter GM, Shaparin N, et al. Inhaled Cannabis for Chronic Neuropathic Pain: A Meta-analysis of Individual Patient Data. *The Journal of Pain.* 2015; 16(12):1221-32
4. Petzke F, Enax-Krumova EK, Häuser W. Efficacy, tolerability and safety of cannabinoids for chronic neuropathic pain: A systematic review of randomized controlled studies. 2016; 30(1):62-88. *Schmerz.* 2016; 30(1): 62-88

**Note - Each case study has been peer reviewed and qualifies as a non-accredited learning activity (CE-Plus) within the annual professional development requirement for licensure by the College of Pharmacists of British Columbia.**

## Your Responsibility

The recommendations in this case are based on the views of our clinicians after careful consideration of the best available evidence and needs of a specific patient. As a health care professional, you will assess each of your cases based on the patient's unique circumstances and in consultation with the patient and their care team. If you would like to discuss one of your patients with us please contact the [Clinic team](#).

