

Clinical Pearls

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Clinical Pearl 5/01/21

Each week we will aim to bring out a concise email that provides 4-5 key pieces of information addressing a specific issue in clinical therapeutics.

This week: Medicinal Cannabis - Part 1

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Cannabis has been used as a medicine for the past 5000 years. Its use for medicinal purposes has been recently approved in Australia.

Cannabis exerts its effect on the body through the stimulation of cannabinoid receptors. These cannabinoid receptors are classed as CB1 and CB2. The cannabinoids also found in the human body are called endocannabinoids and they effect appetite, sleep, memory, pain and inflammation.

There are about 100 cannabinoids in the cannabis plant. The cannabinoids are most abundant in the female flower which is used in the manufacture of medicinal cannabis products.

The two main cannabinoids used medicinally are THC and CBD. These 2 cannabinoids have different actions and different therapeutic uses.

THC (tetrahydrocannabinol)

- Responsible for the psychoactive effects of cannabis and why cannabis is used recreationally.
- Can have anti-convulsant properties depending on dose
- Scheduled as schedule 8
- Possible actions; reduction of nausea, vomiting pain and muscle spasms, as well as improvement in sleep and appetite
- Products high in THC; have been associated with convulsions, feeling high or dissatisfied, depression, confusion, hallucinations, paranoid delusions, psychosis and cognitive distortion.

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CBD (cannabidiol)

- Non-psychoactive
- May modify some of the psychoactive effects of THC
- Appears to be safe in high doses
- Adverse effects common to both; fatigue, sedation, vertigo, nausea and vomiting, decreased or increased appetite, dry mouth and diarrhoea.
- CBD can be used for a variety of indications including epilepsy, chronic non-cancer pain, chemotherapy induced nausea and vomiting and in palliative care.
- The Therapeutics Goods Administration (TGA) have changed the scheduling of certain low dose cannabidiol (CBD) preparations from an **S4** (Prescription Medicine) to **S3** (Pharmacist Only Medicine).
- These **low dose** CBD products (up to a maximum of 150mg/day) can now be supplied by the pharmacist without a prescription. There are currently **no** TGA approved products available in Australia, but companies can now apply to the TGA for their product to be included in the S3 CBD preparations on the Australian Register of Therapeutic Goods (ARTG).

Information on clinical evidence for use will be in next week's Clinical Pearl.

Please consider these issues when preparing or interpreting RMMR reports or education sessions. Contributions of content or suggested topics are welcome and should be sent directly to natalie@wardmm.com.au