

# Clinical Pearls

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**Clinical Pearl 12/01/21**

**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 2 - Clinical Evidence for Use of CBD**

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## **Epilepsy**

Evidence supporting the use of medicinal cannabis in some childhood epilepsies is strongest. The cannabis compound CBD has been used as an add on to treatment in drug-resistant epilepsy in children and young adults up to 25 years. Several studies have reported improvements in paediatric and adult groups but there are few studies of how effective cannabidiol is in treating adult epilepsy.

## **Multiple sclerosis**

Nabiximols - a cannabis plant extract that is registered with the TGA for use in muscle spasticity associated with MS but not listed on the PBS.

## **Chronic non-cancer pain**

Most studies involved using medicinal cannabis in addition to other pain medications and focused on chronic rather than acute pain.

There is some evidence that cannabinoids can reduce pain in neuropathic pain, but for many the reduction may be small.

We do not have enough information on whether medicinal cannabis is effective in treating pain associated with arthritis and fibromyalgia.

## **Chemotherapy -induced nausea and vomiting in cancer (CINV)**

Only a small number of studies show relief of symptoms of CINV in patients using medicinal cannabis.

Medicinal cannabis should only be prescribed for CINV if all other treatments are unsuccessful.

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## Palliative care

It should be used only after standard treatments have failed. Medicinal cannabis may interact with chemotherapy and other medications used in palliative care. More studies are needed to better understand this.

Most cannabinoid metabolism occurs in the liver and involves the CYP450 pathway.

Excretion of THC and its metabolites are excreted through the faeces and urine. It may take up to 5 days for 80 to 90 per cent of the total dose to be excreted.

Medicinal cannabis products consumed as oils or liquid capsules are more slowly absorbed. Effects are generally delayed for 30-90 minutes. Bioavailability of oral cannabinoids is low (10-20 per cent) because of intestinal and first pass liver metabolism. Peak effects can occur two to four hours after consumption. It is important to allow at least 3 hours between administration of single oral doses to avoid possible overdose. Effects can last 8 hours and as long as 24 hours.

Currently cannabis is available as:

1. Pharmaceutical; natural and synthetic medicinal – grade products with standardised content. These include:
  - Dronabinol (Marinol®, Syndros®) synthetic form of THC
  - Nabilone (Cesamet®); synthetic form of THC

These medicinal cannabis products are unregistered and are considered elicit substances so cannot be prescribed by the GP unless they have been accessed via the Special Access Scheme (SAS) or Authorised prescriber (AP) scheme if deemed appropriate for use in their patient.

- Nabiximols (Sativex®); chemically pure 50:50 mixture of TCH and CBD.TGA approval is not required to prescribe this medicine.
2. Medicinal-grade herbal cannabis  
Produced and processed in controlled standard conditions to a medical grade, higher levels of CBD and other cannabinoids and contains lower levels of THC. This is provided in herbal form or processed as an oil, balm, capsule or pill. E.g. Nanabis™

## References

NPS-Medical cannabis-what you need to know <https://www.nps.org.au/professionals/medicinal-cannabis-what-you-need-to-know>

TGA- Guidance for the use of medicinal cannabis <https://www.tga.gov.au/medicinal-cannabis-guidance-documents>

RACGP – Use of medicinal cannabis products <https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/clinical-and-practice-management/medical-cannabis>

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](mailto:natalie@wardmm.com.au)