The GeriJournal

Volume 13, Number 2
February 2018
A publication of GeriatRx Pharmacy

Cannabis for All

Cannabis is big news! There are a wide variety of products available, and over 70 licensed producers growing multiple strains of the plant. There is a real push to prescribe, and accreditation, regulatory bodies and the education process are working hard to catch up.

Awareness of therapeutic and adverse effects is developing. Most studies have been too small, too short, too young and uncontrolled. One such oft cited Israeli trial showed a 44% reduction in opiate use when cannabis was added for chronic pain. Still, it's hard to ignore all the success stories out there.

The process of obtaining medical cannabis and conditions for its sale and distribution to facility bound residents is largely unknown. Each licensed producer (LP) has medical (prescriber) and patient registration documents to be completed and sent to the LP for processing. Approval is usually granted in days. Phone support is available if the prescriber needs product selection/dosing help.

Recreational marijuana is usually smoked or "vaped". Smoking burns the leaves and activates the chemicals inside for quick absorption through the lungs. Vaping produces the same results, with no flames. Most facilities will reserve these methods for cognitive, self-medicating residents, or avoid them completely. Initial dosing will usually involve low volumes of the oral oil (0.1 – 0.5ml) product via calibrated droppers. Once a chronic dose is established, a capsule form can be substituted for ease of administration. It is not covered, costing $100-200 per month.

The sale of medical cannabis is regulated by the ACMPR (*Access to Cannabis for Medical Purposes Regulation*). ACMPR mandates that medical cannabis be sent by registered mail, directly to the patient. This is a challenge in any facility, although one or two staff members can be selected as alternates. Pharmacies are excluded from this process and LP labeling does not meet MOHLTC guidelines. Rx numbers and tracking forms are missing for this controlled drug. Directions are expressed in grams of dried leaves rather than ml/mg. Very confusing!

Marijuana's effects were recognized thousands of years ago. Two principal chemicals, tetrahydrocannabinol (THC) and cannabidiol (CBD) are believed to be responsible for its action in the body. The endocannabinoid receptor system (CB1 and CB2) responds to our own THC-like substances. CB1 receptors are found primarily in the nervous system and CB2 receptors on cells in the immune system.

THC acts on both receptors, potentially reducing pain and nausea. It can improve appetite in chemotherapy induced anorexia and it may have anti-seizure qualities. CBD is touted as having analgesic, anti-inflammatory, anxiolytic and antipsychotic qualities.

Interactions with liver cytochromes are likely, but not fully understood yet. Central effects, such as paranoia, and problems with memory, coordination and judgement are possible. Low starting doses and slow increases can prevent these problems, but close monitoring is essential. Extreme reactions with psychologically unstable or demented residents are possible, as are falls and cognitive deficits. Co-administration of CBD with THC seems to minimize or prevent the central effects, so the two chemicals are often given together in a 1;1 ratio.

I recommend starting with nabilone (synthetic THC). It is covered and standardized. If unsatisfactory, GeriatRx is working with a large LP to fix labeling and delivery issues.

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