



## Monitoring for Potential Adverse Effects of Cannabis Among Older Adults

### MONITOR CANNABIS\* USE:<sup>1</sup>

- Assess efficacy in managing symptoms
  - Include discussion of side effects and adverse effects
  - Review concomitant medication changes
  - Review dose of THC/CBD, routes of administration, and type of cannabis product
- Assess tolerance, dependency, and problematic use
- Include harm reduction discussions e.g., remind older adults who are working, driving cars, caring for minors that caution is needed when using cannabis, particularly for products with THC
- Suggest a cost/benefit review to assess whether the benefits outweigh the costs (e.g., physical, financial)

### CONSIDER POTENTIAL ADVERSE EFFECTS

When deciding if an older patient is an appropriate candidate for cannabis, review medical history and risks while considering potential adverse effects. As with any medication or substance, older adults may be more susceptible to adverse effects when taking cannabis due to the possibility of:<sup>2</sup>

- Comorbidities
- Polysubstance use and drug- drug interactions
- Psychomotor impairment
- Cognitive impairment
- Change in metabolism

When cannabis is inhaled, it may exacerbate respiratory symptoms and cardiovascular issues.<sup>3</sup> **Inhaled cannabis (including vaping products) is generally not recommended for older adults.**

### HIGHER DOSE AND THC CONCENTRATION CONSIDERATIONS

The following potential adverse effects may be exacerbated by higher doses and higher THC concentrations:<sup>1</sup>



**COGNITIVE:** Short-term memory impairment, which may be particularly harmful to patients with pre-existing cognitive impairment.<sup>2</sup>



**MENTAL HEALTH:** Low dose, short-term medical cannabis does not generally have a significant risk of adverse effects in older adults without prior psychiatric history, however, further research is required to determine mental health risks associated with long-term use.<sup>4</sup>



**CARDIOVASCULAR:** An increased risk of myocardial infarction, arrhythmia, stroke and transient ischemic attacks in patients with heart conditions.<sup>2</sup>



**PSYCHOMOTOR:** Impairment in gait and stability, which may predispose older patients to an increased risk of falls.<sup>2</sup>

#### Other potential effects<sup>3</sup>

- Increased appetite (THC)
- Decreased appetite (CBD)
- Dry mouth
- Diarrhea or vomiting
- Euphoria and feeling 'high' (THC)
- Drowsiness or sedation

Depending on the reason for use, the effects of cannabis may be desirable e.g., sedation, appetite change.



Watch for signs of **Cannabis Use Disorder (CUD)** and potential withdrawal effects. For additional information see the *Canadian Guidelines on Cannabis Use Disorder Among Older Adults* [https://bit.ly/CCSMH\\_CannabisUseDisorder](https://bit.ly/CCSMH_CannabisUseDisorder)

Anyone can report an adverse effect to Health Canada at: [bit.ly/Health-Canada-Cannabis-ReportSideEffects](https://bit.ly/Health-Canada-Cannabis-ReportSideEffects)

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2. Minerbi A, Häuser W, Fitzcharles MA. Medical Cannabis for Older Patients. *Drugs Aging*. 2019;36(1):39-51. doi:10.1007/s40266-018-0616-5

3. National Academies of Sciences, Engineering, and Medicine. 2017. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24625>.

4. Vacaflor B, Beauchet O, Jarvis GE, Schavietto, A, Rej S. Mental Health and Cognition in Older Cannabis Users: a Review. *Can Geriatr J*. 2020 Sep; 23(3): 242–249. Published online 2020 Sep 1. doi: 10.5770/cgj.23.399 PMID: PMC7458597 PMID: 32904776.

