



Cannabis use is increasing **faster** in older adults...  ... than in any other age group in Canada.¹

Evidence for Cannabis as Treatment

PRESCRIBING MEDICAL CANNABINOIDS

The Simplified Guideline for Prescribing Medical Cannabinoids in Primary Care endorsed by the CFPC includes recommendations that are intended to assist with, but not dictate, decision making in conjunction with patients.

Prescribing medical cannabis is recommended as a **third-line treatment** for the following four conditions:²

- Chronic neuropathic pain
- Palliative cancer pain
- Chemotherapy-induced nausea and vomiting (CINV)
- Spasticity in multiple sclerosis and spinal cord injury

The current evidence base on the medical use of cannabis for older adults is relatively limited.

WHAT IS MEDICAL CANNABIS COMMONLY AUTHORIZED FOR?

Below are some examples of conditions where medical cannabis continues to be authorized although not currently supported by guidelines as first line treatment.^{2,3,4,5,6}

Additional scientific research would be beneficial for the older adult population



Agitation associated with Dementia:

Some recent evidence suggests possible benefits for agitation associated with dementia with oral cannabinoids (e.g. nabilone).



Anxiety: Although individuals taking cannabis report reduced anxiety, cannabis is not currently recommended for treatment of anxiety disorders.



Depression: There is no high-quality evidence to support the therapeutic potential of cannabinoids for depressive symptoms.



Insomnia: Limited evidence that certain cannabinoids (cannabis, nabilone, nabiximols) may improve sleep in patients with disturbances in sleep associated with certain chronic disease states. Data suggest cannabis and THC have a dose-dependent effect on sleep—low doses appear to improve sleep while high doses appear to cause sleep disturbances.



Pain: Cannabinoids or cannabis may be beneficial in chronic pain refractory to standard treatment, with best evidence for neuropathic or palliative pain. Potentially useful with caution.



Parkinson's Disease: The evidence from a limited number of studies on cannabinoids for symptoms of Parkinson's disease is mixed so cannabis is not recommended.



PTSD: Some limited evidence that cannabinoids might alleviate some PTSD symptoms (e.g. nightmares) but not enough evidence to recommend use in clinical practice.

1. Statistics Canada. National cannabis survey, third quarter 2019. *The Daily*. <https://www150.statcan.gc.ca/n1/daily-quotidien/191030/dq191030a-eng.htm>. Published October 30th, 2019.

2. Allan GM, Ramji J, Perry D, et al. Simplified guideline for prescribing medical cannabinoids in primary care. *Can Fam Physician*. 2018;64(2):111-120.

3. Canada H. For health care professionals: Cannabis and cannabinoids. <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/information-medical-practitioners/information-health-care-professionals-cannabis-cannabinoids.html#authorship>

4. Lee C, Round JM, Klarenbach S, et al. Gaps in evidence for the use of medically authorized cannabis: Ontario and Alberta, Canada. *Harm Reduction Journal*. 2021;18(1). doi:10.1186/s12954-021-00509-0

5. Evidence A. The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. *The National Academies Press*; 2017.

6. More SV, Choi D-K. Promising cannabinoid-based therapies for Parkinson's disease: motor symptoms to neuroprotection. *Molecular Neurodegeneration*. 2015;10(1). doi:10.1186/s13024-015-0012-0

