

## *Journal Watch*

### **A Case Series of Patients Using Medicinal Marihuana for Management of Chronic Pain under the Canadian marihuana Medical Access Regulations.**

Lynch ME, Young J, Clark AJ. J Pain & Symptom Manage 2006; 32(5):497-501.

Prepared by: Dr. Doreen Oneschuk

Received during: Journal Rounds on the Tertiary Palliative Care Unit, November 16, 2006

#### **Abstract**

The Canadian Marihuana Medical Access Regulations (MMAR) Program allows Health Canada to grant access to marihuana for medical use to those who are suffering from grave and debilitating illnesses. This is a report on a case series of 30 patients followed at a tertiary care pain management center in Nova Scotia who have used medicinal marihuana for 1-5 years under the MMAR program. Patients completed a follow-up questionnaire containing demographic and dosing information, a series of 11-point numerical symptom relief rating scales, a side effect checklist, and a subjective measure of improvement in function. Doses of marihuana ranged from less than 1 to 5 g per day via the smoked or oral route of administration. Ninety-three percent of patients reported moderate or greater pain relief. Side effects were reported by 76% of patients, the most common of which were increased appetite and a sense of well-being, weight gain, and slowed thoughts. Limitations of the study include self-selection bias, small size, and lack of a control group. The need for further study using controlled trials is discussed along with an overview of the MMAR program.

#### **Comments**

##### Strengths/uniqueness:

One of limited studies that examines this topic. Interesting to know the dosing of marihuana used by chronic pain patients. A concise summary of the Canadian Marihuana Medical Access Regulations.

##### Weaknesses:

A case series with lack of a control group. Authors also identify small sample size and self selection bias. Validity and reliability of the questionnaire used, particularly in regards to functional change, is questioned. Patients were followed in the clinic 'at least annually'. Questionnaires were completed during follow-up appointments or were sent by mail, but exact frequency of completion per patient is not identified.

##### Relevance to Palliative Care:

A similar survey of marihuana use in patients with advanced cancer would be of interest. Timing/frequency of the assessment tools used in such a study would need to be altered to accommodate limited life spans.