

Medicinal Cannabis for Chronic Pain Patients

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Clinical Questions: In adult patients with chronic pain, does marijuana use decrease opioid use and decrease pain.

Sources of Evidence:

Bellnier, T., Brown, G. W., & Ortega, T. R. (2018). Preliminary evaluation of the efficacy, safety, and costs associated with the treatment of chronic pain with medical cannabis. *The Mental Health Clinician*, 8(3), 110–115. <http://doi.org/10.9740/mhc.2018.05.110>

Boehnke, K. F., Litinas, E., & Clauw, D. J. (2016). Medical cannabis use is associated with decreased opiate medication use in a retrospective cross-sectional survey of patients with chronic pain. *The Journal of Pain*, 17(6), 739-744. doi: <https://doi.org/10.1016/j.jpain.2016.03.002>

Vigil J., Stith S., Adams I., Reeve A (2017). Associations between medical cannabis and prescription opioid use in chronic pain patients: A preliminary cohort study. *PLoS ONE* 12(11): e0187795. <https://doi.org/10.1371/journal.pone.0187795>

Ware, M. A., Wang, T., Shapiro, S., Robinson, A., Ducruet, T., Huynh, T., ... Collet, J.-P. (2010). Smoked cannabis for chronic neuropathic pain: a randomized controlled trial. *CMAJ: Canadian Medical Association Journal*, 182(14), E694–E701. <http://doi.org/10.1503/cmaj.091414>

Synthesis of Evidence:

Four articles were reviewed as evidence in this report. A retrospective mirror image study, a cross-sectional retrospective survey, a preliminary cohort study, and a randomized control trial were the types of studies reviewed.

Bellnier, Brown, & Ortega, (2018), a retrospective mirror image study, 29 participants were involved in using cannabis for treating their chronic pain. Participants were assessed at baseline of the study, with the only pain control being opioid use. They were then assessed three months later after they had been using cannabis. After three months of use 26/29 participants had completely quit using their opioids and had control of their pain with cannabis use. The other three participants decreased their opioid use by 75%. Side effects that were reported during the first week of use were decreased to almost none by the end of the first month.

Boehnke, Litinas, & Clauw (2016), conducted a cross-sectional retrospective survey of 185 adults with chronic pain who completed a Fibromyalgia Survey and an Online Questionnaire to examine whether using medical cannabis for chronic pain changed individual patterns of opioid use. The results showed a decrease in many different classes of medication usage and side effects with cannabis usage. Overall, the research showed that marijuana usage improves quality of life and decrease pain and opioid use.

Vigil, Stith, Adams, & Reeve (2017), conducted a preliminary cohort study. Thirty seven patients were in the Medical Cannabis Program (MCP) group and 29 remained in the comparison group. The results from this study showed a strong correlation between enrollment in an MCP and the cessation or reduction of opioid use. A measurement tool showed a resemblance in better pain satisfaction and management once enrolled in the MCP. In summary, if cannabis can serve as an alternative to prescription opioids for at least some patients, then this may want to be considered.

Ware, Wang, Shapiro, Robinson, Ducret, Huynh, & Collet, (2010) conducted a randomized control trial to explore the safety and efficacy of smoked cannabis in outpatients with chronic neuropathic pain. At McGill University Health Centre, 21 patients were given varying potencies of tetrahydrocannabinol, and 11 different items were measured including worst pain quality, least pain quality, current pain quality, sleep, mood, quality of life, relaxation, stress, happiness, highness, and pain intensity. This study found that the higher potency of tetrahydrocannabinol decreased pain and drowsiness, with only mild adverse reactions.

Conclusion:

In conclusion, three articles indicated a decrease in opioid use in patients with chronic pain symptoms with the use of medical cannabis. The other article showed a general decrease in chronic pain symptoms for patients. In addition to these findings more studies are indicated to support initial data on the use of medical cannabis for chronic pain.

Implications for Nursing Practice:

There is evidence that suggest implementing medical cannabis use. However, it is important to note that medical cannabis is not currently legal in all fifty states. As a nurse, it is important to educate patients on all forms of pain management and options. Patients should be aware of the benefits not only therapeutic but financially with using medical cannabis.