FAST FACTS

Prescribing and administering medical cannabis

The rules and best practices around medical cannabis are just like other prescribed drugs.

	CBD	CBD:THC
	Cannabidiol only	Cannabidiol and tetrahydrocannabinol blends
Potential medical benefits	▪ Analgesic ▪ Anti-inflammatory ▪ Antiemetic ▪ Antispasmodic ▪ Anti-epileptic ▪ Anxiolytic ▪ Reduces THC-induced psychoactivity/anxiety	▪ Analgesic ▪ Anti-inflammatory ▪ Antispasmodic ▪ Antiemetic ▪ Appetite stimulant ▪ Soporific ▪ Mood elevator ▪ Decreases intestinal motility
Likely beneficial for	▪ Anxiety ▪ Depression ▪ Chronic pain ▪ Spasticity associated with MS, ALS and spinal cord injury ▪ Epilepsy ▪ Inflammation & inflammatory conditions, including IBS, ulcerative colitis, Crohn's, fibromyalgia, rheumatoid arthritis ▪ PTSD	▪ Chronic pain ▪ Nausea & vomiting ▪ Anorexia ▪ Spasticity associated with MS, ALS and spinal cord injury ▪ Inflammation & inflammatory conditions, including IBS, ulcerative colitis, Crohn's, fibromyalgia, rheumatoid arthritis ▪ Limited evidence suggests that THC in particular may be beneficial for insomnia, neuropathic pain, nausea/vomiting and PTSD. It is recommended to start with CBD and introduce 1:1 in the evenings if needed for insomnia, PTSD, etc.
Potential side effects	*Cannabidiol exhibits biphasic properties – most therapeutic effects are found at lower doses; slow titration may mitigate potential side effects.* ▪ Somnolence, changes in appetite/weight ▪ In rare cases, may cause diarrhea	*Tetrahydrocannabinol exhibits biphasic properties – most therapeutic effects are found at lower doses; slow titration may mitigate potential side effects.* ▪ Anxiety, disorientation, intoxication, somnolence ▪ May induce psychosis in susceptible individuals (personal or family history) ▪ In rare cases, may cause orthostatic hypotension, depression, ataxia/ dyscoordination, tachycardia, cannabis hyperemesis, diarrhea

	CBD	CBD:THC
	Cannabidiol only	Cannabidiol and tetrahydrocannabinol blends
Contra-indications	▪ Unsuitable for pregnant and breastfeeding patients	▪ Acute psychosis, severe/unstable psychiatric conditions, actively suicidal ▪ History of THC-induced hyperemesis ▪ Under age 25 ▪ Severe cardiovascular, immunological, liver or kidney disease (especially in acute illness – can exacerbate arrhythmias) ▪ Caution should be exercised in patients with history of drug or alcohol addiction (although recent evidence points to cannabis as potential harm reduction substitution) ▪ Unsuitable for pregnant and breastfeeding patients
Drug interactions	*Many interactions can be mitigated in complex patients with polypharmacy by slowly titrating.* ▪ CYP450 enzyme inhibitor ▪ May interact with anti-epileptic drugs; close monitoring of AED levels and LFTs advised ▪ Potent inhibitor of CYP3A4 and CYP2D6; may increase serum concentrations of macrolides, calcium channel blockers, benzodiazepines, cyclosporine, sildenafil (and other PDE5 inhibitors), antihistamines, haloperidol, antiretrovirals, and some statins (atorvastatin and simvastatin, but not pravastatin or rosuvastatin); may increase serum concentrations of SSRIs, tricyclic antidepressants, antipsychotics, beta blockers and opioids (including codeine and oxycodone)	*Many interactions can be mitigated in complex patients with polypharmacy by slowly titrating.* ▪ CYP450 enzyme inhibitor ▪ CYP1A2 inducer (theoretically can decrease serum concentrations of clozapine, duloxetine, naproxen, cyclobenzaprine, olanzapine, haloperidol, and chlorpromazine) ▪ Potential interaction with medications metabolized by P450 enzymes (2C9, 2C19, 3A4), including antidepressants, proton pump inhibitors, cimetidine, macrolides, antimycotics, calcium antagonists, HIV protease inhibitors, amiodarone, isoniazid ▪ The following drugs may decrease the availability of THC: carbamazepine, rifampicin, phenobarbital, phenytoin, primidone, rifabutin, St. John's wort
Safety	No reports of abuse or dependence; no public health risk.	Minimal risk of dependence, similar to anxyolitics at 9%. (Versus 21% for opioids, 23% for alcohol and 68% for tobacco.)
Dosing	*Oils & capsules/softgels* ▪ Daytime dosing, non-intoxicating ▪ Daily dosing ▪ Start at 8-10mg/day ▪ Titrate by 5 mg as tolerated *Unless you wish otherwise, a Natural Care nurse will create a personalized dosing and titration schedule for every patient, with regular telephone check-ins and follow-up, at no charge.	*Oils & capsules/softgels* ▪ Nighttime dosing, mild psychoactive, sedating effects ▪ At hs only to start ▪ Start at 2.5 mg, titrate by 1mg q 2-3 days as tolerated and to desired effect *Unless you wish otherwise, a Natural Care nurse will create a personalized dosing and titration schedule for every patient, with regular telephone check-ins and follow-up, at no charge.

Onset and duration of effects

	INHALATION	ORAL INGESTION
Product	Flower	Oils, capsules, softgels
Onset	Less than 5 min	30 min to 2 hrs
Peak effect	Less than 15 min	2 to 4 hrs
Duration	2 to 4 hrs	4 to 8 hrs
Notes	Ingestion methods are generally preferred for consistent dosing and longer impact. Some patients may desire inhalation for acute and breakout pain. Vapourizing recommended (not smoking).	*Oils* Administered sublingually, swallowed or mixed with food. *Capsules & softgels* Ingested as usual.
Driving after cannabis use	Patients should be counselled not to drive for 4 hours after inhalation, or for 8 hours if euphoria is experienced.	Patients should be counselled not to drive for 6 hours after ingestion, or for 8 hours if euphoria is experienced.