In this edition of our newsletter series, we focus on a recent publication that reviews the medical evidence for the treatment of chronic non-cancer pain (CNCP) with medical cannabis. This publication highlights the need for further studies on understanding the beneficial and adverse effects of cannabis, and has played a leading role in educating the Canadian public about pain control, the risk factors for opioid abuse, alternatives to opioids as a primary strategy at TGH, the misconceptions about cannabis, and the need for further studies on understanding the beneficial and adverse effects of medical cannabis.

WHAT'S NEW?

PUBLICATION SPOTLIGHT

Understanding the evidence for medical cannabis and cannabis-based medicines for the treatment of chronic non-cancer pain

Gabe Cornell, Emily Sotiriou, Suzanne Nielsen

Canadian Journal of Psychiatry and Clinical Neuroscience

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European Archives of Psychiatry and Clinical Neuroscience, Suzanne Nielsen

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The recent changes in legislation and the emergence of the opioid crisis in Canada and the United States have led to a substantial increase in the number of cannabinoid studies being conducted relating to the treatment of CNCP. We have reviewed the recent publication by Nielsen et al. that describes some of the supporting data and evidence for cannabinoids on CNCP pain conditions. We have reviewed the recent publication by Nielsen et al. that describes some of the supporting data and evidence for cannabinoids on CNCP pain conditions. We have reviewed the evidence for medical cannabis in the treatment of chronic pain growing with a number of recently published studies reporting “moderate” to “substantial” support in providing effective treatment. For the National Academies of Science, Engineering and Medicine (NASEM) published a report in 2017, which concluded that there is “substantial evidence that cannabis is an effective treatment for chronic pain in adults”. Unfortunately, the examined evidence for specific pain conditions instead of generalizing the findings for all CNCP pain conditions. In this way, evidence for the efficacy of cannabinoids for CNCP was reviewed in the following areas: neuropathic pain, multiple sclerosis-related pain, visceral pain and others (fibromyalgia, rheumatoid arthritis and musculoskeletal pain conditions of the back and neck).

The authors have provided several recommendations to improve the quality of evidence generated from clinical trials exploring the potential treatment of CNCP with medical cannabis. These recommendations include increasing awareness of issues with blinding in clinical trials, cannabis use disorders, and developing precautionary frameworks, opioid-sparing effects, and fragmented models of care. The study of treating patients with CNCP using medical cannabis is the most active area of cannabis research but it is still in its early stages. Overcoming the limitations for controlled clinical trials and managing patient expectations, potential side effects, and expenses will advance the research of cannabinoids on CNCP, especially in older adults.

WHAT'S NEW IN THE SCIENCE OF MEDICAL CANNABIS

CANNAINBID APPLICATIONS IN PAIN MANAGEMENT

Avicanna is a Canadian biopharmaceutical corporation focused on the development, manufacturing and commercialization of plant-derived cannabinoid-based products through its cultivation and cultivation and vertical integration and international operations also partnerships with an industry invested in rigorous scientific and regulatory practices in order to bring the benefits of cannabinoids to patients. The many capabilities of this “good molecule” and THC being the “molecule that gets you high” also needs to be addressed. Discussions about the scientific evidence for cannabis need to include many chemical constituents in the cannabis sativa plant is imperative for novel discoveries within patient care. Neuropathic pain. In countries such as the United States, research into cannabis products is not only impaired by Federal laws, but also conducted with poor experimental design such as lower quality designed trials, small patient numbers, and a bias towards cannabinoid products resulting in an overestimation or their statistically significant results. Although this evidence for neuropathic pain is limited, the authors emphasized the importance of examining the evidence for specific pain conditions instead of generalizing the findings for all CNCP pain conditions. In this way, evidence for the efficacy of cannabinoids for CNCP was reviewed in the following areas: neuropathic pain, multiple sclerosis-related pain, visceral pain and others (fibromyalgia, rheumatoid arthritis and musculoskeletal pain conditions of the back and neck).

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