2018

Cannabinoid therapy in chronic pain management

Breanna Joy Privratsky

University of North Dakota

Follow this and additional works at: https://commons.und.edu/pas-grad-posters

Part of the Pharmaceutical Preparations Commons

Recommended Citation

This Poster is brought to you for free and open access by the Department of Physician Studies at UND Scholarly Commons. It has been accepted for inclusion in Physician Assistant Scholarly Project Posters by an authorized administrator of UND Scholarly Commons. For more information, please contact zeinebyousif@library.und.edu.
Cannabinoid Therapy in Chronic Pain Management

Brenna J Privratsky, PA-S
Department of Physician Assistant Studies, University of North Dakota School of Medicine & Health Sciences
Grand Forks, ND 58202-9037

Abstract

- Is medical cannabis safe to use for chronic pain? What are the documented adverse effects associated with using this medication?
- How addictive is medical cannabis compared to other addictive substances? What addictive qualities are associated with starting this medication?
- What has been shown to be more effective in the treatment of chronic pain, medical cannabis or opiates?

Research Questions

- Medical Cannabis vs Opiate Effectiveness
- Is it difficult to find effective treatments for chronic pain, but having multiple therapy modalities increases the likelihood of controlling pain?
- Alternative therapies will aid in alleviating the current opiate epidemic.
- Medical cannabis has also been shown to be effective for other diseases such as fibromyalgia, neuropathy, multiple sclerosis, cystic fibrosis, migraines and gastrointestinal conditions.
- Medical cannabis is associated with reduced risk of addiction, lowered side effects and a possible decrease in other pain medications compared to opiates.

Applicability to Clinical Practice


References

- Goldenberg, Reid, Istok, and Danovitch (2017) found cannabis use for increased health-related quality of life (HRQoL) had vague results and most effects were non-significant or nearing zero. Some reports showed a mild benefit in some pain conditions while in others there was a decrease in HRQoL.
- Narang, Gibson, Wasan, Ross, Michna, Nedeltchev, and Jamison (2008) conducted two phases and found Dronabinol in Phase I had significant pain relief after 8 hours per the total pain relief at 8 hours score (TTPAR), (20 mg vs placebo at p < .01; 10 mg vs placebo at p < .05). For adjudvant therapy in Phase II, dronabinol showed a significant effect in lowering pain from baseline (p < .001), decreasing pain bothersomeness, as well as increased satisfaction in their therapy (p < .01).
- Boehtke, Litinas, and Clauw (2016) evaluated the efficacy of medical cannabis compared to opiates in chronic pain patients. Figure II highlights the changes before and after cannabis use.

Introduction

- Cannabis, cannabinoids and medical marijuana all encompass a topic that is highly controversial, as well as lacking in scientifically based evidence for chronic pain therapy. The Food and Drug Administration (FDA) has approved three different cannabinoid based agents that are currently being used for various medical issues, as well as Dronabinol (Marinol®). According to the literature review, reference the pie chart.

Statement of the Problem

- According to Boehtke, Litinas, and Clauw (2016), opiates are one of the most commonly used medications to treat chronic pain. With that notion, opiates can also be ineffective for many types of pain as well as associated with dependence and significant morbidity and mortality rates.
- With the eye-grewing epidemic of opioid use, an alternative treatment modality results with what benefit. Cannabinoid therapy could be a potential secondary option rather than continued opiate therapy if research supports the efficacy and safety.