Medical Cannabis and Arthritis

Hosts: Rebecca Gillett, MS OTR/L, and Julie Eller
Guest: Kevin Boehnke, PhD, University of Michigan School of Medicine

With medical cannabis legal now in most states, there are plenty of distributors eager to sell you some to treat any number of ailments, including arthritis pain. But where does the marketing end and science begin?

In this episode, our guest expert will help us understand the full spectrum of medical cannabis products, including both CBD and THC products, as well as discuss the latest evidence about the effectiveness of medical cannabis and safety and medical issues related to its use.

Kevin Boehnke, PhD, is a Research Investigator in the Chronic Pain and Fatigue Research Center at the University of Michigan School of Medicine. His current research interests include medical cannabis as an analgesic and opioid substitute in chronic pain, and self-management strategies for pain, such as yoga. Kevin completed his BS in Biology at the University of Michigan and received his doctorate from the University of Michigan School of Public Health in Environmental Health Sciences in 2017. He joined the CPFRC in 2017, and currently leads several studies examining the effects of cannabis and cannabinoids on chronic pain. He is also a yoga instructor.

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Medical Cannabis and Arthritis
Tuesday, February 2, 2021

PODCAST OPEN

Welcome to Live Yes! With Arthritis, from the Arthritis Foundation. You may have arthritis, but it doesn't have you. Here, you'll learn things that can help you improve your life and turn No into Yes. This podcast is part of the Live Yes! Arthritis Network — a growing community of people like you who really care about conquering arthritis once and for all. Our hosts are arthritis patients Rebecca and Julie, and they are asking the questions you want answers to. Listen in.

Rebecca Gillett:

Welcome to the Live Yes! With Arthritis podcast. I'm Rebecca, an occupational therapist living with rheumatoid arthritis and osteoarthritis.

Julie Eller:

And I'm Julie, a JA patient who's passionate about making sure all patients have a voice.

MUSIC BRIDGE

Rebecca:

Thanks for joining us on this episode of the Live Yes! With Arthritis podcast. Today, Julie, we are revisiting a topic we discussed in our very first podcast episode about CBD but expanding on it to talk about medical cannabis.

Julie:

That's right. The conversation continues. There's more to learn and more to discuss, and we're really excited to do that with our original podcast guest, who can help us really navigate all of the questions we have about medical cannabis and how to safely use it with our arthritis.

Today, we're talking to Dr. Kevin Boehnke, who is a researcher at the Chronic Pain and Fatigue Research Center at the University of Michigan. He focuses on medical cannabis as an analgesic and opioid substitute in chronic pain. Currently, he leads several studies examining the effects of cannabis on chronic pain. Dr. Boehnke, Kevin, welcome. Welcome back to the podcast. We're so glad you're here.

Dr. Kevin Boehnke:

Thanks so much for having me. I'm delighted to be with y'all again.

Julie:

We're delighted you're with us. And we know we've already done one episode on CBD and arthritis, and that this is kind of an extension of that conversation, and so we wanted to level set, to start off, because we know that there are lots of terms and acronyms and all kinds of things that people use interchangeably in the subject. So, we thought maybe we could start with some rapid-fire definitions.

Dr. Boehnke:

Sounds good.

Rebecca:

All right. So, first and foremost, people talk about CBD and hemp. Are they the same thing?

Dr. Boehnke:

CBD is cannabidiol. It is one of the cannabinoids or active ingredients found in the cannabis plant. The term hemp refers to cannabis sativa that has less than 0.3% THC, or delta-9-tetrahydrocannabinol, in it. THC is the cannabinoid that causes intoxication. It is perhaps the most studied cannabinoid found in the cannabis plant, and it's the one that we think of when we think of the cannabis high.

Rebecca:

OK. And so, when we say marijuana, medical marijuana, is there a difference? Explain.

Dr. Boehnke:

Yeah. So, medical marijuana is one of these umbrella terms that can mean many different things. It's not medicine per se, in the sense that it's gone through the whole FDA approval process that you would expect to see with medicine. What it refers to is, again, cannabis plants that may have varying amounts of THC or CBD or other cannabinoids in it. Typically, when people refer to medical marijuana, they're referring to cannabis or cannabis products that have quite a bit of THC or some CBD in them. But it's a term that is incredibly vague.

Rebecca:

This is why there's a new term being used, medical cannabis. Can you explain that, please?

Dr. Boehnke:

Yeah. So, one of the reasons that people have switched to medical cannabis, especially scientifically, is one: It's more accurate because cannabis refers specifically to the cannabis plant. Marijuana is more of a slang term, but actually has a very loaded history, both culturally and also from the fact that it stemmed from a lot of the gray systems, xenophobic policies, that caused the criminalization of cannabis in the first place in the 1930s through the 1960s and '70s. And honestly that criminalization continues to this day.

So, as we're thinking of using a more scientifically accurate term, it's better to use cannabis. We still want to acknowledge that history and how it has very negatively affected both what we know about the medical potential of cannabis, but also, perhaps more importantly, how negatively that has affected citizens throughout the United States and the globe.

Julie:

That's a really helpful reminder for us as we're thinking about all of the alphabet soup that's related to medical cannabis, CBD, THC and so on. So, medical cannabis then is what I should go for if I'm talking about this with my doctor, is that right?

Dr. Boehnke:

I think that would be a good place to begin, and then from there you can go into, you know, "Am I using CBD? Am I using THC? Where do I find my products? Are these products even legal depending on where I am as a person?"

Rebecca:

So, if I go to my doctor and I ask about medical cannabis right now, are most of them gonna know what I'm saying? Has this filtered out to the overall community of health care providers that this is a term we should shift to?

Dr. Boehnke:

I think it depends on where you're located. So, in states...

Rebecca:

I'm in Colorado.

Dr. Boehnke:

Yeah. In Colorado (laughing), I'm guessing every physician will know what you're talking about.

Rebecca:

Yeah (laughing).

Dr. Boehnke:

They might still speak about it as marijuana to you. I've spoken with many physicians and scientists who will do so. They'll generally understand what you mean. I think where the variability comes in with that can also be how they are viewing it.

Some people may come at this as a drug of abuse, and that's the only thing that they're willing to hear about cannabis. That said, some people may come at it from the other side and say, "OK, I understand that people are using this as medicine, acknowledging that it is still not necessarily medicine in the FDA-approved sense, but let's work with you on how to optimize your use of cannabis in this therapeutic context.

I think it really depends on the health care provider, on location, on the legality as well, because medical cannabis is now legal in 35 states. And again, these are products that contain more than 0.3% THC in that medical cannabis realm. Hemp products, to confuse the situation, can also be sold

in medical cannabis dispensaries, are available in, I believe, four to seven states. There are a couple states that still have said "No CBD," or "Hemp-based products are illegal." But I think it's still possible to buy them online.

Julie:

It's a lot of things to really track and know about. The regulations in your state, the type of product that you're looking for. I can imagine that if you're a patient and you're thinking about your pain management, this might feel overwhelming. If you had to give a patient a piece of advice, if they're thinking about medical cannabis and where to start, are there a couple of key questions that they should ask themselves first?

Dr. Boehnke:

So, some people will say, "Oh, you should be using cannabis for all of your symptoms." Or "You should not be using cannabis because it's addictive and you'll become an addict." And I think instead, it's more instructive to start out at, “Why should I be even considering using cannabis?”

“Is it because my symptoms are not well controlled? Is it because I'm having side effects that really make me want to pursue an alternative treatment option? Is there something else that has made me lean in this direction?” And if somebody is considering whether to use it and they can't come up with a compelling reason to do so, it's probably not a good reason to start using it.

Rebecca:

(laughing) Yeah. That's a great starting point. And so, if somebody is considering: What does the research tell us about benefits for somebody who lives with arthritis or an inflammatory type of arthritis like rheumatoid arthritis or psoriatic arthritis, osteoarthritis, fibromyalgia? Is there…

Julie:

The list goes on, yeah.

Rebecca:

Is there evidence that supports it being beneficial?

Dr. Boehnke:

So, the answer is sort of. (laughter) I wish there was a really clear thing I could tell you. Like, "Take this quantity of this product at these times for these symptoms." But, unfortunately, I simply can't because that's not where the science is at.

If we're going and looking at the best quality evidence that's available, the clinical trials that are randomized, double-blinded, et cetera, there's only one in rheumatoid arthritis. It was small, its quality was not especially good. It was conducted over 10 years ago using a product that we cannot access in the United States. It's a product called Sativex, or Nabiximols. It's a one-to-one CBD to THC sublingual spray.

It showed some promising hints that, you know, cannabis-based medicine, specifically this sublingual spray, could be potentially valuable, but it hasn't been followed up by any other studies, and the sample size was small, et cetera. So, that's kind of the lay of the land for rheumatoid arthritis.

For osteoarthritis, there are ongoing clinical trials, as there are for rheumatoid arthritis, I should have said, but the only published trial, to my knowledge, with osteoarthritis didn't even use THC or CBD, it used a novel synthetic, a cannabinoid compound, and it showed no effect.

Rebecca:

Hmm.

Dr. Boehnke:

In fibromyalgia, there's a little bit more evidence. There have now been small clinical trials, two of which used a compound called nabilone, which is a Schedule II synthetic cannabinoid product that is like THC, but more powerful. It showed some analgesic effects, as well as some benefits on sleep. But again, small studies. And then the last one (laughs) in fibromyalgia was an inhaled cannabis study that just used a single inhalation of THC dominant, CBD dominant, or a mixed product versus placebo. So, you know, I don't wanna go too heavily into all the methodological limitations or things like that, but that's a pretty limited number of studies.

A lot of what is happening at this point is looking at some of the observational literature where people are saying, “Hey, I'm using cannabis, say, for fibromyalgia.” “I'm using cannabis for rheumatoid arthritis, and this is what I'm reporting.” But that evidence is, of course, a little bit less powerful. We can't necessarily make those same kinds of conclusions from those studies as we would from the clinical trials.

Julie:

Yeah, I definitely like that you said that they are less powerful because I do think data is power.

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Julie:

Outside of rheumatoid arthritis or fibromyalgia or osteoarthritis trials, is there research that looks at specific symptoms? I know for me, when my arthritis is well-controlled, even if I'm having a very low pain day, I'm likely fatigued. Maybe I'm experiencing some nausea, maybe I'm experiencing some other side effect or symptom of my RA. Have we looked at all at how medical cannabis can impact any of those specific symptoms versus full diseases and conditions?

Dr. Boehnke:

There have been quite a few studies, including these clinical trials, that look at chronic pain, fewer but some that have looked at sleep. Not so many that have looked at fatigue. I'm gonna couch this by saying they're not in the context of arthritis or rheumatic conditions.

But I will say that, you know, generally the trend of those studies is, yes, there seems to be some positive effects on pain, they're small generally and there is a side effect burden 'cause we know THC does cause mood alterations, some dizziness, et cetera. There's many potential things that THC can do. We have very few studies that have used CBD alone, so it's barely we're touching on, in terms of those clinical trials, unfortunately.

There is plausibility for some small effect, but unfortunately, the products that they used in those studies also are completely unrepresentative of what you might get in a dispensary. So, if you walk in, say you're in Colorado, you can walk into an adult-use dispensary and get one of numerous products. You could get some chocolate-covered coffee beans that have whatever your amount of CBD and THC in it, or you could get a tincture. You could get an edible. You could get a vape pen. None of those were tested in any of these clinical trials.

Rebecca:

Right.

Dr. Boehnke:

And so being able to effectively translate between that vast variety of medical cannabis products and the ways that people use them in all different ways, including together versus... The fibromyalgia study I just mentioned where they had a single inhalation (laughing) of vaporized cannabis ... it's really difficult to do.

Julie:

Yeah, I can imagine the task at hand if you're a researcher in this space. It sounds like a real bear of a task that you (laughing) have before you. And it's hard, especially because how we communicate

around medical cannabis matters. If you're walking down the street in Colorado and you can see, in a dispensary, "Oh, I can walk in and get all of these products that say the word medical on them, oh well, that's great. This is gonna help my arthritis, or it's gonna help my nausea, or it's gonna help my pain."

If I'm a patient on the street of Colorado and I'm trying to figure out, "Will this be beneficial or not?" What can I do? What should I ask myself? What should I Google to make sure that this is going to be a helpful thing?

Dr. Boehnke:

I think that, again, and it's going back to what we discussed initially: What am I using this for? And then also, how do I ensure that I am using a product that is as safe as possible? So, for those listeners who are in states where there is no legal medical cannabis, THC-containing products are basically off the table, unless you were to go to the illicit market, which I could not in good faith advocate somebody to do. And even if those listeners who live in a state with CBD that is available, the CBD marketplace at this point is quite unregulated.

So, even though CBD itself is not intoxicating, it has all of these potentially valuable effects that have been studied in the preclinical literature. Potentially anti-inflammatory and analgesic, and it seems to have some anxiolytic effects ... which anxiety goes with chronic pain, so that could be potentially valuable. You know, if you're buying a product and it ends up having no CBD, or it has a pesticide in it, or has heavy metals in it, because it's a product that was not accurately labeled, was not adequately tested, that's a substantial risk that a patient might be taking on.

If you do live in a state then with legal medical cannabis, looking up the state laws to know what is allowed in those products. What kind of testing does the state require for those products? I know in Michigan, in California and a few other states, there is a lot more standardization around testing. So, people at least have to say, "This is the amount of THC and CBD in the product, these are the contaminants that have been tested for," and at least stating what those are.

I think the more people move into the legal market, there's much more transparency around what people might be able to buy. So, unfortunately, that's the context of, "OK, how do we even choose a product in the first place?" But then there is the question of, "Well, do I do a hemp product? Do I do a cannabis product that has some THC? And then how do I take it?"

If somebody is having sleep difficulties, for example, much of the evidence around whether cannabis or cannabinoids could be helpful for sleep comes from THC. So, while THC does have more risks associated with it, perhaps having a small amount of THC before sleeping would be the right thing to do. And, you know, at this point I'd say it does make sense when somebody is gonna take THC to typically take it with some CBD. There does seem to be some synergy, both in widening the therapeutic window and also CBD may reduce some of the anxiety associated with THC.

Julie:

Yeah.

Dr. Boehnke:

There's that symptom targeting as well. When we're thinking then about what groups of people should use it in... so smoking, eating, vaping, how quickly they take effect and how long they last. So, while I would not suggest that anybody smoke or vaporize or inhale due to potential respiratory problems that can arise from that ... in the rise of vaping-related illness associated with unregulated cannabis oils.

The reason that people often go to those products is because there's this spike, and the quick onset of effect, as well as it causes relief quickly. So, for people who need that kind of quicker effect onset, going with a tincture, something that is sublingual, goes under the tongue, holding it there for a minute or two, typically that won't take effect quite as quickly as smoking or vaporizing, but it will take effect much more quickly than eating, which can often take an hour or two, or sometimes even three, to get the full sensation from that product.

Julie:

I think what I'm hearing is: When you're considering a medical cannabis product, you wanna think about the specific symptoms you wanna target and select your product based on that, as well as the type of administration that would best suit your needs. For instance, you might use a tincture for a certain set of symptoms versus a topical for another set of symptoms. Is that correct?

Dr. Boehnke:

Exactly. Yep.

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Julie:

It also sounds like there are quite a few risks in quality and types of labeling and different things to look out for by way of contaminants. Can you talk a little bit more about how we can seek reputable products and things that are gonna be helpful for us in the long run?

Dr. Boehnke:

I think some of that depends on where people are going. If somebody lives in a state that has legal medical or adult-use cannabis, those dispensaries will typically have to follow state guidelines. And so, going to those vendors, I think, is certainly preferable to going to the illicit market.

If one is choosing to buy CBD products at the supermarket or online, then I think that — it's unfortunate, but again, it places the burden on the consumer. So, they need to look at that company and say, "OK, does that product have a certificate of analysis from an independent lab that uses validated testing methods?" Did they get that validation from a reasonable or accredited organization like the American Herbal Pharmacopoeia?

But until the FDA weighs in and says, "Hey, these are the standards that we need to have for this industry," that's kind of how it's going to be. Because, while I think there's likely some companies out there that are doing their due diligence and doing everything that they can to make a high quality, safe product, there's also gonna be some people out there who are just out to make a quick buck.

Rebecca:

Yeah. And I think, when we kicked off this podcast and you were (laughing) our first guest, that was part of the reason. CBD was really being discussed a lot. You were one of the authors in helping us to put together the CBD guidance for adults with arthritis. And we have that information, and it does outline your recommendations on what you wanna look for in a quality product. I think that would apply to any medical cannabis product whether it's CBD or not as far as looking for some quality. Making sure you're not just getting something that's gonna end up not helping you.

Dr. Boehnke:

I wish I could say for certain that, you know, everybody who tried cannabis, just like everybody who tried any kind of pain medication, could find relief, but that's just, unfortunately, not the case right now. That's why people are turning to cannabis 'cause they can't necessarily find relief with the pain medications that they're using. But, of course, the same thing applies to cannabis, too. I think not everybody who tries it is gonna find that it helps them.

Rebecca:

Always, always talk to your doctor, right? And also, start low, go slow.

Dr. Boehnke:

Yeah, absolutely. So, on the first point of working with your doctor, I think that this is always a good place to start, because they should have a full list of your medications, they hopefully will be able to talk to you about side effects, drug interactions and to come up with a treatment plan that focuses on you as an individual.

Coming up with a way to track the symptoms that you are trying to manage most effectively. Setting up monitoring visits with your physician so that you come back at a regular schedule to understand, "OK, it's been two months. Wow, my pain hasn't changed much. Should we, you know, change the dosing regimen? Should we stop using cannabis? Should we maybe change the dose or change the formulations that I'm using?"

Hopefully you're talking to a physician who will respect that you're coming at this not from a place of, "I think this is the perfect thing," but " I'm interested in giving this a try because I have this issue that is unresolved by my current treatment."

So, start low, go slow means: Let's take a low quantity of whatever cannabinoid we're taking. For CBD, I believe we mentioned the guidance between 5 and 10 milligrams of CBD. For THC, there's FDA-approved THC medications, including one called dronabinol, which is synthetic THC. The lowest dose that you can buy of that is 2.5 milligrams. So, people starting at or below 2.5 milligrams is typically that starting low location for THC.

Because CBD seems to have fewer risks associated with it than THC, because again, it's non-intoxicating, it doesn't have that abuse or addiction potential that we know that THC does. I typically suggest that if people can find relief with CBD alone, then there's no need to add in THC. Because why would you add in the potentially more risky compound? But if people find that CBD is not sufficient on its own or only sufficient for some symptoms but not all the ones they are looking for help with, those are the times at which it makes sense to consider adding in some THC.

Julie:

That's really helpful. So, thinking about starting low with a CBD product only and then potentially adding in a CBD/THC product instead, or adding in some THC into your current regimen. I think I said that right, I hope I said that right.

That's a helpful thing to think about. Because if there's a negative interaction with your medications that you're on, if you have a side effect or a symptom that you aren't quite sure about, you wanna make sure that those channels of communication are wide open and that you are fully transparent.

I always like to remind people that if your doctor isn't warm to the idea, it doesn't mean that you can't try it, and it doesn't mean that they're the right doctor for you. It's important to find people who will listen to your desires and your needs and your health care, and really support them, and reflect that in your treatment plan. So, always keep that in your back pocket. You can say no to your doctor. You can find another doctor. (laughing)

Let's come back for a second to when to consider high CBD, low THC products. Are there a specific set of symptoms that that might be good for, or just a particular moment in your treatment journey where you're not really super successful on CBD that you wanna increase?

Dr. Boehnke:

Yeah. So, I think some of it has to do with dose, some of it has to do with symptom. Some of it has to do with how long you've been trying CBD as well. So, I think that if somebody is trying CBD, like they're doing the start low, go slow strategy, and they've used CBD, say, for a week, they're not noticing any changes, it makes sense to increase that dose and to be systematic about that and do that. But, you know, that can become cost prohibitive. CBD is not inexpensive. You don't wanna be taking a couple hundred milligrams of it every day. That could be breaking the bank.

If you're likely not seeing any kinds of positive effects after you've slowly been increasing that dose for a while, then that could mean, one, that CBD is not effective for you, or the doses that you need are so high that it'd be worth going and talking to your doctor about potentially getting a prescription for your product like Epidiolex, which is the FDA-approved CBD product. You would be getting it off label, 'cause at this point it is approved only for orphan epileptic conditions like Dravet syndrome.

If at that point you're thinking, "OK, well, I don't wanna go that route. Instead, I wanna add a little bit of THC." Then combining them and adding that dose of THC definitely makes sense.

But again, I think the caveat of what symptom the patient is using it for is super important because, as I mentioned before, we know that THC appears to be helpful for sleep. Now, I think it's totally possible to overshoot the dose at which it is helpful for sleep, because some people, when they take a little too much THC, they get anxious, they could have enhanced pain, et cetera.

Similar to this idea of knowing your own body, so, you know when a symptom flare might be coming... Maybe that's a certain time of day, or after a long week of work, or when the weather's going to get cold, or something like that. If you know that is coming, being judicious about when you are taking a product to align with your own body and self-knowledge makes so much sense.

Rebecca:

And so that's a very good point, which also hits on: We all react to medications differently. So, if you're gonna go explore this route, try to target a symptom that you're not getting any relief from, then just know that it's hard to have a discussion with somebody else like, "You know, hey, Julie, this worked for me, you should try it." Well, it might not (laughter) work for Julie.

So, we've talked about high CBD, low THC product. What about THC-only products? What are the risks associated with trying to take those to help treat your pain or arthritis symptoms?

Dr. Boehnke:

That's a space that there's a lot of divergent opinions. (laughing)

Rebecca:

Yeah.

Dr. Boehnke:

We talked about sleep a little bit. We know from sleep research that when somebody is sleeping poorly, their pain is enhanced. In fact, their whole quality of life gets worse the less that they sleep.

We wanna think about entry points into where cannabis might be helpful, because if, say, somebody is having terrible pain, but when their sleep is improved, maybe that is the time for a THC product. I'd still probably suggest taking it with some CBD, but that is the time that it could make sense. In terms of, at this point, whether there are any conditions or symptoms besides sleep where it makes sense for somebody to use THC only or a high THC product, I think some of that comes down to what an individual has tried and whether they find themselves to be responding positively to THC.

I think it's possible that there are some people — especially with pain that is, you know, more of the central nervous system disturbances associated with like fibromyalgia, for example — that there may be a role for THC with people with that type of pain.

Whether we can say such and such an individual needs THC at this time, it's much more difficult to determine that. But we do know that the THC products do have more significant risks than probably the high CBD, low THC products. There's the effects of THC itself: dizziness, impaired reaction time. Of course, you don't wanna get behind the wheel of a car while you're intoxicated.

If you're feeling like that intoxicating effect. I think one of the things that's challenging is it's difficult to separate out the way that a lot of people use THC right now, and THC dominant products, which is smoking and vaporizing, which have that quick spike of very intense effect followed by the quick taper. There's the addiction and abuse side of things they're more likely to have with THC than those high CBD, low THC products.

Each person is unique and individual. Are there some people who may respond to these products? Yeah, it's possible. And if somebody thinks that that might be them, again determining that in collaboration with their health care provider is an important thing to do. As long as they're going that route and being cautious and being thoughtful about the use, I think that there could be a place for some people. Now, there are also going to be some legal concerns.

THC is typically what employers will screen for in a urine drug screen. There's actually a study that recently came out that showed that people who are taking a very, very low THC product ... a high CBD, low THC product that was classified as hemp ... that they still had...

Rebecca:

Positive tests.

Dr. Boehnke:

... some positive tests.

Julie Eller:

Hmm.

Dr. Boehnke:

Exactly. That's an important concern too, 'cause that's not... that's not something that we want to (laughing)...

Julie:

Right.

Dr. Boehnke:

... uh, well, nobody wants to have legal issues.

Julie:

Of course. One more onerous thing that's on the list of concerns that you have to be worried about if you're a patient trying to manage your chronic pain, trying to manage your arthritis and seeking out a different kind of therapy.

Dr. Boehnke:

That being said, I do just wanna note: When we're talking about the absolute risks of THC and other cannabis products, we have pretty much no data that suggests that people have died of a lethal cannabis overdose, or a THC overdose. We do know that it's important to be cautious with these products. They are mood altering and they can be intoxicating. They can cause some negative effects.

But that lack of lethality is an important, potential benefit, compared to some other medications as well. That's not to say to use THC in place of these things, but just to place it in the context of what we know about medicines.

Rebecca:

OK, that's very helpful. And are there situations where I should be cautious and not use cannabis? Are there certain categories of people, age groups, whatever it is, that should avoid even trying the THC-only products?

Dr. Kevin:

People who are under 25, especially in adolescents and children, it really makes sense to avoid using cannabis unless the situation is very extenuating. Like, for example, with Dravet syndrome, that's a clear situation where CBD could be helpful.

I think we also know that women who are pregnant or breastfeeding, it's good to avoid cannabis products, as well as for people with a history or risk of mental illness, especially psychosis, or potential history or risk of addiction. There is also some literature suggesting that people with heart disease, especially if they take a higher dose of THC, could be at risk for some cardiovascular complications.

Rebecca:

Thank you for that clarification. I think that's very helpful.

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Julie:

So, if you're someone like me who... I need to read things to really have my key takeaways and really hold on to them rather than just listening to the podcast alone, you can check out the Arthritis Foundation's CBD guidance document that can really help outline some of the key questions and considerations to have before engaging with one of these products.

Kevin, we always like to end our episodes with top three takeaways about the conversation for our listeners today. If you had to send them off with your top three things, what would they be?

Dr. Boehnke:

Number one is the science is coming, but it's still, as of right now, woefully inadequate to guide specific dosing regimens as we'd expect for other FDA-approved medications. Number two, the legal environment is confusing, and it places a lot of burden on patients in finding the products that they might use, as well as figuring out what works best for them individually.

So that brings me to point three, which is, if you are someone who is choosing to use medical cannabis products, do your best to treat them as medicine and use them cautiously. They're not a panacea, but they may be helpful for some symptoms in some people. Identify the reasons why you are using these products, track your symptoms, listen to your body and come up with a flexible treatment plan that clearly defines success and failure.

Just notice how these products then interact with your daily needs and other self-management strategies, as well as your symptoms. Because if you're using them but your ability to exercise or your ability to do some of the things that really bring you meaning and joy go away, then maybe that's an indication that these are not good for you. But if it enhances your ability to do that, then fantastic.

Rebecca:

Thank you so much. I just wanna remind everybody that the CBD guidance for adults with arthritis is available on our website at arthritis.org. We will have links to all of this information, including the CBD podcast we did with Dr. Boehnke a year ago, in our show notes. Thank you so much, Kevin, for being with us today again, and I know that we'll have a patient-education webinar as well coming up with you to dive into this topic a little bit more.

Julie:

Oh, great.

Rebecca:

So, we are looking forward to that.

Julie:

Very exciting. Thanks so much, Kevin.

Dr. Boehnke:

Yeah. Thanks so much for having me.

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