



## Medical cannabis linked to lower opioid use for intractable pain

Source: *Ann Pharmacother*  
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### Takeaway

- Using medical cannabis may reduce average daily milligram morphine equivalent (MME) doses in patients with intractable pain.
- More research is needed to confirm opioid-sparing effects, effect on diazepines.

### Why this matters

- Although more research is needed, pain clinicians might wish to consider medical cannabis treatment in the setting of chronic intractable pain to reduce overall opioid burden.

### Key results

- 77 eligible for inclusion; 58.4% (n=45) women; average age, 54 years.
- At baseline, average daily MME, diazepam equivalents (DE) were 140.64±184.64 mg, 18.33±10.84 mg, respectively.
- Median daily MME, DE were 105 (interquartile range [IQR], 43.75-155.63) mg, 17.5 (IQR, 8.13-28.13) mg, respectively.
- Statistically significant decline in median MME observed from baseline to 3 months (-32.5 mg; P=.013), baseline to 6 months (-39.1 mg; P=.001).
- Nonsignificant decline seen in median DE at 3 months (-3.75 mg; P=.285), no change at 6 months (-0 mg; P=.833).
- Significance remained for MME even when patients taking >500 MMEs were excluded (3 months: -34.29 mg [P=.035]; 6 months: -34.29 mg [P=.004]).

### Study design

- Single-center, retrospective 6-month cohort study evaluating influence of medical cannabis on daily opioids, benzodiazepines for intractable pain.
- Funding: None.

### Limitations

- Retrospective.
- Small sample.
- Dose equivalency tables ambiguity.
- Limited generalizability.

Topics: Clinical Essentials, Family Medicine (Pain), Internal Medicine (Pain), Neurology (Pain)

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