



AAN 71st ANNUAL MEETING ABSTRACT

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Abstract Title: Safety and Efficacy of Medical Cannabis in Elderly Patients: A Retrospective Review in a Neurological Outpatient Setting

Press Release Title: Could Medical Marijuana Help Grandma and Grandpa with Their Ailments? *New Study Shows It May Be Safe and Effective for Symptoms of Chronic Disease*

Objective: To evaluate medical cannabis' (MC) efficacy and adverse effects (AE) in patients 75 years of age or older.

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Background: MC has become a popular treatment option among patients with chronic disorders, with currently 2.1 million Americans utilizing MC. Research is required to observe the effect of MC in an elderly population that has an 80% prevalence of ≥ 1 chronic disorders.

Design/Methods: A retrospective chart review was conducted in patients ≥ 75 years of age, who utilized New York State's Medical Marijuana Program's cannabis. Patients were certified and followed in a neurologic outpatient setting in Buffalo, NY.

Results: With an average age of 81 years (range 75-102), 204 patients (129=female 75=male) were included in the study. The average exposure time to MC was 16.8 ± 12.1 weeks. At stable doses, following personalized changes in cannabinoid doses, 34% reported AE. AE that resolved after change in dosage, were present in 13%. The most common AE were somnolence (13%), disequilibrium (7%), and gastrointestinal disturbance (7%). Euphoria was observed in 3% of patients. Symptomatic benefit was appreciated in 69%, with relief in chronic pain (49%), sleep (18%), neuropathy (15%), and anxiety (10%) most common. Opioid pain medication was reduced on MC treatment in 32%. Seven patients (3.4%) discontinued due to AE. A balanced tetrahydrocannabinol to cannabidiol tincture (1:1) was the most commonly reported dosage among patients who reported no side effects.

Conclusions: MC is a well-tolerated treatment with improvement noted in chronic pain, sleep, neuropathy, and anxiety in patients ≥ 75 years of age. AE that resolved on dosage adjustment were noted in 13% of patients. A balanced 1:1 THC to CBD oral tincture was most commonly used in achieving these results. Randomized, placebo-controlled studies are required to further investigate AE, with an emphasis on somnolence and disequilibrium, optimal dosing, tolerability, and efficacy.

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