



AAN 73st ANNUAL MEETING ABSTRACT

Abstract Title: The Use of Medical Cannabis in African American and Caucasian Populations: A Comparative Study

Objective: To identify medical cannabis (MC) treatment differences in two distinct races.

Authors: Laszlo Mechtler, MD, FAAN, FASN, FEAN; Christopher Ralyea Jr, MBA; Paul Hart, MS; Vincent Bargnes, BS; Colin Begley; Alexander Benyovszky, MD; Alea Manzella

Affiliation: Dent Neurologic Institute

Background: MC is now legal in 33 U.S. states; as such Americans of all races and walks of life have sought MC in lieu of “conventional” treatments. Research is required to determine if treatment differences exist between races.

Design/Methods: This retrospective chart review was conducted on 1,228 patients from two distinct races. All patients were certified to participate in New York State’s Medical Marijuana Program and followed in a neurologic outpatient setting in Buffalo, NY.

Results: Of 614 randomly selected patients from each race 276 African Americans (78=male, 198=female) and 431 Caucasians (167=male, 264=female) were included. Statistical differences were seen with respect to retention rates between races, with 45% of African Americans and 70% of Caucasians ($p<0.05$) reporting for the first re-evaluation. Of those failing to return, 80% of African Americans and 42.5% of Caucasians cited cost as the determining factor. Average median incomes of African Americans and Caucasians were \$30,788.16 and \$62,785.18 respectively. Oral tincture of Type I and II chemovar products were the most common in both races. Common efficacies reported by African Americans and Caucasians were; symptomatic benefit: 82% & 81% ($p=0.67$), reduction of pain: 63% & 55% ($p=0.02$), and sleep: 27% and 25% ($p=0.33$). 21% of African American and 36% of Caucasian opioid users were able to reduce consumption ($p<0.05$). Incidence of side effects was low with only 0.81% of African Americans and 2.63% of Caucasians opting to discontinue MC treatment.

Conclusions: MC is well-tolerated regardless of race, with improvement in symptomatology reported in both groups. However, our findings suggest that a disparity exists between these populations, which translates to racial inequalities in treatment compliance and outcomes. Further studies are needed to encourage policy changes of state run medical cannabis programs nationwide to address the cost barrier of MC treatment

Study Supported By: The Harry Dent Family Foundation