Utah Department of
Health & Human Services
Center for Medical Cannabis

Department of Health and Human Services

Guidance on the Suggested Use of Medical Cannabis

Alzheimer's Disease

About this document: The following information on the use of medical cannabis serves as a suggested use guide for those participating in the Utah Medical Cannabis Program. The intended audience for this document includes qualified medical providers, pharmacy medical providers, patients intending to use medical cannabis, and caregivers of patients intending to use medical cannabis.

This document details the guidance on the use of medical cannabis for Alzheimer's disease. This document does not include general instructions on the use of medical cannabis, contraindications, warnings, precautions and adverse reactions to using cannabis and drug-to-drug interactions which could be found in the extended guidance document titled *Guidance on the Suggested Use of Medical Cannabis.* The extended guidance document can be found on the Department of Health and Human Services Center for Medical Cannabis website (www.medicalcannabis.utah.gov).

About the authors: This document was authored by the Utah Cannabis Research Review Board and Department of Health and Human Services staff.

About the Utah Cannabis Research Review Board: Under Utah Health Code 26-61-201, the Cannabis Research Review Board is a board of medical research professionals and physicians who meet on a voluntary basis to review and discuss any available scientific research related to the human use of cannabis, cannabinoid product or an expanded cannabinoid product that was conducted under a study approved by an Institutional Review Board (IRB) or was conducted and approved by the federal government.

DISCLAIMER

The following information on the use of medical cannabis serves as a suggested use guide for those participating in the Utah Medical Cannabis Program. This document has been vetted and approved by the Utah Cannabis Research Review Board under Utah Health Code 26-61-202.

This document is a summary of available peer-reviewed literature concerning potential therapeutic uses and harmful effects of cannabis and cannabinoids. With the ongoing nature of cannabis and cannabinoid research, it is not meant to be complete or comprehensive and should be used as a limited complement to other reliable sources of information. This document is not a systematic review or meta-analysis of the literature and has not rigorously evaluated the quality and weight of the available evidence. There is a lack of controlled clinical trials yielding high level evidence of predictable therapeutic benefit for any given condition other than those for FDA approved formulations. This document includes warnings and risks related to the use of cannabis including cannabis use disorder, potentially irreversible brain damage/mental illness, and legal liability for DUI and potential for adverse work-related consequences.

All patrons participating in the Utah Medical Cannabis Program are advised to use this document and any such document produced from this original document as informational and educational. The use of medical cannabis is at one's own risk. **Medical cannabis is NOT a first line therapy for most medical conditions.**

The information in this document is intended to help as far as available data allows Utah health care decision-makers, health care professionals, health systems leaders, and Utah Medical Cannabis patients to make well-informed decisions and thereby improve the quality of health care outcomes in patients using medical cannabis use. While patients and others may access this document, the document is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose. The information in this document should not be used as a substitute for professional medical advice or as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process.

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IMPORTANT NOTE: As always, in the event of significant side effects, stop use of medical cannabis until side effects have resolved, and then reduce to previous, best-tolerated dose. To avoid unwanted psychoactive side effects, **"start low and go slow"** especially when using cannabis products for the first time or using new dosages or types of products.

There is *insufficient evidence* to support or refute the conclusion that medical cannabis or cannabinoids are an effective or ineffective treatment for Alzheimer's disease or symptoms of Alzheimer's disease and other forms of dementia

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Alzheimer's disease is the most common cause of dementia in older adults. It is a progressive and fatal disease with no effective treatment. Preclinical animal models of Alzheimer's disease suggest a role for the endocannabinoid system in the pathogenesis of Alzeimer's disease. A limited number of short-term clinical studies have demonstrated improvement in some clinical manifestations of Alzheimer's disease, such as agitation, insomnia, and disruptive behaviors. However, the potential for acute side-effects and

adverse cognitive effects of chronic cannabis use should be monitored when using medical cannabis in patients with Alzheimer's disease (Health Canada, 2018).

Dosing of medical cannabis in patients with Alzheimer's disease and other forms of dementia has not been adequately studied. Due to increased potential for adverse reactions related to age and other factors, use of high doses of chemotype I cannabis or THC-predominant medical cannabis, should probably be avoided and starting oral or sublingual doses of THC should be relatively low (<2.5mg/dose) (Shelef et al., 2016).

References

1. Health Canada. (2018). Information for Health Care Professionals - Cannabis (marihuana, marijuana) and the cannabinoids. Retrieved from https://www.canada.ca/content/dam/hc-sc/documents/services/drugs-medication/cannabis/information-medical-practitioners/information-health-care-professionals-cannabis-cannabinoids-eng.pdf

2. Shelef, A., Barak, Y., Berger, U., Paleacu, D., Tadger, S., Plopsky, I., & Baruch, Y. (2016). Safety and Efficacy of Medical Cannabis Oil for Behavioral and Psychological Symptoms of Dementia: An-Open Label, Add-On, Pilot Study. Journal of Alzheimers Disease, 51(1), 15–19. doi: 10.3233/jad-150915