

ANXIETY

Clinical Summary



HARVEST
MEDICINE

2021

Anxiety

Anxiety disorders are the most prevalent psychiatric disorders,¹ causing significant distress and impairment in function. In 2013, an estimated 3 million Canadian adults reported having a mood and/or anxiety disorder,² which highlights the importance of having an effective management strategy. While drugs (such as antidepressants) and psychotherapy form the backbone of anxiety treatment,³ there is evidence suggesting that medical cannabis (MC) may also have a role. In fact, anxiety disorder is the top medical condition being treated at Harvest Medicine, with 87.49% of 13017 patients, self-reporting that MC either very positively or positively impacted their quality of life (figure 1).⁴ As MC is already playing a significant role in anxiety management, it would be worthwhile to discuss literature findings that detail the benefits and risks of MC use.

Evidence suggests that MC may have a role in the treatment of social anxiety disorder (SAD).

This is demonstrated by the results of a study, in which treatment-naïve patients with social anxiety disorder (SAD) were randomized to receive either 600mg of CBD or placebo prior to a public speaking test.⁵ Compared to the placebo, CBD reduced anxiety, cognitive impairment, discomfort, and arousal to levels comparable to those of the healthy controls.⁵ This positive impact on anxiety is corroborated by another study, in which 400mg of oral CBD was associated with lower anxiety scores compared to placebo in treatment-naïve male patients with SAD.⁶ The results of these studies show that medical cannabis may be a promising treatment option for people with SAD.

MC may be an effective adjunct anxiolytic in patients already being treated with conventional therapy.

A retrospective chart review at a large Colorado-based mental health clinic identified

patients with anxiety, who had added CBD to their usual treatment to either avoid or reduce psychiatric medication use.⁷ 79.2% of them reported decreased anxiety scores within one month, which was maintained for the duration of their follow-up at the clinic.⁷ Given the open label design of the study, the observed improvement in anxiety scores is not solely attributable to CBD. Nonetheless, this study shows that medical cannabis may be an effective adjunct therapy in patients that are wanting to reduce psychiatric medications due to intolerable side effects or suboptimal benefit.

Despite the overall positive effects on anxiety scores, medical cannabis still carries a risk of adverse effects. In a few patients, it caused fatigue, mild sedation, and worsening anxiety symptoms.⁷ Also, it is contraindicated with psychosis, which is sometimes implicated in social anxiety.⁸ Therefore, while medical cannabis may be an appealing treatment option for anxiety, thorough assessment and routine follow-up with an experienced healthcare professional should be part of the care plan.

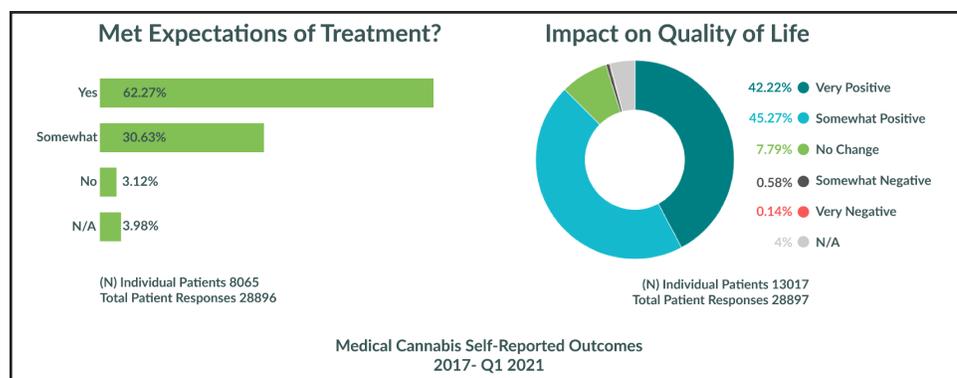


Figure 1 Harvest Medicine. (2021). Anxiety patient self-reported outcomes.⁴

-Harvest Medicine 2021
& Kang, A., University of Toronto
Pharmacy Intern 2021



HARVEST
MEDICINE

hmed.ca / 1-844-488-4633

References

1. Bandelow, B., Michaelis, S., & Wedekind, D. (2017). Treatment of anxiety disorders. *Dialogues in clinical neuroscience*, 19(2), 93
2. Public Health Agency of Canada. (2015). Mood and Anxiety Disorders in Canada. Retrieved December 17, 2020, from <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/mood-anxiety-disorders-canada.html>
3. Katzman, M. A., Bleau, P., Blier, P., Chokka, P., Kjernisted, K., & Van Ameringen, M. (2014). Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders. *BMC psychiatry*, 14(S1), S1.
4. Harvest Medicine. (2021). Anxiety patient self-reported outcomes. Update retrieved, May 2021, from <https://hmed.ca/patient-outcomes/>
5. Elsaid, S., Kloiber, S., & Le Foll, B. (2019). Effects of cannabidiol (CBD) in neuropsychiatric disorders: A review of pre-clinical and clinical findings. *Progress in molecular biology and translational science*, 167, 25–75. <https://doi.org/10.1016/bs.pmbts.2019.06.005>
6. Bonaccorso S, Ricciardi A, Zangani C, Chiappini S & Schifano F. (2019). Cannabidiol (CBD) use in psychiatric disorders: A systematic review. *Neurotoxicology*, 74, 282-298. <https://doi.org/10.1016/j.neuro.2019.08.002>, [10.1016/j.neuro.2019.08.002](https://doi.org/10.1016/j.neuro.2019.08.002)
7. Shannon S, Lewis N, Lee H & Hughes S. (2019). Cannabidiol in Anxiety and Sleep: A Large Case Series. *Permanente Journal*, 23, 18-041. <https://doi.org/10.7812/TPP/18-041>
8. Michail, M., & Birchwood, M. (2014). Social anxiety in first-episode psychosis: the role of childhood trauma and adult attachment. *Journal of affective disorders*, 163, 102-109

