

ANXIETY

Clinical Summary





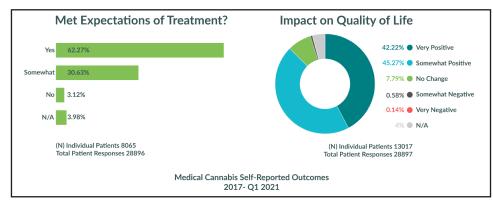
Anxiety

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 druas 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 conducted treatment-naïve patients in social anxiety disorder with (SAD).⁵ These patients were randomized to receive either 600mg of CBD or placebo prior to a public speaking test and asked to rate their anxiety levels and other subjective states (e.g. discomfort in anticipation of the speech, proficiency) at multiple time points.⁵ The researchers found that compared to the placebo, CBD reduced anxiety, discomfort, and proficiency levels close to those of healthy people, who did not have a diagnosis of SAD.⁵ Another study in treatment-naïve male patients with SAD showed similar results, in which 400mg of oral CBD was associated with lower anxiety scores compared to the placebo.⁶ The findings of these studies demonstrate that medical cannabis may be a promising treatment option for people with anxiety.

Medical cannabis may also complement the conventional anxiety therapy.



In one study conducted at a large mental health clinic, patients with anxiety added CBD to their usual treatment (e.g. prescription medications, psychotherapy) in order to reduce or avoid psychiatric medication use.⁷ Within one month, 79.2% of them reported decreased anxiety levels, and this improvement in anxiety symptoms persisted for the duration of their follow-up at the clinic.⁷ This study shows that for patients that are experiencing side effects psychiatric to medications or not deriving adequate benefit from them, CBD may be a suitable option.

Although medical cannabis is generally well tolerated, like most other treatment options, there is still a risk of side effects. Fatigue, sedation, and worsening anxiety symptoms were reported by a few patients upon starting CBD treatment.⁷ anxiety is sometimes Also, accompanied by other mental health conditions, whose symptoms may worsen if medical cannabis is used.⁸ Therefore, while medical cannabis may be an appealing treatment option for people with anxiety, it is important to undergo thorough assessment by an experienced healthcare professional with routine follow-up.

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

HARVEST

MEDICINE

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

References

- 1. Bandelow, B., Michaelis, S., & Wedekind, D. (2017). Treatment of anxiety disorders. Dialogues in clinical neuroscience, 19(2), 93
- Public Health Agency of Canada. (2015). Mood and Anxiety Disorders in Canada. Retrieved December 17, 2020, from <u>https://www.canada.ca/en/public-health/services/publications/</u> <u>diseases-conditions/mood-anxiety-disorders-canada.html</u>
- 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.
- Harvest Medicine. (2021). Anxiety patient self-reported outcomes. Update retrieved, May 2021, from <u>https://hmed.ca/patient-outcomes/</u>
- 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. <u>https://doi.org/10.1016/bs.pmbts.2019.06.005</u>
- Bonaccorso S, Ricciardi A, Zangani C, Chiappini S & Schifano F. (2019). Cannabidiol (CBD) use in psychiatric disorders: A systematic review. Neurotoxicology, 74, 282-298. <u>https://doi.org/10.1016/j.neuro.2019.08.002</u>, 10.1016/j.neuro.2019.08.002
- Shannon S, Lewis N, Lee H & Hughes S. (2019). Cannabidiol in Anxiety and Sleep: A Large Case Series. Permanente Journal, 23, 18-041. <u>https://doi.org/10.7812/TPP/18-041</u>
- 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

