

# Medicinal cannabis: Palliative care

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This fact sheet summarises the evidence and clinical guidance in the Therapeutic Goods Administration's (TGA) [Guidance for the use of medicinal cannabis in the treatment of palliative care patients in Australia](#).

There has been increasing interest in recent years regarding medicinal cannabis\*. However, there is a limited body of evidence to support its efficacy and safety in clinical practice.<sup>1-3</sup>

While anecdotal reports, animal data and some research on human subjects have suggested some therapeutic potential, there is insufficient evidence from high quality studies, such as randomised controlled trials (RCTs), for most conditions.<sup>2</sup>

In response the TGA has published [guidance documents](#) to assist health professionals and patients in the use of medicinal cannabis, including for palliative care.

Note that medicinal cannabis is not recommended as a first line treatment in any condition. Prescribing should always be considered on a case-by-case basis and once all other standard approved treatments have been unsuccessful.

## Evidence<sup>4</sup>

About the TGA Guidance for the use of medicinal cannabis in the treatment of palliative care patients in Australia:

- ▶ a systematic review and meta-analysis of palliative care for patients with terminal cancer, late-stage Alzheimer's and AIDS.
- ▶ guidance based on 13 studies, including 9 RCTs and 4 observational studies. The GRADE (grading of recommendations, assessment, development and evaluation) approach for evaluating evidence quality found most studies were moderate to very low quality.
- ▶ Specific medicinal cannabis products in the studies were: six studies for dronabinol (synthetic delta-9 tetrahydrocannabinol (THC)), five for synthetic THC preparations (but not specified as dronabinol), and three used a THC:CBD (cannabidiol) combination product. None of them are TGA-registered.<sup>5</sup>

## Efficacy

The systematic review found no significant differences in outcomes between patients who received medicinal cannabis (as a class of products) or placebo for symptom control in patients with terminal cancer.

There was also no supporting evidence of weight gain or improved appetite or mood for people with AIDs receiving palliative care.

The review found limited evidence that outcomes including weight gain, caloric intake and mood disorders differed significantly between patients with Alzheimer's Disease receiving medicinal cannabis and placebo.

## Adverse events

The most common adverse events for patients receiving palliative care include: nausea (21%), somnolence (20%), dizziness (16%), asthenia (13%), tiredness/fatigue (12%), vomiting (11%), anaemia (11%), confusion (10%), pain (10%), diarrhoea (8%), headache (8%), dyspnoea (8%) and hallucinations (5%).

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Meta-analysis of drop-out rates found no significant difference between subjects receiving medicinal cannabis (as a class of products) and placebo.

\*NPS MedicineWise has adopted the term 'medicinal cannabis', which is used by the TGA, many health departments and affiliated organisations. Variations include cannabis medicines, cannabinoids, cannabis-based products (CBP).

### Drug-drug interaction

It is possible that medicinal cannabis could interact with chemotherapy and other medicines used in palliative care. More research is needed on drug-drug interactions in palliative care.

## Clinical guidance<sup>4</sup>

- ▶ Given the low number and generally poor quality of studies available to guide clinicians, it is recommended that medicinal cannabis (as a class of products) should be used only after standard in palliative care treatments have been found to be ineffective.
- ▶ If it is decided to commence medicinal cannabis, it is recommended that patients be encouraged to enrol in clinical trials where possible.
- ▶ When trials aren't available, but the patient wishes to be treated with medicinal cannabis, it's strongly recommended that doctors emphasise the limited evidence and the possibility of adverse events and drug-drug interactions to the patient and carers.
- ▶ In palliative care, the effects of THC are likely to be more useful for patients because they help promote appetite. THC is one of the major psychoactive components in medicinal cannabis and is largely responsible for stimulating appetite and eating and promoting relaxation. In contrast, the CBD component of medicinal cannabis may reduce convulsions, anxiety and psychotic symptoms.
- ▶ There is little information on dose-response. Starting doses should be low, and the dose increased in response to lack of efficacy until toxicity outweighs any benefit.
- ▶ Be aware that possible adverse events such as confusion, pain, diarrhoea or hallucinations may impact the overall aims of the palliative medicine and reduce quality of life and should be evaluated on a case-by-case basis.
- ▶ Be aware that it is possible that medicinal cannabis will interact with chemotherapy and other medicines used in palliative care.

## Prescribing guidance

The NSW Cannabis Medicines Prescribing Guidance is a suite of resources intended to assist medical practitioners in their prescribing and management of cannabis medicines (for NSW patients within current regulatory frameworks and clinical practice).

Visit the [Australian Centre for Cannabinoid Clinical and Research Excellence](#) (ACRE) to download the documents.

## Further information

Studies included in the TGA guidance document are [found here](#).

### National sources:

[NPS MedicineWise](#)

[Office of Drug Control](#)

[TGA](#)

### State and territory health departments:

[ACT](#)

[Northern Territory](#)

[NSW](#)

[Queensland](#)

[South Australia](#)

[Tasmania](#)

[Victoria](#)

[Western Australia](#)

## References

1. Therapeutic Goods Administration. Guidance for the use of medicinal cannabis in Australia – Overview. Canberra: Government of Australia, Department of Health, 2017. <https://www.tga.gov.au/publication/guidance-use-medicinal-cannabis-australia-overview> (accessed 10 May 2020).
2. Queensland Health. Clinical Guidance: for the use of medicinal cannabis products in Queensland. 2016. [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0023/634163/med-cannabis-clinical-guide.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0023/634163/med-cannabis-clinical-guide.pdf) (accessed 10 May 2020).
3. Martin JH, Bonomo Y, Reynolds AD. Compassion and evidence in prescribing cannabinoids: a perspective from the Royal Australasian College of Physicians. Med J Aust 2018;208:107–9. <https://www.ncbi.nlm.nih.gov/pubmed/29438641>.
4. Therapeutic Goods Administration. Guidance for the use of medicinal cannabis in the treatment of palliative care patients in Australia. Canberra: Government of Australia, Department of Health, 2017. <https://www.tga.gov.au/sites/default/files/guidance-use-medicinal-cannabis-treatment-palliative-care-patients-australia.pdf> (accessed 10 May 2020).
5. Therapeutic Goods Administration. Guidance for the use of medicinal cannabis in Australia – Patient information. Canberra: Government of Australia, 2017. <https://www.tga.gov.au/sites/default/files/guidance-use-medicinal-cannabis-australia-patient-information.pdf> (accessed 10 May 2020).