

Cannabis for pain? Hype or hope?

Cannabis and cannabis-based derivatives such as CBD cannabidiol are often used or enquired about for pain management in RA, but is there evidence that they are effective as painkillers?

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While at the European League Against Rheumatism congress in Madrid in June Iain, our Head of RA Services and I attended a lecture on the topic of cannabis and cannabis-based derivatives such as CBD cannabidiol.?

The use of cannabis-based products to treat pain in RA is a topic that comes up regularly in discussions on Facebook and our online community on HealthUnlocked, so I thought it would be useful to share a summary of the lecture here.

The question is, can medical cannabis be recommended as a new analgesic option in musculoskeletal conditions? The answer is not simple or clear-cut according to Professor Serge Perrot, Professor of Clinical Pharmacology at Paris Descartes University and a rheumatologist and Head of the Pain Centre at Cochin-Hotel Dieu Hospital, Paris. “All the meta-analyses (examination of data from a number of independent studies of the same subject, in order to determine overall trends) and literature reviews have demonstrated that, for example in fibromyalgia, in back pain, in neuropathic pain, “it was not very different from placebo.” That said there are “specific clinical cases” where cannabis-based treatments may be useful on an individual basis, which “speaks in favour of authorising the products”, said Prof. Perrot. He went on to say that emerging data suggests that cannabis-derived medicines may prove to be more effective for conditions such as anxiety, sleep disorders, and loss of appetite, rather than specifically for pain.

Dr Steve Alexander, Associate Professor in molecular pharmacology at the University of Nottingham Medical School, said that some of the effects – or side effects – of these medicines might be relevant to rheumatology patients. For example, the drowsiness that has been associated with some cannabis preparations could be beneficial, since improved sleep does affect people’s subjective scores of pain.

Dr Alexander in an interview with the Congress News said “We know there’s a broader story, and that it’s not just pain itself – it’s all the ancillary things that go alongside it, such as anxiety, depression, comorbidities, and so on. I think, therefore, that the message is one of tentative hope.”

According to Dr Alexander, there was in the order of 85 registered clinical trials for cannabinoids in a variety of conditions being conducted, and if only a modest proportion of these trials prove to be successful, he suggests “that’s quite a major advance”.

While the lectures from both Prof. Perrot and Dr Alexander were quite complex and scientific, my big take-home message was that there is still a huge amount of research required and it is not as simple as some messaging on social media would have you think. I feel that far more clarification is required when talking about cannabis as there are many different varieties of cannabis plants and products out there. There is a massive difference between medicinal cannabis and what some chap in the pub may offer you in a little plastic bag! In a recent Time magazine article, I also read that only 31% of CBD products that were tested actually had the amount of CBD in them that they claimed on their labels!

In conclusion, NRAS will keep a watchful eye on developments in this controversial topic but as it stands today our position is that there is still no proven scientific evidence of benefit for those living with inflammatory arthritis. I would highly recommend that extreme caution should be taken when purchasing any CBD products or indeed any other ‘complementary’ products, online or via high street retailers without due-diligence and research into the producers of the product and always tell your rheumatology team what you are taking alongside your usual RA medication/s.

Footnote: In the US, the FDA (Food and Drug Administration) has taken action against some CBD manufacturers making specific condition-related health claims; however, many companies are still unabashedly marketing products as curatives. In short, this is big business, and it will take some time

to bring in proper regulation to ensure safety.

By Clare Jacklin, CEO

Medicines in rheumatoid arthritis

We believe it is essential that people living with RA understand why certain medicines are used, when they are used and how they work to manage the condition.



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