

OREGON HEALTH DIVISION

ASSESSMENT WORKSHEET FOR EVALUATING PETITIONS TO EXPAND THE LIST OF “DEBILITATING MEDICAL CONDITIONS” UNDER THE OREGON MEDICAL MARIJUANA ACT

CONDITION ADULT_ATTENTION_DEFICIT_DISORDER DATE REVIEWED 3/25/2000

I. Consideration of Available Evidence

Description of Evidence Considered:

1. [Marihuana: The Forbidden Medicine](#) by Grinspoon & Bakalar (1997 Yale University Press)
2. Patient interviews were considered.

Clinical Effectiveness (and comparison with established alternatives):

The literature is sparse on adult Attention Deficit Disorder (ADD). The only information on clinical effectiveness of marijuana in is from adults with ADD who report benefit.

Health Benefits and Risks:

ADD can be very disabling and can persist in adults. Talk therapy, amphetamines and antidepressants have been used with some success but there is very little information from which to make a valid assessment of risks versus benefits. Some patients report that marijuana helps. Most risks with cannabis are well described but dosage variability, co-morbid illnesses, and method of cannabis delivery would factor into a variable benefit to risk ratio for each individual with ADD and the data is only from a very small number of case reports.

Factors Affecting Safety, Effectiveness, and Related Considerations for All Patients and for Specific Patient Types:

While the harmfulness of cannabis has been well described, the safety and effectiveness of cannabis for adult ADD has not. There certainly are patients who describe benefit but there is no other reliable data showing harm or benefit for cannabis in ADD.

Net Health and Overall Impact of Medical Marijuana Use for This Condition:

Certain adult patients with ADD perceive that cannabis helps but "overall", the impact of cannabis on ADD would be limited at best. Most diagnoses of ADD are in children and they are treated with amphetamines, like Ritalin.

Other Considerations:

II. Performance On Assessment Criteria

(1) **Quality and Sufficiency of Available Evidence:** *There is sufficient available evidence of sufficient quality to permit reaching a sound determination relating to the use of medical marijuana for the treatment of this condition.* Yes [] Possibly [] No [**X**] NAD []

Comments:

(2) [A] **Clinical Effectiveness:** *The use of medical marijuana for this condition is clinically effective.* Yes [] Possibly [] No [] NAD [**X**]

Comments:

[B] **Relative Clinical Effectiveness:** *The use of medical marijuana for this condition is clinically effective relative to established alternative treatments for this condition.* Yes [] Possibly [] No [] NAD [**X**]

Comments:

(3) **Health Benefit/Risk Ratio:** *The health benefits of medical marijuana use for this condition outweigh the health risks.* Yes [] Possibly [] No [] NAD [**X**]

Comments:

(4) **Net Health Impact:** *The use of medical marijuana for this condition improves net health outcomes (functional status and/or ability to perform activities of daily living) for those individuals with this condition who use medical marijuana.*

Yes [] Possibly [**x**] No [] NAD []

Comments:

[Only by case reports](#)

(5) **Net Overall Impact:** *The use of medical marijuana for this condition improves net overall outcomes (quality of life and/or perceived satisfaction with condition improvement) for those individuals with this condition who use medical marijuana.*

Yes [] Possibly [**x**] No [] NAD []

Comments:

Case reports indicate some perceived benefit to some patients.

(6) **Safety, Effectiveness, or Related Issues:** *There are no such compelling or overriding issues that alter any of the determinations regarding the use of medical marijuana for the treatment of this condition that would have been reached absent these issues.*

Yes [**X**] Possibly [] No [] NAD []

Comments: *(If yes, what are these issues and how do they alter these determinations?)*

ADD is a confusing and controversial disease at it is and adult ADD is even more controversial. During my practice, psychiatrists have told me that ADD may not even exist in adults because the diagnosis may be something else (anxiety, depression, etc.). I accept this controversy but a new or controversial diagnosis such as adult ADD makes it even more difficult to evaluate therapy. Considering medical use of marijuana for this condition further complicates a complicated issue.

Note: *NAD = Not Able to Determine*

III. Overall Findings and Recommendations

Summary of Findings

1. Adult ADD is an ill-defined syndrome.
2. Treatment for adult ADD is controversial.
3. The only published data on using marijuana to treat ADD is from case reports.

Recommendation Regarding Adding this Condition to the List of “Debilitating Medical Conditions” for Purposes of the Oregon Medical Marijuana Act

Add disease to list of disease conditions pursuant to ORS 475.302(2)(a)

Add symptom to list of symptom conditions pursuant to ORS 475.302(2)(b)

Do NOT add disease or symptom to list of debilitating medical conditions

COMMENTS Re: this Recommendation:

Too little is known about adult ADD treatment to recommend that ADD be added to the list at this time.

RATIONALE Re: this Recommendation:

Strength of this Recommendation:

Other Comments, Observations, Etc

Submitted By:

Signature

Print Name