

OREGON HEALTH DIVISION

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

CONDITION ___ ALZHEIMER'S DISEASE _____
REVIEWED ___ 3/25/2000 ___

DATE

I. Consideration of Available Evidence

Description of Evidence Considered:

- Please note that although the petition says Agitation/Anxiety associated with Alzheimer's disease, "Anxiety condition" is addressed on a different worksheet and therefore only "Alzheimer's Disease condition" is addressed below.
1. Marihuana: The Forbidden Medicine by Grinspoon & Bakalar (1997 Yale University Press) including reference to "Effects of Dronabinol in Anorexia and Disturbed Behavior in Patient's with Alzheimer's Disease" by Volicer et al (unpublished at the time of printing of Dr. Grinspoon's book)
 2. Interview with spouse of a patient who uses cannabis as an antianxiety agent in Alzheimer's Disease.

Clinical Effectiveness (and comparison with established alternatives):

Unknown

Health Benefits and Risks:

Benefits reported appear to be related to reduction of observed symptoms of anxiety (restlessness) and improvement in appetite. Risks are that acute administration of cannabis to

normal subjects is often associated with short-term memory deficits, exactly the type of memory deficits most common with Alzheimer's disease.

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

1. Cannabis acutely impacts short-term memory in normal subjects.
2. Any type of unsupervised smoking of anything would seem to be an extraordinary fire hazard in patient's with Alzheimer's disease.
3. Prescribed drugs that alter memory including drugs for depression & anxiety or even sedating antihistamines can present a risk of exacerbating disorientation and a risk of falls in patients with Alzheimer's disease. Cannabis might do the same.

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

Marijuana and most other sedating drugs generally have a negative health and overall impact for patients with Alzheimer's disease. If there are mood disorders or psychoses or other medical conditions complicating Alzheimer's disease, these co-morbidities should be addressed separately from the memory pathology. However, it is hard for me to accept that a drug that causes any short-term memory loss would have a positive impact on a disease characterized by short-term memory loss.

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:

Pharmacological treatment of memory loss in Alzheimer's disease has usually been ineffective or at best minimally effective with associated significant toxicity.

(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 [] No [] NAD [X]

Comments:

(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 [] No [] NAD [X]

Comments:

(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 [] Possibly [] No [] NAD [X]

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

Note: NAD = Not Able to Determine

III. Overall Findings and Recommendations

Summary of Findings

1. A hallmark of Alzheimer's disease is profound memory loss, particularly short-term memory loss.
2. Cannabis acutely causes temporary problems with short-term memory in normal subjects.
3. Marinol (THC) has apparently been found to be helpful in improving appetite and disturbed behavior in patients with Alzheimer's disease in one (possibly still unpublished) paper. Only case reports are available for cannabis evaluation.
4. Until controlled trials are available it would seem risky to consider using sedating cannabinoids in Alzheimer's disease and even more risky to use a delivery device that burns and can be a fire hazard.
5. The best treatment for Alzheimer's disease is seldom pharmacological. Rather, it is to provide a consistent, healthy, and supportive environment for the patient while minimizing any pharmacological intervention. Complications or co-existing morbidity must be treated but not necessarily with drugs.

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:

Alzheimer's disease should not be added to the list at this time.

RATIONALE Re: this Recommendation:

Any psychoactive drug, even some antihistamines and antidepressants can worsen memory problems in Alzheimer's disease and increase risk of falls. Ideally non-pharmacological options should be emphasized in Alzheimer's disease.

Strength of this Recommendation:

Would not change my recommendation until controlled studies of cannabinoids showed benefit.

Other Comments, Observations, Etc

Submitted By:

Signature

Print Name