OREGON HEALTH DIVISION

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

CONDITION POST_TRUAMATIC_STRESS_DISORDER_(PTSD) **DATE REVIEWED**_3/25/2000_

I. Consideration of Available Evidence

Description of Evidence Considered:

Same evidence sources as anxiety plus:

1. "Chronic PTSD in Vietnam Combat Veterans: Course of Illness and Substance Abuse" by Bremner et al from American Journal of Psychiatry, March 1996.
2. "Pharmacotherapy for Post-Traumatic Stress Disorder" by Sutherland et al from Psychiatric Clinics of North America, June 1994.
3. "Post-Traumatic Stress Disorder" by Vargas et al from Psychiatric Clinics of North America, December 1993.

Clinical Effectiveness (and comparison with established alternatives):

In addition to the anxiety condition worksheet sources, the above sources contribute:

1. Bremner et al do not define marijuana abuse but since benzodiazepine abuse is defined as both prescribed and unprescribed benzodiazepine use by the patient, one might assume that any marijuana "use" is considered marijuana "abuse". The patients report improvement in sleep with marijuana. The lifetime incidence of marijuana use of the 47 Veterans was 55% or about half, which is similar to lifetime use among American adults born after WWII. None of the Veterans had a current diagnosis of marijuana abuse at the time of the study. The authors felt the study findings were consistent with a hypothesis that Veterans with PTSD self-medicate their PTSD symptom
2. Sutherland et al describe treatment of PTSD with conventional agents describing successes with antidepressant and benzodiazepines.
3. Vargas et al describe PTSD. They referred to a study in which, "64% of 25 patients fulfilling diagnostic DSM-III criteria for PTSD had a concurrent diagnosis of alcoholism; 25% concurrent diagnosis of drug abuse; and 48%, a history of antisocial behavior." However, the authors do not define "drug abuse" and do not mention marijuana.

Health Benefits and Risks:

Benefits appear to be improvement in sleep with patient reports noting primarily a decrease in nightmares. Risks are primarily smoking since sedation at bedtime in PTSD is considered desirable. As mentioned previously, smoking risks can be reduced by vaporization or oral

administration but smoking remains the most "cost-effective" way to consume marijuana. Marijuana is more expensive than gold because of "prohibition prices".

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

For "all" patients, non-drug therapy should be tried first and drug-therapy used only when non-drug therapy fails. PTSD symptoms have improved with antidepressants and benzodiazepines and these should be the first order of drug therapy for PTSD uncomplicated by other diagnoses that might require other types of drugs such mood stabilizers and antipsychotic drugs.

For "specific" patients who fail to respond to the above or have toxic side effects, marijuana is an alternative if a patient and their doctor find that marijuana makes the patient more functional than alternative approaches. Marijuana is also an alternative for patients who don't have access to psychiatric health care and/or expensive pharmaceutical drugs.

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

Patients with PTSD perceive marijuana as improving sleep, often by reducing nightmares. If this improves function of activities of daily living, then this is desirable.

Other Considerations:

Please see the worksheet on anxiety.

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 [ ] NAD [X]**
Comments:

There is very little information about the therapeutic value of cannabis in PTSD, a type of anxiety disorder or possibly depressive disorder. Patients report improved sleep with Cannabis.

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

Comments:

The use of medical marijuana for PTSD is possibly clinically effective based only on patient reports.

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[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:

Both benzodiazepines and cannabis are both perceived to improve sleep but there are no comparisons.

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

Comments:

This will depend on the individual. The benefit of a functional person with PTSD would outweigh risks from cannabis. This is particularly true if an alternative to the smoking delivery system is used.

(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:

Net health impact in some patients as per case reports is improved.

(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:

Persons with PTSD perceive improvement in sleep and no studies directly implicate worsening of PTSD with marijuana but rather seem to indicate that persons with PTSD may have co-morbid conditions that impact prognosis.

(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 [X] No [ ] NAD [ ]

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

PTSD can be worsened by a traumatic interaction with law enforcement over the legality of growing cheap (homegrown rather than underground market) marijuana. Removing criminal penalties for persons diagnosed with PTSD when their doctor agrees that "marijuana might help" would seem to lessen this risk and possibly contribute to overall improvement of symptoms of PTSD.

As with other medical and psychiatric treatments, health care access and medication is very expensive. Personal communications with Veterans who use cannabis often indicate they use "a few puffs" before bedtime. This might be very cost-effective to those without access to the full spectrum of psychiatric care.

Note: NAD = Not Able to Determine

III. Overall Findings and Recommendations

Summary of Findings

1. See anxiety condition worksheet.
2. Patients with PTSD often exhibit poor sleep with nightmares and perceive improvement in sleep with marijuana.

3. Conventional treatments of counseling, benzodiazepines, and antidepressants can be effective but are expensive and thus often not available to those with limited income, which often includes chronically ill veterans.
4. PTSD can co-exist with other psychiatric illnesses.
5. PTSD is usually grouped as an anxiety disorder but information about PTSD and marijuana is very limited beyond patient 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	[**X**]

COMMENTS Re: this Recommendation:

Although I support the inclusion of anxiety as a symptom pursuant to ORS 475.302(2)(b), I am reluctant to support subcategories of anxiety because the data is even sparser than in the broader category of "anxiety". If anxiety is included as a symptom, patients with PTSD may still qualify under the Oregon Medical Marijuana Act if his/her doctor agrees that marijuana "might help" symptoms of anxiety.

RATIONALE Re: this Recommendation:

The data regarding PTSD is sparser than data on "anxiety symptoms" and some researchers are not sure whether to list PTSD as an anxiety disorder, depressive disorder, or a new syndrome. Future data specifically related to PTSD and marijuana may allow a new committee to re-examine this condition when long-term follow up studies on marijuana and PTSD are available and provide more concrete data.

Strength of this Recommendation:

The recommendation is weak. One can argue that supporting anxiety symptoms while not supporting PTSD is simply related to the relative lack of data. However, in the overall historical medical literature, "anxiety symptoms" and cannabis are **not** new but the diagnosis of PTSD as a psychiatric diagnosis is relatively new. Bremner et al report, "PTSD was recognized as a valid diagnostic entity only in 1980." Because of a larger quantity of data including historical literature, I am not uncomfortable recommending that a doctor and patient consider that "marijuana might help" symptoms of anxiety when other treatment options fail or are too toxic.

Other Comments, Observations, Etc

Please see worksheet on anxiety for additional information related to anxiety.

Submitted By:

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Signature	Print Name