

OREGON HEALTH DIVISION

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

CONDITION SCHIZOAFFECTIVE DISORDER
REVIEWED 3/25/2000

DATE

I. Consideration of Available Evidence

Description of Evidence Considered:

Patient interviews and medical literature review were considered (same sources as schizophrenia condition worksheet).

Clinical Effectiveness (and comparison with established alternatives):

The most applicable literature was "Substance Use Among the Mentally Ill" by Warner, et al from the American Journal of Orthopsychiatry: January 1994. The other literature often failed to separate alcohol & other drugs from marijuana and/or did not address the issue of "should cannabis be a treatment for the above condition?"

The summary relative to schizophrenia is that although hospitalization was less among cannabis users than among others, the study revealed that the improvement was primarily in the anxiety and depression symptoms while the hallucinations and paranoia symptoms worsened with cannabis.

My conclusion is that although cannabis might help some patients with schizophrenia or schizoaffective disorder, it does not help the psychotic aspects of the illness and indeed can worsen those symptoms. Another way to state is that although cannabis might improve mood in persons with a label of schizophrenia or schizoaffective disorder, it poses a risk of worsening core features of the illness. Cannabis should not be considered an "antipsychotic" medicine and does not offer an alternative to established antipsychotic or major tranquilizer type drugs.

Health Benefits and Risks:

Benefits include mood improvement (anxiety and depression) and risks include worsening paranoia and hallucinations. Even though cannabis is safer in overdose settings than most standard drugs, the benefit to risk ratio of cannabis in settings of psychosis appears unfavorable.

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

All patients may be susceptible to the above risks however there may be certain individuals with a label of "schizophrenia" in whom the primary debilitating illness may actually be mood disorder rather than psychosis. These cases should be addressed as mood disorder conditions. As with all illnesses, the clinician must determine what manifestation of the particular illness is most disabling to the patient and treat the patient to achieve maximum functional level.

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

The net health and overall impact of medical marijuana for schizoaffective disorders will be negative for most patients. Those who benefit will be those for whom psychosis is a minor feature and mood disorder is a major feature and for whom standard therapy for mood disorders has been associated with unacceptable toxicity and/or failure to respond.

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 [**x**] NAD []

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 [**x**] NAD []

Comments:

(3) **Health Benefit/Risk Ratio:** *The health benefits of medical marijuana use for this condition outweigh the health risks.*

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

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 [**x**] NAD []

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 []

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 []

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

My findings related to schizoaffective disorder are identical to schizophrenia. The literature provides no evidence to support including this condition. Importantly, some literature also offers valid reasons (such as risk for paranoia and hallucinations in patients with schizophrenia) to **not** include schizoaffective disorder as an Oregon Medical Marijuana Act condition.

Recommendation Regarding Adding this Condition to the List of “Debilating 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:

RATIONALE Re: this Recommendation:

Strength of this Recommendation:

strong

Other Comments, Observations, Etc

Submitted By:

Signature

Print Name