Phytocannabinoide
Potential und Limiten



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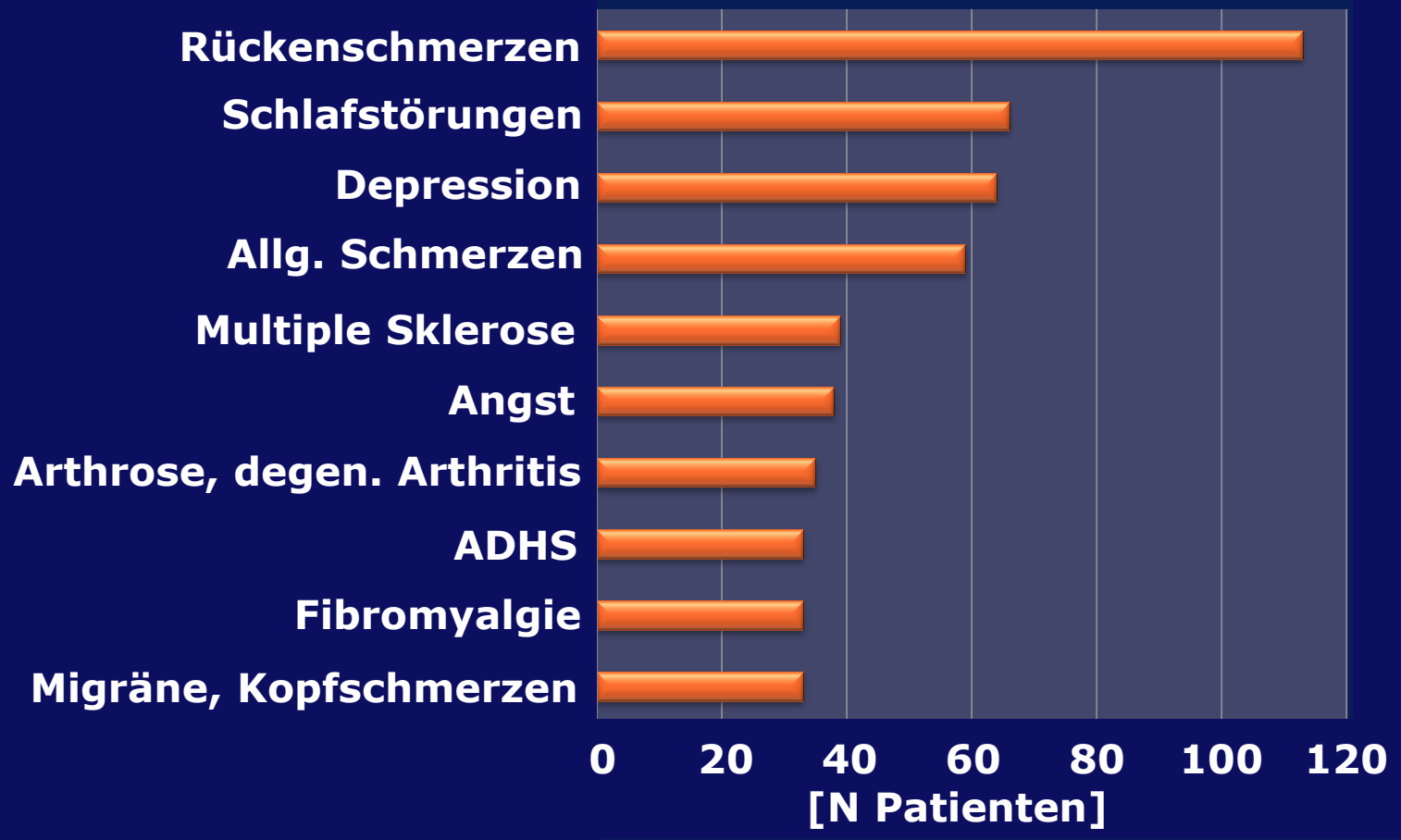
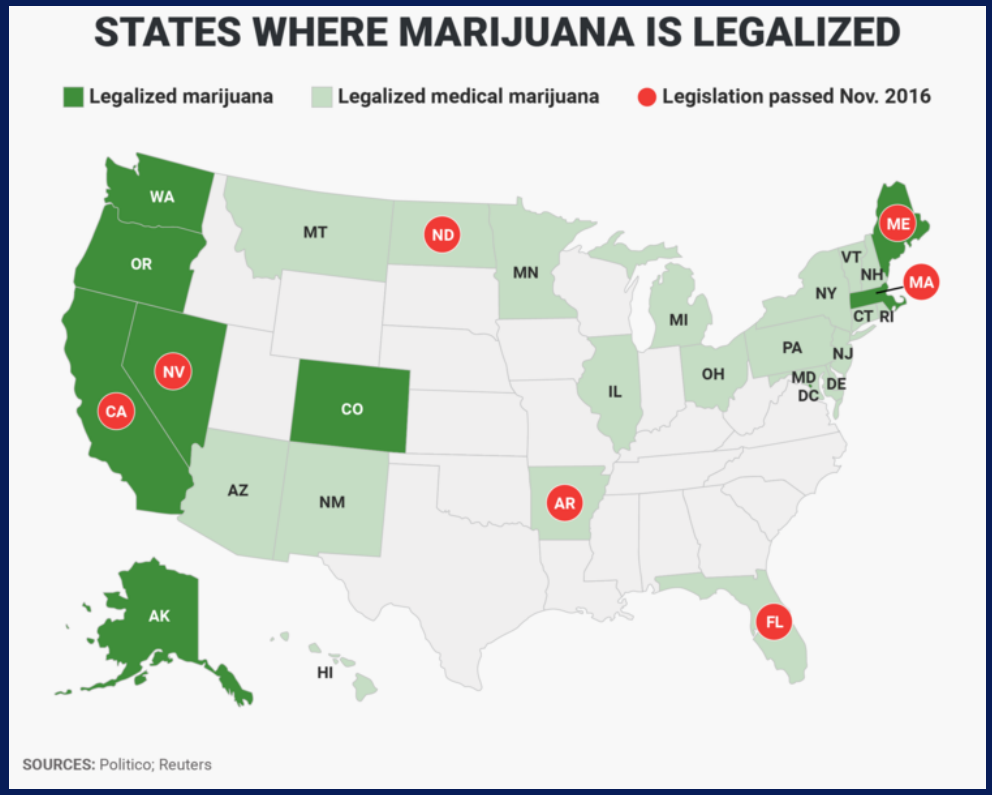
SAMM-Kongress 2018

Populäre Indikationen Cannabis

IACM-Umfrage
(2009-2010, N=953 Patienten, >31 Länder)



Cannabis-Regulierung «» Opioid-Missbrauch?



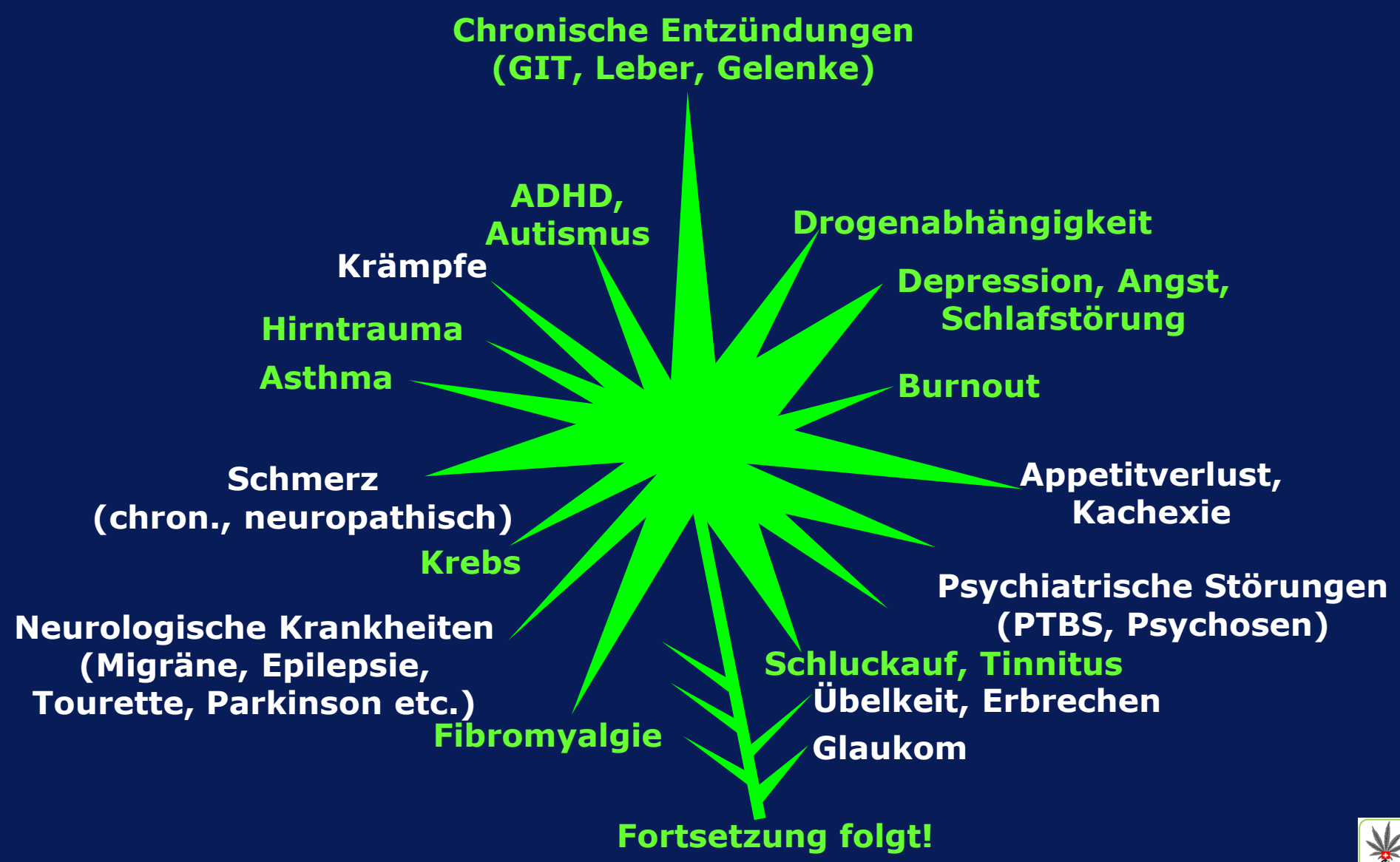
Opioid-Rezepte ↴ in US Staaten mit liberaler Cannabis-Regulierung **[Bradford 2016 & 2017]**

- **Mittel gegen Opioid-Epidemie USA?**

  [Lucas 2017, Piomelli 2018]

Zum Beispiel Oregon

Indikationslyrik?



Präklinische Fakten: Grund für Indikations-Lyrik

Rechtfertigen in vitro, molekularbiologische und tierexperimentelle Daten die klinische Anwendung von CBD?

[Izzo 2009, Pisanti 2017]

Cannabis und Cannabinoide bei Kopfschmerzen

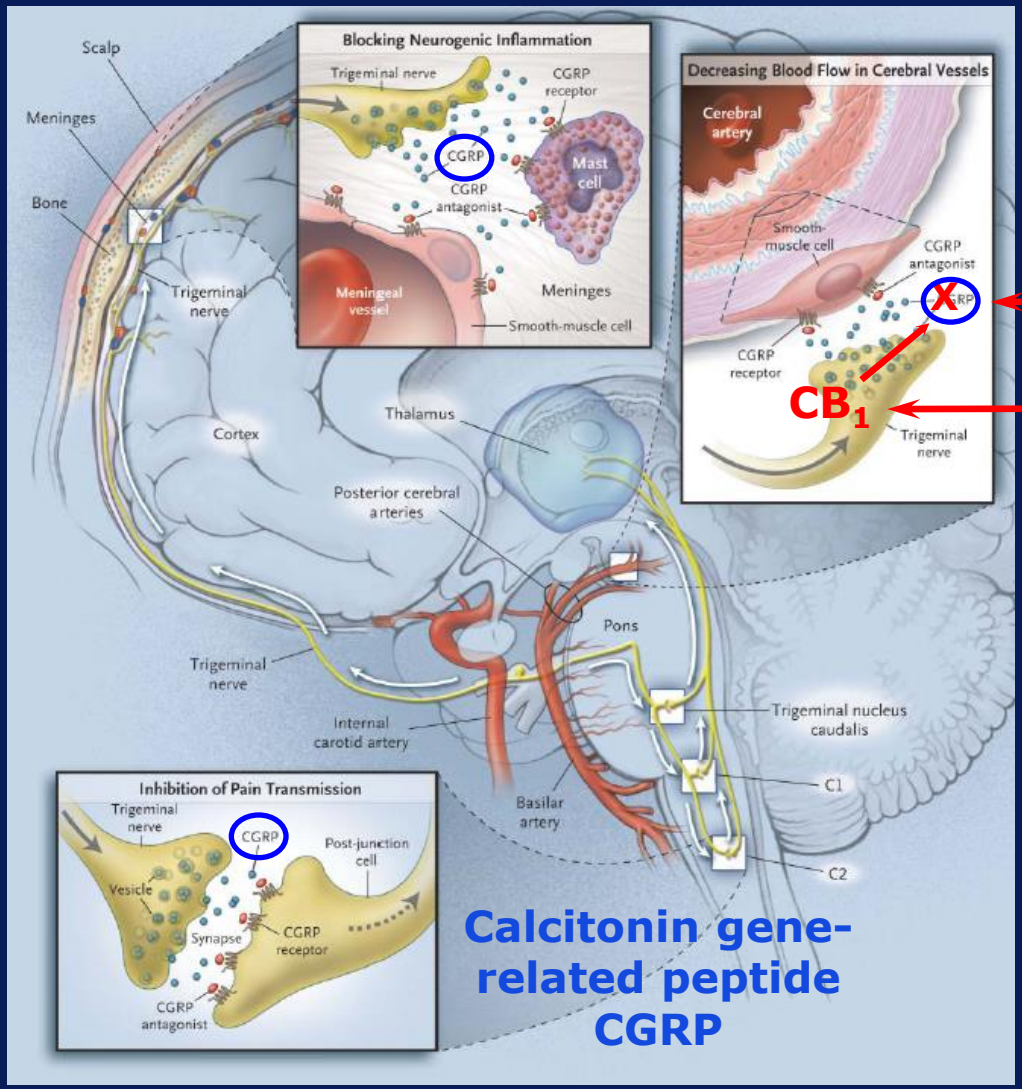
Table 2. Clinical Reports of the Use of Cannabis or Exogenous Cannabinoids as a Treatment for Headache

Subject population	Type of study	Significant findings	Source
3 Chronic smokers	Case series	Migraines after cannabis cessation. Remission of headache with return to use in one patient.	El-Mallakh[42]
Patient with migraine	Case report	Women found superior relief of migraine with cannabis compared with beta-blockers, opiates, and ergots.	Petro (1997) cited in Russo[18]
Patient with migraine	Case report	18 years of treatment failure with standard pharmaceuticals, found success with smoked cannabis.	Grinspoon and Bakalar[45]
Patient with migraine	Case report	Successful treatment with cannabis that did not produce inebriation.	Terwur (1997) cited in Russo[18]
121 Patients prescribed cannabis for migraine	Retrospective study	Migraine occurrences decreased from 10.4 to 4.6 per month; 39.7% had a positive effect, 19.8% had decreased frequency, and 11.6% had aborted pain.	Rhyne et al.[46]
5 Cases of chronic migraine headache	Case series	All cases successfully treated with dronabinol or cannabis. In one case, cannabis improved response more than dronabinol. In three cases, cannabis was used to abort headache in the prodromal phase.	Mikuriya[48]
1655 Patients seeking physician recommendation for medical cannabis	Survey	40.8% of applicants reported improvement of headache symptoms with cannabis.	Nunberg et al.[49]
3 Subjects with chronic headaches	Case series	Smoking cannabis caused relief similar or greater than ergotamine and aspirin.	Noyes et al.[50]
30 Outpatients with medication-overuse headache	Clinical Trial (RDAC—Crossover)	Nabilone was superior to ibuprofen in reducing pain intensity, analgesic intake, and medication dependence while improving quality of life.	Pini et al.[52]
Patient with refractory cluster headache	Case report	Smoked cannabis or dronabinol at the beginning of cluster headache provided complete immediate headache relief.	Robbins et al.[53]
113 Patients with chronic cluster headache	Survey	26% regularly used cannabis. Use as treatment unknown.	Donnet et al.[54]
139 Patients with chronic cluster headache	Survey	Overall, 45.3% had used cannabis, and 19.4% had used it to treat cluster headache; 25.9% found efficacy, and the remainder found variable or negative effects.	Leroux et al.[55]
Patient with pseudotumor cerebri	Case report	Complete resolution of headache with smoking cannabis in <5 min without reoccurrence.	Evans and Ramadan[56]
112 Patients with MS-associated trigeminal neuralgia	Survey	Overall, 70% found relief from trigeminal neuralgia, and 90% found chronic pain relief.	Consroe et al.[57]

«The plural of anecdote is not data?»

[Lochte et al 2017]

CBD-THC oder Impfung gegen Migräne?



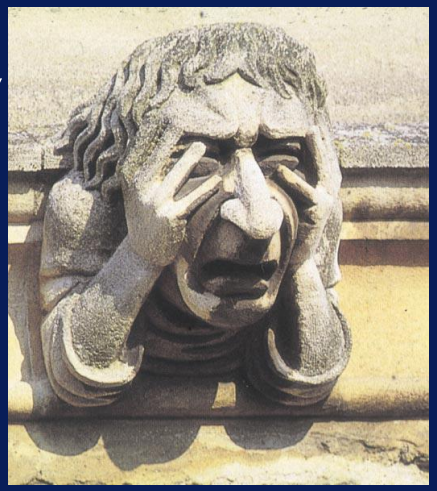
Aimovig™ Novartis

CB_1 THC + CBD entzündungshemm. N'wirk. ↓

[Durham 2004; Akerman 2004]

Cannabis bei Cluster Headache

Case Study



- Student, 19 jährig, 1 Attacke/2 Tage, Aura, 2-Wochen-Cluster
- Alle klassischen medikamentösen Therapien praktisch erfolglos oder zuviele UAWs
- Symptome verschwinden komplett nach 5 min Cannabis-Rauchen
- Cannabis-Selbstmedikation substituiert durch THC oral, 5-15 min nachher symptomfrei.

[Robbins et al 2009]

Neuropathische Schmerzen

Kanadische Studie an Schmerzpatienten (N=23)

3 x 25 mg/Tag MedCann («State Medical Cannabis») mit 9.4% THC, 5 Tage lang, geraucht

- ➡ **Schmerzintensität ⤵, Schlafqualität ⬆**
- ➡ **Wenig Nebenwirkungen (Kopfweh, Husten, Benommenheit)**

[Ware 2010]

Rheumatoide Schmerzen

TABLE 2. Efficacy endpoints: difference between change from baseline between CBM and placebo after 5 weeks of treatment

Efficacy endpoint	Baseline (mean/median)[a]		Endpoint (mean/median)[a]		Difference (mean/median[a])	95% confidence interval	*P*
	CBM	Placebo	CBM	Placebo			
Morning pain on movement[a]	7.0	6.7	4.8	5.3	−0.95	−1.83, −0.02	0.044
Morning pain at rest[a]	5.3	5.3	3.1	4.1	−1.04	−1.90, −0.18	0.018
Morning stiffness[a]	3.5	3.8	3.0	3.2	−0.09	−0.58, 0.23	0.454
Quality of sleep	5.7	5.8	3.4	4.6	−1.17	−2.20, −0.14	0.027
DAS 28	5.9	6.0	5.0	5.9	−0.76	−1.23, −0.28	0.002
SF-MPQ, total intensity of pain[a] (a)	15.0	20.0	10.5	13.0	3.00	−3.00, 9.00	0.302
SF-MPQ, intensity of pain at present[a] (b)	48.0	50.0	33.0	50.0	−3.00	−18.0, 9.00	0.574
SF-MPQ, pain at present (c)	3.2	3.2	2.6	3.3	−0.72	−1.30, −0.14	0.016

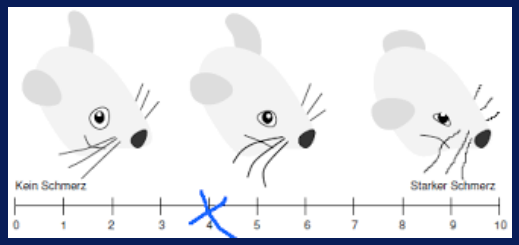
TABLE 3. Adverse events recorded as 'possibly', 'probably' or 'definitely' related to study drug occurring in more than one patient

Adverse event	CBM ($n=31$)	Placebo ($n=27$)	All patients ($n=58$)
Dizziness (all mild)	8 (26%)	1 (4%)	9 (16%)
Light-headedness	3 (10%)	1 (4%)	4 (7%)
Dry mouth	4 (13%)	0	4 (7%)
Nausea	2 (6%)	1 (4%)	3 (5%)
Arthritic pains	1 (3%)	1 (4%)	2 (4%)
Constipation	1 (3%)	1 (4%)	2 (4%)
Drowsiness	1 (3%)	1 (4%)	2 (4%)
Fall	2 (6%)	0	2 (4%)
Headache	1 (3%)	1 (4%)	2 (4%)
Palpitations	0	2 (7%)	2 (4%)
Vomiting	0	2 (7%)	2 (4%)
Serious adverse events	0	2 (7%)	2 (4%)
Adverse events leading to withdrawal	0	3 (11%)	3 (5%)

[Blake et al 2006]

CBD ein Analgeticum?

- **Tierstudien (Zebrafisch, Ratte, Mäuse)**
  [Malfait 2000, Hammell 2016, Philpott 2017, Ellis 2018]

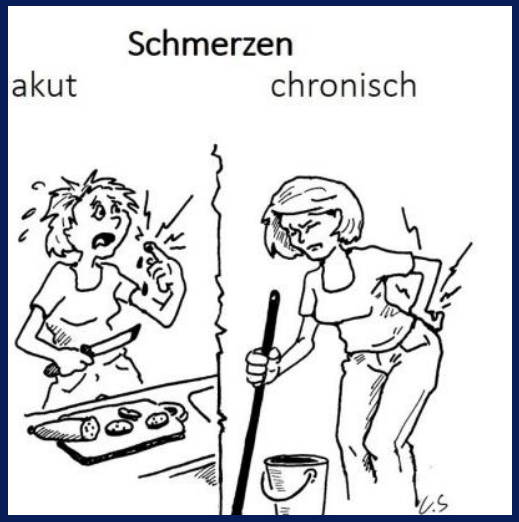


- **Mensch: ungenügender Effekt wegen CBD-Unterdosierung 300-600 mg (10x mehr als THC)**

  [Nahler 2018]

  Chron. Schmerz-Pat., 2x 200 mg/d, add-on, Opiate↓, subj. Symptomatik↑

  [Likar 2016]



CBD: Anxiolyticum und Sedativum?

Anxiolyse (5-HT_{1A}?)

Mentale Beruhigung

Insomnia ↓, Schlafdauer ↑

Verarbeitung negativer Erinnerungen ↑

(Ratte, CB_1 indirekt?)

[Carlini 1981, Pertwee 2004, Mechoulam 2007, Zuardi 2008, Bitencourt 2008]

Don‘t Quit!

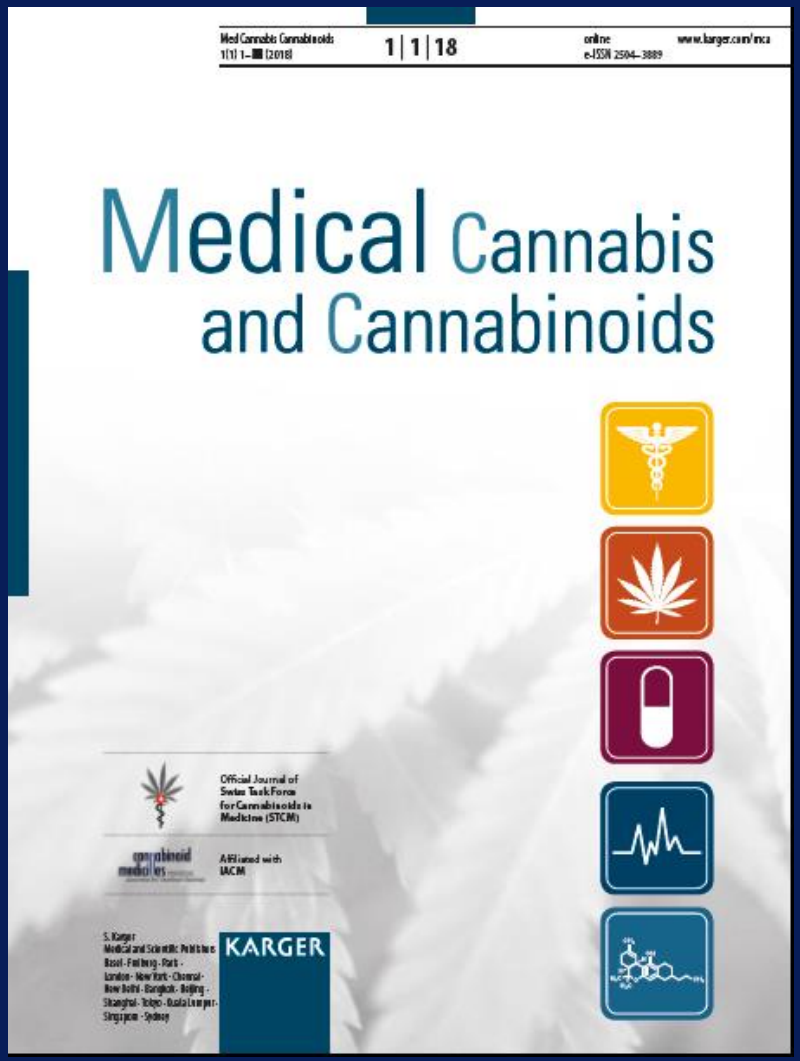
Martin Pinsger, Schmerzkompetenzzentrum Bad Vösgau:

«Die Wirkung der Cannabinoide beim Schmerz sind erst langsam fassbar:

- **In den ersten Tagen ist es meist der bessere Schlaf**
- **Dann folgen Muskelentspannung und Appetit**
- **Erst nach ausreichender Regeneration reduziert sich der Schmerz**
- **Die sozialen Phänomene in der Lokomotion oder Interaktion mit Familie oder Mitarbeiter sind dann weitere Elemente im Zeitplan**
- **Viele Patienten denken, dass die Wirkung nach Stunden oder wenigen Tagen eintreten müsse und beenden so die Einnahme ohne den erwünschten Erfolg».**

[Vortrag Cultiva 2018]

Neue Fachliteratur



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Weiterer Fachkongress

Swiss Task Force
for Cannabinoids in Medicine

Swiss Academy
of Pharmaceutical Sciences

Conference 3.0 2019

Medical Cannabis Today and Tomorrow
Saturday January 19, 2019, 9:15 am – 6:00 pm

Auditorium E. Rossi, Inselspital-University Hospital Bern

Introduction, Intention of the Conference

The interdisciplinary "Swiss Task Force for Cannabinoids in Medicine" (STCM) was founded in 2009. Members of the STCM are clinicians, pharmacists, lawyers, and other professionals, who are – either in the doctor's office, university research lab, public pharmacy or law office – confronted with the problems of the insufficiently regulated medical use of cannabis and cannabinoids.
Switzerland pursues a progressive drug policy and plays an international pioneering role, such as regarding the 4-pillar-model, harm reduction and heroin-assisted treatment. This does unfortunately not apply to the legalisation of medicinal cannabis, where countries as Canada, USA, Uruguay, Netherlands, Germany, Italy or Israel have already established patient-friendly and practicable dispensation models. Numerous scientific studies have shown the therapeutic benefits of cannabinoids and cannabis. However, it is unfortunately a fact, that in Switzerland some patients are still forced to uncontrolled self-therapy by using qualitatively not defined illegal street cannabis, therefore eventually being criminalized.

After the very successful Conferences 1.0 of the year 2013 and 2.0 in 2016, the STCM Conference 3.0 2019 aims again at presenting current basic scientific, clinical, legal and regulatory facts and trends, serving as base for an objective discussion of the re-medicinalisation of Cannabis. The conference addresses to medical professionals, scientists, caregivers, patients, patient organisations, politicians, regulatory authorities, media people and the broad public.

SACM Tagung 3.0, 19. Januar 2019, Bern

Polosophie

Polo Hofer, Schweizer Mundart-Rocker, 16.3.1945-22.7.2017

**«Lieber Gras Rauchen
als Heu Schnupfen»**