

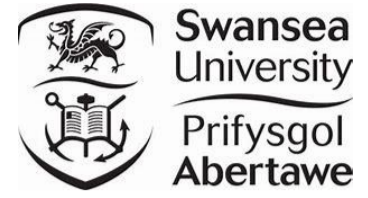


Use of cannabis based products in patients with progressive multiple sclerosis in South West Wales



Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Lynne Watson¹, Owen Pearson¹, Gillian Ingram^{1,2}
¹Neurology Department, Swansea Bay University Health Board, Swansea, UK.
²Swansea University, Swansea, UK.



Introduction

Recent changes to legislation in the United Kingdom (UK) has led to increasing patient demand for cannabis-based products to manage their symptoms of multiple sclerosis (MS). Although the UK government changed regulations in July 2018 to allow the use of medicinal cannabis, in MS this only pertains to nabiximols (Sativex) which is approved for use in the NHS in Wales but not England, Northern Ireland or Scotland. Products containing less than 0.2% THC are also legal. Previous studies have suggested that around 26% of people have tried cannabis for their MS symptoms; however, this has not been assessed in the UK in light of new regulations and changes in attitude.

Aim

To assess patient perception of spasticity management including the use of cannabinoid products in people with progressive MS in South West Wales.

Method

- 45 patients with progressive MS (37 female, mean age 54 years (standard deviation 8)) attended an information day regarding multiple sclerosis. EDSS range 5.0-8.0.
- Each person was given a paper based questionnaire regarding their management of spasticity and use of prescribed and non-prescribed cannabinoids.
- Questionnaires were returned anonymously.

Results

- Thirty-nine questionnaires were returned.
- 54% had symptoms of spasticity.
- Patients were either currently or had previously been treated with either baclofen (14 patients), tizanidine (1), clonazepam (4), gabapentin (16), botulinum toxin injections (4) or Sativex (6) (Fig 1).

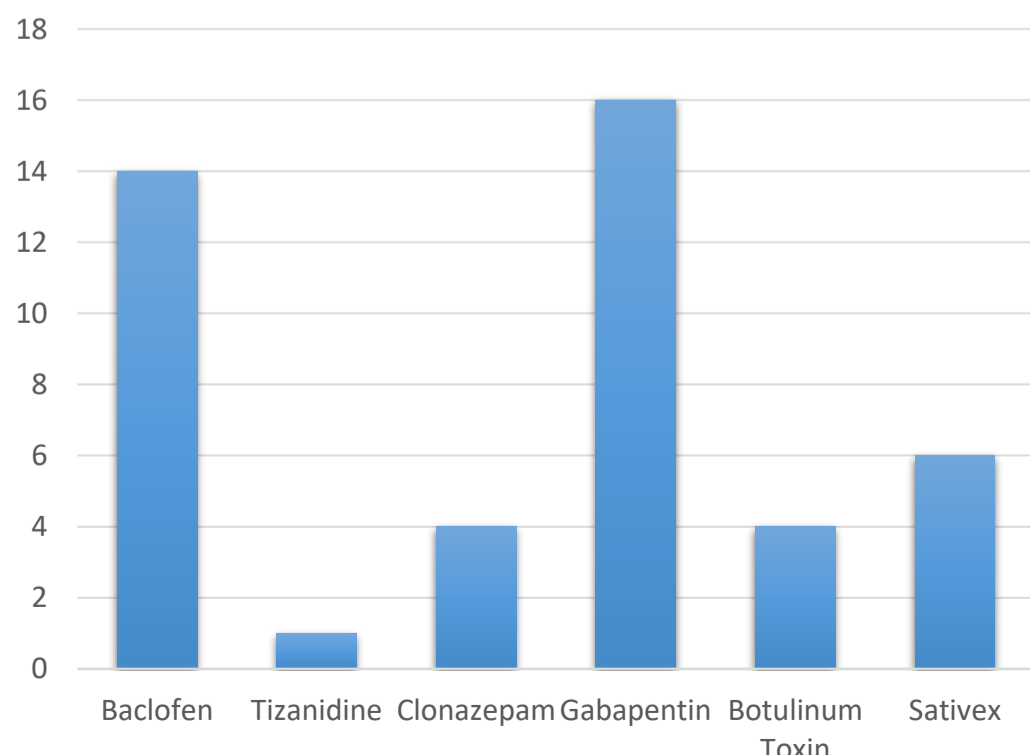


Fig 1 : Use of prescribed preparations for treatment of spasticity

- Six patients were currently using Sativex for spasticity of whom all reported benefit (Fig 2).
- In addition, 5 patients reported benefit from Sativex for other symptoms including pain (3), mood (2), sleep (3) and mobility (1).
- Only one person prescribed Sativex had not used non-prescribed cannabis based products in the past.



Fig 2 Nabiximols (Sativex) is an oromucosal spray with a combination of Δ9-THC and CBD; indicated for moderate to severe spasticity not responding to other medication.

- 44% of patients reported current or previous use of non-prescribed cannabinoids including CBD oil (13 patients), cannabis (8) or synthetic cannabinoids (1) (Fig 3).
- 10 patients were still using these products and reported improvement in their symptoms of spasticity, pain and sleep

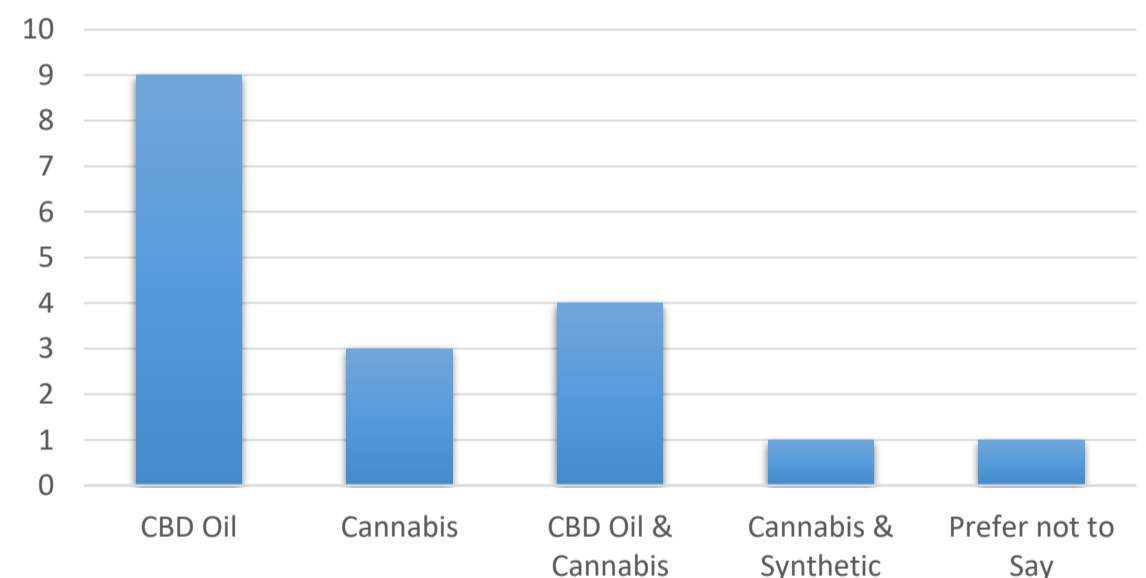


Fig 3 : Use of non-prescribed cannabinoids in MS patients

Conclusion

Symptomatic management of people with progressive MS remains challenging, resulting in patients turning to non-medicinal products for symptom relief. In our survey, 44% of patients were currently or had previously used cannabinoid products for symptom management indicating a wide area of unmet need in the population. This is higher than previous surveys of MS patients possibly relating to changes in attitudes to cannabinoid products as well as increasing availability, particularly of non-THC containing products. We intend to extend this study to assess different attitudes across the UK particularly in areas where no medicinal cannabis is available. Further trials on cannabis products are essential for our patients to improve the quality of evidence supporting the use of cannabis in MS.

Disclosures

Owen R Pearson has received honoraria and travel expenses from Biogen, Bayer, Genzyme, Merck, Novartis, Roche and Teva and served on advisory boards for Biogen, Novartis, Genzyme, Merck and Roche. Gillian Ingram has received honoraria and travel expenses from Biogen, Genzyme, Merck and Novartis and served on advisory boards for Merck.