

Evaluating the Safety of Cannabinoid-Based Medicines for Older Adults

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Should cannabinoid-based medicines (CBMs) be avoided in older adults? A recent systematic review focusing on randomized clinical trials with CBMs sought to determine whether medications containing delta-9-tetrahydrocannabinol (THC) increase



the risk of neuropsychiatric adverse events in adults 50 years or older. The authors examined 30 trials using THC-only CBMs (1252.83 person-years total THC exposure) and 24 trials using CBMs with different combinations of cannabidiol (CBD) and THC (388.56 person-years total THC and CBD exposure). A statistically significant relationship was found between THC dose and incidence rate ratio for dizziness or lightheadedness (CI 0.02-0.08; $p = .001$) and thinking or perception disorder (CI 0.03-0.11; $P < .001$) in the THC-only studies; however, there were no associations with neuropsychiatric adverse effects in the THC and CBD combination studies. It should be noted that there were only 3 THC studies and 1 THC-CBD study where all participants were 65 years or older, so a sensitivity analysis of this patient population was not possible. Although this study has its limitations, it clearly shows there is a relationship between CBMs with THC and alterations in thinking, perception, lightheadedness, and dizziness among older adults. THC should be used with caution in older adults, and more research is needed to further understand the risks and benefits of THC in adults aged 65 years and older. All clinical decision making requires an individualized approach, and sometimes less is more when improving the care of older adults.