

# Pragmatic use of cannabis products for chronic pain

Pragmatic tips for engaging with patients about cannabis for pain management

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# Disclosures

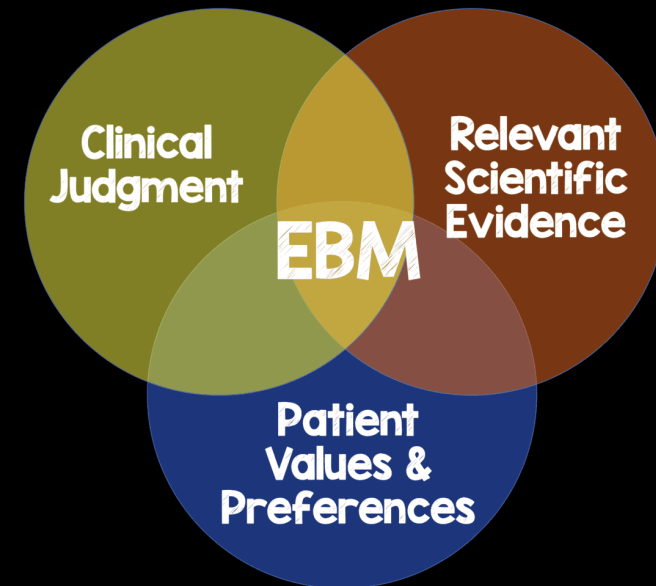
<i>Sponsor Name</i>	<i>Honoraria/ Expenses</i>	<i>Consulting/ Advisory Board</i>	<i>Funded Research</i>	<i>Royalties/ Patent</i>	<i>Stock Options</i>	<i>Ownership/ Equity Position</i>	<i>Employee</i>	<i>Other (please specify)</i>
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# Patient centered and evidence-based care



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## Evidence Based Medicine



Sackett DL, Rosenberg WM, Gray JM, Haynes RB, Richardson WS. Bmj. 1996 Jan 13;312(7023):71-2.  
What is patient-centered care?. NEJM Catalyst. 2017 Jan 1;3(1).

# Clinical Practice Guidelines for Cannabis and Cannabinoid-Based Medicines in the Management of Chronic Pain and Co-Occurring Conditions

Alan D. Bell,<sup>1</sup> Caroline MacCallum,<sup>2</sup> Shari Margoese,<sup>3</sup> Zach Walsh,<sup>4</sup> Patrick Wright,<sup>5</sup> Paul J. Daeninck,<sup>6,7</sup> Enrico Mandarino,<sup>3,8</sup> Gary Lacasse,<sup>5,\*</sup> Jagpaul Kaur Deol,<sup>9</sup> Lauren de Freitas,<sup>10</sup> Michelle St. Pierre,<sup>4</sup> Lynne Belle-Isle,<sup>5</sup> Marilou Gagnon,<sup>11</sup> Sian Bevan,<sup>12</sup> Tatiana Sanchez,<sup>4</sup> Stephanie Arlt,<sup>10</sup> Max Monahan-Ellison,<sup>13</sup> James O'Hara,<sup>14</sup> Michael Boivin,<sup>15</sup> and Cecilia Costiniuk<sup>16-18,\*</sup>; and External Review Panel<sup>†</sup>

Recommendations. 1. We recommend the use of CBM as monotherapy, replacement, or adjunct treatment, in people living with chronic pain, for the management of chronic pain including central and/or peripheral neuropathic pain to improve pain outcomes.

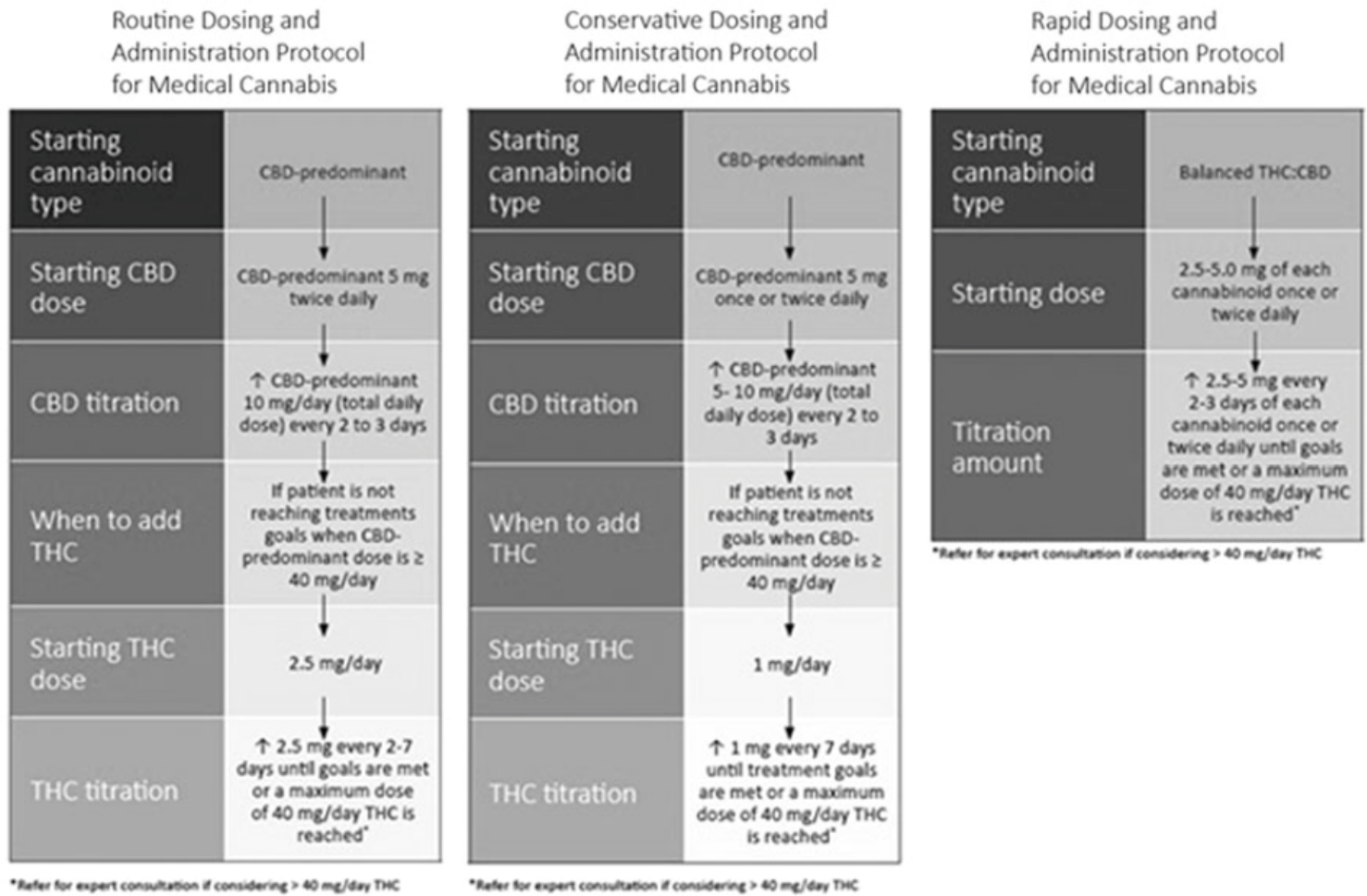
*Strong Recommendation, Moderate-Quality Evidence*

2. We recommend the use of CBM as monotherapy, replacement or adjunct treatment, in people living with chronic pain, for mobility in those not achieving adequate response to other modalities.

*Weak Recommendation, Low-Quality Evidence*

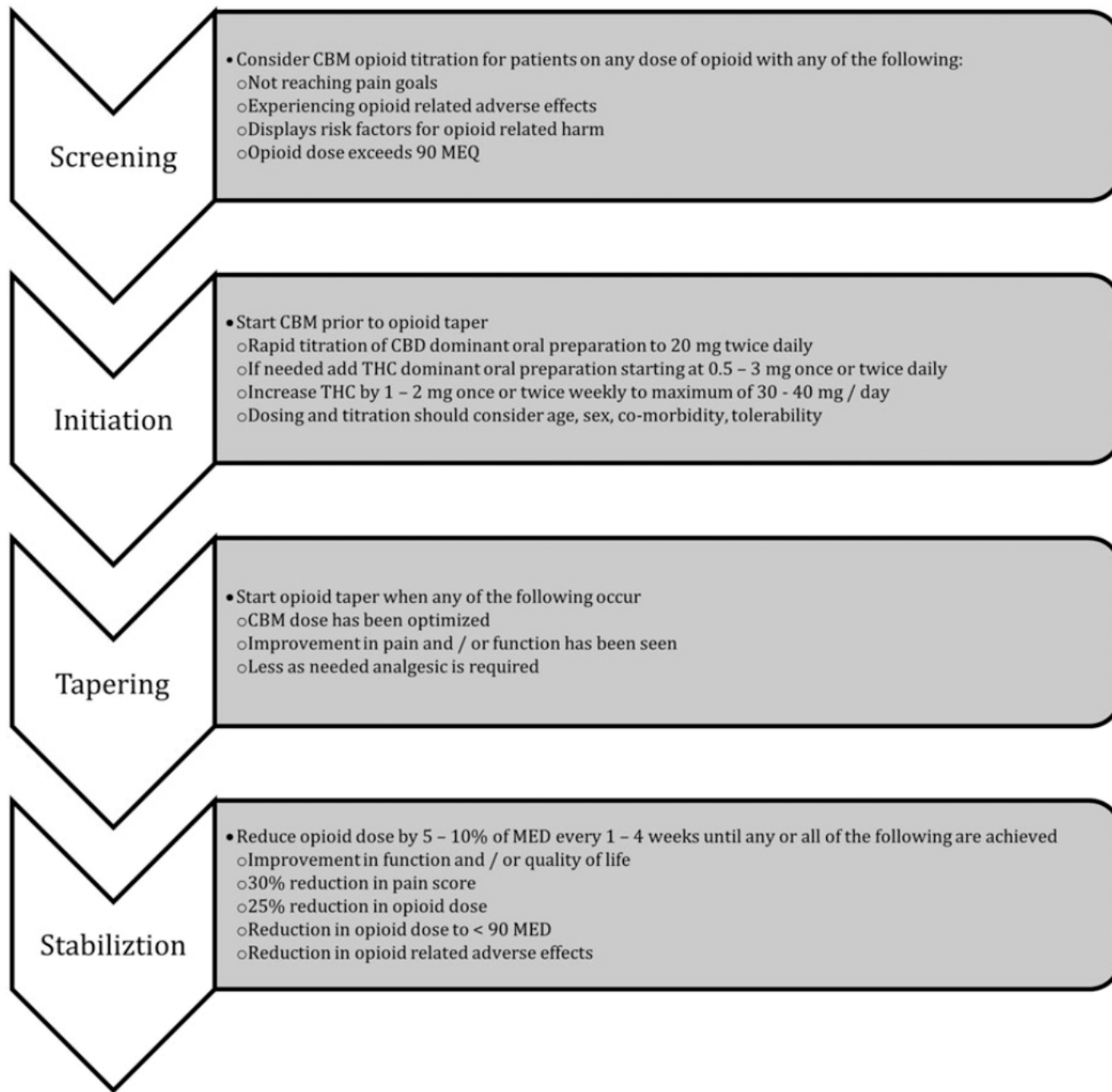
Recommendation. 1. We recommend the use of CBM, as adjunctive treatment to opioids, for the management of chronic pain in those experiencing unsatisfactory analgesia from opioid treatment.

*Strong Recommendation, Moderate-Quality Evidence*



**FIG. 2.** Example of oral CBM Dosing and Titration Protocols. Reproduced with permission of Bhaskar et al.<sup>133</sup> CBM, cannabinoid-based medicines.





Bell AD, MacCallum C, Margolese S, Walsh Z, Wright P, Daeninck PJ, Mandarino E, Lacasse G, Kaur Deol J, de Freitas L, St. Pierre M. Cannabis and Cannabinoid Research. 2023 Mar 27.

Sihota A, Smith BK, Ahmed SA, Bell A, Blain A, Clarke H, Cooper ZD, Cyr C, Daeninck P, Deshpande A, Ethans K. International journal of clinical practice. 2021 Aug;75(8):e13871.

**FIG. 1.** Suggested approach for adjunct cannabinoid use for opioid sparing. Adapted from Sihota et al.<sup>103</sup>

# Practical Tips - I

- How to effectively communicate?
  - Consider patient preferences
  - Assess cannabis use history
  - Listen
  - Share legal concerns (e.g., CBD products may cause positive drug test)



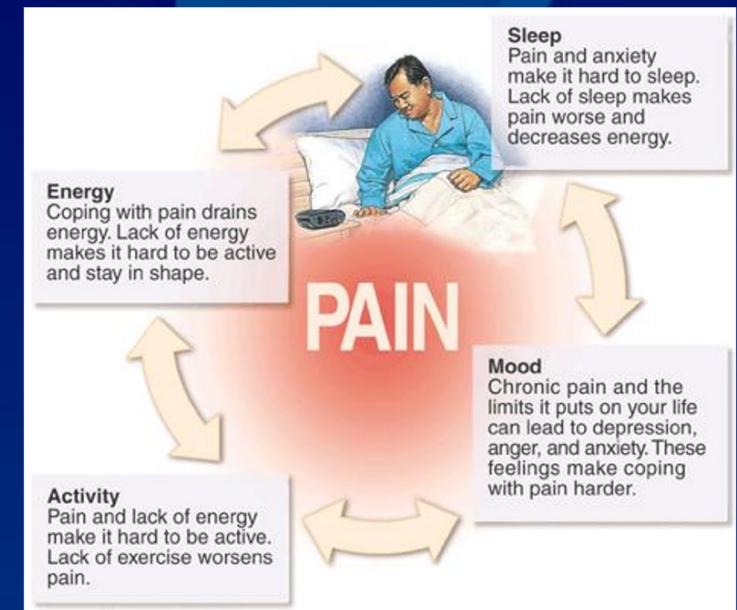
# Practical Tips - II

- Developing a treatment plan
  - Assess symptoms: severity and timing
  - Tailor use to symptoms
  - Track change in symptoms
- General tips
  - “Start low, go slow”<sup>1</sup> – starting with CBD alone or high CBD products
  - Consider different administration routes
  - Working with limited finances
  - If using THC, can be obtained through dispensaries (medical or adult). If no legal state channels, can be prescribed as dronabinol (FDA-approved THC, Schedule III).



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<http://poc.select.kramesstaywell.com/Content/healthsheets-v1/the-cycle-of-chronic-pain>



## Words of wisdom

- “But even more important are the n=1 trials, for these are the core of medical practice since every time a medicine is prescribed an n=1 experiment is being conducted. In some patients the experiment works and in others it fails, the patient either does not respond or the adverse effects outweigh the therapeutic benefit.”
- Cannabis is no different!