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Erridge, Simon; Ciesluk, Beata; Troup, Lucy J.; Sodergren, Mikael H.

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## Effectiveness of Cannabis-Based Medicine Products: A Questionnaire Study

Simon Erridge<sup>1,2</sup>, Beata Ciesluk<sup>3</sup>, Lucy J Troup<sup>3</sup>, Mikael H Sodergren<sup>1,2</sup>

- 1. Medical Cannabis Research Group, Imperial College London, UK
- 2. Sapphire Medical Clinics, London, UK
- 3. Division of Psychology, School of Education and Social Sciences, University of the West of Scotland, UK

Introduction: Cannabis-based medicinal products (CBMPs) are prescribed with increasing frequency, however, there remains a paucity of high-quality randomised controlled trials. Clinical practice is therefore reliant upon the assimilation of real-world evidence to inform future clinical trials and drug development, in addition to current delivery of care whilst these are pending. This study aimed to assess the perceived effectiveness of CBMPs on the treatment of chronic health conditions across a variety of chronic health conditions. Secondary analysis assessed the perceived effects of CBMPs in relation to past and current recreational and prescription drug use.

Methods: 2319 patients actively treated with CBMPs were invited to take part in a cross-sectional questionnaire study. A multidisciplinary team of academic clinicians and psychologist developed the questionnaire to establish patient demographics and assess self-reported efficacy across 25 self-identified conditions. Patients could identify that CBMPs were a therapy for more than one condition. Patient and public engagement helped to assess content validity and study feasibility. The questionnaire was distributed electronically and hosted on Qualtrics (Seattle, Washington, United States). Descriptive analysis was performed on participant answers.

Results: 450 (19.4%) respondents completed the survey. 258 (57.3%) and 176 (39.1%) identified as male and female respectively. The mean age participants started consuming cannabis was 28.0 (±16.3). The mean length of cannabis consumption to date was 12.9 (±11.8) years. The reasons why people sought treatment with CBMPs included family or friend recommendation (n=124; 27.6%), healthcare professional recommendation (n=111; 24.7%), other recommendation (n=58; 12.9%), personal research (n=344; 76.4%), and previous experience with cannabis (n=299; 66.4%). Patients were mostly administering CBMPs daily (n=415; 92.2%), whilst 6.9% of patients administered their treatment when symptomatic. The most common methods of administering CBMPs were via vapouriser (n=318; 70.7%) and oils/tinctures (288; 64.0%). 36.4% (n=164) of patients administered their prescription via a method (edibles, smoking, dab rig) which they are counselled against. The most common indication for which patients were seeking treatment were insomnia (n=363; 80.7%), pain (n=357; 79.3%), anxiety (n=335; 74.4%), and depression (n=310; 68.9%). 92.0% (n=334), 95.8% (n=342), 93.7% (n=314), and 94.5% (n=293) of patients subjectively rated their condition much or somewhat better for insomnia, pain, anxiety and depression respectively.

Conclusion: This study demonstrates an association with improvement in chronic health conditions following initiation of treatment with CBMPs. However, the findings are significantly limited by the subjective nature of reporting a lack of clinical validation. In contrast, this anonymous questionnaire provides important insights into the different methods

of administration patients may use once prescribed CBMPs, even if this is against clinical

recommendation.