

Cannabis and dementia: be wareware

Cannabis plants contain many naturally occurring chemicals. The sub-group of these that interact with special chemical receptors in the brains and bodies of animals including humans are called “cannabinoids”. Of these, the best known are delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD). THC is the main psychoactive component of cannabis, that is, it produces the ‘high’; CBD is not psychoactive in the same way and is assumed to be safer. THC and CBD have been proposed to have promise in managing certain behavioural symptoms associated with dementia, including agitation, aggression, anxiety, and sleep disturbance.

Evidence for any benefits from cannabis for people living with dementia is limited and inconclusive. This applies to both herbal cannabis or unregulated extracts and to regulated extracts (‘medical cannabis’). It is also important to bear in mind that the current government regulations covering the purity and safety of herbal and health supplements including ‘medical cannabis’ than for prescription medicines, so caution is warranted when considering treating people with dementia with these products. A particular issue with herbal and other unregulated extracts is that the concentrations of the various active chemicals in them will vary between batches.

Here are some key points based on published evidence:

There is no convincing evidence to date that cannabinoids have any benefit in helping the memory problems of dementia.

- While some small and low-quality studies suggest that cannabinoids may have potential therapeutic benefits in reducing agitation and improving sleep for people with dementia, others have shown no benefits. Large-scale, well-designed clinical trials are necessary to establish the effectiveness, safety, and optimal dosing of cannabinoids for dementia treatment.
- In 2022 a randomised, placebo-controlled sixteen-week trial of sixty people with dementia in Israel showed significant reduction of agitation in those taking a high CBD / low THC product (drops of oil administered under the tongue three times daily). No significant adverse events were noted. However, it should be noted that this trial was sponsored by the manufacturer; that all eight patients who dropped out of the trial were taking the active product rather than the placebo; and that the average dose of CBD used was 527.5mg daily, which would be extremely expensive if replicated with the CBD oil currently available on prescription in New Zealand.
- The limited available evidence suggests that the cannabis-related agents most likely to be effective for agitation experienced by people with dementia either have some THC in them or incorporated synthetic THC-like chemicals.
- THC can cause psychotic symptoms or loss of motivation in heavy cannabis users but, so far, these adverse effects do not seem to have arisen in trials on people with dementia. However, we should be cautious about the possibility these symptoms could be worsened by THC because they occur in people with dementia anyway. Only large well-designed trials can establish safety in this respect.
- There are also safety concerns related to the use of cannabinoids in older adults (especially THC) due to other potential side effects such as dizziness, body sway/impaired balance, falls, sedation, and cognitive impairment. It should be noted, however, that other current medications for treating symptoms of dementia can also have considerable side effects and the side effect risks from cannabinoids do seem comparatively less at this stage.
- Toxic effects due to interactions with other medications commonly prescribed to people with dementia are also a consideration. These have not received much study.

For all these reasons, it is important to discuss cannabis use by people with dementia (whether recreational or therapeutic) with a trusted and well-informed healthcare professional who can provide objective advice.

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