

Managing Cannabis Hyperemesis Syndrome (CHS)

<p>Take a history</p>	<ul style="list-style-type: none"> • When did you start using cannabis? <ul style="list-style-type: none"> ○ Diagnosis should be considered in patients using more than one year • How often do you use cannabis? <ul style="list-style-type: none"> ○ Most patients with CHS use cannabis weekly or more, most often daily (though history may not be accurate) • What types of marijuana products do you use? (e.g. Vaping devices or “carts”, “flower”, joints, blunts, bong, edibles) <ul style="list-style-type: none"> ○ More potent preparations increase the risk • Tell me about your GI symptoms: Rule out organic causes <ul style="list-style-type: none"> ○ Most common symptoms include: morning nausea, abdominal pain, vomiting, food aversion, anxiety, dehydration and weight loss. ○ Stool patterns and consistency remain normal ○ DDx includes cyclic vomiting, pregnancy, eating disorders, abdominal migraine • Do hot showers relieve the nausea? <ul style="list-style-type: none"> ○ Relief with hot water is pathognomonic for CHS
<p>Treatment</p>	<ul style="list-style-type: none"> • The treatment of CHS is abstinence from cannabis. The symptoms resolve with sustained cessation.
<p>Support/Symptomatic relief</p>	<ul style="list-style-type: none"> • Treat dehydration if present. Consider oral hydration if tolerated or IV hydration as needed. • Consider trial of ondasetron 4 mg TID for one week for nausea • Haloperidol if refractory to ondansetron. 1 mg IV has been shown to be effective. This converts to 0.5 mg PO TID prn Not to exceed 3 doses in 24 hours or to extend beyond 7 days. • Capsaicin cream can be used topically for abdominal pain • Lorazepam is the most cited treatment for nausea, though we recommend reserving for hospitalized patients during the period of admission • Symptoms generally resolve within days to 2 weeks but may reoccur with resumption of cannabis use

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<p>Treat other withdrawal symptoms as indicated</p>	<ul style="list-style-type: none"> • Withdrawal symptoms typically start within a week of cessation and can last for several weeks. <ul style="list-style-type: none"> ○ Insomnia: melatonin, hydroxyzine ○ Headaches: acetaminophen, ibuprofen ○ Anxiety: hydroxyzine, buspirone, propranolol, clonidine. AVOID benzodiazepines and gabapentin due to high addiction potential.
<p>When acute GI symptoms resolve, treat cannabis cravings. Consider N-acetyl cysteine (NAC)*</p>	<ul style="list-style-type: none"> • NAC is not FDA approved, but it is available over the counter. • Recommended dose is 1200 mg bid. Start with 600 mg and taper up <ul style="list-style-type: none"> ○ <u>Day 1:</u> 600mg (1 tablet) with breakfast ○ <u>Day 2:</u> 600mg with breakfast and 600mg with dinner ○ <u>Day 3:</u> 1,200mg with breakfast and 600 mg with dinner ○ <u>Day 4:</u> 1,200mg BID • Continue at full dose for 8 weeks or as clinically indicated <p>Note that NAC can cause abdominal discomfort and should be started after nausea and vomiting from CHS resolve.</p>
<p>Offer supportive counseling</p>	<ul style="list-style-type: none"> • Teens attempting behavior change can benefit from supportive counseling. • Many teens who use THC have co-occurring mood and/or anxiety disorders and may be willing to accept a referral for help with these issues

*N-acetyl cysteine (NAC) has been shown to reduce cravings in two trials with adolescent participants

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