CANNABIS-BASED PRODUCTS FOR MEDICINAL USE: EXPLORE THE VIEWS AND EXPERIENCES OF PEOPLE WITH FIBROMYALGIA

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Background: A review by the Chief Medical Officer (CMO) of the United Kingdom (UK) in 2018 recommended moving cannabis-based products (CBP) from Schedule 1 of the Misuse of Drugs Regulations 2001 into Schedule 2, allowing CBP to be prescribed for medicinal purposes under controlled conditions by doctors on the Specialist Register of the General Medical Council. This prompted the National Institute for Health and Care Excellence (NICE) to develop guidance on prescribing CBP for medicinal use, which Fibromyalgia Action UK were invited to comment on. Anecdotally, we know that some people with fibromyalgia use CBP to help with pain relief; however, we wanted to explore these experiences further, while summarising people’s thoughts of the draft scope guidelines.

Objectives: The aim of the survey was to understand experiences of CBP among people with fibromyalgia, including people’s opinions of the NICE draft scope guidelines.

Methods: An online survey, hosted through Microsoft Forms, was disseminated via social media and Fibromyalgia Action UK’s website between November and December 2018.

Results: A total of 69 people initially responded; with 66 eligible to participate. The average time to complete was 14:05 minutes. Over three-quarters (77%) reported using CBP. The types of CBP that people had used are shown in Fig 1. Over half reported using Cannabidiol (CBD)/Hemp oil (55%), currently marketed as a food supplement. Around one quarter (26%) used herbal cannabis, with fewer reporting use of plant-derived/synthetic delta-9-tetrahydrocannabinol (THC) or THC/CBD sprays (3-5%). Of the 50 who responded, 52% reported using CBD for medicinal purposes on a daily basis; 28% stated they used CBP during a fibromyalgia flare. While some people did not report any benefits, one of the clear benefits reported by people was pain relief. People also reported improved sleep and mood, less fatigue, and reduced anxiety. When asked to score the current NICE draft scope guidelines, 48 people responded, with an average rating of 3.88 (1=very poor; 5 = excellent). Some felt that the scope was quite vague, difficult to digest, unclear as to who should and shouldn’t be prescribed CBP, and lacked specific reference to conditions like fibromyalgia. There were also concerns in the time it takes to develop guidance. When asked about confusion among society distinguishing CBP for medicinal purposes from food supplements marketed as CBD/Hemp oil, of 63 respondents, 86% felt there was confusion which needs addressing. Individuals felt that alternative treatment options like CBP should be available to people with fibromyalgia, with additional research to identify the evidence for its potential benefit and safety.

Conclusion: The survey highlights that people with fibromyalgia are using CBP, but not necessarily those that are prescribed by a medical professional. There is an appetite among patients with fibromyalgia to explore the option of alternative treatment using CBP. There is widespread confusion among society distinguishing CBP from CBD/Hemp oil marketed as food supplements, which could be leaving certain individuals vulnerable. The development of national guidance is welcomed; however, investment in research to prove the efficacy and safety of CBP in people with fibromyalgia is also needed, to ensure that patients have appropriate access to safe treatments.

REFERENCES


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