situations and look beyond prejudice and misconceptions, to discover whether there are pharmacological and clinical data to support the use of medical cannabis and cannabinoids in musculoskeletal conditions and arthritis. Aside from media and social discussions, we will try to answer to the current hot question for a clinician is “Is it possible to recommend medical cannabis as a new analgesic option in musculoskeletal conditions?”

Disclosure of Interests: None declared


ETHICAL ISSUES IN MEDICAL CANNABIS USE

Steve Alexander, University of Nottingham, School of Life Sciences, Nottingham, United Kingdom

Background: The human history of Cannabis is chequered.

We have evidence from the Ebers papyrus of ancient Egypt (1450 BCE) that ‘shim-shim-f’ was used as a medication for what appears to have been topical inflammatory issues. In the Atharva Veda (-1500 BCE), ‘bhang’ was considered one of the five sacred plants of India. The Old Testament refers to ‘kanah-bosam’ as a component of a ceremonial anointing oil. In the UK’s Elizabethan era, Cannabis, as hemp, was grown widely for fibre to make rope and sail for the Royal Navy. In Victorian times, WB O’Shaughnessy brought back from India to the UK the medicinal use of Cannabis preparations for its reputed analgesic, anti-emetic, anti-inflammatory and anti-convulsant properties. In the modern era, Cannabis is a Schedule 1 drug in many countries - a legal status defined as having high abuse potential with no currently accepted medical value.

Objectives: To consider the ethical issues associated with the use of Cannabis-derived preparations for medicinal purposes.

Conclusion: Cannabis is unique among the Schedule 1 list, because extracts from the plant are licenced medicines in different parts of the world. The two most widely-researched metabolites from the plant are Δ9-tetrahydrocannabinol and cannabinol (THC and CBD). The clinical uses of nabiximol (THC/CBD 1:1, combined with other minor cannabinoids) and nabilone (a synthetic THC analogue) for multiple sclerosis and antiemesis, respectively, identify that cannabinoids are available for medicinal use of Cannabis preparations for its reputed analgesic, anti-emetic, anti-inflammatory and anti-convulsant properties. In the modern era, Cannabis is a Schedule 1 drug in many countries - a legal status defined as having high abuse potential with no currently accepted medical value.


Reproductive issues in rheumatology

Laura Andreoli, University of Brescia, Spedali Civili of Brescia, Department of Clinical and Experimental Sciences, Brescia, Italy

Rheumatoid arthritis (RA) and Spondyloarthritis (SpA) are chronic inflammatory diseases whose onset can occur during childhood age. Juvenile Idiopathic Arthritis (JIA) can be active still during adulthood. Therefore, the disease course during pregnancy has been a topic of interest over the decades [1]. The approach towards the management of pregnancy in the rheumatic diseases has greatly changed in the last 30 years, as it became evident that active maternal disease is associated with adverse pregnancy outcomes, such as miscarriage, pre-term birth, small-for-gestational age babies. A well-controlled maternal disease during pregnancy is associated with a better pregnancy outcome: the key-point is the treatment of maternal disease with drugs which are not harmful for the fetus. To achieve this “ideal setting” of “ideal setting” of maternal disease during pregnancy, the use of bDMARDs will be degraded in the newborn to their high molecular weight. But even if they were present in breastmilk, they are all big size proteins which cannot passively diffuse and reach the fetus. Currently, not orally. CTZ was shown to be absent in the breastmilk and breastfed children did not show any particular adverse event [17].

FRIDAY, 14 JUNE 2019

15:30:00 – 17:00:00

DOES PREGNANCY REALLY AMELIORATE DISEASE ACTIVITY OF WOMEN WITH CHRONIC ARTHRITIS? OLD BELIEFS VS NEW PARADIGMS

Laura Andreoli, University of Brescia, Spedali Civil di Brescia, Department of Clinical and Experimental Sciences, Brescia, Italy

Rheumatoid arthritis (RA) and Spondyloarthritis (SpA) are chronic inflammatory diseases whose onset can occur during childhood age. Juvenile Idiopathic Arthritis (JIA) can be active still during adulthood. Therefore, the disease course during pregnancy has been a topic of interest over the decades [1]. The approach towards the management of pregnancy in the rheumatic diseases has greatly changed in the last 30 years, as it became evident that active maternal disease is associated with adverse pregnancy outcomes, such as miscarriage, pre-term birth, small-for-gestational age babies. A well-controlled maternal disease during pregnancy is associated with a better pregnancy outcome: the key-point is the treatment of maternal disease with drugs which are not harmful for the fetus. To achieve this “ideal setting” of maternal disease during pregnancy, the use of bDMARDs will be degraded in the newborn to their high molecular weight. But even if they were present in breastmilk, they are all big size proteins which cannot passively diffuse and reach the fetus. Currently, not orally. CTZ was shown to be absent in the breastmilk and breastfed children did not show any particular adverse event [17].

The exposure to immunosuppressive drugs, especially to bDMARDs, during late pregnancy poses the question about the immune competence of the neonate and the approach towards vaccinations. Data from large administrative US databases showed that children exposed during the third trimester to TNFi did not have an