CHAPTER
22

Cannabis and its dilemmas in psychiatry

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1 INTRODUCTION

In the 1960s, the two main chemical structures in the Cannabis plant were isolated: delta-9-tetrahydrocannabinol (Δ9 -THC), a psychotropic component of the plant, and cannabidiol (CBD), a non-psychotropic substance with therapeutic potential. The possible use as a medicine is justified by the wide distribution of cannabinoid receptors in the body. There is still no consensus on the use of CBD in the treatment of psychiatric conditions, as the implementation of this new therapy has been controversial. The Brazilian Association of Psychiatry (ABP) was irremediably against its use, despite some studies reporting benefits.

2 OBJECTIVES

In view of the growing discussion, this work sought to gather information on the subject, aiming to clarify the dilemmas of using CBD in the field of psychiatry.

3 METHODOLOGY

This is a literature review, seeking articles published in the last 5 years in the SciELO databases, using the descriptors: Cannabinoids, Cannabis, Psychiatry.

4 LITERATURE REVIEW

Among the potential medicinal uses of CBD, chronic pain can be mentioned: in a sample of 4,611 patients, 3,579 (77.62%) reported an improvement in the level of pain after starting to use Cannabis. Other benefits of this treatment were improved sleep, reduced opioid consumption and improved quality of life. The first clinical study that demonstrated the anticonvulsant effect of cannabidiol was a double-blind study carried out with 15 patients who suffered at least one generalized seizure per week, despite receiving some other anticonvulsant. In total, 8 patients received between 200-300 mg/day of pure CBD orally for 8 weeks. Of these patients, only one had no improvement clinic. Among the others, four had seizures completely abolished during the period they took CBD and three had a significant reduction in seizure frequency. Cannabis derivatives have also been evaluated in the adjunctive treatment of anxiety and depression. From clinical studies, CBD has been shown to be superior over placebo when it comes to improving mood. A retrospective study (n = 103) evaluated the use of cannabidiol in the treatment of sleep disorders. Patients used 25 mg of CBD at night for 3 months and in the first monthly evaluation 66.7% of participants reported sleep improvement. Due to its anticonvulsant properties, cannabidiol acts, including in Brazil, as a coadjuvant in the treatment of refractory epilepsy. Since 2018, CBD oil has been approved by the "US Food and Drug administration" for the treatment of Lennox-Gaustat Syndrome and Dravet Syndrome. Some observational studies also pointed out that Cannabis extract containing CBD and THC (75: 1) could help in the treatment of ASD, with benefits in motor deficit, social communication and hyperactivity.

However, despite the potential benefits in several pathologies, several studies have shown that the abuse of Cannabis derivatives could be associated with respiratory problems, reduced ability to drive, low birth weight (when used during pregnancy), psychoses and worsening of the condition. schizophrenia. In addition, very little is known about efficacy, correct dose, routes of administration and adverse effects.

The ABP was incisive in pointing out the lack of solid scientific evidence to justify the use of Cannabis in the treatment of psychiatric illnesses. He even warned that the substances present in the plant have psychoactive properties that, if mismanaged, can develop chemical dependency or aggravate mental illnesses. However, it emphasizes the need for scientific research in this area to seek solutions for psychiatric manifestations.

5 CONCLUSION

In Brazil, there is an emergence of psychiatric illnesses resistant to traditional treatments. However, CBD therapy must be individualized because, despite studies showing focal benefits, there are adverse effects, and the treatment, in many situations, has not proven to be superior to the conventional one. Therefore, robust research is needed so that Cannabis can be available as a medical therapeutic option.

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