MEDICAL CANNABIS
and
COMPLEX PTSD

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Complex PTSD:
THE INNER MONSTER

- **THE SPRING OF THE SOUL IS WOUND UP**
  - NO SLEEP
  - NO ATTENTION
  - OVER-REACTIONS
  - DESTROY RELATIONSHIPS
- **CAVEAT MUNDUM**
  - AVOIDANCE
  - EMOTIONAL SHELL
  - DISSOCIATION
- **REPETITION**
  - FLASHBACKS
  - PAIN

50 PATIENTS

- MIXED POPULATION
  - BATTLE HORROR
    - DELAYED DIAGNOSIS
    - SELF TREATMENT
  - DOMESTIC VIOLENCE
    - CHILD ABUSE IN PAST
    - SPOUSE
  - MEDICAL MALPRACTICE
  - MVA
  - CIVILIAN TERROR VICTIMS
  - MASSIVE TRAUMATIC LOSS
  - ABOUT HALF WITH CHRONIC PAIN
  - SEVERAL LONG-TERM SSRI FAILURES RECLASSIFIED
- *FOLLOWUP ON MOST WAS CUT OFF ADMINISTRATIVELY AT ONE YEAR OR LESS FOR MOST PATIENTS*

RESULTS IN 50 PATIENTS

- **THE SPRING OF THE SOUL IS WOUND UP**
  - NO SLEEP
    - MAJOR IMMEDIATE IMPROVEMENT IN NEARLY ALL
  - NO ATTENTION
    - INCREASED ABILITY TO LEARN AND PERFORM
    - RARE MISUSE TO GET AND STAY HIGH
  - OVER-REACTIONS
    - AT LEAST HALF MAJOR RELIEF
  - DESTROY RELATIONSHIPS
    - AT LEAST HALF MAJOR IMPROVEMENTS

RESULTS IN 50 PATIENTS

- **CAVEAT MUNDUM**
  - AVOIDANCE
    - SLOWER AND MORE LIMITED RESPONSE
  - EMOTIONAL SHELL
    - LESS RELIABLE RESPONSE
  - DISSOCIATION
    - NO RELIABLE FOLLOWUP

RESULTS IN 50 PATIENTS

- **REPETITION**
  - FLASHBACKS
    - MAJOR RELIEF BUT NOT EXTINCTION
    - FLASHBACKS LESS SEVERE
    - LESS RE-EXPERIENCING THE TRAUMA
  - PAIN
    - MAJOR IMPACT ON SEVERITY OF PAIN
    - REDUCTION IN THE PTSD SYMPTOMS BEING RE-IGNITED BY PAIN

THE TREATMENT

- STRAINS:
  - RELATIVELY HIGH THC/CBD RATIO
  - OCCASIONAL PATIENT DID BETTER WITH LESS THC
- DOSE
  - MOST PATIENTS REQUIRED 40-80 GRAM PER MONTH
  - PATIENTS WITH CHRONIC PAIN REQUIRED HIGHER DOSES
  - IMCU REQUIRES INITIAL DOSE BE 20 GRAM/MONTH WITH SLOW INCREASE ONLY TO 60 GRAM PER MONTH
  - RESULTS OF ARBITRARY UNDERDOSING
    - PARTIAL SELF-MEDICATING WITH UNRELIABLE MATERIAL
    - SEIZURES IN ONE PATIENT
    - CONFUSION, FRUSTRATION, RAGE

REFLECTIONS

- **DOSING**
  - GENERAL IMPRESSION THAT ONCE A PTSD PATIENT IS RELIEVED OF TENSION HE SEEKS IMPROVED FUNCTION RATHER THAN BEING HIGH
  - PTSD PATIENTS EXPERIENCED A LOSS OF CONTROL AND THE TREATMENT MODALITY NEEDS TO RESTORE CONTROL INCLUDING OVER THE TREATMENT (COMPARE SELF-DOSING FOR PAIN)
  - RESULTS OF UNDERDOSING
    - CREATES A MIXTURE OF PTSD BEHAVIORS EXPRESSED IN DEMANDING ADEQUATE DOSE
    - THIS BEHAVIOR THEN STIGMATIZES THE PATIENT
    - DANGER OF BLAMING THE VICTIM
  - **CONCLUSION**
    - **UNDERDOSING IS CONTRAINDICATED**
    - **THE DOCTOR OF RECORD NEEDS SOLE RESPONSIBILITY AND AUTHORITY FOR THE DOSE**
    - *THIS CONCLUSION BY THE AUTHOR WAS UNACCEPTABLE TO THE IMCU AND LEAD TO THE HIS RESTRICTION FROM FURTHER TREATMENT OF ADULT PTSD PATIENTS*

REFLECTIONS

- **IMMEDIATE VS. DELAYED TREATMENT**
  - IMCU REQUIRES **3 YEARS OF SYMPTOMS**
    - SYMPTOMS BECOME STABILIZED, INTERNALIZED
    - AVOIDANCE INCREASES
    - SOCIAL AND FAMILY NEGATIVE IMPACTS
      - UNEMPLOYMENT
      - DIVORCE AND CHILD ABUSE
    - NEGATIVE IMPACT ON SELF-ESTEEM AND HOPE
    - NO EVIDENCE FOR SPONTANEOUS IMPROVEMENT COMPLEX PTSD OVER TIME
  - **CONCLUSION:**
    - **THERE IS NO EVIDENCE TO JUSTIFY DELAYED TREATMENT**
    - **THERE IS GENERAL EVIDENCE THAT EARLY INTERVENTION IN PTSD IS INDICATED**

REFLECTIONS

- **IMMEDIATE VS. DELAYED TREATMENT**
  - IMCU REQUIRES **2 PRIOR MEDICATION TRIALS**
    - RECORD OF ANXIOLYTICS AND SSRIs IN PTSD
      - VERY PARTIAL IMPROVEMENT
      - ADDICTION TO SLEEP AND ANXIETY MEDS
      - MANY SES OF SSRIs
        - » EXACERBATE IRRITABILITY AND INATTENTION
        - » EXAERBATE INSOMNIA
        - » EXACERBATE DESPAIR SECONDARY TO NONRESPONSE
        - » STIGMATIZATION
  - **CONCLUSION**
    - **REQUIREMENT OF OTHER MEDICAL TREATMENT PRIOR TO MEDICAL CANNABIS TRIAL LEADS TO DELAY IN EFFECTIVE TREATMENT AND IS CONTRAINDICATED**

REFLECTIONS

- **IMMEDIATE VS. DELAYED TREATMENT**
  - IMCU REQUIRES **2 PRIOR MEDICATION TRIALS**
    - **ONE MORE OBSERVATION**
    - SEVERAL LONG-TERM (>5 YRS) NON- OR PARTIAL SSRI TREATMENTS WERE RECLASSIFIED AS PTSD AND TRIED WITH MEDICAL CANNABIS. MOST HAD NO EXPERIENCE WITH CANNABIS
    - AT LEAST ONE HALF TO TWO THIRDS EXPERIENCED MAJOR IMPROVEMENT
    - NO INCIDENCE OF NEGATIVE RESULT TO THE TRIAL
    - THIS MAY CONNECT WITH GROWING LITERATURE ABOUT SSRI FAILURE – PERHAPS UNDIAGNOSED PTSD??

REFLECTIONS

- **IMMEDIATE VS. DELAYED TREATMENT**
  - IMCU REQUIRES **2 PRIOR PSYCHOTHERAPY TRIALS**
    - CLAIM BY TRAUMA EXPERTS THAT CANNABIS MAKES PTSD PATIENT UNAVAILABLE TO PSYCHOTHERAPY
      - NOT EVIDENCE BASED
    - THE RECORD OF PSYCHOTHERAPY INCLUDING EMDR AND PE IN COMPLEX PTSD IS FAR LESS THAN 100%
    - COMPLEX PTSD PATIENTS TEND TO AVOID THERAPY
      - AS PART OF AVOIDANCE SYMPTOMS
      - MANY CANNOT TOLERATE INCREASED STRESS INVOLVED IN RE-EXPOSURE TO TRAUMA MEMORIES
    - IN THE UP TO 1 YEAR OF FOLLOWUP NO EVIDENCE THAT CANNABIS INHIBITS POSSIBLE PARTICIPATION IN PSYCHOTHERAPY OR REHABILITATION

REFLECTIONS

- **IMMEDIATE VS. DELAYED TREATMENT**
  - IMCU REQUIRES **2 PRIOR PSYCHOTHERAPY TRIALS**
    - ONE CASE: SEVERAL YEARS OF PSYCHOTHERAPY (AND MEDICATION) WITH INTENSE AVOIDANCE OF TRAUMA OF MASSIVE SUDDEN LOSS IN CHILDHOOD
      - AFTER MEDICAL CANNABIS:
        - » PE BECAME POSSIBLE AND SUCCESSFUL
        - » ALL MEDICATION WAS DISCONTINUED
        - » CONTINUED PSYCHOTHERAPY AND IMPROVEMENT IN FUCNCTION
        - » ESSENTIALLY FREE OF PTSD SYMPTOMS
        - » CONITNUED CANNABIS FROM TIME TO TIME ASSISTS IN MEETING NEW EMOTIONAL AND PSYCHOSOCIAL CHALLENGES

REFLECTIONS

- **IMMEDIATE VS. DELAYED TREATMENT**
  - IMCU REQUIRES **2 PRIOR PSYCHOTHERAPY TRIALS**
  - **CONCLUSIONS:**
    - **REQUIRING PRIOR PSYCHOTHERAPY DELAYS CANNABIS TREATMENT AND IS CONTRAINDICATED**
    - **PSYCHOTHERAPY CAN BE INITIATED AND ADDED TO CANNABIS TREATMENT IN MANY CASES**

REFLECTIONS

- **ADHD AND PTSD IN CHILDREN**
  - INATTENTION AND THE WOUND UP SPRING
- PUTTING PTSD FIRST
  - ONSET AFTER EXTREME FRIGHT OR POTENTIATED STRESS (REPEATED MISSILE ATTACKS)
  - SLEEP DISTURBANCE
  - IRRITABILITY
  - FLASHBACKS
  - STIMULANTS AUGMENT IRRITABILITY AND SLEEP DISTURBANCE
- IS THERE A PLACE FOR A SHORT TRIAL OF MEDICAL CANNABIS?

REFLECTIONS

- ADOLESCENTS CANNABIS USE AND PTSD SELF-TREATMENT
  - ESPECIALLY ADOLOESCENTS IN RESIDENTIAL TREATMENT
  - HIGH INCIDENCE OF ABUSE BUT UNDIAGNOSED PTSD
  - IS THE RESPONSE TO CANNABIS UNWINDING THE SPRING?
  - SELF-TREATMENT VS CRIMINALIZATION
- DOES MEDICAL CANNABIS HAVE A PLACE HERE?
  - PREVENT ARTIFICIAL AGENTS THAT BEAR HIGHER RISK
  - IMPROVE SOCIAL AND ACADEMIC FUNCTION

DESIDERATUM

- A FIRST RCT:
  - COMPLEX PTSD WITHIN FIRST 6 (BETTER 3) MONTHS
  - COMPARE:
    - PE ALONE
    - PE FOLLOWED BY CANNABIS (HIGH THC)
    - PE AND CANNABIS (HIGH THC) SIMULATNEOUSLY
    - CANNABIS (HIGH THC) FOLLOWED BY PE
    - CANNABIS (HIGH THC) ALONE
    - (CONTROL: NO TREATMENT - ?HELSINKI?)
  - *HIGH THC CANNABIS CANNOT BE BLINDED*
  - *PE DOES NOT NEED TO BE BLINDED*
  - N FOR EACH GROUP = 50 (x 6 = 300) (MULTICENTER)
  - RESULTS IN 1 MONTH 3 MONTHS 6 MONTHS