

Debate: Should health care professionals recommend CBD products?

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Disclosure Statement

We have no affiliations, financial or otherwise, with any company that produces CBD products; nor any members of the agricultural community that grow any cannabis species.

Amy Sutton Peak and Trish Devine

Debate: Should health care professionals recommend CBD?

Presented IRHA Annual Conference 2019



Learning Objectives

After participating in this session, pharmacists should be able to:

1. Summarize the clinical conditions for which human clinical trials support the effective use of CBD oil/CBD containing products.
2. Identify potential adverse outcomes associated with use of CBD oil/CBD containing products.
3. Explain Indiana laws regarding the sale and consumption of CBD containing products.



Room Climate?

I know someone who takes CBD.

I know someone who sells CBD.

Health Care Professional = green

Not a Health Care Professional = yellow

No one = red



I am confident in my ability to discuss the risks and benefits of CBD.

I understand the current laws regarding the sale of CBD.



Complexity of Cannabis



3 Cannabis
species

~ 120
cannabinoid
compounds

~ 445 non-
cannabinoid
compounds



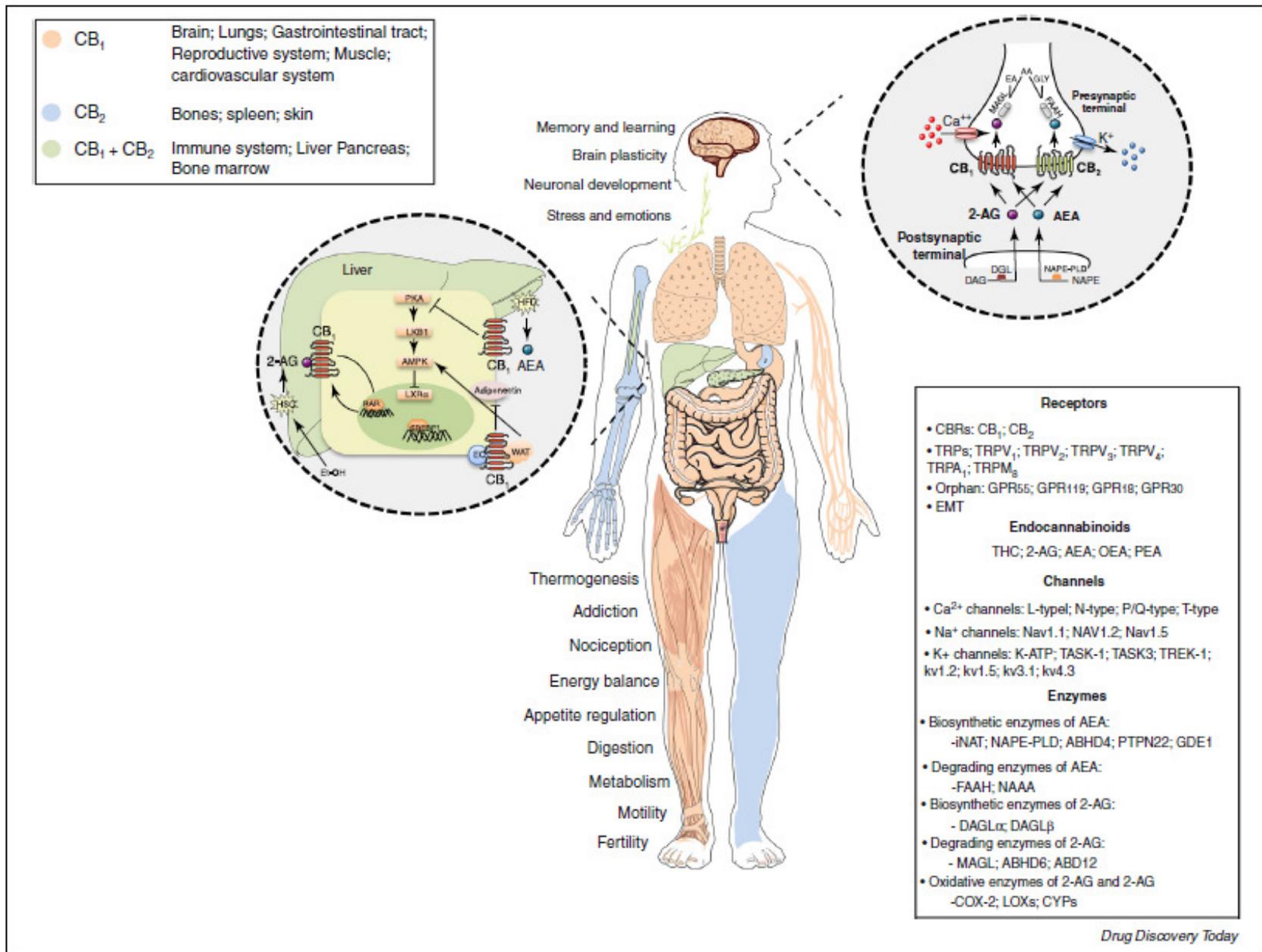
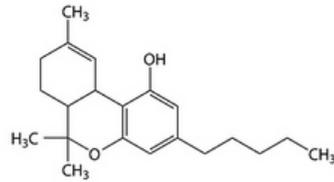


FIGURE 1

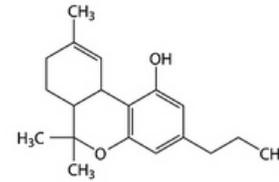
The endocannabinoid system: its functions, distribution, and components.
Adapted from Servier Medical Art

Structural formulas of main natural cannabinoids

THC

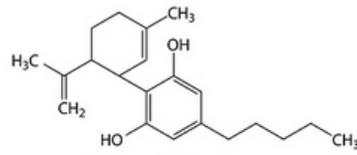


Tetrahydrocannabinol

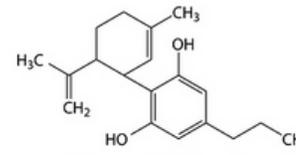


Tetrahydrocannabivarin

CBD

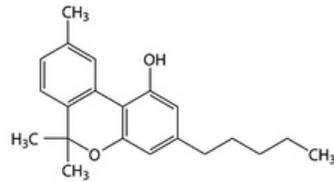


Cannabidiol

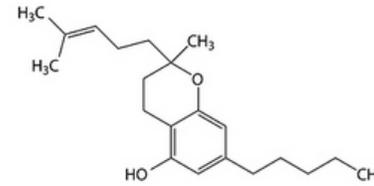


Cannabidivarin

CBN

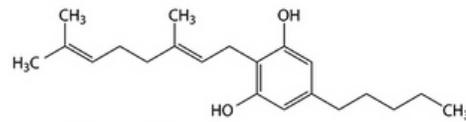


Cannabinol

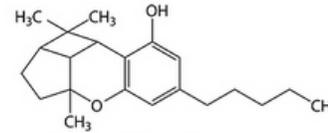


Cannabichromene

CBG



Cannabigerol



Cannabicyclol

THCV

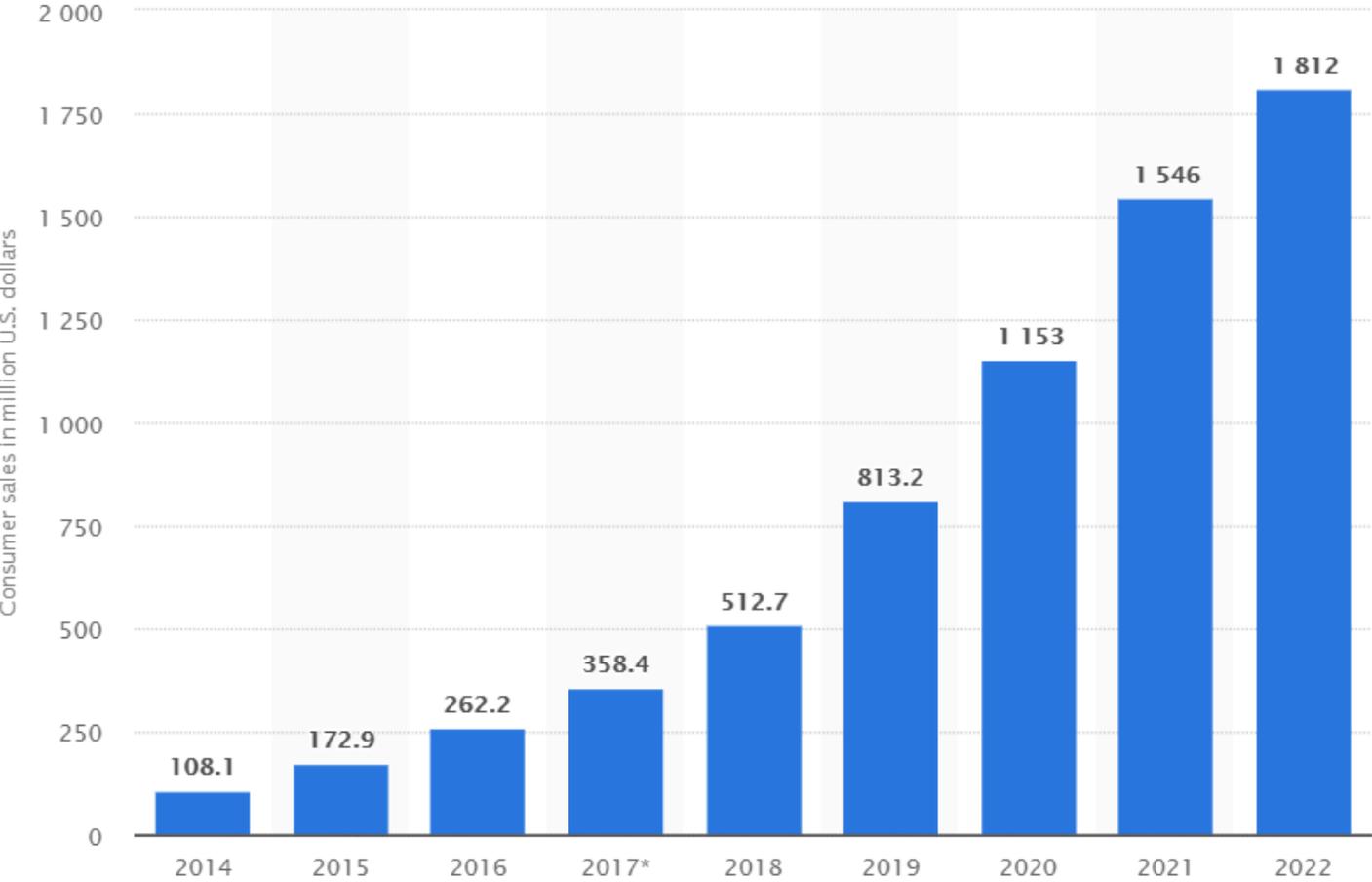
CBV

CBC

CBL

Today's
Focus

Total U.S. cannabidiol (CBD) consumer sales from 2014 to 2022



Data visualized by  + a b | e a u

© Statista 2018 







Hempzilla CBD Pods

\$21.95 - \$23.95

Juul™ Compatible Pods with 150mg of Full Spectrum CBD

Pods Flavor

Choose an option ▾



CBD (UNCUT) FTP BLUE DREAM
1000MG 30% + TERPENES VAPE
KIT SET INCLUDES BATTERY &
CHARGER
\$65.00 - \$235.00







First Simon Malls CBD shop to open in Castleton Square

UPDATED: FEB 12TH, 2019 - 4:17AM (EST)

An Ohio-based CBD company has announced a partnership with Simon Property Group, bringing the chain of cannabidiol shops to malls across the U.S.



In Indiana is it legal to

YES

NO

IDK

- Sell and transport CBD oil?
- Sell and transport CBD “edibles” (food/drinks)?
- Sell CBD JUUL pods/vaping e-liquids to someone under 18?
- Grow marijuana?
- Grow industrial hemp?



Indiana Senate Bill 52 – Effective July 1, 2018

- Legalized low THC (< 0.3%) hemp extract, must have certificate of analysis.
- Retailers must be certified (registered).
- Products have specific labeling requirements- mainly via bar or QR code.
- Level 5 felony if a retailer sells a marijuana containing product labeled as low THC hemp extract and they “reasonably should have known” that the product was not low THC.
 - People who possess that product commit a class A misdemeanor.
- Does not specifically address to whom low THC hemp can be sold.



Indiana Code 7.1-7 Vape Pens & E-liquids

- IC 7.1-7-5.5-1 Retailers prohibited from making a delivery sale of e-liquid to a minor
 - Sec.1. A retailer may not make a delivery sale of e-liquid to a minor as set forth in IC 7.1-7-6-5. (As added by P.L.206-2017, SEC.30)
- IC 7.1-7-2-10 “E-liquid”
 - Sec. 10. “E-liquid” means a substance that:
 - (1) May or may not contain nicotine; and
 - (2) Is intended to be vaporized and inhaled using a vapor product(As added by P.L.176-2015, Sec.9. Amended by P.L. 206-2017,SEC.9.)
- IC 7.1-7-2-17 “Minor”
 - Sec 17. “Minor” means an individual who is less than eighteen years of age. (As added by P.L.176-2015,SEC.9.)



12. Can products that contain THC or cannabidiol (CBD) be sold as dietary supplements?

A. No. Based on available evidence, FDA has concluded that THC and CBD products are excluded from the dietary supplement definition under sections 201(ff)(3)(B)(i) and (ii) of the FD&C Act, respectively. Under those provisions, if a substance (such as THC or CBD) is an active ingredient in a drug product that has been approved under 21 U.S.C. § 355 (section 505 of the FD&C Act), or has been authorized for investigation as a new drug for which substantial clinical investigations have been instituted and for which the existence of such investigations has been made public, then products containing that substance are outside the definition of a dietary supplement. FDA considers a substance to be "authorized for investigation as a new drug" if it is the subject of an Investigational New Drug application (IND) that has gone into effect. Under FDA's regulations (21 CFR 312.2), unless a clinical investigation meets the limited criteria in that regulation, an IND is required for all clinical investigations of products that are subject to section 505 of the FD&C Act.

There is an exception to sections 201(ff)(3)(B)(i) and (ii) if the substance was "marketed as" a dietary supplement or as a conventional food before the drug was approved or before the new drug investigations were authorized, as applicable. However, based on available evidence, FDA has concluded that this is not the case for THC or CBD. For more information on this provision, including an explanation of the phrase "marketed as," see [Draft Guidance for Industry: Dietary Supplements: New Dietary Ingredient Notifications and Related Issues](#).

FDA is not aware of any evidence that would call into question its current conclusions that THC and CBD products are excluded from the dietary supplement definition under sections 201(ff)(3)(B)(i) and (ii) of the FD&C Act. Interested parties may present the agency with any evidence that they think has bearing on this issue. Our continuing review of information that has been submitted thus far has not called our conclusions into question.

13. Is it legal, in interstate commerce, to sell a food to which THC or CBD has been added?

A. No. Under section 301(l) of the FD&C Act, it is prohibited to introduce or deliver for introduction into interstate commerce any food (including any animal food or feed) to which has been added a substance which is an active ingredient in a drug product that has been approved under 21 U.S.C. § 355 (section 505 of the Act) or a drug for which substantial clinical investigations have been instituted and for which the existence of such investigations has been made public. There are exceptions, including when the drug was marketed in food before the drug was approved or before the substantial clinical investigations involving the drug had been instituted or, in the case of animal feed, that the drug is a new animal drug approved for use in feed and used according to the approved labeling. However, based on available evidence, FDA has concluded that none of these is the case for THC or CBD. FDA has therefore concluded that it is a prohibited act to introduce or deliver for introduction into interstate commerce any food (including any animal food or feed) to which THC or CBD has been added. FDA is not aware of any evidence that would call into question these conclusions. Interested parties may present the agency with any evidence that they think has bearing on this issue. Our continuing review of information that has been submitted thus far has not called our conclusions into question.



15. Will FDA take enforcement action regarding THC and CBD products that are marketed as dietary supplements? What about foods to which THC and CBD has been added?

A. When a product is in violation of the FD&C Act, FDA considers many factors in deciding whether or not to initiate an enforcement action. Those factors include, among other things, agency resources and the threat to the public health. FDA also may consult with its federal and state partners in making decisions about whether to initiate a federal enforcement action.



H.R. 2 (115th): Agriculture Improvement Act of 2018

- Approved December 2018: “Farm Bill” now classifies industrial hemp (low THC) as an agricultural commodity.
- Does not legalize marijuana production.
- Low THC hemp growers must be licensed.



Do Indiana Farmers Need to Industrialize Hemp to Prosper?



2017 Kentucky



Hemp
\$2500/acre



Corn
\$640/acre



The Purdue Hemp Project: Changes with 2018 Farm Bill

1. Marijuana production is not legal in the state of Indiana.
2. If you are growing unlicensed hemp, you are a marijuana producer.
3. At this point, a letter is sent to the Secretary of the Department of Agriculture for program recognition under federal law.
4. In 60 days, a response is given from the USDA to determine if the program is in compliance with the Farm Bill.
5. At this point, administrative rules have been created to facilitate legal hemp production, and will include licensing, background checks, recording of sites, testing and fees.
6. A license to grow hemp is required, and hemp must test below 0.3% THC. In the absence of a license, any cannabis production regardless of THC level is considered marijuana.
7. For 2019, a license must have a research project tied to hemp production
8. Marijuana production is still not legal in Indiana.
9. Technically, nothing changes for the 2019 season.



Is this product legal to sell, without a prescription, to a 16 year old? 65 year old?

YES

NO



CBD has been studied in humans with which of the following conditions:

- Social Anxiety Disorder
- Depression
- Arthritis
- Back pain
- Insomnia
- Tobacco Dependence
- Brain Cancer

YES

NO

IDK



THE CBD OIL MIRACLE



Manage Pain, Improve Your Mood,
Boost Your Brain, Fight Inflammation,
Clear Your Skin, Strengthen Your Heart,
and Sleep Better with the
Healing Power of CBD Oil

LAURA LAGANO, M.S., R.D.N., C.D.N.
Co-founder of the Holistic Cannabis Academy

BENEFITS AND USES OF CBD OIL

- Reduce Pain
- Lower Anxiety
- Help with Nausea
- Improve Mood
- Help Treat Depression
- Prevent and Treat Inflammatory Arthritis
- Protect the Immune System
- Balance Metabolism
- Treat Sleep Disorders
- Control Diabetes
- Reduce Drug Relapse
- Treat Epilepsy
- Reduce Tumor Growth
- Lower Risk of Cancer
- Lower the Risk of Neurodegenerative Diseases
- Lower Side Effects for PTSD
- Treat Restless Leg Syndrome
- Help with Allergies
- Regulate Appetite
- Treat Eczema and Other Skin Afflictions

WWW.KINDNESSINDEMAND.ORG



Important Considerations

- Some claims for CBD products are made based off of information from marijuana/THC containing products. Not appropriate to extrapolate that data to CBD only products.
 - Several conditions are known to be more impacted by THC than CBD, such as pain and nausea and vomiting.
- The vast majority of the data is not from controlled trials in humans with the disease state in question.





Does it really work?

Discussion of Separate Handout-CBD Evidence Summary Table



BENEFITS AND USES OF CBD OIL

- | | | | | |
|---|---|--|--|---|
|  |  | • Reduce Pain | • Treat Epilepsy |  |
|  |  | • Lower Anxiety | • Reduce Tumor Growth |  |
|  | | • Help with Nausea | • Lower Risk of Cancer |  |
|  | | • Improve Mood | • Lower the Risk of Neurodegenerative Diseases |  |
|  | | • Help Treat Depression | • Lower Side Effects for PTSD |  |
|  | | • Prevent and Treat Inflammatory Arthritis | • Treat Restless Leg Syndrome |  |
|  | | • Protect the Immune System | • Help with Allergies |  |
|  | | • Balance Metabolism | • Regulate Appetite |  |
|  |  | • Treat Sleep Disorders | • Treat Eczema and Other Skin Afflictions |  |
|  | | • Control Diabetes | |  |
|  |  | • Reduce Drug Relapse | |  |

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What are the risks?



9.2 Abuse

Animal abuse-related studies show that cannabidiol does not produce cannabinoid-like behavioral responses, including generalization to delta-9-tetrahydrocannabinol (THC) in a drug discrimination study. Cannabidiol also does not produce animal self-administration, suggesting it does not produce rewarding effects. In a human abuse potential study, acute administration of cannabidiol to non-dependent adult recreational drug users at therapeutic and supratherapeutic doses of 750, 1500, and 4500 mg in the fasted state (equivalent respectively to 10, 20, and 60 mg/kg in a 75 kg adult) produced responses on positive subjective measures such as Drug Liking and Take Drug Again that were within the acceptable placebo range. In contrast, 10 and 30 mg of dronabinol (synthetic THC) and 2 mg alprazolam produced large increases on positive subjective measures compared to placebo that were statistically significantly greater than those produced by cannabidiol. In other Phase 1 clinical studies conducted with cannabidiol, there were no reports of abuse-related adverse events.



9.3 Dependence

In a human physical dependence study, administration of cannabidiol 1500 mg/day (750 mg twice daily) to adults for 28 days did not produce signs or symptoms of withdrawal over a 6-week assessment period beginning three days after drug discontinuation. This suggests that cannabidiol likely does not produce physical dependence.



https://www.epidiox.com/sites/default/files/EPIDIOLEX_Full_Prescribing_Information.pdf



Table 3: Adverse Reactions in Patients Treated with EPIDIOLEX in Controlled Trials

Adverse Reactions	EPIDIOLEX		Placebo
	10 mg/kg/day	20 mg/kg/day	
	N=75 %	N=238 %	N=227 %
Hepatic Disorders			
Transaminases elevated	8	16	3
Gastrointestinal Disorders			
Decreased appetite	16	22	5
Diarrhea	9	20	9
Weight decreased	3	5	1
Gastroenteritis	0	4	1
Abdominal pain, discomfort	3	3	1
Nervous System Disorders			
Somnolence	23	25	8
Sedation	3	6	1
Lethargy	4	8	2
Fatigue, malaise, asthenia	11	12	4
Insomnia, sleep disorder, poor quality sleep	11	5	4
Irritability, agitation	9	5	2
Aggression, anger	3	5	<1
Drooling, salivary hypersecretion	1	4	<1
Gait disturbance	3	2	<1

(continued)

Dose related elevations in ALT and AST with Epidiolex

- ALT > 3 X ULN = 13% with CBD treatment vs 1 % in placebo patients.
- Occurred more often in first 2 months of treatment, but in some instances occurred up to 18 months after initiating treatment.
- Occurred more often in patients also taking Valproate.
- Resolved with discontinuation.
- Obtain serum transaminases (ALT and AST) and total bilirubin levels, prior to starting Epidiolex treatment and 1 month, 3 month and 6 month after initiation of treatment and periodically thereafter.





American Society of
Regional Anesthesia and Pain Medicine

Is It Time to Add Cannabinoids to the ASRA Anticoagulation Guidelines for Pain Procedures?

November 2018 Issue



Alaa Abd-Elsayed

Anesthesiologist and Pain Physician, University of Wisconsin
Co-author

Blood coagulation studies indicate that organic cannabis extract and the major cannabinoids, THC and cannabidiol (CBD), show considerable antithrombotic activity in vitro. In addition, CBD showed mild anticoagulating effects. Furthermore, the authors demonstrated that 50% clotting times in obese and lean rats treated with cannabis extracts were 1.5- to 2.0-fold greater than their controls (rats not treated with cannabis extracts). The authors also suggested that cannabis may be used in the setting of hypercoagulable states as may exist in patients with diabetes type 2.⁵ In other studies, CBD oil was found to affect platelets and anticoagulants by suppressing their production and thereby potentially increasing bleeding tendencies.⁶

Hematologic Abnormalities



- Epidiolex can cause decreases in hemoglobin and hematocrit.
- Controlled trials of patients with LGS or DS:
 - the mean decrease in hemoglobin from baseline to end of treatment was -0.42g/dl in Epidiolex treated patients and -0.03 g/dl in patients on placebo.
 - Decrease in hematocrit with a mean change of -1.5% in Epidiolex treated patients and -0.4% in patients on placebo.
 - 30% of Epidiolex treated patients developed a new laboratory defined anemia versus 13% of patients on placebo.



Slide 33

PA1

Peak, Amy, 4/2/2019

Many Drug Interactions



CBD is metabolized by CYP 3A4 and 2C19

Inducers will decrease CBD concentrations

- Carbamazepine
- Efavirenz
- St John's Wort
- Rifampin
- Phenytoin
- Phenobarbital

Inhibitors will increase CBD concentrations

- Clarithromycin/
telithromycin/
erythromycin
- Itraconazole/ketoconazole/
fluconazole
- Nefazadone
- Indinavir/nelfinavir/ritonavir
- Verapamil
- Diltiazem
- Grapefruit juice



CBD inhibits CYP 2C8, 2C9, and 2C19

Potential to increase concentrations (may need to reduce doses of...)

- Warfarin
- Phenytoin, phenobarbital
- Diclofenac, meloxicam, and other NSAIDs, celecoxib
- Glipizide, glyburide, other sulfonylureas
- Amitriptyline, citalopram
- PPIs



CBD has the potential for both induction and inhibition of CYP 1A2 and 2B6

May need to alter doses of:

- Amitriptyline
- Caffeine
- Bupropion
- Duloxetine, fluvoxamine,
- Haloperidol
- Theophylline
- Warfarin
- Meperidine
- Methadone



CBD inhibits UGT 1A9 and 2B7

May need to reduce doses of:

- Propofol
- Fenofibrate
- Gemfibrozil
- Lamotrigine
- Morphine
- Lorazepam



Interactions- Additive effects

- Other drugs/substances that may be hepatotoxic.
 - Alcohol, high doses APAP, valproate, INH, etc.
- Other drugs/substances that may cause sedation/CNS depression.
 - Alcohol, opioids, BZDS, etc.
- Anticoagulants – increased risk of bleeding, especially with warfarin.





Study published in JAMA

- 84 different over-the-counter CBD products were purchased and tested to see what they really contained.
 - ~30% were accurately labeled for CBD content.
 - ~42% contained more CBD.
 - ~26% contained less CBD.
- **THC found in 18 of the 84 samples; > 20%**
(all claimed not to have THC)



European Study

- Purchased 14 CBD oils
 - **9 of 14 (~64% of products):** CBD oil concentration was NOT within +/- 10% of labeled amount, some as much as 38% difference between declared and actual amount
- **12 of 14 contained THC**

All but one had levels < 0.3% (labeled THC free)
- “Our results highlighted a wide variability in cannabinoids that justifies the need for strict and standardized regulations.”



North Carolina March 2018

DHHS, Carolinas Poison Center Investigating Increase in Emergency Department Visits Linked to Use of Potentially Contaminated Cannabidiol (CBD) Oil

The North Carolina Department of Health and Human Services is working with Carolinas Poison Center to investigate more than 30 reports since December of individuals who were treated in emergency departments across the state for serious symptoms, including an altered mental status, hallucinations, seizures, loss of consciousness and rapid heartbeat.

“People should be aware that products labeled as CBD oil might contain other substances,” said State Health Director Betsey Tilson, M.D., MPH. “The symptoms we are seeing that result in these emergency department visits are not typical for CBD oil use.”



Utah May 2018

- Report of 52 people treated for adverse effects from CBD products.
- Altered mental status, N/V, seizures, anxiety, unconsciousness, hallucinations, confusion, dizziness.
- Nine product samples were found to contain a synthetic cannabinoid 4-CCB, and no CBD.
- Eight products branded as “Yolo CBD oil” with no information about manufacturer or ingredients.



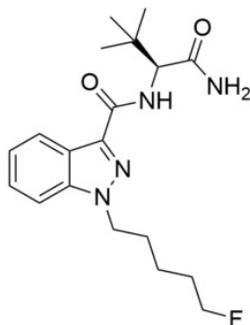
Virginia Commonwealth University November 2018

Table 1. Detection of CBD and other psychoactive compounds in CBD e-liquids.

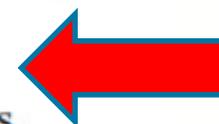
Sample (Received for Analysis)	CBD	THC	5F-ADB	DXM
Liquid Gold Strawberry	X		X	
Diamond CBD Vape Additive	X		X	
Samples (Purchased)	CBD	THC	5F-ADB	DXM
Liquid Gold Strawberry	X		X	
Liquid Gold Jungle Juice	X	X	X	
Diamond CBD Vape Additive	X			X
Blue CBD 250 mg	X			
Blue CBD 1000 mg	X			
Diamond CBD 50 mg	X			
Diamond CBD 1000 mg	X	X		



What is 5F-ADB?



The acute effects of THC (and consequently cannabis) include: relaxation, euphoria, lethargy, depersonalisation, distorted perception of time, impaired motor performance, hallucinations, paranoia, confusion, fear, anxiety, dry mouth, conjunctival injection (“red eyes”), tachycardia, and nausea and vomiting. Similar effects to cannabis have been reported for SCRAAs such as 5F-ADB. Compared to cannabis, severe and fatal poisoning appears to be more common with SCRAAs.¹⁴ Poisoning may include rapid loss of consciousness/coma, cardiovascular effects (such as hypertension, tachycardia, bradycardia, chest pain, myocardial infarction, and stroke), seizures and convulsions, vomiting/hyperemesis, delirium, agitation, psychosis, and aggressive and violent behaviour. Sudden death has also been reported.





FEDERAL REGISTER

Public Inspection :: Tomorrow's Documents Today



PR Public Inspection :: Proposed Rule

Schedules of Controlled Substances: Placement of 5F-ADB, 5F-AMB, 5F-APINACA, ADB-FUBINACA, MDMB-CHMICA and MDMB-FUBINACA in Schedule I

An unpublished Proposed Rule by the Drug Enforcement Administration on 04/08/2019



FEDERAL REGISTER

The Daily Journal of the United States Government



PR Proposed Rule

Schedules of Controlled Substances: Temporary Placement of NM2201, 5F-AB-PINACA, 4-CN-CUMYL-BUTINACA, MMB-CHMICA and 5F-CUMYL-P7AICA Into Schedule I

A Proposed Rule by the Drug Enforcement Administration on 05/30/2018



Recap of Risks

- Lack of quality standards
- Many drug interactions
- Liver damage- dose dependent
- Anticoagulant potential
- Sedation and GI effects most common



Other challenges/unknowns: Optimal Dose?

WHO KNOWS???

Recommendations generally aren't based on clinical trial data in humans with disease in question (except for seizure dosing, prescription product).

CONDITION:	Person Size 2-25lbs	Person Size 26-45lbs	Person Size 46-85lbs	Person Size 86-150lbs	Person Size 151-240lbs	Person Size 241+lbs
Mild Range	4.5mg	6mg	9mg	12mg	18mg	22.5mg
Medium Range	6mg	9mg	12mg	15mg	22.5mg	30mg
Severe Range	9mg	12mg	15mg	18mg	27mg	45mg



Everyday 200	Lightest potency	6.5 mg. CBD per serving	1 serving = 1 mL (1/5 teaspoon)
Start taking 1 serving per day for 1 week	Slight anxiety symptoms	Maintaining good antioxidant protection	Help healthy digestion
Take 2 servings per day for the next week (day 8-14)	Mild oral pain relief and anti-bacterial	Reduce small amounts of inflammation, acne	Help focus and concentration
Everyday Plus 500	Medium potency	15.5 mg. CBD per serving	1 serving = 1 mL (1/5 teaspoon)
Start taking 1 serving per day for 1 week	Moderate anxiety symptoms	Help focus and concentration	Mild oral pain relief and anti-bacterial
Take 2 servings per day for the next week (day 8-14)	Moderate anxiety symptoms	Antioxidant protection, digestive health	Help protect nerve cells, brain health
Everyday Advanced 5000	Strong potency	50 mg. CBD per serving	1 serving = 1 mL (1/5 teaspoon)
Start taking 1 serving per day for 1 week	Helps reduce anxiety, depression, stress	Help focus and concentration	Improve sleep, nerve protection
Take 2 servings per day for the next week (day 8-14)	More reduction of stress and depression	More serious conditions such as epilepsy, PTSD	Reduce bodily aches and pains
Take 2 to 6 servings per day as needed, or more	Stabilize mood, relieve depression, anxiety	Helps prevent tumor growth, suppress seizure	Reduce restless leg, inflammation





CAN I FAIL A DRUG TEST FOR CBD?

THE HONEST ANSWER...



Drug Screens

- Test to see if $> 50\text{ng/ml}$ of the THC metabolite.
- 11-nor- Δ^9 -tetrahydrocannabinol-9-carboxylic acid is present in urine.
- If TRULY no THC in product consumed, then test will be negative .
- If THC present, then test can be positive even if “only” taking CBD.



Take Home Messages: Legal Considerations

- “Low THC hemp extract” (THC < 0.3%) is legal to sell in Indiana.
- CBD edibles are not legal (although often sold).
- If selling CBD in form of e-liquid to be vaped, buyer must be > 18.
- Other forms of CBD do not have an age restriction mandated by law.
- The Farm Bill did not make growing marijuana legal.
 - it classified low THC industrial hemp as agricultural commodity
- Manufacturing and quality control not well regulated
 - Provide a certificate of analysis that says < 0.3% THC.



Take Home Messages: Efficacy Data

- Very few clinical trials in humans with disease state in question.
 - Exception: Certain types of seizure disorders.
- Commonly used for conditions for which treatment with prescription drugs may lead to abuse or dependence (pain, anxiety).
 - Consider risks of other treatment options.
- Abundant amount of testimonials.



Take Home Messages: Risks

- Adulteration and misbranding common
- Many drug interactions
- Liver damage (dose related)
- Anticoagulant potential
- Most commonly reported adverse effects are GI related and sedation.



Case 1

- A 70 year old female is taking Warfarin for her cardiac valve replacement and periodically has migraines. She confided in you that she saw on Facebook someone was selling CBD salve and oil and thought she would try it.
- Based on the information you know about Cannabidiol how would respond?

YES

NO

IDK



Case 2

- A 38-year-old male with chronic lower back pain has been taking Vicodin one tablet every six hours as needed for pain. He states he needs to take one tablet every six hours to be able to function. He has tried physical therapy, ibuprofen and remained in pain. He is not taking any other medications and otherwise is relatively healthy. He is concerned about becoming addicted to Vicodin. His neighbor suggested he try CBD oil and CBD bath bombs. He has come to you to ask for your recommendations.
- Based on the information you know about Cannabidiol how would you respond?

