



TITLE: Cannabinoids for the Treatment of Post-Traumatic Stress Disorder: A Review of the Clinical Effectiveness and Guidelines

DATE: 27 June 2012

CONTEXT AND POLICY ISSUES

In 2009, CADTH reviewed the clinical effectiveness and guidelines regarding the use of cannabinoids for the treatment of post-traumatic stress disorder.¹ This report included one uncontrolled, open label study, and three evidence-based guidelines. In the open label study, the authors concluded that the synthetic cannabinoid nabilone was effective in treating patients with post-traumatic stress disorder who were experiencing treatment-resistant nightmares. Approximately 70% of patients experienced a reduction in frequency or intensity, or a complete cessation of nightmares while taking nabilone (average dose 0.5 mg, range 0.2 mg to 4 mg before bedtime). None of the three guidelines discussed the use of cannabinoids in the management of post-traumatic stress disorder. The conclusion, based on these reports, was that the evidence regarding the clinical effectiveness of cannabinoids for the treatment of post-traumatic stress disorder was limited.¹

This report will update the literature search to determine if any new evidence has been published since 2009.

RESEARCH QUESTIONS

1. What is the clinical effectiveness of cannabinoids for the treatment of post-traumatic stress disorder?
2. What are the guidelines regarding the use of cannabinoids for the treatment of post-traumatic stress disorder?

KEY MESSAGE

In this update to a previous report, no new clinical studies or guidelines regarding the use of cannabinoids for the treatment of post-traumatic stress disorder were identified.

Disclaimer: The Rapid Response Service is an information service for those involved in planning and providing health care in Canada. Rapid responses are based on a limited literature search and are not comprehensive, systematic reviews. The intent is to provide a list of sources and a summary of the best evidence on the topic that CADTH could identify using all reasonable efforts within the time allowed. Rapid responses should be considered along with other types of information and health care considerations. The information included in this response is not intended to replace professional medical advice, nor should it be construed as a recommendation for or against the use of a particular health technology. Readers are also cautioned that a lack of good quality evidence does not necessarily mean a lack of effectiveness particularly in the case of new and emerging health technologies, for which little information can be found, but which may in future prove to be effective. While CADTH has taken care in the preparation of the report to ensure that its contents are accurate, complete and up to date, CADTH does not make any guarantee to that effect. CADTH is not liable for any loss or damages resulting from use of the information in the report.

Copyright: This report contains CADTH copyright material. It may be copied and used for non-commercial purposes, provided that attribution is given to CADTH.

Links: This report may contain links to other information available on the websites of third parties on the Internet. CADTH does not have control over the content of such sites. Use of third party sites is governed by the owners' own terms and conditions.

METHODS

Literature Search Strategy

A limited literature search was conducted on key resources including Ovid MEDLINE, EMBASE, PsycINFO, PubMed, The Cochrane Library (2012, Issue 5), University of York Centre for Reviews and Dissemination (CRD), ECRI (Health Devices Gold) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No methodological filters were applied to limit retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2009 and May 30, 2012.

Selection Criteria and Methods

One reviewer screened the titles and abstracts of the retrieved publications and evaluated the full-text publications for the final article selection, according to the selection criteria presented in Table 1.

Table 1: Selection Criteria

Population	Adults with a diagnosis of post-traumatic stress disorder (PTSD)
Intervention	Cannabinoids
Comparator	Placebo Usual care
Outcomes	Clinical effectiveness: Anxiety relief, stress reduction, reduction of nightmares Guidelines
Study Designs	HTA, systematic review, meta-analysis, randomized controlled trial, non-randomized trial, guidelines

HTA=health technology assessment

Exclusion Criteria

Studies were excluded if they did not meet the selection criteria, were duplicate publications, or were published prior to 2009.

SUMMARY OF EVIDENCE

Quantity of Research Available

The selection of studies is summarized in Appendix 1. The literature search yielded 162 citations. Three additional reports were identified by searching the grey literature. After screening of abstracts, five potentially relevant studies were selected for full text review. None of the five reports met the inclusion criteria

CONCLUSIONS AND IMPLICATIONS FOR DECISION OR POLICY MAKING

No clinical studies or guidelines published since 2009 were identified in the literature search. Thus, there is no new information regarding the use of cannabinoids for the treatment of post-traumatic stress disorder.

PREPARED BY:

Canadian Agency for Drugs and Technologies in Health

Tel: 1-866-898-8439

www.cadth.ca

REFERENCES

1. Mujoomdar M, Spry C, Banks R. Cannabinoids for the treatment of post-traumatic stress disorder: a review of the clinical effectiveness and guidelines. [Internet]. Ottawa: Canadian Agency for Drugs and Technologies in Health (CADTH); 2009. [cited 2012 May 30]. (Rapid response report). Available from: http://www.cadth.ca/media/pdf/L0144_Cannabinoids_for_PTSD_final.pdf

APPENDIX 1: Selection of Included Studies

