

Patients' Perceptions and Use of Medical Marijuana

THU0644

Kelly Gavigan¹, Shilpa Venkatachalam¹, Jeffrey R Curtis², Seth Ginsberg¹, W. Benjamin Nowell¹

¹Global Healthy Living Foundation, Upper Nyack, NY

²University of Alabama at Birmingham, Birmingham, AL

BACKGROUND

- People living with rheumatic and musculoskeletal disease (RMD) often seek alternative treatments, such as cannabidiol (CBD) and marijuana for medical use (MMU)
- As these substances become more widely available, and legal in some jurisdictions, it's important to understand patients' use and perceptions of MMU/CBD and the impact on their overall management of RMD symptoms

METHODS

- US adults aged ≥ 19 years with self-reported physician diagnosis of a RMD were recruited through the ArthritisPower[®] research registry, a real-world database of people living with RMD
- A 77-item online survey was developed in partnership with RMD patient partners and administered to people living with RMD (Table 1)

Table 1. Survey Components

Survey Component	Survey Content
Sociodemographic Characteristics	Age, condition, address (state), gender identity, race/ethnicity, education, employment, relationship status
Health Status and Current Treatment	NIH PROMIS Global Health; current prescription and OTC drugs and supplements/homeopathic remedies participants use
Use of MMU/CBD	Marijuana and/or CBD use, past and present, for medical and recreational purposes
Knowledge and Access to Information	Knowledge of marijuana/CBD use for medical reasons and access to information and informational materials

RESULTS

- A total of 1,059 participants (pts) completed the survey, of which 88% were female and 92% were white; mean (SD) age was 57 (11) (Table 2)
- Nearly half (46%) of all pts reported a diagnosis of rheumatoid arthritis. Most pts (77%) reported fair/poor health (PROMIS Global Physical Health <43)
- Only 29% of all pts were satisfied or very satisfied with their current treatment, and more than half (67%) had been on their current treatment for >1 year

Reported Use of MMU/CBD

- Of those surveyed, a majority of pts (n=607, 57%) reported trying marijuana and/or CBD for a purpose they perceived as medical, and offered various reasons for initiating its use (Table 3)
- Half of all pts (n=547, 52%) reported ever using CBD and more than a third (n=387, 37%) ever using MMU, two-thirds of whom (n=265, 67%) currently use it
- The majority (62%) of those currently using MMU reported using it at least once daily

Table 2. Participant Characteristics (N=1,059)

Variable	n (%)
Age, years, mean (SD)	57.1 (10.7)
Female, n (%)	933 (88.1)
Time since diagnosis, years, mean (SD)	14.4 (10.9)
White, n (%)	978 (92.4)
College degree or higher, n (%)	504 (47.6)
Employed (full-time, part-time, self-employed), n (%)	427 (40.3)
Married, n (%)	627 (59.2)
Top 5 main conditions, n (%)	
Rheumatoid arthritis	487 (46.0)
Osteoarthritis	234 (22.1)
Psoriatic arthritis	98 (9.3)
Fibromyalgia	92 (8.7)
Ankylosing spondylitis	50 (4.7)
Current therapy, n (%)	
Biologic DMARDs	389 (36.7)
Targeted synthetic DMARDs only	27 (2.6)
Conventional synthetic DMARDs only	168 (15.9)
Steroids only	48 (4.5)
No treatment or NSAIDs only	391 (36.9)
PROMIS Global Physical Health, mean (SD)	38.1 (7.4)
PROMIS Global Mental Health, mean (SD)	43.0 (8.7)

- When acquiring MMU, 40% of pts used a medical marijuana card issued by the state; the main reason given for not using a card was that marijuana was not legal for medical use where the pt lived (42.1%)
- Of the pts who lived in a state where medical marijuana was legal and chose not to use a medical marijuana card (n=151), the top reasons for not using it were cost (28%) and difficulty accessing it (25%)

Perceived Impact of MMU/CBD on Symptoms

- Most pts who had ever used MMU and/or CBD reported that the use improved their symptoms (97% for MMU; 94% for CBD) and condition (96% for MMU; 93% for CBD)
- Pain (96%; 95%) and sleep disturbance (76%; 54%) were the main symptoms patients sought to relieve with MMU and CBD (Figure)
- Many pts reported having used MMU in lieu of prescribed (53%) or OTC (63%) medications



RESULTS (cont'd)

Table 3. Participants' Reasons for Initiating Marijuana/Cannabidiol, Among Current and Past Users (N=934)

Reasons (not mutually exclusive)	n (%)
To address symptoms (e.g. pain) experienced despite taking medication	417 (44.7)
To address symptoms with less or no medication	288 (30.8)
Nothing else worked to treat conditions or symptoms	170 (18.2)
Friend suggested it	162 (17.3)
Saw information online	153 (16.4)
Medical marijuana became legal in state	126 (13.5)
Had used marijuana recreationally and wanted to try it for medical reasons	124 (13.3)
Relative suggested it	109 (11.7)
To address side effect(s) from medication	97 (10.4)
Physician suggested it	97 (10.4)
Read about it in print media materials (e.g. magazines, newspaper)	92 (9.9)
Other	55 (5.9)
Heard about it on the news (on TV or online/mobile phone)	48 (5.1)

Figure: Main Symptoms Pts Sought to Relieve through MMU and CBD Use

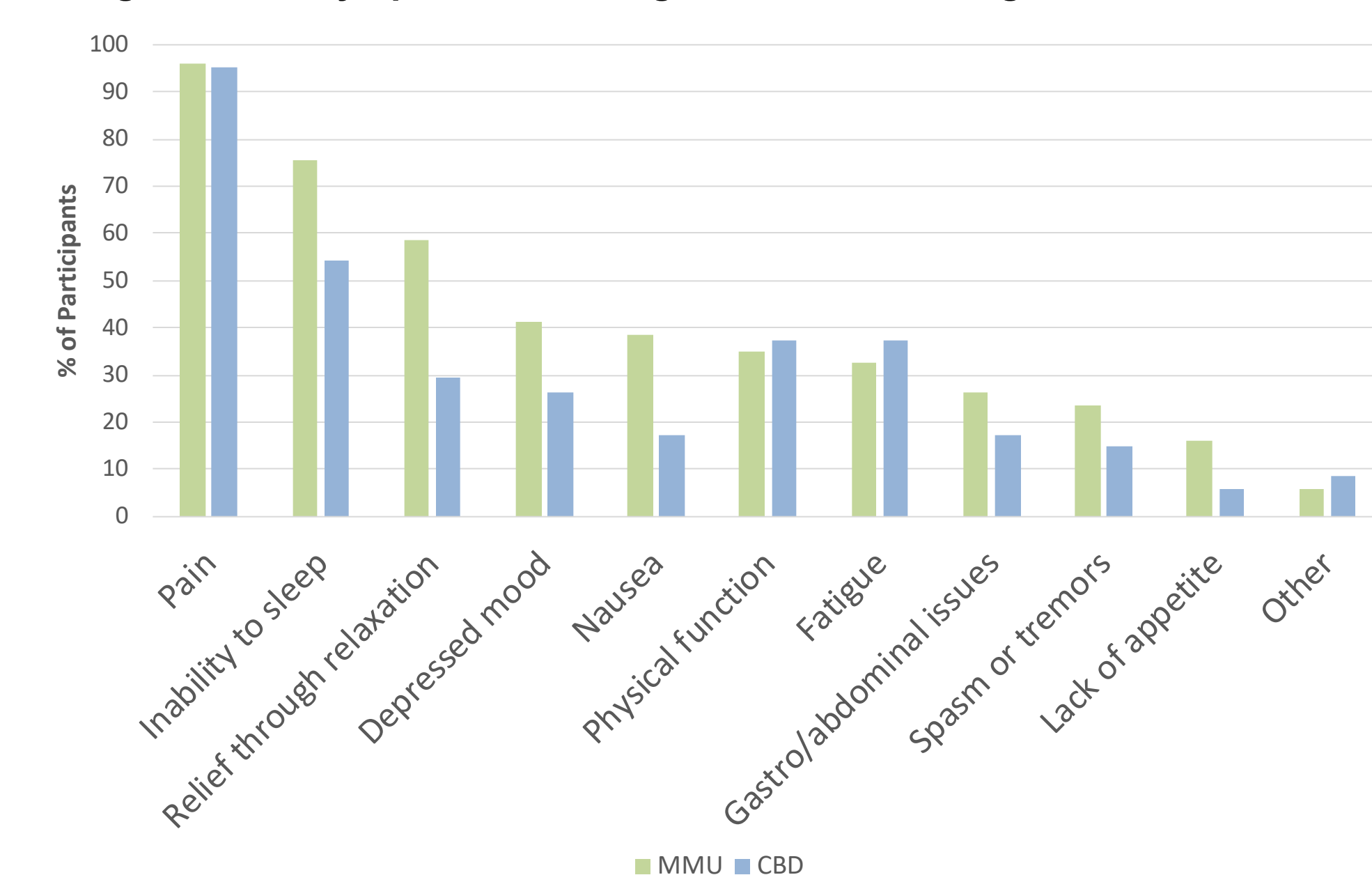


Table 4. Top 10 Reasons for Stopping Marijuana (MMU) and Cannabidiol (CBD) Use, n (%)

Reasons (not mutually exclusive)	MMU (n=122)	CBD (n=157)
It is not legal in the state where I live	38 (31.2)	10 (6.4)
Other	34 (27.9)	44 (28.0)
The cost of using it was more than I wanted to spend	26 (21.3)	51 (32.5)
I saw no change in symptom relief	21 (17.2)	65 (41.4)
I had difficulty getting it	17 (13.9)	13 (8.3)
I was concerned that I would have periodic or random drug testing for my job	13 (10.7)	5 (3.2)
My doctor refused to recommend it	12 (9.8)	5 (3.2)
There's no good information about the appropriate use and dose	9 (7.4)	10 (6.4)
I didn't like the options for administering it	9 (7.4)	6 (3.8)
I stopped wanting to use it	7 (5.7)	17 (10.8)

Information Seeking

- Two-thirds (65%) reported telling their health care provider (HCP) about their MMU use, most of whom (58%) reported that their HCP did not consider it when making treatment changes nor offer advice about mode of administration or dosage
- Whether or not a pt had used MMU, two-thirds of all pts (66%) wanted information about MMU, including its effectiveness (39%) and information on its interaction with medications (38%)
- The majority of pts preferred to receive information from their HCP (54%) or online educational resources (41%)

CONCLUSIONS

- Though many patients have used or currently use MMU/CBD for management of their disease, patients lack adequate information to guide its use for medical reasons

Acknowledgements:

This work was partially supported through a Patient-Centered Outcomes Research Institute (PCORI) award (PPRN-1306-04811). All statements in this poster, including its findings and conclusions, are solely those of the authors and do not necessarily represent the views of PCORI, its Board of Governors or Methodology Committee. Special thanks to GHLF Research Fellow Michael Fields for his assistance.