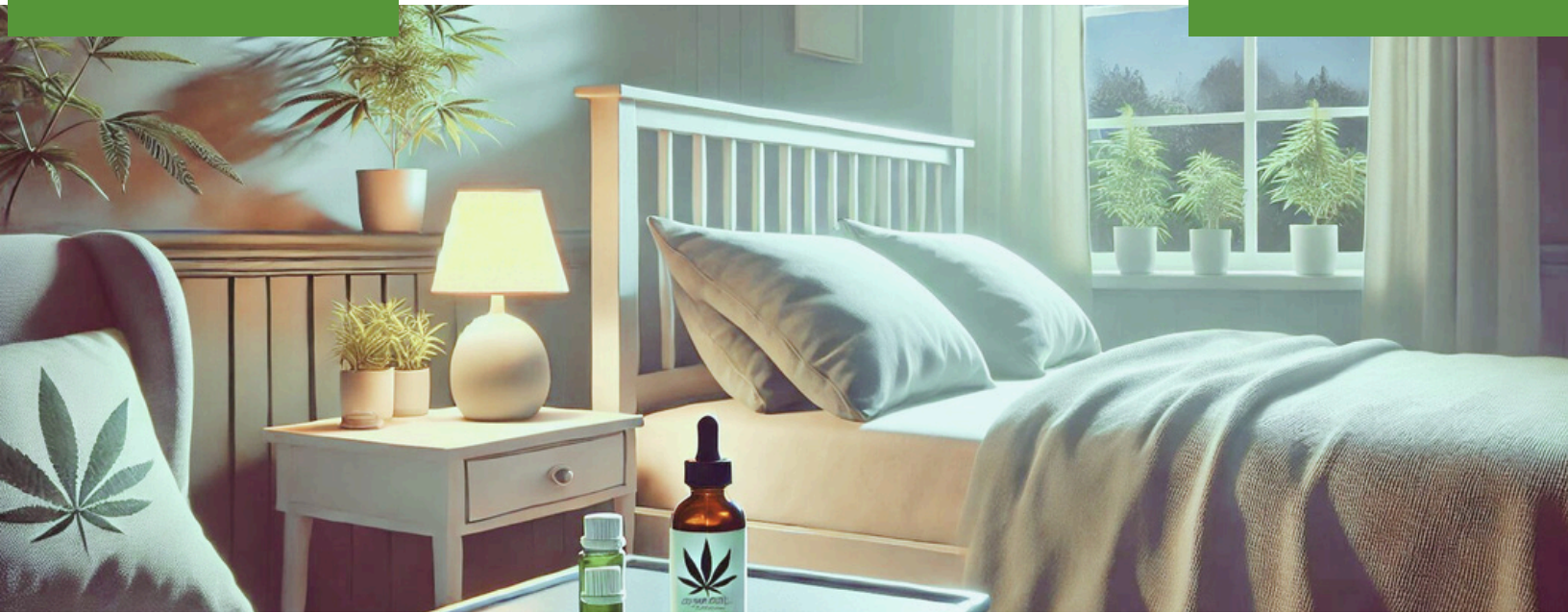


>>> NEWSLETTER <<<

CAN MED

Cannabinoid medicine update



INSOMNIA

SLEEP FIRST >>>

After years of seeing patients referred for chronic pain and anxiety/depression one thing was clear. No one was sleeping well. What I've found is that a "sleep first" approach has been life changing. A focus on sleep improves pain directly and indirectly by improving our ability to function and deal with pain. It also indirectly helps with anxiety and depression as well as our ability to cope with this and life stressors in general.

A recent study estimated the direct and indirect costs associated with insomnia symptoms in Canadian adults. In 2021, the total economic burden of insomnia in Canada was \$1.9 billion, with the highest costs associated with type 2 diabetes (\$754 million) and depression (\$706 million), primarily driven by prescription drug expenses. Insomnia contributes to 1.9% of the total burden of illness in Canada, and even a modest 5% reduction in insomnia prevalence could save an estimated \$353 million annually in healthcare and productivity costs. On the other hand, a 5% increase would result in an additional \$333 million in yearly expenditures, highlighting the significant economic and health benefits of addressing sleep disorders (2).

<<< COST OF INSOMNIA



INSOMNIA

PRODUCTS FOR SLEEP

J.Anderson,MD,CCFP



>>> CBD:CBN OIL

CBN is a derivative of THC. It is less psychoactive however and tolerated more for some patients. Some patients do well with CBD mixed with CBN for sleep maintenance. There are ongoing studies on the role of CBN and sleep.



>>> THC:CBN OIL

THC in micro doses has been effective for sleep onset but not always sleep maintenance. Combining it with CBN clinically has been a game changer improving overall sleep experience. Most patients improve sleep onset and maintenance.

it is rare for anyone to feel any psychoactive effects in my experience with these doses.

Most patients respond at a dose of 5-10 mg of THC. Patients need less THC when combined with CBN.

EXPERT ADVICE

- With THC products, dose based on THC starting at 2.5mg sublingual. Increase by 2.5mg every 4-5 days.
- with CBD:CBN products dose based on CBN. Start at 10mg and increase in 5 mg increments of CBN.

>>> SPRAYS



Sprays containing both THC and CBD have been a great way to use THC with little to no psychoactive effects. These sprays are easy to dose with each spray being roughly 2.5mg of THC. Often patients need 3-4 sprays to improve sleep without having issues with psych activity even if they get up in the night. Often patients report going back to sleep easily and feeling refreshed.



RESEARCH

THC AND CBN



A recent clinical trial is investigating the potential of cannabitol (CBN), a non-psychoactive derivative of THC, as a treatment for insomnia. CBN has been suggested to offer sedative benefits without the intoxicating effects of THC. This study evaluates the effects of different doses of CBN on sleep quality, focusing on wake time after sleep onset and other sleep parameters such as sleep onset latency and non-REM sleep quality. The results will provide valuable insights for healthcare practitioners interested in cannabinoid-based therapies for managing sleep disorders, potentially expanding treatment options for insomnia.(3)

Clinically I see a huge difference in using products with THC and CBN. With very small doses of oil based products orally most patients experience a shorter time getting to sleep and most importantly stay asleep feeling rested and energized in the morning with no psychoactive effects.

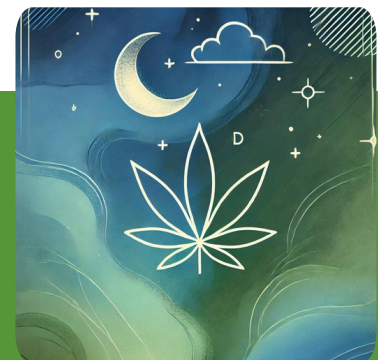
»»» BENZOS AND Z DRUGS

Although the risk of dementia with benzo and Z drug use in patients is ongoing in studies, there are many concerns recently about addiction and tolerance with long term benzos and Z drugs. Not only are there concerns about potential dementia, but these drugs are very addictive often losing effectiveness with patients over time and needing escalating doses. Clinically I rarely see patients feeling refreshed but they often feel groggy the next day unlike with cannabinoids. Patients recently are looking for options other than pharmaceutical and plant medicine is viewed as more natural and acceptable to many patients.

When switching, overlapping cannabinoids with these drugs and then slowly removing the pharmaceutical seems to work well for most patients due to both psychological factors and physiological ones.

TIPS & TRICKS

*Opinions are those of the writer unless otherwise referenced based on years of clinical experience with all ages using legal cannabinoids in a Canadian context. No specific products are being endorsed and there is no affiliation with any brand. Photos are for illustrative purposes only to destigmatize through education.



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Health Canada Medical Document:

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