

Managing Cannabis Hyperemesis Syndrome (CHS)

1 Take a history

- When did you start using cannabis?
 - Diagnosis should be considered in patients using more than one year.
- How often do you use cannabis?
 - Most patients with CHS use cannabis weekly or more, most often daily (though history may not be accurate).
- What types of marijuana products do you use (e.g., vaping devices or “carts,” “flower,” joints, blunts, bong, edibles)?
 - More potent preparations increase the risk.
- Tell me about your GI symptoms: rule out organic causes
 - Most common symptoms include: morning nausea, abdominal pain, vomiting, food aversion, anxiety, dehydration, and weight loss.
 - Stool patterns and consistency remain normal.
 - DDx includes cyclic vomiting, pregnancy, eating disorders, or abdominal migraine.
- Do hot showers relieve the nausea?
 - Relief with hot water is pathognomonic for CHS.

2 Treatment

- Treatment of CHS is abstinence from cannabis. The symptoms resolve with sustained cessation.

3 Support/symptomatic relief

- Treat dehydration if present. Consider oral hydration if tolerated or IV hydration as needed.
- Consider a trial of ondasetron 4 mg TID for one week for nausea.
- Haloperidol if refractory to ondansetron. 1 mg IV has been shown to be effective. This converts to 0.5 mg PO TID prn; **Not to exceed 3 doses in 24 hours or to extend beyond 7 days.**
- Capsaicin cream can be used topically for abdominal pain.
- Lorazepam is the most cited treatment for nausea, though we recommend reserving **for hospitalized patients during the period of admission.**
- Symptoms generally resolve within days to 2 weeks but may reoccur with resumption of cannabis use.

4 Treat other withdrawal symptoms as indicated

- Withdrawal symptoms typically start within a week of cessation and can last for several weeks.
 - Insomnia: melatonin, hydroxyzine
 - Headaches: acetaminophen, ibuprofen
 - Anxiety: hydroxyzine, buspirone, propranolol, clonidine. **AVOID benzodiazepines and gabapentin due to high addiction potential.**

5 When acute GI symptoms resolve, treat cannabis cravings. Consider N-acetyl cysteine (NAC)*

- NAC is not FDA approved, but it is available over the counter.
 - Recommended dose is 1200 mg bid. Start with 600 mg and taper up:
 - Day 1: 600 mg (1 tablet) with breakfast
 - Day 2: 600 mg with breakfast and 600 mg with dinner
 - Day 3: 1,200 mg with breakfast and 600 mg with dinner
 - Day 4: 1,200 mg BID
 - Continue at full dose for 8 weeks or as clinically indicated.
- Note that NAC can cause abdominal discomfort and should be started after nausea and vomiting from CHS resolve.**

6 Offer supportive counseling

- Teens attempting behavior change can benefit from supportive counseling.
- Many teens who use THC have co-occurring mood and/or anxiety disorders and may be willing to accept a referral for help with these issues.

*N-acetyl cysteine (NAC) has been shown to reduce cravings in two trials with adolescent participants.

For consultations or virtual counselling about SUD issues, call your MCPAP team and ask for the ASAP-MCPAP (SUD) program.