CENTER FOR DIGESTIVE HEALTH & NUTRITION
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Cannabis and the Gut
The Rising Concern of Cannabinoid Hyperemesis

Cannabinoid hyperemesis syndrome (CHS), a condition linked to chronic cannabis (Marijuana) use, has seen a significant rise over the past few decades. (The medical term *emesis* refers to vomiting. *Hyperemesis* is extreme vomiting). This trend is mainly seen in gastrointestinal practices like ours, where such cases are becoming increasingly common.

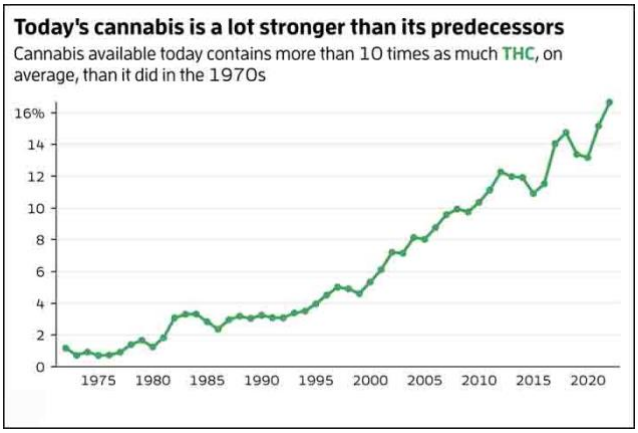
Now, the third most common drug

Widespread use of cannabis, in its many forms, ranks as the third most commonly used psychoactive substance worldwide. It trails behind only alcohol and tobacco. A concerning statistic reveals that between 10 and 50% of individuals who use cannabis chronically stand the risk of developing this syndrome.

Higher levels of THC

In our GI practice, we are now seeing patients with this condition weekly. There are three main reasons for this increase.

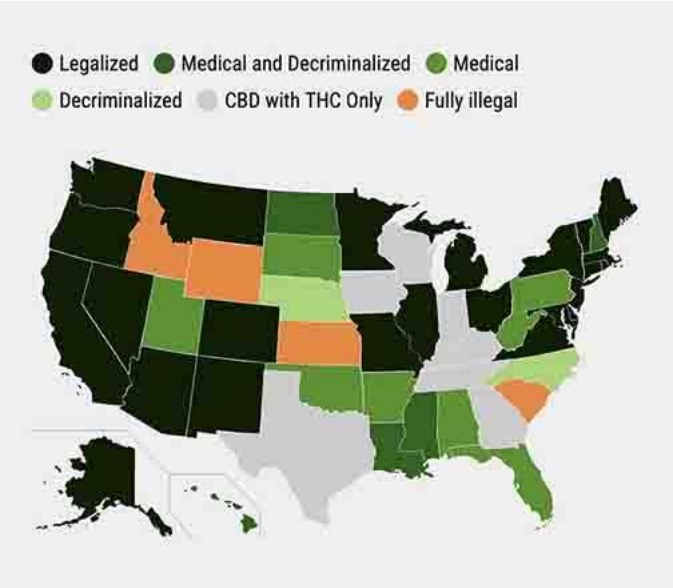
1. The first reason for the rise in CHS centers on the ever-increasing amount of THC component found in Marijuana. Tetrahydrocannabinol (THC) is the principal psychoactive constituent of cannabis. Since the 1990s, the THC content in cannabis products has significantly increased its potency. THC potency in Marijuana has risen in the past decades, up from about 4% in the 1980s to an average of 15% today.



2. The second reason for the rise in CHS is the new delivery systems, such as edibles and dabbing. Marijuana extracts in edibles can contain an average of 50% THC. Dabbing refers to vaporizing

cannabis extract on a hot surface and inhaling the fumes. Often referred to as the "crack of cannabis," dabbing delivers up to 90% THC and a much more powerful high.

3. Obviously, the third reason for the rise in CHS is the nationwide rise in the legalization of medical Marijuana and decriminalization in many states for recreational usage. As of February 2024, 38 states, four territories, and the District of Columbia allow *medical* use of cannabis (in which THC is the primary psychoactive component). These states do not: Georgia, Idaho, Indiana, Iowa, Kansas, Nebraska, North Carolina, South Carolina, Tennessee, Texas, Wisconsin, and Wyoming.



This heightened potency and availability is a double-edged sword. On one hand, THC can produce anti-nausea effects in the brain, which many users find beneficial. On the flip side, it negatively affects the receptors in the digestive tract. This effect causes slowed movement within the stomach and a malfunction in the intestinal muscles. With prolonged and chronic use, the negative gastrointestinal effects become more pronounced than the positive brain effects, leading to the symptoms of nausea, vomiting, and abdominal pain associated with cannabinoid hyperemesis syndrome.

Diagnosis

The differential diagnosis of abdominal cramping accompanied by nausea and vomiting is overwhelmingly broad. It demands a detailed history by your doctor and some basic laboratory studies.

- First described in 2004, cannabinoid hyperemesis is characterized by the frequent use of Marijuana, usually for several years before symptoms occur.
- Spells of abdominal pain and uncontrolled vomiting often occur in a cyclical pattern every few weeks to months.
- Oddly, an inclination toward frequent long hot showers is a unique symptom. This behavior can be attributed to the hypothalamus in the brain, which plays a dual role in regulating nausea and body temperature.
- The diagnosis is further confirmed by the resolution of the symptoms after stopping all cannabis use, confirmed by a negative urine drug screen.

Three phases of CHS

This condition evolves through several distinct phases.

1. The initial phase, known as the "**prodromal**" phase, sees patients experiencing symptoms like morning nausea, abdominal discomfort, and anxiety. Interestingly, during this phase, patients often maintain their regular eating habits. A common misconception among them is the belief that continuing cannabis consumption will alleviate their symptoms. However, this only serves to intensify the gastrointestinal issues.

2. As the condition progresses, some patients enter the "**hyperemesis**" phase. This phase is characterized by prolonged bouts of nausea, increased vomiting, and more severe abdominal pain. A significant concern during this phase is the noticeable reduction in food intake, leading to weight loss. The reduced intake and frequent vomiting can result in dehydration and associated electrolyte imbalances, further exacerbating the symptoms. The ultimate goal for patients and healthcare providers is to reach the recovery phase. In this phase, patients ideally cease cannabis use and receive the necessary support and care until their symptoms are entirely resolved.

3. The "**recovery**" phase. There is no cure for CHS except 100% permanent abstinence. Symptoms start to fade, but THC is stored in the fat cells of your body. It may take weeks or months for the condition to resolve completely. So, recovery takes some patience. Staying off weed and all other forms of cannabis is the key to getting fully back to normal. Most patients begin to improve within 10 days after totally stopping the use of all cannabis products.

Poor prognosis without total abstinence

Managing cannabinoid hyperemesis requires a tailored approach, depending on the phase the patient is in and the severity of their symptoms. One of the most significant challenges we face is convincing patients of the authenticity of this condition and the need for 100% abstinence. The prognosis is generally good if the diagnosis is made early and the patient commits to 100% cannabinoid cessation.

Unfortunately, most patients that we diagnose with CHS absolutely refuse to stop using cannabis. A systematic review from 2018 showed that merely 54% of people in the outpatient setting were able to remain abstinent from cannabis for two or more weeks. Of these people, 71% lapsed into drug use within six months, and of these people who relapsed, over 70% would return to previous levels of cannabis use. Only 8% of cannabis users who attempted to halt their drug use without professional assistance could be abstinent for six months.

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The Center for Digestive Health & Nutrition is a private medical practice comprised of experienced Gastroenterologists, Nurse Practitioners, and staff members dedicated to preventing and treating digestive disorders. Our physicians have been serving the needs of those in Western Pennsylvania and surrounding areas since 1977, having cared for tens of thousands of individuals with digestive problems. Our mission is to deliver high-quality gastroenterology services efficiently and cost-consciously. We realize the very sensitive nature of GI illness and understand the necessity to provide our services in an environment that stresses patient privacy and confidentiality and where patient satisfaction is the goal. Appointments can be conveniently scheduled online via our website above. Learn more about digestive issues on Instagram @thedigestivetract

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