

What are the factors related to medical Cannabis adherence among cancer patients?

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Background:

Cancer is a widespread and serious public health issue and top of causes of death. Cancer patients often present with different symptoms. Pain is one of the major symptoms, and the standard medication for the treatment of cancer pain is opiates. Medical Cannabis (MC) may be a suitable alternative to prescription opioids, as it has the potential to reduce cancer patients' pain and improve symptoms related to malignant disease and its treatment such as nausea, vomiting, fatigue etc. Regulations of MC have been progressing in recent decades in many different countries around the world including Israel and oncology is the second largest indication for which Israeli patients receive MC.

Objective:

To examine the factors that may predict adherence of cancer patients to the MC treatment.



Rational:

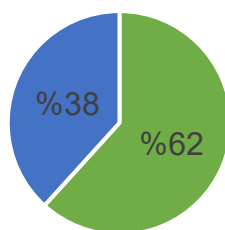
- Non-adherence to medical treatment imposes a considerable financial burden upon health care systems.
- Non-adherence to analgesic agents reported by cancer patients may impact their recovery care.
- Evidence of MC use by chronic pain patients has shown to reduce consumption of opioids. Thus, costs may be saved by reducing health care services as result over consumption of opioids.

Methods:

Cross- sectional study based on data from a prospective cohort study, , in which 404 patients from Emek hospital were recruited.

Results:

Medical Cannabis Adherence



■ continue taking MC ■ Stop taking MC

1. Adherent patients were more likely to only have a high school education (53% of adherent patients had a high school degree whereas 22.6% of non-adherent patients had a high school degree, p-value 0.000)
2. Having a neurological disease was related to more likelihood of being in the MC 26 adherence group (8%) than non-adherence group (3%, p-value 0.024)
3. Adherent patients had more positive MC attitudes (adherence group mean attitudes = 3.67, S.D. = 0.74 than non-adherent patients group mean 3.47, SD 0.75), a statistically significant difference of -0.199 units on the attitude scale (C.I.: -0.390 to -0.009), $t(141.464) = -2.072$, $p = 0.04$.

Conclusion:

The findings regarding the association with neurological comorbidity, attitudes towards MC and education that may be used to develop specific intervention protocols for these specific group of oncology patients. Intervention could be strict surveillance and follow-up, specific patient training, using technological means of adherence tracking and etc. This study is just the beginning.