

Therapy recommendations medical cannabis

# FIBROMYALGIA



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## Wrap-up

# Medical cannabis for fibromyalgia

### Scientific evidence and practice

**Studies:** A variety of studies are available, although of low quality with mostly small case numbers, a wide range of products used, forms of application, doses, co-medication and investigated endpoints or recorded parameters. However, results indicate a possible efficacy - especially against pain, fatigue, anxiety, depression, and sleep disorders - of cannabinoids or medicinal cannabis in fibromyalgia patients.

**Practice:** Cannabis preparations have been used in recent years and are currently used - partly prescribed by physicians, often as self-medication (CBD products) with or without conventional concomitant medication.

### SGCM-SSCM Recommendation

In the absence or insufficient efficacy of conventional drug and non-pharmacological treatments or associated non-tolerable side effects, a cannabis therapy may be a valid, individualized treatment option (with or without conventional therapy) in fibromyalgia patients over 18 years of age and without contraindications.

### Recommended preparations

Start with a CBD-only preparation, escalate to a preparation with THC and CBD if the effect is absent or insufficient.

**Dosages for fibromyalgia** (see *general information for professionals*)

Patients suffering from fibromyalgia often have a very pronounced reaction to medication, which is why a particularly low initial dose is recommended, as well as regular intake.

### Possible dosage scheme

**CBD:** Initially 1 to 3 times daily 2.5 mg CBD p.o., slow increase every 2–3 days depending on tolerance until desired effect, therapy evaluation in the absence of effect with daily doses > 100–150 mg CBD.

**THC:** Start with lowest possible THC dose. Initially 1–3 times daily < 1 mg THC p.o., slow increase every 2–3 days depending on tolerance until desired effect, max. 30 mg THC/day (divided into several doses).

### What else is there to consider?

Note possible contraindications, side effects, interactions, and information on traffic participation (see *general information for professionals*).

# Recommended treatment algorithm

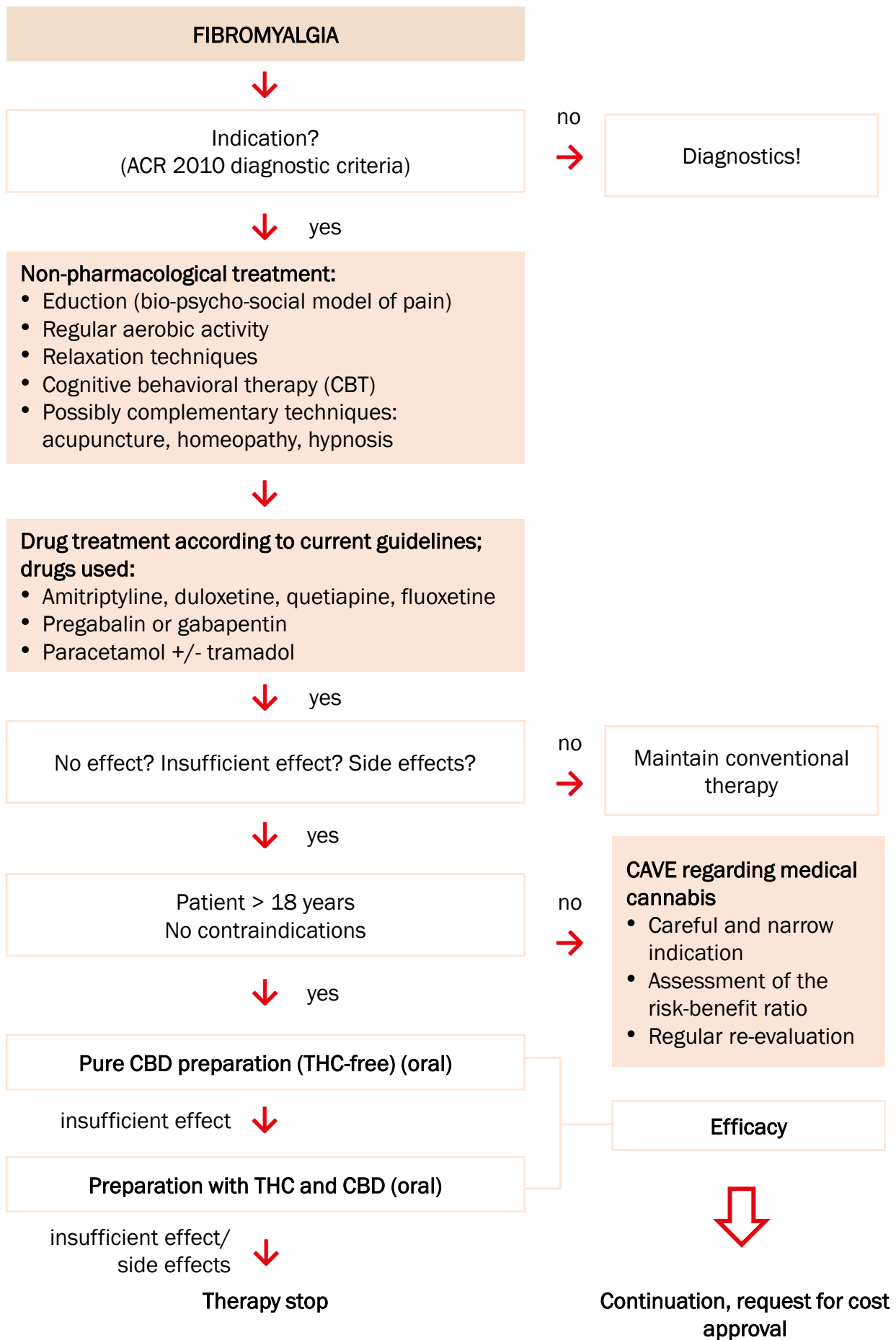


Fig. 1: Flow chart on the use of medical cannabis in fibromyalgia

## Fibromyalgia (ICD 10-M 79.7)

# Basic information about the disease

- Fibromyalgia is a benign disease without influence on the life span, which predominantly affects women between 20 and 55 years of age, a total of about 2 to 8% of the population.
- Diagnosis is made using the 2010 American College of Rheumatology (ACR) criteria: wide spread pain index (WPI) > 7 and symptoms severity scale (SSS) ≥ 5 for at least 3 months, in the absence of any other causative explanation.
- Somatic and psychological quality-of-life impairments are numerous. Core symptoms are:
  - frequent chronic pain in several regions of the body
  - sleep disturbances or non-restorative sleep
  - fatigue or tendency to exhaustion (physical and/or mental)
  - frequent association with depressive disorders.
- Before symptomatic therapy, a treatable cause (e.g., rheumatologic disease) must be ruled out by means of diagnostics (e.g., laboratory values or imaging).
- Treatment is primarily aimed at reducing symptoms of pain, fatigue, sleep disturbance, and cognitive dysfunction.
- The current S3 treatment guideline of the AWMF (as of 12.2017) 145/004 recommends:
  - education (bio-psycho-social model of pain)
  - regular aerobic activity
  - relaxation techniques cognitive behavioral therapy (CBT)
  - medications: paracetamol +/- tramadol; amitriptyline, duloxetine, quetiapine, fluoxetine, possibly pregabalin or gabapentin; all medications according to clinical tolerance and individual results
  - possibly complementary techniques: Acupuncture, homeopathy, hypnosis.
- Alternative guidelines are the EULAR Guidelines of 2016, which recommend non-drug therapy options as the primary sensible step and then advise individualised drug therapy if necessary.
- The 2018 guidelines also recommend initial non-drug therapies, then escalation to duloxetine and/or pregabalin, although other agents may be used according to individual complaint profile with careful evaluation.

## Scientific evidence

# Medical cannabis for fibromyalgia

### Scientific evidence (see literature review)

Overall, there are few high-quality studies with mostly small case numbers, a very wide range of products used, forms of application, dose, co-medication and investigated endpoints or recorded parameters. Since fibromyalgia affects significantly more women than men and fibromyalgia-related symptoms such as sleep disturbances significantly reduce the quality of life, a gender study, a study on the effects on bone metabolism and two studies on sleep quality were also integrated into the literature review.

### Conclusion from the studies

Although data are weak and there are no conclusive recommendations for the use of medicinal cannabis in fibromyalgia, cannabis appears to be a valid and complementary therapy in the treatment of some symptoms of fibromyalgia in patients

who do not respond adequately to conventional medications. In particular, cannabis preparations seem to have a positive influence on pain, fatigue, anxiety, depression and on sleep behavior. Some of the patients in the aforementioned studies were able to reduce or even discontinue pre-existing medications over the longer term. It has also been documented that fibromyalgia patients do not appreciate the feeling of a "high," either with conventional medication or with cannabinoids. However, studies on appropriate cannabis products, dosages, and long-term effects or side effects are lacking. Evidence-based recommendations on which cannabinoid (THC or CBD) is beneficial to use do not currently exist.

## Practice to date

# Medical cannabis for fibromyalgia in Switzerland

Cannabis preparations have been used in recent years or are currently used in practice, sometimes prescribed by doctors, often as self-medication (CBD products) with or without conventional concomitant medication. A recommended treatment with medicinal cannabis for fibromyalgia does not exist in Switzerland so far.

The Swiss league against rheumatism (Rheumaliga) which represents about 1.5 million patients, recommends evaluating the effect of a cannabis preparation in individual cases and sees cannabis preparations as an accompanying or supplementary medication. However, even the Rheumaliga does not give a concrete recommendation on products or on the composition of ingredients.

## For the practice

# Recommendations of the SGCM-SSCM

### General recommendation

Cannabis preparations can represent a valid, individual therapy option (with or without conventional concomitant therapy) for fibromyalgia patients over 18 years of age in the absence of or insufficient efficacy of conventional drug and non-drug treatments or associated, non-tolerable side effects. In patients < 18 years of age, a particularly strict indication is appropriate and the risk-benefit ratio should be weighed on a case-by-case basis. Regular re-evaluation is essential.

### Recommended preparations

Since fibromyalgia patients are often integrated in everyday and professional life and a psychotropic effect of THC is perceived as particularly negative, the SGCM-SSCM recommends starting treatment with a pure CBD preparation (THC-free) and only switching to a THC-containing preparation if the effect is insufficient. Since CBD can counteract the possible psychotropic side effects of THC, a combination preparation with THC and CBD is then recommended.

Currently, only oral administration is recommended, as the side effect profile seems to be less pronounced, which is particularly advantageous for fibromyalgia patients, who often react sensitively to drugs or active substances.

### Dosages for fibromyalgia

(see *general information for professionals*)

Often, even minimal doses are sufficient for fibromyalgia patients to reduce accompanying symptoms such as muscle pain, sleep disturbances or anxiety. Therefore, it is recommended to start with lower doses than in other diseases. Dose reduction is strongly recommended for age > 70 years, extended co-medication or comorbidities. The dosages of CBD and THC in fibromyalgia patients are very individual. The general rule (for both CBD and THC) is "start low, go slow, stay low".

### Possible dosage scheme

(oral intake)

**CBD:** Initially 1 to 3 times daily 2.5 mg CBD p.o., slow increase every 2–3 days depending on tolerance until desired effect, therapy evaluation in case of lack of effect with daily doses > 100–150 mg CBD (mainly due to high price).

**THC:** Start with lowest possible dose (depending on preparation). Initially 1–3 times daily < 1 mg THC p.o., slow increase every 2–3 days depending on tolerance until desired effect, max. 30 mg THC/day (divided into several doses).

### What else is there to consider?

Note possible contraindications, side effects, interactions, and information on traffic participation (see *general information for professionals*).

## References

# Literature review

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# SGCM-SSCM

Schweizerische Gesellschaft für Cannabis in der Medizin  
Swiss Society of Cannabis in Medicine  
Société Suisse du Cannabis en Médecine  
Società Svizzera di Cannabis nella Medicina

## Information:

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