

eText box 2; Efficacy of cannabis-based medicines: Other medical conditions

Multiple sclerosis: Tremor and nocturia was not consistently improved by cannabinoids (nabiximols, oral cannabinoids) (Koppel et al., 2014).

Parkinson's disease: In 3 out of 4 studies cannabinoids did not improve symptoms or those of L-dopa-induced dyskinesia (CBD, THC/CBD, nabilon, SR141716) (Andrzejewski, Barbano, & Mink, 2016).

Huntington's chorea: Three small trials (84 participants) tested cannabinoids (CBD, nabilon, nabiximols) (Lim et al., 2017). Significant treatment effects were found for nabilone.

Dystonia: Two trials (24 participants) indicated lack of evidence on the use of cannabinoid for dystonia (Andrzejewski et al., 2016, Lim et al., 2017).

Dementia: There is uncertain evidence for the efficacy and tolerability of cannabinoids in dementia (Bahji, Meyyappan, & Hawken, 2019; Bosnjak Kuharic et al., 2021).

Gastrointestinal disorders: No firm conclusions could be drawn on the benefits and side effects of cannabinoids in adults with active Crohn's disease (3 small RCTs, n=93 participants) (Kafil, Nguyen, MacDonald, & Chande, 2018a) or ulcerative colitis (2 RCTs, n=92 participants) (Kafil, Nguyen, MacDonald, & Chande, 2018b). In patients with irritable bowel syndrome, cannabis and cannabinoids did not produce clinical remission or reduce inflammation (15 nonrandomized studies, 5 RCTs) but patient-reported symptoms and quality of life were significantly improved (Doeve, van de Meeberg, van Schaik, & Fidder, 2021).

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