

SUCCESSFUL THERAPY OF TREATMENT RESISTANT ADULT ADHD WITH CANNABIS: EXPERIENCE FROM A MEDICAL PRACTICE WITH 30 PATIENTS

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Background: Attention deficit hyperactivity disorder [ADHD] may persist into adulthood. It may be treatment resistant to standard medication, that is methylphenidate, amphetamine derivatives and atomoxetine. Currently, no clinical studies have been conducted on cannabis-based medicines in ADHD, but a few case reports (*Strohbeck-Kuehner P, et al. Cannabinoids 2008;3(1):1-3. Available online at http://cannabis-med.org/data/pdf/en_2008_01_1.pdf*) and basic research (*Adriani W, et al. Neurosci Biobehav Rev 2003;27:639-651.*) suggest therapeutic benefits in this condition.

In Germany, patients independent of medical condition may apply for an approval to use cannabis flowers from the pharmacy if the standard therapy of a certain disease or symptom is not efficient or associated with severe side effects.

Method: The medical certificates of 30 patients with adult ADHD of a medical practice (practice of FG), who were granted approval by the German Health Ministry to use cannabis flowers between 2012 and 2014 were analysed with regard to course of disease, previous treatment efforts, and effects of self-medication with cannabis or therapy with cannabis-based medications were analysed.

Results: Mean age of patients [28 male, 2 female] at first visit was 30 years [range: 21 to 51]. In 63% of cases ADHD was diagnosed only during adulthood. In all patients diagnosed in childhood [between 6 and 13 years of age] had previously been treated with methylphenidate. Further pharmacological treatment with was atomoxetine, deexamphetamine, lisdexamphetamine and amphetamine juice. Medication was usually discontinued due to side effects and often due to ineffectiveness. Eight patients continued to take stimulants and combined them with cannabis, by 22 patients were allowed to use it only. All patients had experienced an improvement of a variety of symptoms by cannabis flowers, including improved concentration and sleep, and reduced impulsivity, by the use of cannabis. In five cases dronabinol [THC] was tried, which was also effective.

Many patients were diagnosed before with cannabis use disorders by psychiatrists in hospitals or medical practices due to misinterpretation of effective illegal self-medication. Patients reported that their therapeutic experiences were not taken seriously by most physicians and that they were not listening to them due to strong prejudices. In many cases parents and/or spouses wrote testimonies on their observations confirming their statements.

Conclusion: For adult patients with ADHD, who experience side effects or do not profit from standard medication, cannabis may be an effective and well-tolerated alternative.