

Perception of delivery systems used for Medicinal Cannabis



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INTRODUCTION

The use of cannabis for medicinal purposes was recorded 5000 years ago.¹ Cannabis for medicinal use is available in various dosage forms. Cannabinoids can be administered via inhalation, orally, buccally, sublingually, topically, rectally and using ophthalmic and systemic routes.²

The preferences of patients about medicinal cannabis dosage forms has not been evaluated in many studies. Patient-focused approach leads to an improvement in quality of life of patients.

METHOD

- Two self-administered questionnaires were developed, one for users and one for potential users of medicinal cannabis in Malta.
- Questionnaires were developed in English and Maltese and validated using the Delphi method.
- Questionnaires were disseminated to patients at two clinics in Malta and online by doctors, following ethics approval.
- ➤ Questions required participants to rate methods of cannabis administration using a five-point Likert scale, where 1 is least preferred and 5 is most preferred method.

AIMS

To evaluate the preferred delivery methods for medicinal cannabis (mc) and identify opinions related to cannabis dosage forms through a patient-focused analysis.

RESULTS

The 87 (61 male) users and 100 (55 male) non-users of medicinal cannabis completed the questionnaires.

Oral, rectal or systemic dosage forms of medicinal cannabis

Medicinal cannabis users rated cannabis edibles (n=66), tea (n=65) and drinking oil (n=72) and non-users rated cannabis water (n=79), vegetarian capsule (n=79) and tea (n=83) as the most preferred methods of cannabis administration orally.

A statistically significant difference was observed between users and non-users of medicinal cannabis, where non-users prefer round tablets (n=80; p=0.004), caplets (n=78; p=0.001), capsules (n=79; p=0.008) and injections (n=76; p=0.022) (Figure 1).

Topical or inhalation dosage forms of medicinal cannabis

Medicinal cannabis users prefer cannabis in the form of: cigarettes (n=71) and tincture (n=67) while non-users prefer patches (n=78), tincture (n=83) and balm or ointment (n=74). A statistically significant difference was observed between users and non-users of medicinal cannabis, where users prefer cannabis cigarettes (n=71; p=0.000) and electronic cigarettes (n=63; p=0.004) (Figure 2).

CONCLUSION

This study adds to the knowledge about patient-focused cannabis delivery systems, by exploring the opinions about medicinal cannabis administration.

Both users and non-users of cannabis for medicinal purposes, indicated different preferences for medicinal cannabis dosage forms. Availability of patient-preferred dosage forms is desirable to meets patients needs. The great variety of dosage forms requested by potential patients is a challenge to the evolving manufacturing industry for medicinal cannabis.

Figure 1. Preferred oral, rectal or systemic dosage forms of medicinal cannabis

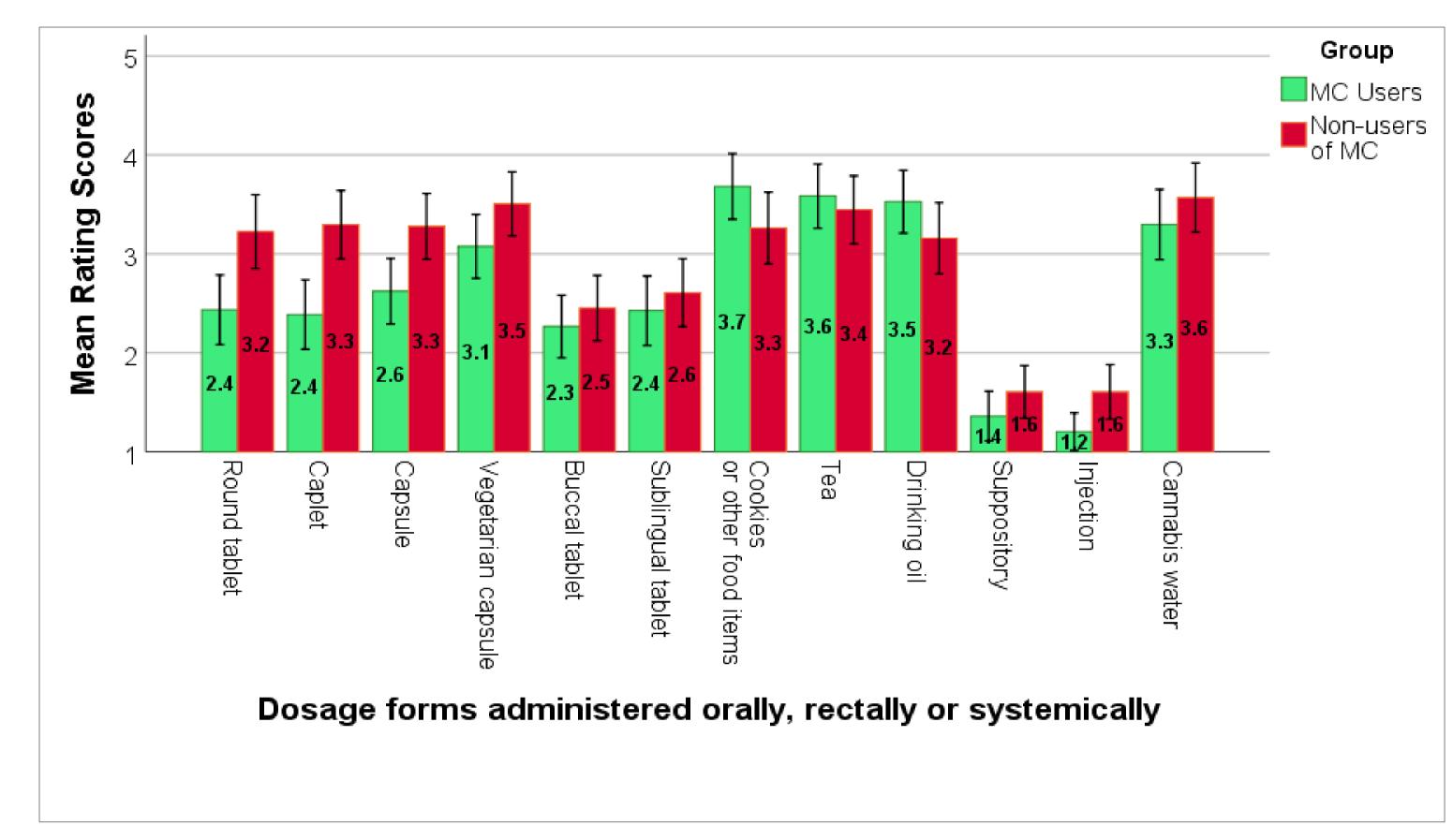
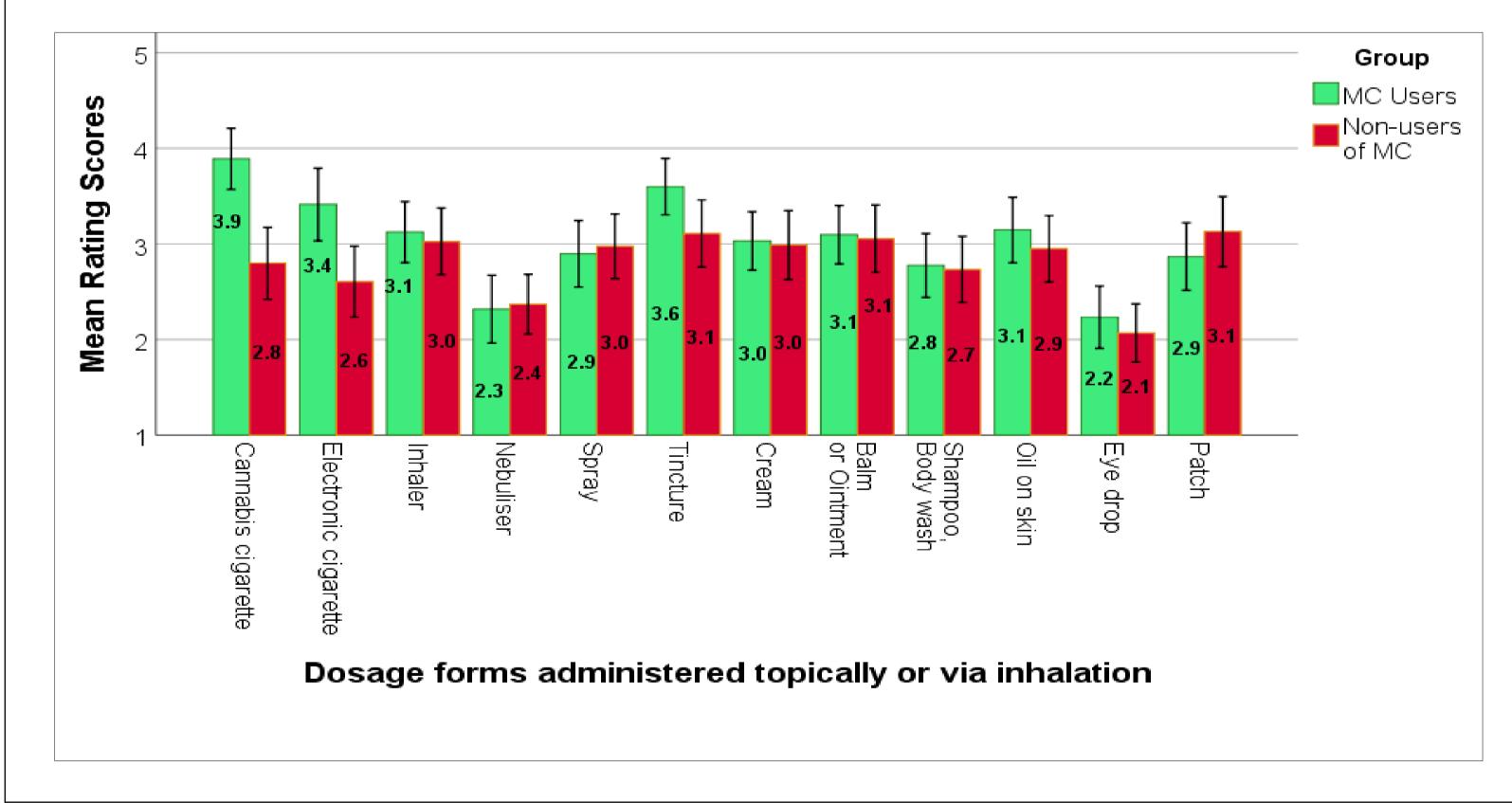


Figure 2. Preferred topical or inhalation dosage forms of medicinal cannabis



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