

Is your patient in marijuana withdrawal?

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The approach to irritability or anxiety depends on whether your patient is a light, moderate, or heavy cannabis user

Marijuana-dependent patients often report that withdrawal symptoms hinder their attempts to quit and trigger relapse. Up to 95% of marijuana users report withdrawal symptoms during abstinence, and you can gauge a patient's withdrawal risk by knowing how much cannabis he or she has used.¹

Light to heavy use

Using greater amounts of marijuana, meeting criteria for abuse or dependence, and a history of chronic use (>10 years) increase the risk of developing clinically significant withdrawal symptoms.^{1,2}

- Light use—smoking ≤ 2 joints/day on fewer than 4 days a week—is associated with low withdrawal risk.¹
- Moderate use—2 to 3 joints almost daily—results in significant withdrawal symptoms in 50% to 60% of marijuana users, with the higher rate associated with chronic use.^{1,2}
- Heavy use— ≥ 4 joints daily or almost daily—usually results in significant withdrawal symptoms.¹

Symptoms

Marijuana withdrawal is associated with neurovegetative symptoms, such as loss of appetite that can result in transient weight loss; trouble sleeping or sleep disrupted by strange dreams; and physical malaise, such as abdominal discomfort, chills, and feeling “shaky.”¹ Patients may also report psychiatric symptoms such as anxiety, irritability, or depressed mood.²

Most studies show irritability, appetite changes, sleep disruption, and anxiety

occur more frequently than craving, abdominal discomfort, and increased sex drive during marijuana abstinence.¹ One preliminary study found that women were more likely to describe abdominal discomfort and men were more likely to report marijuana craving and increased sex drive during withdrawal.³

Withdrawal symptoms usually begin 24 to 48 hours after patients' last marijuana use, and most resolve within 2 to 4 weeks. In some cases, anxiety and irritability can persist >4 weeks.

Recommendations

Determine if your patient's marijuana use is light, moderate, or heavy by asking about lifetime and current use. Based on these answers, the risk of withdrawal is <50% or >50%.

If irritability is prominent in a light user, consider causes other than withdrawal. In a patient with chronic anxiety symptoms and light marijuana use, consider starting medication for the anxiety. Provide psychoeducation and supportive therapy to help a patient with heavy marijuana use and acute anxiety get through the withdrawal period.

References

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