Frequency of cannabis use in patients with rheumatoid arthritis or spondyloarthropathies: a single-centre study

Sirs,

In an article published in *Clinical and Experimental Rheumatology*, Rampakakis *et al*. reported that medical cannabis use among rheumatology patients in Ontario was two-fold higher, with cannabis legalisation in Canada, than that reported of the general population of similar age (1). We wish to add further data to the cannabis use in 501 patients with rheumatic diseases followed in our Rheumatology department in France where cannabis is not legalised. All patients followed for rheumatoid arthritis (RA), ankylosing spondylitis (AS) or psoriatic arthritis (PsA), were invited to complete the questionnaire to evaluate their frequency of cannabis use. Of the 501 consecutive participants, 23 reported cannabis use (4.6%). Patients reported using cannabis to reduce pain (26%), relax (22%), help them fall asleep (21%), reduce anxiety (10%), and have fun (14%). Compared with non-users, cannabis users were more often AS and PsA than RA patients (Fig. 1). They were also significantly younger (43.8 *vs*. 52.5 years; p=0.003), more often men (73.9% *vs*. 40.6%; p=0.002), smokers (65.2% *vs*. n=23.9%; p=0.001) and alcohol users (91.3% *vs*. 68.0%). The percentage of patients on disability, unemployed, or off work was not different between the two groups, 26.7% in the user group and 22.1% in the non-user group (p=0.68). The level of anxiety was significantly lower in the cannabis-using group (5.27±1.93 *vs*. 7.27±3.88; p=0.01), but conversely the pain intensity was higher (5.9±2.2 *vs*. 4.7±2.0; p=0.01). The two groups did not differ in the other parameters (depression, catastrophising, precariousness, central pain sensitisation) or levels of biological inflammation.

We hypothesised that people with rheumatic diseases would be more likely to use cannabis to relieve their pain, but of the 501 patients in our study, only 4.6% were current cannabis users. That value is far from the 15.3% cited in a recently published meta-analysis (2) or the 20.4% reported by Rampakakis *et al*. (1). The limited cannabis consumption in our study could be explained in several ways. France has restrictive cannabis laws, with no cannabis legalisation, which probably would make patients less likely to use cannabis to treat their pain symptoms out of fear of legal consequences. Another explanation concerns the characteristics of our study participants. The mean age was high in our study (63.6 years) and as reported by Rampakakis *et al*., young people are more often cannabis consumers.

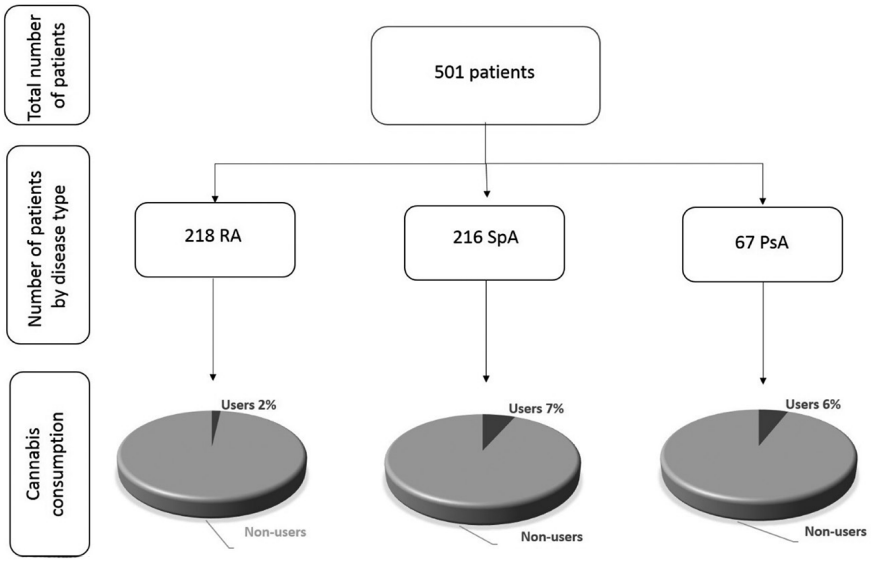

Fig. 1. Flow chart of participants and cannabis users depending by their rheumatic disease. RA: rheumatoid arthritis; SpA: spondyloarthropathies; PsA: psoriatic arthritis.

Furthermore, although most of the participants lived in Clermont-Ferrand, a medium-density urban area, others resided in nearby peri-urban or even rural areas. Cannabis use in these latter regions may not be as widespread as in large cities where some of the studies included in the meta-analysis were conducted or in Ontario. Third, the COVID-19 pandemic and lockdown overlapped with our study period, which likely complicated the ability to purchase cannabis and may have reduced the percentage of current users. The results of an online survey on cannabis use during pandemic shelter-in-place showed that 4% of users had stopped their consumption and 16% had reduced it, further supporting that obtaining cannabis was difficult during lockdowns (3).

Almost 30% of our respondents had not considered cannabis consumption because of associations with a negative image of the drug and a risk for dependence or with its recreational reputation. Analgesic use of cannabis is hindered by these latter associations (4).

In patients with rheumatic diseases, we found few cannabis users (4.6%), but a significant number of patients were in favour of using therapeutic cannabis in the future while being supervised or when cannabis is legalised in France. These results are in line with those of Wipfer which showed an increase in cannabis consumption in adults with rheumatic diseases in the USA in 2019 (5).

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Competing interests: none declared.

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