

# Patient-centered approach to evaluating the role of medical cannabis in the treatment of chronic pain

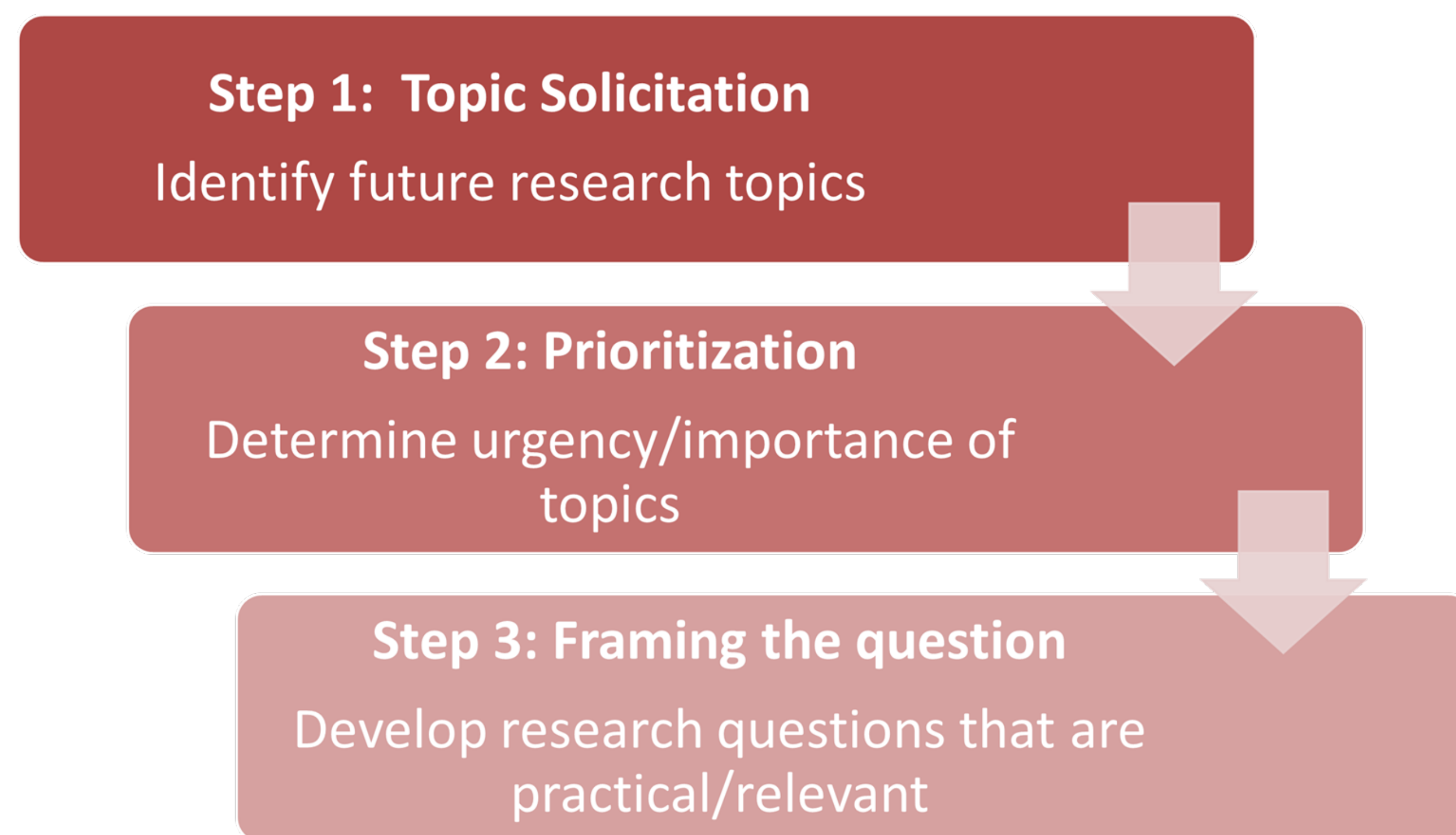
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## BACKGROUND

- Chronic pain is a highly prevalent yet largely undertreated condition
  - Approximately 20% of adults in the US had chronic pain<sup>1</sup>
- Patients have concerns regarding the safe use of opioids and are interested in alternative treatment options such as medical cannabis
  - In a study by Boehnke and colleagues, medical cannabis has been associated with a 64% decrease in opioid use, fewer side effects, and improved quality of life<sup>2</sup>
- Medical cannabis is not widely utilized due to lack of data on safety and efficacy, conflicting state and federal laws, and the perceptions of patients and healthcare workers
- Patient-Centered Outcomes Research:** 10-step patient engagement framework to involve diverse patients in the research process<sup>3</sup>



- Qualitative research allows researchers to understand the participants' perspectives and experiences on a certain topic through different means of data collection (i.e., interviews, focus groups, observations)<sup>4</sup>
  - Focus groups: unstructured interviews with multiple participants where facilitator moderates discussion between participants allowing everyone to converse and interact freely<sup>4</sup>

## OBJECTIVES

- To describe patients' experiences, perceptions, beliefs, and/or concerns regarding the utilization of medical cannabis over other treatment options for management of chronic pain
- To develop and prioritize patient-centered research questions related to the use of medical cannabis in the treatment of chronic pain

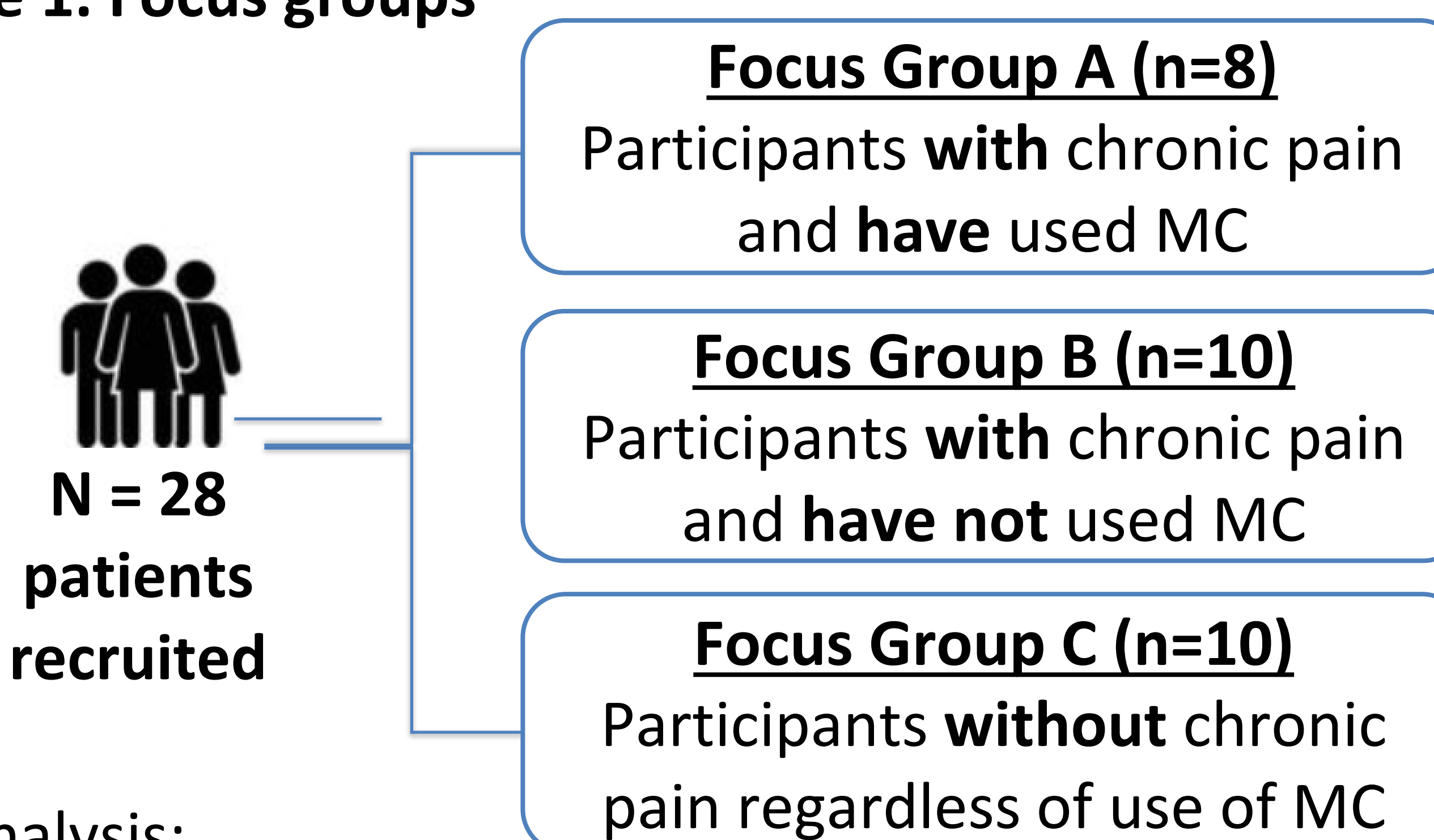
## METHODS

- Study design: qualitative, descriptive, focus-group study
- Patients decided which focus group they best identified with
- Focus group interview questions were based on the following domains:
  - Efficacy
  - Safety
  - Convenience
  - Cost

Table 1. Inclusion and exclusion

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> <li>18 years or older</li> <li>Speaks English</li> </ul>	<ul style="list-style-type: none"> <li>Cognitive impairment preventing participation in the interview</li> </ul>

Figure 1. Focus groups



### Data Analysis:

- Two-pass coding of data (transcript/notes) from interviews
- Codes were identified into themes for thematic analysis
- NVivo software: used to organize the codes

Characteristics	N=28
<b>Age (years), n (%)</b>	
30-49	8 (28.6%)
50-64	12 (42.9%)
<b>Gender, n</b>	
Female	14 (50%)
Male	12 (42.9%)
<b>Race/Ethnicity, n</b>	
AA/African/Black/Caribbean	18 (64.3%)
Caucasian	7 (25%)
<b>Likelihood of using MC for chronic pain, n</b>	
0 (Extremely Unlikely)	2 (7.1%)
8	6 (28.6%)
10 (Extremely Likely)	11 (39.3%)

Figure 2. Example of coding in NVivo

8.18 I had surgery this past Winter and they kept like saying you're not pushing your pain button and so you must not be hurting and I'm like no, just morphine kind of scares me.  
 8.35 And they're like, well you have to cause you can't get fixed if you're in pain.  
 8.42 And and I really objected to that kind of attitude in the hospital [uses manly voice and says "you must take your opioids] you know.  
 8.51 [Background talk. Cannot make out words]



Table 3. Major Themes

Convenience	83
Cost	25
Efficacy	163
Safety	270

## NEXT STEPS

- Thematic analysis of focus group data
- Literature search to assess what data is available on medical cannabis
- Development of patient-centered research questions regarding the use of medical cannabis in the treatment of chronic pain
- Manuscript development and submission

## LIMITATIONS

- Data based on subjective findings
- Small sample size within the Baltimore community
- Voluntary participation in focus groups
- Ambiguity in interpretations of transcript and coding
- Influence of researchers' personal opinions and bias

## REFERENCES

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