Rheumatologist Survey on Medical Cannabis: Results from the Ontario Best Practices Research Initiative

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Objectives:

To assess rheumatologist's knowledge and comfort level with medical cannabis.

Methods:

All currently active OBRI investigators participating in the OBRI (n = 66, 28 males, 38 females), a registry of rheumatoid arthritis (RA) patients followed in routine care in Ontario, Canada, were invited to complete a medical cannabis survey.

The survey questions were developed by the OBRI, in collaboration with their Clinical and Patient Advisory Committees (OBRI CAC and PAC).

Rheumatologist received the survey by email. A second and third email reminder were sent one week apart. They were also given the opportunity to complete the survey while attending the OBRI Annual Research Day.

Results:

A total of 29 (44%) rheumatologists completed the survey between January 15 and May 3, 2019. Most of the rheumatologists who completed the survey were female (66%), between the ages of 41-59 years (41%) and were evenly distributed between community and academic practices.

When asked which health care professional(s) / clinic(s) should be responsible for prescribing medical cannabis, the majority chose cannabis clinics (83%) and/or primary care physicians (62%). Most rheumatologists indicated they were "not comfortable" or "somewhat uncomfortable" authorizing the use of medical cannabis (66%), and the majority reported that they would refer their patients to a medical cannabis clinic if they requested medical cannabis (76%).

Rheumatologists identified osteoarthritis as the most common diagnosis in patients reporting medical cannabis use (41%), followed by rheumatoid arthritis (31%), chronic pain (28%), and fibromyalgia (24%).

The greatest concerns / barriers with regards to them authorizing medical cannabis were "lack of product standardization or prescription related information" (69%) and/or "lack of knowledge" (62%). Many rheumatologists were also concerned about the "potential for misuse / abuse" (49%) and "liability" (44%).

Only 14% of the rheumatologists surveyed believed they were knowledgeable about medical cannabis as a treatment option, while 52% felt they had "little or no knowledge" or "minimal knowledge". The majority indicated that the medical literature was their source for information on medical cannabis (76%), followed by "experiences with patients" (48%) and "other physicians" (41%).

Conclusions:

Most rheumatologists are assessing the use of medical cannabis by their patients and believe cannabis clinics and primary care physicians should be responsible for authorizing the use of medical cannabis. Only a small number of rheumatologists rated themselves as being knowledgeable of medical cannabis.

To better understand the prevalence of medical cannabis use in inflammatory disease patients, the symptoms they are treating with medical cannabis and whether it affects their use of other prescribed medications, the OBRI is currently collecting surveys from patients attending rheumatology clinics in Ontario.