Cannabinoid hyperemesis syndrome versus cyclic vomiting syndrome

Hiperemesis por cannabis vs vómitos cíclicos

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Cannabinoid hyperemesis syndrome (CHS) is still relatively unknown among Spanish clinicians of any specialty, a situation highlighted in studies such as that by Ochoa-Mangado and Madoz-Gúrpide (2021), and to which we would like to contribute other aspects for consideration.

In 2016, CHS was included in the classification of functional digestive disorders (Rome IV Classification), added to the group of functional gastrointestinal disorders, section B3 (nausea and vomiting disorders), together with cyclic vomiting syndrome (CVS). CHS essentially differs from CVS in that the latter is normally associated with frequent migraines, concomitant psychiatric pathology, rapid gastric emptying, and the absence of cannabis use. However, up to 30% of patients diagnosed with CVS have been observed by some authors to use cannabis, potentially due to its antiemetic properties (Drossman & Hasler, 2016; Spiller, Künzler & Caduff, 2019).

The prevalence of CHS in Spain could be around 18% among chronic cannabis users (Narváez et al., 2016), while recent calculations in the USA indicate that it could reach 33% in problem users (Habboushe, Rubin, Liu & Hoffman, 2018). According to EDADES 2019/20, the presence of problematic cannabis use between the ages of 15 and 64 years is 1.9%, or approximately 590,000 people (Delegación del Gobierno para Plan Nacional sobre Drogas., 2021). To this pool of potential patients at risk of presenting CHS we must add the increase in the potency of currently used cannabis varieties, as well as increases in the use of synthetic cannabinoids (some users of which have also presented cases of CHS) (Bick, Szostek & Mangan, 2014). All this would, in our opinion, presage an increase in possible cases of CHS, which should be taken into account by health professionals (Galicia, 2020). CHS can present with clinical entities requiring urgent action, such as pneumothorax or pneumomediastinum (Hernández Ramos, Parra Esquivel, López-Hernández & Burillo-Putze, 2019), and recently a series has been published in which CHS is even related to deaths (Nourbakhsh, Miller, Gofton, Jones & Adeagbo, 2019).

Special mention should be made of the use of cannabis by pregnant women and the possibility that they might develop CHS, which should be considered as the cause of vomiting in the anamnesis to prevent its misinterpretation as hyperemesis gravidarum. In addition, excessive use of prolonged hot showers during the first trimester of pregnancy has been linked to neural tube defects, esophageal atresia, omphalocele, and gastroschisis, as

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well as a higher risk of falls in pregnant women (Abreu Jáuregui, López Hernández, Mendoza Romero & Armas Pérez, 2020).

Regarding the treatment of CHS, only two clinical trials have been published to date, both in 2020, comparing haloperidol to ondansetron (Ruberto et al., 2021) and capsaicin against placebo (Dean et al., 2020), with approximately thirty patients in each. Both drugs have proven effective in controlling nausea, although new trials with a larger number of patients and other, a priori useful drugs such as droperidol are necessary (Lee, Greene & Wong, 2019).

In summary, we believe that greater diagnostic suspicion of CHS is necessary in patients seeking treatment for nausea in emergency departments or other health facilities. This would help to advance our knowledge of the true incidence of this syndrome in Spain, likely to be higher than existing figures, as a complication of chronic cannabis use.

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