Medical Cannabis Intervention Improves Symptoms, Quality of Life Among Skilled Nursing Home Residents

***A commentary on Palace ZJ et al. Medical Cannabis in the Skilled Nursing Facility: A Novel Approach to Improving Symptom Management and Quality of Life.* J Am Med Dir Assoc. 2019;20(1):94-98.**

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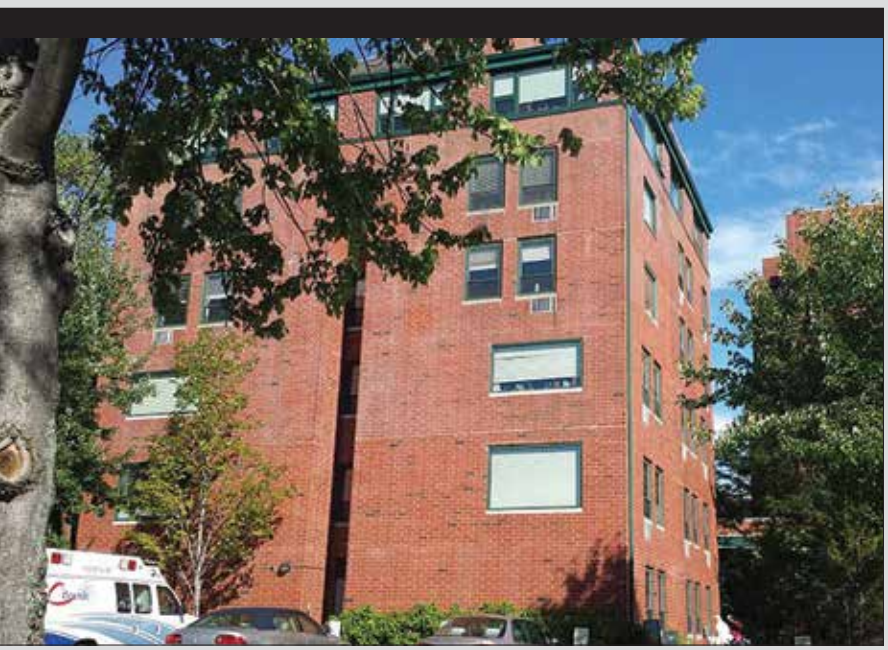
A study recently published by Palace et al. in the *Journal of the American Medical Directors Association*, is the first to describe a medical policy and procedure for legally obtaining and using medical cannabis for symptom management in a skilled nursing facility (SNF).[1] Although the study was exploratory in nature (N=10), it provides other SNFs across the United States with a framework within which to use medical cannabis in their facilities.

In 2016, the Compassionate Care Act of New York legalized the use of medical cannabis in New York State for patients with cancer, HIV, AIDS, amyotrophic lateral sclerosis, Parkinson's disease, multiple sclerosis, Huntington's disease, spinal cord damage with neurologic sequelae, seizure disorder, inflammatory bowel disease, neuropathy, chronic pain, opioid use, and post-traumatic stress disorder. However, because SNFs receive Medicare and Medicaid funding, they are unable to purchase/store medical cannabis or administer it to residents.



Hebrew Home at Riverdale, New York.
Photo credit: *PointsofNoReturn, Wikimedia Commons.*

Medical Cannabis Intervention

The authors of the study, Zachary J. Palace, MD, CMD, Medical Director, Hebrew Home at Riverdale, and Daniel A. Reingold MSW, JD, President and CEO of Hebrew Home at Riverdale, created a program at their SNF that would allow the residents to legally obtain and use medical cannabis for symptom management within the SNF.

As part of the program, residents participating in the New York State Medical Marijuana Program could purchase cannabis directly from a state-certified dispensary. The patients are required to secure the product in a lockbox provided by the facility. The medical cannabis must be self-administered or administered by a caregiver who is not a staff member. Cannabis administration was limited to oral forms (capsules or cannabis oil drops) because of the facility's no smoking/vaping policy.

Of the 10 residents (62–100 years

Table. Resident Comments and Observations of Medical Cannabis by Diagnosis in a Skilled Nursing Facility

Diagnosis	Comments/Observation
Pain	Less discomfort, coming out of room more
	Improved appetite, reduced opioid dose by 50%
	Participating more in activities
	Improved sense of well-being, reduced opioid dose by 50%
	Feels better overall
	Pain improved, opioid changed to prn
Parkinson's disease	Minimal effect
	Mild reduction in stiffness
Parkinson's disease/pain	Mild improvement in pain
Seizure	Resident nonverbal due to advanced dementia Staff observing significant reduction in seizures

Table adapted from Palace and Reingold.[1]

of age) who participated in the program, eligible diagnoses included chronic pain (n=6), Parkinson's disease (n=2), comorbid chronic pain and Parkinson's disease (n=1), and seizure disorder (n=1). Three patients withdrew from the program because of financial reasons, and the remaining 7 received medical cannabis for more than 1 year. Additionally, other residents cited expense as a factor limiting their participation in the program.

> "The findings demonstrate that it is possible for SNFs to provide medical cannabis for patients without violating federal law."
> *—Michael Patterson, NHA*

Promising Results

Study findings revealed improvements in quality-of-life measures among the residents who participated in the medical cannabis program. Residents reported sustained improvement in chronic pain severity resulting in reduced use of opioids and improved sense of well-being, improved rigidity complaints in the 2 patients with Parkinson's disease, and marked reduction in seizure activity (down from twice weekly to 1 to 2 episodes per month on average) in the patient with seizure disorder (Table).

Clinical Implications

As a 25-year veteran of the SNF industry and former chief operating officer of a 20 SNF chain in multiple states, I believe this study represents a large step forward in an otherwise conservative industry. The findings demonstrate that it is possible for SNFs to provide medical cannabis for patients without violating federal law.

One of the limitations of this study was the lack of discussion about adjusting the dosage of medical cannabis in order to decrease unwanted side effects mentioned (poor concentration and sedation) or increase positive aspects of the treatment (decrease seizures, decreased pain). Because patients are required to self-medicate, there is no way to determine what time of day the patient used the cannabis or what dosage was given. Set timetables for administration of the treatment would allow for a better analysis of benefits. Furthermore, the study did not mention any decrease in use of prescription medications, other than opiates, once medical cannabis was implemented into the resident's treatment regimen.

Although the majority of SNF operators cite federal law as the reason they are unable to use medical cannabis in their facilities, this study serves as a framework for other SNFs who wish to conduct medical cannabis research. Additionally, it will decrease the stigma of cannabis among SNF patients and the fear of SNFs losing their federal funding. Finally, the use of medical cannabis will give physicians another tool for improving the quality of life for SNF residents.

Reference

1. Palace ZJ, Reingold DA. Medical cannabis in the skilled nursing facility: a novel approach to improving symptom management and quality of life. *J Am Med Dir Assoc.* 2019;20(1):94-98.