

Marijuana on the Mind:

A Case Report of Adult Acute Persistent Cannabinoid Induced Psychosis

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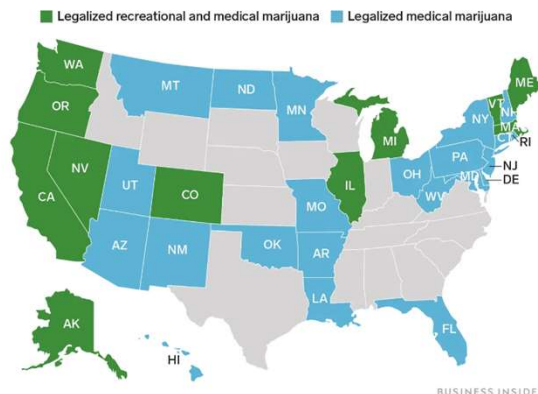
UCONN
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INTRODUCTION

- The association between cannabis and psychosis is well documented, although exact neurological mechanisms remain unclear.
- Delta-9-tetrahydrocannabinol, or THC, is the psychoactive component.
- DSM-5 criteria includes Cannabis-Induced Psychotic Disorder (CIPD) under the Schizophrenia Spectrum and Other Psychotic Disorders.
- CIPD requires the presence of delusions and/or hallucinations during or soon after intoxication, symptoms not during delirium, significant distress or functional impairment, and must not be better explained by another etiology.
- For older adults, the management of chronic conditions and pain can pose a difficult challenge. Thus, medicinal marijuana has become a relevant topic in an effort to improve quality of life.
- Here we describe an interesting case of acute persistent cannabinoid induced psychosis in an adult secondary to medical marijuana use.

States where marijuana is legal



Shayanne Gal/Business Insider
<https://www.businessinsider.com/legal-marijuana-states-2018-1>

CASE PRESENTATION

- A 65 year old male with a history of fibromyalgia, anxiety, panic disorder, hypertension, and hyperlipidemia presented with altered mental status and was admitted for acute metabolic encephalopathy.
- He consumed edible cannabis on the day of admission and was found naked holding his genitalia while repeatedly saying "I just need to release."
- One week prior, after ingesting cannabis, he locked himself in a bathroom for three days before a complete resolution of symptoms.
- Edibles and oils were obtained via a medical marijuana card for fibromyalgia the last few months.
- He was stable on Duloxetine and Clonazepam for many years for anxiety and panic disorder.
- Family history: psychosis in his paternal grandfather and undiagnosed psychiatric issues in his father.

HOSPITAL COURSE

Continued agitated behavior despite metabolic corrections. No etiologies on CT/MRI head, CT abdomen/pelvis with contrast, chest x-ray, urinalysis, and blood cultures. Urine positive for cannabis.

Continued agitation, delusions, and provocative behavior despite anti-psychotic therapy.

HOSPITAL COURSE

Day 5: Transferred to a psychiatric facility for psycho-education and psychotherapy in addition to Clonazepam and Olanzapine treatment.



Day 14: Discharged home on Clonazepam and Olanzapine with improved manic symptoms. Plan to continue with intensive outpatient therapy.

DISCUSSION AND CONCLUSION

- This case illustrates the potential risks of medicinal marijuana in older adult populations, especially those with susceptibilities.
- It also highlights that while cannabinoid induced symptoms may improve, some may persist beyond intoxication with potentially lasting effects.
- In light of more widespread legalization of medicinal cannabis, this has great public health relevance.
- Additionally, it demonstrates the importance of identifying individuals more vulnerable to psychosis beyond that which has largely been described in developing or adolescent brains.

REFERENCES

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